

DIGITALIS INVESTIGATION GROUP

QUALITY OF LIFE QUESTIONNAIRE

12- Month Visit

Local Center Name _____

Randomization
Number

PRINT Patient Name _____

Last First M.I.

Date Completed Mo __ Day __ Yr __

Thank you for completing this series of quality of life questionnaires. We are interested in knowing your feelings about completing this questionnaire.

How did you feel about completing the quality of life questionnaire? Q1

Code: 1 = Strongly disliked
2 = Somewhat disliked
3 = Neutral
4 = Somewhat liked
5 = Strongly liked

