

RIKS-STROKE – 3 MONTH FOLLOW-UP

To be **completed by nursing staff** before the patient leaves

Personal ID number |__|__|__|__|__|__||__|__|__|__|

Name

Address

Telephone no.

Reporting hospital |__|__|__|

Ward/department |__|__|__|

Follow-up date (year, month, day) |__|__|__|__|__|__|

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

1. Where are you staying at present?

- 1 |__| = In own accommodation without community home-help service
2 |__| = In own accommodation with community home-help service
3 |__| = 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)
5 |__| = In acute-care ward (e.g. medical, neurological or surgical ward)
6 |__| = Other
7 |__| = In a geriatric or rehabilitation unit

2. Do you live on your own?

- 1 |__| = Yes, I live entirely on my own
2 |__| = No, I share the household with a spouse/partner or another person, e.g. sibling, child, parents

3. How mobile are you today?

- 1 |__| = I move around without help both indoors and outdoors
2 |__| = I move around without help indoors but not outdoors
3 |__| = I need help to move around

4. Does someone help you when you go to the toilet?

- 1 |__| = I manage toilet visits without help
2 |__| = I need help to go to the toilet

5. Does someone help you to dress/undress?

- 1 |__| = I manage to get dressed/undressed without help
2 |__| = 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)

- 1 = Yes, at a hospital
- 2 = Yes, at a care centre or equivalent (e.g. private practice)
- 3 = No
- 4 = Don't know

comment.....

7. Did you receive any support from the Medical Services or the Municipality after you were discharged from the hospital?

- 1 = Yes
- 2 = No, but I would have liked some support
- 3 = No, I didn't need/want support
- 8 = Don't know

comment.....

8. If yes, what type of support did you receive? (More than one option may be applicable)

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

comment.....

9. If yes, were your support requirements fulfilled?

- 1 = Yes
- 2 = Yes, but not sufficiently
- 3 = No
- 8 = Don't know

comment.....

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

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

comment.....

11. Are you suffering from speech difficulties?

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

comment.....

12. If yes, are you seeing a speech therapist?

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

comment.....

13. Do you smoke?

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

comment.....

14. Do you feel depressed?

- 1 = Never or hardly ever
- 2 = Sometimes
- 3 = Often
- 4 = Always
- 8 = Don't know

comment.....

15. Are you taking anti-depressants?

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

comment.....

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

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

comment.....

17. How would you describe your general state of health?

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

comment.....

18. Are you satisfied with the care you received at the hospital?

- 1 = Very satisfied
- 2 = Satisfied
- 3 = Dissatisfied
- 4 = Very dissatisfied
- 8 = 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.)

19. Are you satisfied with how you were treated by staff?

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

comment.....

20. Did you have a private conversation with your physician?

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

21. If yes, were you satisfied with this conversation?

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

comment.....

22. Did you talk to a nurse, counsellor or other member of the nursing staff about matters that worried you?

- 1 = Yes
- 2 = No
- 8 = Don't know
- 4 = Didn't feel the need to talk about these things

23. If yes, are you satisfied with the conversation?

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

comment.....

24. Did you receive information about stroke?

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

25. If yes, were you satisfied with the information?

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

comment.....

26. Did you receive rehabilitation treatment?

- 1 = Yes
- 2 = No
- 8 = Don't know
- 4 = Didn't require rehabilitation

27. If yes, were you satisfied with the rehabilitation treatment?

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

comment.....

28. Did you receive information about where to turn if you needed support after your hospital stay?

- 1 = Yes
- 2 = No
- 8 = Don't know
- 4 = Didn't require information

29. If yes, were you satisfied with the information about where to turn if you needed support after your hospital stay?

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

comment.....

30. Who completed this questionnaire?

- 1 |__| = The patient alone in writing
- 2 |__| = The patient with the help of a relative/friend or a member of medical staff
- 3 |__| = The patient over the telephone
- 4 |__| = Other person
- 5 |__| = The patient at a follow-up visit at the hospital/care centre
- 6 |__| = Medical staff alone
- 7 |__| = Relative or friend alone

Please check that you have answered all the questions.

Thank you very much for your participation!

Please return this questionnaire in the attached addressed envelope or send it to the address below