Instrument	Variable	Population	Description	Reliability	Validity	Languages	Copy-	Fee?	Source	References
Brief Symptom Inventory (BSI))	Measured  Degree to which lung transplant candidates and recipients experience physical, psychological, and psychiatric symptoms.	Adult and adolescents age 13 or older	53 items. Self-assessment.  9 symptom dimensions: somatization, obsession- compulsion, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation and psychoticism, and three global indices of distress: global severity index, positive symptom distress index, and positive symptom total.  5 point Likert scale. Patients asked to circle the number that best describes how much each symptom has distressed or bothered them in the last 2 weeks. 1 = not at all to 5 = extremely.  Higher scores indicate more symptomatology.	Good internal consistency reliability, ranging from 0.71 on psychoticism to 0.85 on depression. Test-retest reliability ranges from 0.68 (somatization) to 0.91 (phobic anxiety), and for the three global indices from 0.87 (PSDI) to 0.90 (GSI)	Demonstrated convergent validity with correlations between the BSI and SCL-R-90 0.92 to 0.99.	English	Yes	Yes	NCS (National Computer System, Inc) P.O. Box 1416, Minneapolis, MN 55440 Tel: 800-NCS-7271 Web: http://www.ncs.com	Derogatis, L. (1993). BSI Brief Symptom Inventory. Administration, scoring, and procedures manual (4 <sup>th</sup> Ed.). Minneapolis, MN: National Computer Systems.  Limbos MM, Joyce DP, Chan CKN et al. 2000. Psychological functioning and quality of life in lung transplant candidates and recipients. <i>Chest</i> , 118(2):408-416.

Instrument	Variable Measured	Population	Description	Reliability	Validity	Languages	Copy- righted?	Fee?	Source	References
Body Cathexis Scale (BCS)	Lung transplant candidates' and recipients' satisfaction with body.	Adult	46 items.  5 point Likert-type scale, ranging from 1 (have strong feelings and wish change could somehow be made) to 5 (consider myself fortunate).	Split-half reliability coefficients are satisfactory at 0.83.  Published norms available for men and women college aged students.	High face validity	English	No	Information Not Available	Journal of Consulting Psychology; v17 n5 p343-47; Oct 1953	Mayer, J. & Eisenberg, M. (1982). Body concept: A conceptualization and review of paper-and-pencil measures. Rehabilitation Psychology, 27, 97- 106. Limbos MM, Chan CK, Kesten S. 1997. Quality of life in female lung transplant candidates and recipients. Chest, 112(5):1165-1174. Limbos MM, Joyce DP, Chan CKN et al. 2000. Psychological functioning and quality of life in lung transplant candidates and recipients. Chest, 118(2):408-416.

Instrument	Variable	Population	Description	Reliability	Validity	Languages	Copy-	Fee?	Source	References
	Measured						righted?			
Instrument  Derogatis Sexual Functioning Inventory (sexual functioning subscale) (DSFI)		Population  Adult	Description  Self-report measure of sexual functioning.  5 subtests utilized: drive, psychological symptoms, body image, sexual satisfaction, and overall sexual satisfaction.  To supplement this questionnaire, Two 4-point Likert scales were used to assess men's ability to attain an erection or ejaculate.	Reliability  Utilized to assess sexual dysfunction in female patients with gynecologic cancer, Hodgkin's disease, and diabetes, as well as assessing the consequences of hysterectomy in the lives of women.	Has been well tested in a broad variety of populations. Predictive validity has been demonstrated in populations of individuals suffering from sexual dysfunctions and their partners and in	<b>Languages</b> English	Copy-righted? Yes	Yes	Clinical Psychometric Research, Inc., P.O. Box 619, Riderwood, MD 21139 Tel: 800-245- 0277 or 410- 321-6165 FAX: 410-321- 6341 E-mail: mdero@aol.com; Web: derogatis- tests.com	References  Limbos MM, Chan CK, Kesten S. 1997. Quality of life in female lung transplant candidates and recipients. Chest, 112(5):1165-1174.  Limbos MM, Joyce DP, Chan CKN et al. 2000. Psychological functioning and quality of life in lung transplant candidates and recipients. Chest, 118(2):408-416.
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Instrument	Variable	Population	Description	Reliability	Validity	Languages	Copy-	Fee?	Source	References
	Measured						righted?			
General Health Questionnaire	General health in lung transplant patients and their families.	Adult	The General Health Questionnaire (GHQ) was designed for the screening of non- psychotic psychiatric disorders.  Scales of several lengths are available, ranging from 12 to 60 items. The tool developer recommends the 60-item version, because of its superior validity; however, the most popular version appears to be the GHQ- 30.  Designed for self-completion	Good. Extensively tested.	Good. Extensively tested.	English Translated into at least 38 languages	Yes	Yes	Susan Thompson, NFER-Nelson, Darville House, 2 Oxford Road East, Windsor, Berks SL4 1DF, England. Email: susan.thompson@nfernelson.co.uk	Hodges B, Craven J, Littlefield C. 1995. Bibliotherapy for psychosocial distress in lung transplant patients and their families. Psychosomatics, 36(4): 360-368.  Bowling, A. (2001). Measuring disease: A review of disease-specific quality of life measurement (2nd edition). Philadelphia: Buckingham.

Instrument	Variable	Population	Description	Reliability	Validity	Languages	Сору-	Fee?	Source	References
	Measured						righted?			
Instrument Schoolager's Coping Strategies Inventory (SCSI)	Variable Measured Coping styles in lung transplant patients and their families.	Adult Adult	Description  This self-report questionnaire, based on the hierarchal factor structure, is designed to assess coping thoughts and behaviors in response to a specific stressor. Subjects using this instrument are asked to describe a specific stressful event, then indicate the extent to which they used specific coping responses, using a five-item Likert format. There are 14 subscales. These subscales include eight primary factors, four secondary factors, and two tertiary factors.	Reliability  Information Not Available	Validity  Information Not Available	English	Copy- righted? Information Not Available	Fee?  Information Not Available	David L. Tobin; Eating Disorders Program, The University of Chicago, Physicians Group, 5327 N. Sheridan, Chicago, IL 60640	References  Hodges B, Craven J, Littlefield C. 1995. Bibliotherapy for psychosocial distress in lung transplant patients and their families. Psychosomatics, 36(4):360-368.

Instrument	Variable	Population	Description	Reliability	Validity	Languages	Copy-	Fee?	Source	References
	Measured						righted?			
Self- Directed Learning Readiness Scale (SDLRS)	Learning preferences and attitudes toward learning in lung transplant patients and their families.	Adult Pediatrics: Age 14 and over	58 item. Self-report.  Measures self-direction in learning.	Reported in numerous studies.	Not validated in medically ill populations. However, used extensively with other adult populations.	English	Yes	Yes	Guglielmino & Associates, 734 Marble Way, Boca Raton, FL 33432; Telephone: 561-392-0379; FAX: 561-392-0379; E-mail: lguglielmino@rocketmail.com; Web: guglielmino734.com	Hodges B, Craven J, Littlefield C. 1995. Bibliotherapy for psychosocial distress in lung transplant patients and their families. Psychosomatics, 36(4):360-368.

Instrument	Variable Measured	Population	Description	Reliability	Validity	Languages	Copy- righted?	Fee?	Source	References
Life Orientation Test (LOT) Note: There is also a Revised (LOT - R)	Optimism in liver and lung transplant candidates	Adult	6 item published questionnaire.  Keyed in both positive and negative directions, with 7 filler items.  Revised version: 10 items	Well documented	Well documented	English Spanish French	No	No	Scheier, M., Carver, C. & Bridges, M. (1994). Distinguishing optimism from neuroticism (and trait anxiety, self-mastery, and self-esteem): A reevaluation of the Life Orientation Test. Journal of Personality and Social Psychology, 67, 1063-1078.  Charles S. Carver Department of Psychology University of Miami Coral Gables, FL 33124-0751 Web: http://www.psy.miami.edu/faculty/ccarver/sclLOT-R.html	Stilley CS, Miller DJ, Manzetti JD et al, 1999. Optimism and coping styles: A comparison of candidates for liver transplantation with candidates for lung transplantation.  Psychotherapy and Psychosomatics, 68: 299-303.

Instrument	Variable Measured	Population	Description	Reliability	Validity	Languages	Copy- righted?	Fee?	Source	References
COPE	Preferred coping styles in liver and lung transplant candidates.	Adult	60 item published inventory.  15 scales.	Well documented:  See Carver CS, Scheier MR, Weintraub JK. Assessing coping strategies: A theoretically based approach. J Per Soc Psychology 1989:56:267 -283	Well documented  See Carver CS, Scheier MR, Weintraub JK. Assessing coping strategies: A theoretically based approach. J Per Soc Psychology 1989:56:267-283	English Spanish	No	No	Charles S. Carver Department of Psychology University of Miami Coral Gables, FL 33124- 0751 Web: http://www.psy.miami.edu/ faculty/ccarver/sclCOPEf. html	Stilley CS, Miller DJ, Manzetti JD et al, 1999. Optimism and coping styles: A comparison of candidates for liver transplantation with candidates for lung transplantation. Psychotherapy and Psychosomatics, 68:299-303.

Instrument	Variable Measured	Population	Description	Reliability	Validity	Languages	Copy- righted?	Fee?	Source	References
Spielberger State-Trait Anxiety Inventory (STAI)	Anxiety in liver and lung transplant candidates.  Psychological adjustment in heart transplant recipients.	High School to Adults	Two separate scales: state anxiety and trait anxiety.  20 statements to which subject responds on 4-point scale ranging from "Not at all" to "Very much so".  Each item is given a score ranging from 1 to 4. Total score is obtained by summing the scores for the 20 items. Range of possible scores: 20 to 80, with high scores representing high anxiety.  Time to complete: 5 minutes  Norms: Working adults; college students; high school students; military recruits  Scoring: Hand scoring; computer scoring available	Alpha reliability coefficient range: .83 to .92.  Test-retest reliability range is: .16 to .54. The relatively low test-retest coefficients are expected because a valid measure of state anxiety should reflect the influence of unique situational factors.	Validated in several patient populations .	English The manual has been translated into more than 40 languages.	Yes	Yes	Psychological Assessment Resources, Inc., 16204 N. Florida Avenue, Lutz, FL 33549-8119; Telephone: 800-331- 8378; FAX: 800-727- 9329; E- mail: custsery@parinc.com Web: www.parinc.com	Freeman AM, Folks DG, Sokol RS et al, 1988. Cardiac transplantation: Clinical correlates of psychiatric outcome. <i>Psychosomatics</i> , 29(1): 47-54.  Cupples, SA. (1991). Effects of timing and reinforcement of preoperative education on knowledge and recovery of patients having coronary artery bypass graft surgery. <i>Heart &amp; Lung</i> , 20:654-660.  Young LD, Schweiger J, Beitzinger J et al, 1991. Denial in heart transplant candidates. <i>Psychotherapeutics Psychosomatics</i> , 55:141-144.  Jones BM, Taylor F, Downs K, et al. 1992. Longitudinal study of quality of life and psychological adjustment after cardiac transplantation. <i>Medical Journal of Australia</i> , 157:24-26.  Hodges B, Craven J, Littlefield C. 1995. Bibliotherapy for psychosocial distress in lung transplant patients and their families. <i>Psychosomatics</i> , 36(4): 360-368  Littlefield C, Abbey S, Fiducia D, et al. 1996. Quality of life following transplantation of the heart, liver, and lungs. <i>General Hospital Psychiatry</i> , 18:38S-47S.  TenVergert EM, Essink-Bot ML, Geertsma A, et al 1998. The effect of lung transplantation on health-related quality of life. <i>Chest</i> , 113(2), 358-364.  Cohen L, Littlefield C, Kelly P, et al. 1998. Predictors of quality of life and adjustment after lung transplantation. <i>Chest</i> , 113(3):633-644.  Salmon P, Mikhail G, Stanford C, et al. 1998. Psychological adjustment after cardiac transplantation. <i>Journal of Psychosomatic Research</i> , 45(5); 449-458.  Stilley CS, Miller DJ, Manzetti JD et al, 1999. Optimism and coping styles: A comparison of candidates for lung transplantation with candidates for lung transplantation with candidates for lung transplantation. <i>Psychotherapy and Psychosomatics</i> , 68: 299-

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Instrument	Variable Measured	Population	Description	Reliability	Validity	Languages	Copy- righted?	Fee?	Source	References
Family Environment Scale (FES)	Perceptions of family environment in liver and lung transplant candidates.	Age 11 to adult	Designed to measure to social- environmental characteristics of families. The domains assessed include relationship dimensions, personal growth dimensions, and system maintenance dimensions.	Information Not Available	Information Not Available	English	Yes	Yes	Consulting Psychologists Press; 3803 East Bayshore Road, Palo Alto, CA 94303	Stilley CS, Miller DJ, Manzetti JD et al, 1999. Optimism and coping styles: A comparison of candidates for liver transplantation with candidates for lung transplantation. Psychotherapy and Psychosomatics, 68: 299-303.

Instrument	Variable	Population	Description	Reliability	Validity	Languages	Copy-	Fee?	Source	References
	Measured						righted?			
Assessment	Compliance	Adult	26 item tool with 4 point	Per Grady et al	Acceptable.	English	Yes	Yes	Dr Anne Jalowiec,	Grady KL,
of	with heart		Likert scales.	(1998), test-retest					RN, PhD	Jalowiec A, White-
Problems	transplant			reliability was	Content validity				Professor Emeritus,	Williams C. 1998.
with the	regimen in		13 aspects of post	acceptable.	supported on basis of				Loyola University of	Patient compliance
Heart	one and two		transplantation regimen	Significant	broad literature base,				Chicago	at one year and two
Transplant	year post		measured (Grady et al 1998):	correlations noted	empirical base, and				Email:	years after heart
Regimen	transplant		taking anti-rejection	between total	research team				ajalowiec@yahoo.com	transplantation.
	recipients.		medications overall, taking	difficulty at 1 year	expertise used to					Journal of Heart
			cyclosporine, prednisone,	and 2 years	select items for the				Address:	and Lung
			and azathioprine specifically,	posttransplant and	tool.				3030 Electra Drive	Transplantation,
			taking all other medications,	total compliance at					Colorado Springs, CO	17(4), 383-394.
			following a diet and exercise	1 year and 2 years	Concurrent validity				80906	
			plan, taking vital signs,	posttransplant (0.46	supported on basis of					
			attending clinic, completing	and 0.59,	significant					
			scheduled tests	respectively (p <	correlations between					
				0.0001)	compliance with					
			3 of the items eliminated		following heart					
			from analysis due to very		transplant regimen					
			few patients having		and psychosocial					
			problems in these areas.		variables.					

Instrument	Variable Measured	Population	Description	Reliability	Validity	Languages	Copy- righted?	Fee?	Source	References
Quality of Life Index	One and two year post heart transplant recipients' satisfaction with life.	Adult	Self-report.  Likert type scale: 1 = very dissatisfied to 6 = very satisfied.  30 items examine psychological state, physical and occupational function, and social interaction.  Subscales include: health/functionin g; socioeconomic; psychological; and significant others.	Established instrument  See: Ferrans CE, Powers MJ. (1985). Quality of Life Index: Development and Psychometric Properties. Advances in Nursing Science, 8: 15-24  See: Ferrans CE, Powers MJ. (1992). Psychometric assessment of the Quality of Life Index. Research in Nursing and Health, 15:29-38.	Established instrument  See: Ferrans CE, Powers MJ. (1985). Quality of Life Index: Development and Psychometric Properties. Advances in Nursing Science, 8: 15-24.  See: Ferrans CE, Powers MJ. (1992). Psychometric assessment of the Quality of Life Index. Research in Nursing and Health, 15:29-38.	English	Yes	Yes	Email library@ets.org or Phone 1-609- 734-5689  or  www.digitalriv er.com	Grady KL, Jalowiec A, White-Williams C. 1995. 1995. Predictors of quality of life in patients with advanced heart failure awaiting transplantation. Journal of Heart and Lung Transplantation, 14(1), 2-10.  Grady KL, Jalowiec A, White-Williams C. 1995. 1996. Improvement in quality of life in patients with heart failure who undergo transplantation. Journal of Heart and Lung Transplantation, 15(8), 749-757.  Grady KL, Jalowiec A, White-Williams C. 1998. Patient compliance at one year and two years after heart transplantation. Journal of Heart and Lung Transplantation, 17(4), 383-394.  Grady KL, Jalowiec A, White-Williams C. 1998. Quality of life 6 months after heart transplantation compared with indicators of illness severity before transplantation. American Journal of Critical Care, 7(2), 106-116.  Grady KL, Jalowiec A, White-Williams C. 1999. Preoperative psychosocial predictors of hospital length of stay after heart transplantation. Journal of Cardiovascular Nursing, 14(1), 12-26.  Kurz, J.M., 2001. Desire for control, coping, and quality of life in heart and lung transplant candidates, recipients, and spouses: A pilot study. Progress in Transplantation, 11(3): 224-230.

Instrument	Variable	Population	Description	Reliability	Validity	Languages	Copy-	Fee?	Source	References
	Measured						righted?			
Perceived Stress Scale	Perceived stress in individuals undergoing cardiac transplantation and their spouses.	Adult	Measures degree to which individual appraises situations as stressful.  Perceptions of degree of unpredictability, uncontrollability, and overload.  Brief and easy to administer.	Coefficient alpha reliability of 0.84, 0.85, and 0.86 in samples tested.  Test-retest reliability ranges from 0.55-0.85.  Cohen, S., Kamarck, T., Mermelstein, R. (1983). A global measure of perceived stress. Journal of Health and Social Behavior, 24, 385-396.	Concurrent and predictive validity range from 0.52070.  Cohen, S., Kamarck, T., Mermelstein, R. (1983). A global measure of perceived stress. Journal of Health and Social Behavior, 24, 385-396.	English	No	No	Cohen, S., Kamarck, T., Mermelstein, R. (1983). A global measure of perceived stress. Journal of Health and Social Behavior, 24, 385-396.	Salmon P, Mikhail G, Stanford C, et al. 1998. Psychological adjustment after cardiac transplantation. Journal of Psychosomatic Research, 45(5):449-458.  Konstam et al, 1999. Stress and healthrelated quality of life in individuals undergoing cardiac transplantation and their spouses. Journal of Applied Rehabilitation Counseling, 30(4), 22-28.

Instrument	Variable	Population	Description	Reliability	Validity	Languages	Copy-	Fee?	Source	References
Heart Transplant Stressor Scale- Preoperative Assessment (HTSS-PA)	Measured Presence and intensity of stressors in pre-transplant heart patients.	Adult	78 item Likert scale using a 4 point scale. 6 subscales: Physical, hospital, self-care, family, work/school/financial, and psychologic.	Range of reliability coefficients for subscales: .78 to .90 (Jalowiec A, Grady KL, White-Williams C. 1994. Stressors in patients awaiting a heart transplant. <i>Behavioral Medicine</i> 19(4):145-154)	Construct validity established with contrasted groups.	English	righted? Yes	Yes	Dr Anne Jalowiec, RN, PhD Professor Emeritus, Loyola University of Chicago Email: ajalowiec@yahoo.com	Porter RR, Krout L, Parks V, et al, 1994. Perceived stress and coping strategies among candidates for heart transplantation during the organ
				Range of reliability coefficients for subscales: .78 to .91 (Cupples et al 1998).  Alpha reliability coefficient of 0.95 (Porter et al 1994).  Test-retest reliability reported at 0.73. (Jalowiec A, Grady KL, White-Williams C. 1994.  Stressors in patients awaiting a heart transplant. Behavioral Medicine 19(4):145-154)  See also: Jalowiec A, Grady KL, Grusk C. (1988). Instruments Used to Measure Stress, Coping, and Related Constructs. Chicago: Loyola University Press.	between HTSS-PA scores and the Ferrans Quality of Life Index supports predictive validity of the HTSS-PA. (Jalowiec A, Grady KL, White-Williams C. 1994. Stressors in patients awaiting a heart transplant. Behavioral Medicine 19(4): 145-154)				Address: 3030 Electra Drive Colorado Springs, CO 80906	waiting period.  Journal of Heart and Lung Transplantation, 13(1):102-107.  Cupples SA, Nolan MT, Augustine SM et al, 1998. Perceived stressors and coping strategies among heart transplant candidates. Journal of Transplant Coordination, 8(3): 179-187.

Instrument	Variable Measured	Population	Description	Reliability	Validity	Languages	Copy- righted ?	Fee?	Source	References
Health Promoting Lifestyle Profile II (HPLP-II)	Health promoting behaviors in long-term cardiac transplant recipients.	Adult	52 item, 4 point Likert scale (1 = never, 4 = routinely).  Self-report.  6 domains: spiritual growth, stress management, interpersonal relationships, nutrition, health responsibility, and physical activity.  This instrument is a revision by Walker, Sechrist, and Pender of their HPLP-I.  See: Walker SN, Sechrist KR, Pender NJ. (1987). The Health-Promoting Lifestyle Profile: Development and psychometric characteristics. <i>Nursing Research</i> 36(2):76-81.	Internal consistency reliability 0.93. (Salyer et al 2001)  Subscale internal consistency 0.75-0.83. (Salyer et al 2001)	A manuscript describing the reliability and validity of the revised instrument is in preparation by Susan Noble Walker, RN, EdD, FAAN.	English Spanish	Yes	Yes	Walker, S.N., et al. (1987). Health-promoting lifestyle profile: Development and psychometric characteristics. Nursing Research, 36(2), 76-81.  Walker, S. N. (1988). A Spanish language version of the Health Promoting Lifestyle Profile. Nursing Research, 39(5), 268-273.  Walker, Susan Noble, RN, EdD, FAAN Professor & Chair, Gerontological, Psychosocial and Community Health Nursing Department College of Nursing, University of Nebraska Medical Center 42nd and Dewey Avenue Omaha, Nebraska 68105-1065 Fax: 402-559-6379 Tel: 402-559-6561 Email: swalker@unmc.edu	Salyer J, Sneed G, Corley MC. 2001. Lifestyle and health status in long-term cardiac transplant recipients. <i>Heart</i> and Lung 30(6):445-457.

Desirability of Control heart at Scale transple candidarecipies spouses motiva themse	Measured  Itent to which art and lung insplant indidates, cipients, and ouses are otivated to see emselves in	20 items self-report on 7 point Likert scale.	Cronbach alpha coefficient of 0.74 to 0.81. (See Burger J, Cooper H. 1979. The desirability of control. <i>Motivation</i>	Established with correlation with other scales such as the	English	No Note: Permission must be	No	Jerry M. Burger Professor Santa Clara University	Kurz, J.M., 2001. Desire for control, coping, and quality of life in heart and
of Control Scale transplicandida recipies spouses motiva themse control	art and lung insplant indidates, cipients, and ouses are otivated to see		coefficient of 0.74 to 0.81. (See Burger J, Cooper H. 1979. The desirability of control. <i>Motivation</i>	with correlation with other scales such	English	Note: Permission	No	Professor Santa Clara	Desire for control, coping, and quality
	ntrol of life ents.		Emotion 3(4):381-393.)  Test-retest reliability was 0.75 over 6 weeks. (See Burger J, Cooper H. 1979. The desirability of control. Motivation Emotion 3(4):381-393.)	Internal Local of Control Measure and the Framingham Type A Personality Scale (See Burger J, Cooper H. 1979. The desirability of control. Motivation Emotion 3(4):381-		obtained from Plenum Press to reprint this tool in an article.		Department of Psychology Alumni Science 200D 500 El Camino Real Santa Clara, CA 95053 408-554-4489 Email: jburger@scu.edu Burger, J. M. (1992). Desire for Control: Personality, Social and Clinical Perspectives.	lung transplant candidates, recipients, and spouses: A pilot study. <i>Progress in Transplantation</i> , 11 (3): 224-230.

Instrument	Variable Measured	Population	Description	Reliability	Validity	Languages	Copy- righted?	Fee?	Source	References
Family Crisis Oriented Personal Evaluation Scale (FCOPES)	Problem solving attitudes and behaviors in heart and lung transplant candidates, recipients, and spouses.	Adult	30 item Likert scale instrument. Statements reflecting 5 coping strategies.  5 point scale; 1 = strongly agree to 5 = strongly disagree.  5 coping subscales: acquiring social support; reframing; seeking spiritual support; mobilizing family to accept help; and passive appraisal.  Widely used.	Cronbach alpha coefficient of 0.87.  Test-retest reliability: 0.81 at 4 weeks.  (See McCubbin H, Olsen D, Larsen A. 1983. F-COPES. In McCubbin J, Thompson A. (eds). Family Assessment Inventories of Research and Practice. Madison, WI: The University of Wisconsin-Madison, pp. 203-216.)  Overall Cronbach's alpha: 0.96 (Nolan et al 1992).  Reliability for passive appraisal subscale: 0.37; reliabilities for remaining subscales: 0.73 to 0.86 (Nolan et al 1992).	Construct validity established with factor analysis.  Concurrent validity established with correlations with other coping scales.  (See McCubbin H, Olsen D, Larsen A. 1983. F- COPES. In McCubbin J, Thompson A. (eds). Family Assessment Inventories of Research and Practice. Madison, WI: The University of Wisconsin- Madison, pp. 203-216.)	English, Spanish, French, Hebrew	Yes	Yes	McCubbin, H.I., et al. (1982). F-COPES-Family Coping Strategies. In D.H. Olson, H.I. McCubbin, H. Barnes et al. (Eds), Family Inventories. St. Paul, MN: Family Social Science, University of Minnesota, 1982, p. 101.  Marilyn McCubbin, RN, PhD, FAAN Professor & Director Center for Health Disparities Research University of Hawaii at Manoa School of Nursing & Dental Hygiene Webster Hall 403 2528 McCarthy Mall Honolulu, HI. 96822 Tel: 808-956-3257 Email: mamccubb@facstaff.wisc.edu  Order: University Book Store in Madison, Wisconsin Tel: 1-800-993-2665 x 2327 E-mail: techref@uwbookstore.com	Nolan MT, Cupples SA, Brown MM et al. 1992. Perceived stress and coping strategies among families of cardiac transplant candidates during the organ waiting period. Heart Lung 21(6):540-547.  Kurz, J.M., 2001. Desire for control, coping, and quality of life in heart and lung transplant candidates, recipients, and spouses: A pilot study. Progress in Transplantation, 11 (3), 224-230.

Instrument	Variable Measured	Population	Description	Reliability	Validity	Languages	Copy- righted?	Fee?	Source	References
Illness Behavior Questionnaire (IBQ)	Denial in heart transplant candidates.  To record aspects of illness behavior, particularly those attitudes that suggest or are associated with inappropriate or maladaptive modes of responding to one's state of health	Adult	7 scales: general hypochondriasis, disease conviction, psychological versus somatic perception of illness, affective inhibition, affective disturbance, denial of problems, and irritability	High stability of coefficient ranging from 0.87 to 0.67.  Pilowsky, I. & Spence, N. (1994). Manual for the Illness Behaviour Questionnaire (3 <sup>rd</sup> ed.). Department of Psychiatry, University of Adelaide.	Some support for construct validity  Pilowsky, I. & Spence, N. (1994).  Manual for the Illness Behaviour Questionnaire (3 <sup>rd</sup> ed.). Department of Psychiatry, University of Adelaide.	English, Chinese, Dutch, Finnish, German, Greek, Hindi, Italian, Japanese, Norwegian, Polish, Serbo- Croatian, Spanish, Swedish	Yes	Yes	I. Pilowsky, South Australia.	Young LD, Schweiger J, Beitzinger J et al, 1991. Denial in heart transplant candidates. <i>Psychotherapeutics Psychosomatics</i> , 55: 141-144.  Pilowsky, I. & Spence, N. (1994). Manual for the Illness Behaviour Questionnaire (3 <sup>rd</sup> ed.). Department of Psychiatry, University of Adelaide.

Instrument	Variable	Population	Description	Reliability	Validity	Languages	Сору-	Fee?	Source	References
	Measured						righted?			
Psychological General Well-Being Index (PGWBI)		Adult	5 point Likert scale. 22 questions focusing on anxiety, depression, well-being, self-control, health, and vitality as experienced in the last month.  American standard questionnaire translated into	Well established  See: DuPuy HJ. (1984). The Psychological General Well- Being (PGWB Index. In: Wenger NK, Mattson ME, Furberg CD, & Ellison J (eds). Assessment of Quality of Life	Well established  See: DuPuy HJ. (1984). The Psychological General Well- Being (PGWB Index. In: Wenger NK, Mattson ME, Furberg CD, & Ellison J (eds). Assessment of Quality of Life in Clinical Trials of	Afrikaans, Catalan, Czech, Danish, Dutch, Dutch for Belgium, English for Australia, English for Canada, English for Ireland, English for the UK, Finnish, French, French for Belgium, French for Canada, French for Switzerland, German, German for Switzerland, Greek, Hebrew, Hungarian,	righted?	No No	Harold J. Dupuy, PhD Email: dupuyhj@aol.com	Angermann CE, Bullinger M, Spes CH, et al. 1992. Quality of life in long-term survivors of orthotopic heart transplantation. Zietschrift fur Kardiologie, 81:411-417.
			German.  Note: Another version of the instrument with 88 items is available by contacting Dr. Dupuy.	in Clinical Trials of Cardiovascular Therapies. New York: Le Jacq Publishers (pp. 170-183).	Cardiovascular Therapies. New York: Le Jacq Publishers (pp. 170-183).	Italian, Japanese, Korean, Latvian, Norwegian, Polish, Portuguese, Russian for Latvia, Slovak, Slovenian, Spanish, Spanish for Argentina, Spanish for Peru, Spanish for Chile, Swedish				

Instrument	Variable Measured	Population	Description	Reliability	Validity	Languages	Copy- righted?	Fee?	Source	References
Profile of Mood States (POMS)		Adult	5 point Likert type scale. 0 = not at all to 4 = extremely.  Patients asked to rate 65 adjectives describing the degree of functioning.  65-item adjective rating scale. The total mood disturbance (TMD) score, a single, global estimate of affective state, ranges from – 32 to 232, with a low score representing a more positive affective state.  6 subscales: Tension/anxiety Depression Anger/Hostility Vigor/Activity Fatigue/Inertia Confusion/Bewilderment  Population: 18-Adult  Norms: Outpatient or college  Time to complete: 3-5 minutes  Scoring: Hand-scoring by overlay stencils (1 minute per sheet); computerized scoring available	Reliability  Internal consistency reliability for total scale (coefficient alpha) = 0.95 (Bohachick et al 1992).  Internal consistencies for subscales: 0.85 (anxiety) 0.88 (depression) 0.80 (confusion) 0.77 (hostility) 0.90 (fatigue) 0.88 (vigor) (Bohachick et al 1992).	Concurrent, and predictive validity well documented. Construct validity has been established with contrasted groups. Appropriate correlations between the POMS and the Hopkins Symptom Distress scale provide evidence for concurrent validity.	English Afrikaans Bulgarian Croatian Dutch Finnish French German Greek Haitian Creole Italian Japanese Russian Spanish Swedish	Copy-righted? Yes	Fee? Yes	Educational and Industrial Testing Services, P.O. Box 7234 San Diego, CA 92167  800-416-1666 619-222-1666 customerservice@edits.net www.edits.net/POMS.html	Young LD, Schweiger J, Beitzinger J et al, 1991. Denial in heart transplant candidates. Psychotherapeutics Psychosomatics, 55:141-144.  Cupples, SA. (1991). Effects of timing and reinforcement of preoperative education on knowledge and recovery of patients having coronary artery bypass graft surgery. Heart Lung, 20:654-660  Bohachick P, Anton BB, Powhatan J et al, 1992. Psychosocial outcome six months after heart transplant surgery: A preliminary report. Research in Nursing and Health, 15:165- 173.