ADDQoL

This questionnaire asks about your quality of life – in other words how good or bad you feel your life to be.						
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Please put an "X" in the box that best indicates your response for each item.						
What we would like to know is how you feel about your life now.						
I) In general, my present quality of life is:						
exce	ellent very go	pod good	neither good nor bad	bad v	U very bad	extremely bad
			VO.	•		
Now we would like to know how your quality of life is affected by your diabetes, its management (including medication, visits to the doctor, and food) and any complications you may have.						
II) If I did <u>not</u> have diabetes, my quality of life would be:						
vei	ry much	much	a little	the same	е	worse
	better	better	better			
4)					

each aspect of life described, you will find two parts: For Part (a): put an "X" in one box to show how diabetes affects this aspect of your life; put an "X" in one box to show how important this aspect of your life is to For Part (b): your quality of life. (a) If I did *not* have diabetes, I would enjoy my leisure activities: very much more much more a little more the same less (b) My leisure activities are: very important important somewhat important not at all important Are you currently working, looking for work or would you like to work? 2 If **yes**, complete (a) and (b). No If **no**, go straight to **3a**. (a) If I did <u>not</u> have diabetes, my working life would be: very much better much better a little better the same worse (b) For me, having a working life is: very important important somewhat important not at all important 3 (a) If I did not have diabetes, local or long distance journeys would be: very much easier much easier a little easier the same more difficult (b) For me, local or long distance journeys are:

Please respond to the more specific statements on the following pages. For

somewhat important

not at all important

important

very important