Quality of Life
Assessment of GH Deficiency in Adults

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Listed below are some statements that people may 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 answer every item. If you are not sure whether to answer YES or NO, tick whichever answer you think is most true in general.

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