# QoL - AGHDA

*Quality of Life*
## Assessment of GH Deficiency in Adults

**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 | ☐ | ☐ |
| I feel a strong need to sleep during the day | ☐ | ☐ |
| I often feel lonely even when I am with other people | ☐ | ☐ |
| I have to read things several times before they sink in | ☐ | ☐ |

|  | YES | NO |
|---|---|---|
| It is difficult for me to make friends | ☐ | ☐ |
| It takes a lot of effort for me to do simple tasks | ☐ | ☐ |
| I have difficulty controlling my emotions | ☐ | ☐ |
| I often lose track of what I want to say | ☐ | ☐ |

|  | YES | NO |
|---|---|---|
| I lack confidence | ☐ | ☐ |
| I have to push myself to do things | ☐ | ☐ |
| I often feel very tense | ☐ | ☐ |

|  | YES | NO |
|---|:---:|:---:|
| I feel as if I let people down | ☐ | ☐ |
| 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 page 1 and make sure that
you have answered "YES" or "NO" to every question, on both
pages of the questionnaire.  Thank you for your help.