

## RIKS-STROKE – 3-MONTH FOLLOW-UP

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

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

Name .....

Address\* .....

Postal address\*.....

Telephone\*

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

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

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

Department |\_\_|\_\_|\_\_|

\* 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 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.

#### 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 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.***