

RDQoL

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:

- | | | | | | | |
|--------------------------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| excellent | very good | good | neither good nor bad | bad | very bad | extremely bad |

Now we would like to know how your quality of life is affected by your kidney condition, its management and any complications you may have.

II) If I did not have a kidney condition, my quality of life would be:

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| very much better | much better | a little better | the same | worse |

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Please respond to the more specific questions 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 your kidney condition affects 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.

| | | |
|----------|------------|---|
| 1 | (a) | If I did <u>not</u> have a kidney condition, I would enjoy my leisure activities: <input type="checkbox"/> very much more <input type="checkbox"/> much more <input type="checkbox"/> a little more <input type="checkbox"/> the same <input type="checkbox"/> less |
| | (b) | My leisure activities are: <input type="checkbox"/> very important <input type="checkbox"/> important <input type="checkbox"/> somewhat important <input type="checkbox"/> not at all important |

| | |
|----------|--|
| 2 | Are you currently working, looking for work or would you like to work? Yes <input type="checkbox"/> If yes , complete (a) and (b). No <input type="checkbox"/> If no , go straight to Question 3 . |
| | (a) If I did <u>not</u> have a kidney condition, my work life would be: <input type="checkbox"/> very much better <input type="checkbox"/> much better <input type="checkbox"/> a little better <input type="checkbox"/> the same <input type="checkbox"/> worse |
| | (b) For me, having a work life is: <input type="checkbox"/> very important <input type="checkbox"/> important <input type="checkbox"/> somewhat important <input type="checkbox"/> not at all important |

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