

In the box below can you, the Study Researcher, record whether the person you interviewed (the patient) found any of the questions difficult to answer and whether their supporter (if applicable) helped with the answers or recall? There is a column for any other comments about the questionnaire you might like to add.

	Difficulty			Did Supporter help to recall the answer?			Comments
	No difficulty	Some Difficulty	Extreme Difficulty	Yes	No	N/A*	
Section 1: Contact with Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Section 2: Pain Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Section 3: EQ-5D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Section 3: DEMQOL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

* No supporter