

Autosomal Dominant Polycystic Kidney Disease-Impact Scale (ADPKD-IS)

This questionnaire helps to evaluate the impact of Autosomal Dominant Polycystic Kidney Disease (PKD) and its related symptoms on your life.

Please select or mark the one box that best describes your answer. Please be sure to respond to **every** question.

As it relates to PKD, over the past two weeks , how difficult was it for you to...	Not difficult at all	A little difficult	Somewhat difficult	Very difficult	Extremely difficult
1. ...engage in leisure activities and mild exercises such as gardening, walking, or stretching?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2. ...complete a full day's work at your job or at home (housework, such as vacuuming or laundry)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3. ...conduct daily activities as usual, regardless of pain you experienced due to your PKD?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4. ...complete everything you wanted to do in a day because you felt tired or exhausted?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5. ...perform more intense physical activities such as lifting, running, or playing sports?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6. ...accept PKD as a part of your life?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
7. ...cope with feeling guilty about the impact of your PKD on your children or other family members?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
8. ...sleep because of your PKD?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
As it relates to PKD, over the past two weeks , how bothered were you by...	Not bothered at all	A little bothered	Somewhat bothered	Very bothered	Extremely bothered
9. ... the size and/or shape of your abdomen?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
10. ...feeling exhausted or fatigued?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
11. ...feeling anxious by knowing that your PKD may get worse?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
12. ...feeling sad about having PKD?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
13. ...feeling full before your appetite is satisfied?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
14. ...needing to urinate frequently and/or urgently?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
15. ...needing to modify your lifestyle (such as the way you sleep or limiting exercise) because of discomfort or pain from your PKD?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
16. ...your PKD-related pain?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
17. ... feeling tired on your drive to/from school or work or when running errands?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
18. ... feeling fatigued the next day even after a night's sleep?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5