

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

Please answer every item
 If you are not sure whether to answer YES or NO,
 please tick whichever answer you think is most true in general

	YES	NO
I have to struggle to finish jobs	<input type="checkbox"/>	<input type="checkbox"/>
I feel a strong need to sleep during the day	<input type="checkbox"/>	<input type="checkbox"/>
I often feel lonely even when I am with other people	<input type="checkbox"/>	<input type="checkbox"/>
I have to read things several times before they sink in	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO
It is difficult for me to make friends	<input type="checkbox"/>	<input type="checkbox"/>
It takes a lot of effort for me to do simple tasks	<input type="checkbox"/>	<input type="checkbox"/>
I have difficulty controlling my emotions	<input type="checkbox"/>	<input type="checkbox"/>
I often lose track of what to say	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO
I lack confidence	<input type="checkbox"/>	<input type="checkbox"/>
I have to push myself to do things	<input type="checkbox"/>	<input type="checkbox"/>
I often feel very tense	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO
I feel as if I let people down	<input type="checkbox"/>	<input type="checkbox"/>

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

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.

Thank you for filling in this 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:		