



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

FORM KEYS

Patient ID \_\_\_\_\_ - \_\_\_\_\_

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: \_\_\_\_\_  
           (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 \_\_\_\_\_

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

**END OF STUDY ASSESSMENT (ADULTS)**

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, Meprolone, 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 \_\_\_\_\_

9. Have you drunk any alcohol since your liver transplant? (check one)

- No
- Yes

10. Do you currently drink alcohol? (check one)

- No
- Yes

How many drinks of alcohol do you have in a typical week (one drink = one bottle of beer or one glass of wine or one mixed drink)?

\_\_\_\_\_ drinks per week

**END OF STUDY ASSESSMENT (ADULTS)**

11. What is your current work activity or employment status? (check one)
- 1. Employed full-time
  - 2. Employed part-time
  - 3. Employed, but temporarily laid off
  - 4. Unemployed, looking for work
  - 5. Unemployed, not looking for work
  - 6. Unemployed, unable to work because of health
  - 7. Homemaker
  - 8. Student full-time
  - 9. Student part-time
  - 10. Retired
  - 11. Other (specify) \_\_\_\_\_
12. How satisfied are you with your present work situation or your present ability to function as a homemaker or a student? (check one)
- 1. Completely satisfied
  - 2. Very satisfied
  - 3. Satisfied
  - 4. Neutral
  - 5. Dissatisfied
  - 6. Very dissatisfied
  - 7. Completely dissatisfied
  - 8. Doesn't apply
13. Are you currently receiving disability benefits from the Social Security Administration? (check one)
- No
  - Yes
14. Are you receiving benefits from any other source due to a disability? (check one)
- No
  - Yes

**END OF STUDY ASSESSMENT (ADULTS)**

15. Which of the eight following statements best describes your state of health, how you feel and your level of activity? (check one)
- 1. Normal; no complaints, no evidence of disease.
  - 2. Able to carry out normal activity; minor symptoms.
  - 3. Able to carry out normal activity with effort, some symptoms.
  - 4. Able to care for myself but unable to carry on normal activity or do active work.
  - 5. Requiring occasional assistance but able to care for most of my own needs.
  - 6. Requiring considerable assistance and frequent medical care.
  - 7. Disabled; requiring special care and assistance.
  - 8. Worse off than any of these statements suggest.
16. How would you rate your overall health at the present time? (check one)
- 1. Excellent
  - 2. Good
  - 3. Fair
  - 4. Poor
17. Overall, how satisfied are you with your health at the present time? (check one)
- 1. Completely satisfied
  - 2. Very satisfied
  - 3. Satisfied
  - 4. Neutral
  - 5. Dissatisfied
  - 6. Very dissatisfied
  - 7. Completely dissatisfied
18. All things considered, how satisfied are you with your life as a whole these days? (check one)
- 1. Completely satisfied
  - 2. Very satisfied
  - 3. Satisfied
  - 4. Neutral
  - 5. Dissatisfied
  - 6. Very dissatisfied
  - 7. Completely dissatisfied

**END OF STUDY ASSESSMENT (ADULTS)**

19. Here are some words and phrases which we would like you to use to best describe how you feel about your present life. For example, if you think your present life is very "boring", put an X in the box right next to the word "boring". If you think it is very "interesting", put an X in the box right next to the word "interesting". If you think it is somewhere in between put an X where you think it belongs. Put an X in one box on every line.

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	
19.1 Boring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interesting
19.2 Enjoyable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Miserable
19.3 Easy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hard
19.4 Useless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Worthwhile
19.5 Friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lonely
19.6 Full	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Empty
19.7 Discouraging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hopeful
19.8 Tied Down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Free
19.9 Disappointing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rewarding
19.10 Brings out the best in me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doesn't give me much of a chance

20. Taking all things together, how would you say things are these days? Would you say you're: (check one)

- 1. Very happy
- 2. Pretty happy
- 3. Not too happy

**END OF STUDY ASSESSMENT (ADULTS)**

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

1. Excellent

2. Good

3. Fair

4. Poor

22. 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.**