## **Quality of Life Difficulties (QOL)**

For each of the following conditions, select the item that best describes your condition within the last thirty (30) days. **0=No Problem 1=Minor 2=Major 3=Severe** 

. C. Cas. of the following	0	1	2	3	The second control of	0	1	2	3	days. <b>U=NO Problem 1=IVIINO 2=IVIA</b>	0	1	2	3
1. Headaches	0	0	0	$\overline{O}$	30. Feeling Weak	0	0	0		59. Sleepy Throughout the Day	0	O	$\overline{O}$	0
2. Irritable Bowel Syndrome	0	0	0	0	31. Eating Too Rapidly	0	0	0	0	60. Difficulty in Making Decisions	0	O	$\overline{O}$	$\overline{O}$
3. Arthritis	0	0	0	0	32. Eating After Being Full	0	0	0	0	61. Feeling Restless	0			$\overline{O}$
4. Premenstrual Syndrome	0	0	0	0	33. Embarrassed About Overeating	0	0	0	0	62. Getting More Tired Than Usual	0	O		0
5. Recurring Sinus Infections	0	0	0	0	34. Depressed Over Eating Habits	0	0	0	0	63. Blaming Myself Too Often	0	O		0
6. Tension Fatigue Syndrome	0	0	0	0	35. Depressed About My Weight	0	0	0	0	64. Causing Problems for Others	0	0		0
7. Recurrent Anxiety	0	0	0	0	36. Difficult to Stop Eating	0	0	0	0	65. Worrying About My Faults	0	O		0
8. Recurrent Depression	0	0	0	0	37. Worrying About the Future	0	0	0	0	66. Wondering If Life is Worth Living	0	O		0
9. Insomnia	0	0	0	0	38. Unable to Concentrate	0	0	0	0	67. Suicidal Thoughts and Worries	0	0		0
10. Low Self Esteem	0	0	0	0	39. Forgetfulness	0	0	0	0	68. Decreasing Interest in People	0	O	$\overline{O}$	$\overline{O}$
11. Binge Eating	0	0	0	0	40. Bad Temper or Quick to Anger	0	0	0	0	69. Decreasing Interest in Activities	0	0	0	$\overline{O}$
12. Chronic Tension	0	0	0	0	41. Indigestion	0	0	0	0	70. Difficulty in Sitting or Standing Still	0	O	$\overline{O}$	$\overline{O}$
13. Lack of Energy	0	0	0	0	42. Diabetes	0	0	0	0	71. Often Fidgety	0	0	0	0
14. Food Allergies	0	0	0	0	43. Vomiting	0	0	0	0	72. More Tired Than Usual	0	O		0
15. Feeling Under Stress	0	0	0	0	44. Heartburn	0	0	0	0	73. Generalized Depression	0	O	$\overline{O}$	$\overline{O}$
16. Cancer	0	0	0	0	45. Esophageal Reflux	0	0	0	0	74. Difficulty in Finishing Activities	0	O		0
17. Prostate Problems	0	0	0	0	46. Control Over My Appetite	0	0	0	0	75. Feeling Sad Too Much of the Time	0	O		0
18. Overeating	0	0	0	0	47. Ability to Relax	0	0	0	0	76. Dieting Too Often	0	O		$\overline{O}$
19. Stomach Pain	0	0	0	0	48. Heart Disease	0	0	0	0	77. Difficulty in Staying With a Diet	0	0		0
20. Back Pain	0	0	0	0	49. Fibromyalgia	0	0	0	0	78. Difficulty in Getting Up in the Morning	0	O		0
21. Pain in Arms, Legs or Joints	0	0	0	0	50. Difficulty in Falling Asleep	0	0	0	0	79. Eating Too Much Between Meals	0	0	0	0
22. Menstrual Pain or Problems	0	0	0	0	51. Awakening During the Night	0	0	0	0	80. Eating Too Much During Meals	0	0		0
23. Chest Pain	0	0	0	0	52. Feeling Sad	0	0	0	0	81. Getting Tired Too Often	0	0	0	0
24. Dizziness	0	0	0	O	53. Waking Up Too Early	0	0	0	0	82. Preoccupied with Gloomy Thoughts	0	0		0
25. Diarrhea	0	0	0	0	54. Sleeping Too Much	0	0	0	0	83. Thinking Too Much About Death	0	0	O	0
26. Irregular Heartbeat	0	0	0	0	55. Unintentional Weight Gain	0	0	0	0	84. Slowing Down of My Thinking	0	0	O	0
27. Shortness of Breath	0	0	0	0	56. Unintentional Weight Loss	0	0	0	0	85. Unhappy Too Much of the Time	0	0	0	0
28. Constipation	0	0	0	0	57. Inability to Concentrate	0	0	0	0	86. Difficult to Stop Eating Once I Start	0			0
29. Stomach Gas or Indigestion	0	0	0	0	58. Satisfied With My Life	0	0	0	0					