

# 3 Month Followup

Please answer all questions considering all time since the previous visit and current follow-up date. Data closest to or on visit date is preferred.

## Followup Status

### Select one of the following

- Inpatient  
 Outpatient  
 Other Facility  
 Unable to obtain follow-up information

### Follow-up date

MMDD/YYYY

### Facility Type

- Nursing Home/Assisted Care  
 Hospice  
 Another hospital  
 Rehabilitation Facility  
 Unknown

### State reason why you are unable to obtain follow-up information:

- Patient didn't come to clinic  
 Not able to contact patient  
 Not addressed by site

### Was patient intubated?

- Yes  
 No  
 Unknown

### Was patient on dialysis?

- Yes  
 No  
 Unknown

### Current Device Strategy

- Bridge to Recovery  
 Rescue Therapy  
 Bridge to Transplant (patient currently listed for transplant)  
 Possible Bridge to Transplant - Likely to be eligible  
 Possible Bridge to Transplant - Moderate likelihood of becoming eligible  
 Possible Bridge to Transplant - Unlikely to become eligible  
 Destination Therapy (patient definitely not eligible for transplant)  
 Other, specify

This should be determined in conjunction with the heart failure cardiologist and surgeon at the time of the implant. This determination will be re-visited and recorded at 3 months, 6 months, and every 6 months thereafter.

### List Date for Transplant

ST=  Unknown

## Pump Change

### Pump Exchange

Was there a pump exchange of a para- or extra-corporeal pump?

- Yes  
 No  
 Unknown

### If yes, Please select the Pump Exchange Reason:

- Thrombus not associated with hemolysis  
 Change in hemodynamics  
 Clinical status  
 Device parameters (please enter Device Malfunction Form)

Upsizing device because of patient growth status

**Was there a Console Change?**

- Yes  
 No  
 Unknown

**Date of console change**

MMDD/YYYY

ST=  Unknown

**Original Console Name**

**New Console Name**

## ZONES

### Hemolysis Zone

Information that you provide in this section will be used to assess the existence of hemolysis and its degree.

Note: You may enter either the PFh or LDH.

**Please enter the peak Plasma-free hemoglobin (PFH) since the last follow-up visit:**

ST=  Unknown  
 Not Done

**What is your hospital's upper limit of the normal range of peak PFH:**

ST=  Unknown  
 Not Done

**Please enter the peak serum lactate dehydrogenase (LDH) since the last follow-up visit:**

ST=  Unknown  
 Not Done

**What is your hospital's upper limit of the normal range of LDH:**

ST=  Unknown  
 Not Done

**Enter the Maximum and Minimum HCT or HGB since the last Follow-up visit:**

**Min. HCT:**

ST=  Unknown  
 Not Done

**Max. HCT:**

ST=  Unknown  
 Not Done

**Min. HGB:**

ST=  Unknown  
 Not Done

**Max. HGB:**

ST=  Unknown  
 Not Done

Highest Total Bilirubin since the last  
Follow-up period:

ST=  Unknown  
 Not Done

Has the following been present at any time since the last Follow-up period?  
Physical Findings:

Hemoglobinuria (Tea-Colored  
Urine)?

Yes  
 No  
 Unknown

Pump malfunction and/or abnormal  
pump parameters?

Yes  
 No  
 Unknown

### Right Heart Failure Zone

Information that you provide in this section will be used to assess the existence of right heart failure and its degree.

Clinical Findings – Since the last followup.

CVP or RAP > 16 mmHg?

Yes  
 No  
 Unknown

Dilated Vena Cava with absence of  
Inspiratory Variation by Echo?

Yes  
 No  
 Unknown

Clinical findings of elevated jugular  
venous distension at least half way  
up the neck in an upright patient?

Yes  
 No  
 Unknown

Peripheral Edema?

Yes  
 No  
 Unknown

Ascites?

Yes  
 No  
 Unknown

Has the patient been on Inotropes  
since the last Follow-up or  
rehospitalization?

Yes  
 No  
 Unknown

If yes, select all that apply:

Dopamine  
 Dobutamine  
 Milrinone  
 Isoproterenol  
 Epinephrine  
 Norepinephrine  
 Levosimendan  
 Unknown

Nesiritide?

Yes  
 No  
 Unknown

Has the patient had a RVAD implant  
since the last Follow-up or  
rehospitalization?

Yes  
 No  
 Unknown

**Has the patient experienced a Neurological Event since time of implant?**

Note: This applies only to patients who have had a CVA, TIA or Anoxic Brain Injury.

**If yes, provide Modified Rankin Scale:**

- Yes
- No
- Unknown

- 0 – No symptoms at all
- 1 - No Significant disability: despite symptoms: able to carry out all usual duties and activities
- 2 - Slight disability: unable to carry out all previous activities but able to look after own affairs without assistance
- 3 - Moderate disability: requiring some help, but able to walk without assistance.
- 4 - Moderately severe disability: unable to walk without assistance, and unable to attend to own bodily needs without assistance.
- 5 - Severe disability: bedridden, incontinent and requiring constant nursing care and attention.
- 6 - Dead

- ST=  Not Documented  
 Not Done

# 3 Month Followup

Please answer all questions considering all time since the previous visit and current follow-up date. Data closest to or on visit date is preferred.

## Hemodynamics

### General Hemodynamics (during report interval)

**Heart rate**  beats per min

ST= Unknown  
Not done

**Systolic blood pressure**  mmHg

ST= Unknown  
Not done

**Diastolic blood pressure**  mmHg

ST= Unknown  
Not done

### Doppler Opening Pressure

Record the pressure on the BP cuff at the time of sound on the doppler as the cuff is released and this is the Doppler opening pressure which may correspond to the MAP.

ST= Unknown  
Not done  
Not applicable

### ECG rhythm

(cardiac rhythm)

- Sinus  
Atrial fibrillation  
Atrial Flutter  
Paced: Atrial pacing  
Paced: Ventricular pacing  
Paced: Atrial and ventricular pacing  
Not done  
Unknown  
Other, specify

### Weight

Enter the weight of the patient at the time of follow-up in the appropriate space, in pounds or kilograms. The weight must fall between 5 and 600 pounds or 2 and 273 kilograms.

lbs

kg

ST= Unknown  
Not done

### Echo Findings (during report interval)

#### Mitral regurgitation

Mitral regurgitation should be recorded on a qualitative scale (if 'trivial' then assign as mild). Moderate-severe would be recorded as "severe".

- 0 (none)  
1 (mild)  
2 (moderate)  
3 (severe)  
Not Recorded or Not Documented

#### Tricuspid regurgitation

Tricuspid regurgitation should be recorded on a qualitative scale (if 'trivial' then assign as mild). Moderate-severe would be recorded as "severe".

- 0 (none)  
1 (mild)  
2 (moderate)  
3 (severe)  
Not Recorded or Not Documented

**Aortic regurgitation**

Aortic regurgitation should be recorded on a qualitative scale (if 'trivial' then assign as mild). Moderate-severe would be recorded as "severe".

- 0 (none)  
 1 (mild)  
 2 (moderate)  
 3 (severe)  
 Not Recorded or Not Documented  
 Not Applicable  
 Unknown

**LVEF**

Left ventricular ejection fraction.

- > 50 (normal)  
 40-49 (mild)  
 30-39 (moderate)  
 20-29 (moderate/severe)  
 < 20 (severe)  
 Not Recorded or Not Documented  
 Unknown

If a number or range is available, check the number range that best applies. For example, a reported ejection fraction of 30-35 would be entered as 30-40. Occasionally the LVEF may be described only as "left ventricular function" or "systolic function" in words. "Mild impairment, mildly reduced, or mild decrease" would all be characterized as "mild".

**LVEDD**

Left ventricular end-diastolic dimension

cm

ST=  Not Recorded or Not Documented

**RVEF**

- Normal  
 Mild  
 Moderate  
 Severe  
 Not Done  
 Not Applicable  
 Unknown

RV Function is generally NOT measured in numbers, as it is difficult to quantify. It may be described as "right ventricular function" or "right ventricular contractility". "Mild impairment, mildly reduced, or mild decrease" would all be characterized as "mild". Again, mild-moderate would be recorded as moderate, and moderate-severe would be recorded as "severe".

**Swan Hemodynamics** (during report interval)

**Pulmonary artery  
systolic pressure**

mmHg

ST=  Unknown  
 Not done

**Pulmonary artery  
diastolic pressure**

mmHg

ST=  Unknown  
 Not done

**Mean RA Pressure**

mmHg

ST=  Unknown  
 Not done

**Central venous pressure (CVP)**

mmHg

ST=  Unknown  
 Not done

**Mean Pulmonary artery wedge  
pressure**

mmHg

ST=  Unknown  
 Not done

**Cardiac Index**L/min/M<sup>2</sup> (by Swan)ST= UnknownNot done**Cardiac output**

Liters/min

ST= UnknownNot done

## 3 Month Followup

Please answer all questions considering all time since the previous visit and current follow-up date. Data closest to or on visit date is preferred.

### Medications

**Hydralazine**       Yes  
 No  
 Unknown

**Calcium channel blockers**       Yes  
 No  
 Unknown

**Angiotensin receptor blocker drug**       Yes  
 No  
 Unknown

**Amiodarone**       Yes  
 No  
 Unknown

**ACE inhibitors**       Yes  
 No  
 Unknown

**Anti-thrombotic**       Yes  
 No  
 Unknown

**Beta-blockers**       Yes  
 No  
 Unknown

**Aldosterone antagonist**       Yes  
 No  
 Unknown

**Lovenox**       Yes  
 No  
 Unknown

**Warfarin (coumadin)**       Yes  
 No  
 Unknown

**Arixtra (fondaparinux)**       Yes  
 No  
 Unknown

**Antiplatelet therapy drug**       Yes  
 No  
 Unknown

**Select drug(s)**       Aspirin  
 Dextran  
 Dipyridamole  
 Clopidogrel  
 Ticlopidine  
 Unknown



Other, specify**Nitric oxide**

- Yes  
 No  
 Unknown

**Phosphodiesterase inhibitor**

Please enter only for the indication of Pulmonary  
Hypertension  
or Right Heart Failure

- Yes  
 No  
 Unknown

**Digoxin**

- Yes  
 No  
 Unknown

**Loop diuretics**

- Yes  
 No  
 Unknown

**If yes, enter dosage:** mg/dayST=  Unknown**Type of Loop Diuretic:**

- Furosemide  
 Torsemide  
 Bumetanide  
 Other

## 3 Month Followup

Please answer all questions considering all time since the previous visit and current follow-up date. Data closest to or on visit date is preferred.

### Laboratory

**Sodium**

mEq/L

mmol/L

ST=  Unknown

Not done

**Potassium**

mEq/L

mmol/L

ST=  Unknown

Not done

**Blood urea nitrogen**

mg/dL

mmol/L

ST=  Unknown

Not done

**Creatinine**

mg/dL

umol/L

ST=  Unknown

Not done

**SGPT/ALT (alanine  
aminotransferase/ALT)**

u/L

ST=  Unknown

Not done

**SGOT/AST (aspartate  
aminotransferase/AST)**

u/L

ST=  Unknown

Not done

**LDH**

units/L, U/L, ukat/L

ST=  Unknown

Not done

**Total bilirubin**

mg/dL

umol/L

ST=  Unknown

Not done

**Bilirubin direct**

mg/dL

umol/L

ST=  Unknown

Not Done

**Bilirubin indirect**

mg/dL

umol/L

ST= Unknown  
Not Done

**Albumin** g/dL g/L

ST= Unknown  
Not done

**Pre-albumin** mg/dL mg/L

ST= Unknown  
Not done

**Total Cholesterol**

If value is outside given range please see 'Status  
(ST=)' drop down field.

If < 50 mg/dl select from the 'status' drop down  
field.

 mg/dL mmol/L

ST=  < 50 mg/dL  
Unknown  
Not done

**Brain natriuretic peptide BNP**

If value is outside given range please see 'status  
(ST=)' drop down field.

If > 7500 pg/mL select from the 'status' drop down  
field.

 pg/ml ng/L

ST=  > 7500 pg/mL  
Unknown  
Not done

**NT pro brain natriuretic peptide Pro-BNP** pg/ml ng/L

ST= Unknown  
Not done

**White blood cell count** x10<sup>3</sup>/uL x10<sup>9</sup>/uL

ST= Unknown  
Not done

**Reticulocyte count** %

ST= Unknown  
Not Done

**Hemoglobin** g/dL g/L mmol/L

ST= Unknown  
Not done

**Platelets** x10<sup>3</sup>/uL x10<sup>9</sup>/uL

ST= Unknown  
Not done

**INR**  international units

ST=  Unknown

Not done

**Plasma-free hemoglobin**  mg/dL

g/L

ST=  Unknown

Not Done

**Positive antiheparin/platelet  
antibody (HIT)**

Yes

No

Unknown

**If Yes, are they on direct thrombin  
inhibitors**

Yes

No

Unknown

**If Yes, Enter Drugs:**

Plavix

Heparin

Coumadin

Direct thrombin inhibitors (ex: arg, lip, val...)

Aspirin

Dipyridamole

**ThrombElastoGraph Hemostasis  
System (TEG) profile, MA k**

max amplitude in kaolin

ST=  Unknown

Not Done

**ThrombElastoGraph Hemostasis  
System (TEG) profile, R k**

reaction time in kaolin

ST=  Unknown

Not Done

**ThrombElastoGraph  
HemostasisSystem (TEG) profile, R  
h**

reaction time w/heparinase

ST=  Unknown

Not Done

**Sensitivity CRP**

C Reactive Protein

mg/L

ST=  Unknown

Not done

**Lupus Anticoagulant**

Positive

Negative

Unknown

**Uric acid**

mg/dL

umol/L

ST=  Unknown

Not done

## 3 Month Followup

Please answer all questions considering all time since the previous visit and current follow-up date. Data closest to or on visit date is preferred.

### Device Flow Chart

#### Device Function

**Pump Flow**  LPM

ST=  Unknown

#### Device Parameters

**Control Mode**

- Synchronous
- Asynchronous
- Independent
- Not Applicable

**Pump Rate**  BPM

ST=  Unknown

#### Device Inspection

**Depositions**

- Yes
- No
- Not Applicable

**Depositions Description**

**Full Ejection**

- Yes
- No
- Not Applicable

# 3 Month Followup

Please answer all questions considering all time since the previous visit and current follow-up date. Data closest to or on visit date is preferred.

## Exercise Function and Trailmaking Data

**6 minute walk**  feet

ST=  Not done: too sick  
 Not done: other  
 Unknown

This requires an inside hall for which distances (in FEET) should be measured, preferably as long as possible to avoid frequent turns. Patients are instructed to walk steadily to cover as much distance as possible during the 6 minutes. They are advised that they may stop if necessary during the 6 minutes. The staff member performing the test should walk behind the patient to avoid undue influence on the pace. The distance covered during the 6 minutes in feet will be recorded here. **NOTE: You may use the time from the first 15 feet of the 6minute walk for the Gait speed test listed below (please see instructions for the gait speed test below.)**

**Gait Speed (1st 15 foot walk)**  seconds

ST=  Not done: too sick  
 Not done: other  
 Unknown

Instructions: Record the time (seconds) required for the patient to walk the first 15 feet of the 6 minute walk. The "starting" line and the 15 foot line should be clearly marked. Record the time to the first footfall at 0 feet and ends with the first footfall at 15 feet in the nearest. 0.1 sec with a stopwatch. **NOTE: You may use the time from the first 15 feet of the 6 minute walk for the Gait speed test.**

**Peak VO2 Max**  mL/kg/min

ST=  Not done: too sick  
 Not done: other  
 Unknown

Maximum volume of oxygen the body can consume during exercise (mL/kg/min) is the ml/kg/min of oxygen consumed during symptom-limited exercise testing either on a bicycle or treadmill. The values recorded during the bicycle are usually 1-2 ml/min lower than for the treadmill, but it is assumed that most institutions will use only one instrument. If both are available, the bicycle is preferable as the mode easiest to standardize.

**R Value at peak**  %

ST=  Unknown  
 Not done

R Value at peak is the respiratory quotient of carbon dioxide production divided by oxygen consumption, and is used as an index of how vigorously the patient exercised. A value above 1.05 is generally considered to represent an adequate effort.

## Trailmaking

**Status**

Completed  
 Attempted but not completed  
 Not attempted  
 Completed but invalid (scores not entered)

**Time**  seconds

## Medical Condition

### NYHA Class

New York Heart Association Class for heart failure

- 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

## 3 Month Followup

Please answer all questions considering all time since the previous visit and current follow-up date. Data closest to or on visit date is preferred.

### Concerns and Contraindications

Checking any of these contraindications/co-morbidities/concerns does not necessarily mean that a condition is a contraindication or concern for the patient. No specific thresholds are provided for these concerns or contraindications. They should represent the results of formal discussion with the medical and surgical transplant team prior to the decision for device implantation. If there are no contraindications or concerns specified then select No.

Concerns / Contraindications	Is condition present?		Limitation for transplant listing?	
	Yes	No	Yes	No
<b>Overall Status:</b>				
Advanced age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frailty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient does not want transplant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Musculoskeletal limitation to ambulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contraindication to immunosuppression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allosensitization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic Renal Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Cardiothoracic issues</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
Frequent ICD Shocks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pulmonary Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pulmonary Hypertension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recent Pulmonary Embolus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History Of Atrial Arrhythmia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unfavorable Mediastinal Anatomy (includes sternotomies, sternal resection, radiation, flail chest, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thoracic Aortic Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Nutritional/GI</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
Large BMI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Severe Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Malnutrition Cachexia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History Of GI Ulcers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History Of Hepatitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liver Dysfunction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Vascular issues</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
Heparin Induced Thrombocytopenia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic Coagulopathy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Major Stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Cerebrovascular Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peripheral Vascular Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Oncology/infection issues</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
History Of Solid Organ Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



History Of Lymphoma Leukemia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History Of Bone Marrow Transplant BMT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History Of HIV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic Infectious Concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>Psychosocial issues</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
Limited Cognition/Understanding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limited Social Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Repeated Noncompliance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History Of Illicit Drug Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History Of Alcohol Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Narcotic Dependence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History Of Smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Currently Smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Severe Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Major Psychiatric Diagnosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Comorbidity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If history of HIV is present, answer the HIV questions below:

**HIV Diagnosis Date**

ST= Unknown  
Not Done

**Plasma HIV-1 RNA (Viral load) -  
Closest to implant**

ST= Not Done

**CD4 T-Cell Count - Closest to  
implant**

ST= Not Done

**Erythrocyte Sedimentation Rate  
(ESR)**

ST= Not Done

**C-Reactive Protein (CRP)**

 mg/L

ST= Not Done

**Antiretroviral Therapy (Select all that  
apply)**

- Abacavir (ABC) / Ziagen
- Atripla (FTC/EDV/TDF)
- Atazanavir (ATV) / Reyataz
- Combivir (3TC/ZDV)
- Complera (FTC/RPV/TDF)
- Darunavir (DRV) / Prezista
- Delavirdine (DLV) / Rescriptor
- Didanosine (ddl) / Videx EC
- Dolutegravir / Tivicay
- Efavirenz (EFV) / Sustiva
- Emtricitabine (FTC) / Emtriva
- Enfuvirtide (T20) / Fuzeon
- Epzicom (3TC/ABC)

- Etravirine (ETR) / Intelence
- Fosamprenavir (FPV) / Lexiva
- Indinavir (IDV) / Crixivan
- Kaletra (LPV/r)
- Lamivudine (3TC) / EpiVir
- Maraviroc (MVC) / Selzentry
- Nelfinavir (NFV) / Viracept
- Nevirapine (NVP) / Viramune / Viramune XR
- Raltegravir (RAL) / Isentress
- Rilpivirine (RPV) / Edurant
- Ritonavir (RTV) / Norvir
- Saquinavir (SQV) / Invirase
- Stavudine (d4T) / Zerit
- Stribild (FTC/EVG/COB/TDF)
- Tenofovir Disoproxil Fumarate (TDF) / Viread
- Tipranavir (TPV) / Aptivus
- Trizivir (3TC/ZDV/ABC)
- Truvada (FTC/TDF)
- Zidovudine (ZDV) / Retrovir
- Unknown
- None

**Infection Prophylaxis (Select all that apply)**

- Atovaquone
- Azithromycin
- Dapsone
- Fluconazole
- Pentamidine, aerosolized
- Trimethoprim-sulfamethoxazole (TMP-SMX)
- Unknown
- None

**Has patient had an opportunistic infection since last follow-up?**

- Yes
- No
- Unknown

If yes, enter infection date:

ST=  Unknown

Not Done

If yes, enter Type of Infection (select all that apply)

- Cryptococcosis
- Cytomegalovirus (CMV)
- Epstein Barr virus (EBV)
- Esophageal candidiasis
- Histoplasmosis
- Kaposi's sarcoma
- Mycobacterium avium complex (MAC), disseminated
- Pneumocystis jiroveci (carinii) pneumonia (PCP)
- Toxoplasmosis
- Tuberculosis

# 3 Month Followup

Please answer all questions considering all time since the previous visit and current follow-up date. Data closest to or on visit date is preferred.

## Quality Of Life

### EuroQol (EQ-5D)

**Did the patient complete a EuroQol form?**

- Yes  
 No  
 Unknown

**How was the test administered?**

- Self-administered  
 Coordinator administered  
 Family member administered

**Mobility:**

- I have no problems in walking about  
 I have some problems in walking about  
 I am confined to bed  
 Unknown

**Self care**

- I have no problems with self-care  
 I have some problems washing or dressing myself  
 I am unable to wash or dress myself  
 Unknown

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

- I have no problems with performing my usual activities  
 I have some problems with performing my usual activities  
 I am unable to perform my usual activities  
 Unknown

**Pain/discomfort**

- I have no pain or discomfort  
 I have moderate pain or discomfort  
 I have extreme pain or discomfort  
 Unknown

**Anxiety/depression**

- I am not anxious or depressed  
 I am moderately anxious or depressed  
 I am extremely anxious or depressed  
 Unknown

**Patient Visual Analog Status (VAS)**

(0-100) 0=Worst, 100=Best

ST=  Unknown

**Which of the following best describes your \*one\* main activity?**

- Actively working  
 Retired  
 Keeping house  
 Student  
 Seeking work  
 Too sick to work (disabled)  
 Unknown  
 Other

**Is this "one" main activity considered**

- Full time  
 Part time  
 Unknown

**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=  Unknown

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

- Yes  
 No  
 Unknown

**Do you currently smoke cigarettes?**

- Yes  
 No  
 Unknown

**If Yes, How many cigarettes are you currently smoking, on average?**

- Half a pack or less per day  
 More than half to 1 pack per day  
 1 to 2 packs per day  
 2 or more packs per day  
 Unknown

**Do you currently smoke e-cigarettes?**

- Yes  
 No  
 Unknown

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

**How much stress related to your health issues do you feel you've been under during the past month?**

ST=  Unknown

(1-10) 1=No Stress,  
10=Very Much Stress

**How well do you feel you've been coping with or handling your stress related to your health issues during the past month?**

ST=  Unknown

(1-10) 1=Coping very poorly,  
10=Coping very well

**How confident are you that you can do the tasks and activities needed to manage your ventricular assist device so as to reduce how much having a ventricular assist device affects your everyday life?**

ST=  Unknown

(1-10) 1=Not at all confident,  
10=Totally confident

**How satisfied are you with the outcome of your ventricular assist device surgery, during the past 3 months?**

ST=  Unknown

(1-10) 1=Not satisfied,  
10=Very satisfied

**If you had to do it all over again, would you decide to have a ventricular assist device knowing what you know now?**

- Definitely No  
 Probably No  
 Not Sure  
 Probably Yes  
 Definitely Yes

Unknown

**If No, Please select a reason why the EuroQol (EQ-5D) was not completed:**

- Too sick (ex., intubated/sedated, critically ill, on short-term VAD)
- Too tired
- Too stressed, anxious, and/or depressed
- Can't concentrate
- No time/too busy
- Too much trouble/don't want to be bothered/not interested
- Unwilling to complete instrument, no reason given
- Unable to read English and/or illiterate
- Administrative (check specific reason below)

**If Administrative, select a specific reason**

- Urgent/emergent implant, no time to administer QOL instruments
- Coordinator too busy or forgot to administer QOL instruments
- Unable to contact patient (ie., not hospitalized or no clinic visit) within the window for QOL instrument completion
- Other reason (describe)

### Kansas City Cardiomyopathy Questionnaire

**Did the patient complete a KCCQ form?**

- Yes
- No

**How was the test administered?**

- Self-administered
- Coordinator administered
- Family member administered

**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.**

**Showering/Bathing**

- Extremely limited
- Quite a bit limited
- Moderately limited
- Slightly limited
- Not at all limited
- Limited for other reasons or did not do the activity
- Unknown

**Walking 1 block on level ground**

- Extremely limited
- Quite a bit limited
- Moderately limited
- Slightly limited
- Not at all limited
- Limited for other reasons or did not do the activity
- Unknown

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

- Extremely limited
- Quite a bit limited
- Moderately limited
- Slightly limited
- Not at all limited
- Limited for other reasons or did not do the activity
- Unknown

**Over the past 2 weeks, how many times did you have swelling in your feet, ankles or legs when you wake**

- Every morning
- 3 or more times a week, but not every day

feet, ankles or legs when you woke up in the morning?

- 1-2 times a week
- Less than once a week
- Never over the past 2 weeks
- Unknown

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

- All of the time
- Several times per day
- At least once a day
- 3 or more times per week but not every day
- 1-2 times per week
- Less than once a week
- Never over the past 2 weeks
- Unknown

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

- All of the time
- Several times per day
- At least once a day
- 3 or more times per week but not every day
- 1-2 times per week
- Less than once a week
- Never over the past 2 weeks
- Unknown

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?

- Every night
- 3 or more times a week, but not every day
- 1-2 times a week
- Less than once a week
- Never over the past 2 weeks
- Unknown

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

- It has extremely limited my enjoyment of life
- It has limited my enjoyment of life quite a bit
- It has moderately limited my enjoyment of life
- It has slightly limited my enjoyment of life
- It has not limited my enjoyment of life at all
- Unknown

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?

- Not at all satisfied
- Mostly dissatisfied
- Somewhat satisfied
- Mostly satisfied
- Completely satisfied
- Unknown

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**

- Severely limited
- Limited quite a bit
- Moderately limited
- Slightly limited
- Did not limit at all
- Does not apply or did not do for other reasons
- Unknown

**Working or doing household chores**

- Severely limited
- Limited quite a bit
- Moderately limited
- Slightly limited

**Visiting family or friends out of your home**

- Did not limit at all
- Does not apply or did not do for other reasons
- Unknown
- Severely limited
- Limited quite a bit
- Moderately limited
- Slightly limited
- Did not limit at all
- Does not apply or did not do for other reasons
- Unknown

**If No, Please select a reason why the KCCQ was not completed:**

- Too sick (ex., intubated/sedated, critically ill, on short-term VAD)
- Too tired
- Too stressed, anxious, and/or depressed
- Can't concentrate
- No time / too busy
- Too much trouble / don't want to be bothered / not interested
- Unwilling to complete instrument, no reason given
- Unable to read English and/or illiterate
- Administrative (check specific reason below)

**If Administrative, select a specific reason**

- Urgent/emergent implant, no time to administer QOL instruments
- Coordinator too busy or forgot to administer QOL instruments
- Unable to contact patient (ie., not hospitalized or no clinic visit) within the window for QOL instrument completion
- Other reason (describe)