

AddiQoL

Health-related Quality of Life in Addison's disease

The following questions ask for **your views about your health over the last 4 weeks** and how you feel about life in general. Do not spend too much time answering, as your immediate response is likely to be the most accurate. Please answer every question.

| | None of the time | A little of the time | Some of the time | A good bit of the time | Most of the time | All of the time |
|---|------------------|----------------------|------------------|------------------------|------------------|-----------------|
| I feel good about my health | | | | | | |
| I can keep going during the day without feeling tired | | | | | | |
| Normal daily activities make me tired | | | | | | |
| I have to struggle to finish jobs | | | | | | |
| I have to push myself to do things | | | | | | |
| I lose track of what I want to say | | | | | | |
| I sleep well | | | | | | |
| I feel rested when I wake up in the morning | | | | | | |
| I feel unwell first thing in the morning | | | | | | |
| I am satisfied with my sex life | | | | | | |
| I am relaxed | | | | | | |
| I feel low or depressed | | | | | | |
| I am irritable | | | | | | |
| I find it difficult to think clearly | | | | | | |
| I feel lightheaded | | | | | | |
| I sweat for no particular reason | | | | | | |

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|-------------------------------|------------------|----------------------|------------------|------------------------|------------------|-----------------|
| I get headaches | | | | | | |
| I get nauseous | | | | | | |
| My joints and/or muscles ache | | | | | | |
| I have back pain | | | | | | |
| My legs feel weak | | | | | | |
| I worry about my health | | | | | | |
| My ability to work is limited | | | | | | |
| I can concentrate well | | | | | | |
| I am happy | | | | | | |
| I feel full of energy | | | | | | |

| | Strongly dis-agree | Dis-agree | Slightly disagree | Slightly agree | Agree | Strongly agree |
|--|--------------------|-----------|-------------------|----------------|-------|----------------|
| I feel physically fit | | | | | | |
| I get ill more easily than others | | | | | | |
| I take a long time to recover from illnesses | | | | | | |
| I cope well in emotional situations | | | | | | |