

Intestine Transplant Recipient – Quality of Life

Centre code Transplant centre ODT Recipient number

RECIPIENT DETAILS

Section 1

Recipient initials MM/YYYY of birth Transplant status If post-transplant, months

Quality of Life

Section 2

Please select only one box under each heading that describes how you feel **today**

- | | |
|--|--|
| <p>Mobility:</p> <p>No problems <input type="checkbox"/></p> <p>Slight problems <input type="checkbox"/></p> <p>Moderate problems <input type="checkbox"/></p> <p>Severe problems <input type="checkbox"/></p> <p>Unable to walk about <input type="checkbox"/></p> | <p>Pain/Discomfort:</p> <p>None <input type="checkbox"/></p> <p>Slight <input type="checkbox"/></p> <p>Moderate <input type="checkbox"/></p> <p>Severe <input type="checkbox"/></p> <p>Extreme <input type="checkbox"/></p> |
| <p>Self care:</p> <p>No problems <input type="checkbox"/></p> <p>Slight problems <input type="checkbox"/></p> <p>Moderate problems <input type="checkbox"/></p> <p>Severe problems <input type="checkbox"/></p> <p>Unable to wash or dress self <input type="checkbox"/></p> | <p>Anxiety/Depression:</p> <p>None <input type="checkbox"/></p> <p>Slight <input type="checkbox"/></p> <p>Moderate <input type="checkbox"/></p> <p>Severe <input type="checkbox"/></p> <p>Extreme <input type="checkbox"/></p> |
| <p>Usual activities:</p> <p>No problems <input type="checkbox"/></p> <p>Slight problems <input type="checkbox"/></p> <p>Moderate problems <input type="checkbox"/></p> <p>Severe problems <input type="checkbox"/></p> <p>Unable to do usual activities <input type="checkbox"/></p> | |

On a scale from 0 to 100, where 0 is the worst health you can imagine and 100 the best, how would you rate your health today?

FORM COMPLETER DETAILS

Section 3

Form completed by: Full name - please print

Date (dd/mm/yyyy):

Please email completed form using the 'Submit form' button to intestinal@nhsbt.nhs.uk.
Once sent, please use the 'Clear form' button to reset the form.