Appendix A.

Quality of Life Questionnaire for LVAD patients

Question	Response options / Notes
SECTION 1: General Information	
Name:	
Where do you live:	☐ Rural area (village) ☐ Urban (city)
Who are you living with?	
Who takes care of you/ helps you when you need help with the device or in case you don't feel good? (caregiver)	
Does this person live close to you? (in case it's not the person that lives with him/her):	
SECTION 2: Quality of Life – Before LVAD Implantation (pre-LVAD)	
1. How would you rate your overall quality of life before LVAD implantation?	☐ Very poor ☐ Poor ☐ Fair ☐ Good ☐ Excellent
2. How limited were you in daily activities due to heart failure?	☐ Not limited ☐ Mildly limited ☐ Moderately limited ☐ Severely limited
3. Where you dependent upon somebody? Who helped you? (self-care ability)	☐ Yes ☐ No

SECTION 2: Quality of Life – After LVAD Implantation (post-LVAD)	
4. How would you rate your overall quality of life now (after LVAD)?	☐ Very poor ☐ Poor ☐ Fair ☐ Good ☐ Excellent
5. Compared to pre-implantation, do you feel:	☐ More active ☐ Less active ☐ About the same
6. Are you able to do the following activities post-LVAD?	☐ Walk independently ☐ Climb stairs ☐ Shop for groceries ☐ Return to work ☐ Travel (locally or long distance) ☐ Socialize normally
7. Since the LVAD implantation, have you experienced any of the following?	☐ Bleeding events (upper and lower GI) ☐ Driveline infections ☐ Pump malfunction ☐ Stroke or neurological symptoms ☐ Depression or anxiety ☐ Suicidal ideation ☐ Insomnia If yes, explain what and how many times/how often:
SECTION 3: Battery and Equipment Management	
8. How confident do you feel managing your LVAD equipment (e.g., controller, batteries)?	☐ Very confident ☐ Somewhat confident ☐ Not confident
9. Are you anxious about running out of battery charge?	☐ Yes ☐ No If yes, how often: ☐ Never ☐ Rarely ☐ Sometimes

	☐ Often ☐ Always
10. How many hours a day do you spend on average managing your LVAD?	☐ <1 hour ☐ 1–2 hours ☐ 2–4 hours ☐ More than 4 hours
11a. Have you encountered any difficulties with charging batteries?	☐ Yes ☐ No If yes, please describe briefly:
11b. Carrying or wearing the battery/controller:	☐ Yes ☐ No If yes, please describe briefly:
11c. Connecting/disconnecting components:	☐ Yes ☐ No If yes, please describe briefly:
11d. Dealing with alarms:	☐ Yes ☐ No If yes, please describe briefly:
11e. Dressing or bathing with your LVAD?	☐ Yes ☐ No If yes, please describe briefly:
11f. Traveling or leaving home?	☐ Yes ☐ No If yes, please describe briefly:
SECTION 4: Physical Activity & Lifestyle	
12. On average, how many days per week do you engage in physical activity (walking, exercise, physical therapy)?	☐ 0 ☐ 1–2 ☐ 3–4 ☐ 5 or more
13. How long is each session (on average)?	☐ Less than 15 minutes ☐ 15–30 minutes ☐ 30–60 minutes ☐ More than 1 hour

SECTION 5: Emotional and Social Wellbeing	
14. Do you feel socially isolated due to your LVAD or its care requirements?	☐ Never ☐ Sometimes ☐ Often ☐ Always
15. Have you received psychological support or counselling post-implantation?	☐ Yes ☐ No If yes, does this help you?
16. Do you think LVAD helped you living a decent life?	☐ Yes ☐ No