

***In the box below can you, the carer, record you found any of the questions difficult to answer. There is a column for any other comments about the questionnaire you might like to add.***

	Difficulty			Comments
	No difficulty	Some Difficulty	Extreme Difficulty	
Section 2: Contact with Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Section 3: Pain Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Section 4: EQ-5D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Section 4: DEMQOL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	