

Lung Transplant – Quality Of Life LT-QOL

Thinking back over the past 4 weeks, how often did you experience any of the following when you were NOT having a lung infection or rejection?...

	Not at all	Only when I had an infection	A few days a month	Several days a week	Almost every day
80. I had shortness of breath	☐	☐	☐	☐	☐
81. I felt tightness in my chest	☐	☐	☐	☐	☐
82. I coughed	☐	☐	☐	☐	☐
83. I brought up phlegm (sputum)	☐	☐	☐	☐	☐
84. I had episodes of wheezing	☐	☐	☐	☐	☐

	None	1 or 2 days/week	3 or 4 days/week	Nearly every day	Every day
85. Over the <u>last 3 months</u> , how many good days (with few lung/respiratory problems) have you had?	☐	☐	☐	☐	☐

	No episodes	1 episode	2 episodes	3 episodes	More than 3 episodes
86. During the <u>last 3 months</u> , how many severe or very unpleasant episodes of lung/respiratory problems have you had?	☐	☐	☐	☐	☐

Below is a list of symptoms and conditions you may have experienced. Over the past 4 weeks, how often have you experienced the following?

	Never	Once or twice	A few times	Fairly often	Very often
87. I had trouble swallowing food	☐	☐	☐	☐	☐
88. I had difficulty swallowing liquids	☐	☐	☐	☐	☐
89. I have choked when I swallowed	☐	☐	☐	☐	☐
90. I have been bothered in the way food tastes.	☐	☐	☐	☐	☐
91. I had a poor appetite	☐	☐	☐	☐	☐
92. I had nausea	☐	☐	☐	☐	☐
93. I had discomfort or pain in my stomach area	☐	☐	☐	☐	☐
94. I had swelling or cramps in my stomach area	☐	☐	☐	☐	☐
95. I had constipation	☐	☐	☐	☐	☐
96. I had diarrhea	☐	☐	☐	☐	☐
97. I have been afraid to be far from a toilet	☐	☐	☐	☐	☐
98. I had shaky hands	☐	☐	☐	☐	☐
99. My leg muscles felt weak	☐	☐	☐	☐	☐
100. I had numbness and tingling in my hands or feet	☐	☐	☐	☐	☐
101. I felt discomfort in my hands or feet (pain, cramping, burning, etc.)	☐	☐	☐	☐	☐

These questions ask about your treatment regimen (medications, clinic visits and tests like x-rays, bronchoscopies) over the past 4 weeks.

	Not at all	A little bit	Some-what	Quite a bit	Very much
102. The effects of the treatment have been worse than I had imagined.	☐	☐	☐	☐	☐
103. To what extent did your treatments (including medications) make your daily life more difficult?	☐	☐	☐	☐	☐
104. How difficult was it for you to do your treatments (including medications) each day?	☐	☐	☐	☐	☐

Over the past 4 weeks, to what extent does each statement apply to you?

	Not at all	A little bit	Some-what	Quite a bit	Very much
105. I worry that my lung transplant will not work or that I will get rejection	☐	☐	☐	☐	☐
106. I worry about getting infections	☐	☐	☐	☐	☐
107. Because of my lung transplant, I had difficulty planning for the future	☐	☐	☐	☐	☐
108. I worried that my health will get worse	☐	☐	☐	☐	☐
109. I felt uncertain about my future health	☐	☐	☐	☐	☐

Over the past 4 weeks, how often have you been bothered by the following problems?

	Never	Once or twice	A few times	Fairly often	Very often
110. Feeling nervous, anxious or on edge	☐	☐	☐	☐	☐
111. Not being able to stop or control worrying	☐	☐	☐	☐	☐
112. Worrying too much about different things	☐	☐	☐	☐	☐

113. Trouble relaxing	☐	☐	☐	☐	☐
114. Being so restless that it was hard to sit still	☐	☐	☐	☐	☐
115. Becoming easily annoyed or irritable	☐	☐	☐	☐	☐
116. Feeling afraid as if something awful might happen	☐	☐	☐	☐	☐

These questions are about how you feel and how things have been with you. Over the <u>past 4 weeks</u> , how often...	Never	Once or twice	A few times	Fairly often	Very often
117. Has feeling depressed interfered with what you usually do?	☐	☐	☐	☐	☐
118. Did you feel depressed?	☐	☐	☐	☐	☐
119. Were you moody or brood about things?	☐	☐	☐	☐	☐
120. Were you in low or very low spirits?	☐	☐	☐	☐	☐
121. Have you felt downhearted and depressed?	☐	☐	☐	☐	☐

	Not at all	A little	Some-what	Very	Extremely
122. How depressed (at its worst) have you felt?	☐	☐	☐	☐	☐

<u>Over the past 4 weeks</u> , how much of the time did you...	None of the time	A little of the time	Some of the time	Most of the time	All of the time
123. Have difficulty reasoning and solving problems; for example, making plans, making decisions, learning new things?	☐	☐	☐	☐	☐
124. Have difficulty doing activities involving concentration and thinking?	☐	☐	☐	☐	☐

125. Become confused and start several actions at a time?	☐	☐	☐	☐	☐
126. Forget, for example things that happened recently, where you put things, appointments?	☐	☐	☐	☐	☐
127. Have trouble keeping your attention on any activity for long?	☐	☐	☐	☐	☐
128. React slowly to things that were said or done?	☐	☐	☐	☐	☐

How often in the past 4 weeks....	Never	Once or twice	A few times	Fairly often	Very often
129. Were you frustrated about your health?	☐	☐	☐	☐	☐
130. Did you feel weighed down by your health problems?	☐	☐	☐	☐	☐
131. Were you discouraged by your health problems?	☐	☐	☐	☐	☐
132. Did you feel despair over your health problems?	☐	☐	☐	☐	☐
133. Were you afraid because of your health?	☐	☐	☐	☐	☐
134. Was your health a worry in your life?	☐	☐	☐	☐	☐

The next questions are about the way health problems might interfere with your sex life. These questions are personal but important in understanding how health problems might affect people's lives.

How much of a problem was each of the following during the <u>past 4 weeks</u> ?	Not at all	A little bit	Some-what	Quite a bit	Very much
135. Lack of sexual interest?	☐	☐	☐	☐	☐

136. Unable to relax and enjoy sex?	☐	☐	☐	☐	☐
137. Difficulty in becoming sexually aroused?	☐	☐	☐	☐	☐

The last two questions are about your life in general.

Over the <u>past 4 weeks</u> , to what extent does each statement apply to you?	Not at all	A little bit	Some-what	Quite a bit	Very much
138. I am able to enjoy life.	☐	☐	☐	☐	☐
139. I am content with the quality of my life right now.	☐	☐	☐	☐	☐