Barriers

| | Applies to me (yes or no?) | HOW much of a problem? | | | |
|-----------------------------------|----------------------------|------------------------|------|-------|--|
| | | A little | Some | A lot | |
| I have no time | | | | | |
| I have too many other | | | | | |
| responsibilities | | | | | |
| I am too tired | | | | | |
| I don't know how to | | | | | |
| improve my quality of | | | | | |
| life | | | | | |
| I don't think anything I | | | | | |
| do on my own will help | | | | | |
| I don't feel that I have | | | | | |
| support for trying to | | | | | |
| change aspects of my | | | | | |
| quality of life from: | | | | | |
| - my family & friends, | | | | | |
| - my doctor, or | | | | | |
| the community | | | | | |
| I worry all the time | | | | | |
| about my new organ | | | | | |

| What else would apply to you? | | |
|-------------------------------|--|--|
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