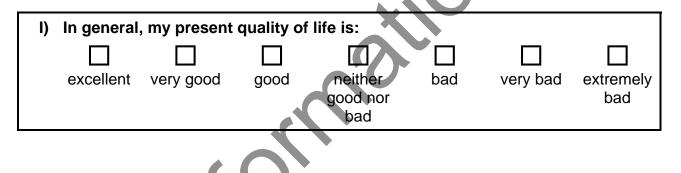
RDQoL

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.



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 <u>not</u> have a kidney condition, my quality of life would be:							
very much	much	a little	the same	worse			
better	better	better					

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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 Pa	art (a): put an "X" in one box to show how your kidney condition affects this aspect of your life;						
For Pa	r Part (b): put an "X" in one box to show how important this aspect of your life is to your quality of life.					of your life is to	
					C		
1 (a)	If I did <u>not have a kidney condition, I would enjoy my leisure activities:</u>						
	very m	uch more	much more	a little more	the same	less	
(b)	My leis	ure activitie	s are:	•			
				X			
	very	/ important	important	some	what important	not at all important	
				20			
2	Are vo	u currently v	vorking, looking fo	or work or wo	uld vou like to v	vork?	

2	Are you currently working, looking for work or would you like to work?								
	Yes If yes, complete (a) and (b).								
	No If <i>no</i> , go straight to Question 3.								
(a)	If I did <i>not</i> have a kidney condition, my work life would be:								
	very much better	nuch better	a little better	the same	worse				
(b)	For me, having a wo	k life is:							
	very important	importan	t somewh	nat important	not at all important				

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