

DAC Study Form 341 - Quality of Life

The questions should be asked at the beginning and again at the end of the trial for the fistula study or quarterly for the graft study (except for questions 6 and 7, which should be asked at the beginning of the trial ONLY if the patient has previously had an access).

1. Patient Identification Number _ _ _ _ _
2. Patient Name Code _ _ _ _ _
3. a. Visit Type _
b. Visit Number _ _
c. Visit sequence number _ _
4. Was the assessment administered in (1=English, 2=Spanish, 3 = French, 4 = French Creole, 5 = Portuguese) _
5. Was the assessment (1=self administered, 2=interviewer administered) _

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WHEN ANSWERING THE FIRST 2 QUESTIONS, THINK ABOUT ANY PROBLEMS WITH YOUR DIALYSIS ACCESS (GRAFT, FISTULA, CATHETER) OR FROM TESTS OR OPERATIONS ON YOUR ACCESS.

6. During the PAST 3 MONTHS, how much pain or discomfort have you had due to your dialysis access?

a. None	1
b. Very mild	2
c. Moderate	3
d. Severe	4
e. Very severe	5

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7. During the PAST 3 MONTHS, how much have you worried about your dialysis access?

a. Not at all	1
b. Slightly	2
c. Moderately	3
d. Quite a bit	4
e. Extremely	5

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BELOW IS A STATEMENT WITH WHICH YOU MAY AGREE OR DISAGREE. USING THE CHOICES BELOW, INDICATE YOUR AGREEMENT WITH THE STATEMENT. PLEASE BE OPEN AND HONEST IN YOUR RESPONSE.

8. I am satisfied with my life.

a. Strongly disagree	1
b. Disagree	2
c. Slightly disagree	3
d. Neither agree nor disagree	4
e. Slightly agree	5
f. Agree	6
g. Strongly agree	7

201. Date this form completed..... _ _ / _ _ / _ _ _ _

202. User ID of person completing this form _ _ _ _ _

Clinical Center Use Only

Date Form Entered _ _ / _ _ / _ _ _ _

Person Entering this Form _____