

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 AddressST= ☐ 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.

☐ 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?

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

- ☐ Yes
☐ No
☐ Unknown

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
-

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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 DateST= ☐ 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 mmHgST: ☐ Unknown☐ Not done**Pulmonary artery diastolic pressure** mmHgST: ☐ Unknown☐ Not done**Mean Pulmonary Artery Capillary Wedge Pressure** mmHgST: ☐ Unknown☐ Not done**Central Venous Pressure (CVP) or Right Atrial Pressure** mmHgST: ☐ 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/minST: ☐ Unknown☐ Not done**Was Cardiac Output Measured by Fick or Thermodilution?**☐ Yes☐ No☐ Unknown**Choose Method**☐ Fick☐ Thermodilution

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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**Bivalrudin**☐ 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 Flolan 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/dayST= ☐ Unknown**Type of Loop Diuretic:**☐ Furosemide
☐ Torsemide
☐ Bumetanide
☐ Other

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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 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/LST= ☐ Unknown☐ Not Done**Albumin** g/dL g/LST= ☐ Unknown☐ Not done**Pre-albumin** mg/dL mg/LST= ☐ 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/LST= ☐ < 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/LST= ☐ > 7500 pg/mL☐ Unknown☐ Not done**NT pro brain natriuretic peptide Pro-BNP** pg/ml ng/LST= ☐ Unknown☐ Not done**Reticulocyte count** %ST= ☐ Unknown☐ Not Done**White blood cell count** x10³/uL x10⁹/LST= ☐ Unknown☐ Not done**Hemoglobin** g/dL g/L

mmol/LST= ☐ Unknown☐ Not done**Platelets** x10³/uL x10⁹/LST= ☐ 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:**☐ 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 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**

C Reactive Protein

 mg/LST= ☐ Unknown☐ Not done**Lupus Anticoagulant**☐ Positive☐ Negative☐ Unknown**Uric acid** mg/dL umol/LST= ☐ <1 mg/dL☐ Unknown☐ Not done

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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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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

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Device Flow Chart

Device Function

Driver TypeST= ☐ Unknown**Left Flow**

LPM

ST= ☐ Unknown**Right Flow**

LPM

ST= ☐ Unknown☐ Not Applicable**Left Fill Volume:**

ml

ST= ☐ Unknown**Right Fill Volume**

ml

ST= ☐ Unknown☐ Not Applicable

Device Parameters

Pump Rate

BPM

ST= ☐ Unknown**Vacuum Pressure**

mm Hg

ST= ☐ Unknown☐ Not Applicable**Left Drive Pressure**

mm Hg

ST= ☐ Unknown☐ Not Applicable**Right Drive Pressure**

mm Hg

ST= ☐ Unknown☐ Not Applicable

Device Inspection

Auscultation☐ Abnormal☐ Normal☐ Not Applicable

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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

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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 pO₂ < 60 or pCO₂ > 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 pO₂ <60 or pCO₂>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

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 satisfiedST= ☐ 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
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- ☐ Unable to contact patient (ie., not hospitalized or no clinic visit) within the window for QOL instrument completion
- ☐ Other reason (describe)