

## 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

**ITEM** **SCORE**

### 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 I felt withdrawn from other people.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.](#)