RIKS-STROKE – 3-MONTH FOLLOW-UP

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

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<tr>
<th>Personal ID number</th>
<th>Name</th>
<th>Address*</th>
<th>Postal address*</th>
<th>Telephone*</th>
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Municipality code for follow-up (Voluntary information)

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<tr>
<th>Municipality code for follow-up</th>
<th>Reporting hospital</th>
<th>Department</th>
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* Address, postal address and telephone number are only to be given on the paper form and will not be entered electronically in the register.

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 29 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.

- Put an X in the box that best corresponds to your situation.

1. Where are you living currently?

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

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

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

I___I = Emergency hospital (e.g. medical, neurology, surgical ward)

I___I = Geriatric/Rehab clinic

I___I = Other ..........................................................................................................................................................................................
2. Do you live alone?
   I___I = Yes, I live completely alone.
   I___I = No, I live with my spouse/partner or other person e.g. sibling, children, parents

3. How is your mobility now?
   I___I = I can get around by myself both indoors and out
   I___I = I can get around by myself indoors, but not outdoors
   I___I = I get help from someone else to move around

4. Do you need help from someone else to visit the toilet?
   I___I = I can manage to visit the toilet by myself
   I___I = I need help to visit the toilet

5. 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

6. After your hospital stay, have you been to see a doctor or been given an appointment to see the doctor again?
   NB! 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, at my special housing or in my own home
   I___I = No
   I___I = Don't know
7. After your hospital stay, have you been to see a nurse or been given an appointment to see the nurse again?  
NB! 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, at my special housing or in my own home  
I____I = No  
I____I = Don't know

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

I____I = Yes, completely  
I____I = Yes, partly  
I____I = No  
I____I = I did not need/want any support or assistance  
I____I = Don't know

9. What type of support or assistance have you had from the health service or the municipality after your stay in hospital?  
NB! You can choose more than one response.

I____I = Day rehabilitation/Team rehabilitation  
I____I = Home rehabilitation  
I____I = Short-term housing  
I____I = Other support (e.g. doctor, nurse, physiotherapist, occupational therapist, social worker or speech therapist)  
I____I = Home help service  
I____I = Alarm  
I____I = I did not need/want any support or assistance  
I____I = Don't know
10. Are you currently dependent on support or assistance from relatives/friends?
   I___I = Yes, completely dependent
   I___I = Yes, partly dependent
   I___I = No, not at all
   I___I = Don't know

11. Do you have difficulty....? NB! You can choose more than one response.
   I___I = Speaking
   I___I = Reading
   I___I = Writing
   I___I = Swallowing
   I___I = None of the above
   I___I = Don't know

12. Have you seen a speech therapist for assessment or treatment of your ability to speak, swallow or write?
   I___I = Yes
   I___I = No
   I___I = Don't know

13. Do you smoke?
   I___I = Yes
   I___I = No
   I___I = Don't know
14. Do you feel depressed?
   I ___ I = Never or almost never
   I ___ I = Sometimes
   I ___ I = Often
   I ___ I = Constantly
   I ___ I = Don't know

15. Are you taking any medication for depression?
   I ___ I = Yes
   I ___ I = No
   I ___ I = Don't know

16. Are you taking any medication for high blood pressure?
   I ___ I = Yes
   I ___ I = No
   I ___ I = Don't know

17. 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
18. Do you feel tired?
   I___I = Never or almost never
   I___I = Sometimes
   I___I = Often
   I___I = Constantly
   I___I = Don't know

19. Do you have any pain?
   I___I = Never or almost never
   I___I = Sometimes
   I___I = Often
   I___I = Constantly
   I___I = Don't know

20. Do you have difficulty remembering things?
   I___I = Never or almost never
   I___I = Sometimes
   I___I = Often
   I___I = Constantly
   I___I = Don't know

21. How satisfied or dissatisfied are you with the care you received during your stay in hospital?
   I___I = Very satisfied
   I___I = Satisfied
   I___I = Dissatisfied
   I___I = Very dissatisfied
   I___I = Don't know
22. How satisfied or dissatisfied are you with the way staff dealt with you during your stay in hospital?

I___I = Very satisfied
I___I = Satisfied
I___I = Dissatisfied
I___I = Very dissatisfied
I___I = Don't know

23. How satisfied or dissatisfied are you with one-on-one consultations with doctors during your stay in hospital?

I___I = Very satisfied
I___I = Satisfied
I___I = Dissatisfied
I___I = Very dissatisfied
I___I = Did not have any one-on-one consultations with a doctor
I___I = Don't know

24. 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 = Have not received any stroke information
I___I = Don't know

25. Do you know where to turn to if you need support or assistance after your stay in hospital?

I___I = Yes
I___I = No
I___I = Don't know
Rehabilitation or training refers to exercises to **improve** or **maintain** mobility and the ability to cope with daily life.

26. How satisfied or dissatisfied are you with the rehabilitation or training **during** your stay in hospital?
   
   I___I = Very satisfied  
   I___I = Satisfied  
   I___I = Dissatisfied  
   I___I = Very dissatisfied  
   I___I = Did not need rehabilitation or training during my stay in hospital  
   I___I = Needed but did not get rehabilitation or training during my stay in hospital  
   I___I = Don't know

Rehabilitation or training refers to exercises to **improve** or **maintain** mobility and the ability to cope with daily life.

27. How satisfied or dissatisfied are you with the rehabilitation or training **after** your stay in hospital?

   I___I = Very satisfied  
   I___I = Satisfied  
   I___I = Dissatisfied  
   I___I = Very dissatisfied  
   I___I = Did not need rehabilitation or training after my stay in hospital  
   I___I = Needed but did not get rehabilitation or training after my stay in hospital  
   I___I = Don't know

28. Are you undergoing rehabilitation/training right now?

   I___I = Yes  
   I___I = No, but need to  
   I___I = No, don't need to  
   I___I = Don't know
29. Who answered this questionnaire?

I___I = Patient alone in writing
I___I = Patient with the assistance of a relative/friend or nursing staff
I___I = Patient by telephone
I___I = Someone else
I___I = Patient on return visit to hospital/health centre
I___I = Nursing staff only
I___I = Relative only

Many thanks for your help.

After checking that you have answered all 29 questions,
please return this form to us in the enclosed reply envelope.