User instructions for a questionnaire designed to measure quality of life among people with a stoma: The Stoma-QoL

The Stoma-QoL is developed to measure quality of life among people with a stoma. The questions in Stoma-QoL are outcomes of a lot of interviews with people with a stoma, which were carried out in several countries in order to address the issues that were most relevant in relation to quality of life for this group of people.

The following issues are covered: Concerns about sleeping, concerns about intimate relations, concerns regarding relationships with family and close friends and concerns regarding relationships with people other than family and close friends.

The questionnaire consists of 20 questions. An example of a question could be: "I worry that the pouch will loosen." All the questions must be answered on a 4-point scale. The options for answering each question are:

1. Always
2. Sometimes
3. Rarely
4. Not at all

Please be aware that **ALL** 20 questions must be answered in order for the questionnaire to work. Therefore, there should not be any unanswered questions. Furthermore, **ONLY ONE** answer must be given for each question.

The questions are very simple and it will take approximately 5-10 minutes to complete the questionnaire.

Have a good time with the Stoma-QoL

Stoma-QOL
A Quality of Life Questionnaire
For People with Ostomy

Date:_____/_____ 20____

*Please check the response that best describes how you are feeling **at the moment***

	Always	Sometimes	Rarely	Not-at-all
1. I become anxious when the pouch is full	□1	□2	□3	□4
2. I worry that the pouch will loosen	□1	□2	□3	□4
3. I feel the need to know where the nearest toilet is	□1	□2	□3	□4
4. I worry that the pouch may smell	□1	□2	□3	□4
5. I worry about noises from the stoma	□1	□2	□3	□4
6. I need to rest during the day	□1	□2	□3	□4
7. My stoma pouch limits the choice of clothes that I can wear	□1	□2	□3	□4
8. I feel tired during the day	□1	□2	□3	□4
9. My stoma makes me feel sexually unattractive	□1	□2	□3	□4
10. I sleep badly during the night	□1	□2	□3	□4
11. I worry that the pouch rustles	□1	□2	□3	□4
12. I feel embarrassed about my body because of my stoma	□1	□2	□3	□4
13. It would be difficult for me to stay away from home overnight	□1	□2	□3	□4
14. It is difficult to hide the fact that I wear a pouch	□1	□2	□3	□4
15. I worry that my condition is a burden to people close to me	□1	□2	□3	□4
16. I avoid close physical contact with my friends	□1	□2	□3	□4
17. My stoma makes it difficult for me to be with other people	□1	□2	□3	□4
18. I am afraid of meeting new people	□1	□2	□3	□4
19. I feel lonely even when I am with other people	□1	□2	□3	□4
20. I worry that my family feels awkward around me	□1	□2	□3	□4

Please answer all questions. Thank you for filling out the questionnaire.