

Intermacs

# 3 Month Followup

## Followup Status (3 Month Followup (+/- 1 month))

Select one of the following

- ☐ Inpatient  
☐ Outpatient  
☐ Other Facility  
☐ Unable to obtain follow-up information  
☐ Telehealth Consultation

Follow-up date

MM/DD/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

Patient's Home Street Address

ST= ☐ Unknown

☐ Undisclosed

Patient's Home City

ST= ☐ Unknown

☐ Undisclosed

Patient's Home State/Territory/Province

- ☐ Alabama  
☐ Alaska  
☐ American Samoa  
☐ Arizona  
☐ Arkansas  
☐ California  
☐ Colorado  
☐ Connecticut  
☐ Delaware  
☐ District of Columbia  
☐ Federated States of Micronesia  
☐ Florida  
☐ Georgia  
☐ Guam  
☐ Hawaii  
☐ Idaho  
☐ Illinois  
☐ Indiana  
☐ Iowa  
☐ Kansas  
☐ Kentucky

- ☐ Louisiana
- ☐ Maine
- ☐ Marshall Islands
- ☐ Maryland
- ☐ Massachusetts
- ☐ Michigan
- ☐ Minnesota
- ☐ Mississippi
- ☐ Missouri
- ☐ Montana
- ☐ Nebraska
- ☐ Nevada
- ☐ New Hampshire
- ☐ New Jersey
- ☐ New Mexico
- ☐ New York
- ☐ North Carolina
- ☐ North Dakota
- ☐ Northern Mariana Islands
- ☐ Ohio
- ☐ Oklahoma
- ☐ Oregon
- ☐ Palau
- ☐ Pennsylvania
- ☐ Puerto Rico
- ☐ Rhode Island
- ☐ South Carolina
- ☐ South Dakota
- ☐ Tennessee
- ☐ Texas
- ☐ Utah
- ☐ Vermont
- ☐ Virgin Islands
- ☐ Virginia
- ☐ Washington
- ☐ West Virginia
- ☐ Wisconsin
- ☐ Wyoming
- ☐ Alberta
- ☐ Ontario
- ☐ Nova Scotia
- ☐ British Columbia
- ☐ Manitoba
- ☐ Quebec
- ☐ New Brunswick
- ☐ Prince Edward Island
- ☐ Saskatchewan
- ☐ Newfoundland and Labrador
- ☐ Unknown

Patient's Home Zip Code

ST= ☐ Unknown

Was patient intubated since implant?  
(This includes all time since last follow-up.)

- ☐ Yes
- ☐ No
- ☐ Unknown

Please check on-going intubation: chronic trach for patients that have a tracheostomy and are discharged on a ventilator. This excludes intubation for reoperation or temporary intubation for diagnostic or therapeutic procedures.

☐ On-going Intubation: Chronic Trach

**Was patient on dialysis since implant?  
(This includes all time since last follow-up.)**

☐ 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

**Enter UNOS waitlist ID number**

ST= ☐ Unknown

**Since the last follow-up has the patient tested positive for COVID-19?**

☐ Yes  
☐ No  
☐ Unknown

**If yes, select all symptoms that apply:**

☐ Cough  
☐ Diarrhea  
☐ Fever  
☐ Anosmia (loss of sense of smell)  
☐ Sore Throat  
☐ Difficulty Breathing  
☐ None  
☐ Other, Specify

**If yes, select all interventions that apply:**

☐ Intubation  
☐ New Inotropes  
☐ ECMO  
☐ Dialysis  
☐ RVAD  
☐ None  
☐ Other, Specify

**If yes, select all therapies the patient received (select all that apply):**

☐ Hydroxychloroquine  
☐ Azithromycin  
☐ Immunoglobulin  
☐ Anti-viral therapy  
☐ Steroids  
☐ Convalescent Plasma  
☐ Interleukin 6 inhibitor

- ☐ None  
☐ Other, Specify

**Anti-viral therapy, specify:**

## Console Change

**Was there a Console Change? (For TAH or Berlin Heart Consoles)**

- ☐ Yes  
☐ No  
☐ Unknown

**Date of console change**

MM/DD/YYYY

ST= ☐ Unknown

**Original Console Name**

**New Console Name**

**Was there a hemolysis event since the last followup?**

- ☐ Yes  
☐ No  
☐ Unknown

**Was there a right heart failure event since the last followup?**

- ☐ Yes  
☐ No  
☐ Unknown

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

- ☐ Yes  
☐ No  
☐ Unknown

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

**Modified Rankin Scale**

Please [click here](#) for further instruction on administering the Modified Rankin Scale in Appendix I.

- ☐ 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  
☐ Not Documented  
☐ Not Done

**Note:** Please check that you have entered all Major Outcomes and Adverse Events since the last follow-up. To enter an adverse event click on the button located at the top of the patient overview screen.

- Rehospitalization
- Major Infection
- Major Bleeding
- Neurological Dysfunction
- Device Malfunction (if suspected device thrombosis, then enter as Device Malfunction)

- Extracorporeal/Paracorporeal Pump Change
  - Hemolysis
  - Right Heart Failure
  - Renal Dysfunction
  - Cardiac Arrhythmia
  - Respiratory Failure
  - Venous Thromboembolic Event
  - Wound Dehiscence
  - Arterial Non-CNS Thromboembolism
  - Hypertension
  - Hepatic Dysfunction
  - Psychiatric Episode
  - Pericardial Fluid Collection
  - Myocardial Infarction
  - Other SAE
  - Death
  - Explant due to Exchange
  - Explant due to Recovery
  - Explant due to Transplant
-

Intermacs

# 3 Month Followup

## Hemodynamics

All data collected on this form should be collected at the same time.

Data may be entered that was collected/performed from the last time the patient was seen for follow-up to the current visit date.

### General Hemodynamics

**General Hemodynamics Date**

ST= ☐ Unknown

☐ Not Done

**Heart rate**

beats per min

ST: ☐ Unknown

☐ Not done

**Systolic blood pressure**

(millimeters of mercury) should be determined from auscultation or arterial line if necessary.

mmHg

ST: ☐ Unknown

☐ Not done

**Diastolic blood pressure**

(millimeters of mercury) should be determined from auscultation or arterial line if necessary

mmHg

ST: ☐ Unknown

☐ Not done

**Mean arterial blood pressure**

mmHg

ST: ☐ Unknown

☐ Not done

☐ Not applicable

**ECG rhythm**

Cardiac rhythm

☐ Sinus

☐ Atrial fibrillation

☐ Atrial Flutter

☐ Atrial dysrhythmia, Other

☐ Atrial paced, Ventricular sensed

☐ Atrial sensed, Ventricular paced

☐ Atrial paced, Ventricular paced

☐ Junctional

☐ 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****Echo Hemodynamics Date**

ST= ☐ Unknown☐ Not Done**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**LVEF**☐ > 50 (normal)☐ 40-49 (mild)☐ 30-39 (moderate)☐ 20-29 (moderate/severe)☐ < 20 (severe)☐ Not Recorded or Not Documented☐ Unknown**LVEDD**
 cm
ST: ☐ Not Recorded or Not Documented**RVEF**☐ Normal☐ Mild☐ Moderate☐ Severe☐ Not Done☐ Not Applicable☐ Unknown

## Swan Hemodynamics

Swan Hemodynamics Date

ST= ☐ Unknown

☐ Not Done

Pulmonary artery systolic pressure

mmHg

ST: ☐ Unknown

☐ Not done

Pulmonary artery diastolic pressure

mmHg

ST: ☐ Unknown

☐ Not done

Mean Pulmonary Artery Capillary Wedge Pressure

mmHg

ST: ☐ Unknown

☐ Not done

Central Venous Pressure (CVP) or Right Atrial Pressure

mmHg

ST: ☐ Unknown

☐ Not done

Cardiac Index

L/min/M2 (by Swan)

ST: ☐ Unknown

☐ Not done

Was Cardiac Index Measured by Fick or Thermodilution?

☐ Yes

☐ No

☐ Unknown

Choose Method

☐ Fick

☐ Thermodilution

Cardiac output

L/min

ST: ☐ Unknown

☐ Not done

Was Cardiac Output Measured by Fick or Thermodilution?

☐ Yes

☐ No

☐ Unknown

Choose Method

☐ Fick

☐ Thermodilution



Intermacs

# 3 Month Followup

## 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

**Thrombolytic**

- ☐ Yes  
☐ No  
☐ Unknown

**Beta-blockers**

- ☐ Yes  
☐ No  
☐ Unknown

**Aldosterone antagonist**

- ☐ Yes  
☐ No  
☐ Unknown

**Low molecular weight heparin  
(Lovenox, Fragmin, Innohep)**

- ☐ Yes  
☐ No  
☐ Unknown

**UFH: Unfractionated Heparin**

- ☐ Yes  
☐ No  
☐ Unknown

**Warfarin (coumadin)**

- ☐ Yes  
☐ No  
☐ Unknown

**Arixtra (fondaparinux)**

- ☐ Yes  
☐ No  
☐ Unknown

**Argatroban**

- ☐ Yes  
☐ No

☐ Unknown

**Bivalirudin**

☐ Yes  
☐ No  
☐ Unknown

**Antiplatelet therapy drug**

☐ Yes  
☐ No  
☐ Unknown

**Select drug(s)**

☐ Aspirin  
☐ Dextran  
☐ Dipyridamole  
☐ Clopidogrel  
☐ Ticlopidine  
☐ Unknown  
☐ Other, specify

**ARNi (Entresto)**

☐ Yes  
☐ No  
☐ Unknown

**Nitric oxide**

Document Fiolan here

☐ 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/day

ST= ☐ Unknown

**Type of Loop Diuretic:**

☐ Furosemide  
☐ Torsemide  
☐ Bumetanide  
☐ Other

**Is patient on direct oral anticoagulants (DOACs) or novel oral anticoagulants (NOACs)?**

Such as: dabigatran (Pradaxa), rivaroxaban (Xarelto), apixaban (Eliquis), edoxaban (Savaysa), and betrixaban (Bevyxxa)

☐ Yes  
☐ No  
☐ Unknown

Intermacs

# 3 Month Followup

## Laboratory

**Sodium** mEq/L mmol/LST= ☐ Unknown☐ Not done**Potassium** mEq/L mmol/LST= ☐ Unknown☐ Not done**Blood urea nitrogen** mg/dL mmol/LST= ☐ Unknown☐ Not done**Creatinine** mg/dL umol/LST= ☐ Unknown☐ Not done**SGPT/ALT**  
**(alanine aminotransferase/ALT)** u/LST= ☐ Unknown☐ Not done**SGOT/AST**  
**(aspartate aminotransferase/AST)** u/LST= ☐ Unknown☐ Not done**LDH** units/L, U/L, ukat/LST= ☐ Unknown☐ Not done**Total bilirubin** mg/dL umol/LST= ☐ 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 (ST=)' 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 (ST=)' 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

**Reticulocyte count**

%

ST= ☐ Unknown  
☐ Not Done

**White blood cell count**

x10<sup>3</sup>/uL

x10<sup>9</sup>/L

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>/L
ST= ☐ Unknown☐ Not done**Hemoglobin A1C**
 %

 mmol/mol
**Estimated Average Glucose (eAG):**
 mg/dL

 mmol/L
ST= ☐ Unknown☐ Not Done**INR**
 international units
ST= ☐ Unknown☐ Not done**Plasma-free hemoglobin**
 mg/dL

 g/L
ST= ☐ less than 30mg☐ 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**Was a TEG done?**☐ Yes☐ No☐ Unknown**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= ☐ <1 mg/dL

☐ Unknown

☐ Not done

Intermacs

# 3 Month Followup

## Device Flow Chart

### Device Function

**Pump Flow**  LPM  
ST= ☐ Unknown

**Pulsatility Index**   
ST= ☐ Unknown

**Pump Power**  Watts  
ST= ☐ Unknown

### Device Parameters

**Pump Speed**  RPM  
ST= ☐ Unknown

**Low Speed**  RPM  
ST= ☐ Unknown

### Device Inspection

**Auscultation** ☐ Abnormal  
☐ Normal  
☐ Not Applicable

**Driveline** ☐ Abnormal  
☐ Normal  
☐ Not Applicable

Intermacs

# 3 Month Followup

## Exercise Function and Trailmaking Data

### 6 minute walk

 feet

- ST= ☐ Not done: too sick  
☐ Not done: other  
☐ Not done: patient refused to walk  
☐ 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  
☐ Not done: patient refused to walk  
☐ 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
-

Intermacs

# 3 Month Followup

## Comorbidities

Which comorbidities were present at the time of the followup?

### Cardiothoracic issues

#### Frequent ICD Shocks

If a patient has 3 or more shocks in a 24 hour episode

- ☐ Yes  
☐ No  
☐ Unknown

**Chronic Lung Disease Definition:** Indicate whether the patient has chronic lung disease, and the severity level according to the following classification:

- Mild: FEV1 60% to 75% of predicted or on chronic inhaled or oral bronchodilator therapy.
- Moderate: FEV1 50% to 59% of predicted or on chronic oral/systemic steroid therapy aimed at lung disease.
- Severe: FEV1 < 50% or Room Air pO<sub>2</sub> < 60 or pCO<sub>2</sub> > 50.
- CLD present, severity not documented.
- Unknown

**Time Frame:** Do not use values obtained more than 12 months prior to the date of surgery.

Spirometry results that have not been interpreted by a pulmonologist may be used to quantify chronic lung disease.

#### Chronic Lung Disease

- ☐ Yes  
☐ No  
☐ Unknown

#### Type of Chronic Lung Disease

- ☐ Obstructive  
☐ Restrictive  
☐ Obstructive/Restrictive  
☐ Unknown  
☐ Other, specify

#### Degree of Dysfunction

- ☐ Mild (FEV 60 -75% predicted and/or on chronic inhaler/oral meds)  
☐ Moderate (FEV 50-59% predicted and/or on chronic steroid)  
☐ Severe (FEV < 50% predicted or RA pO<sub>2</sub> <60 or pCO<sub>2</sub>>50)  
☐ Severity not documented

**Pulmonary Hypertension Definition:** Indicate whether there is physician documentation of Pulmonary Hypertension as documented by:

- Right heart catheterization: mean pulmonary arterial pressure (PAP) > 25 mmHg at rest
- Echocardiographic diagnosis: PA systolic pressure (PASP) >50 mmHg
- Mean Pulmonary Artery Pressure greater than 25mmHg obtained from most recent right heart catheterization of right ventricular systolic pressure greater than 50mmHg obtained from the most recent right heart catheterization or most recent echocardiogram

**Pulmonary Hypertension Intent/Clarification:** High blood pressure in the arteries that supply the lungs is called pulmonary hypertension (PHT). The blood vessels that supply the lungs constrict and their walls thicken, so they cannot carry as much blood. This information may be found on a preoperative cardiac catheterization or echocardiogram. If the value is not known or documented, the data sheet should be marked accordingly.

RV systolic pressure may be used if no PA pressure is available, provided there is no pulmonary stenosis. It is preferable to use pressures measured pre-op, prior to induction of anesthesia.

Comment in a CT scan of an "enlarged pulmonary artery" suggestive of pulmonary hypertension is not adequate for this diagnosis

#### Pulmonary Hypertension

- ☐ Yes  
☐ No

☐ Unknown

### Recent Pulmonary Embolus

Defined as a pulmonary embolus occurring within 3 months of durable VAD implantation

☐ Yes  
☐ No  
☐ Unknown

### History of Atrial Arrhythmia

☐ Yes  
☐ No  
☐ Unknown

### Thoracic Aortic Disease

Defined as the presence of an aortic aneurysm, previous history or current history of aortic dissection, or history of aortic ulcer.

☐ Yes  
☐ No  
☐ Unknown

Indicate whether the patient has a history of disease of the thoracic or thoracoabdominal aorta. Abdominal aortic disease without thoracic involvement is captured in peripheral artery disease.

### Prior Sternotomy

☐ Yes  
☐ No  
☐ Unknown

If yes, how many

ST: ☐ Unknown

## Nutritional/GI issues

### Severe Diabetes

Defined as a Hemoglobin A1c greater than 8 mg/dl or associated with diabetic nephropathy, vasculopathy, oculopathy

☐ Yes  
☐ No  
☐ Unknown

### Malnutrition/Cachexia

Weight loss greater than 5% of present body mass in 12 months or less

☐ Yes  
☐ No  
☐ Unknown

### History of GI Ulcers

☐ Yes  
☐ No  
☐ Unknown

### Liver Dysfunction

Indicate whether the patient has a history of hepatitis B, hepatitis C, cirrhosis, portal hypertension, esophageal varices, chronic alcohol abuse or congestive hepatopathy. Exclude NASH in the absence of cirrhosis.

☐ Yes  
☐ No  
☐ Unknown

Intent/Clarification: LFTs or a MELD score alone cannot be used to code "Yes" to liver disease since other conditions impact these lab values. Liver fibrosis with recurrent ascites, supported by the MELD can be coded as liver disease.

### Hepatitis

☐ Yes  
☐ No  
☐ Unknown

If yes, check all that apply

☐ Hepatitis B

☐ Hepatitis C**Hepatitis B Treated**

☐ Yes  
☐ No  
☐ Unknown

**Hepatitis C Treated**

☐ Yes  
☐ No  
☐ Unknown

## Vascular issues

**Heparin Induced Thrombocytopenia**

☐ Yes  
☐ No  
☐ Unknown

**Chronic Coagulopathy**

Heparin induced thrombocytopenia  
 Protein C deficiency  
 Protein S deficiency  
 Anti-thrombin 3 deficiency  
 DIC

☐ Yes  
☐ No  
☐ Unknown

**Cerebrovascular Disease**

☐ Yes  
☐ No  
☐ Unknown

**History of Stroke**

Stroke is an acute episode of focal or global neurological dysfunction caused by brain, spinal cord, or retinal vascular injury as a result of hemorrhage or infarction, where the neurological dysfunction lasts for greater than 24 hours.  
 This does not include chronic (nonvascular) neurological diseases or other acute neurological insults such as metabolic and anoxic ischemic encephalopathy.

☐ Yes  
☐ No  
☐ Unknown

**Type of Stroke**

☐ Ischemic (embolic)  
☐ Hemorrhagic  
☐ Unknown

**Timing of Stroke (most recent)**

☐ Recent (within 30 days of admission (mRs > 2 or NIHSS > 15))  
☐ Remote (greater than 30 days of admission)  
☐ Unknown

**History of Transient Ischemic Attack (TIA)**

Defined as a transient episode of focal neurological dysfunction caused by brain, spinal cord, or retinal ischemia, without acute infarction, where the neurological dysfunction resolves within 24 hours.

☐ Yes  
☐ No  
☐ Unknown

**Asymptomatic Severe Carotid Stenosis (80% -100%)**

☐ Yes  
☐ No  
☐ Unknown

**Peripheral Arterial Disease (PAD) Definition:** Indicate whether the patient has a history of peripheral arterial disease (includes upper and lower extremity, renal, mesenteric, and abdominal aortic systems). This can include:

- Claudication, either with exertion or at rest
- Amputation for arterial vascular insufficiency

- Vascular reconstruction, bypass surgery, or percutaneous intervention to the extremities (excluding dialysis fistulas and vein stripping)
- Documented abdominal aortic aneurysm with or without repair
- Positive noninvasive test (e.g., ankle brachial index  $\leq 0.9$ , ultrasound, magnetic resonance or computed tomography imaging of  $> 50\%$  diameter stenosis in any peripheral artery, i.e., renal, subclavian, femoral, iliac) or angiographic imaging

Peripheral arterial disease excludes disease in the carotid, cerebrovascular arteries or thoracic aorta.

PVD does not include DVT.

**Peripheral Arterial Disease**

- ☐ Yes  
☐ No  
☐ Unknown

**If yes, check all that apply**

- ☐ Abdominal aortic aneurysm  
☐ Upper extremity disease  
☐ Lower extremity disease  
☐ Mesenteric disease  
☐ Renovascular disease  
☐ Source not documented

## Oncology/infection issues

**History of Solid Organ Cancer**

- ☐ Yes  
☐ No  
☐ Unknown

**Currently have cancer**

- ☐ Yes  
☐ No  
☐ Unknown

**History of Solid Organ Transplantation**

- ☐ Yes  
☐ No  
☐ Unknown

**History of Hematopoietic Cancer**

- ☐ Yes  
☐ No  
☐ Unknown

**History Of Bone Marrow Transplant BMT**

- ☐ Yes  
☐ No  
☐ Unknown

**HIV**

- ☐ Yes  
☐ No  
☐ Unknown

## Psychosocial issues

**Psychosocial Issues**

NOTE: Smoking History has been moved to this section.

This section includes, substance abuse disorders along with a detailed smoking history. Please read this section thoroughly and check the boxes accordingly.

- ☐ Yes  
☐ No  
☐ Unknown

**If yes, check all that apply**

- ☐ Depression  
☐ History of Severe Depression  
☐ Alcohol Abuse

- ☐ Limited Cognition  
☐ Limited Family Support  
☐ Noncompliance  
☐ History of Narcotic Dependence  
☐ Active Illicit Drug Use  
☐ History of Smoking  
☐ Other Specify

**Narcotic Dependence**

- ☐ Remote use (more than 3 months ago)  
☐ Recent use (within 3 months)  
☐ Unknown

**Smoking**

- ☐ Remote use (more than 3 months ago)  
☐ Recent use (within 3 months)  
☐ Unknown

**Alcohol Abuse**

- ☐ Remote use (more than 3 months ago)  
☐ Recent use (within 3 months)  
☐ Unknown

## Potential Barriers to Heart Transplant

**Advanced Age**

- ☐ Yes  
☐ No  
☐ Unknown  
☐ Not applicable: patient listed for transplant

**Frailty**

- ☐ Yes  
☐ No  
☐ Unknown  
☐ Not applicable: patient listed for transplant

**Patient does not want transplant**

By checking yes, you are confirming that the patient does not want a heart transplant

- ☐ Yes  
☐ No  
☐ Unknown  
☐ Not applicable: patient listed for transplant

**Musculoskeletal limitation to ambulation**

- ☐ Yes  
☐ No  
☐ Unknown  
☐ Not applicable: patient listed for transplant

**Contraindication to immunosuppression**

- ☐ Yes  
☐ No  
☐ Unknown  
☐ Not applicable: patient listed for transplant

**Allosensitization**

- ☐ Yes  
☐ No  
☐ Unknown  
☐ Not applicable: patient listed for transplant

**Chronic Renal Disease**

- ☐ Yes
- ☐ No
- ☐ Unknown
- ☐ Not applicable: patient listed for transplant

**Large BMI**

- ☐ Yes
- ☐ No
- ☐ Unknown
- ☐ Not applicable: patient listed for transplant

**Chronic Infectious Concerns**

- ☐ Yes
- ☐ No
- ☐ Unknown
- ☐ Not applicable: patient listed for transplant

Intermacs

# 3 Month Followup

## Quality of Life

QOL surveys cannot be administered after the visit date

### 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

**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?**

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

ST= ☐ Unknown

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

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

ST= ☐ Unknown

**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?**

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

ST= ☐ Unknown

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

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

ST= ☐ Unknown

**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 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)