

## WORK-RELATED REHABILITATION AND QUALITY OF LIFE ASSESSMENT OF DIALYSIS AND TRANSPLANT PATIENTS

This form comprises 2 parts : **PART I** : Work-related rehabilitation assessment  
**PART II** : Quality of life assessment (QL Index)

Both parts of the form should be completed by a dialysis staff or transplant nurse who has interacted frequently with the patient and knows the patient well. Prior to completing the form, you must interview the patient; and if necessary his or her spouse, relatives or other relevant persons.

Use your individual and independent judgement to assess the patient; and be guided by instructions perviously provided.

<i>Instruction to select boxes : 1) <input checked="" type="checkbox"/> check one or more boxes</i> <i style="margin-left: 150px;">Pilihan lebih</i>		<input checked="" type="checkbox"/> <i>check one box only</i> <i style="margin-left: 100px;">Satu pilihan shj</i>	<b>DATE OF ASSESSMENT</b> ____ / ____ / ____ Day      Month      Year
<b>1. Centre name :</b>		<b>SDPID</b>	
<b>2. Patient name :</b>			
<b>3. NRR Registration No. :</b>	<b>Patient ID</b>		<b>RRTID</b>
<b><i>Mustahak!</i></b> <i>Isikan borang ini jika pesakit berada dipusat anda pada hujung tahun tafsiran (Okt – Disember shj). Selitkan borang ini didalam borang tahunan pesakit ini semasa penghantaran.</i>			

### PART I : WORK-RELATED REHABILITATION ASSESSMENT

In your judgement which of the following response best characterised this patient current work activity or employment status?

1.  Able to work and working FULL-TIME for pay.
2.  Able to work and working PART-TIME for pay.

If response is 1 or 2, specify type of employment:
<ol style="list-style-type: none"> <li>a. <input type="radio"/> Government.</li> <li>b. <input type="radio"/> Government - related body or company.</li> <li>c. <input type="radio"/> Publicly listed large corporation.</li> <li>d. <input type="radio"/> Foreign multinational corporation.</li> <li>e. <input type="radio"/> Other private sector company.</li> <li>f. <input type="radio"/> Family or relative's or friend's company / shop / trade.</li> <li>g. <input type="radio"/> Self-employed</li> <li>h. <input type="radio"/> Other : _____</li> </ol>

3.  Able to work but not working due to inability to get a job.
4.  Able to work but not yet working due to dialysis schedule.
5.  Able to work but not yet working due to disinclination or poor motivation.
6.  Home maker e.g. Housewife.
7.  Student (full-time).
8.  Paediatric patient < 15 years old.
9.  Able to work but retired.
10.  Patient > 65 years old.
11.  Unable to work (including housework) because of poor health.

## **PART II : QUALITY OF LIFE ASSESSMENT : QL INDEX**

According to your most recent assessment of this patient, please score each heading (Activity, Daily living, Health, Support and Outlook) by ticking  the appropriate box.

### **(A) ACTIVITY**

During the past weeks, this patient

- 2  Has been working full time in usual occupation, or studying full time, or managing own household, or participating in unpaid or voluntary activities whether retired or not
- 1  Has been working in usual occupation or studying, or managing own household or participating in unpaid or voluntary activities; But requiring major assistance or significant reduction in hours worked or sheltered situation or was on sick leave
- 0  Has not been working or studying in any capacity and not managing own household.

### **(B) DAILY LIVING**

During the past weeks, this patient

- 2  Has been self-reliant in eating, washing, toileting and dressing; using public transport or driving own car.
- 1  Has been requiring assistance (another person or special equipment) for daily activities and transport but performing light tasks.
- 0  Has not been managing personal care nor light tasks and/or not leaving own home or institution at all.

### **(C) HEALTH**

During the past weeks, this patient

- 2  Has been appearing to feel well or reporting feeling 'great' most of the time.
- 1  Has been lacking in energy or not feeling entirely well most of the time.
- 0  Has been feeling very ill or unwell, seeming weak most of the time or was unconscious.

### **(D) SUPPORT**

During the past weeks, this patient

- 2  Has been having good relationships with others and receiving strong support from at least one family member and/or friend.
- 1  Support received has been limited from family and friends and/or by the patient's condition.
- 0  Support from family and friends occurred infrequently or only when absolutely necessary or patient was unconscious

### **(E) OUTLOOK**

During the past weeks, this patient

- 2  Has usually been appearing calm and positive in outlook, accepting and in control of personal circumstances, including surroundings.
- 1  Has sometimes been troubled because of not being fully in control of personal circumstances or has been having periods of obvious anxiety or depression.
- 0  Has been seriously confused or very frightened or consistently anxious and depressed or unconscious.

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How confident are you that your scoring of the preceding dimension is accurate?

Please tick  the appropriate box.

- 1  Absolutely confident
- 2  Very confident
- 3  Quite confident
- 4  Not very confident
- 5  Very doubtful
- 6  Not at all confident