

The Stroke and Aphasia Quality of Life Scale

SAQOL-39 / SAQOL-39g

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 you have been **in the past week**.

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

For example:

DURING THE PAST WEEK



How much trouble did you have:

		x					✓			
Tying your shoelaces?		Couldn't do it at all		A lot of trouble		Some trouble		A little trouble		No trouble at all

Point to the box that best describes **how much trouble** you have had with each activity **in the past week**

DURING THE PAST WEEK

How much trouble did you have:

Preparing food?					
Getting dressed?	Couldn't do it at all	A lot of trouble	Some trouble	A little trouble	No trouble at all
Taking a bath or shower?					

DURING THE PAST WEEK

How much trouble did you have:

Walking?
<i>Keeping your balance when bending over or reaching?</i>
<i>Climbing stairs?</i>
Walking without stopping to rest? or Using a wheelchair without stopping to rest?
Standing?
Getting out of a chair?

	x			✓
Couldn't do it at all	A lot of trouble	Some trouble	A little trouble	No trouble at all

DURING THE PAST WEEK

How much trouble did you have:

Doing daily work around the house ?	x				✓
Finishing jobs that you started?	Couldn't do it at all	A lot of trouble	Some trouble	A little trouble	No trouble at all

DURING THE PAST WEEK

How much trouble did you have:

Writing or typing?
Putting on socks?
Doing buttons ?
Doing a zip ?
Opening a jar?

✘

✔

Couldn't do it at all	A lot of trouble	Some trouble	A little trouble	No trouble at all
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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:

Speaking?
Speaking clearly enough to use the telephone?
Getting other people to understand you?
Finding the word you wanted to say?
Getting other people to understand you even when you repeated yourself ?

x ✓

Couldn't do it at all	A lot of trouble	Some trouble	A little trouble	No trouble at all
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The next part is about **problems** or **feelings** that some people have after their stroke.

For example:

DURING THE PAST WEEK

Did you:



Feel hopeless about your future?		Definitely yes		Mostly yes		Not sure		Mostly no		Definitely no
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Point to the box that best describes **how you felt during the past week**

DURING THE PAST WEEK

Did you:

Have to write things down to remember them?					
Find it hard to make decisions ?	x				✓
Feel irritable ?	Definitely yes	Mostly yes	Not sure	Mostly no	Definitely no
Feel that your personality has changed ?					

DURING THE PAST WEEK

Did you:

Feel discouraged about your future ?
Have no interest in other people or activities ?
Feel withdrawn from other people?
Have little confidence in yourself?

	x			✓
Definitely yes	Mostly yes	Not sure	Mostly no	Definitely no

DURING THE PAST WEEK

Did you:

Feel tired most of the time?
Have to stop and rest often during the day?
Feel too tired to do what you wanted to do ?

x

✓

**Definitely
yes**

**Mostly
yes**

Not sure

**Mostly
no**

**Definitely
no**

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

DURING THE PAST WEEK

Did you:

Feel that you were a burden to your family ?
Feel that your language problems interfered with your family life ?
Go out less often than you would like?

x

✓

Definitely yes	Mostly yes	Not sure	Mostly no	Definitely no
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DURING THE PAST WEEK

Did you:

Do your hobbies and recreation less often than you would like?
See your friends less often than you would like?
Feel that your physical condition interfered with your social life ?
Feel that your language problems interfered with your social life ?

x

✓

Definitely yes	Mostly yes	Not sure	Mostly no	Definitely no
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