



CASE STUDY FORM

Case Studies ...

1. Name (to be kept confidential unless otherwise advised) -
2. Post Code (to be kept confidential unless otherwise advised) -
3. CF Centre and State (to be kept confidential unless otherwise advised) –
4. CF mutations (to be kept confidential unless otherwise advised) –
5. Health status (to be kept confidential unless otherwise advised) – FEV1, BMI, PI, CFRD, CFLD - (approx.)
6. Mental health status (to be kept confidential unless otherwise advised) – depression, anxiety, isolation
7. Work status and sector – FT/PT?
8. Qualifications – school and tertiary qualifications?
9. Family status – single, partnered, children, grandchildren, sibling or parent?
10. Are you on a modulator and if so which one?
11. Is there a CFTR modulator for your genotype?
12. How will Trikafta change your life?
13. How will Trikafta funding benefit your family?
14. How much did you spend on supports and treatments before being on a modulator?
15. How much did you spend on supports and treatments after being on a modulator?
16. Photos (very welcome but not mandatory)
17. Local Federal Member of Parliament (if known)
18. Local State Member of Parliament (if known)
19. State Senators you have connection with
20. Mobile no Email

This Agreement is to be signed by all Case Study subjects and unless CFA is advised the information will be de-identified (no names or contact details). Send your Case Studies and photos to nickim@cfa.org.au

Signature Date