

RIKS-STROKE - 3 MONTHS' FOLLOW-UP

To be filled in by nursing staff before the patient is discharged

Personal ID number |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Name

Address

Telephone

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

Ward |_|_|_|_|_|

Date of follow-up (year, month, day) |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

The questionnaire is to be filled in 3 months after onset of stroke

Are you satisfied with the care you received in the hospital?

- 1 |_|_| = Very satisfied
2 |_|_| = Satisfied
3 |_|_| = Dissatisfied
4 |_|_| = Very dissatisfied
8 |_|_| = Don't know

Was there anything during your time of treatment in the hospital that we could have done better? We would be grateful if you would kindly comment your experience regarding the following aspects of your treatment:

Please mark with an X the answers that best correspond with your experience.

A Treatment by the staff

- 1 |_|_| = Very satisfied 2 |_|_| = Satisfied 3 |_|_| = Dissatisfied
4 |_|_| = Very dissatisfied 8 |_|_| = Don't know

B Rehabilitation

- 1 |_|_| = Very satisfied 2 |_|_| = Satisfied 3 |_|_| = Dissatisfied
4 |_|_| = Very dissatisfied 8 |_|_| = Don't know

C Private dialogue with your doctor

- 1 |_|_| = Very satisfied 2 |_|_| = Satisfied 3 |_|_| = Dissatisfied
4 |_|_| = Very dissatisfied 8 |_|_| = Don't know

D Dialogue with nurse, counselor or other nursing staff etc. concerning matters that troubled you

- 1 |_|_| = Very satisfied 2 |_|_| = Satisfied 3 |_|_| = Dissatisfied
4 |_|_| = Very dissatisfied 8 |_|_| = Don't know

E Information about the affliction

- 1 |_|_| = Very satisfied 2 |_|_| = Satisfied 3 |_|_| = Dissatisfied
4 |_|_| = Very dissatisfied 8 |_|_| = Don't know

F Information regarding where to turn for support after the hospitalisation, if needed

- 1 |_|_| = Very satisfied 2 |_|_| = Satisfied 3 |_|_| = Dissatisfied
4 |_|_| = Very dissatisfied 8 |_|_| = Don't know

Have you any other comment regarding the above A-F?

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Have you made any visit after the hospital stay to make follow-up checks?

- 1 = Yes, at a hospital
- 2 = Yes, at a care centre
- 3 = No
- 4 = Don't know

comment.....

Did you receive any support from the health care or the community social services after the hospital stay?

- 1 = Yes
- 2 = No, but I would have liked to have support
- 3 = No, no need or wish for support
- 8 = Don't know

comment.....

If yes, what type of support did you receive? (*several alternatives are possible*)

- = Day-care rehabilitation
- = Home rehabilitation
- = Short-term institutional care for rehabilitation
- = Other support (for instance physician, nurse, physiotherapist, occupational therapist, social worker, speech therapist)
- = Don't know

comment.....

If yes, have your needs of support been met?

- 1 = Yes
- 2 = No
- 8 = Don't know

comment.....

Are you dependent on a family member/next-of-kin for help/support today?

- 1 = Yes, partly dependent
- 2 = Yes, entirely dependent
- 3 = No, not at all
- 8 = Don't know

comment.....

Has any planning been made by the staff of community social services, or the health care, for your future care and rehabilitation?

- 1 = Yes
- 2 = No
- 8 = Don't know

If yes, have you yourself or any close relation participated in the planning?

- 1 = Yes
- 2 = No
- 8 = Don't know

comment.....

Are you suffering from speech difficulties?

- 1 = Yes
- 2 = No
- 8 = Don't know

comment.....

If yes, are you in contact with a speech therapist?

- 1 = Yes
- 2 = No
- 8 = Don't know

comment.....

Do you smoke?

- 1 = Yes
- 2 = No
- 8 = Don't know

Do you feel depressed?

- 1 = Never, nearly never
- 2 = Sometimes
- 3 = Often
- 4 = Always
- 8 = Don't know

comment.....

Do you take any medicine against depression?

- 1 = Yes
- 2 = No
- 8 = Don't know

comment.....

Do you take any medicine against high blood-pressure?

- 1 = Yes
- 2 = No
- 8 = Don't know

comment.....

How do you regard your general state of health?

- 1 = Very good
- 2 = Fairly good
- 3 = Fairly bad
- 4 = Very bad
- 8 = Don't know

comment.....

Where are you staying now?

- 1 = in own home without community support
- 2 = in own home with community support
- 3 = living in a community facility (for instance nursing home, service flat with full board, old peoples' home, short term pension, rehab pension, alternately living or equivalent)
- 4 = in acute-care hospital (for example medical, neurological or surgical ward)
- 5 = other
- 7 = in a geriatric/rehabilitation unit

Do you live alone?

- 1 = Yes, I live entirely on my own
- 2 = No, I share the household with spouse/partner or another person, for instance brother, sister, child, parents

How mobile are you now?

- 1 = I can move around without help both indoors and outdoors
- 2 = I can move without help indoors but not outdoors
- 3 = I need another person's help to move

Do you receive help from anybody to go to the toilet?

- 1 = I can manage toilet visits without assistance
- 2 = I need help to go to the toilet

Do you receive help with dressing/undressing?

- 1 = I can manage to dress/undress without help
- 2 = I need help dressing/undressing

Who filled in this questionnaire?

- 1 = The patient him/herself in writing
- 2 = The patient with the help of a family member or member of medical staff
- 3 = The patient by telephone
- 4 = Other person
- 5 = The patient at an out-patient visit to the hospital
- 6 = Medical staff alone
- 7 = Family member alone

Thank you for your help and co-operation!
Please return this questionnaire to

(address)