RIKS-STROKE — 3 MONTH FOLLOW-UP

To be completed by nursing staff before the patient leaves

Personal ID number I___I___I___I___I___I___I___I___I___I___I___I___I___I___I___I___I___I___I___I___I___I___I___I___I___I___I___I

Name
Address
Telephone no.

Reporting hospital I___I___I___I___I___I___I___I___I___I___I
Ward/department I___I___I___I___I___I___I___I___I___I___I
Follow-up date (year, month, day) I___I___I I___I___I I___I___I

This questionnaire should be completed three months after the onset of stroke

Instructions:
− If you need help filling in the form. Please state who answered the form on your behalf in question 24.
− If you are filling in the form and do not know the answer to a question and there is no “Don’t know” option, you should leave the question unanswered.

1. Where are you staying at present?
   I___I = In own accommodation without community home-help service
   I___I = In own accommodation with community home-help service
   I___I = Arranged accommodation (e.g. nursing home, old people’s home, service flat with full board, temporary accommodation, sheltered housing, alternate accommodation or equivalent)
   I___I = At acute-care ward (e.g. medical, neurological or surgical ward)
   I___I = Other ....................................................................................................................................................
   I___I = At a geriatric or rehabilitation unit

2. Do you live on your own?
   I___I = Yes, I live entirely on my own
   I___I = No, I share the household with a spouse/partner or another person, e.g. sibling, child, parents

3. How mobile are you today?
   I___I = I move around without help both indoors and outdoors
   I___I = I move around without help indoors but not outdoors
   I___I = I need help to move around
4. Does someone help you when you go to the toilet?

I___I = I manage toilet visits without any help  
I___I = I need help to go to the toilet

5. Does someone help you to dress/undress?

I___I = I manage to get dressed/undressed without help  
I___I = I need help to dress/undress

6. Have you had a follow-up appointment after you were discharged from the hospital? (More than one option may be applicable)

I___I = Yes, at a hospital  
I___I = Yes, at a care centre or equivalent (e.g. private practice)  
I___I = Yes, at arranged accommodation  
I___I = No  
I___I = Don’t know

comment ........................................................................................................................................

7. Do you feel that your requirements for support or help have been fulfilled?

I___I = Yes, completely  
I___I = Yes, partly  
I___I = No  
I___I = I did not need/want support or help  
I___I = Don’t know

comment ........................................................................................................................................

8. What type of support or help did you received from the Medical Services or the Municipality after your hospitalisation? (More than one option may be applicable)

I___I = Day-care rehabilitation / team rehabilitation  
I___I = Home rehabilitation  
I___I = Temporary accommodation  
I___I = Other support (e.g. from physician, nurse, physiotherapist, occupational therapist, counsellor or speech therapist)  
I___I = Home-help service  
I___I = Don’t know

comment ........................................................................................................................................

9. Are you dependent upon family or friends for help or support today?

I___I = Yes, partly dependent  
I___I = Yes, entirely dependent  
I___I = No, not at all  
I___I = Don’t know

comment ........................................................................................................................................
10. Are you finding it difficult to...? (More than one option may be applicable)

☐ I = Speak
☐ I = Read
☐ I = Write
☐ I = Swallow
☐ I = None of the above
☐ I = Don't know

**comment**

11. Are you, or have you been, in contact with a speech therapist?

☐ I = Yes
☐ I = No
☐ I = Don't know

**comment**

12. Do you smoke?

☐ I = Yes
☐ I = No
☐ I = Don't know

**comment**

13. Do you feel depressed?

☐ I = Never or hardly ever
☐ I = Sometimes
☐ I = Often
☐ I = Always
☐ I = Don't know

**comment**

14. Are you taking anti-depressants?

☐ I = Yes
☐ I = No
☐ I = Don't know

**comment**

15. Are you taking medication for high blood-pressure?

☐ I = Yes
☐ I = No
☐ I = Don't know

**comment**
16. How would you describe your general state of health?

I___ I = Very good
I___ I = Pretty good
I___ I = Pretty bad
I___ I = Very bad
I___ I = Don’t know

comment.................................................................................................................................

17. Are you satisfied or dissatisfied with the care you received at the hospital?

I___ I = Very satisfied
I___ I = Satisfied
I___ I = Dissatisfied
I___ I = Very dissatisfied
I___ I = Don’t know

comment.................................................................................................................................

Were there things during your stay at the hospital that we could have done better?
Please comment on your experience regarding the following aspects of your treatment.
(Please use an x to mark the answers that best describe your experience.)

18. How satisfied or dissatisfied are you with how you were treated by staff?

I___ I = Very satisfied
I___ I = Satisfied
I___ I = Dissatisfied
I___ I = Very dissatisfied
I___ I = Don’t know

comment.................................................................................................................................

19. How satisfied or dissatisfied are you with your private conversations with your physician?

I___ I = Very satisfied
I___ I = Satisfied
I___ I = Dissatisfied
I___ I = Very dissatisfied
I___ I = Have not spoken in private with my physician
I___ I = Don’t know

comment.................................................................................................................................
Information relating to stroke includes verbal or written information or descriptions of symptoms, causes, treatments or life-style advice you were given.

20. How satisfied or dissatisfied are you with the information or descriptions you were given relating to stroke?
   I___I = Very satisfied
   I___I = Satisfied
   I___I = Dissatisfied
   I___I = Very dissatisfied
   I___I = I didn’t receive any information or description relating to stroke
   I___I = Don’t know

21. How satisfied or dissatisfied are you with the information you were given about where to turn if you needed support or help after the hospitalisation?
   I___I = Very satisfied
   I___I = Satisfied
   I___I = Dissatisfied
   I___I = Very dissatisfied
   I___I = I didn’t need any information on where to turn if I need support
   I___I = I didn’t receive information on where to turn if I need support
   I___I = Don’t know

Rehabilitation or training refers to exercises that are meant to improve or maintain your mobility and ability to manage daily activities.

22. How satisfied or dissatisfied are you with the rehabilitation or training at the hospital?
   I___I = Very satisfied
   I___I = Satisfied
   I___I = Dissatisfied
   I___I = Very dissatisfied
   I___I = I didn’t need rehabilitation or training
   I___I = I had a need but didn’t receive any rehabilitation or training
   I___I = Don’t know

23. How satisfied or dissatisfied are you with the rehabilitation or training after you were discharged from the hospital?
   I___I = Very satisfied
   I___I = Satisfied
   I___I = Dissatisfied
   I___I = Very dissatisfied
   I___I = I didn’t need rehabilitation or training
   I___I = I had a need but didn’t receive any rehabilitation or training
   I___I = Don’t know

comment........................................................................................................................................
24. Who completed this questionnaire?

I___I = The patient alone in writing
I___I = The patient with the help of a relative/friend or a member of medical staff
I___I = The patient over the telephone
I___I = Other person
I___I = The patient at a follow-up visit at the hospital/care centre
I___I = Medical staff alone
I___I = Relative or friend alone

Continues on the next page!
To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your health state is today.

Please check that you have answered all the questions.

Thank you very much for your participation!