

# ASQoL

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## Ankylosing Spondylitis Quality of Life Questionnaire

**Please read this carefully**

On the following pages you will find some statements which have been made by people who have Ankylosing Spondylitis.

Please read each statement carefully. We would like you to tick

‘**Yes**’ if you feel the statement applies to you

And tick ‘**No**’ if it does not

Please choose the response that applies best to you

**at the moment**

Please read each item carefully and tick the one response that applies best to you at the moment

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. My condition limits the places I can go                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. I sometimes feel like crying                             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. I have difficulty dressing                               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. I struggle to do jobs around the house                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. It's impossible to sleep                                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. I am unable to join in activities with my friends/family | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. I am tired all the time                                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. I have to keep stopping what I am doing to rest          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. I have unbearable pain                                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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This questionnaire should not be translated or adapted without permission.

Please read each item carefully and tick the **one** response that applies best to you **at the moment**

10. It takes a long time to get going in the morning  
Yes   
No

11. I am unable to do jobs around the house  
Yes   
No

12. I get tired easily  
Yes   
No

13. I often get frustrated  
Yes   
No

14. The pain is always there  
Yes   
No

15. I feel I miss out on a lot  
Yes   
No

16. I find it difficult to wash my hair  
Yes   
No

17. My condition gets me down  
Yes   
No

18. I worry about letting people down  
Yes   
No

**Thank you for taking the trouble to fill in this questionnaire.**

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## **Appendix 2: Note on Scoring the ASQoL**

Each statement on the ASQoL is given a score of “1” or “0”. A score of “1” is given where the item is affirmed, indicating adverse QoL. All item scores are summed to give a total score or index. Scores can range from 0 (good QoL) to 18 (poor QoL). Cases with more than three missing responses (ie more than 20%) cannot be allocated a total score. For cases with between one and three missing responses, the total score is calculated as follows:  $T = 18x/18 - m$  where:  $T$  is the total score,  $x$  is the total score for the items affirmed and  $m$  is the number of missing items.