

Limitation for transplant listing?*	YES	NO
Unfavorable mediastinal anatomy (This includes sternotomies, sternal resection, radiation, flail chest, etc)*	YES	NO
Limitation for transplant listing?*	YES	NO
Thoracic aortic disease*	YES	NO
Limitation for transplant listing?*	YES	NO

Nutritional/GI:

Large BMI *	YES	NO
Limitation for transplant listing?*	YES	NO
Severe Diabetes*	YES	NO
Limitation for transplant listing?*	YES	NO
Malnutrition/cachexia*	YES	NO
Limitation for transplant listing?*	YES	NO
History of GI ulcers*	YES	NO
Limitation for transplant listing?*	YES	NO
History of hepatitis*	YES	NO
Limitation for transplant listing?*	YES	NO
Liver dysfunction*	YES	NO
Limitation for transplant listing?*	YES	NO

Vascular issues:

Heparin-induced thrombocytopenia*	YES	NO
Limitation for transplant listing?*	YES	NO
Chronic coagulopathy*	YES	NO
Limitation for transplant listing?*	YES	NO
Major stroke*	YES	NO
Limitation for transplant listing?*	YES	NO
Other cerebrovascular disease*	YES	NO
Limitation for transplant listing?*	YES	NO
Peripheral vascular disease*	YES	NO
Limitation for transplant listing?*	YES	NO

Oncology/infection issues:

History of solid organ cancer*	YES	NO
Limitation for transplant listing?*	YES	NO
History of lymphoma leukemia*	YES	NO
Limitation for transplant listing?*	YES	NO
History of bone marrow transplant (BMT)*	YES	NO
Limitation for transplant listing?*	YES	NO
History of HIV*	YES	NO
Limitation for transplant listing?*	YES	NO

Chronic infectious concerns*	YES	NO
Limitation for transplant listing?*	YES	NO
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Psychosocial issues:		
Limited cognition/understanding*	YES	NO
Limitation for transplant listing?*	YES	NO
Limited social support*	YES	NO
Limitation for transplant listing?*	YES	NO
Repeated non-compliance*	YES	NO
Limitation for transplant listing?*	YES	NO
History of illicit drug use*	YES	NO
Limitation for transplant listing?*	YES	NO
History of alcohol abuse*	YES	NO
Limitation for transplant listing?*	YES	NO
Narcotic dependence*	YES	NO
Limitation for transplant listing?*	YES	NO
History of smoking*	YES	NO
Limitation for transplant listing?*	YES	NO
Currently smoking *	YES	NO
Limitation for transplant listing?*	YES	NO
Severe depression*	YES	NO
Limitation for transplant listing?*	YES	NO
Other major psychiatric diagnosis*	YES	NO
Limitation for transplant listing?*	YES	NO
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Other co-morbidity*	YES	NO
Limitation for transplant listing?*	YES	NO
Time since first cardiac diagnosis:*		
# of cardiac hospitalizations in the last 12 months:*		
Primary cardiac diagnosis:*		
Dilated Myopathy Specify:*		
Restrictive Myopathy Specify:*		
Select all that apply:*		
	Complete AV Septal Defect	
	Congenitally Corrected Transposition	
	Ebstein's Anomaly	
	Hypoplastic Left Heart	
	Left Heart Valvar/Structural Hypoplasia	
	Pulmonary Atresia with IVS	
	Single Ventricle	
	TF/TOF variant	
	Transposition of the Great Arteries	
	Truncus Arteriosus	
	VSD/ASD	
	VSD/ASD Other, specify	

Kawasaki Disease
 Other, specify
 Unknown

Specify: *
 VSD/ASD Specify: *

Known cardiac biopsy: *

Specify: *

Previous cardiac operation (check all that apply): *

None
 CABG
 Aneurysmectomy (DOR)
 Aortic Valve replacement / repair
 Mitral valve replacement / repair
 Tricuspid replacement / repair
 Congenital card surg
 LVAD
 RVAD
 TAH
 Other, specify (INCLUDE ONLY OPERATIONS ACTUALLY PERFORMED ON HEART OR GREAT VESSELS)

Specify: *

If congenital cardiac surg then check all that apply: *

Norwood Stage I
 PA Banding
 TOF/DORV/RVOTO Repair
 VSD Repair
 Transposition of the Great Vessels Repair
 Truncus Arteriosus Repair
 Valve Replacement of Repair for Outflow Obstruction
 AP Shunt
 ASD Repair
 Complete AV Septal Defect Repair
 Congenitally Corrected Transposition Repair
 Damus Kaye Stansel (DKS)
 Ebstein's Anomaly Repair
 Fontan
 Glenn, Bi-directional
 Glenn, Classical
 Previous heart transplant
 ECMO
 Previous mechanical support, specify
 Other, specify

Previous mechanical support, specify : *
 Specify: *

Admitting Diagnosis or Planned Implant: *

Clinical Events this hospitalization (Pre-implant): *

Cardiac arrest
 Dialysis
 Intubation
 Major MI
 Cardiac surgery, other
 Positive blood cultures
 Other surgical procedures
 Major infections

- Unknown
- None
- IABP
- Ultrafiltration
- Ventilator
- Feeding tube
- ECMO
- CABG
- Aortic Valve replacement/repair
- Mitral Valve replacement/repair
- Congenital cardiac surg
- LVAD
- RVAD
- TAH
- Aneurysmectomy (DOR)

Infection type*

Location of infection: *

Other, specify: *

IV inotrope therapy within 48 hours of implant: *

YES NO UNK

IV inotrope therapy agents (check all that apply): *

- Dobutamine
- Dopamine
- Milrinone
- Levosimendan
- Epinephrine
- Norepinephrine
- Isoproterenol
- Other, specify
- Unknown

Specify: *

Interventions within 48 hours of implant: *

- IABP
- Dialysis
- Ultrafiltration
- Ventilator
- Feeding tube
- ECMO
- None
- CABG
- Aortic Valve replacement / repair
- Mitral valve replacement / repair
- Congenital card surg
- LVAD
- RVAD
- TAH
- Aneurysmectomy (DOR)

Is this implant the primary MCSD (LVAD or TAH) for this patient? *

YES NO

INTERMACS Patient Profile at time of implant: *

1 "Critical cardiogenic shock" describes a patient who is "crashing and burning", in which a patient has life-threatening hypotension and rapidly escalating inotropic pressor support (see the Site Users' Guide, Section II. 2.4 Pre-Implant Form, INTERMACS Patient Profiles for more details)

2 "Progressive decline" describes a patient who has been demonstrated "dependent" on inotropic support but nonetheless shows signs of continuing deterioration (see the Site Users' Guide, Section II. 2.4 Pre-Implant Form, INTERMACS Patient Profiles for more details)

3 "Stable but inotrope dependent" describes a patient who is clinically stable on mild-moderate doses of intravenous inotropes (or has a temporary circulatory support device) after repeated documentation of failure to wean without symptoms (see the Site Users' Guide,

4 "Resting symptoms" describes a patient who is at home on oral therapy but frequently has symptoms of congestion at rest or with ADL. (see the Site Users' Guide, Section II. 2.4 Pre-Implant Form, INTERMACS Patient Profiles for more details)

5 "Exertion Intolerant" describes a patient who is comfortable at rest but unable to engage in any activity, living predominantly within the house or household (see the Site Users' Guide, Section II. 2.4 Pre-Implant Form, INTERMACS Patient Profiles for more details)

6 "Exertion Limited" also describes a patient who is comfortable at rest without evidence of fluid overload, but who is able to do some mild activity (see the Site Users' Guide, Section II. 2.4 Pre-Implant Form, INTERMACS Patient Profiles for more details)

7 "Advanced NYHA Class 3" describes a patient who is clinically stable with a reasonable level of comfortable activity, despite history of previous decompensation that is not recent (see the Site Users' Guide, Section II. 2.4 Pre-Implant Form, INTERMACS Patient Profiles for more details)

Modifier 'A' - Arrythmia*	YES	NO	UNK
Modifier 'TCS' - Temporary Circulatory Support*	YES	NO	UNK
Modifier 'FF' - Frequent Flyer (if usually at home)*	YES	NO	UNK
Modifier 'FF' - Frequent Flyer*	YES	NO	UNK

General Hemodynamics - closest to implant but not in OR

Heart rate:*	beats per min	ST=
Systolic BP:*	mm Hg	ST=
Diastolic BP:*	mm Hg	ST=
Doppler Opening Pressure:*		ST=
Peripheral edema*	YES NO UNK	
Ascites:*	YES NO UNK	
ECG rhythm (cardiac rhythm):*		
Specify:*		

Echo Findings - closest to implant but not in OR

Mitral regurgitation:*		
Tricuspid regurgitation:*		
Aortic regurgitation:*		
LVEF%*		
LVEDD:*	cm	ST=
RVEF:*		

Swan Hemodynamics - closest to implant but not in OR

Pulmonary artery systolic pressure:*	mm Hg	ST=
Pulmonary artery diastolic pressure:*	mm Hg	ST=
Mean RA Pressure:*	mm Hg	ST=
Central venous pressure (CVP)*	mm Hg	ST=
Mean Pulmonary artery wedge pressure:*	mm Hg	ST=
Cardiac Index:*	L/min/M2 (by Swan)	ST=
Cardiac output:*	liters min	ST=

Medications

Allopurinol:*	
Angiotensin receptor blocker drug:*	

Amiodarone:*					
ACE inhibitors:*					
Beta-blockers:*					
Aldosterone antagonist:*					
Warfarin (coumadin):*					
Antiplatelet therapy drug:*					
Nesiritide:*	YES	NO	UNK		
Nitric oxide:*	YES	NO	UNK		
Loop diuretics:*	YES	NO	UNK		
If yes, enter dosage:*			mg/day		ST=
If dose is entered, then check type of loop diuretic (check all that apply):*			Furosemide Torsemide Bumetanide Other		
Outpatient (prior to admission) inotrope infusion:*	YES	NO	UNK		
Current ICD device in place:*	YES	NO	UNK		
Cardiac Resynchronization Therapy (CRT):*	YES	NO	UNK		
Is patient on Metalozone/Thiazide?:*	YES	NO	UNK		
If yes, then select (check one):*					
Is patient on Phosphodiesterase inhibitors?:*	YES	NO	UNK		
Laboratory					
Sodium:*				units	ST=
Potassium:*				units	ST=
Blood urea nitrogen:*				units	ST=
Creatinine:*				units	ST=
SGPT/ALT (alanine aminotransferase/ALT):*			u/L		ST=
SGOT/AST (aspartate aminotransferase/AST):*			u/L		ST=
LDH:*				units	ST=
Total bilirubin:*				units	ST=
Albumin:*				units	ST=
Pre-albumin:*				units	ST=
Total Cholesterol:*				units	ST=
<i>If value is outside given range please see 'status' drop down field</i>					
Brain natriuretic peptide BNP:*				units	ST=
<i>If value is outside given range please see 'status' drop down field</i>					
NT pro brain natriuretic peptide Pro-BNP:*				units	ST=
White blood cell count:*		$\times 10^3/\mu\text{L}$	$\times 10^9/\mu\text{L}$	units	ST=
Hemoglobin:*				units	ST=
Platelets:*		$\times 10^3/\mu\text{L}$	$\times 10^9/\mu\text{L}$	units	ST=
INR:*				international units	ST=

Sensitivity CRP(C Reactive Protein):*	mg/L	ST=	v3.0
Lupus Anticoagulant:*	Positive Negative Unknown		
Uric Acid: *	units	ST=	
Lymphocyte Count: *	% x 10 ³ cells/uL units	x 10 ⁹ cells/uL ST=	

Medical Condition

NYHA class:*

Class I: No limitation of physical activity; physical activity does not cause fatigue, palpitation or shortness of breath.

Class II: Slight limitation of physical activity; comfortable at rest, but ordinary physical activity results in fatigue, palpitations or shortness of breath.

Class III: Marked limitation of physical activity; comfortable at rest, but less than ordinary activity causes fatigue, palpitation or shortness of breath.

Class IV: Unable to carry on minimal physical activity without discomfort; symptoms may be present at rest.

Unknown

Exercise Function

6 minute walk:*	feet	ST=
Gait Speed (1st 15 foot walk):*	seconds	ST=
Peak VO2 Max: Maximum volume of oxygen the body can consume during exercise:*	ml/kg/min	ST=
R Value at peak:*	%	ST=

Quality of Life

Did the patient complete a EuroQol form:*

YES NO UNK

How was the test administered?:*

Mobility:*

Self care:*

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

Pain/discomfort:*

Anxiety/depression:*

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

ST=

1) Which of the following best describes your "one" main activity?:*

Other, specify:*

Is this "one" main activity considered:*

2) How many of your close friends or relatives do you see in person, speak to on the telephone or contact via the internet at least once a month (please count each person 1 time)?:*

ST=

3) Have you unintentionally lost more than 10 pounds in the last year?:*

YES NO UNK

4) Do you currently smoke cigarettes?:*

YES NO UNK

If YES, how many cigarettes are you currently smoking, on average?:*

Please enter a number from 1 to 10 for the questions below:

5) How much stress related to your health issues do you feel you've been under during the past month (1-10). 1=No Stress, 10=Very Much Stress:*

ST=

6) How well do you feel you've been coping with or handling your stress related to your health issues

ST=

during the past month? (1-10). 1=Coping very poorly, 10=Coping very well.*

7) How confident are you that you can do the tasks and activities needed to manage your heart failure so as to reduce how much having heart failure affects your everyday life? (1-10). 1=Not at all confident, 10=Totally confident.* ST=

8) How satisfied are you with the outcome of your therapy for heart failure during the past 3 months? (1-10). 1=Not satisfied, 10=Very satisfied.* ST=

Reason (as stated by patient) why the EURoQoL was not completed.*

Reason: *

Other reason (describe): *

The Kansas City Cardiomyopathy Questionnaire

Did the patient complete a KCCQ form? YES NO

*

How was the test administered?: *

1. Heart Failure affects different people in different ways. Some feel shortness of breath while others feel fatigue. Please indicate how much you are limited by heart failure (shortness of breath or fatigue) in your ability to do the following activities over the past 2 weeks.

Dressing yourself: *

Showering/Bathing: *

Walking 1 block on level ground*

Doing yardwork, housework or carrying groceries: *

Climbing a flight of stairs without stopping: *

Hurrying or jogging (as if to catch a bus): *

2. Compared with 2 weeks ago, have your symptoms of heart failure (shortness of breath, fatigue or ankle swelling) changed? My symptoms of heart failure have become...: *

3. Over the past 2 weeks, how many times did you have swelling in your feet, ankles or legs when you woke up in the morning? : *

4. Over the past 2 weeks, how much has swelling in your feet, ankles or legs bothered you? It has been...: *

5. Over the past 2 weeks, on average, how many times has fatigue limited your ability to do what you want? : *

6. Over the past 2 weeks, how much has your fatigue bothered you? It has been? : *

7. Over the past 2 weeks, on average, how many times has shortness of breath limited your ability to do what you wanted? : *

8. Over the past 2 weeks, how much has your shortness of breath bothered you? : *

9. Over the past 2 weeks, on average, how many times have you been forced to sleep sitting up in a chair or with at least 3 pillows to prop you up because of shortness of breath? : *

10. Heart Failure symptoms can worsen for a number of reasons. How sure are you that you know what to do, or whom to call, if your heart failure gets worse? : *

11. How well do you understand what things you are able to do to keep your heart failure symptoms from getting worse? (for example, weighing yourself, eating a low salt diet, etc.) : *

12. Over the past 2 weeks, how much has your heart failure limited your enjoyment of life? : *

13. If you had to spend the rest of your life with your heart failure the way it is right now, how would you feel about this? : *

14. Over the past 2 weeks, how often have you felt discouraged or down in the dumps because of your heart failure? : *

15. How much does your heart failure affect your lifestyle? Please indicate how your heart failure may have limited your participation in the following activities over the past 2 weeks?

Hobbies, recreational activities: *

Working or doing household chores:*

Visiting family or friends out of your home:*

Intimate relationships with loved ones:*

Reason why the KCCQ was not completed:*

Reason:*

Other Reason:*

Trailmaking Data

Status:*

Time: * sec