ADULT GROWTH HORMONE DEFICIENCY ASSESSMENT (AGHDA) QUALITY OF LIFE QUESTIONNAIRE

Listed below are some statements which people 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 remember to 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.		
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.		
I lack confidence.		
I have to push myself to do things.		
I often feel very tense.		
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.		
There are times when I feel very low.		
I avoid responsibility if possible.		
I avoid mixing with people I don't know well.		
I feel as if I am a burden to other people.		
I often forget what people have said to me.		
I find it difficult to plan ahead.		
I am easily irritated by other people.		
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.		