



L-PVDOMICS STUDY

emPHasis-10

Questionnaire Administration Form

Coordinator Instructions: The emPHasis-10 form is completed by **Level 1 or 2 participants only**. This QOL administration form appears BEFORE the questionnaire and must be completed even if questionnaire is not done. Q100a allows site to tell DCC reason why not done.

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 participant and visit information.

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1. Identification Number

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2. Alphacode

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3. Date of emPHasis10 questionnaire (mm/dd/yyyy)

100. a. How was this survey administered?

1=Self-administered

2=Interview-administered in person

3=Interview by telephone

4=Not done, participant refused

5=Not done, logistical issue with the participant

6=Not done, logistical issue with the site

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

(Username is the first 6 letters of last name and first initial.)

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 ____