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

Availability	<p>The SS-QOL is in the public domain but the following reference should be cited if the scale is used:</p> <p>Williams LS, Weinberger M, Harris LE, Clark DO, Biller J. Development of a stroke-specific quality of life scale. <i>Stroke</i> 1999 Jul;30(7):1362-9.</p> <p><b>The instrument is freely available here: <a href="#">Stroke Specific Quality of Life Scale.</a></b></p>
Classification	<p><b>Supplemental:</b> Stroke</p> <p><b>Exploratory:</b> Unruptured Cerebral Aneurysms and Subarachnoid Hemorrhage (SAH)</p>
Short Description of Instrument	<p><b>Purpose</b></p> <p>The SS-QOL is a patient-centered outcome measure intended to provide an assessment of health-related quality of life specific to patients with stroke. The scale domains and items were derived from a series of interviews with post-stroke patients.</p> <p><b>Overview</b></p> <p>Patients must respond to each question of the SS-QOL with reference to the past week. It is a self-report scale containing 49 items in 12 domains and subscales which include: Energy, Upper extremity function, Work/Productivity, Mood, Self-care, Social roles, Family roles, Vision, Language, Thinking and Personality.</p> <p><b>Time</b></p> <p>This scale takes approximately 10-15 minutes to complete.</p> <p><b>Scoring</b></p> <p>Items are rated on a 5-point Likert scale. There are three different response sets. Patients must respond to each item using the corresponding response set as indicated on 5 point scale.<sup>2</sup> Higher scores indicate better functioning. The SS-QOL yields both domain scores and an overall SS-QOL summary score. The domain scores are unweighted averages of the associated items while the summary score is an unweighted average of all twelve domain scores.</p> <p><b>Scoring</b></p> <p>Items are rated on a 5-point Likert scale. There are three different response sets. Patients must respond to each item using the corresponding response set as indicated on 5 point scale. Higher scores indicate better functioning. The SS-QOL yields both domain scores and an overall SS-QOL summary score. The domain scores are unweighted averages of the associated items while the summary score is an unweighted average of all twelve domain scores.</p>

## Psychometric Properties

The SS-QOL was published and validated in 1999 by Williams, Weinberger, Harris, and Clark. One study suggests that the scale can be administered to patients with stroke reliably over the telephone.

This scale should not be used with the following groups:

Severe stroke populations. The SS-QOL has not yet been tested among patients with severe stroke.

Should be used with caution in patients with aphasia. Although the modified version of the scale, the Stroke and Aphasia Quality Of Life Scale (SAQOL-39), has been validated for use in patients with long-term aphasia, it is a relatively new measure that requires further psychometric testing.

Patients who require a proxy to complete. A study by Williams et al.<sup>5</sup> compared proxy ratings of the SS-QOL to patient self administration in 225 patient-proxy pairs. Proxies rated all domains of SS-QOL lower than the patients. The intraclass correlation coefficient (ICC) for each domain ranged from poor ( $r = 0.30$  for role function) to adequate ( $r = 0.59$  for physical function). Proxy overall SS-QOL score was also rated lower than the patient score (3.7 versus 3.4) with an ICC of  $r = 0.41$ .

Other Important Notes: Training is not required, as the SS-QOL is intended to be self-administered.

References	<p>Hilari K, Byng S, Lamping DL, Smith SC. The stroke and aphasia quality of life scale-39 (SAQOL-39): evaluation of acceptability, reliability and validity. <i>Stroke</i>. 2003;34 (8):1944–1950.</p> <p>Williams LS, Weinberger M, Harris LE, Clark DO, Biller J. Development of a stroke-specific quality of life scale. <i>Stroke</i>. 1999a;30(7):1362–1369.</p> <p>Williams LS, Weinberger M, Harris LE, Biller J. Measuring quality of life in a way that is meaningful to stroke patients. <i>Neurology</i>. 1999b;53:1839–1843.</p> <p>Williams LS, Redmon G, Saul DC, Weinberger M. (2000). Reliability and telephone validity of the Stroke-specific Quality of Life (SS-QOL) scale. <i>Stroke</i>. 2000;32:339-b.</p> <p>Williams LS, Bakas T, Brizendine E, Plue L, Tu W, Hendrie H, Kroenke K. How valid are family proxy assessments of stroke patients' health-related quality of life? <i>Stroke</i>. 2006;37:2081–2085.</p>
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