

## Variables in Riksstroke - 1-year follow-up

Year	2009	2010	2011	2012	2013	2014	2015	2016
Where are you staying at present?								
Do you live on your own?								
Are you still having problems after your stroke?								
Have you been able to return to the life and activities you had before you had the stroke?								
How mobile are you today?								
Does someone help you with toilet visits?								
Does someone help you to dress/undress?								
Does someone help you with your food shopping?								
Does someone help you with cleaning?								
Does someone help you with your laundry?								
Do you need help from someone to look after the house?								
Applied for aid or help from the Municipality Have you applied for an alarm system, transportation service, home-help etc.?								
What type of support or assistance have you had from the health service or the municipality after your stroke								
Do you think that your need for support or assistance from the health service or municipality has been met after your stroke?								
Home-help for personal care. Are your requirements fulfilled regarding getting dressed or undressed and/or toilet visits, for example?								
Home-help for domestic services Are your requirements fulfilled regarding help with cleaning and/or food shopping, for example?								
Aids. Are your requirements fulfilled regarding walking frame, crutches, wheelchair, raised, toilet seat, shower stool, housing adaptation or speech aids such as picture boards, communicator etc.?								
Mobility service. Are your requirements fulfilled regarding mobility service?								
Personal alarm. Are your requirements fulfilled regarding personal alarm?								
Escort. Are your requirements fulfilled regarding escort?								
Home nursing. Are your requirements fulfilled regarding help with taking your medications, loading your pill dispenser, redressing wounds, managing your catheter, putting on support socks etc.?								

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Rehabilitation after being discharged from hospital. Have your requirements for rehabilitation after your stroke been fulfilled								
Do you know where to turn if you need support or assistance after your stroke?								
Do you currently have difficulty...?								
How satisfied or dissatisfied are you with the rehabilitation or training after you were discharged from hospital for your stroke?								
Are you undergoing rehabilitation or training right now?								
Are you dependent upon family or friends for help or support today?								
Have you returned to gainful employment?								
Work-related rehabilitation. Have you received any work-related rehabilitation after the stroke?								
Have you received help from any of the following in order to go back to gainful employment? (more than one option may be applicable)								
During the last six months, have you visited a doctor, or do you have an appointment scheduled?								
Have you checked your blood pressure since you were discharged from the hospital after your stroke?								
Are you taking any medication for high blood pressure?								
Have you been to the dentist or dental hygienist in the last six months?								
How would you rate your general health?								
'Thermometer' scale to help determine how good or bad a person's health is, we use the								
Do you smoke?								
Have you been offered an anti-smoke cure after your stroke?								
Do you feel tired?								
Do you have any pain								
Have your pain relief requirements been fulfilled?								
Do you feel depressed?								
Are you taking anti-depressants?								
Who completed this questionnaire?								