

RDQoL

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.

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 kidney condition, its management and any complications you may have.

II) If I did not have a kidney condition, 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

NOT FOR USE: This is a shortened 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 your kidney condition 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 a kidney condition, 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"/>	<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 a kidney condition, 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 a kidney condition, local or long distance trips 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 trips are:	<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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4	<p>Do you ever go on vacation or want to go on vacation?</p> <p>Yes <input type="checkbox"/> If yes, complete (a) and (b).</p> <p>No <input type="checkbox"/> If no, go straight to 5a.</p>
(a)	<p>If I did <u>not</u> have a kidney condition, my vacations would be:</p> <p style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </p> <p>very much better much better a little better the same worse</p>
(b)	<p>For me, vacations are:</p> <p style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </p> <p>very important important somewhat important not at all important</p>

5	<p>(a) If I did <u>not</u> have a kidney condition, physically I could do:</p> <p style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </p> <p>very much more much more a little more the same less</p>
(b)	<p>For me, how much I can do physically is:</p> <p style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </p> <p>very important important somewhat important not at all important</p>

6	<p>Do you have any family / relatives?</p> <p>Yes <input type="checkbox"/> If yes, complete (a) and (b).</p> <p>No <input type="checkbox"/> If no, go straight to 7a.</p>
(a)	<p>If I did <u>not</u> have a kidney condition, my family life would be:</p> <p style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </p> <p>very much better much better a little better the same worse</p>
(b)	<p>My family life is:</p> <p style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </p> <p>very important important somewhat important not at all important</p>

7	<p>(a) If I did <u>not</u> have a kidney condition, my friendships and social life would be:</p> <p style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </p> <p>very much better much better a little better the same worse</p>
(b)	<p>My friendships and social life are:</p> <p style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </p> <p>very important important somewhat important not at all important</p>

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