

HIVDQoL

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.

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 HIV condition, its treatment, and any side effects and/or complications you may have.

II) If I did <u>not</u> have HIV, 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

The following items are about different aspects of your life. Each item is divided into two parts:

<p>In Part (a), please show how HIV <u>affects</u> this aspect of your life;</p> <p>In Part (b), please show how <u>important</u> this aspect is to your quality of life.</p>

1	(a) If I did <u>not</u> have HIV, 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	

NOT FOR USE: This is a shortened sample only.

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

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2	<p>Are you currently working (paid or voluntary work)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, complete (a) and (b). If no, would you like to work? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, complete (a) and (b). If no to <u>both</u> questions, go straight to 3.</p>
(a)	<p>If I did <u>not</u> have HIV, my work life would be:</p> <p><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, having a work life is:</p> <p><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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