# ALSAQ-40

**Please complete this questionnaire as soon as possible.** If you have any difficulties filling in the questionnaire by yourself, please get someone else to help you with it. However it is **your** responses that we are interested in.

The questionnaire consists of a number of statements about difficulties that you may have experienced **during the last 2 weeks.** There are no right or wrong answers: your first response is likely to be the most accurate for you. **Please tick the box which best describes your own experience or feelings.** 

**Please try to answer every question** even though some may seem rather similar to others, or may not seem relevant to you.

All the information you give will be treated in the **strictest** confidence.

The following statements all refer to difficulties that you may have had **during the last 2 weeks**. Please indicate, by ticking the appropriate box, how often the following statements have been true for you.

*If you cannot walk at all please tick* **Always/cannot walk at all**.

#### *How often <u>during the last 2 weeks</u> have the following been true?*

Please tick one box for each question

	Never	Rarely	Some- times	Often	Always or cannot walk at all
1. I have found it difficult to walk short distances, e.g. around the house.		P			
2. I have fallen over whilst walking.					
3. I have stumbled or tripped whilst walking.					
4. I have lost my balance whilst walking.					
5. I have had to concentrate whilst walking.					

If you cannot do the activity at all please tick Always/cannot do at all.

### *How often <u>during the last 2 weeks</u> have the following been true?*

Please tick one box for each question

	Never	Rarely	Some- times	Often	Always or cannot do at all
6. Walking has tired me out.					
7. I have had pains in my legs whilst walking.	02				
8. I have found it difficult to go up and down the stairs.					
9. I have found it difficult to stand up.					
10. I have found it difficult to get myself up out of chairs.					

Please make sure that you have ticked **one box for each question** before going on to the next page.

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If you cannot do the activity at all please tick Always/cannot do at all.

How often <u>during the last 2 weeks</u> have the following been true?

Please tick **one box** for each question

	Never	Rarely	Some- times	Often	Always or cannot do at all
11. I have had difficulty using my arms and hands.					
12. I have found turning and moving in bed difficult.					
13. I have found picking things up difficult.					
14. I have found holding books or newspapers, or turning pages, difficult.					
15. I have had difficulty writing clearly.					

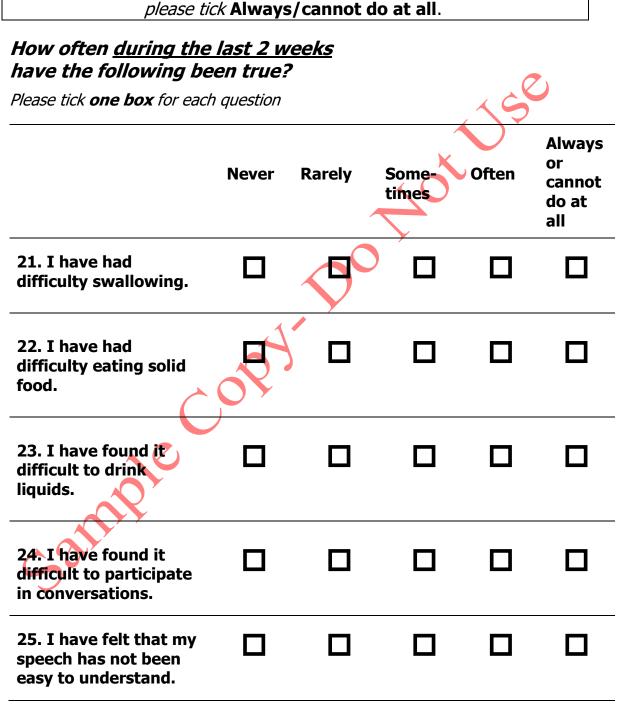
If you cannot do the activity at all please tick Always/cannot do at all.

### *How often <u>during the last 2 weeks</u> have the following been true?*

Please tick one box for each question

	Never	Rarely	Some- times	Often	Always or cannot do at all
16. I have found it difficult to do jobs around the house.					
17. I have found it difficult to feed myself.	- - - - - - - - - - - - - - - - - - -				
18. I have had difficulty combing my hair or cleaning my teeth.					
19. I have had difficulty getting dressed.					
20. I have had difficulty washing at the hand basin.					

If you cannot do the activity at all



If you cannot do the activity at all please tick Always/cannot do at all.

### *How often <u>during the last 2 weeks</u> have the following been true?*

Please tick one box for each question

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	Never	Rarely	Some- times	Often	Always or cannot do at all
26. I have slurred or stuttered whilst speaking.					
27. I have had to talk very slowly.					
28. I have talked less than I used to do.					
29. I have been frustrated by my speech.					
30. I have felt self- conscious about my speech.					

Please make sure that you have ticked **one box for each question** before going on to the next page.

## *How often <u>during the last 2 weeks</u> have the following been true?*

Please tick one box for each question

	Never	Rarely	Some- times	Often	Always
31. I have felt lonely.			<b>A</b>		
32. I have been bored.					
33. I have felt embarrassed in social situations.					
34. I have felt hopeless about the future.					
<b>35. I have worried</b> that I am a burden to other people.					

## *How often <u>during the last 2 weeks</u> have the following been true?*

Please tick one box for each question

	Never	Rarely	Some- times	Often	Always
36. I have wondered why I keep going.					
37. I have felt angry because of the disease.					
38. I have felt depressed.	<u>Å</u>				
39. I have worried about how the disease will affect me in the future.					
40. I have felt as if I have no freedom.					

Please make sure that you have ticked **one box for each question**.

Thank you for completing this questionnaire.