## Ferrans and Powers QUALITY OF LIFE INDEX® LIVER TRANSPLANT VERSION - III

<u>PART 1.</u> For each of the following, please choose the answer that best describes how <u>satisfied</u> you are with that area of your life. Please mark your answer by circling the number. There are no right or wrong answers.

| HOW SATISFIED ARE YOU WITH:   | Very Dissatisfied | Moderately Dissatisfied | Slightly Dissatisfied | Slightly Satisfied | Moderately Satisfied | Very Satisfied |
|---|-------------------|-------------------------|-----------------------|--------------------|----------------------|----------------|
| 1. Your health?   | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 2. Your health care?  | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 3. The amount of pain that you have?                                  | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 4. Your transplanted liver?   | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 5. The amount of energy you have for everyday activities?             | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 6. Your ability to take care of yourself without help?                | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 7. The amount of control you have over your life?                     | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 8. Your chances of living as long as your would like?                 | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 9. Your family's health?  | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 10. Your children?  | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 11. Your family's happiness?  | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 12. Your sex life?  | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 13. Your spouse, lover, or partner?                                   | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 14. Your friends?   | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 15. The emotional support you get from your family?                   | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 16. The emotional support you get from people other than your family? | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |

(Please Go To Next Page)

<sup>©</sup> Copyright 1998 Carol Estwing Ferrans and Marjorie J. Powers (Do not use without permission).

| HOW SATISFIED ARE YOU WITH:  | Very Dissatisfied | Moderately Dissatisfied | Slightly Dissatisfied | Slightly Satisfied | Moderately Satisfied | Very Satisfied |
|--|-------------------|-------------------------|-----------------------|--------------------|----------------------|----------------|
| 17. Your ability to take care of family responsibilities?                                  | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 18. How useful you are to others?  | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 19. The amount of worries in your life?  | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 20. Your neighborhood?   | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 21. Your home, apartment, or place where you live?   | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 22. Your job (if employed)?  | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 23. Not having a job (if unemployed, retired, or disabled)?                                | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 24. Your education?  | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 25. How well you can take care of your financial needs?                                    | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 26. The things you do for fun?   | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 27. Your chances for a happy future?   | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 28. Your peace of mind?  | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 29. Your faith in God?   | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 30. Your achievement of personal goals?  | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 31. Your happiness in general?   | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 32. Your life in general?  | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 33. Your personal appearance?  | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 34. Yourself in general?   | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 35. The changes in your life that you have had to make because of your transplanted liver? | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |

(Please Go To Next Page)

© Copyright 1998 Carol Estwing Ferrans and Marjorie J. Powers (Do not use without permission).

<u>PART 2.</u> For each of the following, please choose the answer that best describes how <u>important</u> that area of your life is to you. Please mark your answer by circling the number. There are no right or wrong answers.

| HOW IMPORTANT TO YOU IS:  | Very Unimportant | Moderately Unimportant | Slightly Unimportant | Slightly Important | Moderately Important | Very Important |
|---|------------------|------------------------|----------------------|--------------------|----------------------|----------------|
| 1. Your health?   | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 2. Your health care?  | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 3. Having no pain?  | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 4. Having your transplanted liver?                                    | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 5. Having enough energy for everyday activities?                      | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 6. Taking care of yourself without help?                              | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 7. Having control over your life?                                     | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 8. Living as long as you would like?                                  | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 9. Your family's health?  | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 10. Your children?  | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 11. Your family's happiness?  | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 12. Your sex life?  | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 13. Your spouse, lover, or partner?                                   | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 14. Your friends?   | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 15. The emotional support you get from your family?                   | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 16. The emotional support you get from people other than your family? | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 17. Taking care of family responsibilities?                           | 1                | 2                      | 3                    | 4                  | 5                    | 6              |

## (Please Go To Next Page)

<sup>©</sup> Copyright 1998 Carol Estwing Ferrans and Marjorie J. Powers (Do not use without permission).

| HOW IMPORTANT TO YOU IS:   | Very Unimportant | Moderately Unimportant | Slightly Unimportant | Slightly Important | Moderately Important | Very Important |
|--|------------------|------------------------|----------------------|--------------------|----------------------|----------------|
| 18. Being useful to others?  | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 19. Having no worries?   | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 20. Your neighborhood?   | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 21. Your home, apartment, or place where you live?   | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 22. Your job (if employed)?  | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 23. Having a job (if unemployed, retired, or disabled)?                                    | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 24. Your education?  | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 25. Being able to take care of your financial needs?                                       | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 26. Doing things for fun?  | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 27. Having a happy future?   | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 28. Peace of mind?   | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 29. Your faith in God?   | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 30. Achieving your personal goals?   | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 31. Your happiness in general?   | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 32. Being satisfied with life?   | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 33. Your personal appearance?  | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 34. Are you to yourself?   | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 35. The changes in your life that you have had to make because of your transplanted liver? | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
|  |                  |                        |                      |                    |                      |                |

<sup>©</sup> Copyright 1998 Carol Estwing Ferrans and Marjorie J. Powers (Do not use without permission).