

3 Month Followup - Pedimacs 11/07/2024

Blank View

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

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

Patient's Home City

ST= ☐ Unknown

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?

- ☐ 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

List Date for TransplantST= ☐ 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
☐ None
☐ Other, Specify

Anti-viral therapy, specify:

Was there a Console Change?

- ☐ Yes
☐ No
☐ Unknown

Date of console changeST= ☐ Unknown**Original Console Name****New Console Name****Functional Capacity****Sedated**

- ☐ Yes
☐ No
☐ Unknown

Paralyzed

- ☐ Yes
☐ No
☐ Unknown

Intubated

- ☐ Yes
☐ No
☐ Unknown

Ambulating

- ☐ Yes
☐ No
☐ Unknown
☐ Not Applicable

Primary Nutrition

- ☐ Orally
☐ Per feeding tube
☐ TPN
☐ Not Applicable

Excursions**Has the patient had any non-medically required excursions off the unit?**

- ☐ Yes
☐ No
☐ Unknown
☐ Not Applicable

If yes, where (please select all that apply)

- ☐ Playroom
☐ Cafeteria
☐ Walk outside
☐ Sitting room
☐ General rehab
☐ None

ZONES

Hemolysis Zone

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 (select all that apply):

Hemoglobinuria (Tea-Colored Urine)?

- ☐ Yes
☐ No
☐ Unknown

Pump malfunction and/or abnormal pump parameters?

- ☐ Yes
☐ No
☐ Unknown

Right Heart Failure Zone

Clinical Findings – Since the last followup.**CVP or RAP > 16 mmHg?**

- ☐ Yes
☐ No
☐ Unknown
☐ Not Done

Dilated Vena Cava with absence of Inspiratory Variation by Echo?

- ☐ Yes
☐ No
☐ Unknown
☐ Not Done

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 IV inotropes or vasopressor therapy since the last Follow-up?

- ☐ Yes
☐ No
☐ Unknown

If yes, select all that apply:

- ☐ Dopamine
☐ Dobutamine
☐ Milrinone
☐ Isoproterenol
☐ Epinephrine
☐ Norepinephrine
☐ Levosimendan
☐ Vasopressin
☐ Phenylephrine
☐ Angiotensin II
☐ Unknown
☐ Other, Specify

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?

- ☐ Yes
☐ No
☐ Unknown

If yes, please enter the Modified Rankin Scale.

12/05/2024

Modified Rankin Scale

- ☐ 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

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Hemodynamics

For all sections, 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

Systolic blood pressure mmHgST= ☐ Unknown☐ Not done**Diastolic blood pressure** mmHgST= ☐ Unknown☐ Not done**Mean Arterial Blood Pressure (MAP)** mmHgST= ☐ Unknown☐ Not done**ECG rhythm**☐ Sinus☐ Atrial fibrillation☐ Atrial Flutter☐ Paced: Atrial pacing☐ Paced: Ventricular pacing☐ Paced: Atrial and ventricular pacing☐ Unknown☐ Not done☐ Other, specify**Height** in cmST= ☐ Unknown☐ Not done**Weight** lbs kgST= ☐ Unknown☐ Not done

Invasive Hemodynamics

**Pulmonary artery
systolic pressure** mmHgST= ☐ Unknown☐ Not Done

**Pulmonary artery
diastolic pressure**

mmHg

ST= ☐ Unknown

☐ Not Done

Mean RA Pressure

mmHg

ST= ☐ Unknown

☐ Not Done

PVR

wood units

ST= ☐ Unknown

☐ Not Done

**Mean Pulmonary artery wedge
pressure**

mmHg

ST= ☐ Unknown

☐ Not Done

Central venous pressure (CVP)

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

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Medications

Was the patient sent home with an IV?

- ☐ Yes
☐ No
☐ Unknown

ACE inhibitors

- ☐ Yes
☐ No
☐ Unknown

Aldosterone antagonist

- ☐ Yes
☐ No
☐ Unknown

Amiodarone

- ☐ Yes
☐ No
☐ Unknown

Angiotensin receptor blocker drug

- ☐ Yes
☐ No
☐ Unknown

Beta-blockers

- ☐ 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

Nitric oxide

- ☐ Yes
☐ No
☐ Unknown

Sildenafil/ Bosentan

- ☐ Yes
☐ No
☐ Unknown

Arixtra (fondaparinux)

- ☐ Yes
☐ No
☐ Unknown

Did patient receive new IV or oral medication to treat hypertension?

- ☐ Yes
☐ No
☐ Unknown

Transfusion**Was there a Tranfusion?**

- ☐ Yes
☐ No
☐ Unknown

If yes, enter number of PRBC (Total number of cc's received)ST= ☐ Unknown

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Antithrombotic

Unfractionated heparin used?

- ☐ Yes
☐ No
☐ Unknown

Date startedST= ☐ Unknown**aPTT or Anti-Xa?**

- ☐ aPTT
☐ Anti-Xa
☐ Unknown

Lower target

seconds

ST= ☐ Unknown

- ☐ Lower than the minimum

Upper target

seconds

ST= ☐ Unknown

- ☐ Higher than the maximum

Lower target

units/ml

ST= ☐ Unknown

- ☐ Lower than the minimum

Upper target

units/ml

ST= ☐ Unknown

- ☐ Higher than the maximum

Date goal first achievedST= ☐ Unknown**Low molecular weight heparin
used? (Lovenox, Fragmin, Innohep)**

- ☐ Yes
☐ No
☐ Unknown

Date startedST= ☐ Unknown**Lower target**

IU/ml

ST= ☐ Unknown

- ☐ Lower than the minimum

Upper target

IU/ml

ST= ☐ Unknown

- ☐ Higher than the maximum

Date goal first achievedST= ☐ Unknown

Warfarin used? (coumadin)

- ☐ Yes
☐ No
☐ Unknown

Date startedST= ☐ Unknown**Lower target**ST= ☐ Unknown☐ Lower than the minimum**Upper target**ST= ☐ Unknown☐ Higher than the maximum**Date goal first achieved**ST= ☐ Unknown**Argatroban used?**

- ☐ Yes
☐ No
☐ Unknown

Date startedST= ☐ Unknown**Lower target**

seconds

ST= ☐ Unknown☐ Lower than the minimum**Upper target**

seconds

ST= ☐ Unknown☐ Higher than the maximum**Date goal first achieved**ST= ☐ Unknown**Bivalirudin used?**

- ☐ Yes
☐ No
☐ Unknown

Date startedST= ☐ Unknown**Lower target**

seconds

ST= ☐ Unknown☐ Lower than the minimum**Upper target**

seconds

ST= ☐ Unknown☐ Higher than the maximum

Date goal first achieved

ST= ☐ Unknown

Aspirin used?

- ☐ Yes
☐ No
☐ Unknown

Date started

ST= ☐ Unknown

Dipyridamole used?

- ☐ Yes
☐ No
☐ Unknown

Date started

ST= ☐ Unknown

Clopidogrel used?

- ☐ Yes
☐ No
☐ Unknown

Date started

ST= ☐ Unknown

Thrombolytic used?

- ☐ Yes
☐ No
☐ Unknown

Other antithrombotic medication
used?

- ☐ Yes
☐ No
☐ Unknown

Medication Name

Date started

ST= ☐ Unknown

Lab Test Name

Lower target

ST= ☐ Unknown☐ Lower than the minimum

Upper target

ST= ☐ Unknown☐ Higher than the maximum

Date goal first achieved

ST= ☐ Unknown

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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 doneSGPT/ALT (alanine
aminotransferase/ALT) u/LST= ☐ Unknown☐ Not doneSGOT/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/LST= ☐ Unknown☐ Not Done

Bilirubin indirect mg/dL umol/LST= ☐ Unknown☐ Not Done**Albumin** g/dL g/LST= ☐ Unknown☐ Not done**Pre-albumin** mg/dL mg/LST= ☐ Unknown☐ Not done**Total Cholesterol** mg/dL mmol/LST= ☐ < 50 mg/dL☐ Unknown☐ Not done**Brain natriuretic peptide BNP** pg/ml ng/LST= ☐ > 7500 pg/mL☐ Unknown☐ Not done**NT pro brain natriuretic peptide Pro-BNP** pg/ml ng/LST= ☐ Unknown☐ Not done**White blood cell count** $\times 10^3/\mu\text{L}$ $\times 10^9/\mu\text{L}$ ST= ☐ Unknown☐ Not done**Reticulocyte count** %ST= ☐ Unknown☐ Not Done

Hemoglobin g/dL
 g/L
 mmol/LST= ☐ Unknown
☐ Not done**Platelets** $\times 10^3/\mu\text{L}$
 $\times 10^9/\mu\text{L}$ ST= ☐ Unknown
☐ Not done**Hemoglobin A1C** %
 mmol/mol**Estimated Average Glucose (eAG):** mg/dL
 mmol/LST= ☐ Unknown
☐ Not Done**INR** international unitsST= ☐ Unknown
☐ Not done**Plasma-free hemoglobin** mg/dL
 g/LST= ☐ 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:

- ☐ Aspirin
☐ Dipyridamole
☐ Plavix
☐ Heparin
☐ Coumadin
☐ Direct thrombin inhibitors (ex: arg, lip, val...)

Was a TEG done?

- ☐ Yes
☐ No
☐ Unknown

**ThrombElastoGraph Hemostasis
System (TEG) profile, MA k** max amplitude in kaolinST= ☐ Unknown☐ Not Done**ThrombElastoGraph Hemostasis
System (TEG) profile, R k** reaction time in kaolinST= ☐ Unknown☐ Not Done**ThrombElastoGraph
HemostasisSystem (TEG) profile, R
h** reaction time w/heparinaseST= ☐ Unknown☐ Not Done**Sensitivity CRP** mg/LST= ☐ Unknown☐ Not done**Lupus Anticoagulant**☐ Positive☐ Negative☐ Unknown**Fibrinogen** mg/dL g/LST= ☐ Lower than the minimum☐ Higher than the maximum☐ Unknown**Anti-Factor Xa** IU/mLST= ☐ Lower than the minimum☐ Higher than the maximum☐ Unknown**PTT** secondsST= ☐ Lower than the minimum☐ Higher than the maximum☐ Unknown

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Device Flow Chart

Device Function

Pump Flow LPM

ST= ☐ Unknown

Pump Power Watts

ST= ☐ Unknown

Device Parameters

Pump Speed RPM

ST= ☐ Unknown

Device Inspection

Auscultation ☐ Abnormal
☐ Normal
☐ Not Applicable

Driveline ☐ Abnormal
☐ Normal
☐ Not Applicable

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Exercise Function

All patients ≥ 10 years of age at time of implant should attempt to complete these functional capacity measurements especially for those patients classified as Intermacs patient profile level 4-7

6 minute walk

 feet
ST= ☐ Not done☐ Not done: too sick☐ Not done: other☐ Not done: age inappropriate☐ Not done: patient refused to walk

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☐ Not done: too sick☐ Not done: other☐ Not done: age inappropriate☐ Not done: patient refused to walk

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☐ Not done: too sick☐ Not done: other☐ Not done: age inappropriate

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= ☐ Not done☐ Not done: too sick☐ Not done: other☐ Not done: age inappropriate

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.

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

Ross Classification of Congestive Heart Failure

- ☐ Ross Class I: No limitations or symptoms.
- ☐ Ross Class II: No growth failure.
- ☐ Ross Class III: Growth failure.
- ☐ Ross Class IV: Symptomatic at rest.
- ☐ Not applicable: ≥ 2 years of age
- ☐ Unknown

Choose all indicated symptoms that apply.

- ☐ Mild tachypnea with feeds in infant
- ☐ Mild diaphoresis with feeds in infant
- ☐ Dyspnea on exercise in older children
- ☐ Unknown

Choose all indicated symptoms that apply.

- ☐ Marked tachypnea with exertion or with feeding
- ☐ Marked diaphoresis with exertion or with feeding
- ☐ Unknown

Choose all indicated symptoms that apply.

- ☐ Tachypnea
- ☐ Retractions
- ☐ Grunting
- ☐ Diaphoresis
- ☐ Unknown

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Quality Of Life

(QOL surveys cannot be administered after the visit date)

PedsQL

Did the child complete a form?

- ☐ Yes
☐ No
☐ Unknown

Please select the 'Child' form:

- ☐ PedsQL Young Child (5-7 yrs)
☐ PedsQL Child (8-12 yrs)
☐ PedsQL Teen (13-18 yrs)

ABOUT MY HEALTH AND ACTIVITIES (problems with...)

It is hard for me to walk more than
one block:

- ☐ 0 - Never
☐ 1 - Almost never
☐ 2 - Sometimes
☐ 3 - Often
☐ 4 - Almost always
☐ Unknown or Not Documented

It is hard for me to run:

- ☐ 0 - Never
☐ 1 - Almost never
☐ 2 - Sometimes
☐ 3 - Often
☐ 4 - Almost always
☐ Unknown or Not Documented

It is hard for me to do sports activity
or exercise:

- ☐ 0 - Never
☐ 1 - Almost never
☐ 2 - Sometimes
☐ 3 - Often
☐ 4 - Almost always
☐ Unknown or Not Documented

It is hard for me to lift something
heavy:

- ☐ 0 - Never
☐ 1 - Almost never
☐ 2 - Sometimes
☐ 3 - Often
☐ 4 - Almost always
☐ Unknown or Not Documented

It is hard for me to take a bath or
shower by myself:

- ☐ 0 - Never
☐ 1 - Almost never
☐ 2 - Sometimes
☐ 3 - Often
☐ 4 - Almost always
☐ Unknown or Not Documented

**It is hard for me to do chores
around the house:**

- ☐ 0 - Never
 - ☐ 1 - Almost never
 - ☐ 2 - Sometimes
 - ☐ 3 - Often
 - ☐ 4 - Almost always
 - ☐ Unknown or Not Documented
-

I hurt or ache:

- ☐ 0 - Never
- ☐ 1 - Almost never
- ☐ 2 - Sometimes
- ☐ 3 - Often
- ☐ 4 - Almost always
- ☐ Unknown or Not Documented

Where?

I have low energy:

- ☐ 0 - Never
 - ☐ 1 - Almost never
 - ☐ 2 - Sometimes
 - ☐ 3 - Often
 - ☐ 4 - Almost always
 - ☐ Unknown or Not Documented
-

ABOUT MY FEELINGS (problems with...)

I feel afraid or scared:

- ☐ 0 - Never
 - ☐ 1 - Almost never
 - ☐ 2 - Sometimes
 - ☐ 3 - Often
 - ☐ 4 - Almost always
 - ☐ Unknown or Not Documented
-

I feel sad or blue:

- ☐ 0 - Never
 - ☐ 1 - Almost never
 - ☐ 2 - Sometimes
 - ☐ 3 - Often
 - ☐ 4 - Almost always
 - ☐ Unknown or Not Documented
-

I feel angry:

- ☐ 0 - Never
 - ☐ 1 - Almost never
 - ☐ 2 - Sometimes
 - ☐ 3 - Often
 - ☐ 4 - Almost always
 - ☐ Unknown or Not Documented
-

I have trouble sleeping:

- ☐ 0 - Never
- ☐ 1 - Almost never
- ☐ 2 - Sometimes
- ☐ 3 - Often
- ☐ 4 - Almost always
- ☐ Unknown or Not Documented

I worry about what will happen to me:

- ☐ 0 - Never
- ☐ 1 - Almost never
- ☐ 2 - Sometimes
- ☐ 3 - Often
- ☐ 4 - Almost always
- ☐ Unknown or Not Documented

HOW I GET ALONG WITH OTHERS (problems with...)

I have trouble getting along with other teens:

- ☐ 0 - Never
- ☐ 1 - Almost never
- ☐ 2 - Sometimes
- ☐ 3 - Often
- ☐ 4 - Almost always
- ☐ Unknown or Not Documented

Other teens do not want to be my friend:

- ☐ 0 - Never
- ☐ 1 - Almost never
- ☐ 2 - Sometimes
- ☐ 3 - Often
- ☐ 4 - Almost always
- ☐ Unknown or Not Documented

Other teens tease me:

- ☐ 0 - Never
- ☐ 1 - Almost never
- ☐ 2 - Sometimes
- ☐ 3 - Often
- ☐ 4 - Almost always
- ☐ Unknown or Not Documented

I cannot do things other teens my age can do:

- ☐ 0 - Never
- ☐ 1 - Almost never
- ☐ 2 - Sometimes
- ☐ 3 - Often
- ☐ 4 - Almost always
- ☐ Unknown or Not Documented

It is hard to keep up with peers:

- ☐ 0 - Never
- ☐ 1 - Almost never
- ☐ 2 - Sometimes
- ☐ 3 - Often
- ☐ 4 - Almost always
- ☐ Unknown or Not Documented

ABOUT SCHOOL (problems with...)

Is it hard to pay attention in class:

- ☐ 0 - Never
- ☐ 1 - Almost never
- ☐ 2 - Sometimes
- ☐ 3 - Often
- ☐ 4 - Almost always
- ☐ Unknown or Not Documented

I forget things:

- ☐ 0 - Never
- ☐ 1 - Almost never
- ☐ 2 - Sometimes
- ☐ 3 - Often
- ☐ 4 - Almost always
- ☐ Unknown or Not Documented

I have trouble keeping up with my schoolwork:

- ☐ 0 - Never
- ☐ 1 - Almost never
- ☐ 2 - Sometimes
- ☐ 3 - Often
- ☐ 4 - Almost always
- ☐ Unknown or Not Documented

I miss school because of not feeling well:

- ☐ 0 - Never
- ☐ 1 - Almost never
- ☐ 2 - Sometimes
- ☐ 3 - Often
- ☐ 4 - Almost always
- ☐ Unknown or Not Documented

I miss school to go to the doctor or hospital:

- ☐ 0 - Never
- ☐ 1 - Almost never
- ☐ 2 - Sometimes
- ☐ 3 - Often
- ☐ 4 - Almost always
- ☐ Unknown or Not Documented

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

- ☐ Too sick
- ☐ Administrative

If Administrative: Select a specific reason:

- ☐ Urgent implant, no time
- ☐ Coordinator too busy or forgot
- ☐ Unable to contact patient
- ☐ Other reason (specify)

VADQoL

Did the child complete a form?

- ☐ Yes
- ☐ No
- ☐ Unknown

The VAD noise bothers me when I am awake:

- ☐ Always
- ☐ Very Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

The VAD noise bothers me when I am trying to sleep:

- ☐ Always
- ☐ Very Often

- ☐ Sometimes
☐ Rarely
☐ Never

I have pain or discomfort at the driveline or tubing pump exit site:

- ☐ Always
☐ Very Often
☐ Sometimes
☐ Rarely
☐ Never

I have difficulty sleeping due to the position of the driveline or tubing pump exit site:

- ☐ Always
☐ Very Often
☐ Sometimes
☐ Rarely
☐ Never

I am bothered by how I look with the VAD:

- ☐ Always
☐ Very Often
☐ Sometimes
☐ Rarely
☐ Never

I worry about the VAD breaking or malfunctioning:

- ☐ Always
☐ Very Often
☐ Sometimes
☐ Rarely
☐ Never

I am bothered that I cannot visit family or friends outside the home or hospital with the VAD:

- ☐ Always
☐ Very Often
☐ Sometimes
☐ Rarely
☐ Never

I am bothered that I cannot move easily from place to place with the VAD:

- ☐ Always
☐ Very Often
☐ Sometimes
☐ Rarely
☐ Never

I cannot participate in usual play activities with the VAD:

- ☐ Always
☐ Very Often
☐ Sometimes

☐ Rarely☐ Never

**I find it difficult to express feelings
and talk to others about the VAD:**

☐ Always☐ Very Often☐ Sometimes☐ Rarely☐ Never

**Overall, I would describe my day-to-
day level of worry with the VAD to
be:**

☐ High☐ Between High and Medium☐ Medium☐ Between Low and Medium☐ Low

**Overall, I would describe my day-to-
day level of happiness with the VAD
to be:**

☐ High☐ Between High and Medium☐ Medium☐ Between Low and Medium☐ Low

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

☐ Too sick☐ Administrative

**If Administrative: Select a specific
reason:**

☐ Urgent implant, no time☐ Coordinator too busy or forgot☐ Unable to contact patient☐ Other reason (specify)

3 Month Followup - Pedimacs 11/07/2024

Blank View

Quality Of Life (Parent)

(QOL surveys cannot be administered after the visit date)

PedsQL

Did the parent complete a form?

- ☐ Yes
☐ No
☐ Unknown

Please select the 'Parent' form:

- ☐ PedsQL Toddler (2-4 yrs)
☐ PedsQL Young Child (5-7 yrs)
☐ PedsQL Child (8-12 yrs)
☐ PedsQL Teen (13-18 yrs)

PHYSICAL FUNCTIONING (problems with...)

Walking more than one block:

- ☐ 0 - Never
☐ 1 - Almost never
☐ 2 - Sometimes
☐ 3 - Often
☐ 4 - Almost always
☐ Unknown or Not Documented

Running:

- ☐ 0 - Never
☐ 1 - Almost never
☐ 2 - Sometimes
☐ 3 - Often
☐ 4 - Almost always
☐ Unknown or Not Documented

Participating in sports activity or
exercise:

- ☐ 0 - Never
☐ 1 - Almost never
☐ 2 - Sometimes
☐ 3 - Often
☐ 4 - Almost always
☐ Unknown or Not Documented

Lifting something heavy:

- ☐ 0 - Never
☐ 1 - Almost never
☐ 2 - Sometimes
☐ 3 - Often
☐ 4 - Almost always
☐ Unknown or Not Documented

Taking a bath or shower by him or
herself:

- ☐ 0 - Never
☐ 1 - Almost never
☐ 2 - Sometimes
☐ 3 - Often
☐ 4 - Almost always
☐ Unknown or Not Documented

Doing chores, like picking up his or her toys::

- ☐ 0 - Never
- ☐ 1 - Almost never
- ☐ 2 - Sometimes
- ☐ 3 - Often
- ☐ 4 - Almost always
- ☐ Unknown or Not Documented

Having hurts or aches:

- ☐ 0 - Never
- ☐ 1 - Almost never
- ☐ 2 - Sometimes
- ☐ 3 - Often
- ☐ 4 - Almost always
- ☐ Unknown or Not Documented

Low energy level:

- ☐ 0 - Never
- ☐ 1 - Almost never
- ☐ 2 - Sometimes
- ☐ 3 - Often
- ☐ 4 - Almost always
- ☐ Unknown or Not Documented

EMOTIONAL FUNCTIONING (problems with...)

Feeling afraid or scared:

- ☐ 0 - Never
- ☐ 1 - Almost never
- ☐ 2 - Sometimes
- ☐ 3 - Often
- ☐ 4 - Almost always
- ☐ Unknown or Not Documented

Feeling sad or blue:

- ☐ 0 - Never
- ☐ 1 - Almost never
- ☐ 2 - Sometimes
- ☐ 3 - Often
- ☐ 4 - Almost always
- ☐ Unknown or Not Documented

Feeling angry:

- ☐ 0 - Never
- ☐ 1 - Almost never
- ☐ 2 - Sometimes
- ☐ 3 - Often
- ☐ 4 - Almost always
- ☐ Unknown or Not Documented

Trouble sleeping:

- ☐ 0 - Never
- ☐ 1 - Almost never
- ☐ 2 - Sometimes
- ☐ 3 - Often
- ☐ 4 - Almost always
- ☐ Unknown or Not Documented

Worrying about what will happen to him or her:

- ☐ 0 - Never
- ☐ 1 - Almost never
- ☐ 2 - Sometimes
- ☐ 3 - Often
- ☐ 4 - Almost always
- ☐ Unknown or Not Documented

SOCIAL FUNCTIONING (problems with...)

Getting along with other children:

- ☐ 0 - Never
 - ☐ 1 - Almost never
 - ☐ 2 - Sometimes
 - ☐ 3 - Often
 - ☐ 4 - Almost always
 - ☐ Unknown or Not Documented
-

Other kids not wanting to be his or her friend:

- ☐ 0 - Never
 - ☐ 1 - Almost never
 - ☐ 2 - Sometimes
 - ☐ 3 - Often
 - ☐ 4 - Almost always
 - ☐ Unknown or Not Documented
-

Getting teased by other children:

- ☐ 0 - Never
 - ☐ 1 - Almost never
 - ☐ 2 - Sometimes
 - ☐ 3 - Often
 - ☐ 4 - Almost always
 - ☐ Unknown or Not Documented
-

Not able to do things that other children his or her age can do:

- ☐ 0 - Never
 - ☐ 1 - Almost never
 - ☐ 2 - Sometimes
 - ☐ 3 - Often
 - ☐ 4 - Almost always
 - ☐ Unknown or Not Documented
-

Keeping up when playing with other children:

- ☐ 0 - Never
 - ☐ 1 - Almost never
 - ☐ 2 - Sometimes
 - ☐ 3 - Often
 - ☐ 4 - Almost always
 - ☐ Unknown or Not Documented
-

SCHOOL FUNCTIONING (problems with...)

Paying attention in class:

- ☐ 0 - Never
 - ☐ 1 - Almost never
 - ☐ 2 - Sometimes
 - ☐ 3 - Often
 - ☐ 4 - Almost always
 - ☐ Unknown or Not Documented
-

Forgetting things:

- ☐ 0 - Never
- ☐ 1 - Almost never
- ☐ 2 - Sometimes
- ☐ 3 - Often
- ☐ 4 - Almost always
- ☐ Unknown or Not Documented

Keeping up with school activities:

- ☐ 0 - Never
- ☐ 1 - Almost never
- ☐ 2 - Sometimes
- ☐ 3 - Often
- ☐ 4 - Almost always
- ☐ Unknown or Not Documented

Missing school because of not feeling well:

- ☐ 0 - Never
- ☐ 1 - Almost never
- ☐ 2 - Sometimes
- ☐ 3 - Often
- ☐ 4 - Almost always
- ☐ Unknown or Not Documented

Missing school to go to the doctor or hospital:

- ☐ 0 - Never
- ☐ 1 - Almost never
- ☐ 2 - Sometimes
- ☐ 3 - Often
- ☐ 4 - Almost always
- ☐ Unknown or Not Documented

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

- ☐ Too sick
- ☐ Administrative

If Administrative: Select a specific reason:

- ☐ Urgent implant, no time
- ☐ Coordinator too busy or forgot
- ☐ Unable to contact patient
- ☐ Other reason (specify)

VADQoL

Did the parent complete a form?

- ☐ Yes
- ☐ No
- ☐ Unknown

Please select the 'Parent' form:

- ☐ VADQoL: Parent (child < 2 yrs)
- ☐ VADQoL: Parent (child >= 2 yrs)

The VAD noise bothers my child when he or she is awake:

- ☐ Always
- ☐ Very Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

**The VAD noise bothers my child
when he or she is trying to sleep:**

- ☐ Always
☐ Very Often
☐ Sometimes
☐ Rarely
☐ Never

**My child has pain or discomfort at
the driveline or tubing pump exit
site:**

- ☐ Always
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to the position of the driveline or
tubing pump exit site:**

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**My child is bothered by how he or
she looks with the VAD:**

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My child cannot participate in usual play activities with the VAD:

- ☐ Always
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- ☐ Sometimes
- ☐ Rarely
- ☐ Never

My child finds it difficult to express feelings and talk to others about the VAD:

- ☐ Always
- ☐ Very Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

Overall, I would describe my child's day-to-day level of worry with the VAD to be:

- ☐ High
- ☐ Between High and Medium
- ☐ Medium
- ☐ Between Low and Medium
- ☐ Low

Overall, I would describe my child's day-to-day level of happiness with the VAD to be:

- ☐ High
- ☐ Between High and Medium
- ☐ Medium
- ☐ Between Low and Medium
- ☐ Low

If No, Please select a reason why the VADQoL form was not completed:

- ☐ Too sick
- ☐ Administrative

If Administrative: Select a specific reason:

- ☐ Urgent implant, no time
- ☐ Coordinator too busy or forgot
- ☐ Unable to contact patient
- ☐ Other reason (specify)