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 (✓) 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)?	☐	☐	☐	☐	☐
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)?	☐	☐	☐	☐	☐
5.	Felt able to take part in activities you enjoy, despite your health condition(s)?	☐	☐	☐	☐	☐
6.	Felt that your home is suitable for your needs in 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 (✓) 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?	☐	☐	☐	☐	☐
	☐ **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?	☐	☐	☐	☐	☐
	☐ **Not applicable:** ***tick this box if you have not received any treatments in the past four weeks.***					
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)?	☐	☐	☐	☐	☐