



We would like to better understand how you and other persons entitled for Radiofrequency Liver Ablation (RFA) feel, how well you are able to do your usual activities and how you rate your own health. Therefore we create this questionnaire.

Remember this is not a test and there are no right or wrong answers. Please do not ask for assistance from spouses, visitors or other people nearby.

It is simple to fill out; choose the most appropriate response and clearly mark it.

Please select only one answer for each question. If for any reason you do not want or are not able to answer, you may leave the question blank.

The Clinical Coordinator or you yourself may fill out the following necessary data

First Name

Last Name

Date or RF Ablation

Month

Day

Year

Please select or enter the time of the questionnaire application

Preoperative

First postoperative day

1 week post RFA

Months post RFA

1. In general, would you say your health is:

Excellent

Very good

Good

Fair

Poor

2. Compared to one year ago, how would you rate your health in general now?

Much better
than 1 year
ago

Somewhat
better now than
1 year ago

About the
same as 1
year ago

Somewhat
worse now than
1 year ago

Much worse
now than 1
year ago

The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

	Yes, limited a lot	Yes, limited a little	Not, not limited at all
3. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Moderate activities, such as moving a table, pushing a vaccum cleaner, bowling, or playing golf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Lifting or carrying groceries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Climbing several flight of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Climbing one flight of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Bending, kneeling, or stooping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Walking more than a mile	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Walking several hundred yards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Walking one hundred yards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Bathing or dressing yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

- | | All of
the
time | Most
of the
time | A good
bit of the
time | Some
of the
time | A little
of the
time | None
of the
time |
|------------------------------------------------------------------------------------------------|-----------------------|------------------------|------------------------------|------------------------|----------------------------|------------------------|
| 13. Cut down on the amount of time you spent on work or other activities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. Accomplished less than you would like | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. Were limited in the kind of work or other activities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. Had difficulty performing the work or other activities (for example, it took extra effort) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

- | | All of
the
time | Most
of the
time | A good
bit of the
time | Some
of the
time | A little
of the
time | None
of the
time |
|--------------------------------------------------------------------------|-----------------------|------------------------|------------------------------|------------------------|----------------------------|------------------------|
| 17. Cut down on the amount of time you spent on work or other activities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. Accomplished less than you would like | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. Didn't do work or other activities less carefully than usual | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

20. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Not at all | Slightly | Moderately | Quite a bit | Extremely |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

21. How much bodily pain have you had during the past 4 weeks?

- | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| None | Very mild | Mild | Moderate | Severe | Very severe |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

22. During the past 4 weeks, how much did pain interfere with your normal work (including both outside the home and housework)?

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Not at all | A little bit | Moderately | Quite a bit | Extremely |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks...

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
23. did you feel full of life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. have you been very nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. have you felt so down in the dumps nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. have you felt calm and peaceful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. did you have a lot of energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. have you felt downhearted and depressed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. did you feel worn out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. have you been happy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. did you feel tired?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

All of the time	Most of the time	Some of the time	A little of the time	None of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How true or false is each of the following statements for you?

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
33. I seem to get sick a little easier than other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. I am as healthy as anybody I know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. I expect my health to get worse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. My health is excellent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

That is the end of the questionnaire. Thank you for your cooperation!