

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) |__|__|

Municipality 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 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?

|__| = 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 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

Comment.....

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.

= Yes, at the hospital (in the general surgery or the ward)

= Yes, at the health centre or equivalent (e.g. private doctor's surgery)

= Yes, at the day rehabilitation centre

= Yes, at my special housing or in my own home

= No

= Don't know

Comment.....

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

= Yes, completely

= Yes, partly

= No

= I did not need/want any support or assistance

= Don't know

Comment.....

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.

= Day rehabilitation/Team rehabilitation

= Home rehabilitation

= Short-term housing

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

= Home help service

= Alarm

= I did not need/want any support or assistance

= Don't know

Comment.....

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

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. 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.