**Lung Transplant Valued Life Activities (LT-VLA) Survey**

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If you translate the LT-VLA to another language, please send a copy to Dr. Singer for our records: jon.Singer@ucsf.edu

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| **Lung Transplant Valued Life Activities Questionnaire**These questions are about how your health affects your ability to do things that are important to you. Please indicate **how much difficulty** you have had performing each of these activities **over the past month given your overall health now.** |
| If you **do not** perform an activity…* because of your health, then check “**Unable to do at all**”.
* because it is not important to you for reasons other than your health, then check “**Does not apply to me**”.
 |
| (Check one box on each line) |
| **Over the past month, how much difficulty have you had performing this activity?** | None | Some | A lot | Unable to do at all | Does not apply to me |
| 1. Taking care of your basic needs, such as bathing, getting dressed or taking care of personal hygiene |  |  |  |  |  |
| 2. Preparing meals and cooking |  |  |  |  |  |
| 3. Doing light work around the house, such as dusting or laundry |  |  |  |  |  |
| 4. Doing heavier housework such as vacuuming, changing sheets or cleaning floors |  |  |  |  |  |
| 5. Walking or getting around INSIDE your home |  |  |  |  |  |
| 6. Walking OUTSIDE your home, just to get around to places you go on a regular basis |  |  |  |  |  |
| 7. Getting around your community by car or by public transportation |  |  |  |  |  |
| 8. Going to social events, parties or celebrations |  |  |  |  |  |
| 9. Visiting friends or family members in THEIR homes |  |  |  |  |  |
| 10. Having friends or family members visit you in YOUR home |  |  |  |  |  |
| 11. Participating in leisure activities IN YOUR HOME, i.e. reading, watching television, or listening to music |  |  |  |  |  |

1. Participating in leisure activities OUTSIDE your home, such as playing cards or bingo, or going to movies, club meetings, or restaurants
2. Participating in physical recreational activities, such as walking for exercise, playing golf, bicycling, swimming, or water aerobics
3. Traveling out of town
4. Working at a job for pay

Unable Does not

to do at apply to

A lot all me

Some

None

**How much difficulty have you had performing this activity?**