

## Potential Living Donor Follow-up Form

**Brief survey instrument used to maintain contact with all participants at approximately 1 year after completed registration**

### Brief Follow-Up Contact by SRTR

1. Thank you for the actions you took to be evaluated as a living donor. Regardless of whether or not you donated, we want to learn more about the effects that considering donation or becoming a living donor had on your life. We invite you to be part of a registry to examine the effects over time of being evaluated or donating. Would you be willing to help us by answering a series of short questions going forward?

- yes
- no
- other: \_\_\_\_\_

2. Confirm address and phone numbers and preferred method of contact:

\_\_\_\_\_

3. Would you say your health in general is:

- excellent
- very good
- good
- fair
- poor
- declined to respond or don't know

4. Compared with before evaluation for donation, would you say your health is:

- much better
- somewhat better
- not different
- somewhat worse
- much worse
- declined to respond or don't know

5. Do you have an impairment or health problem that limits your ability to walk or run?

- yes
- no
- declined to respond or don't know

6. Are you limited in the kind or amount of work you can do because of a physical, mental, or emotional problem?

- yes
- no
- declined to respond or don't know

7. In general, how you would rate your mental health, including your mood or ability to think?

- excellent
- very good

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- good
- fair
- poor
- declined to respond or don't know

8. In general, how would you rate your satisfaction with your social activities and relationships?

- excellent
- very good
- good
- fair
- poor
- declined to respond or don't know

9. Please rate how much of a financial burden volunteering to donate has been to you and your family.

(check one box)

|                     |   |   |   |   |                          |   |   |   |   |    |
|---------------------|---|---|---|---|--------------------------|---|---|---|---|----|
| No financial burden |   |   |   |   | Extreme financial burden |   |   |   |   |    |
| 0                   | 1 | 2 | 3 | 4 | 5                        | 6 | 7 | 8 | 9 | 10 |

10. If you could do it over again, would you?

- definitely yes
- probably yes
- not sure
- probably not
- definitely not
- declined to respond or don't know