

Version 15.0 To be used for all acute stroke registrations from 01-01-2017 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.

= Did not need/want any support or assistance

= Have not received any support or assistance although needed

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

= Day rehabilitation/or equivalent (refers to team-based rehabilitation over a defined period of time)

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

= Short-term housing

= Home help service

= Personal alarm

= Escort

= Mobility service

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

= 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?

= Did not need/want any support or assistance

= Yes, completely met

= Yes, partly met

= No, not met at all

= 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 (applicable also for assisted living conditions)

I ___ I = Don't know

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

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

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 = 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, 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, did not smoke before the 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, 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 or driving is no longer an option.

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, do not need rehabilitation or training or have declined the offer

I ___ I = No, have the need but not receiving 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 (e.g guardian)

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.