

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

Name: _____ (and/or) **I.D.:** _____ **Date:** _____

We would like to know **how you are 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 you have had with each activity in the past week.

The first set of questions ask about how much trouble **you have had with daily activities**

DURING THE PAST WEEK**How much trouble** did you 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? <i>(if you cannot walk circle 1 and go to item M7)</i>	1	2	3	4	5
M4.	<i>Keeping your 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 you started?	1	2	3	4	5
UE1.	Writing or typing, i.e. using your 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

Item ID		Couldn't do it at all	A lot of trouble	Some trouble	A little trouble	No trouble at all
UE6.	Opening a jar?	1	2	3	4	5

The next set of questions ask about **how much trouble** you have had **communicating** with other people

DURING THE PAST WEEK

How much trouble did you 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 you?	1	2	3	4	5
L6.	Finding the word you wanted to say?	1	2	3	4	5
L7.	Getting other people to understand you even when you repeated yourself?	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 you:

Item ID		Definitely yes	Mostly yes	Not sure	Mostly no	Definitely no
T4.	Have to write things down to remember them? <i>or if you cannot write:</i> Have to ask somebody else to write things down for you 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 your personality has changed?	1	2	3	4	5
MD2	Feel discouraged about your 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 yourself?	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 you wanted to do?	1	2	3	4	5

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

DURING THE PAST WEEK**Did you:**

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

Thank you for completing this questionnaire.