

## RetDQoL

**This questionnaire asks about your quality of life - in other words, how good or bad you feel your life is.**

**Please put an “X” in the box that best indicates your response for each item.**

**What we want to know is how you feel about your life now.**

**I) In general, my present quality of life is:**

- **excellent.....** ☐
- **very good.....** ☐
- **good.....** ☐
- **neither good nor bad .....** ☐
- **bad.....** ☐
- **very bad.....** ☐
- **extremely bad .....** ☐

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Now we would like to know how your quality of life is affected by your diabetic eye problems – the eye problems often caused by diabetes.

We want you to think about your diabetic eye problems, not your diabetes itself.

II) If I did not have diabetic eye problems, my quality of life would be:

- very much better ..... ☐
- much better ..... ☐
- a little better ..... ☐
- the same ..... ☐
- worse ..... ☐

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**Please respond to the more specific items on the pages that follow.**

**For each aspect of life described, you will find two parts:**

**For part (a) put an “X” in one box to show how diabetic eye problems affect this aspect of your life.**

**For part (b) put an “X” in one box to show how important this aspect of your life is to your quality of life.**

**1a) If I did not have diabetic eye problems, I could handle my household tasks:**

- very much better ..... ☐
- much better ..... ☐
- a little better ..... ☐
- the same ..... ☐
- worse ..... ☐

**1b) Handling my household tasks is:**

- very important ..... ☐
- important ..... ☐
- somewhat important ..... ☐
- not at all important ..... ☐

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