

## EPCOG study

## Compliance reporting form

Caregiver ID:

Date:

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D	D		M	M		Y	Y	Y	Y

number of study visit	1 (Base -line)	5	9	13	17	19	21	23	25
please tick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Conduction of assessment

		yes	no																				
Caregiver questionnaires answered by caregiver.		<input type="radio"/>	<input type="radio"/>																				
<u>if yes</u> , date: <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>D</td><td>D</td><td></td><td>M</td><td>M</td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>												D	D		M	M		Y	Y	Y	Y		
D	D		M	M		Y	Y	Y	Y														
<u>if no</u> , please answer the following questions (1-3):																							
1. Consent to study was withdrawn.		<input type="radio"/>	<input type="radio"/>																				
2. It was not possible to make an appointment / meet the caregiver.		<input type="radio"/>	<input type="radio"/>																				
3. Caregiver declined. Please specify reason:		<input type="radio"/>	<input type="radio"/>																				
	A. felt too burdened	<input type="radio"/>	<input type="radio"/>																				
	B. lack of time	<input type="radio"/>	<input type="radio"/>																				
	C. lack of interest	<input type="radio"/>	<input type="radio"/>																				
	D. was ill	<input type="radio"/>	<input type="radio"/>																				
	E. bothered by questions	<input type="radio"/>	<input type="radio"/>																				
	F. other reasons, please specify:	<input type="radio"/>	<input type="radio"/>																				
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## Place of assessment

	yes	no
4. Patient's home	<input type="radio"/>	<input type="radio"/>
5. Caregiver's home	<input type="radio"/>	<input type="radio"/>
6. Clinic / hospital	<input type="radio"/>	<input type="radio"/>
7. Nursing home	<input type="radio"/>	<input type="radio"/>
8. Hospice	<input type="radio"/>	<input type="radio"/>
9. Other, please specify: _____ _____	<input type="radio"/>	<input type="radio"/>

## Time point of assessment

	yes	no
10. Questionnaires were completed at the correct time. <u>if no</u> , please specify reasons: _____ _____	<input type="radio"/>	<input type="radio"/>

## Completeness

	yes	no
11. Were all questions answered? <u>if no</u> , please specify reasons: _____ _____	<input type="radio"/>	<input type="radio"/>