

ASQoL

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
No

2. I sometimes feel like crying Yes
No

3. I have difficulty dressing Yes
No

4. I struggle to do jobs around the house Yes
No

5. It's impossible to sleep Yes
No

6. I am unable to join in activities with my friends/family Yes
No

7. I am tired all the time Yes
No

8. I have to keep stopping what I am doing to rest Yes
No

9. I have unbearable pain Yes
No