



Mount Sinai Live Donor Assessment Tool (LDAT)

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The Live Donor Assessment Tool (LDAT) is to be used as part of the live donor psychosocial evaluation to provide a quantitative indicator of the psychosocial risk level of potential live organ donors. It was created to standardize the process by which donor candidates are evaluated across institutions. Please rate the following items during or after the psychosocial evaluation interview.

1. Motivation to Donate: Internal Motivation (Motivated by task of donation itself; personal desire to help someone)

0	No internal desire to donate and/or has not thought about donation previously (Unable to identify internal motivation)
1	Little internal desire to donate and/or wish to be last option ("I will do this if I am the only option")
2	Moderate internal desire to donate ("I would like to help")
3	Significant internal desire to donate ("I am the donor"; expresses strong interest in donating, other donors have come forward but wants to be the donor, altruistic donors)

2. Motivation to Donate: External Motivation (Motivated by influences outside individual; external gain, relief of burden, communal pressures)

r/o	Exchange for money: NOT A CANDIDATE
0	No external benefit or influence to donate (Outcome has no impact on donor's life/altruistic or non-directed donor)
1	Little external benefit or influence to donate (Donor's life will not significantly improve as a result of donating, minor impact)
2	Moderate external benefit or influence to donate (Spouse donating to spouse so that he/she can get back to work and donation will make their life easier in some way)
3	Significant external benefit to donate (Outcome has a strong impact on donor's life)

3. Types of Motives (Choose all that apply)

-1	To resolve psychological conflicts/guilt/prior behavior	0	Obligation/sense of duty/inherent responsibility (internal pressure)	1	To improve recipient's quality of life/save life
-1	To improve relationship with recipient	0	Extrinsic motivation	1	Longstanding interest in being a donor
-1	Fixation on donation (fixed or rigid ideas)	0	Personal benefit/integrity	1	Altruistic drive (donation appears to be a selfless act/undertaking and/or historically puts welfare of others before own)
-1	Notoriety/fame/social regard	0	Solicited through social media	1	Spirituality or other cultural beliefs
-1	Unrealistic ideas/under-educated about disease	0	To improve own quality of life	1	Altruism to community
-1	Delusional rationale	0	No other options	1	Prior exposure to living donation/transplantation
-1	Conflict between one's roles	0	Initiation of life changes	1	Relationship to recipient

4. Coercion

r/o	Overt coercion, external threats posed if patient does not donate/persistent external pressure to donate; feels forced to donate: NOT A CANDIDATE AT THIS TIME
0	Strong suspicion of secondary gain without concrete evidence, discrete coercion apparent (RECOMMENDATION: Encourage team discussion, consider RULE-OUT)
1	Moderate external pressure to donate (Pressure felt from outside/recipient family/transplant center)
2	Some external encouragement to donate (Donor asked/encouraged to get tested for donation/communal pressures)
3	Decision to donate appears autonomous

5. Closeness to Recipient

0	Does not know recipient or conflicting relationship
1	Minimal/distant relationship with recipient
2	Fairly close relationship with recipient
3	Close relationship with recipient/primary role in donor's life

6. Anxiety/Fear

- 0 **Expression or demonstration of anxiety/fear is a predominating factor** (Donor cannot successfully manage anxiety/fear about donation)
- 1 **Denial of any anxiety/fear**
- 2 **Moderate expression or appearance of anxiety/fear** (Focused on concerns about donation)
- 3 **Realistic expression or appearance of anxiety/fear** (Anxiety/fear about donation is managed by knowledge, faith in process, support from loved ones, etc.)

7. Indecision Behavior (Outward Behavior/Observation)

- 0 **Responses/actions/attitudes indicate significant inconsistency with interest/motivation to donate** (Donor did not complete evaluation)
- 1 **Responses/actions/attitudes indicate moderate inconsistency with interest/motivation and time spent toward donation** (Patient has rescheduled appointments or has not shown up to appointments)
- 2 **Responses/actions/attitudes indicate minimal inconsistencies with interest/motivation to donate** (Donor is late to appointments, not due to scheduling issues; passive)
- 3 **Responses/actions/attitudes indicate consistent interest/motivation to donate** (Donor arrives to appointments on time; proactive)

8. Ambivalence (Verbal Expression)

- 0 **Expressed significant level of mixed feelings/conflicting thought or ideas about donation** (Donor is unable to resolve conflicted feelings about donation; crying and tearful, which does not appear appropriate to situation)
- 1 **Expressed moderate level of mixed feelings/conflicting thoughts or ideas about donation** (Donor is somewhat troubled about proceeding with donation/not certain if they want to donate)
- 2 **Expressed minimal level of mixed feelings/conflicting thoughts or ideas about donation** (Donor acknowledges risks of donation but wants to proceed, patient experiences some mixed feelings)
- 3 **Expressed no mixed feelings/conflicting thoughts or ideas about donation**

9. Impulsivity

- 0 **Impulsive** (Donor has not thought whole process through, made a quick decision, did not research)
- 1 **Adequate thought and time spent toward donation** (Spent moderate time considering donation and/or researched donation)
- 2 **Extensive thought and time spent toward donation** (Spent extensive time considering donation and/or researched donation)

10. Knowledge of Recipient's Diagnosis and Prognosis (Non-Directed Donors: Assess General Understanding of Donation Benefits/Risks to Recipient)

- 0 **Little to no knowledge of the recipient's diagnosis and prognosis** (Unable to demonstrate basic knowledge; For non-directed donors: "I am donating my kidney because he is going to die without it")
- 1 **Minimal knowledge of the recipient's diagnosis and prognosis** (Understands the basics; the patients kidneys/liver doesn't function and transplant will make them better; unclear about extent of treatment options or implications of life with transplant)
- 2 **Moderate knowledge of the recipient's diagnosis and prognosis** (Has some understanding of the cause of organ failure and has some understanding of extent of treatment options and the implications of life with a transplant)
- 3 **Extensive knowledge of the recipient's diagnosis and prognosis** (Understands thoroughly the etiology of end organ disease, co-morbidities and has a realistic expectation of prognosis; For non-directed donors: "I am donating my kidney to help improve someone's quality of life and help someone get off dialysis)

11. Knowledge of Process

- 0 **Little to no knowledge/comprehension/aptitude or interest in donation process** (Not able to remediate, unable to comprehend donation process, not interested)
- 1 **Minimal knowledge/comprehension/aptitude or interest in donation process** (Intervention needed to improve knowledge)
- 2 **Fair to moderate knowledge/comprehension/aptitude or interest in donation process** (Can describe general components of donation process)
- 3 **Extensive knowledge/comprehension/aptitude or interest in donation process** (Can describe general components as well as details of donation process)

12. Health Literacy (Reflect TOFHLA)

- 0 **Inadequate functional health literacy** (Unable to read, understand, or interpret health information/materials, unable to understand directions for health care; modifications must be made to accommodate)

- 1 **Marginal functional health literacy** (Difficulty reading, understanding, and interpreting most health information/materials)
- 2 **Adequate functional health literacy** (Able to read, understand, and interpret most health information/materials)
- 3 **Good functional health literacy** (Able to read, understand, interpret all health information/materials; follows direction with ease)

13. Informed Consent

- 0 **Inadequate provision** (Unable to understand and articulate risks/benefits; requires intervention)
- 1 **Marginal provision** (Difficulty understanding and articulating risks/benefits; requires intervention)
- 2 **Adequate provision** (Understands and articulates risks/benefits; may still benefit from intervention)
- 3 **Good provision** (Displays good understanding and articulation of risks/benefits; does not require intervention)

14. Post-Donation Expectations: Physical

- 0 **No, at this time physical expectations are not consistent with education** (Donor exaggerates, minimizes, denies, unable to comprehend, is excessively anxious AND/OR passive about physical aspects: recovery, time off/return to responsibilities, long-term health. Would benefit from further education/tailored plan of intervention)
- 1 **Unrealistic expectations apparent, donor however has insight into discrepancy**
- 3 **Yes, at this time physical expectations are consistent with education, balanced**

15. Post-Donation Expectations: Psychosocial

- 0 **No, at this time psychosocial expectations are not consistent with education** (Donor exaggerates, minimizes, denies, is excessively anxious AND/OR passive about psychological aspects: donation process, recovery, relationship with recipient/primary supports/family/friends/community, time off/return to responsibilities, long-term health. Would benefit from further education/tailored plan of intervention)
- 1 **Unrealistic expectations apparent, donor however has insight into discrepancy**
- 3 **Yes, at this time psychosocial expectations are consistent with education, balanced**

16. Post-Transplant Expectations for Recipient (Physical and Psychosocial)

- 0 **No, at this time post-transplant expectations for recipient are not consistent with education** (Donor exaggerates, minimizes, denies, is excessively anxious AND/OR passive about recipient prognosis, recovery, relationship throughout donation process, and post-transplant. Would benefit from further education/tailored plan of intervention)
- 1 **Unrealistic expectations apparent, donor however has insight into discrepancy**
- 3 **Yes, at this time post-transplant expectations for recipient are consistent with education, balanced**

17. Sleep Patterns

- 0 **Poor** (Patterns may indicate psychopathology/needs more assessment; requires or has required intervention/sleep agent; diagnosed or self-reported insomnia; AND has negative impact on functionality)
- 1 **Inadequate** (Less than 6 hours/greater than 10 hours, or inconsistent pattern; has SOME negative impact on functionality)
- 2 **Adequate** (6-9 hours, or consistent pattern, may take intermittent sleep agent; NO negative impact on functionality)

18. Pain Tolerance (Subjective experience with pain, patient perspective)

- 0 **Unrealistic/low** (Reported pain tolerance is not associated with experience, appears to be unrealistic, strongly stated or dismissive; patient reports low threshold for pain/fear of pain, report is associated with prior experience)
- 1 **Moderate/never had experience with pain** (Patient reports standard pain/fear, no opinion or strong feelings, unable to rate)
- 2 **High** (Patient reports high threshold for pain/no fear of pain, report is associated with prior experience)

19. Expectation of Change in the Relationship with Recipient

- 0 **Strong expectations for change**
- 1 **Unrealistic expectations for change, insight into discrepancy apparent**
- 3 **No expectations for change**

20. Primary Support System Agreeable to Decision

- 1 **Primary support system does not agree or accept decision/system expresses concern around telling primary support system** (Primary support system believes donation is a mistake, donation will alter relationship with primary support)
- 0 **Primary support system is unaware of plan to donate at this time**
- 2 **Primary support system may have concerns but is ultimately supportive/neutral about decision**

3 Primary support system in full support and/or is actively participating in donation process

21. Available Support from Caregiver/s (Provision of emotional and/or practical support during recovery)

- 0 Does not feel caregiver is needed/no identifiable caregiver at this time** (Despite education, patient continues to be dismissive of need; unable to identify or has not yet considered)
- 1 Limited caregiver support** (Donor identifies caregiver that can pick them up from the hospital, but will not be able to take care of them at home; may be available only in the event of complication/emergency or briefly; limited availability)
- 2 Concrete caregiver support, not confirmed by center** (Foresight around identification and planning apparent; donor reports caregiver has committed to being with donor at the time of surgery, upon return home; will be available as needed)
- 3 Active caregiver support** (Caregiver present at evaluation, has adequate health literacy and is invested in process; availability confirmed by center)

22. Financial/Logistical Support (Transportation, place to recover, financial reserve/paid-time off, general feasibility)

- 0 Inadequate or marginal financial/logistical support and plan** (Financially unstable, unprepared, donation will have a negative impact on SES and/or will be difficult to navigate, may incur job loss; requires intervention, NLDAC or other financial/outside logistical support)
- 2 Adequate financial/logistical support and plan** (Donation may have minimal negative impact on SES, but patient/family likely to recover; may benefit from intervention, NLDAC or other financial/outside logistical support)
- 3 Good financial/logistical support and plan** (Financially stable/has access to paid time off, no change in SES anticipated, robust support available for logistical aspects; does not require intervention, NLDAC or other financial/outside logistical support)

23. Life Structure (General routine, including but not limited to: employment, school, retirement, non-earning engagements/professions, volunteer work, homemaker)

- 0 Inconsistent/unstructured**
- 2 Consistent/structured**

24. Adverse Childhood Events (PTSD, rape, divorce with traumatic response, neglect, chaotic childhood, homeless, mental health/substance abuse concerns, immigration obstacles, multiple moves/transitions with difficulty adapting)

- 1 Unstable, with EXTENSIVE ongoing impact on functioning** (Evidence of adverse childhood events with impact on current functioning)
- 0 Unstable, with MODERATE ongoing impact on functioning** (Evidence of multiple adverse childhood events, resolved with counseling in the past)
- 2 Unstable, with MINIMAL ongoing or NO impact on functioning** (Evidence of minimal adverse childhood events, no psychological sequelae)
- 3 Stable, with no impact on functioning** (No evidence of adverse childhood events)

25. Interpersonal Relationship Stability (How functional are relationships)

- 1 Unstable** (Recent break-up/divorce/legal conflict/physical or emotional abuse, disillusionment in relationships, ongoing conflicts, strong recurrent history of unstable interpersonal relationships)
- 0 Inconsistent/Unavailable** (Unable or does not desire to maintain close relationships)
- 2 Conflicts but able to resolve** (Ultimately supportive interpersonal relationships)
- 3 Stable** (Longstanding relationships, dependable)

26. External Life Stressors within the Last Year (Family issues, recipient illness, finance, divorce, death, abuse, immigration status, legal issues, stressful transition/s, other; excluding substance abuse or mental illness)

- 0 Severe, active or current**
- 1 Moderate**
- 2 Minimal**
- 3 Absent**

27. Use and Effect of Coping Strategies (Ability to Cope/History of Resilient Behavior and Response)

- 0 Not at all effective** (There is strong evidence coping strategies have not been adaptive in response to psychosocial stressors; needs intervention/support)
- 2 Somewhat effective** (There is some evidence of adaptive coping/resilience in response to psychosocial stressors, or donor has never had to deal with hardship; may have difficulty identifying coping strategies)

3 Effective (There is evidence of adaptive coping/resilience in response to psychosocial stressors; coping strategies identified)

28. Mental Health Disorder (Other than Personality Traits/Disorder or Substances)

r/o Acute psychopathology with negative impact on functioning: May warrant intervention until stable and/or clearable, NOT A CANDIDATE AT THIS TIME

-1 Severe psychopathology (History of symptoms with severe impact on functioning; psychiatric hospitalizations; SI/SA; psychiatric medication regimens)

0 Moderate psychopathology (History of moderate symptoms with some impact on functioning; history of SI/SA, but not current; responsive to treatment in the past; compliance with psychiatric medication regimens)

2 Mild psychopathology (Current or historic self-limited symptoms without significant impact on functioning; time limited/no/minimal treatment needed; ie, adjustment disorder, even with in last year, may be self-resolving)

3 None (No history of psychopathology identified)

29. Maladaptive Personality Traits (Traits that come across in interview with self/others, and/or reported diagnosis; consider review of extraversion, agreeableness, conscientiousness, neuroticism, openness traits)

-1 Severe (Extreme character pathology, personality traits or history of severe personality disorder present in response to illness, medical treatment or psychosocial stressors; patient is in need of acute psychiatric intervention before proceeding or has needed multiple psychiatric hospitalizations in the past)

0 Moderate (Moderate character pathology, personality traits, or history of personality disorder in response to illness, medical treatment or psychosocial stressors; treatment, if needed, has been effective; patient with good compliance, no characterological interference with treatment)

2 Mild (Mild character pathology, personality traits, or history of personality disorder in response to illness, medical treatment or psychosocial stressors)

3 None (No present of character pathology, personality traits, or history of personality disorder in response to illness, medical treatment, or psychosocial stressors)

30. Evidence of Deceptive Behavior in Presentation

-1 There is clear evidence of deceptive behavior as evidenced by records, collateral information or testing/patient has not been fully forthcoming with negative information; patient denial, information obtained only from external sources

0 Patient has not been fully forthcoming with negative information, but provides to confrontation

2 Patient has not volunteered some negative information, but truthfully answered direct questioning/no evidence of deceptive behavior by history or at present

31. Alcohol Use (Reflect Audit C-SDS)

r/o Current alcohol use disorder: NOT A CANDIDATE AT THIS TIME

0 Recent SEVERE alcohol use (Greater than 3 months in the past; patient has qualified for past alcohol use disorder diagnosis, required treatment or intervention in order to achieve sobriety, DUI/DWI, with social/relationship consequences)

1 Current MODERATE alcohol use (Within last 3 months; evidenced by excessive drinking, heavy social alcohol use, does not constitute use disorder, not impacting dysfunction)

2 Remote MODERATE or SEVERE alcohol use (Great than 12 months in the past; sustained remission from past use disorder, evidenced by excessive drinking or remote use disorder; years of sobriety if use disorder and identifies active/current support)

3 Past or current MILD use, OR no alcohol use history (Historic or current minimal alcohol use which has caused no social or medical problems, i.e. has not qualified for alcohol use disorder; may have remote history of increased use; mild social use and agrees to stop for donation; or no history of alcohol use)

32. Substance Use (Stimulants, Inhalants, Depressants, Opioids and Morphine Derivatives, Anabolic Steroids, Hallucinogens, Prescription Drugs, Excluding Cannabis and Alcohol)

r/o Current substance use disorder: NOT A CANDIDATE AT THIS TIME

-1 Recent MODERATE or SEVERE use (Patient has qualified for substance use diagnosis, required treatment or intervention in order to achieve sobriety)

1 Current MODERATE substance use (Evidenced by excessive substance use, heavy social use, does not constitute use disorder)

2 Past MODERATE or SEVERE substance use (Evidenced by excessive substance use, heavy social use, etc., and/or remote use disorder)

3 Past or current MILD substance use, OR no use history (History of minimal substance use which caused no social or medical problems, i.e. has not qualified for substance use disorder; may have remote history of increased use; agrees to stop for donation; or no history of substance use)

33. Cannabis Use

0	History of abuse/dependence/severe use (Patient required treatment or intervention in order to end use)
1	Active recreational use (Intermittent social use or stopped for sake of donation; may include medical marijuana)
2	History of minimal substance abuse/dependence/severe use (Stopped in distant past, greater than 6 months ago)
3	None (No history of marijuana use)

34. Tobacco Use (Cigarettes, smokeless tobacco, chew/snuff, cigars, e-cigarettes, other substances rolled with tobacco)

0	Current tobacco use
1	Recently quit tobacco use for the purposes of donation (Stopped 1 year ago or less)
2	No tobacco use or former use (Stopped greater than 1 year ago, or no history of tobacco use)

The LDAT tool comprises 34 items across 9 domains (motivation, knowledge about donation, relationship with the recipient, support available to the donor, feelings about donation, post-donation expectations, stability in life, psychiatric issues, and alcohol and substance use). The total score (0-98) is calculated as the sum of the individual item scores. Higher scores indicate more desirable pre-donation psychosocial characteristics or lower psychosocial risk, and lower scores indicate less desirable characteristics or increased risk for donation.

Patient Identifier:

Relationship to Recipient:

Assessment Completed By:

Date:

Scoring

- | | |
|---|--|
| <p>1. Motivation
Questions: 1, 2, 3, 4, 5
Maximum score: 19
Domain Total:</p> | <p>5. Support Available to the Donor
Questions: 20, 21, 22
Maximum Score: 9
Domain Total:</p> |
| <p>2. Feelings about Donation
Questions: 6, 7, 8, 9
Maximum Score: 11
Domain Total:</p> | <p>6. Stability in Life
Questions: 23, 24, 25, 26
Maximum Score: 11
Domain Total:</p> |
| <p>3. Knowledge about Donation
Questions: 10, 11, 12, 13
Maximum Score: 12
Domain Total:</p> | <p>7. Mental Health
Questions: 27, 28, 29, 30
Maximum Score: 11
Domain Total:</p> |
| <p>4. Post-Donation Expectations
Questions: 14, 15, 16, 17, 18, 19
Maximum Score: 16
Domain Total:</p> | <p>8. Alcohol and Substance Use
Questions: 31, 32, 33, 34
Maximum Score: 11
Domain Total:</p> |

TOTAL SCORE (maximum score 100): _____

- | | |
|-----|---|
| X-X | Low Psychosocial Risk Candidate |
| X-X | Moderate Psychosocial Risk Candidate |
| X-X | High Psychosocial Risk Candidate |