

SAQOL-39
(Stroke and aphasia quality of life scale)

Date: _____

Person with stroke name: _____ or I.D.: _____

Proxy's name and relationship: _____

We would like to know **how** _____ **is doing** with **activities** or **feelings** that can sometimes be **affected by stroke**. Each question will ask about a specific activity or feeling. For each question, think about how that activity or that feeling has been **in the past week**.

Mark the box that best describes how much trouble _____ has had with each activity in the past week.

PLEASE ANSWER EACH QUESTION FROM _____ PERSPECTIVE,
i.e. AS YOU THINK _____ WOULD.

The first set of questions ask about how much trouble s/he has had with **daily activities**

DURING THE PAST WEEK

How much trouble did s/he have:

Item ID		Couldn't do it at all	A lot of trouble	Some trouble	A little trouble	No trouble at all
SC1.	Preparing food?	1	2	3	4	5
SC4.	Getting dressed?	1	2	3	4	5
SC5.	Taking a bath or shower?	1	2	3	4	5
M1.	Walking? (if s/he cannot walk circle 1 and go to item M7)	1	2	3	4	5
M4.	<i>Keeping his/her balance when bending over or reaching?</i>	1	2	3	4	5
M6.	<i>Climbing stairs?</i>	1	2	3	4	5
M7.	Walking without stopping to rest? or Using a wheelchair without stopping to rest?	1	2	3	4	5
M8.	Standing?	1	2	3	4	5
M9.	Getting out of a chair?	1	2	3	4	5
W1.	Doing daily work around the house?	1	2	3	4	5
W2.	Finishing jobs that s/he started?	1	2	3	4	5
UE1.	Writing or typing, i.e. using his/her hand to write or type ?	1	2	3	4	5
UE2.	Putting on socks?	1	2	3	4	5
UE4.	Doing buttons?	1	2	3	4	5
UE5.	Doing a zip?	1	2	3	4	5
UE6.	Opening a jar?	1	2	3	4	5

The next set of questions ask about **how much trouble** s/he has had **communicating** with other people

DURING THE PAST WEEK

How much trouble did s/he have:

Item ID		Couldn't do it at all	A lot of trouble	Some trouble	A little trouble	No trouble at all
L2.	Speaking?	1	2	3	4	5
L3	Speaking clearly enough to use the telephone?	1	2	3	4	5
L5.	Getting other people to understand him/her?	1	2	3	4	5
L6.	Finding the word s/he wanted to say?	1	2	3	4	5
L7.	Getting other people to understand him/her even when s/he repeated him/herself?	1	2	3	4	5

The next part is about **problems** or **feelings** that some people have after their stroke.

DURING THE PAST WEEK

Did s/he:

Item ID		Definitely yes	Mostly yes	Not sure	Mostly no	Definitely no
T4.	Have to write things down to remember them? <i>or if s/he cannot write:</i> Have to ask somebody else to write things down for him/her to remember?	1	2	3	4	5
T5.	Find it hard to make decisions?	1	2	3	4	5
P1.	Feel irritable?	1	2	3	4	5
P3.	Feel that his/her personality has changed?	1	2	3	4	5
MD2.	Feel discouraged about his/her future?	1	2	3	4	5

MD3.	Have no interest in other people or activities?	1	2	3	4	5
MD6.	Feel withdrawn from other people?	1	2	3	4	5
MD7.	Have little confidence in his/herself?	1	2	3	4	5
E2.	Feel tired most of the time?	1	2	3	4	5
E3.	Have to stop and rest often during the day?	1	2	3	4	5
E4.	Feel too tired to do what s/he wanted to do?	1	2	3	4	5

The next set of questions ask about _____ **family** and **social life**

DURING THE PAST WEEK

Did s/he:

Item ID		Definitely yes	Mostly yes	Not sure	Mostly no	Definitely no
FR7.	Feel s/he was a burden to his/her family?	1	2	3	4	5
FR9.	Feel that his/her language problems interfered with his/her family life?	1	2	3	4	5
SR1.	Go out less often than s/he would like?	1	2	3	4	5
SR4.	Do his/her hobbies and recreation less often than s/he would like?	1	2	3	4	5
SR5.	See his/her friends less often than s/he would like?	1	2	3	4	5
SR7.	Feel that his/her physical condition interfered with his/her social life?	1	2	3	4	5
SR8.	Feel that his/her language problems interfered with his/her social life?	1	2	3	4	5

Thank you for completing this questionnaire