

## The 3D Study - Carer Baseline Questionnaire

We hope that this study will help improve patients care in the future, we are grateful to you for taking the time to complete this questionnaire.

Please answer ALL the questions. Although it may seem that some questions are asked more than once, it is important that you answer every one.

All information will be kept strictly confidential.

If you find it difficult to answer a particular question, please answer to the best of your ability. Most questions require you to tick a box  $(\ensuremath{\square})$ . Please choose the response most appropriate for you.

If you have any queries about this questionnaire or how to answer any of the questions, please phone <name > on <telephone number>, or email on: <Email address>

## **Returning the Questionnaire**

Please return your completed questionnaire to the research team using the FREEPOST envelope provided (no stamp is needed).

You can contact us at any time by writing to: The 3D Study, <Address>

Practice ID: Initial □/ Reminder □  Date Received: by:  Date Entered: by:
-,-
Date Entered: by:
Patient ID:

today.  The EQ-5D-5L instrument was used with permission.				
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