



Save

Save and Close

Cancel

Simona Rossi connected since 13:55 until 15:10

Quit

STCS local data manager / Transplantation center of Bale

Patient : **TESTRECORDS Simona (F)** N° : 80003718

Birthdate 11/01/1979 (40 years)

Patient consent given

Stored consent

Consent

Patient consent given - 03/10/2018 Change consent :
Apply

Patient baseline - Baseline

Psychosocial questionnaire (PSQ)

Patient drug

version	currentformID	patformID	caseformID	organtype	caseVisitCounter	patVisitCounter
V2	95F090C5E2E99081071080A5	95F090C5E2E99081071080A5	95F090C59711A08104A080A5	Not applicable	Not applicable	1
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	<input type="text"/>	In progress (1)	Patient consent given	0000	Not applicable	Transplantation center of Bale

Audit trail

display

Date when the psychosocial questionnaire was filled in

Indicate date when the psychosocial questionnaire was filled in

Version of the PSQ filled out by the patient

Indicate the version of the PSQ filled out by the patient

(Save the form to apply change)

-- ?

Language version of the PSQ

Indicate the language version of the PSQ

-- ?

Reason for completely missing PSQ data

Indicate reason for completely missing PSQ data

Open field
Not applicable

1. Education

Please specify your **highest** completed educational degree.

Indicate other education

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

--

2. Profession

Please specify your **current primary** occupation.

Indicate other profession

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12

--

3. Working capacity

Please specify your **average** working/ earning capacity during the **past 6 months**? 100% equals full-time workload.

Please indicate the reason why you worked 0 hours (0%)

Indicate other reason

- 1
- 2
- 3
- 4
- 5
- 6

-- ?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8

-- ?

4. Partnership

What is your **current** status?

- 1
- 2
- 3
- 4
- 5

-- ?

5. Socio-economic status

What is the **current** available monthly budget (after tax deductions) of your household?

In other words, the sum of the income of each individual member, after deduction of obligatory social security and pension contributions, and allowing for any maintenance allowances (paid or received).

- 1
- 2
- 3
- 4
- 5

-- ?

6. Sleep quality

On a scale from 0 to 10, how would you rate your sleep quality overall in the past 4 weeks?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

-- ?

7. Daytime Sleepiness

On a scale from 0 to 10, how would you rate your daytime sleepiness overall in the past 4 weeks?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

-- ?

8. Adherence

How often did you miss a dose of your medication in the past 4 weeks?

- 1
- 2
- 3
- 4
- 5
- 6
- 7

-- ?

Did you miss more than one consecutive dose of your medication in the past 4 weeks?

- 1
- 2

-- ?

9. Smoking

Do you smoke?

- 1
- 2
- 3
- 4
- 5

-- ?

10. Drug addiction

Do you consume hard drugs (e.g. Heroin, Cocaine) ?

- 1
- 2
- 3
- 4
- 5

-- ?

11. Exercise

Do you participate in regular physical activity (e.g. walking, cycling, cleaning the house, yard work)?

- 1
- 2

-- ▾ ?

12. Sun Protection

1. Occupational sun exposure. In the summer, on average, how many hours are you outside per day between 10 am and 4 pm on **Weekdays** (Monday-Friday)?⁺

1 2 3 4 5 6 7

-- ▾ ?

2. Sun exposure during leisure time. In the summer, on average, how many hours are you outside per day between 10 am and 4 pm on **weekend days** (Saturday & Sunday)?⁺

1 2 3 4 5 6 7

-- ▾ ?

3. Sun protection behavior. How often do you wear **Sunscreen**?⁺

1 2 3 4 5

-- ▾ ?

4. Sun protection behavior. How often do you wear a **hat**?⁺

1 2 3 4 5

-- ▾ ?

13. Team trust⁺

How much do you trust your transplant team, where '0' is 'not at all' and '10' is 'completely'?

0 1 2 3 4 5 6 7 8 9 10 -- ▾ ?

14. Perceived health status (EQ-5D)

By placing a cross in one box in each group below, please indicate which statements best describe your own health state **today**.

1. Mobility⁺

1 2 3

-- ▾ ?

4. Pain/Discomfort⁺

1 2 3

-- ▾ ?

2. Self-Care⁺

1 2 3

-- ▾ ?

5. Anxiety/Depression⁺

1 2 3

-- ▾ ?

3. Usual activities⁺

1 2 3

-- ▾ ?

6. how good or bad your own health is today, in your opinion? (worst state : 0 best state: 100)⁺

-- ▾ ?

15. Quality of life⁺

Could you please mark the line below at the place which best reflects your situation of the past week. The more your situation was close to perfect quality of life, the further you place the mark to the right. The more your situation was close to worst imaginable quality of life, the further you place the mark to the left.

0: Worst imaginable quality of life
100: "Perfect quality of life"

-- ▾ ?

16. Depression

Please read each item below and cross the box next to the replay that comes closest to how you have been feeling in the past week. Don't take too long over your replies; your immediate reaction to each item will probably be more accurate than a long, thought-out response.

1. I still enjoy the things I used to enjoy⁺

1 2 3 4

-- ▾ ?

5. I have lost interest in my appearance⁺

1 2 3 4

-- ▾ ?

2. I can laugh and see the funny side of things⁺

1 2 3 4

-- ▾ ?

6. I look forward with enjoyment to things⁺

1 2 3 4

-- ▾ ?

3. I feel cheerful⁺

1 2 3 4

-- ▾ ?

7. I can enjoy a good book or radio or TV programme⁺

1 2 3 4

-- ▾ ?

4. I feel as if I am slowed down⁺

1 2 3 4

-- ▾ ?

17. Stress⁺

Stress means a situation in which a person feels tense, restless, nervous or anxious or is unable to sleep at night because his/her mind is troubled all the time: Do you feel this kind of stress these days?

On a scale from 1 to 5, how would you rate this kind of stress these days? (please select only one answer)"

1 2 3 4 5 -- ▾ ?

18. PSQ help

Please specify if you filled in the questionnaire by your self

1 2 -- ▾ ?