

QoL - AGHDA

Quality of Life

Assessment of GH Deficiency in Adults

SAMPLE

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, 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 I want 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"/>