

Version 10.0 To be used for all acute stroke registrations from 1 January 2010 onwards.

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 |__|__|__|

Postal address
.....

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

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

Instruktioner:

- **Om Du behöver hjälp att fylla i formuläret går det bra.** Ange i fråga 27 vem/vilka som besvarat formuläret.
- Om Du som besvarar frågeformuläret inte vet svaret på frågan och svarsalternativet "Don't know" saknas lämnas frågan obesvarad.
- Sätt **X** i den ruta som stämmer bäst för dig.

1. Where are you staying at present?

- |__| = In own accommodation without community home-help service
- |__| = In own accommodation with community home-help service
- |__| = Arranged accommodation (e.g. nursing home, old people's home, service flat with full board, temporary accommodation, sheltered housing, alternate accommodation or equivalent)
- |__| = At acute-care ward (e.g. medical, neurological or surgical ward)
- |__| = Other
- |__| = At a geriatric or rehabilitation unit

2. Do you live on your own?

= Yes, I live entirely on my own

= No, I share the household with a spouse/partner or another person, e.g. sibling, child, parents

3. How mobile are you today?

= I move around without help both indoors and outdoors

= I move around without help indoors but not outdoors

= I need help to move around

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

= I manage toilet visits without any help

= I need help to go to the toilet

5. Does someone help you to dress/undress?

= I manage to get dressed/undressed without help

= I need help to dress/undress

6. Have you had a follow-up appointment after you were discharged from the hospital?

Note: More than one option may be applicable

= Yes, at a hospital

= Yes, at a care centre or equivalent (e.g. private practice)

= Yes, at arranged accommodation

= No

= Don't know

comment.....

7. What type of support or help did you received from the Medical Services or the Municipality after your hospitalisation?

Note: 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)

= Home-help service

= I did not need/want support or help

= Don't know

comment.....

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

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

comment.....

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

- = Yes, partly dependent
- = Yes, entirely dependent
- = No, not at all
- = Don't know

comment.....

10. Are you finding it difficult to...?

Note: More than one option may be applicable

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

comment.....

11. Have you been evaluated or treated by a speech therapist?

- = Yes
- = No
- = Don't know

comment.....

12. Do you smoke?

- = Yes,
- = No
- = Don't know

comment.....

13. Do you feel depressed?

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

comment.....

14. Are you taking anti-depressants?

- = Yes
- = No
- = Don't know

comment.....

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

- = Yes
- = No
- = Don't know

comment.....

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

- = Very good
- = Pretty good
- = Pretty bad
- = Very bad
- = Don't know

comment.....

17. Do you feel tired?

- = Never or almost never
- = Sometimes
- = Often
- = Always
- = Don't know

comment.....

18. Are you in pain?

- = Never or almost never
- = Sometimes
- = Often
- = Always
- = Don't know

comment.....

19. Are you having trouble remembering things?

- = Never or almost never
- = Sometimes
- = Often
- = Always
- = Don't know

comment.....

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

- = Very satisfied
- = Satisfied
- = Dissatisfied
- = Very dissatisfied
- = Don't know

comment.....

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

- = Very satisfied
- = Satisfied
- = Dissatisfied
- = Very dissatisfied
- = Don't know

comment.....

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

- = Very satisfied
- = Satisfied
- = Dissatisfied
- = Very dissatisfied
- = Have not spoken in private with my physician
- = Don't know

comment.....

23. How satisfied or dissatisfied are you with the information you were given relating to stroke?

- = Very satisfied
- = Satisfied
- = Dissatisfied
- = Very dissatisfied
- = I didn't receive any information relating to stroke
- = Don't know

comment.....

24. Do you know where you can go if you need support or help after your stay in hospital?

- = Yes
- = No
- = Don't know

comment.....

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

25. How satisfied or dissatisfied are you with the rehabilitation or training at the hospital?

- = Very satisfied
- = Satisfied
- = Dissatisfied
- = Very dissatisfied
- = I didn't need rehabilitation or training during my stay at the hospital
- = I had a need but didn't receive any rehabilitation or training during my stay at the hospital
- = Don't know

comment.....

26. How satisfied or dissatisfied are you with the rehabilitation or training after you were discharged from the hospital?

- = Very satisfied
- = Satisfied
- = Dissatisfied
- = Very dissatisfied
- = I didn't need rehabilitation or training after I was discharged
- = I did need rehabilitation or training but did not receive it after I was discharged
- = Don't know

comment.....

27. Who completed this questionnaire?

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

Thank you very much for your participation!

Please check that you have answered all the questions.

***Please return this questionnaire using the attached addressed
envelope***