Department of Diabetes and Endocrinology

General Health and Quality of Life Questionnaires

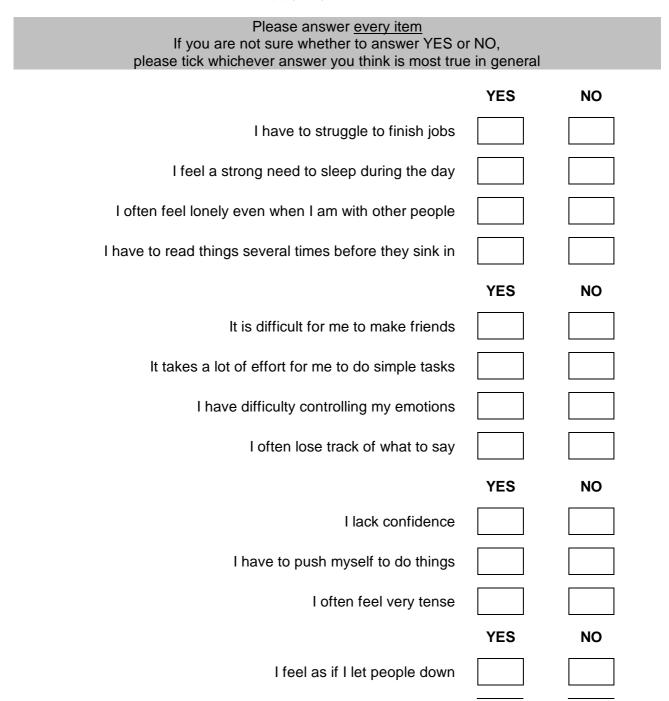
All the questions below have all been designed to assess your general health and your response to treatment of your hormonal condition. Hormone deficiencies and other endocrine problems can sometimes affect your overall quality of life. Your answers may help us improve your treatment.

QoL – AGHDA

LISTED BELOW ARE SOME STATEMENTS that people may make about themselves

Read the list carefully and put a tick in the box marked YES if the statement applies to you

Tick the box marked NO if it does not apply to you



| | YES | NO |
|---|-----|----|
| I find it hard to mix with people | | |
| I feel worn out even when I've not done anything | | |
| | YES | NO |
| There are times when I feel very low | | |
| I avoid responsibility if possible | | |
| I avoid mixing with people I don't know well | | |
| | YES | NO |
| I feel as if I am a burden to people | | |
| I often forget what people have said to me | | |
| I find it difficult to plan ahead | | |
| I am easily irritated by other people | | |
| | YES | NO |
| I often feel too tired to do the things I ought to do | | |
| I have to force myself to do all the things that need doing | | |
| I often have to force myself to stay awake | | |
| My memory lets me down | | |

Now please go back to the first question and make sure that you have answered "YES" or "NO" to every question on the first two pages of the questionnaire.

| Date: | / /201 | If you have any other comments about your general health or quality of life please write them below: |
|-----------------|--------|--|
| (Use Label) | | |
| Hospital Number | | |
| Surname: | | |
| Forename: | | |
| DOB: | | |
| | | |
| | | |

Thank you for filling in this questionnaire: