**ALSAQ-40 – Arabic for Israel Second Forward Translation Report**

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| **Ref** | **Source English Questionnaire Wording** | **Arabic Translation** | **Comments** |
| 1 | **ALSAQ-40** | **ALSAQ-40** |  |
| 2 | **Please complete this questionnaire as soon as possible.** |  |  |
| 3 | If you have any difficulties filling in the questionnaire by yourself, please get someone else to help you with it. |  |  |
| 4 | However it is **your** responses that we are interested in. |  |  |
| 5 | The questionnaire consists of a number of statements about difficulties that you may have experienced **during the last 2 weeks.** |  |  |
| 6 | There are no right or wrong answers: your first response is likely to be the most accurate for you. |  |  |
| 7 | **Please tick the box which best describes your own experience or feelings.** |  |  |
| 8 | **Please try to answer every question** even though some may seem rather similar to others, or may not seem relevant to you. |  |  |
| 9 | All the information you give will be treated in the **strictest confidence**. |  |  |
| 10 | The following statements all refer to difficulties that you may have had **during the last 2 weeks**. |  |  |
| 11 | Please indicate, by ticking the appropriate box, how often the following statements have been true for you. |  |  |
| 12 | **The following statements all refer to certain difficulties that you may have had during the last 2 weeks.** |  |  |
| 13 | *If you cannot walk at all*  *please tick* **Always/cannot walk at all**. |  |  |
| 14 | ***How often during the last 2 weeks have the following been true?*** |  |  |
| 15 | *Please tick* ***one box*** *for each question* |  |  |
| 16  R1-40/  R1-R5 | **Never**  **Rarely**  **Sometimes**  **Often**  **Always or cannot walk at all** |  |  |
| 17  Q1 | **I have found it difficult to walk short distances, e.g. around the house.** |  |  |
| 18  Q2 | **I have fallen over whilst walking.** |  |  |
| 19  Q3 | **I have stumbled or tripped whilst walking.** |  |  |
| 20  Q4 | **I have lost my balance whilst walking.** |  |  |
| 21  Q5 | **I have had to concentrate whilst walking.** |  |  |
| 22 | *Please make sure that you have ticked* ***one box for each question*** *before going on to the next page.* |  |  |
| 23 | *If you cannot do the activity at all*  *please tick* **Always/cannot do at all**. |  |  |
| 24  R6-30 | **Always or cannot do at all** |  |  |
| 25  Q6 | **Walking has tired me out.** |  |  |
| 26  Q7 | **I have had pains in my legs whilst walking.** |  |  |
| 27  Q8 | **I have found it difficult to go up and down the stairs.** |  |  |
| 28  Q9 | **I have found it difficult to stand up.** |  |  |
| 29  Q10 | **I have found it difficult to get myself up out of chairs.** |  |  |
| 30  Q11 | **I have had difficulty using my arms and hands.** |  |  |
| 31  Q12 | **I have found turning and moving in bed difficult.** |  |  |
| 32  Q13 | **I have found picking things up difficult.** |  |  |
| 33  Q14 | **I have found holding books or newspapers, or turning pages, difficult.** |  |  |
| 34  Q15 | **I have had difficulty writing clearly.** |  |  |
| 35  Q16 | **I have found it difficult to do jobs around the house.** |  |  |
| 36  Q17 | **I have found it difficult to feed myself.** |  |  |
| 37  Q18 | **I have had difficulty combing my hair or cleaning my teeth.** |  |  |
| 38  Q19 | **I have had difficulty getting dressed.** |  |  |
| 39  Q20 | **I have had difficulty washing at the hand basin.** |  |  |
| 40  Q21 | **I have had difficulty swallowing.** |  |  |
| 41  Q22 | **I have had difficulty eating solid food.** |  |  |
| 42  Q23 | **I have found it difficult to drink liquids.** |  |  |
| 43  Q24 | **I have found it difficult to participate in conversations.** |  |  |
| 44  Q25 | **I have felt that my speech has not been easy to understand.** |  |  |
| 45  Q26 | **I have slurred or stuttered whilst speaking.** |  |  |
| 46  Q27 | **I have had to talk very slowly.** |  |  |
| 47  Q28 | **I have talked less than I used to do.** |  |  |
| 48  Q29 | **I have been frustrated by my speech.** |  |  |
| 49  Q30 | **I have felt self-conscious about my speech.** |  |  |
| 50  R31-40 | **Always** |  |  |
| 51  Q31 | **I have felt lonely.** |  |  |
| 52  Q32 | **I have been bored.** |  |  |
| 53  Q33 | **I have felt embarrassed in social situations.** |  |  |
| 54  Q34 | **I have felt hopeless about the future.** |  |  |
| 55  Q35 | **I have worried that I am a burden to other people.** |  |  |
| 56  Q36 | **I have wondered why I keep going.** |  |  |
| 57  Q37 | **I have felt angry because of the disease.** |  |  |
| 58  Q38 | **I have felt depressed.** |  |  |
| 59  Q39 | **I have worried about how the disease will affect me in the future.** |  |  |
| 60  Q40 | **I have felt as if I have no freedom.** |  |  |
| 61 | *Please make sure that you have ticked* ***one box for each question.*** |  |  |
| 62 | ***Thank you for completing this questionnaire.*** |  |  |

**Reference column key**

Q1 = Question 1

R1 = Response options for question 1

R3-7 = Response options for questions 3 to 7

\* = Text which is repeated in the questionnaire