

# DT-VAD Survey on need for social supports

Start of Block: Default Question Block

Q1 Center of practice

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Q2

Does your program have a written policy for social support requirement for patients undergoing DT-VAD? If YES, please be specific as to whether a live-in caregiver and duration:

☐

Yes (1) \_\_\_\_\_

☐

No (2) \_\_\_\_\_

Q3 How important is the presence of a social support for an independently functioning patient undergoing DT-VAD? Please provide details in box

☐ Extremely important (1) \_\_\_\_\_

☐ Very important (2) \_\_\_\_\_

☐ Moderately important (3) \_\_\_\_\_

☐ Slightly important (4) \_\_\_\_\_

☐ Not at all important (5) \_\_\_\_\_

Q5

Does your program require patients and supports to learn how to perform a controller swap?

☐ Yes (1)

☐ No (2)

Q6 Does your program provide devices for home monitoring? If yes please elaborate (ie. Home INR monitoring, blood pressure cuff, doppler, Applications for wound follow up , etc)

☐ Yes (1) \_\_\_\_\_

☐ No (2)

Q8 Please provide any additional comments on the need for social supports with DT-VAD

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End of Block: Default Question Block

