

**QoL-AGHDA**

*Quality of Life*

Assessment of GH Deficiency in Adults

**Patient Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**EHE Date:** \_\_\_\_\_

Listed below are some statements that people may make about themselves.

Please read the list carefully and answer each one honestly. If you are not sure whether to answer YES or NO, mark whichever answer you feel is most generally true.

YES NO

*I have to struggle to finish jobs.*

*My memory lets me down.*

*I lack confidence.*

*I often feel very tense.*

YES NO

*I feel a strong need to sleep during the day.*

*I have to push myself to do things.*

*I often have to force myself to stay awake.*

*It is difficult for me to make friends.*

YES NO

*I often feel too tired to do things I ought to do.*

*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 often feel lonely even when I am with other people.*

*I have to force myself to do all the things that need doing.*

*I have to read things several times before they sink in.*

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 responsibilities if possible.*

*I avoid mixing with people I don't know well.*

YES NO

*I feel as if I'm 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.*