Long-Term Conditions Questionnaire (LTCQ)

Please think about your long-term health condition(s) over the past four weeks. How often have you...

		Please tick (\checkmark) one answer for each question.					
		Never	Rarely	Sometimes	Often	Always	
1.	Felt able to cope well with your health condition(s)?						
2.	Felt able to fulfil your responsibilities (e.g. at home, at work, in your local community), despite your health condition(s)?				Ś		
3.	Felt able to be as physically active as you wanted, despite your health condition(s)?						
4.	Felt in control of your daily life, despite your health condition(s)?		Jer Jer				
5.	Felt able to take part in activities you enjoy, despite your health condition(s)?	D					
6.	Felt that your home is suitable for your health relation to your health condition(s)?						
7.	Felt safe at home, despite your health condition(s)?						
8.	Felt safe outside your home, despite your health condition(s)?						
9.	Felt bothered by symptoms of your health condition(s)?						
10.	Felt more dependent on others than you wanted, because of your health condition(s)?						
11.	Felt lonely due to your health condition(s)?						

Please think about your long-term health condition(s) over the past four weeks. How often have you...

		Please tick (\checkmark) one answer for each question.						
		Never	Rarely	Sometimes	Often	Always		
12.	Worried about being treated differently because of your health condition(s)?							
13.	Found the different services you use in relation to your health condition(s) difficult to cope with?				Ż			
	Not applicable: tick this box if you have not received any health- related services in the past four weeks.							
14.	Found your treatment(s) (e.g. medications, therapies) difficult to cope with?		Ð					
	Not applicable: tick the in the past four weeks		you have	not received	any tre	atments		
15.	Felt that your health condition(s) made you unhappy?							
16.	Felt that you knew enough about your health condition(s)?							
17	Had enough social contact with other people, despite your health condition(s)?							
18.	Had enough support to cope well with your health condition(s)?							
19.	Felt confident in managing the day-to-day aspects of your health condition(s)?							
20.	Felt able to live your life as you want, despite your health condition(s)?							

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