

MFP Quality of Life Survey Tracking Form

This form needs to be completed whenever an MFP Quality of Life survey has been completed, or was due to be completed, but was not completed.

Client Name: _____

Timeframe: Baseline 11mo 24mo

Date QoL Survey administered: ____/____/____

Administered by: _____

Date survey data entry completed: ____/____/____

If the survey could not be completed, please select the reason:

Client refused

List the date of each attempt. Clients who initially refuse should not be contacted for 2 weeks.

Date of 1st attempt ____/____/____ Date of 2nd attempt ____/____/____

Missed

List date and time of all attempts. Attempts should be made at different times and on different days. Up to 15 attempts should be made.

Date	Time	Date	Time

Lost to follow up (died, move out of state)

Please submit to the MFP Project Office for data entry.