

Patient Name: _____ (Patient ID)

Date of Birth (DOB): ____/____/____

Op Note Date: ____/____/____ (Most recent procedure date)

Treatment Center: _____

Date of Questionnaire Completion: ____/____/____

Time Period (please circle):

- Baseline (0 days, No more than 1 week prior to procedure)
- 1 day (24 hours)
- 1 week (7 days)
- 1 Month (30 days)
- 3 Months (90 days)
- 6 Months (180 days)
- 9 Months (270 days)
- 1 year (360 days or 12 months)
- 1 year 3 months (450 days or 15 months)
- 1 year 6 months (540 days or 18 months)
- 1 year 9 months (630 days or 21 months)
- 2 years (720 days or 24 months)
- 2 years 3 months (810 days or 27 months)
- 2 years 6 months (900 days or 30 months)
- 2 years 9 months (990 days or 33 months)
- 3 years (1,080 days or 36 months)
- 4 years (1,440 days or 48 months)
- 5 years (1,800 days or 60 months)

OFFICE ONLY

True Time Period Months: _____ Month/s

Rounded Time Period Months: _____ Month/s

Do you need any help looking after yourself?

- I need no help at all
- Occasionally I need some help with personal care tasks
- I need help with the more difficult personal care tasks
- I need daily help with most or all personal care tasks

When doing household task: (For example: preparing food, gardening, using the video recorder, radio, telephone or washing the car)

- I need no help at all
- Occasionally I need some help with personal care tasks
- I need help with the more difficult household tasks
- I need daily help with most or all household tasks

Thinking about how easily you can get around your home and community:

- I get around my home and community by myself without any difficulty
- I find it difficult to get around my home and community by myself
- I cannot get around the community by, myself, but I can get around my home with some difficulty
- I cannot get around either the community or my home by myself

Because of your health, your relationships (for example: with your friends, partner or parents) generally:

- Are very close and warm
- Are sometimes close and warm
- Are seldom close and warm
- I have no close and warm relationships

Thinking about your relationship with other people:

- I have plenty of friends, and am never lonely
- Although I have friends, I am occasionally lonely
- I have some friends, but am often lonely for company
- I am socially isolated and feel lonely

Thinking about your health and my relationship with my family:

- My role in the family is unaffected by my health
- There are some parts of my family role I cannot carry out
- There are many parts of my family role I cannot carry out
- I cannot carry out any part of my family role

Thinking about your vision, including when using your glasses or contact lenses if needed:

- I see normally
- I have some difficulty focusing on things, or I do not see them sharply
- I have a lot of difficulty seeing things
- I only see general shapes, or am blind

Thinking about your hearing, including using your hearing aid if needed:

- I hear normally
- I have some difficulty hearing or I do not hear clearly
- I have difficulty hearing clearly
- I hear very little indeed

When you communicate with others: (For example: by talking, listening, writing, or signing.)

- I have no trouble speaking to them or understanding what they are saying
- I have some difficulty being understood by people who do not know me. I have no trouble understanding what others are saying to me
- I am only understood by people who know me well. I have great trouble understanding what others are saying to me.
- I cannot adequately communicate with others.

Thinking about how you sleep:

- I am able to sleep without difficulty most of the time
- My sleep is interrupted some of the time, but I am usually able to go back to sleep without difficulty
- My sleep is interrupted most nights, but I am usually able to go back to sleep without difficulty
- I sleep in short bursts only. I am awake most of the night.

Thinking about how you generally feel:

- I do not feel anxious, worried or depressed
- I am slightly anxious, worried or depressed
- I feel moderately anxious, worried or depressed
- I am extremely anxious, worried or depressed

How much pain or discomfort do you experience?

- None at all
- I have moderate pain
- I suffer from severe pain
- I suffer unbearable pain

At any point in time after your deployment, did you notice improvement? (Please circle)

- Yes
- No

When did you notice your first response?

Date: ____/____/____ (____ # day/s, ____ # week/s, ____ # month/s, ____ # year/s)

When did your improvement hit its peak, if it has?

Date: ___/___/___ (___ # day/s, ___ # week/s, ___ # month/s, ___ # year/s)

I don't know / Not Applicable

If applicable, how long did your improvement last before it reverted back to original symptoms?

Date: ___/___/___ (___ # day/s, ___ # week/s, ___ # month/s, ___ # year/s)

Circle one answer below that best describes how the stem cell deployment has worked for you so far:

I still have good improvement

I still have some improvement

I am almost back/back to my original symptoms I had before my stem cell deployment

Have you had any adverse events from your SVF procedure?

Yes

No

If yes, please explain your adverse event/s:

Have you been diagnosed with a tumor or cancer since your SVF deployment?

Yes

No

If yes, please explain:

Additional Notes:
