Stroke Specific Quality of Life Scale (SS-QOL)

oring: each item shall be scored with the following key	
al help - Couldn't do it at all - Strongly agree	
ot of help - A lot of trouble - Moderately agree	
ne help - Some trouble - Neither agree nor disagree	
ttle help - A little trouble - Moderately disagree	
help needed - No trouble at all - Strongly disagree	
ergy	
felt tired most of the time.	-
had to stop and rest during the day.	-
was too tired to do what I wanted to do.	-
nily Roles	
didn't join in activities just for fun with my family.	-
felt I was a burden to my family.	-
Ny physical condition interfered with my personal life.	-
nguage	
old you have trouble speaking? For example, get stuck, stutter, stammer, or slur your words?	-
oid you have trouble speaking clearly enough to use the telephone?	
oid other people have trouble in understanding what you said?	-
oid you have trouble finding the word you wanted to say?	-
old you have to repeat yourself so others could understand you?	-
bility	
old you have trouble walking? (If patient can't walk, go to question 4 and score questions 2-3 as	-
olid you lose your balance when bending over to or reaching for something?	-
Pid you have trouble climbing stairs?	-
Did you have to stop and rest more than you would like when walking or using a wheelchair?	-
oid you have trouble with standing?	-
oid you have trouble getting out of a chair?	

Mood

1. I was discouraged about my future.	
2. I wasn't interested in other people or activities.	
3. I felt withdrawn from other people.	
4. I had little confidence in myself.	
5. I was not interested in food.	
Personality	
1. I was irritable.	
2. I was inpatient with others.	
3. My personality has changed.	
Self Care	
1. Did you need help preparing food?	
2. Did you need help eating? For example, cutting food or preparing food?	
3. Did you need help getting dressed? For example, putting on socks or shoes, buttoning buttons, or zipping?	
4. Did you need help taking a bath or a shower?	
5. Did you need help to use the toilet?	
Social Roles	
1. I didn't go out as often as I would like.	
2. I did my hobbies and recreation for shorter periods of time than I would like.	
3. I didn't see as many of my friends as I would like.	
4. I had sex less often than I would like.	
5. My physical condition interfered with my social life.	
Thinking	
1. It was hard for me to concentrate.	
2. I had trouble remembering things.	
3. I had to write things down to remember them.	

Upper Extremity Function	
1. Did you have trouble writing or typing?	
2. Did you have trouble putting on socks?	
3. Did you have trouble buttoning buttons?	
4. Did you have trouble zipping a zipper?	
5. Did you have trouble opening a jar?	
Vision	
1. Did you have trouble seeing the television well enough to enjoy a show?	
2. Did you have trouble reaching things because of poor eyesight?	
3. Did you have trouble seeing things off to one side?	
Work/Productivity	
1. Did you have trouble doing daily work around the house?	
2. Did you have trouble finishing jobs that you started?	
3. Did you have trouble doing the work you used to do?	
TOTAL SCORE	

Reference

Williams LS, Weinberger M, Harris LE, Clark DO, Biller J. Development of a stroke-specific quality of life scale. <u>Stroke 1999</u> <u>Jul;30(7):1362-9</u>.