Appendix 1. Survey questions corresponding to primary predictor variables

Domain	Variable	Survey Question	Response Category	Value
Health Status*				
	Health Status	About your overall health, how are you feeling today?	Excellent Very good Good Fair Poor	1 2 3 4 5
Heart Failure Symptoms				
	Short of Breath	Are you having shortness of breath today?	Yes No	1 0
	Swelling	Do you have swelling in your legs?	Yes No	1 0
Medication Management				
	Missed Medicine	In the past week, have there been times when you did not take your medicines?	Yes No	1 0
Follow Up				
	Follow Up Appointment	Do you have a follow-up visit scheduled with your primary care provider?	Yes No	0 1
Other Issues				
	Dizziness	Are you feeling dizzy or light-headed today?	Yes No	1 0
	Pain	Are you experiencing pain today?	Yes No	1 0
	Appetite	How is your appetite?	Poor Normal	1 0

*For the survey question on health status, we grouped responses with excellent, very good, or good into a single category good+ in our analysis for this study.