**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
* 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 |
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| 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