



**Adult Growth Hormone Deficiency Assessment**

##### QoL-AGHDA

**Instructions:** Indicate whether each of the following statements below applies to you Yes No

**I 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’m not doing anything ..............................................................**

**There are times 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 people.........................................................................................**

**I often forget what people 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 things that need doing ..............................................................**

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

**My memory lets me down .......................................................................................................**