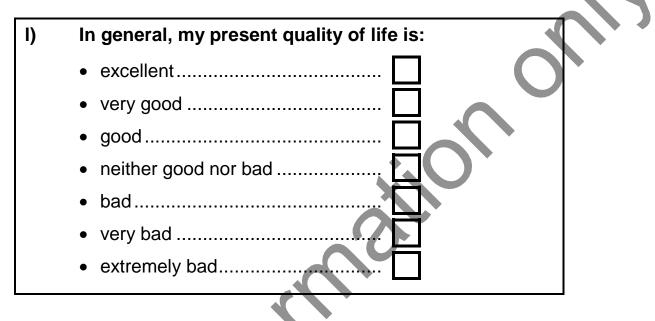
ADDQoL Senior

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



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 not have diabetes, my quality of life would be:
	very much better
	much better
	a little better
	the same
	• worse

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.
- 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 not have diabetes, I could enjoy my interests and pastimes:
		very much more
		much more
		a little more
		the same
		• less
	b)	My interests and pastimes are:
		very important
		• important
		somewhat important
		not at all important

