

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

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

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

- Yes
- No
- Unknown

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 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:

Pump Change

Pump Exchange

Was there a pump exchange of a para- or extra- corporeal pump?
(Example PVAD, Berlin Heart)

- Yes
- No
- Unknown

If yes, Please select the Pump Exchange Reason:

- Thrombus not associated with hemolysis
- Change in hemodynamics
- Clinical status
- Device parameters (please enter Device Malfunction Form)
- Upsizing device because of patient growth status

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

ZONES

Hemolysis Zone

Information that you provide in this section will be used to assess the existence of hemolysis and its degree.

Note: You may enter either the PFH or LDH.

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:

Hemoglobinuria (Tea-Colored Urine)?

Yes

No

Unknown

Pump malfunction and/or abnormal pump parameters?

Yes

No

Unknown

Right Heart Failure Zone

Information that you provide in this section will be used to assess the existence of right heart failure and its degree.

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 (If absence of Inspiratory Variation is not documented, Check No)?

Yes
 No
 Unknown
 Not Done

Clinical findings of elevated jugular venous distension at least half way up the neck in an upright patient (If ≥ 6 cm, Check Yes)?

Yes
 No
 Unknown

Peripheral Edema (If ≥ 2 , Check Yes)?

Yes
 No
 Unknown

Ascites?

Yes
 No
 Unknown

Has the patient been on Inotropes since the last Follow-up?

Yes
 No
 Unknown

If yes, select all that apply:

Dopamine
 Dobutamine
 Milrinone
 Isoproterenol
 Epinephrine
 Norepinephrine
 Levosimendan
 Unknown

Nesiritide?

Yes
 No
 Unknown

Did the patient have an RVAD implanted since the last follow-up?

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.

If yes, you may enter either the Modified Rankin Scale and/or the NIH Stroke Scale.

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
- ST= Not Documented
- Not Done

NIH Stroke Scale

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

- 0: No Stroke
- 1-4: Minor Stroke
- 5-15: Moderate Stroke
- 16-20: Moderate to Severe Stroke
- 21-42: Severe Stroke
- ST= Not Documented
- Not Done

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Hemodynamics

General Hemodynamics

Heart rate

beats per min

ST= Unknown Not done**Systolic blood pressure**

mmHg

ST= Unknown Not done**Diastolic blood pressure**

mmHg

ST= Unknown Not done**Doppler Opening Pressure**

Record the pressure on the BP cuff at the time of sound on the doppler as the cuff is released and this is the Doppler opening pressure which may correspond to the MAP.

ST= Unknown Not done Not applicable**ECG rhythm**

Cardiac rhythm

 Sinus Atrial fibrillation Atrial Flutter Paced: Atrial pacing Paced: Ventricular pacing Paced: Atrial and ventricular pacing 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

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** 0 (none)

Tricuspid regurgitation should be recorded on a qualitative scale (if 'trivial' then assign as mild). Moderate-severe would be recorded as "severe".

- 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

Left ventricular ejection fraction

- > 50 (normal)
- 40-49 (mild)
- 30-39 (moderate)
- 20-29 (moderate/severe)
- < 20 (severe)
- Not Recorded or Not Documented
- Unknown

If a number or range is available, check the number range that best applies. For example, a reported ejection fraction of 30-35 would be entered as 30-40. Occasionally the LVEF may be described only as "left ventricular function" or "systolic function" in words. "Mild impairment, mildly reduced, or mild decrease" would all be characterized as "mild".

LVEDD

Left ventricular end-diastolic dimension

cm

ST= Not Recorded or Not Documented

RVEF

- Normal
- Mild
- Moderate
- Severe
- Not Done
- Not Applicable
- Unknown

RV Function is generally NOT measured in numbers, as it is difficult to quantify. It may be described as "right ventricular function" or "right ventricular contractility". "Mild impairment, mildly reduced, or mild decrease" would all be characterized as "mild". Again, mild-moderate would be recorded as moderate, and moderate-severe would be recorded as "severe".

Swan Hemodynamics

Pulmonary artery
systolic pressure

mmHg

ST= Unknown
 Not done

Pulmonary artery
diastolic pressure

mmHg

ST= Unknown
 Not done

Mean RA Pressure

mmHg

ST= Unknown
 Not done

Central venous pressure (CVP)

mmHg

ST= Unknown
 Not done

Mean Pulmonary artery wedge 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

 Liters/min

- ST= 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

Antiplatelet therapy drug Yes
 No

Select drug(s)

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

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/day

ST= 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/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

White blood cell count

x10³/uL
 x10⁹/L

ST= Unknown
 Not done

Reticulocyte count

%

ST= Unknown
 Not Done

Hemoglobin

g/dL
 g/L

mmol/LST= Unknown Not done**Hemoglobin A1C** % mmol/mol**Estimated Average Glucose (eAG):** mg/dL mmol/LST= Unknown Not Done**Platelets** x10³/uL x10⁹/LST= Unknown Not done**INR** international unitsST= Unknown Not done**Plasma-free hemoglobin** mg/dL g/LST= 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 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

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Device Flow Chart

Device Function

Pump Flow LPM
ST= Unknown

Pulsality 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

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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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 and Trailmaking Data

6 minute walk

 feet

- ST= Not done: too sick
 Not done: other
 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 6 minute 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
 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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Concerns and Contraindications

Checking any of these contraindications/co-morbidities/concerns does not necessarily mean that a condition is a contraindication or concern for the patient. No specific thresholds are provided for these concerns or contraindications. They should represent the results of formal discussion with the medical and surgical transplant team prior to the decision for device implantation. If there are no contraindications or concerns specified then select No.

Overall Status

Concerns/Contraindications	Is condition present?	Limitation for transplant listing?
Advanced age	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Frailty	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Patient does not want transplant	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Musculoskeletal limitation to ambulation	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Contraindication to immunosuppression	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Allosensitization	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Chronic Renal Disease	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Cardiothoracic issues

Concerns/Contraindications	Is condition present?	Limitation for transplant listing?
Frequent ICD Shocks	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Pulmonary Disease	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Pulmonary Hypertension	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Recent Pulmonary Embolus	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
History Of Atrial Arrhythmia	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Unfavorable Mediastinal Anatomy (includes sternotomies, sternal resection, radiation, flail chest, etc)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Thoracic Aortic Disease	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Nutritional/GI

Concerns/Contraindications	Is condition present?	Limitation for transplant listing?
Large BMI	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Severe Diabetes	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Malnutrition Cachexia	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
History Of GI Ulcers	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
History Of Hepatitis	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Liver Dysfunction	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Vascular issues

Concerns/Contraindications	Is condition present?	Limitation for transplant listing?
Heparin Induced Thrombocytopenia	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Chronic Coagulopathy	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Major Stroke	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Other Cerebrovascular Disease	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Peripheral Vascular Disease	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Oncology/infection issues

Concerns/Contraindications	Is condition present?	Limitation for transplant listing?
History Of Solid Organ Cancer	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
History Of Lymphoma Leukemia	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
History Of Bone Marrow Transplant BMT	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
History Of HIV	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<input type="radio"/> Yes <input type="radio"/> No
Chronic Infectious Concerns	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Psychosocial issues

Concerns/Contraindications	Is condition present?	Limitation for transplant listing?
Limited Cognition/Understanding	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Limited Social Support	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Repeated Noncompliance	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
History Of Illicit Drug Use	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
History Of Alcohol Abuse	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Narcotic Dependence	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
History Of Smoking	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Currently Smoking	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Severe Depression	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Other Major Psychiatric Diagnosis	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Other Comorbidity	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

HIV History

HIV Diagnosis Date

ST= Unknown

Not Done

Plasma HIV-1 RNA (Viral load) - Closest to implant

ST= Not Done

CD4 T-Cell Count - Closest to implant

ST= Not Done

Erythrocyte Sedimentation Rate (ESR)

ST= Not Done**C-Reactive Protein (CRP)** mg/LST= Not Done**Antiretroviral Therapy**

Check all that apply

- Abacavir (ABC) / Ziagen
- Atripla (FTC/EDV/TDF)
- Atazanavir (ATV) / Reyataz
- Combivir (3TC/ZDV)
- Complera (FTC/RPV/TDF)
- Darunavir (DRV) / Prezista
- Delavirdine (DLV) / Rescriptor
- Didanosine (ddI) / Videx EC
- Dolutegravir / Tivicay
- Efavirenz (EFV) / Sustiva
- Emtricitabine (FTC) / Emtriva
- Enfuvirtide (T20) / Fuzeon
- Epzicom (3TC/ABC)
- Etravirine (ETR) / Intelence
- Fosamprenavir (FPV) / Lexiva
- Indinavir (IDV) / Crixivan
- Kaletra (LPV/r)
- Lamivudine (3TC) / Epivir
- Maraviroc (MVC) / Selzentry
- Nelfinavir (NFV) / Viracept
- Nevirapine (NVP) / Viramune / Viramune XR
- Raltegravir (RAL) / Isentress
- Rilpivirine (RPV) / Edurant
- Ritonavir (RTV) / Norvir
- Saquinavir (SQV) / Invirase
- Stavudine (d4T) / Zerit
- Stribild (FTC/EVG/COBI/TDF)
- Tenofovir Disoproxil Fumarate (TDF) / Viread
- Tipranavir (TPV) / Aptivus
- Trizivir (3TC/ZDV/ABC)
- Truvada (FTC/TDF)
- Zidovudine (ZDV) / Retrovir
- Unknown
- None

Infection Prophylaxis

Check all that apply

- Atovaquone
- Azithromycin
- Dapsone
- Fluconazole
- Pentamidine, aerosolized
- Trimethoprim-sulfamethoxazole (TMP-SMX)
- Unknown
- None

Has patient had an opportunistic infection since last follow-up?

- Yes
- No
- Unknown

If yes, enter infection date:

ST= Unknown Not Done

If yes, enter Type of Infection

- Cryptococcosis

Check all that apply

- Cytomegalovirus (CMV)
- Epstein Barr virus (EBV)
- Esophageal candidiasis
- Histoplasmosis
- Kaposi's sarcoma
- Mycobacterium avium complex (MAC), disseminated
- Pneumocystis jiroveci (carinii) pneumonia (PCP)
- Toxoplasmosis
- Tuberculosis

History of Hepatitis B

- Positive
- Negative
- ST= Unknown
- Not Done

History of Hepatitis C

- Positive
 - Negative
 - ST= Unknown
 - Not Done
-

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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?

ST= Unknown

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

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

ST= Unknown

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

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?

ST= Unknown

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

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

ST= Unknown

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

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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