CLL4 QOL INVESTIGATOR FORM

Sequential Quality of Life measurement forms one of the key end points of this trial. To be able to do this effectively we need to achieve high compliance from investigators and patients with follow up questionnaires.

Please ensure the QOL questionnaire is given to the patient and that he/she will send it to Southampton for analysis or return it to you for dispatch to Southampton. Also complete, by ticking the appropriate box, and return this simple form to aid us in this exercise.

Patient initials:- Birthdate (Day, Month, Year) Today's date (Day, Month, Year)		Physician:
	The questionnaire has been given to the patient who has undertaken to send it in directly;	
	The patient has completed the questionnaire which is enclosed;	
	The patient has declined to complete the follow up questionnaire;	
	The patient is too unwell to complete the form at present;	
	The patient is deceased;	
	The patient has been withdrawn from the trial.	
Additional information:		

Dr AG Smith (CLL4 QOL)

Please return this form to:

Dept of Haematology Royal South Hants Hospital Southampton University Hospitals NHS Trust Southampton S014 0YG