# **Demographics Form Date :**

|  |  |
| --- | --- |
| Study ID: |  |
| First name: |  |
| Last Name: |  |
| DOB: (dd-mm-yyyy)  (change from dd/mm/yyyy) |  |
| Gender: (M, F, Other) |  |
| Email: |  |

# **Diagnosis Form Date :**

### Primary Diagnosis:

### Comorbidities:

### (Tick all that apply, or ‘none of the above’)

Diabetes

Renal Insufficiency

Myocardial

Other/s

If Other/s, please specify

None of the above

# **Initial Survey Date :**

Please tell us about your feelings and experiences during the **last 4 Weeks.   
(one response for each question)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | All the time | Most of the time | Some of the time | A little of the time | None of the time |
| 1. Have you felt calm and peaceful? |  |  |  |  |  |
| 1. Did you have a lot of energy? |  |  |  |  |  |
| 1. Have you felt downhearted and depressed? |  |  |  |  |  |

# **Survey - 3-Month Follow-up Date :**

Please tell us about your feelings and experiences during the **last 4 Weeks.   
(one tick response only for each question)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | All the time | Most of the time | Some of the time | A little of the time | None of the time |
| 1. Have you felt calm and peaceful? |  |  |  |  |  |
| 1. Did you have a lot of energy? |  |  |  |  |  |
| 1. Have you felt downhearted and depressed? |  |  |  |  |  |

# **Survey - 6-Month Follow-up Date :**

Please tell us about your feelings and experiences during the **last 4 Weeks.   
(one response for each question)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | All the time | Most of the time | Some of the time | A little of the time | None of the time |
| 1. Have you felt calm and peaceful? |  |  |  |  |  |
| 1. Did you have a lot of energy? |  |  |  |  |  |
| 1. Have you felt downhearted and depressed? |  |  |  |  |  |