

## Stroke Specific Quality of Life Scale (SS-QOL)

### Scoring: each item shall be scored with the following key

Total help - Couldn't do it at all - Strongly agree	1
A lot of help - A lot of trouble - Moderately agree	2
Some help - Some trouble - Neither agree nor disagree	3
A little help - A little trouble - Moderately disagree	4
No help needed - No trouble at all - Strongly disagree	5

### Energy

1. I felt tired most of the time. \_\_\_\_\_
2. I had to stop and rest during the day. \_\_\_\_\_
3. I was too tired to do what I wanted to do. \_\_\_\_\_

### Family Roles

1. I didn't join in activities just for fun with my family. \_\_\_\_\_
2. I felt I was a burden to my family. \_\_\_\_\_
3. My physical condition interfered with my personal life. \_\_\_\_\_

### Language

1. Did you have trouble speaking? For example, get stuck, stutter, stammer, or slur your words? \_\_\_\_\_
2. Did you have trouble speaking clearly enough to use the telephone? \_\_\_\_\_
3. Did other people have trouble in understanding what you said? \_\_\_\_\_
4. Did you have trouble finding the word you wanted to say? \_\_\_\_\_
5. Did you have to repeat yourself so others could understand you? \_\_\_\_\_

### Mobility

1. Did you have trouble walking? (If patient can't walk, go to question 4 and score questions 2-3 as 1.) \_\_\_\_\_
2. Did you lose your balance when bending over to or reaching for something? \_\_\_\_\_
3. Did you have trouble climbing stairs? \_\_\_\_\_
4. Did you have to stop and rest more than you would like when walking or using a wheelchair? \_\_\_\_\_
5. Did you have trouble with standing? \_\_\_\_\_
6. Did 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 I felt withdrawn from other people.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 impatient 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. [Stroke 1999 Jul;30\(7\):1362-9.](#)