



NIDDK
Liver Transplantation Database
**END OF STUDY ASSESSMENT
(ADULTS)**

05/26/1995

COMPLETION LOG

Data Collector ID	_____ - _____
	Center Initials
	DATE
Data Collection	____/____/____
Data Entry	____/____/____
Sysid	_____
Verification	____/____/____
Cleaned	____/____/____
Transfer	____/____/____
	MM DD YY

<p><u>FORM KEYS</u></p> <p>Patient ID _____ - _____</p>

THIS FORM WAS FILLED OUT BY (check one)

- the patient without assistance
- the patient with assistance from LTD coordinator in person
- the LTD coordinator in phone interview with patient
- the patient with assistance from a family member
 - Relationship _____
- a family member
 - Relationship _____

END OF STUDY ASSESSMENT (ADULTS)

INTRODUCTION

The data collection phase of the study of liver transplantation in which you have been a participant is scheduled to end in July of 1995. At this time, we would like to obtain a final assessment of liver transplant candidates and recipients enrolled in the study. We ask that you fill out this final form and return it to us in the enclosed envelope. All information will remain confidential. Thank you for your participation in this study.

Name of patient: _____
 (First) (Initial) (Last)

1. What is today's date? ____/____/____
 MM DD YY

2. Have you received a liver transplant since July 1, 1994? (check one)

No. Please move on to question 3.

Yes. Please provide the following information for all liver transplants since July 1, 1994, and then move on to question 3.

MEDICAL CENTER
 (Check one for each transplant)

	Date of Transplant (Month / Day / Year)	Mayo	UNMC (Nebraska)	UCSF (San Francisco)	Other
2.1	____ / ____ / ____	_____	_____	_____	_____
2.2	____ / ____ / ____	_____	_____	_____	_____
2.3	____ / ____ / ____	_____	_____	_____	_____

3. How much do you weigh without shoes?

_____ pounds

END OF STUDY ASSESSMENT (ADULTS)

4. Since your transplant, have you had (or still have) any of the following medical problems? (check all that apply)

	Had	Still have
4.1 Arthritis	_____	_____
4.2 Gout	_____	_____
4.3 Headaches	_____	_____
4.4 Back pain	_____	_____
4.5 Bone fractures	_____	_____
4.6 Kidney dialysis	_____	_____
4.7 Stroke	_____	_____
4.8 Myocardial infarction (heart attack)	_____	_____
4.9 High cholesterol	_____	_____
4.10 Overweight	_____	_____
4.11 Depression	_____	_____
4.12 Ulcerative colitis (inflammatory bowel disease)	_____	_____
4.13 Skin cancer	_____	_____
4.14 Other cancers including lymphoma, specify _____	_____	_____

5. Are you currently being treated for high blood pressure? (check one)

No

Yes

Please list the medications you are taking for high blood pressure:

5.1 _____

5.2 _____

5.3 _____

5.4 _____

END OF STUDY ASSESSMENT (ADULTS)

6. Has a physician told you that you have diabetes? (check one)

No

Yes

What treatment are you receiving for diabetes? (check all that apply)

6.1 Insulin injection

6.2 Oral medication (pills). Please list the medication names under #8.

6.3 Diet

6.4 None

7. What immunosuppressive medications are you currently taking? (check all that apply)

7.1 Cyclosporine (Sandimmune)

7.2 FK506 (Prograf)

7.3 Azathioprine (Imuran)

7.4 Prednisone (Meticorten, Orasone, Deltasone)

7.5 Prednisolone (Prednisolone sodium phosphate)

7.6 Methylprednisolone (Medrol, Meproalone, Solu-medrol)

7.7 RS61443 (Mycophenolate mofetil)

7.8 Other (specify) _____

8. List all other medications you are taking that are not previously mentioned:

8.1 _____

8.2 _____

8.3 _____

8.4 _____

8.5 _____

8.6 _____

8.7 _____

8.8 _____

8.9 _____

8.10 _____

8.11 _____

8.12 _____

END OF STUDY ASSESSMENT (ADULTS)

9. Are you currently receiving disability benefits from the Social Security Administration? (check one)

No

Yes

10. Are you receiving benefits from any other source due to a disability? (check one)

No

Yes

11. How would you rate your overall quality of life at this time? (check one)

1. Excellent

2. Good

3. Fair

4. Poor

12. May we contact you in the future for additional information and follow-up on your status?

No

Yes

PLEASE SIGN

Signature _____

THANK YOU FOR FILLING OUT THIS QUESTIONNAIRE.