

Quality of Life

Did the patient complete a EuroQoL form: * YES NO UNK

How was the test administered?: *

Mobility: *

Self care: *

Usual Activities (e.g. work, study, housework, family or leisure activities) *

Pain/discomfort: *

Anxiety/depression: *

Visual Analog Status (VAS): Your own health state today (0-100). 0=worst, 100=best: * ST=

1) Which of the following best describes your "one" main activity?: *

Other, specify: *

Is this "one" main activity considered: *

2) How many of your close friends or relatives do you see in person, speak to on the telephone or contact via the internet at least once a month? (please count each person 1 time)?: * ST=

3) Have you unintentionally lost more than 10 pounds in the last year?: * YES NO UNK

4) Do you currently smoke cigarettes?: * YES NO UNK

If YES, how many cigarettes are you currently smoking, on average?: *

Please enter a number from 1 to 10 for the questions #5 - #8:

5) 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=

6) 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=

7) 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 heart failure affects your everyday life? (1-10). 1=Not at all confident, 10=Totally confident: * ST=

8) How satisfied are you with the outcome of your ventricular assist device during the past 3 months? (1-10). 1=Not satisfied, 10=Very satisfied: * ST=

9) If you had to do it all over again, would you decide to have a ventricular assist device knowing what you know now?: *

Reason (as stated by patient) why the EURoQoL was not completed: *

Reason: *

Other reason (describe): *