ACRIN 6654
NLST
Coversheet for Quality of Life Questionnaires

Instructions: This coversheet represents the first page of the Quality of Life (QOL) questionnaires and is completed by a Research Associate each time a participant is scheduled to complete any of the QOL questionnaires. This form is submitted via the ACRIN website. Submit paper form only in the event of a revised or corrected form via fax to ACRIN Data Management.

1. [ ] This coversheet submission represents:
   (select one)
   1. QP (Baseline enrollment)
   2. QL (Annual re-screening)
   3. QF (Positive screening or matched control)

Questionnaire Compliance

2. [ ] Did participant answer any questionnaire items?
   (1) No (answer Q3, skip Q4-6)
   (2) Yes, date questionnaire completed:

   ___________200__ (Skip to Q4)
   (mm/dd/yyyy)

3. [ ] If no, please state reason:
   1. Participant refused
   2. Participant ill or hospitalized
   3. Participant deceased
   4. Participant out of the country
   5. Incorrect contact information
   6. Telephone disconnected
   7. Participant unable to be contacted
   8. Other, specify: ______________________

4. [ ] Indicate the language of the QOL questionnaire by participant:
   1. English
   2. Spanish

5. [ ] Did the participant require any assistance in completing the questionnaire?
   (1) No (skip to Q6)
   (2) Yes
   99. Unknown (skip to Q6)

5a. [ ] Specify the person who assisted the participant in completing the questionnaire:
   1. Staff member
   2. Family
   3. Other, specify: ______________________
   99. Unknown

5b. Extent of assistance (check all that apply):
   ☐ Read items to participant
   ☐ Marked items per participant's response
   ☐ Interpreted items for participant
   ☐ Other, specify: ______________________
   ☐ Unknown

6. [ ] Specify method of completion:
   1. At appointment
   2. By mail (include mailed questionnaire brought to the site completed)
   3. By telephone
   99. Unknown

Comments:
____________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

Signature of person entering data onto web

Signature of person responsible for data

Date form completed (mm-dd-yyyy)