Version 12.0 To be used for all acute stroke registrations from 01-01-2012 onwards.

**RIKS-STROKE – 3-MONTH FOLLOW-UP**

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

<table>
<thead>
<tr>
<th>Personal ID number</th>
<th>I___I___I___I___I___I___I</th>
<th>I___I___I___I___I___I___I</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>...---------------------------</td>
<td>...---------------------------</td>
</tr>
<tr>
<td>Address*</td>
<td>...---------------------------</td>
<td>...---------------------------</td>
</tr>
<tr>
<td>Postal address*</td>
<td>...---------------------------</td>
<td>...---------------------------</td>
</tr>
<tr>
<td>Telephone*</td>
<td>...---------------------------</td>
<td>...---------------------------</td>
</tr>
<tr>
<td>Municipality code for follow-up (Voluntary information)</td>
<td>I___I___I</td>
<td></td>
</tr>
<tr>
<td>County code for follow-up (Voluntary information)</td>
<td>I___I___I</td>
<td></td>
</tr>
<tr>
<td>Reporting hospital</td>
<td>I___I___I</td>
<td>Department I___I___I___I</td>
</tr>
</tbody>
</table>

* 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) I___I___I I___I___I I___I___I

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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 28 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.

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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 back to see a doctor or been given an appointment to see a doctor? NB! You can choose more than one response

I___I = Yes, at the hospital
I___I = Yes, at the health centre or equivalent (e.g. private doctor's surgery)
I___I = Yes, at my special housing or in my own home
I___I = No
I___I = Don't know

Comment...........................................................................................................................................

7. After your hospital stay, have you been back to see a nurse or been given an appointment to see a nurse? NB! You can choose more than one response

I___I = Yes, at the hospital
I___I = Yes, at the health centre or equivalent (e.g. private doctor's surgery)
I___I = Yes, at my special housing or in my own home
I___I = No
I___I = Don't know

Comment...........................................................................................................................................
8. 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  

Comment  
.............................................

9. Do you think that your need for support or assistance from the health service or municipality has been met? (referring to question 8 above)

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  

Comment  
.............................................

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

I___I = Yes, partly dependent  
I___I = Yes, completely dependent  
I___I = No, not at all  
I___I = Don't know  

Comment  
.............................................
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

Comment

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

Comment

13. Do you smoke?

I___I = Yes  
I___I = No  
I___I = Don't know

Comment

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

Comment

15. Are you taking any medication for depression?

I___I = Yes  
I___I = No  
I___I = Don't know

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

Comment

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

Comment

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

Comment

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

Comment
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

Comment..............................................................................................................................................

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

Comment..............................................................................................................................................

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

Comment..............................................................................................................................................

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

Comment..............................................................................................................................................
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

Comment...........................................................................................................................................

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

Comment...........................................................................................................................................

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

Comment...........................................................................................................................................
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

**Comment**

28. 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 28 questions, please return this form to us in the enclosed reply envelope.*