

RetDQoL

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.

1) In general, my present quality of life is:

- excellent..... ☐
- very good ☐
- good..... ☐
- neither good nor bad ☐
- bad..... ☐
- very bad..... ☐
- extremely bad ☐

NOT FOR USE: This copy is a sample only.

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

Now we would like to know how your quality of life is affected by your diabetic eye problems – the eye problems often caused by diabetes.

We want you to think about your diabetic eye problems, not your diabetes itself.

II) If I did not have diabetic eye problems, my quality of life would be:

- very much better ☐
- much better ☐
- a little better ☐
- the same ☐
- worse ☐

NOT FOR USE: This copy is a sample only.

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 diabetic eye problems affect 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.

For Information Only

NOT FOR USE: This copy is a sample only.

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

1a) If I did not have diabetic eye problems, I could handle my household tasks:

- very much better ☐
- much better ☐
- a little better ☐
- the same ☐
- worse ☐

1b) Handling my household tasks is:

- very important ☐
- important ☐
- somewhat important ☐
- not at all important ☐

NOT FOR USE: This copy is a sample only.

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