ST= O Not Assigned O Undisclosed
ST= ○ Unknown ○ Undisclosed
ST= ○ Unknown ○ Undisclosed
 ○ 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 ○ Marshall Islands ○ Maryland

	○ Minnesota		
	○ Mississippi		
	○ Missouri		
	○ Montana		
	○ Nebraska		
	○ Nevada		
	○ New Hampshire		
	○ New Jersey		
	○ New Mexico		
	○ New York		
	○ North Carolina		
	○ North Dakota		
	ONorthern 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		
	O Nova Scotia		
	O British Columbia		
	○ Manitoba		
	Quebec		
	○ New Brunswick		
	O Prince Edward Island		
	○ Saskatchewan		
	O Newfoundland and Labrador		
	○ Unknown		
Patient's Home Zip Code			
	ST= O Unknown		
	OT- O STINIOWIT		
Health Insurance Claim Number (HICN):			
Enter the HICN issued by CMS.	ST= O Unknown		
Date of Birth			
MM/DD/YYYY			
IVIIVIJOJI I I I I			
Gender	○ Male		
Gender	○ Male ○ Female		
	C 1 0111410		

	○ Unspecified
Ethnicity: Hispanic or Latino	○ Yes
Ethnicity: mapanic or Latino	○ No
	○ Unknown
Race Enter all race choices that apply	☐ American Indian or Alaska Native ☐ Asian
Enter all race choices that apply	☐ African-American or Black
	☐ Hawaijan or other Pacific Islander
	□ White
	Unknown / Undisclosed
	☐ Other / none of the above
Marital Status	○ Single
	○ Married
	O Domestic Partners
	○ Divorced/Separated
	○ Widowed
	○ Unknown
Highest education level	○None
	○ Grade school (0-8)
	○ High school (9-12)
	Attended college/technical school
	○ Associate/bachelor degree
	○ Post-college graduate degree
	○ Not Applicable
	○ Unknown
Working for income	○ Yes
•	○No
	Ounknown
If yes:	○ Working Full Time
	O Working Part Time due to Demands of Treatment
	O Working Part Time due to Disability
	O Working Part Time due to Insurance Conflict
	O Working Part Time due to Inability to Find Full Time Work
	O Working Part Time due to Patient Choice
	○ Working Part Time Reason Unknown
	○ Working, Part Time vs. Full Time Unknown
If No, Not Working Due To:	○ Disability
_	O Demands of Treatment
	○ Insurance Conflict
	○ Inability to Find Work
	O Patient Choice - Homemaker
	O Patient Choice - Student Full Time/Part Time
	O Patient Choice - Retired
	O Patient Choice - Other
	O Not Applicable - Hospitalized
	○Unknown
to notiont involved in a VAD valetad	○ Yes
Is patient involved in a VAD related study?	○ Yes ○ No
Studyr	○ Unknown

Is this an industry sponsored post approval study? O Yes O No O Unknown	What is the name of the study?		
		○ No	