

Version 14.0 To be used for all acute stroke registrations from 01-01-2015 onwards.

## RIKSSTROKE – 3-MONTH FOLLOW-UP

*These details are to be completed by nursing staff at the stroke unit*

Personal ID number |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_|

Name .....

Municipality code for follow-up (Voluntary information) |\_\_|\_\_|

County code for follow-up (Voluntary information) |\_\_|\_\_|

Reporting hospital |\_\_|\_\_|\_\_| Department |\_\_|\_\_|\_\_|

Planned follow-up date for this questionnaire (year, month, day) |\_\_|\_\_| |\_\_|\_\_| |\_\_|\_\_|

### The questionnaire is to be completed 3 months after the stroke

#### Instructions:

- **If you need help completing the questionnaire that is fine.** Please state in question 35 who answered the questionnaire.
- If you do not know the answer to a question, and there is no "Don't know" option, simply leave the question unanswered.
- If you have not been hospitalised, you can leave such questions unanswered.
- Put an **X** in the box that best corresponds to your situation.

Date of completion of the questionnaire |\_\_|\_\_| |\_\_|\_\_| |\_\_|\_\_|

#### 1. Where are you living currently?

|\_\_| = Live in my own home, without home help service. (Home help service does **not** refer to home nursing or advanced home nursing)

|\_\_| = Live in my own home, with home help service. (Home help service does **not** refer to home nursing or advanced home nursing)

|\_\_| = Special housing (e.g. nursing home, service flat, short-term housing, sheltered housing, transitional care unit, respite care or equivalent).

|\_\_| = Emergency hospital (e.g. medical, neurology, surgical ward)

|\_\_| = Geriatric/Rehab clinic

|\_\_| = Other .....

**2. Do you live alone?**

I \_\_\_ I = Yes, I live alone

I \_\_\_ I = No, I live with my spouse/partner or other person e.g. sibling, children, parents

**3. Are you still having problems after your stroke?**

I \_\_\_ I = All problems have completely gone

I \_\_\_ I = I am still having problems

I \_\_\_ I = Don't know

**4. Have you been able to return to the life and activities you had before you had the stroke?**

I \_\_\_ I = Yes

I \_\_\_ I = Yes, but not quite like before

I \_\_\_ I = No

I \_\_\_ I = Don't know

**5. How is your mobility now?**

I \_\_\_ I = I can get around both indoors and out without the help of another person

I \_\_\_ I = I can get around indoors, but not outdoors without the help of another person

I \_\_\_ I = I get help from someone else to move around both indoors and out

**6. Do you need help from someone to visit the toilet?**

I \_\_\_ I = I can manage to visit the toilet by myself

I \_\_\_ I = I need help to visit the toilet

**7. Do you need help getting dressed and undressed?**

I \_\_\_ I = I can manage to get dressed and undressed by myself

I \_\_\_ I = I need help to get dressed and undressed

**8. Since you were discharged from hospital after your stroke, have you been to a follow-up appointment or been given a date for a follow-up appointment with a doctor?**

Note: You can choose more than one response.

I \_\_\_ I = Yes, at the hospital (in the general surgery or the ward)

I \_\_\_ I = Yes, at the health centre or equivalent (e.g. private doctor's surgery)

I \_\_\_ I = Yes, at the day rehabilitation centre

I \_\_\_ I = Yes, in my own home or at my special housing

I \_\_\_ I = No

I \_\_\_ I = Don't know

**9. Since you were discharged from hospital after your stroke, have you been to a follow-up appointment or been given a date for a follow-up appointment with a nurse?**

Note: You can choose more than one response.

I \_\_\_ I = Yes, at the hospital (in the general surgery or the ward)

I \_\_\_ I = Yes, at the health centre or equivalent (e.g. private doctor's surgery)

I \_\_\_ I = Yes, at the day rehabilitation centre

I \_\_\_ I = Yes, in my own home or at my special housing

I \_\_\_ I = No

I \_\_\_ I = Don't know

**10. What type of support or assistance have you had from the health service or the municipality after your stroke?**

Note: You can choose more than one response.

I \_\_\_ I = I did not need/want any support or assistance

I \_\_\_ I = I have not had any support or assistance

I \_\_\_ I = Home rehabilitation (rehabilitation/training in the home from physiotherapist, occupational therapist or nurse)

I \_\_\_ I = Day rehabilitation/or equivalent (refers to rehabilitation outside the home on several occasions)

I \_\_\_ I = Other rehabilitation (refers to rehabilitation outside the home on individual occasions)

I \_\_\_ I = Short-term housing

I \_\_\_ I = Home help service

I \_\_\_ I = Personal alarm

I \_\_\_ I = Escort

I \_\_\_ I = Mobility service

I \_\_\_ I = Other support (e.g. from doctor, nurse, physiotherapist, occupational therapist, social worker or speech therapist)

I \_\_\_ I = Don't know

**11. Do you think that your need for support or assistance from the health service or municipality has been met after your stroke?**

I \_\_\_ I = I did not need/want any support or assistance

I \_\_\_ I = Yes, completely met

I \_\_\_ I = Yes, partly met

I \_\_\_ I = No, not met at all

I \_\_\_ I = Don't know

**12. Do you need help from someone to look after the house?**

This question refers to your need for help with e.g. cleaning, doing the laundry, shopping, cooking, etc. regardless of whether this need arose after your stroke or you already needed help before you had the stroke.

I \_\_\_ I = Yes

I \_\_\_ I = No

I \_\_\_ I = Not relevant, I didn't look after the house before I had the stroke either

I \_\_\_ I = Don't know

**13. Has your need for daily living aids and adaptations in the home been met?**

(e.g. walking frame, crutches, wheelchair, communication support, memory aids, shower stool, raised toilet seat and home adaptation).

I \_\_\_ I = I have/had no need of daily living aids or adaptation in my home

I \_\_\_ I = Yes, completely met

I \_\_\_ I = Yes, partly met

I \_\_\_ I = No, not met at all

I \_\_\_ I = Don't know

**14. Are you currently dependent on support or assistance from relatives/friends?**

I \_\_\_ I = I have no relatives/friends or have no contact with relatives/friends

I \_\_\_ I = Yes, completely dependent

I \_\_\_ I = Yes, partly dependent

I \_\_\_ I = No, not at all

I \_\_\_ I = Don't know

**15. Do you currently have difficulty...?**

If you have any difficulties, this question applies regardless of the reasons for the difficulties

Note: You can choose more than one response.

= Speaking

= Understanding speech

= Reading

= Writing

= Counting

= Swallowing

= Keeping your balance

= Remembering things

= Concentrating

= None of the above

= Don't know

**16. During your time in hospital, or since you were discharged, have you seen a speech therapist about your ability to speak, swallow or write?**

= Yes, for assessment

= Yes, for assessment and treatment

= No

= Don't know

**17. Do you smoke?**

= Yes, I smoke one or more cigarettes every day

= No

= Don't know

**18. Have you been offered help to stop smoking after your stroke?**

I \_\_\_ I = Not applicable, since I did not smoke before my stroke

I \_\_\_ I = Yes

I \_\_\_ I = No

I \_\_\_ I = Don't know

**19. Do you feel depressed?**

If you feel depressed, this question applies regardless of the reasons for the depression

I \_\_\_ I = Never or almost never

I \_\_\_ I = Sometimes

I \_\_\_ I = Often

I \_\_\_ I = Constantly

I \_\_\_ I = Don't know

**20. Are you having treatment for depression?**

I \_\_\_ I = Yes, medication

I \_\_\_ I = Yes, talking therapy

I \_\_\_ I = Yes, medication and talking therapy

I \_\_\_ I = No, I am not having any treatment

I \_\_\_ I = Don't know

**21. Are you taking any medication for high blood pressure?**

I \_\_\_ I = Yes

I \_\_\_ I = No

I \_\_\_ I = Don't know

**22. How would you assess your general health?**

I \_\_\_ I = Very good

I \_\_\_ I = Quite good

I \_\_\_ I = Quite poor

I \_\_\_ I = Very poor

I \_\_\_ I = Don't know

**23. Do you feel tired?**

If you are tired, this question applies regardless of the reason for the tiredness

I \_\_\_ I = Never or almost never

I \_\_\_ I = Sometimes

I \_\_\_ I = Often

I \_\_\_ I = Constantly

I \_\_\_ I = Don't know

**24. Do you have any pain?**

If you have pain, this question applies regardless of the reason for the pain

I \_\_\_ I = Never or almost never

I \_\_\_ I = Sometimes

I \_\_\_ I = Often

I \_\_\_ I = Constantly

I \_\_\_ I = Don't know

**25. Are your needs for pain relief being met?**

I \_\_\_ I = Not applicable, since I do/did not have any need for pain relief

I \_\_\_ I = Yes, completely

I \_\_\_ I = Yes, partly

I \_\_\_ I = No, not at all

I \_\_\_ I = Don't know

**26. How satisfied or dissatisfied are you with the care you received in hospital in connection with your stroke?**

I \_\_\_ I = Very satisfied

I \_\_\_ I = Satisfied

I \_\_\_ I = Dissatisfied

I \_\_\_ I = Very dissatisfied

I \_\_\_ I = Don't know

**27. How satisfied or dissatisfied are you with the way staff dealt with you in hospital in connection with your stroke?**

I \_\_\_ I = Very satisfied

I \_\_\_ I = Satisfied

I \_\_\_ I = Dissatisfied

I \_\_\_ I = Very dissatisfied

I \_\_\_ I = Don't know

**28. How satisfied or dissatisfied are you with the discharge consultation with the doctor on the ward where you received care for your stroke?**

I \_\_\_ I = Very satisfied

I \_\_\_ I = Satisfied

I \_\_\_ I = Dissatisfied

I \_\_\_ I = Very dissatisfied

I \_\_\_ I = I did not have a discharge consultation with a doctor

I \_\_\_ I = Don't know

**29. Were you given information about stopping driving in connection with your stroke?**

I \_\_\_ I = Not applicable, since I didn't drive before I had the stroke

I \_\_\_ I = Yes

I \_\_\_ I = No

I \_\_\_ I = Don't know

**30. How satisfied or dissatisfied are you with the stroke information provided?**

I \_\_\_ I = Very satisfied

I \_\_\_ I = Satisfied

I \_\_\_ I = Dissatisfied

I \_\_\_ I = Very dissatisfied

I \_\_\_ I = I have not received any stroke information

I \_\_\_ I = Don't know

**31. Do you know where to turn if you need support or assistance after your stroke?**

I \_\_\_ I = Yes

I \_\_\_ I = No

I \_\_\_ I = Don't know

**Rehabilitation or training refers to exercises to improve or maintain the ability to cope with daily life.** (For example, mobility, getting dressed and undressed, going to the toilet, the ability to speak, read and count, ability to concentrate, cooking, etc).

**32. How satisfied or dissatisfied are you with the rehabilitation or training in hospital in connection with your stroke?**

I \_\_\_ I = Very satisfied

I \_\_\_ I = Satisfied

I \_\_\_ I = Dissatisfied

I \_\_\_ I = Very dissatisfied

I \_\_\_ I = I did not need rehabilitation or training during my stay in hospital

I \_\_\_ I = I needed but did not get rehabilitation or training during my stay in hospital

I \_\_\_ I = Don't know

**33. How satisfied or dissatisfied are you with the rehabilitation or training after you were discharged from hospital for your stroke?**

I \_\_\_ I = Very satisfied

I \_\_\_ I = Satisfied

I \_\_\_ I = Dissatisfied

I \_\_\_ I = Very dissatisfied

I \_\_\_ I = I did not need rehabilitation or training after my stay in hospital

I \_\_\_ I = I needed but did not get rehabilitation or training after my stay in hospital

I \_\_\_ I = Don't know

**34. Are you undergoing rehabilitation or training right now?**

I \_\_\_ I = Yes

I \_\_\_ I = No, I do not need rehabilitation or training or I declined the offer

I \_\_\_ I = No, I need it but am not getting any rehabilitation or training

I \_\_\_ I = Don't know

### 35. Who answered this questionnaire?

I \_\_\_ I = Myself alone in writing

I \_\_\_ I = Myself with the assistance of a relative/friend or nursing staff

I \_\_\_ I = Myself (the patient) by telephone

I \_\_\_ I = Myself (the patient) on return visit to hospital/health centre

I \_\_\_ I = Nursing staff only

I \_\_\_ I = Relative only

I \_\_\_ I = Someone else

***Many thanks for your help.***

***After checking that you have answered all the questions, please return this form to us in the enclosed reply envelope.***