

ALS-Specific Quality of Life Questionnaire-Brief Form (ALSSQOL-20)

Participant ID# _____

Date: _____

Instructions:

The questions in this questionnaire begin with a statement followed by two opposite answers. Numbers extend from one extreme answer to its opposite. Please circle the number between 0 and 10 which is most true for you. There are no right or wrong answers. Completely honest answers will be most helpful.

EXAMPLE:

	Not at All										Extremely
I am hungry.	0	1	2	3	4	5	6	7	8	9	10

If you are not even a little bit hungry, you should circle 0.

If you are a little hungry (you just finished a meal but still have room for dessert), you might circle 1, 2, or 3

If you are feeling moderately hungry (because mealtime is approaching), you might circle 4, 5, or 6.

If you are very hungry (because you haven't eaten all day), you might circle a 7, 8, or 9.

If you are extremely hungry, you should circle 10.

BEGIN HERE:

Please assess your overall quality of life over the past week (7 days):

	Very bad										Excellent
Considering all parts of my life – physical, emotional, social, spiritual, and financial – over the past week, the quality of my life has been.	0	1	2	3	4	5	6	7	8	9	10

Please rate the following statements according to how strongly you agree or how strongly you disagree with each of them. Please respond about how you have felt or what you have experienced over the past week.

		Strongly Disagree									Strongly Agree	
1.	I have experienced pain.	0	1	2	3	4	5	6	7	8	9	10
2.	I have experienced fatigue.	0	1	2	3	4	5	6	7	8	9	10
3.	I have experienced excessive saliva.	0	1	2	3	4	5	6	7	8	9	10
4.	I have experienced problems with speaking.	0	1	2	3	4	5	6	7	8	9	10
5.	I have experienced problems with my strength and ability to move.	0	1	2	3	4	5	6	7	8	9	10
6.	I have experienced problems with sleep.	0	1	2	3	4	5	6	7	8	9	10
7.	I have felt physically terrible.	0	1	2	3	4	5	6	7	8	9	10
8.	The world has been caring and responsive to my needs.	0	1	2	3	4	5	6	7	8	9	10
9.	I have felt supported.	0	1	2	3	4	5	6	7	8	9	10
10.	I have been depressed.	0	1	2	3	4	5	6	7	8	9	10
11.	Relationships with those closest to me have been satisfying.	0	1	2	3	4	5	6	7	8	9	10
12.	My religion has been a source of strength or comfort to me.	0	1	2	3	4	5	6	7	8	9	10
13.	I consider myself to have been religious or spiritual.	0	1	2	3	4	5	6	7	8	9	10
14.	I have felt hopeless.	0	1	2	3	4	5	6	7	8	9	10
15.	I have felt sad.	0	1	2	3	4	5	6	7	8	9	10
16.	I have enjoyed the beauty of my surroundings.	0	1	2	3	4	5	6	7	8	9	10
17.	My desire for emotional intimacy has been strong.	0	1	2	3	4	5	6	7	8	9	10
18.	I have shared emotional intimacy with others.	0	1	2	3	4	5	6	7	8	9	10
19.	My desire for physical intimacy has been strong.	0	1	2	3	4	5	6	7	8	9	10
20.	I have shared physical intimacy with others.	0	1	2	3	4	5	6	7	8	9	10

Items by scale

Negative Emotion: 10, 14, 15,

Physical Functioning: 1, 2, 5, 6, 7

Bulbar Function: 3, 4

Interaction with people and the Environment: 8, 9, 11, 16

Religiosity: 12, 13,

Intimacy: 17, 18, 19, 20