

# AneurysmDQoL

## (Aneurysm-Dependent Quality of Life)

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.

<b>I) In general, my present quality of life is:</b>						
<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 having had an aortic aneurysm, its treatment (including monitoring) and/or any side effects you may have.

<b>II) If I had never had an aneurysm, my quality of life would be:</b>				
<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

**NOT FOR USE: This copy is a shortened sample only.**

For use of the full questionnaire, please contact [info@healthpsychologyresearch.com](mailto:info@healthpsychologyresearch.com)

The following items are about different aspects of your life. Each item is divided into two parts:

For Part (a): put an "X" in one box to show how your aneurysm 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.

<b>1 (a)</b>	<b>If I had never had an aneurysm, I would enjoy my leisure activities:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		very much more	much more	a little more	the same	less
<b>(b)</b>	<b>My leisure activities are:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		very important	important	somewhat important	not at all important	

<b>2</b>	<b>Are you currently working, looking for work or would you like to work?</b>					
	Yes <input type="checkbox"/> If <b>yes</b> , complete (a) and (b).					
	No <input type="checkbox"/> If <b>no</b> , go straight to 3 (a).					
<b>(a)</b>	<b>If I had never had an aneurysm, my working life would be:</b>	<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
<b>(b)</b>	<b>For me, having a working life is:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		very important	important	somewhat important	not at all important	

<b>3 (a)</b>	<b>If I had never had an aneurysm, local or long distance journeys would be:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		very much easier	much easier	a little easier	the same	more difficult
<b>(b)</b>	<b>For me, local or long distance journeys are:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		very important	important	somewhat important	not at all important	

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