

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? _____

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? _____