ALSAQ-40

This 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.**

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.

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**.

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The following statements all refer to certain difficulties that you may have had <u>during the last 2 weeks</u>. 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 or 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.	☐	☐	☐	☐	☐
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.	☐	☐	☐	☐	☐

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 or 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.	☐	☐	☐	☐	☐
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.	☐	☐	☐	☐	☐

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If you cannot do the activity at all
please tick **Always or 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.	☐	☐	☐	☐	☐

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

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English for United Kingdom

If you cannot do the activity at all
please tick **Always or 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.	☐	☐	☐	☐	☐

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before going on to the next page.

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If you cannot do the activity at all
please tick **Always or 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
21. I have had difficulty swallowing.	☐	☐	☐	☐	☐
22. I have had difficulty eating solid food.	☐	☐	☐	☐	☐
23. I have found it difficult to drink liquids.	☐	☐	☐	☐	☐
24. I have found it difficult to participate in conversations.	☐	☐	☐	☐	☐
25. I have felt that my speech has not been easy to understand.	☐	☐	☐	☐	☐

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 or 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
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.	☐	☐	☐	☐	☐

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

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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.	☐	☐	☐	☐	☐
32. I have been bored.	☐	☐	☐	☐	☐
33. I have felt embarrassed in social situations.	☐	☐	☐	☐	☐
34. I have felt hopeless about the future.	☐	☐	☐	☐	☐
35. I have worried that I am a burden to other people.	☐	☐	☐	☐	☐

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

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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.	☐	☐	☐	☐	☐
39. I have worried about how the disease will affect me in the future.	☐	☐	☐	☐	☐
40. I have felt as if I have no freedom.	☐	☐	☐	☐	☐

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

Thank you for completing this questionnaire.

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