

ADDQoL

This questionnaire asks about your quality of life – in other words how good or bad you feel your life is.

Please put an “X” in the box that best indicates your response for each item.

We would like to know how you feel about your life now.

I) In general, my present quality of life is:						
<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 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:				
<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

Now we would like to know how your quality of life is affected by your diabetes, its management and any complications you may have.

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For use of the full questionnaire, please contact info@healthpsychologyresearch.com

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 <u>not</u> have diabetes, I would enjoy my leisure activities: <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)	My leisure activities are: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> very important important somewhat important not at all important

2	Are you currently working, looking for work or would you like to work? Yes <input type="checkbox"/> If yes , complete (a) and (b). No <input type="checkbox"/> If no , go straight to 3a.	
	(a)	If I did <u>not</u> have diabetes, my working life would be: <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)	For me, having a working life is: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> very important important somewhat important not at all important

3	(a)	If I did <u>not</u> have diabetes, local or long distance journeys would be: <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)	For me, local or long distance journeys are: <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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