

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

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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)

<b>Over the past month, how much difficulty have you had performing this activity?</b>	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Preparing meals and cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Doing light work around the house, such as dusting or laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Doing heavier housework such as vacuuming, changing sheets or cleaning floors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Walking or getting around <b>INSIDE</b> your home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Walking <b>OUTSIDE</b> your home, just to get around to places you go on a regular basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Getting around your community by car or by public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Going to social events, parties or celebrations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Visiting friends or family members in <b>THEIR</b> homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Having friends or family members visit you in <b>YOUR</b> home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Participating in leisure activities <b>IN YOUR HOME</b> , i.e. reading, watching television, or listening to music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



<b>How much difficulty have you had performing this activity?</b>		None	Some	A lot	Unable to do at all	Does not apply to me
12.	Participating in leisure activities OUTSIDE your home, such as playing cards or bingo, or going to movies, club meetings, or restaurants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Participating in physical recreational activities, such as walking for exercise, playing golf, bicycling, swimming, or water aerobics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Traveling out of town	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Working at a job for pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

