Please rate how

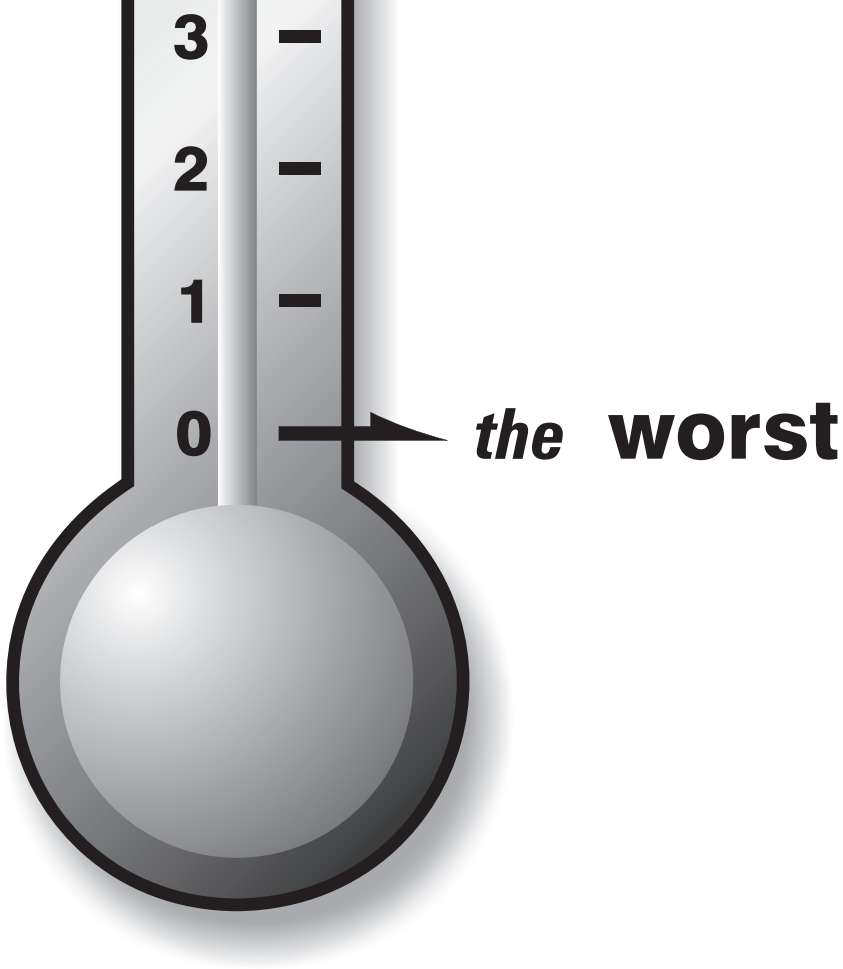
"Your Cystic Fibrosis has affected your QUALITY of LIFE* over the last 2 weeks"

on this scale

from 0 - the worst it has ever been to 10 - the best it has ever been

Please note your score in the box

Score



**Quality of life includes problems with physical activities, socializing, treatment burden, emotional feelings, relationships, problems at work/college and your thoughts about the future.*