Quality of Life

PRE IMPLANT FORM

Please answer questions #1-8 below to provide some additional information.

1. Which one of the following best describes your "one" main activity? (select one)

- Too sick to work (disabled) ☐
- Actively working ☐
- Keeping house ☐
- Student ☐
- Unknown ☐
- Retired ☐
- Seeking work ☐
- Other ☐ please specify: _____

Is this "one" main activity considered: Full time or Part time or Unknown

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= Unknown.**

3. Have you unintentionally lost more than 10 pounds in the last year? ☐ Yes ☐ No ☐ Unknown

4. 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** ☐ 1 to 2 packs **per day**

☐ More than half to 1 pack **per day** ☐ 2 or more packs **per day**

5. Do you currently smoke e-cigarettes? ☐ Yes ☐ No ☐ Unknown

Please circle a number from 1 to 10, to respond to the questions below. ST= Unknown.

6. How much stress related to your health issues do you feel you've been under during the past 1 month?

1 2 3 4 5 6 7 8 9 10

No stress — Very much stress

7. How well do you feel you've been coping with or handling your stress related to your health issues during the past 1 month?

1 2 3 4 5 6 7 8 9 10

Coping very poorly — Coping very well

8. 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 2 3 4 5 6 7 8 9 10

Not at all confident — Totally confident

9. How satisfied are you with the outcome of your therapy for heart failure during the past 3 months?

1 2 3 4 5 6 7 8 9 10

Not satisfied — Very satisfied