Demographics 1 ID Number: * must provide value 2 Age: * must provide value in years 3 Sex: * Male * reserved to say Other res 4 Race/Ethnicity: * must provide value Black/African American Hispanic/Latino Native American/American Indian Asian/Pacific Islander	Dationt Come		Liver Transpla	nt	
Thank you so much for your time and participation! Page 1 of Demographics 1 ID Number: * must provide value This will be given to you 2 Age: * must provide value in years 3 Sex: Male Female Prefer not to say Other res 4 Race/Ethnicity: * must provide value Black/African American Hispanic/Latino Native American/American Indian Asian/Pacific Islander			f your ability		
Demographics 1 ID Number: * must provide value 2 Age: * must provide value in years 3 Sex: * Male * must provide value Perfer not to say Other res 4 Race/Ethnicity: * must provide value Black/African American Hispanic/Latino Native American/American Indian Asian/Pacific Islander	ricase complete the s	arvey below to the best o	r your ability.		
Demographics 1 ID Number: * must provide value 2 Age: * must provide value in years 3 Sex: * Male * reserved to say Other res 4 Race/Ethnicity: * must provide value Black/African American Hispanic/Latino Native American/American Indian Asian/Pacific Islander	Thank you so much fo	r your time and participa	tion!		
1 ID Number: * must provide value This will be given to you 2 Age: * must provide value in years 3 Sex: Male Female Prefer not to say Other res 4 Race/Ethnicity: * must provide value Black/African American Hispanic/Latino Native American/American Indian Asian/Pacific Islander					Page 1 o
* must provide value 2 Age: * must provide value 3 Sex: * must provide value * must provide value * prefer not to say Other 4 Race/Ethnicity: * must provide value * must provide value * Black/African American Hispanic/Latino Native American/American Indian Asian/Pacific Islander	Demographics				
2 Age: * must provide value 3 Sex: * must provide value * must provide value * Female					
* must provide value 3 Sex:	* must provid	e value		This will be given to you	
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* must provide value Female Prefer not to say Other res 4 Race/Ethnicity: * must provide value Black/African American Hispanic/Latino Native American/American Indian Asian/Pacific Islander	* must provid	e value		in years	
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Other Race/Ethnicity: * must provide value Black/African American Hispanic/Latino Native American/American Indian Asian/Pacific Islander	* must provid	e value			
4 Race/Ethnicity: * must provide value Black/African American Hispanic/Latino Native American/American Indian Asian/Pacific Islander				•	
* must provide value Black/African American Hispanic/Latino Native American/American Indian Asian/Pacific Islander					res
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				Asian/Pacific Islander Other	



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		Page 2 of
VI∈	dical Information	
5	Are you an autoimmune hepatitis or liver	Autoimmune Hepatitis (AIH)
	* must provide value	Liver Transplant (LT)
	must provide value	Note: if you received a liver transplant at any point in your life, you are a liver transplant patient
5	What medication are you currently taking for your	Azathioprine (Azasan)
	Liver Transplant (LT)?	Prednisone (Deltasone, Rayos, Prednisone Intensol)
	* must provide value	
		Tacrolimus (Prograf, Protopic, Astagraf XL, Envarsus X
		Sirolimus (Rapamune)
		Everolimus (Zortress, Afinitor, Afinitor Disperz)
		Mycophenolate (Myfortic, CellCept)
		Cyclosporine (Neoral, Sandimmune, Gengraf)
		Other
,	Please indicate if you have or have had any of the	☐ Esophageal varices
	following conditions:	Jaundice
	* must provide value	Ascites
		☐ Hepatic Encephalopathy
		Portal Hypertension
		Liver Cirrhosis
		☐ I have never had any of these conditions
3	Please indicate if you have experienced any of the	☐ Infection
	following complications of your immunosuppression medication:	Cancer
	* must provide value	☐ Kidney problems
		Side effects (weight gain, high blood pressure, vomiting, skin rash, etc.)
		☐ None of these
		Other
,	Please write down any other medical conditions you currently have:	
	* must provide value	
		Expail If none, write "N/A"

	What was the date of your liver transplant? * must provide value	MM-DD-YYYY MM-DD-YYYYY	
	What was the reason for your liver transplant (disease or condition name listed for UNOS)?		
10	Please indicate the number of liver transplant rejections in your lifetime: * must provide value	 0 1 2 3 4 5 or more 	reset
		revious Page xt Page >>	



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VIε	edical Information		
5	Are you an autoimmune hepatitis or liver transplant patient?	Autoimmune Hepatitis (AIH)	
	* must provide value	Liver Transplant (LT)	
		Note: if you received a liver transplant at any point in your life are a liver transplant patient	rese e, you
6	What medication are you currently taking for your	Azathioprine (Azasan)	
	Autoimmune Hepatitis (AIH)? * must provide value	Prednisone (Deltasone, Rayos, Prednisone Intens	sol)
		Tacrolimus (Prograf, Protopic, Astagraf XL, Envar	sus XI
		Sirolimus (Rapamune)	
		Everolimus (Zortress, Afinitor, Afinitor Disperz)	
		 Mycophenolate (Myfortic, CellCept) 	
		Cyclosporine (Neoral, Sandimmune, Gengraf)	
		Other	
7	Please indicate if you have or have had any of the	☐ Esophageal varices	
	following conditions: * must provide value	☐ Jaundice	
	must provide value	Ascites	
		 Hepatic Encephalopathy 	
		Portal Hypertension	
		Liver Cirrhosis	
		☐ I have never had any of these conditions	
8	Please indicate if you have experienced any of the	☐ Infection	
	following complications of your immunosuppression medication:	☐ Cancer	
	* must provide value	☐ Kidney problems	
		 Side effects (weight gain, high blood pressure, vomiting, skin rash, etc.) 	
		☐ None of these	
		☐ Other	
9	Please write down any other medical conditions you currently have:		
	* must provide value		
			Expar
		If none, write "N/A"	

10	Please indicate the number of autoimmune hepatitis flare- ups in your lifetime: * must provide value	○ 0○ 1○ 2○ 3○ 4○ 5 or more	reset
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ey			
	Please indicate your level of agreement with the follow	ing statements:	
11	I take my immunosuppression medication(s) without	1 (Strongly disagree)	
	difficulty or concern.	2 (Disagree)	
	* must provide value	3 (Neutral)	
		4 (Agree)	
		5 (Strongly agree)	
			re
12	I know what side effects to expect from my	1 (Strongly disagree)	
	immunosuppressive medication(s). * must provide value	O 2 (Disagree)	
	mast provide value	O 3 (Neutral)	
		O 4 (Agree)	
		5 (Strongly agree)	re
42	Lauraniana umulaaantaida affaata fuum muu		
13	I experience unpleasant side effects from my immunosuppressive medication(s).	1 (Strongly disagree)	
	* must provide value	2 (Disagree)	
		3 (Neutral)	
		4 (Agree)	
		O 5 (Strongly agree)	re
14	l feel financially burdened by the	1 (Strongly disagree)	
	immunosuppressive medication(s) I need to take.	2 (Disagree)	
	* must provide value	3 (Neutral)	
		O 4 (Agree)	
		5 (Strongly agree)	
			re
15	My physician and I have discussed the possibility of withdrawing my immunosuppressive	1 (Strongly disagree)	
	medication(s).	2 (Disagree)	
	* must provide value	3 (Neutral)	
		O 4 (Agree)	
		5 (Strongly agree)	re

16	I want to attempt withdrawal of immunosuppressive therapy. * must provide value	 1 (Strongly disagree) 2 (Disagree) 3 (Neutral) 4 (Agree) 5 (Strongly agree)
17	Please rank the most important reason you do not want to attempt immunosuppression withdrawal: * must provide value	 ○ I do not want to risk a flareup ○ I do not want to risk needing a liver transplant ○ I do not want to take more medications if I fail withdrawal ○ I do not want to "rock the boat" ○ I am doing well on my immunosuppressants ○ Other
18	Please rank the 2nd most important reason you do not want to attempt immunosuppression withdrawal: * must provide value	 I do not want to risk a flareup I do not want to risk needing a liver transplant I do not want to take more medications if I fail withdrawal I do not want to "rock the boat" I am doing well on my immunosuppressants Other
	<< Previous Page	Submit

 16 I want to attempt withdrawal of immunosuppressive therapy. * must provide value 	 1 (Strongly disagree) 2 (Disagree) 3 (Neutral) 4 (Agree) 5 (Strongly agree)
18 Please rank the 2nd most important reason you want to attempt immunosuppression withdrawal: * must provide value	 I want to stop experiencing side effects from my immunosuppressants I want to avoid the risk of major complications from my immunosuppressants (cancer, kidney problems, infection, etc.) I want to decrease the money I spend on immunosuppressants I want to avoid taking pills for the rest of my life Other
17 Please rank the most important reason you want to attempt immunosuppression withdrawal: * must provide value	 I want to stop experiencing side effects from my immunosuppressants I want to avoid the risk of major complications from my immunosuppressants (cancer, kidney problems, infection, etc.) I want to decrease the money I spend on immunosuppressants I want to avoid taking pills for the rest of my life Other
<< Previous Page	Submit