

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.

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 having had an aortic aneurysm, its treatment (including monitoring) and/or any side effects you may have.

II) If I had never had an aneurysm, 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

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