



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)

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, 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 _____

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.