



Save and Close




Stored
consent

Quit

Birthdate **11/01/1979** (40 years)

Consent

Patient consent given - 03/10/2018  [Change consent :](#)
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Patient drug

patVisitCounter

1

centreid

Transplantation center of Bale

display

Reason for completely missing PSQ data

Indicate reason for completely missing PSQ data

Open field

Indicate other education

Indicate other profession

-- ▼

?

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

— 10 —

Indicate other reason

--

_____ ?

1 2 3 4 5

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

▼ ?

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

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

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

1 2 3 4 5 6 7

?

1 2

--

Do you smoke?

1 2 3 4 5

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

1 2 3 4 5

-- ?

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)?⁺

1234567

--▼?

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)?⁺

1234567

--▼?

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

12345

--▼?

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

12345

--▼?

13. Team trust⁺

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

012345678910

--▼?

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⁺

123

--▼?

2. Self-Care⁺

123

--▼?

3. Usual activities⁺

123

--▼?

4. Pain/Discomfort⁺

123

--▼?

5. Anxiety/Depression⁺

123

--▼?

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

12345678910

--▼?

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⁺

1234

--▼?

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

1234

--▼?

3. I feel cheerful⁺

1234

--▼?

4. I feel as if I am slowed down⁺

1234

--▼?

5. I have lost interest in my appearance⁺

1234

--▼?

6. I look forward with enjoyment to things⁺

1234

--▼?

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

1234

--▼?

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)"

12345

--▼?

18. PSQ help

Please specify if you filled in the questionnaire by your self

12

--▼?