ADDQoL

This questionnaire asks about your quality of life – in other words how good or bad you feel your life to be.								
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)	I) In general, my present quality of life is:							
	excellent	very good	good	neither	bad	very bad	extremely	
				good nor bad			bad	
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:								
]					
	very much	mud	ch	a little	the sa	me	worse	
	better	bett	er	better				

Please respond to the more specific statements on the following pages. For 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. If I did not have diabetes, I would enjoy my leisure activities: (a) a little more very much more much more the same less My leisure activities are: (b) somewhat important very important important not at all important Are you currently working, looking for work or would you like to work? 2 Yes If yes, complete (a) and (b). No If **no**, go straight to 3a. If I did <u>not</u> have diabetes, my working life would be:

a little better

the same

somewhat important

worse

not at all important

very much better

very important

For me, having a working life is:

much better

important