

# Living Donor Follow-up Questionnaire

Donor Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of contact: \_\_\_\_\_ Follow Up:  6 mo  1 yr  2 yr

Type of Contact: \_\_\_\_\_

Are you experiencing any physical limitation post donation?

Working for Income: Yes No FT/ PT If no, due to: \_\_\_\_\_

Loss of insurance due to donation: Yes No Unk

ER or urgent care visit related to donation since last follow up? Yes No Unk

If Yes explain: \_\_\_\_\_

Donor developed hypertension requiring medication? Yes No Unk

If yes explain: \_\_\_\_\_

Maintenance Dialysis: Yes No Unk Date: \_\_\_\_\_

Diabetes: Yes No Unk Type: \_\_\_\_\_

Hospital re-admission since last follow up: Yes No Unk Date: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Kidney Complications: Yes No Unk

If yes explain: \_\_\_\_\_

Have you had any issues with sadness, regret, depression since donation? Yes No

If yes explain: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

01/21/26