

Diabetes-39

Slightly Modified Instrument for Use in Clinical Trials

Protocol Code [REDACTED]	Session [REDACTED]	Subject Number S
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Diabetes-39 Quality of Life Questionnaire

A person's quality of life is affected by many things. These things might include health, the opportunity for recreation and holidays, friends and family, work and the hassles and inconveniences of diabetes. This questionnaire is designed to help us to learn more about what affects the quality of life of people with diabetes.

How to complete the questionnaire.

- For each of the following questions we want to know how much your quality of life has been affected. Please answer the questions by putting a cross (X) somewhere on the line following each question. The line starts at number 1 and a cross here means that your quality of life has not been affected at all. The line ends at 7 and a cross here means that your quality of life has been extremely affected. Place your cross on the line at the point which you think best describes how your quality of life has been affected in the past month.
- It is very important that you answer every question. However, some of the questions which ask about your personal life may not be applicable to you. Please leave them and go on to the next question. All replies will be treated in confidence.
- Example
If you thought 'air pollution' affected your quality of life to some extent, but not extremely, you might mark the line as shown.

During the past month how much was the quality of your life affected by:

1. air pollution

Not affected at all	1	2	3	4	5	6	7	Extremely affected
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X

- If you were to answer the same question, where would you put your cross? If you think you have been more affected by air pollution in the past month than the person in the above example, you should place your cross somewhere to the right of the existing cross. However, if you think you have been less affected, then your cross should be placed somewhere to the left of the existing cross. To practise, please put your cross on the line.

Please complete the following questions, if you have any questions about how to complete the questionnaire, please ask your nurse or doctor.

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During the past month how much was the quality of your life affected by:

- B**
1. your daily medication for your diabetes

Not affected at all	1	2	3	4	5	6	7	Extremely affected
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 2. worries about money matters

Not affected at all	1	2	3	4	5	6	7	Extremely affected
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 3. limited energy levels

Not affected at all	1	2	3	4	5	6	7	Extremely affected
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 4. following your doctor's prescribed treatment plan for diabetes

Not affected at all	1	2	3	4	5	6	7	Extremely affected
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 5. food restrictions required to control your diabetes

Not affected at all	1	2	3	4	5	6	7	Extremely affected
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 6. concerns about your future

Not affected at all	1	2	3	4	5	6	7	Extremely affected
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 7. other health problems besides diabetes

Not affected at all	1	2	3	4	5	6	7	Extremely affected
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 8. stress or pressure in your life

Not affected at all	1	2	3	4	5	6	7	Extremely affected
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 9. feelings of weakness

Not affected at all	1	2	3	4	5	6	7	Extremely affected
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During the past month how much was the quality of your life affected by:

10. restrictions on how far you can walk

Not affected at all	1	2	3	4	5	6	7	Extremely affected
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11. any daily exercises for your diabetes

Not affected at all	1	2	3	4	5	6	7	Extremely affected
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12. loss or blurring of vision

Not affected at all	1	2	3	4	5	6	7	Extremely affected
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13. not being able to do what you want

Not affected at all	1	2	3	4	5	6	7	Extremely affected
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14. having diabetes

Not affected at all	1	2	3	4	5	6	7	Extremely affected
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15. losing control of your blood sugar levels

Not affected at all	1	2	3	4	5	6	7	Extremely affected
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16. other illnesses besides diabetes

Not affected at all	1	2	3	4	5	6	7	Extremely affected
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17. testing your blood sugar levels

Not affected at all	1	2	3	4	5	6	7	Extremely affected
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18. the time required to control your diabetes

Not affected at all	1	2	3	4	5	6	7	Extremely affected
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During the past month how much was the quality of your life affected by:

- 19. the restrictions your diabetes places on your family and friends

Not affected at all	1	2	3	4	5	6	7	Extremely affected
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- 20. being embarrassed because you have diabetes

Not affected at all	1	2	3	4	5	6	7	Extremely affected
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- 21. diabetes interfering with your sex life

Not affected at all	1	2	3	4	5	6	7	Extremely affected
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- 22. feeling depressed or low

Not affected at all	1	2	3	4	5	6	7	Extremely affected
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- 23. problems with sexual functioning

Not affected at all	1	2	3	4	5	6	7	Extremely affected
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- 24. getting your diabetes well controlled

Not affected at all	1	2	3	4	5	6	7	Extremely affected
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- 25. complications from your diabetes

Not affected at all	1	2	3	4	5	6	7	Extremely affected
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- 26. doing things that your family and friends don't do

Not affected at all	1	2	3	4	5	6	7	Extremely affected
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- 27. keeping a record of your blood sugar levels

Not affected at all	1	2	3	4	5	6	7	Extremely affected
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Diabetes-39 Quality of Life Questionnaire

During the past month how much was the quality of your life affected by:

28. the need to eat at regular intervals

Not affected at all	1	2	3	4	5	6	7	Extremely affected
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29. not being able to do housework or other jobs around the house

Not affected at all	1	2	3	4	5	6	7	Extremely affected
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30. a decreased interest in sex

Not affected at all	1	2	3	4	5	6	7	Extremely affected
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31. having to organize your daily life around diabetes

Not affected at all	1	2	3	4	5	6	7	Extremely affected
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32. needing to rest often

Not affected at all	1	2	3	4	5	6	7	Extremely affected
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33. problems in climbing stairs or walking up steps

Not affected at all	1	2	3	4	5	6	7	Extremely affected
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34. having trouble caring for yourself (dressing, bathing, or using the toilet)

Not affected at all	1	2	3	4	5	6	7	Extremely affected
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35. restless sleep

Not affected at all	1	2	3	4	5	6	7	Extremely affected
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36. walking more slowly than others

Not affected at all	1	2	3	4	5	6	7	Extremely affected
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Diabetes-39 Quality of Life Questionnaire

During the past month how much was the quality of your life affected by:

37. being identified as a diabetic

Not affected at all	1	2	3	4	5	6	7	Extremely affected
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38. having diabetes interfere with your family life

Not affected at all	1	2	3	4	5	6	7	Extremely affected
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39. diabetes in general

Not affected at all	1	2	3	4	5	6	7	Extremely affected
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OVERALL RATINGS

C 1. Please place an 'X' on the line below to indicate your overall rating of quality of life

Lowest quality	1	2	3	4	5	6	7	Highest quality
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2. Please place an 'X' on the line below to show how severe you think your diabetes is

Not severe at all	1	2	3	4	5	6	7	Extremely severe
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