|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of visit** |  | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | D | D | M | M | Y | Y | Y | Y | | | |
| **SF-12 Questionnaire completed?** | | | Yes |  |
|  | | | No | If no, please provide primary reason:  1 = Patient refused  2 = Questionnaire was not administered  3 = Other  If other, please specify  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **<Questionnaire Name> completed?** | | | Yes |  |
|  | | | No | If no, please provide primary reason:  1 = Patient refused  2 = Questionnaire was not administered  3 = Other  If other, please specify  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |