

Quality of life in sarcopenia

This questionnaire asks about **sarcopenia**, which is a **muscle weakness that comes about with ageing**. Sarcopenia can affect your daily life. This survey will enable us to find out if the state of your muscles currently **affects your quality of life**.

Please choose the **most appropriate response** for each question. The questionnaire should take you approximately 5 minutes to complete.

1. Do you currently feel you have a reduction in:

	A lot	Some	A little	None
The strength in your arms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The strength in your legs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your muscle mass?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your physical capabilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The distance you can walk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. When undertaking moderate physical activities (fast walking, cleaning windows, hoovering, washing the car, pulling up weeds in the garden, etc.), do you:

	Often	Occasionally	Rarely	Never	I do not undertake these types of physical activities
Have difficulty?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Do you currently have difficulty in undertaking any of the following activities:

	Unable to do	Great difficulty	A little difficulty	No difficulty	Not applicable
Getting up from the floor without holding on to anything?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrying heavy objects (large bags full of shopping, saucepan filled with water, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. When you are walking, do you feel very tired?

Often	Occasionally	Rarely	Never	I am unable to walk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Do you feel physically weak?

Yes, completely	Yes, somewhat	Yes, a little	No, not at all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Do you have problems with your balance?

Often	Occasionally	Rarely	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Does your muscle weakness limit your movement?

Yes, a lot	Yes, somewhat	Yes, a little	No, not at all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Has your participation in leisure activities (going out to eat, gardening, doing DIY, shooting/fishing, senior citizens clubs, playing bridge, going for a walk, etc.) changed?

Increased	Decreased	Unchanged	I have never participated in leisure activities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>