

# ALSAQ-5

**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 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
1. I have found it difficult to stand up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have had difficulty using my arms and hands.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I have had difficulty eating solid food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. 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"/>
5. I have felt hopeless about the future.	<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***

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