

PreImplant - Pedimacs 12/02/2022

Blank View

PreImplant Status

Hospital Admission Date

ST= ☐ Unknown
☐ Not Applicable

Demographics

Height

in

cm

ST= ☐ Unknown
☐ Not Done

Weight

lbs

kg

ST= ☐ Unknown
☐ Not Done

Blood Type

- ☐ O
- ☐ A
- ☐ B
- ☐ AB
- ☐ Unknown

Medical Support Status

Current Device Strategy at time of implant

- ☐ 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 Transplant

ST= ☐ Unknown

Current ICD device in place?

- ☐ Yes
- ☐ No
- ☐ Unknown

Patient treated for heart failure prior to admission?

- ☐ Yes
- ☐ No
- ☐ Unknown



Number of cardiac hospitalizations
in the last 12 months

- ☐ 0-1
- ☐ 2-3
- ☐ 4 or more
- ☐ Unknown

Cardiac diagnosis / Primary

- ☐ Cancer
- ☐ Congenital Heart Disease: Biventricular: CAVC/VSD/ASD
- ☐ Congenital Heart Disease: Biventricular: Congenitally Corrected Transposition (l-TGA) (CC-TGA)
- ☐ Congenital Heart Disease: Biventricular: Ebstein's Anomaly
- ☐ Congenital Heart Disease: Biventricular: Kawasaki Disease
- ☐ Congenital Heart Disease: Biventricular: Left Heart Valve/Structural Hypoplasia
- ☐ Congenital Heart Disease: Biventricular: TOF/TOF Variant
- ☐ Congenital Heart Disease: Biventricular: Transposition of the Great Arteries (d-TGA)
- ☐ Congenital Heart Disease: Biventricular: Truncus Arteriosus
- ☐ Congenital Heart Disease: Biventricular: Unspecified
- ☐ Congenital Heart Disease: Single Ventricle: Heterotaxy / Complex CAVC
- ☐ Congenital Heart Disease: Single Ventricle: Hypoplastic Left Heart
- ☐ Congenital Heart Disease: Single Ventricle: Other
- ☐ Congenital Heart Disease: Single Ventricle: Pulmonary Artesia with IVS
- ☐ Congenital Heart Disease: Single Ventricle: Pulmonary Artesia with IVS (RVDC)
- ☐ Congenital Heart Disease: Single Ventricle: Unspecified
- ☐ Congenital Heart Disease: Other
- ☐ Coronary Artery Disease
- ☐ Dilated Myopathy: Adriamycin
- ☐ Dilated Myopathy: Alcoholic
- ☐ Dilated Myopathy: Familial
- ☐ Dilated Myopathy: Idiopathic
- ☐ Dilated Myopathy: Ischemic
- ☐ Dilated Myopathy: Myocarditis
- ☐ Dilated Myopathy: Other, Specify
- ☐ Dilated Myopathy: Post Partum
- ☐ Dilated Myopathy: Viral
- ☐ Dilated Myopathy: LV non-compaction
- ☐ Dilated Myopathy: Unspecified
- ☐ Hypertrophic Cardiomyopathy
- ☐ Non-Compaction Cardiomyopathy
- ☐ Post Transplant / Graft Dysfunction
- ☐ Restrictive Myopathy: Amyloidosis
- ☐ Restrictive Myopathy: Endocardial Fibrosis
- ☐ Restrictive Myopathy: Idiopathic
- ☐ Restrictive Myopathy: Other, specify
- ☐ Restrictive Myopathy: Sarciodosis
- ☐ Restrictive Myopathy: Sec to Radiation/Chemotherapy
- ☐ Restrictive Myopathy: Unspecified
- ☐ Valvular Heart Disease
- ☐ Unknown
- ☐ None

Dilated Myopathy: Other, Specify:

Restrictive Myopathy: Other,
Specify:

Congenital Heart Disease: Single
Ventricle: Other, Specify:

Restrictive Myopathy: Other,
Specify:

Congenital Heart Disease: Other,
Specify:

Cardiac diagnosis / Secondary

- ☐ Cancer
- ☐ Congenital Heart Disease: Biventricular: CAVC/VSD/ASD
- ☐ Congenital Heart Disease: Biventricular: Congenitally Corrected Transposition (l-TGA) (CC-TGA)
- ☐ Congenital Heart Disease: Biventricular: Ebstein's Anomaly
- ☐ Congenital Heart Disease: Biventricular: Kawasaki Disease
- ☐ Congenital Heart Disease: Biventricular: Left Heart Valve/Structural Hypoplasia
- ☐ Congenital Heart Disease: Biventricular: TOF/TOF Variant
- ☐ Congenital Heart Disease: Biventricular: Transposition of the Great Arteries (d-TGA)
- ☐ Congenital Heart Disease: Biventricular: Truncus Arteriosus
- ☐ Congenital Heart Disease: Single Ventricle: Heterotaxy / Complex CAVC
- ☐ Congenital Heart Disease: Single Ventricle: Hypoplastic Left Heart
- ☐ Congenital Heart Disease: Single Ventricle: Other
- ☐ Congenital Heart Disease: Single Ventricle: Pulmonary Artesia with IVS
- ☐ Congenital Heart Disease: Single Ventricle: Pulmonary Artesia with IVS (RVDC)
- ☐ Congenital Heart Disease: Single Ventricle: Unspecified
- ☐ Coronary Artery Disease
- ☐ Dilated Myopathy: Adriamycin
- ☐ Dilated Myopathy: Alcoholic
- ☐ Dilated Myopathy: Familial
- ☐ Dilated Myopathy: Idiopathic
- ☐ Dilated Myopathy: Ischemic
- ☐ Dilated Myopathy: Myocarditis
- ☐ Dilated Myopathy: Other, Specify
- ☐ Dilated Myopathy: Post Partum
- ☐ Dilated Myopathy: Viral
- ☐ Dilated Myopathy: LV non-compaction
- ☐ Dilated Myopathy: Unspecified
- ☐ Hypertrophic Cardiomyopathy
- ☐ Post Transplant / Graft Dysfunction
- ☐ Restrictive Myopathy: Amyloidosis
- ☐ Restrictive Myopathy: Endocardial Fibrosis
- ☐ Restrictive Myopathy: Idiopathic
- ☐ Restrictive Myopathy: Other, specify
- ☐ Restrictive Myopathy: Sarciodosis
- ☐ Restrictive Myopathy: Sec to Radiation/Chemotherapy
- ☐ Restrictive Myopathy: Unspecified
- ☐ Non-Compaction Cardiomyopathy
- ☐ Valvular Heart Disease
- ☐ Congenital Heart Disease: Biventricular: Unspecified
- ☐ Unknown
- ☐ Congenital Heart Disease: Other
- ☐ None

Dilated Myopathy: Other, Specify:

Restrictive Myopathy: Other, Specify:

Congenital Heart Disease: Single Ventricle: Other, Specify:

Congenital Heart Disease: Other, Specify:

Previous cardiac operation

☐ None

☐ CABG

☐ Aneurysmectomy (DOR)

☐ Aortic Valve replacement / repair

☐ Mitral valve replacement / repair

☐ Tricuspid replacement /repair

☐ Congenital cardiac surgery

☐ LVAD

☐ RVAD

☐ TAH

☐ Previous heart transplant

☐ Previous ECMO

☐ Other, specify (INCLUDE ONLY OPERATIONS ACTUALLY PERFORMED ON HEART OR GREAT VESSELS)

Congenital cardiac surgery, Check all that apply

☐ Congenitally Corrected Transposition Repair (double switch)

☐ Congenitally Corrected Transposition Repair (classic)

☐ PA Banding

☐ TOV/DORV/RVOTO/Repair

☐ Ebstein's Anomaly Repair

☐ VSD Repair

☐ Norwood Stage I

☐ Glenn Procedure

☐ Fontan Procedure

☐ d- Transposition of the Great Vessels Repair – arterial switch operation

☐ d- Transposition of the Great Vessels Repair – atrial switch (Senning/Mustard)

☐ Truncus Arteriosus Repair

☐ Complete AV Septal Defect Repair

☐ Hybrid Repair

☐ AP Shunt

☐ ASD Repair

☐ Damus Kaye Stansel (DKS)

☐ Other, specify

Admitting Diagnosis or Planned Implant

☐ Heart failure

☐ Cardiac surgery

☐ Non-cardiac medical problem

☐ Non-cardiac surgery

☐ VAD Placement

☐ TAH Placement

☐ Other cardiology

☐ Acute MI

☐ Unknown

- ☐ GI (Nausea, vomiting, diarrhea)
- ☐ Respiratory (SOB, wheezing, respiratory failure)
- ☐ FTT
- ☐ Lethargy
- ☐ Other, specify:

Did this patient test positive for COVID-19 prior to admission?

- ☐ 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:

Did this patient test positive for COVID-19 during this pre-implant admission?

- ☐ 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:

Clinical Events and Interventions this hospitalization (Pre-implant)

- ☐ CABG
- ☐ Aortic Valve replacement / repair
- ☐ Mitral valve replacement / repair
- ☐ Congenital cardiac surgery
- ☐ IABP
- ☐ ECMO
- ☐ LVAD
- ☐ RVAD
- ☐ TAH
- ☐ Dialysis
- ☐ Ultrafiltration
- ☐ Feeding tube
- ☐ Intubation
- ☐ Major MI
- ☐ Major infections / Positive blood cultures
- ☐ Unknown
- ☐ None
- ☐ Escalation to CPAP
- ☐ Arrhythmia
- ☐ Previous ECMO
- ☐ Previous heart transplant
- ☐ Treatment of Rejection
- ☐ Peritoneal Drain
- ☐ Non-cardiac procedure
- ☐ CardioMEMS
- ☐ Other surgical procedures

- ☐ Mitraclip
- ☐ TAVR

Select Type of infection:

- ☐ Bacterial
- ☐ Fungal
- ☐ Viral
- ☐ Protozoan
- ☐ Unknown

Select Location of infection:

- ☐ Blood
- ☐ Endocarditis, native
- ☐ Line Sepsis
- ☐ Mediastinum
- ☐ Pneumonia
- ☐ Urine
- ☐ Unknown
- ☐ Other

**Congenital cardiac surgery,
Select all that apply:**

- ☐ Congenitally Corrected Transposition Repair (double switch)
- ☐ Congenitally Corrected Transposition Repair (classic)
- ☐ PA Banding
- ☐ TOV/DORV/RVOTO/Repair
- ☐ Ebstein's Anomaly Repair
- ☐ VSD Repair
- ☐ Norwood Stage I
- ☐ Glenn Procedure
- ☐ Fontan Procedure
- ☐ d- Transposition of the Great Vessels Repair – arterial switch operation
- ☐ d- Transposition of the Great Vessels Repair – atrial switch (Senning/Mustard)
- ☐ Truncus Arteriosus Repair
- ☐ Complete AV Septal Defect Repair
- ☐ Hybrid Repair
- ☐ AP Shunt
- ☐ ASD Repair
- ☐ Damus Kaye Stansel (DKS)
- ☐ Other, specify

Listing status at implant date:

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7

Primary Reason: Clinical manifestation of heart failure prompting VAD insertion according to the implanting physician:

- ☐ Decline in renal function
- ☐ Decline in hepatic function
- ☐ Decline in respiratory function
- ☐ Refractory fluid retention / volume overload
- ☐ Decline in cardiac output (by exam, mixed venous saturation, or cath) prior to onset of worsening acidosis/lactate
- ☐ Decline in nutrition / feeding intolerance
- ☐ Incessant severe sinus tachycardia
- ☐ Worsening tachyarrhythmia
- ☐ Other, please specify
- ☐ Not Reported

Select all that apply:

- ☐ Emesis or inadequate calories (<70% perscribed) requiring enteral feeding tube placement
- ☐ Recurrent emesis with adequate caloric intake despite feeding tube placement
- ☐ Inadequate caloric intake (with or without emesis) despite feeding tube placement
- ☐ Requiring parenteral (IV) nutrition

Secondary Reason(s): Clinical manifestation of heart failure prompting VAD insertion according to the implanting physician:

- ☐ Decline in renal function
- ☐ Decline in hepatic function
- ☐ Decline in respiratory function
- ☐ Refractory fluid retention / volume overload
- ☐ Decline in cardiac output (by exam, mixed venous saturation, or cath) prior to onset of worsening acidosis/lactate
- ☐ Decline in nutrition / feeding intolerance
- ☐ Incessant severe sinus tachycardia
- ☐ Worsening tachyarrythmia
- ☐ Other, please specify
- ☐ Not Reported

Select all that apply:

- ☐ Emesis or inadequate calories (<70% perscribed) requiring enteral feeding tube placement
- ☐ Recurrent emesis with adequate caloric intake despite feeding tube placement
- ☐ Inadequate caloric intake (with or without emesis) despite feeding tube placement
- ☐ Requiring parenteral (IV) nutrition

IV inotrope therapy within 48 hours of implant

- ☐ Yes
- ☐ No
- ☐ Unknown

If Yes, IV inotrope therapy agents:

- ☐ Dobutamine
- ☐ Dopamine
- ☐ Milrinone
- ☐ Levosimendan
- ☐ Epinephrine
- ☐ Norepinephrine
- ☐ Isoproterenol
- ☐ Vasopressin
- ☐ Nitroprusside
- ☐ Fenoldopam
- ☐ Nesiritide
- ☐ Other, Specify
- ☐ Unknown

Is this implant the primary MCSD (LVAD or TAH) for this patient?

- ☐ Yes
- ☐ No

The INTERMACS® Patient Profiles are required at pre-implant and at all times when an implant occurs even if this is NOT the primary LVAD or TAH implant.

PEDIMACS® Patient Profile at time of implant

- ☐ 1 "Critical cardiogenic shock" describes a patient who is "crashing and burning", in which a patient has life-threatening hypotension and rapidly escalating inotropic pressor support (see the Site Users Guide, Section II. 2.4 Pre-Implant Form, PEDIMACS Patient Profiles for more details)
- ☐ 2 "Progressive decline" describes a patient who has been demonstrated "dependent" on inotropic support but nonetheless shows signs of continuing deterioration (see the Site Users Guide, Section II. 2.4 Pre-Implant Form, PEDIMACS Patient Profiles for more details)
- ☐ 3 "Stable but inotrope dependent" describes a patient who is clinically stable on mild-moderate doses of intravenous inotropes (or has a temporary circulatory support device) after repeated documentation of failure to wean without symptoms (see the Site Users Guide, Section II. 2.4 Pre-Implant Form, PEDIMACS Patient Profiles for more details)
- ☐ 4 "Resting symptoms" describes a patient who is at home on oral therapy but frequently has symptoms of congestion at rest or with ADL. (see the Site Users Guide, Section II. 2.4 Pre-Implant Form, PEDIMACS Patient Profiles for more details)
- ☐ 5 "Exertion Intolerant" describes a patient who is comfortable at rest but unable to engage in any activity, living predominantly within the house or household (see the Site Users Guide, Section II. 2.4 Pre-Implant Form, PEDIMACS Patient Profiles for more details)
- ☐ 6 "Exertion Limited" also describes a patient who is comfortable at rest without evidence of fluid overload, but who is able to do some mild activity (see the Site Users Guide, Section II. 2.4 Pre-Implant Form, PEDIMACS Patient Profiles for more details)
- ☐ 7 "Advanced NYHA Class 3" or "Ross Class III" describes a patient who is clinically stable with a reasonable level of comfortable activity, despite history of previous decompensation that is not recent (see the Site Users Guide, Section II. 2.4 Pre-Implant Form, PEDIMACS Patient Profiles for more details)

MODIFIERS of the PEDIMACS® Patient Profiles**A - Arrhythmia.**

- ☐ Yes
- ☐ No
- ☐ Unknown

TCS –Temporary Circulatory Support.

- ☐ Yes
- ☐ No
- ☐ Unknown

FF – Frequent Flyer.

- ☐ Yes
- ☐ No
- ☐ Unknown

Best Functional Capacity within 24 hours of Implant**Sedated**

- ☐ Yes
- ☐ No
- ☐ Unknown

Paralyzed

- ☐ Yes
- ☐ No
- ☐ Unknown

Intubated

- ☐ Yes
- ☐ No

☐ Unknown

Ambulating

- ☐ Yes
- ☐ No
- ☐ Unknown

Primary Nutrition

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

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Hemodynamics

Hemodynamics

Systolic blood pressure

mmHg

ST=

Unknown

Not done

Diastolic blood pressure

mmHg

ST=

Unknown

Not done

Peripheral edema

Yes

No

Unknown

Ascites

Yes

No

Unknown

ECG rhythm

Sinus

Atrial fibrillation

Atrial Flutter

Paced: Atrial pacing

Paced: Ventricular pacing

Paced: Atrial and ventricular pacing

Unknown

Not done

Other, specify

Echo Findings

Systemic AV Regurgitation

0 (none)

1 (mild)

2 (moderate)

3 (severe)

Not Recorded or Not Documented

Right AV Regurgitation

0 (none)

1 (mild)

2 (moderate)

3 (severe)

Not Recorded or Not Documented

Not Applicable

Aortic regurgitation



- ☐ 0 (none)
- ☐ 1 (mild)
- ☐ 2 (moderate)
- ☐ 3 (severe)
- ☐ Not Recorded or Not Documented

Systemic Ventricle Systolic Function

- ☐ > 50 (Normal)
- ☐ 40-49 (Mildly Decreased)
- ☐ 30-39 (Moderately Decreased)
- ☐ 20-29 (Moderately/Severely Decreased)
- ☐ < 20 (Severely Decreased)
- ☐ Not Obtained

Left Ventricular Shortening Fraction

- ☐ Normal
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Not Done or Not Available

LVEDD

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”.

Was there a thrombus identified by Echo?

- ☐ Yes
- ☐ No

Select all that apply:

- ☐ RA - Right Atrium
- ☐ RV - Right Ventricle
- ☐ LA - Left Atrium
- ☐ LV - Left Ventricle
- ☐ SVC - Superior Vena Cava
- ☐ IVC - Inferior Vena Cava
- ☐ Unknown

Invasive Hemodynamics

Date of measurement:

ST= ☐ Unknown
☐ Not Done

Heart rate

beats per minuteST= ☐ Unknown☐ Not Done**Pulmonary Artery Systolic Pressure** mmHgST= ☐ Unknown☐ Not Done**Pulmonary Artery Diastolic Pressure** mmHgST= ☐ Unknown☐ Not Done**RA Pressure** mmHgST= ☐ Unknown☐ Not Done**PVR** wood unitsST= ☐ Unknown☐ Not Done**Pulmonary wedge pressure** mmHgST= ☐ Unknown☐ Not Done**Cardiac index** L/min/m²ST= ☐ Unknown☐ Not Done**Was Cardiac Index Measured by Fick or Thermodilution?**☐ Yes☐ No☐ Unknown**Choose Method**☐ Fick☐ Thermodilution

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Laboratory

Sodium

mEq/L

mmol/L

ST=

Unknown

Not done

Potassium

mEq/L

mmol/L

ST=

Unknown

Not done

Blood urea nitrogen

mg/dL

mmol/L

ST=

Unknown

Not done

Creatinine

mg/dL

umol/L

ST=

Unknown

Not done

SGPT/ALT (alanine aminotransferase/ALT)

u/L

ST=

Unknown

Not done

SGOT/AST (aspartate aminotransferase/AST)

u/L

ST=

Unknown

Not done

LDH

units/L, U/L, ukat/L

ST=

Unknown

Not done

Total bilirubin

mg/dL

umol/L

ST=

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

mg/dL

mmol/L

ST=

< 50 mg/dL

Unknown

Not done

Brain natriuretic peptide BNP

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/L

ST=

Unknown

Not done

Platelets

x10³/uL

x10⁹/L

ST= ☐ Unknown

☐ Not done

Hemoglobin A1C

%

mmol/mol

Estimated Average Glucose (eAG):

mg/dL

mmol/L

ST= ☐ Unknown

☐ Not Done

INR

international units

ST= ☐ Unknown

☐ Not done

Uric acid

mg/dL

umol/L

ST= ☐ <1 mg/dL

☐ Unknown

☐ Not done

Lymphocyte Count

%

x10³ cells/μL

x10⁹ cells/liter

ST= ☐ Unknown

☐ Not done

☐ <2%

Lupus Anticoagulant

☐ Positive

☐ Negative

☐ Unknown

Fibrinogen

mg/dL

g/L

ST= ☐ Unknown

Anti-Factor Xa

units/mL

ST= ☐ Unknown

PTT

seconds

ST= ☐ Unknown

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Concerns and Contraindications

Concerns / Contraindications	Is condition present?		Limitation for transplant listing?	
	Yes	No	Yes	No
Overall Status				
Patient does not want transplant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Musculoskeletal limitation to ambulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contraindication to immunosuppression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allosensitization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frailty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic Renal Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History of dialysis dependent renal failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History of neurological brain injury other than CVA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cardiothoracic issues				
Frequent ICD Shocks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pulmonary Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pulmonary Hypertension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recent Pulmonary Embolus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History Of Atrial Arrhythmia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unfavorable Mediastinal Anatomy (includes sternotomies, sternal resection, radiation, flail chest, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thoracic Aortic Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tracheostomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plastic Bronchitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutritional/GI				
Large BMI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Severe Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Malnutrition Cachexia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History Of GI Ulcers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History Of Hepatitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liver Dysfunction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anasarca	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Protein Losing enteropathy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Genetic Syndrome	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vascular issues				
Heparin Induced Thrombocytopenia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Chronic Coagulopathy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Major Stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Cerebrovascular Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peripheral Vascular Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Oncology/infection issues	Yes	No	Unknown	Yes	No
History Of Solid Organ Cancer	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
History Of Lymphoma Leukemia	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
History Of Bone Marrow Transplant BMT	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
History Of HIV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic Infectious Concerns	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>

Psychosocial issues (If patient is < 10 years old at the time of implant, based on chart review of the patient, are the conditions present or absent?)

	Yes	No	Unknown	Yes	No
Limited Cognition/Understanding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limited Social Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Repeated Noncompliance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History Of Illicit Drug Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History Of Alcohol Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Narcotic Dependence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History Of Smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Currently Smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Severe Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Major Psychiatric Diagnosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neurological // developmental abnormalities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Comorbidity	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>

HIV History

HIV Diagnosis Date

ST= ☐ Unknown

☐ Not Done

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

ST= ☐ Not Done

CD4 T-Cell Count - Closest to implant cells/mm3

ST= ☐ Not Done

Erythrocyte Sedimentation Rate (ESR) mm/hr

ST= ☐ Not Done

C-Reactive Protein (CRP)

mg/L
ST= ☐ Not Done**Antiretroviral Therapy**

- ☐ 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

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

History of Opportunistic Infection

- ☐ Cryptococcosis
- ☐ Cytomegalovirus (CMV)
- ☐ Epstein Barr virus (EBV)
- ☐ Esophageal candidiasis
- ☐ Histoplasmosis
- ☐ Kaposi's sarcoma
- ☐ Mycobacterium avium complex (MAC), disseminated
- ☐ Pneumocystis jiroveci (carinii) pneumonia (PCP)
- ☐ Toxoplasmosis
- ☐ Tuberculosis
- ☐ None

History of Hepatitis B

- ☐ Positive

☐ Negative

ST= ☐ Unknown

☐ Not Done

History of Hepatitis C

☐ Positive

☐ Negative

ST= ☐ Unknown

☐ Not Done

PreImplant - Pedimacs 12/02/2022

Blank View

Medications

Loop diuretics

☐

 Yes

☐

 No

☐

 Unknown

If yes, enter dosage

mg/day

ST=

☐ Unknown

Type of Loop Diuretic:

☐

 Furosemide

☐

 Torsemide

☐

 Bumetanide

☐

 Other

Cardiac Resynchronization Therapy (CRT)

☐

 Yes

☐

 No

☐

 Unknown

Antithrombotic

Unfractionated heparin used?

☐ Yes

☐ No

☐ Unknown

Date started

ST= ☐ Unknown

Lower target

seconds

ST= ☐ Unknown

Upper target

seconds

ST= ☐ Unknown

Date goal first achieved

ST= ☐ Unknown

Low molecular weight heparin used? (Lovenox, Fragmin, Innohep)

☐ Yes

☐ No

☐ Unknown

Date started

ST= ☐ Unknown

Lower target

IU/ml

ST= ☐ Unknown

Upper target

IU/ml

ST= ☐ Unknown

Date goal first achieved

ST= ☐ Unknown

Warfarin used? (coumadin)

☐ Yes

☐ No

☐ Unknown

Date started

ST= ☐ Unknown

Lower target

ST= ☐ Unknown

Upper target

ST= ☐ Unknown

Date goal first achieved

ST= ☐ Unknown



Argatroban used?

- ☐ Yes
☐ No
☐ Unknown

Date startedST= ☐ Unknown**Lower target**

seconds

ST= ☐ Unknown**Upper target**

seconds

ST= ☐ Unknown**Date goal first achieved**ST= ☐ Unknown**Bivalirudin used?**

- ☐ Yes
☐ No
☐ Unknown

Date startedST= ☐ Unknown**Lower target**

seconds

ST= ☐ Unknown**Upper target**

seconds

ST= ☐ Unknown**Date goal first achieved**ST= ☐ Unknown**Aspirin used?**

- ☐ Yes
☐ No
☐ Unknown

Date startedST= ☐ Unknown**Dipyridamole used?**

- ☐ Yes
☐ No
☐ Unknown

Date startedST= ☐ Unknown**Clopidogrel used?**

- ☐ Yes
☐ No
☐ Unknown

Date started

ST= ☐ Unknown

Other antithrombotic medication
used?

- ☐ Yes
- ☐ No
- ☐ Unknown

Medication Name

Date started

ST= ☐ Unknown

Lab Test Name

Lower target

ST= ☐ Unknown

Upper target

ST= ☐ Unknown

Date goal first achieved

ST= ☐ Unknown

Prelimplant - Pedimacs

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)

PHYSICAL FUNCTIONING (problems with...)

It is hard for you to walk:

- ☐ 0 - Not at all
- ☐ 2 - Sometimes
- ☐ 4 - A lot
- ☐ Unknown or Not Documented

It is hard for you to run:

- ☐ 0 - Not at all
- ☐ 2 - Sometimes
- ☐ 4 - A lot
- ☐ Unknown or Not Documented

It is hard for you to play sports or exercise:

- ☐ 0 - Not at all
- ☐ 2 - Sometimes
- ☐ 4 - A lot
- ☐ Unknown or Not Documented

It is hard for you to pick up big things:

- ☐ 0 - Not at all
- ☐ 2 - Sometimes
- ☐ 4 - A lot
- ☐ Unknown or Not Documented

It is hard for you to take a bath or shower:

- ☐ 0 - Not at all
- ☐ 2 - Sometimes
- ☐ 4 - A lot
- ☐ Unknown or Not Documented

It is hard for you to do chores (like pick up your toys):

- ☐ 0 - Not at all
- ☐ 2 - Sometimes
- ☐ 4 - A lot
- ☐ Unknown or Not Documented

Do you have hurts or aches:

- ☐ 0 - Not at all
- ☐ 2 - Sometimes
- ☐ 4 - A lot
- ☐ Unknown or Not Documented

Where?

Do you ever feel too tired to play:

- ☐ 0 - Not at all
- ☐ 2 - Sometimes
- ☐ 4 - A lot
- ☐ Unknown or Not Documented

EMOTIONAL FUNCTIONING (problems with...)

Do you feel scared:

- ☐ 0 - Not at all
- ☐ 2 - Sometimes
- ☐ 4 - A lot
- ☐ Unknown or Not Documented

Do you feel sad:

- ☐ 0 - Not at all
- ☐ 2 - Sometimes
- ☐ 4 - A lot
- ☐ Unknown or Not Documented

Do you feel mad:

- ☐ 0 - Not at all
- ☐ 2 - Sometimes
- ☐ 4 - A lot
- ☐ Unknown or Not Documented

Do you have trouble sleeping:

- ☐ 0 - Not at all
- ☐ 2 - Sometimes
- ☐ 4 - A lot
- ☐ Unknown or Not Documented

Do you worry about what will
happen to you:

- ☐ 0 - Not at all
- ☐ 2 - Sometimes
- ☐ 4 - A lot
- ☐ Unknown or Not Documented

SOCIAL FUNCTIONING (problems with...)

Is it hard for you to get along with
other kids:

- ☐ 0 - Not at all
- ☐ 2 - Sometimes
- ☐ 4 - A lot
- ☐ Unknown or Not Documented

Do other kids say they do not want
to play with you:

- ☐ 0 - Not at all
- ☐ 2 - Sometimes
- ☐ 4 - A lot
- ☐ Unknown or Not Documented

Do other kids tease you:

- ☐ 0 - Not at all
- ☐ 2 - Sometimes
- ☐ 4 - A lot
- ☐ Unknown or Not Documented

Can other kids do things that you
cannot do:

- ☐ 0 - Not at all
☐ 2 - Sometimes
☐ 4 - A lot
☐ Unknown or Not Documented

It is hard for you to keep up when you play with other kids:

- ☐ 0 - Not at all
☐ 2 - Sometimes
☐ 4 - A lot
☐ Unknown or Not Documented

SCHOOL FUNCTIONING (problems with...)

Is it hard for you to pay attention in class:

- ☐ 0 - Not at all
☐ 2 - Sometimes
☐ 4 - A lot
☐ Unknown or Not Documented

Do you forget things:

- ☐ 0 - Not at all
☐ 2 - Sometimes
☐ 4 - A lot
☐ Unknown or Not Documented

Is it hard to keep up with schoolwork:

- ☐ 0 - Not at all
☐ 2 - Sometimes
☐ 4 - A lot
☐ Unknown or Not Documented

Do you miss school because of not feeling good:

- ☐ 0 - Not at all
☐ 2 - Sometimes
☐ 4 - A lot
☐ Unknown or Not Documented

Do you miss school because you have to go to the doctor's or hospital:

- ☐ 0 - Not at all
☐ 2 - Sometimes
☐ 4 - A lot
☐ 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)

Prelimplant - Pedimacs

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 a problem
- ☐ 1 - Almost never a problem
- ☐ 2 - Sometimes a problem
- ☐ 3 - Often a problem
- ☐ 4 - Almost always a problem
- ☐ Unknown or Not Documented

It is hard for me to run:

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

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

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

It is hard for me to lift something
heavy:

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

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

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

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

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

I hurt or ache:

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

Where?

I have low energy:

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

ABOUT MY FEELINGS (problems with...)

I feel afraid or scared:

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

I feel sad or blue:

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

I feel angry:

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

I have trouble sleeping:

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

I worry about what will happen to me:

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

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

I have trouble getting along with other kids:

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

Other kids do not want to be my friend:

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

Other kids tease me:

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

I cannot do things other kids my age can do:

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

It is hard to keep up when I play with other kids:

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

ABOUT SCHOOL (problems with...)

Is it hard to pay attention in class:

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

I forget things:

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

I have trouble keeping up with my schoolwork:

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

I miss school because of not feeling well:

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

I miss school to go to the doctor or hospital:

- ☐ 0 - Never a problem
- ☐ 1 - Almost never a problem
- ☐ 2 - Sometimes a problem
- ☐ 3 - Often a problem
- ☐ 4 - Almost always a problem
- ☐ 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)

Prelimplant - Pedimacs

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)

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

It is hard for me to run:

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

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

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

It is hard for me to lift something heavy:

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

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

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

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

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

I hurt or ache:

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

Where?

I have low energy:

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

ABOUT MY FEELINGS (problems with...)

I feel afraid or scared:

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

I feel sad or blue:

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

I feel angry:

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

I have trouble sleeping:

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

I worry about what will happen to me:

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

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

I have trouble getting along with other teens:

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

Other teens do not want to be my friend:

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

Other teens tease me:

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

I cannot do things other teens my age can do:

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

It is hard to keep up with peers:

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

ABOUT SCHOOL (problems with...)

Is it hard to pay attention in class:

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

I forget things:

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

I have trouble keeping up with my schoolwork:

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

I miss school because of not feeling well:

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

I miss school to go to the doctor or hospital:

- ☐ 0 - Never a problem
- ☐ 1 - Almost never a problem
- ☐ 2 - Sometimes a problem
- ☐ 3 - Often a problem
- ☐ 4 - Almost always a problem
- ☐ 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)

Prelimplant - Pedimacs

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: Walking more than one block:

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

Running: Running:

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

Participating in active play or exercise: 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: Lifting something heavy:

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

Bathing: 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

**Helping to pick up his or her toys:
Doing chores around the house:**

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

**Having hurts or aches: Having hurts
or aches:**

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

Low energy level: 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: Feeling
afraid or scared:**

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

**Feeling sad or blue: Feeling sad or
blue:**

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

Feeling angry: Feeling angry:

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

Trouble sleeping: Trouble sleeping:

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

**Worrying: 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...)

Playing with other children: Getting along with other teens:

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

Other kids not wanting to play with him or her: Other teens 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: Getting teased by other teens:

- ☐ 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: Not able to do things that other teens 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: Keeping up when playing with other teens:

- ☐ 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

Doing the same school activities as peers: Keeping up with schoolwork:

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

Missing school/daycare because of not feeling well: 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/daycare to go to the doctor or hospital: 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)

Prelimplant - Pedimacs

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)

Prelimplant - Pedimacs

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 around the house:

- ☐ 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 schoolwork:

- ☐ 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)

Prelimplant - Pedimacs

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 around the house:

- ☐ 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 teens:

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

Other teens 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 teens:

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

Not able to do things that other teens 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 teens:

- ☐ 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 schoolwork:

- ☐ 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)

PreImplant - Pedimacs 12/02/2022

Blank View

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