

## Supplementary Table

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**Supplementary Table: Dyadic Contributions to Heart Failure Self-Care**

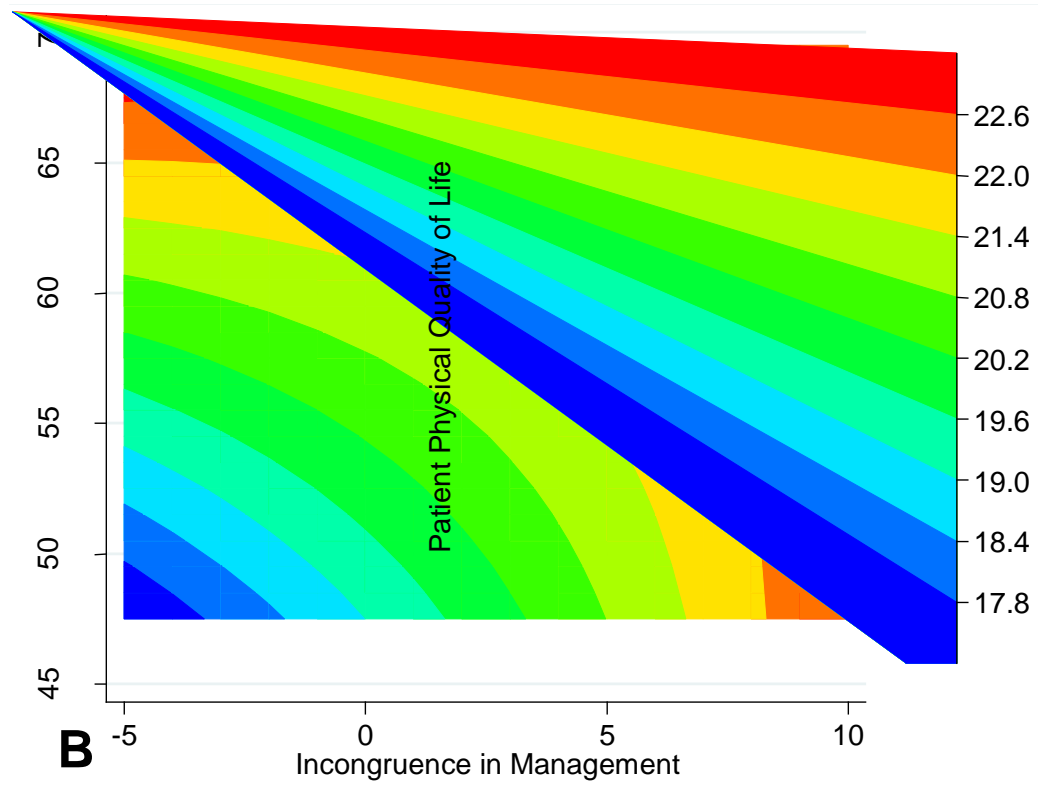
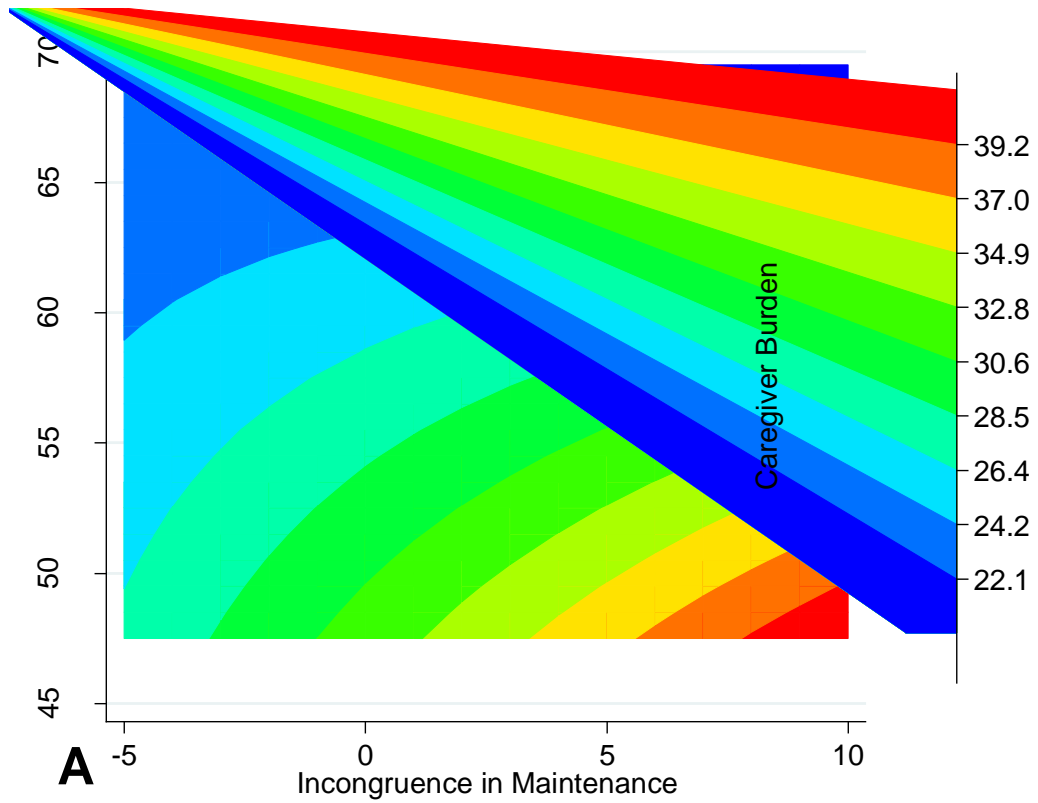
Aspect of Heart Failure Self-Care	Mean±SD	Range
<u>Self-Care Maintenance</u>		
Dyadic Average	54.5±7.0	34.4 to 74.9
Incongruence	3.0±5.9	-14.8 to 21.3
<u>Self-Care Management</u>		
Dyadic Average	52.0±10.2	23.8 to 82.0
Incongruence	6.1±3.4	-5.4 to 18.4
<u>Self-Care Confidence</u>		
Dyadic Average	54.5±12.6	21.7 to 89.0
Incongruence	4.8±9.3	-28.5 to 36.6

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**Note:** Negative values of incongruence indicate that patient reported greater contributions to care than their caregiver; positive values indicate that caregivers report greater contributions to care than the patients.

Abbreviations: SD = standard deviation.

### Supplementary Figure



**Supplementary Figure:** Interaction plots depict the direct effect of higher dyadic averages (Y axis), the direct effect of greater incongruence between the patient and caregiver (X axis), and the interaction at various combinations of dyadic average and incongruence in contributions to self-care (various shades of grey) on the predicted values of each dependent variable. Dyadic self-care maintenance average ( $\beta = 0.58 \pm 0.02$ ), incongruence in maintenance ( $\beta = 3.65 \pm 1.10$ ), and the interaction between the two ( $\beta = -0.07 \pm 0.02$ ) were significant determinants of caregiver strain (all  $p < 0.001$ ) (**A**). Dyadic self-care management average ( $\beta = 0.36 \pm 0.01$ ), incongruence in management ( $\beta = 2.59 \pm 0.30$ ), and the interaction between the two ( $\beta = -0.04 \pm 0.01$ ) were all significant determinants of patient physical quality of life (all  $p < 0.001$ ) (**B**). Caregiver strain and patient physical quality of life were a function of both dyadic averages and incongruence in self-care maintenance and management, respectively.