

Quality of Life ~~FORM~~

Did the patient complete a EuroQol form:*	YES	NO	UNK
Mobility:*			
Self care:*			
Usual Activities (e.g. work, study, housework, family or leisure activities)*			
Pain/discomfort:			
Anxiety/depression:*			
Your own health state today (0-100). 0=worst, 100=best:*			ST=
Have you experienced serious illness?*	YES	NO	UNK
Has your family experienced serious illness?*	YES	NO	UNK
Have you experienced serious illness in caring for others?*	YES	NO	UNK
Age in years:*			ST=
Sex:*	Male	Female	Unknown
Are you:*			
Do you now, or did you ever, work in health or social services:*	YES	NO	UNK
Which of the following best describes your main activity:*			
What is the highest level of education you have completed:*			
Zip code (if known):			ST=

Quality of Life fZBct

Did the patient complete a EuroQol form:*

YES NO UNK

Reason (as stated by patient) why the EUROQoL was not completed:*

Reason (as stated by coordinator) why the EUROQoL was not completed:*