

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.

The following statements all refer to certain 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 during the last 2 weeks
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have fallen over whilst walking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I have stumbled or tripped whilst walking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I have lost my balance whilst walking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I have had to concentrate whilst walking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

The following statements all refer to certain 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 do the activity at all
please tick **Always/cannot do at all**.*

***How often during the last 2 weeks
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I have had pains in my legs whilst walking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I have found it difficult to go up and down the stairs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I have found it difficult to stand up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I have found it difficult to get myself up out of chairs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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*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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I have found it difficult to feed myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I have had difficulty combing my hair or cleaning my teeth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I have had difficulty getting dressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I have had difficulty washing at the hand basin.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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*Please tick **one box** for each question*

	Never	Rarely	Some- times	Often	Always or cannot do at all
21. I have had difficulty swallowing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I have had difficulty eating solid food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I have found it difficult to drink liquids.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I have found it difficult to participate in conversations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I have felt that my speech has not been easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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*Please tick **one box** for each question*

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

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How often during the last 2 weeks have the following been true?

*Please tick **one box** for each question*

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

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*Please tick **one box** for each question*

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

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

Thank you for completing this questionnaire.