



TRANSPLANTATION COHORTE

STCS

Common FUP



Save

Save and Close

Cancel



Stored consent

Simona Rossi connected since 10:16 until 11:17

Quit

STCS local data manager / Transplantation center of Bale

Patient : TESTRECORDS Simona (F) N° : 80003718

Birthdate 11/01/1979 (40 years)

Patient consent given

Consent

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

Patient FUP - 6 months

Psychosocial questionnaire (PSQ)

Patient drug

version	currentformID	platformID	caseformID	organtype	caseVisitCounter	patVisitCounter
V2	95F090C5F203B081131080A5	95F090C5F203B081131080A5	95F090C59711A08104A080A5	Not applicable	Not applicable	2
assdate	formStatus	constatus	assPeriod	soascaseID	centreid	
<input type="text"/>	In progress (1)	Patient consent given	0006	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



Copy/replace

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



Period of the PSQ filled out by the patient

Indicate the period of the PSQ filled out by the patient

(Please save the form to apply change)

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 **since** your transplantation. 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 immunosuppressive medication (e.g. Prograf, CellCept / Myfortic, Rapamune, Certican, Neoral) **in the past 4 weeks**?

1 2 3 4 5 6 7

Did you miss more than one consecutive dose of your immunosuppressive 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 reply 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

Not applicable ? Not applicable/