

**DAC Study Form 341 - Quality of Life**

The questions should be asked at the beginning and again at the end of the trial for the fistula study or quarterly for the graft study (except for questions 6 and 7, which should be asked at the beginning of the trial ONLY if the patient has previously had an access).

- 1. Patient Identification Number.....\_\_ \_\_ \_\_ \_\_ \_\_
- 2. Patient Name Code .....\_\_ \_\_ \_\_ \_\_
- 3. a. Visit Type .....\_\_  
b. Visit Number.....\_\_ \_\_  
c. Visit sequence number .....\_\_ \_\_
- 4. Was the assessment administered in (1=English, 2=Spanish, 3 = French, 4 = French Creole, 5 = Portuguese) ..... \_\_
- 5. Was the assessment (1=self administered, 2=interviewer administered) ..... \_\_

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WHEN ANSWERING THE FIRST 2 QUESTIONS, THINK ABOUT ANY PROBLEMS WITH YOUR DIALYSIS ACCESS (GRAFT, FISTULA, CATHETER) OR FROM TESTS OR OPERATIONS ON YOUR ACCESS.

6. During the PAST 3 MONTHS, how much pain or discomfort have you had due to your dialysis access?

a. None	1
b. Very mild	2
c. Moderate	3
d. Severe	4
e. Very severe	5

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7. During the PAST 3 MONTHS, how much have you worried about your dialysis access?

a. Not at all	1
b. Slightly	2
c. Moderately	3
d. Quite a bit	4
e. Extremely	5

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BELOW IS A STATEMENT WITH WHICH YOU MAY AGREE OR DISAGREE. USING THE CHOICES BELOW, INDICATE YOUR AGREEMENT WITH THE STATEMENT. PLEASE BE OPEN AND HONEST IN YOUR RESPONSE.

8. I am satisfied with my life.

a. Strongly disagree	1
b. Disagree	2
c. Slightly disagree	3
d. Neither agree nor disagree	4
e. Slightly agree	5
f. Agree	6
g. Strongly agree	7

201. Date this form completed..... \_\_\_/\_\_\_/\_\_\_

202. User ID of person completing this form .....

<i>Clinical Center Use Only</i>
Date Form Entered ___/___/___
Person Entering this Form _____