

RESPONSE OPTIONS

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 Hardly any of the time
- 5 None of the time

QUESTIONS

1. How much of the time during the last two weeks have you been troubled by a feeling of abdominal bloating?
2. Have you felt tired or fatigued during the last two weeks?
3. How much of the time during the last two weeks have you experienced bodily pain?
4. How often during the last two weeks have you felt sleepy during the day?
5. How much of the time during the last two weeks have you experienced abdominal pain?
6. How much of the time during the last two weeks have you experienced shortness of breath during your daily activities?
7. How much of the time during the last two weeks have you not been able to eat as much as you would like?
8. How much of the time in the last two weeks have you been bothered by having decreased strength?
9. How often during the last two weeks have you had trouble lifting or carrying heavy objects?
10. How often during the last two weeks have you felt anxious?
11. How often during the last two weeks have you felt a decreased level of energy?
12. How much of the time during the last two weeks have you felt unhappy?
13. How often during the last two weeks have you felt drowsy?
14. How much of the time during the last two weeks have you been bothered by a limitation of your diet?
15. How often during the last two weeks have you been irritable?
16. How much of the time during the last two weeks have you had difficulty sleeping at night?
17. How much of the time during the last two weeks have you been troubled by a feeling of abdominal discomfort?
18. How much of the time during the last two weeks have you been worried about the impact your liver disease has on your family?
19. How much of the time during the last two weeks have you had mood swings?
20. How much of the time during the last two weeks have you been unable to fall asleep at night?
21. How often during the last two weeks have you had muscle cramps?
22. How much of the time during the last two weeks have you been worried that your symptoms will develop into major problems?
23. How much of the time during the last two weeks have you had a dry mouth?
24. How much of the time during the last two weeks have you felt depressed?
25. How much of the time during the last two weeks have you been worried about your condition getting worse?
26. How much of the time during the last two weeks have you had problems concentrating?
27. How much of the time have you been troubled by itching during the last two weeks?
28. How much of the time during the last two weeks have you been worried about never feeling any better?
29. How much of the time during the last two weeks have you been concerned about the availability of a liver if you need a liver transplant?

Abdominal symptoms (AS): Items 1, 5, 17

Fatigue (FA): Items 2, 4, 8, 11, 13

Systemic symptoms (SS): Items 3, 6, 21, 23, 27

Activity (AC): Items 7, 9, 14

Emotional function (EF): Items 10, 12, 15, 16, 19, 20, 24, 26

Worry (WO): Items 18, 22, 25, 28, 29

