PVDOMICS STUDY
Administration Form for MLHF Questionnaire
Spanish Version

Coordinator Instructions: If this form is being completed (self-administered) by the participant, please remove this page from the form while the participant has the form. Re-attach this page prior to data entry.
Make sure to label this page with identifying patient and visit information.

1. Identification Number	2. Alphacode	3. Date questionnaire completed (mm/dd/yyyy)

100. a. How was this survey administered?.....___
1=Self-administered, 2=Interview-administered in person, 3=Interview by telephone

b. If Q100a = 2 or 3, enter the username of the person administering the form.....___ ___ ___ ___ ___ ___ ___

101. Setting where this form was completed? .....___
1=At clinic visit, 2=Other clinical setting, 3=At home

102. In what language was this instrument completed? ..... ___
1=English, 2=Spanish

200. Date this form completed (mm/dd/yyyy)..... ___ ___ /___ ___ /___ ___ ___ ___

201. Username of person completing/reviewing completeness of this form ..... ___ ___ ___ ___ ___ ___ ___

Clinical Center Use Only

Date Form Entered (mm/dd/yyyy) __ __/__ __/__ __ __ __

Username of person entering this form__ __ __ __ __ __ __