

Explant

Was the device explanted/patient transplanted?*

YES NO

Device explanted:*

Explant date:* mm/dd/yyyy ST=

Explant reason:*

Other, specify:*

Transplant date:* mm/dd/yyyy ST=

Waitlist ID:*

Quality of Life

Did the patient complete a EuroQoL form:*

YES NO UNK

Mobility:*

Self care:*

Usual Activities (e.g. work, study, housework, family or leisure activities)*

Pain/discomfort:

Anxiety/depression:*

Your own health state today (0-100). 0=worst, 100=best:*

ST=

Have you experienced serious illness?*

YES NO UNK

Has your family experienced serious illness?*

YES NO UNK

Have you experienced serious illness in caring for others?*

YES NO UNK

Age in years:*

ST=

Sex:*

Male Female Unknown

Are you:*

Do you now, or did you ever, work in health or social services:*

YES NO UNK

In what capacity:*

Which of the following best describes your main activity:*

Other, specify:*

What is the highest level of education you have completed:*

Zip code (if known):

ST=

Reason (as stated by patient) why the EUROQoL was not completed:*

Other, specify*

Reason (as stated by
coordinator) why the
EUROqoL was not completed:*

Other, specify*

Trailmaking Data

Status:*

Time: * sec