### PreImplant Status

#### Demographics

<table>
<thead>
<tr>
<th>Height</th>
<th>in</th>
<th>cm</th>
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<tbody>
<tr>
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<tr>
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<table>
<thead>
<tr>
<th>Weight</th>
<th>lbs</th>
<th>kg</th>
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<td>ST= Unknown</td>
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<tr>
<td></td>
<td></td>
<td>Not Done</td>
</tr>
</tbody>
</table>

**Blood Type**

- O
- A
- B
- AB
- Unknown

#### Medical Support Status

**Current Device Strategy at time of implant**

- 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

**List Date for Transplant**

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>ST= Unknown</td>
</tr>
</tbody>
</table>

**Current ICD device in place?**

- Yes
- No
- Unknown

**Time since first cardiac diagnosis**

- < 1 month
- 1 month - 1 year
- 1-2 years
- > 2 years
- Unknown
### Number of cardiac hospitalizations in the last 12 months
- 0-1
- 2-3
- 4 or more
- Unknown

### Cardiac diagnosis / Primary
- Cancer
- Congenital Heart Disease: Biventricular: CAVC/VSD/ASD
- Congenital Heart Disease: Biventricular: Congenitally Corrected Transposition (I-TGA) (CC-TGA)
- Congenital Heart Disease: Biventricular: Ebstein's Anomaly
- Congenital Heart Disease: Biventricular: Kawasaki Disease
- Congenital Heart Disease: Biventricular: Left Heart Valve/Structural Hypoplasia
- Congenital Heart Disease: Biventricular: TOF/TOF Variant
- Congenital Heart Disease: Biventricular: Transposition of the Great Arteries (d-TGA)
- Congenital Heart Disease: Biventricular: Truncus Arteriosus
- Congenital Heart Disease: Single Ventricle: Heterotaxy / Complex CAVC
- Congenital Heart Disease: Single Ventricle: Hypoplastic Left Heart
- Congenital Heart Disease: Single Ventricle: Other
- Congenital Heart Disease: Single Ventricle: Pulmonary Artesia with IVS (RVDC)
- Congenital Heart Disease: Single Ventricle: Pulmonary Artesia with IVS (RVDC)
- Congenital Heart Disease: Single Ventricle: Unspecified
- Coronary Artery Disease
- Dilated Myopathy: Adriamycin
- Dilated Myopathy: Alcoholic
- Dilated Myopathy: Familial
- Dilated Myopathy: Idiopathic
- Dilated Myopathy: Ischemic
- Dilated Myopathy: Myocarditis
- Dilated Myopathy: Other, Specify
- Dilated Myopathy: Post Partum
- Dilated Myopathy: Viral
- Hypertrophic Cardiomyopathy
- Restrictive Myopathy: Amyloidosis
- Restrictive Myopathy: Endocardial Fibrosis
- Restrictive Myopathy: Idiopathic
- Restrictive Myopathy: Other, specify
- Restrictive Myopathy: Sarciodosis
- Restrictive Myopathy: Sec to Radiation/Chemotherapy
- Valvular Heart Disease
- Unknown
- None

**Dilated Myopathy: Other, Specify:**

**Restrictive Myopathy: Other, Specify:**

**Congenital Heart Disease: Single Ventricle: Other, Specify:**
Cardiac diagnosis / Secondary

- Cancer
- Congenital Heart Disease: Biventricular: CAVC/VSD/ASD
- Congenital Heart Disease: Biventricular: Congenitally Corrected Transposition (I-TGA) (CC-TGA)
- Congenital Heart Disease: Biventricular: Ebstein's Anomaly
- Congenital Heart Disease: Biventricular: Kawasaki Disease
- Congenital Heart Disease: Biventricular: Left Heart Valve/Structural Hypoplasia
- Congenital Heart Disease: Biventricular: TOF/TOF Variant
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- Congenital Heart Disease: Single Ventricle: Hypoplastic Left Heart
- Congenital Heart Disease: Single Ventricle: Other
- Congenital Heart Disease: Single Ventricle: Pulmonary Arteria with IVS (RVDC)
- Congenital Heart Disease: Single Ventricle: Pulmonary Arteria with IVS (RVDC)
- Congenital Heart Disease: Single Ventricle: Unspecified
- Coronary Artery Disease
- Dilated Myopathy: Adriamycin
- Dilated Myopathy: Alcoholic
- Dilated Myopathy: Familial
- Dilated Myopathy: Idiopathic
- Dilated Myopathy: Ischemic
- Dilated Myopathy: Myocarditis
- Dilated Myopathy: Other, Specify
- Dilated Myopathy: Post Partum
- Dilated Myopathy: Viral
- Dilated Myopathy: Unspecified
- Hypertrophic Cardiomyopathy
- Restrictive Myopathy: Amyloidosis
- Restrictive Myopathy: Endocardial Fibrosis
- Restrictive Myopathy: Idiopathic
- Restrictive Myopathy: Other, specify
- Restrictive Myopathy: Sarciodosis
- Restrictive Myopathy: Sec to Radiation/Chemotherapy
- Valvular Heart Disease
- Unknown
- None
- Dilated Myopathy: Other, Specify:

- Restrictive Myopathy: Other, Specify:

- Congenital Heart Disease: Single Ventricle: Other, Specify:

Known Cardiac biopsy

- Other, specify
- No biopsy known
- Sarcoidosis
- Giant cell myocarditis
- Eosinophilic myocarditis
- Other myocarditis
- Other, specify
- Hemochromatosis
- Mitochondrial myopathy

- Mitochondrial myopathy:
Previous cardiac operation

- None
- CABG
- Aneurysmectomy (DOR)
- Aortic Valve replacement / repair
- Mitral valve replacement / repair
- Tricuspid replacement / repair
- Congenital cardiac surgery
- LVAD
- RVAD
- TAH
- Previous heart transplant
- Previous ECMO
- Other, specify (INCLUDE ONLY OPERATIONS ACTUALLY PERFORMED ON HEART OR GREAT VESSELS)

Congenital cardiac surgery, Check all that apply

- Congenitally Corrected Transposition Repair (double switch)
- Congenitally Corrected Transposition Repair (classic)
- PA Banding
- TOF/DORV/RVOTO Repair
- Ebstein's Anomaly Repair
- VSD Repair
- Norwood Stage I
- Glenn, Bi-directional
- Glenn, Classical
- Fontan Procedure
- d- Transposition of the Great Vessels Repair – arterial switch operation
- d- Transposition of the Great Vessels Repair – atrial switch (Senning/Mustard)
- Truncus Arteriosus Repair
- Complete AV Septal Defect Repair
- AP Shunt
- ASD Repair
- Damus Kaye Stansel (DKS)
- Other, specify

Admitting Diagnosis or Planned Implant

- Heart failure
- Cardiac surgery
- Non-cardiac medical problem
- VAD Placement
- TAH Placement
- Other cardiology
- Acute MI
- Non-cardiac surgery
- Unknown
### Clinical Events and Interventions 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 surgery
- LVAD
- RVAD
- TAH
- Aneursyomectomy (DOR)

### Select Type of infection:

- Bacterial
- Fungal
- Viral
- Protozoan
- Unknown

### Select Location of infection:

- Blood
- Endocarditis, native
- Line Sepsis
- Mediastinum
- Pneumonia
- Urine
- Unknown
- Other
Congenital cardiac surgery, Select all that apply:

- Congenitally Corrected Transposition Repair (double switch)
- Congenitally Corrected Transposition Repair (classic)
- PA Banding
- TOF/DORV/RVOTO Repair
- Ebstein's Anomaly Repair
- VSD Repair
- Norwood Stage I
- Glenn, Bi-directional
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- Fontan Procedure
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- Truncus Arteriosus Repair
- Complete AV Septal Defect Repair
- AP Shunt
- ASD Repair
- Damus Kaye Stansel (DKS)
- Other, specify

IV inotrope therapy within 48 hours of implant

- Yes
- No
- Unknown

If Yes, IV inotrope therapy agents:

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

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
- Aneursyomectomy (DOR)
Congenital Cardiac Surgery
Select all that Apply:
- Congenitally Corrected Transposition Repair (double switch)
- Congenitally Corrected Transposition Repair (classic)
- PA Banding
- TOF/DORV/RVOTO Repair
- Ebstein's Anomaly Repair
- VSD Repair
- Norwood Stage I
- Glenn, Bi-directional
- Glenn, Classical
- Fontan Procedure
- d- Transposition of the Great Vessels Repair – arterial switch operation (Senning/Mustard)
- d- Transposition of the Great Vessels Repair – atrial switch
- Truncus Arteriosus Repair
- Complete AV Septal Defect Repair
- AP Shunt
- ASD Repair
- Damus Kaye Stansel (DKS)
- Other, specify

Is this implant the primary MCSD (LVAD or TAH) for this patient?
- Yes
- No

INTERRMACS® 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 isotropic 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 isotropic 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, Section II. 2.4 Pre-Implant Form, INTERMACS Patient Profiles for more details)
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)

MODIFIERS of the INTERMACS® Patient Profiles
A - Arrhythmia.
- Yes
- No
- Unknown
<table>
<thead>
<tr>
<th><strong>TCS – Temporary Circulatory Support.</strong></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
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</thead>
<tbody>
<tr>
<td><strong>FF – Frequent Flyer Home.</strong></td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td><strong>FF – Frequent Flyer.</strong></td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
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</table>
## Hemodynamics

### General Hemodynamics

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<thead>
<tr>
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<tr>
<td><strong>Heart rate</strong></td>
<td>[ ] Yes</td>
<td>[ ] No</td>
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<tr>
<td>ST=</td>
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<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>Systolic blood pressure</strong></td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
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<td>Not done</td>
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<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td><strong>Diastolic blood pressure</strong></td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
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</tbody>
</table>

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Doppler Opening Pressure</strong></td>
<td>[ ] Yes</td>
<td>[ ] No</td>
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<tr>
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<tr>
<td><strong>Peripheral edema</strong></td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
<td></td>
</tr>
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<p>| | | |</p>
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<tbody>
<tr>
<td><strong>Ascites</strong></td>
<td>[ ] Yes</td>
<td>[ ] No</td>
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<tr>
<td></td>
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<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>ECG rhythm</strong></td>
<td>[ ] Sinus</td>
<td>[ ] Atrial fibrillation</td>
</tr>
<tr>
<td></td>
<td>Atrial Flutter</td>
<td>Paced: Atrial pacing</td>
</tr>
<tr>
<td></td>
<td>Paced: Ventricular pacing</td>
<td>Paced: Atrial and ventricular pacing</td>
</tr>
<tr>
<td></td>
<td>Not done</td>
<td>Unknown</td>
</tr>
<tr>
<td></td>
<td>Other, specify</td>
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## Echo Findings

### Mitral regurgitation

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<table>
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<tr>
<th></th>
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<tbody>
<tr>
<td><strong>0 (none)</strong></td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td></td>
<td>1 (mild)</td>
<td>2 (moderate)</td>
</tr>
<tr>
<td></td>
<td>3 (severe)</td>
<td>Not Recorded or Not Documented</td>
</tr>
</tbody>
</table>
### Tricuspid regurgitation
- 0 (none)
- 1 (mild)
- 2 (moderate)
- 3 (severe)
- Not Recorded or Not Documented

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

### LVEF
- > 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
- 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

**Pulmonary artery systolic pressure**
- mmHg
  - ST=  Unknown
  - Not done

**Pulmonary artery diastolic pressure**
- mmHg
  - ST=  Unknown
  - Not done

**Mean Pulmonary artery wedge pressure**
- mmHg
  - ST=  Unknown
### Mean RA Pressure

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<th>Status</th>
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<tbody>
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<tbody>
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### Central venous pressure (CVP)

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### Cardiac Index

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<tbody>
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</thead>
<tbody>
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<tr>
<td>Not done</td>
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</table>

**Was Cardiac Index Measured by Fick or Thermodilution?**

- Yes
- No
- Unknown

**Choose Method**

- Fick
- Thermodilution

### Cardiac output

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<tbody>
<tr>
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<tr>
<td>Not done</td>
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</table>

**Was Cardiac Output Measured by Fick or Thermodilution?**

- Yes
- No
- Unknown

**Choose Method**

- Fick
- Thermodilution
## Laboratory

<table>
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<tr>
<th>Parameter</th>
<th>Units</th>
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<th>Note</th>
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<tr>
<td>Sodium</td>
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</tr>
<tr>
<td>Potassium</td>
<td>mEq/L/mmol/L</td>
<td>Unknown/Not done</td>
<td></td>
</tr>
<tr>
<td>Blood urea nitrogen</td>
<td>mg/dL/mmol/L</td>
<td>Unknown/Not done</td>
<td></td>
</tr>
<tr>
<td>Creatinine</td>
<td>mg/dL/umol/L</td>
<td>Unknown/Not done</td>
<td></td>
</tr>
<tr>
<td>SGPT/ALT (alanine aminotransferase/ALT)</td>
<td>u/L</td>
<td>Unknown/Not done</td>
<td></td>
</tr>
<tr>
<td>SGOT/AST (aspartate aminotransferase/AST)</td>
<td>u/L</td>
<td>Unknown/Not done</td>
<td></td>
</tr>
<tr>
<td>LDH</td>
<td>units/L, U/L, ukat/L</td>
<td>Unknown/Not done</td>
<td></td>
</tr>
<tr>
<td>Total bilirubin</td>
<td>mg/dL/umol/L</td>
<td>Unknown/Not done</td>
<td></td>
</tr>
<tr>
<td>Albumin</td>
<td>g/dL/g/L</td>
<td>Unknown/Not done</td>
<td></td>
</tr>
</tbody>
</table>
Pre-albumin

Pre-albumin

Total Cholesterol

Total Cholesterol

Brain natriuretic peptide BNP

Brain natriuretic peptide BNP

NT pro brain natriuretic peptide Pro-BNP

NT pro brain natriuretic peptide Pro-BNP

White blood cell count

White blood cell count

Hemoglobin

Hemoglobin

Hemoglobin A1C

Estimated Average Glucose (eAG):

Estimated Average Glucose (eAG):

Platelets

Platelets
<table>
<thead>
<tr>
<th>Parameter</th>
<th>Value</th>
<th>Unit</th>
<th>Status</th>
<th>Notes</th>
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<tbody>
<tr>
<td>INR</td>
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<td></td>
<td>ST= Unknown Not done</td>
<td></td>
</tr>
<tr>
<td>Sensitivity CRP (C Reactive Protein)</td>
<td></td>
<td>mg/L</td>
<td>ST= Unknown Not done</td>
<td></td>
</tr>
<tr>
<td>Lupus Anticoagulant</td>
<td>Positive</td>
<td>Negative</td>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td>Uric acid</td>
<td></td>
<td>mg/dL</td>
<td>ST= &lt;1 mg/dL Unknown Not done</td>
<td>umol/L</td>
</tr>
<tr>
<td>Lymphocyte Count</td>
<td></td>
<td>%</td>
<td>ST= Unknown Not done</td>
<td>&lt;2%</td>
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</tbody>
</table>

**version date:** 6/28/2017
## Concerns and Contraindications

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

- [ ] History Of Solid Organ Cancer

### History Of Lymphoma Leukemia

- [ ] History Of Lymphoma Leukemia

### History Of Bone Marrow Transplant BMT

- [ ] History Of Bone Marrow Transplant BMT

### History Of HIV

- [ ] History Of HIV

### Chronic Infectious Concerns

- [ ] Chronic Infectious Concerns

### Psychosocial issues

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited Cognition/Understanding</td>
<td>[ ]</td>
<td></td>
<td></td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>Limited Social Support</td>
<td>[ ]</td>
<td></td>
<td></td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>Repeated Noncompliance</td>
<td>[ ]</td>
<td></td>
<td></td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>History Of Illicit Drug Use</td>
<td>[ ]</td>
<td></td>
<td></td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>History Of Alcohol Abuse</td>
<td>[ ]</td>
<td></td>
<td></td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>Narcotic Dependence</td>
<td>[ ]</td>
<td></td>
<td></td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>History Of Smoking</td>
<td>[ ]</td>
<td></td>
<td></td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>Currently Smoking</td>
<td>[ ]</td>
<td></td>
<td></td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>Severe Depression</td>
<td>[ ]</td>
<td></td>
<td></td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>Other Major Psychiatric Diagnosis</td>
<td>[ ]</td>
<td></td>
<td></td>
<td>[ ]</td>
<td></td>
</tr>
</tbody>
</table>

### Other Comorbidity

- [ ] Other Comorbidity

### HIV History

#### HIV Diagnosis Date

- [ ] HIV Diagnosis Date

- ST= [ ] Unknown

- ST= [ ] 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)

- ST= [ ] Not Done

### Antiretroviral Therapy

- Abacavir (ABC) / Ziagen
- Atripla (FTC/EDV/TDF)
- Atazanavir (ATV) / Reyataz
- Combidir (3TC/ZDV)
- Complera (FTC/RPV/TDF)
- Darunavir (DRV) / Prezista
- Delavirdine (DLV) / Rescriptor
- Didanosine (ddI) / 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
Striibl (FTC/EVG/COBI/TDF)
Tenofovir Disoproxil Fumarate (TDF) / Viread
Tipranivir (TPV) / Aptivus
Trizivir (3TC/ZDV/ABC)
Truvada (FTC/TDF)
Zidovudine (ZDV) / Retrovir
Unknown
None

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

History of Opportunistic Infection
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
None

History of Hepatitis B
Positive
Negative
ST= Unknown
Not Done

History of Hepatitis C
Positive
Negative
ST= Unknown
Not Done
## PreImplant - Intermacs

### Medications

<table>
<thead>
<tr>
<th><strong>Medication</strong></th>
<th><strong>Currently using</strong></th>
<th><strong>Known previous use (within past year)</strong></th>
<th><strong>No</strong></th>
<th><strong>Unknown</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Allopurinol</strong></td>
<td></td>
<td></td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td><strong>Angiotensin receptor blocker drug</strong></td>
<td></td>
<td></td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td><strong>Amiodarone</strong></td>
<td></td>
<td></td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td><strong>ACE inhibitors</strong></td>
<td></td>
<td></td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td><strong>Beta-blockers</strong></td>
<td></td>
<td></td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td><strong>Aldosterone antagonist</strong></td>
<td></td>
<td></td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td><strong>Warfarin (coumadin)</strong></td>
<td></td>
<td></td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td><strong>Antiplatelet therapy drug</strong></td>
<td></td>
<td></td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td><strong>Nesiritide</strong></td>
<td>Yes</td>
<td></td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td><strong>Nitric oxide</strong></td>
<td>Yes</td>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td><strong>PreImplant - Medications</strong></td>
<td>version date: 6/28/2017</td>
<td></td>
<td></td>
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<tr>
<td>-----------------------------</td>
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<tr>
<td><strong>Loop diuretics</strong></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
<td></td>
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<tr>
<td>No</td>
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</tr>
<tr>
<td>Unknown</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>If yes, enter dosage</td>
<td>mg/day</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ST=</td>
<td>Unknown</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Type of Loop Diuretic:</strong></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Furosemide</td>
<td></td>
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<tr>
<td>Torsemide</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Bumetanide</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outpatient (prior to admission) inotrope infusion:</strong></td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Unknown</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cardiac Resynchronization Therapy (CRT)</strong></td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Is patient on Metalozone/Thiazide?</strong></td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>If yes, then select (check one):</strong></td>
<td>Regular</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intermittent</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Is patient on Phosphodiesterase inhibitors?</strong></td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
## Quality Of Life

(QOL surveys cannot be administered after the visit date)

### EuroQol (EQ-5D)

<table>
<thead>
<tr>
<th>Did the patient complete a EuroQol form?</th>
<th>☑ Yes</th>
<th>☐ No</th>
<th>☐ Unknown</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>How was the test administered?</th>
<th>☑ Self-administered</th>
<th>☐ Coordinator administered</th>
<th>☐ Family member administered</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mobility:</th>
<th>☑ I have no problems in walking about</th>
<th>☐ I have some problems in walking about</th>
<th>☐ I am confined to bed</th>
<th>☐ Unknown</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Self care:</th>
<th>☑ I have no problems with self-care</th>
<th>☐ I have some problems washing or dressing myself</th>
<th>☐ I am unable to wash or dress myself</th>
<th>☐ Unknown</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Usual Activities (e.g. work, study, housework, family or leisure activities)</th>
<th>☑ I have no problems with performing my usual activities</th>
<th>☐ I have some problems with performing my usual activities</th>
<th>☐ I am unable to perform my usual activities</th>
<th>☐ Unknown</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Pain/discomfort:</th>
<th>☑ I have no pain or discomfort</th>
<th>☐ I have moderate pain or discomfort</th>
<th>☐ I have extreme pain or discomfort</th>
<th>☐ Unknown</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Anxiety/depression:</th>
<th>☑ I am not anxious or depressed</th>
<th>☐ I am moderately anxious or depressed</th>
<th>☐ I am extremely anxious or depressed</th>
<th>☐ Unknown</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Patient Visual Analog Status (VAS):</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ST=</td>
<td>Unknown</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Which of the following best describes your &quot;one&quot; main activity?</th>
<th>☑ Actively working</th>
<th>☐ Retired</th>
<th>☐ Keeping house</th>
<th>☐ Student</th>
<th>☐ Seeking work</th>
<th>☐ Too sick to work (disabled)</th>
</tr>
</thead>
</table>

version date: 6/28/2017
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Is this &quot;one&quot; main activity considered:</strong></td>
<td>☑ Full time  ☐ Part time  ☐ Unknown</td>
</tr>
<tr>
<td>How many of your close friends or relatives do you see in person,</td>
<td>☐ Yes  ☐ No  ☐ Unknown</td>
</tr>
<tr>
<td>speak to on the telephone or contact via the internet at least once a</td>
<td>☑ Yes  ☐ No  ☐ Unknown</td>
</tr>
<tr>
<td>month? (please count each person 1 time)?</td>
<td>☑ Yes  ☐ No  ☐ Unknown</td>
</tr>
<tr>
<td>Have you unintentionally lost more than 10 pounds in the last year?</td>
<td>☑ Yes  ☐ No  ☐ Unknown</td>
</tr>
<tr>
<td>Do you currently smoke cigarettes?</td>
<td>☐ Yes  ☐ No  ☐ Unknown</td>
</tr>
<tr>
<td>If Yes, How many cigarettes are you currently smoking, on average?</td>
<td>☐ 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</td>
</tr>
<tr>
<td>Do you currently smoke e-cigarettes?</td>
<td>☐ Yes  ☐ No  ☐ Unknown</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much stress related to your health issues do you feel you've been</td>
<td>☐ Unknown</td>
</tr>
<tr>
<td>under during the past month?</td>
<td>☐ Unknown</td>
</tr>
<tr>
<td>How well do you feel you've been coping with or handling your stress</td>
<td>☐ Unknown</td>
</tr>
<tr>
<td>related to your health issues during the past month?</td>
<td>☐ Unknown</td>
</tr>
<tr>
<td>How confident are you that you can do the tasks and activities needed</td>
<td>☐ Unknown</td>
</tr>
<tr>
<td>to manage your heart failure so as to reduce how much having heart</td>
<td>☐ Unknown</td>
</tr>
<tr>
<td>failure affects your everyday life?</td>
<td>☐ Unknown</td>
</tr>
<tr>
<td>How satisfied are you with the outcome of your therapy for heart failure</td>
<td>☐ Unknown</td>
</tr>
<tr>
<td>during the past 3 months?</td>
<td>☐ Unknown</td>
</tr>
</tbody>
</table>

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
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 woke up in the morning?**

- Every morning
- 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, 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 | Did not limit at all | Does not apply or did not do for other reasons | Unknown |
| Visiting family or friends out of your home | 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)
### 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 6 minute 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**
- 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