RIKS-STROKE - 3 MONTH FOLLOW-UP

| To be completed by nursing staff before the patient leaves | | |
|---|--|--|
| Personal ID number II_I_I_I_I_I_I_I_I_I | | |
| Name Address Telephone no. | | |
| Reporting hospital III Ward/department III Follow-up date (year, month, day) III II II | | |
| This questionnaire should be completed three months after the onset of stroke | | |
| 1. Where are you staying at present? | | |
| II = In own accommodation without community home-help service I I = In own accommodation with community home-help service I I = In community-run facility (e.g. nursing home, home for the aged, service flat with full board, temporary accommodation, sheltered housing, alternate accommodation or equivalent) I I = In acute-care ward (e.g. medical, neurological or surgical ward) I I = Other | | |
| 2. Do you live on your own? | | |
| II = Yes, I live entirely on my own II = No, I share the household with a spouse/partner <u>or</u> another person, e.g. sibling, child, parents | | |
| 3. How mobile are you today? | | |
| II = I move around without help both indoors and outdoors II = I move around without help indoors but not outdoors II = I need help to move around | | |
| 4. Does someone help you when you go to the toilet? | | |
| II = I manage toilet visits without help II = I need help to go to the toilet | | |
| 5. Does someone help you to dress/undress? | | |
| II = I manage to get dressed/undressed without help II = I need help to dress/undress | | |

| | ve you had a follow-up appointment <u>after</u> you were discharged from the hospital? (More that e option may be applicable) |
|---------|---|
| 1 | II = Yes, at a hospital |
| 2 | <pre>II = Yes, at a care centre or equivalent (e.g. private practice)</pre> |
| 3 | II = No |
| 4 | II = Don't know |
| comr | ment |
| | d you receive any support from the Medical Services or the Municipality <u>after</u> u were discharged from the hospital? |
| 1 | I I= Yes |
| 2 | II = No, but I would have liked some support |
| 3 | II = No, I didn't need/want support |
| 8 | II = Don't know |
| comr | nent |
| | |
| 8. If y | res, what type of support did you receive? (More than one option may be applicable) |
| | II = Day-care rehabilitation / team rehabilitation |
| | I = Home rehabilitation |
| | II = Temporary accommodation |
| | I = Other support (e.g. from physician, nurse, physiotherapist, occupational therapist, counsellor or speech therapist) |
| | II = Don't know |
| comr | ment |
| | |
| 9. If y | res, were your support requirements fulfilled? |
| 1 | II = Yes |
| 2 | II = Yes, but not sufficiently |
| 3 | II = No |
| 8 | II = Don't know |
| comr | nent |
| | |
| 10. A | re you dependent upon family or friends for help or support today? |
| 1 | II = Yes, partly dependent |
| 2 | II = Yes, entirely dependent |
| 3 | II = No, not at all |
| 8 | II = Don't know |
| comr | nent |
| | |

| 11. Are yo | ou suffering from speech difficulties? |
|-------------|---|
| 1 | I I = Yes |
| | I I = No |
| 8 | I I = Don't know |
| | |
| comment. | |
| 12. If yes, | are you seeing a speech therapist? |
| 1 | I I = Yes |
| 1 2 | II = No |
| 8 | II = Don't know |
| | |
| comment. | |
| | |
| 13. Do yo | u smoke? |
| 1 | I I = Yes |
| | I I = No |
| 8 | II = Don't know |
| | |
| comment. | |
| | |
| 14. Do yo | u feel depressed? |
| 1 | II = Never or hardly ever |
| 2 | I I = Sometimes |
| 3 | I = Often |
| 4 | II = Always |
| 8 | II = Don't know |
| | |
| comment. | |
| 45 | u taking anti dannasanta? |
| 15. Are yo | ou taking anti-depressants? |
| 1 | I I = Yes |
| | II = No |
| 8 | II = Don't know |
| | |
| comment. | |
| | |
| 16. Are yo | ou taking medication for high blood-pressure? |
| 1 | II = Yes |
| | II = No |
| 8 | II = Don't know |
| commont | |

| 17. How | 17. How would you describe your general state of health? | | |
|--|---|--|--|
| 1 | II = Very good | | |
| 2 | II = Pretty good | | |
| 3 | II = Pretty bad | | |
| 4 | II = Very bad | | |
| 8 | II = Don't know | | |
| commen | <i>t</i> | | |
| | | | |
| 18. Are y | ou satisfied with the care you received at the hospital? | | |
| 1 | II = Very satisfied | | |
| 2 | II = Satisfied | | |
| 3 | II = Dissatisfied | | |
| 4 | II = Very dissatisfied | | |
| 8 | II = Don't know | | |
| commen | t | | |
| Please co | re things during your stay at the hospital that we could have done better? In the same of | | |
| 19. Are y | ou satisfied with how you were treated by staff? | | |
| 1 | II = Very satisfied | | |
| 2 | II = Satisfied | | |
| 3 | II = Dissatisfied | | |
| 4 | II = Very dissatisfied | | |
| 8 | II = Don't know | | |
| commen | <i>t</i> | | |
| 20. Did y | ou have a private conversation with your physician? | | |
| 1 | I I = Yes | | |
| 2 | II = No | | |
| 3 | II = Don't know | | |
| commen | t | | |
| 21. If yes, were you satisfied with this conversation? | | | |
| 1 | II = Very satisfied | | |
| 2 | II = Satisfied | | |
| 3 | II = Dissatisfied | | |
| 4 | II = Very dissatisfied | | |
| 8 | II = Don't know | | |
| | 4 | | |

| 22. Did you talk to a nurse, counsellor or other member of the nursing staff about matters that worried you? |
|---|
| II = Yes II = No II = Don't know II = Didn't feel the need to talk about these things |
| comment |
| 23. If yes, are you satisfied with the conversation? |
| II = Very satisfied II = Satisfied II = Dissatisfied II = Very dissatisfied II = Don't know |
| comment |
| 24. Did you receive information about stroke? |
| 1 |
| comment |
| 25. If yes, were you satisfied with the information? |
| II = Very satisfied II = Satisfied II = Dissatisfied II = Very dissatisfied II = Don't know |
| comment |
| 26. Did you receive rehabilitation treatment? |
| II = Yes II = No II = Don't know II = Didn't require rehabilitation |
| comment |

| 27. If | yes, were you satisfied with the rehabilitation treatment? |
|----------------------------|---|
| 1 | II = Very satisfied |
| 2 | I I = Satisfied |
| 3 | I I = Dissatisfied |
| 4 | II = Very dissatisfied |
| 8 | II = Don't know |
| comn | nent |
| 28. D | d you receive information about where to turn if you needed support <u>after</u> your hospital stay? |
| 1 | II = Yes |
| 2 | II = No |
| 8 | II = Don't know |
| 4 | II = Didn't require information |
| 29. If your 1 2 3 4 | yes, were you satisfied with the information about where to turn if you needed support after nospital stay? II = Very satisfied II = Satisfied II = Dissatisfied II = Very dissatisfied II = Very dissatisfied II = Don't know |
| 30. W | ho completed this questionnaire? |
| 1 | II = The patient alone in writing |
| 2 | $I_{\underline{}}I = The patient with the help of a relative/friend or a member of medical staff$ |
| 3 | II = The patient <u>over the telephone</u> |
| 4 | II = Other person |
| 5 | II = The patient <u>at a follow-up visit</u> at the hospital/care centre |
| 6 | II = Medical staff alone |
| 7 | II = Relative or friend alone |

Fråga 31.

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.

Your own health state today Best imaginable health state



Worst imaginable health state