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 describes 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:							
	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 diabetes, its management and any complications you may have.

II) If I did <u>not</u> have diabetes, my quality of life would be:						
much much	much	a little	the same	worse		
better	better	better				
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Please respond to the more specific statements on the following pages. For each aspect of life described, there are two parts:

For Part (a):	put an "X" in one box to show how diabetes 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 diabetes, I would enjoy my leisure activities:					
		much much more	much more	a little more	the same	e less	
	(b)	My leisure activities a	are:				
		very important	important	somewha	at important	not at all important	
					5		
2		Are you currently working, looking for work or would you like to work?					
		Yes I If <i>yes</i> , complete (a) and (b).					
		No 🔲 If <i>no</i> , go to 3a.					
	(a)	If I did <u>not</u> have diabetes, my working life would be:					
		much much better	much better	a little better	the same	e worse	
	(b)) For me, having a working life is:					
		very important	important	somewhat	at important	not at all important	
		40 ⁴					