UNIVERSITY OF OXFORD

Asking you about your health

stroke

Instructions

Please complete the questionnaire, making sure you reply to all the questions. This should take you about 20 minutes.

If you have difficulties completing the questionnaire, please ask someone else to help you. However, it is your answers that we are interested in.

Questions or help?

If you have any questions or need any help please contact the research team on freephone 0800 9151 664 or via email at YourHealth@dphpc.ox.ac.uk.

Need help with translation?

Please ring 0800 9151 664

Please return the questionnaire in the enclosed pre-paid envelope

Version 2, 14.04.2010 (CB), Study approved by the NHS Research Ethics Committee. Title: PROMs Pilot: REC Reference Number: 10/H0501/10

STROKE IMPACT SCALE (version 3.0)

The purpose of this questionnaire is to evaluate how stroke has impacted your health and life. We want to know from **YOUR POINT OF VIEW** how stroke has affected you. We will ask you questions about impairments and disabilities caused by your stroke, as well as how stroke has affected your quality of life. Finally, we will ask you to rate how much you think you have recovered from your stroke.

Please circle one number for each question.

These questions are about the physical problems which may have occurred as a result of your stroke.

1. In the past week, how would you rate the strength of your...	A lot of strength	Quite a bit of strength	Some strength	A little strength	No strength at all
a. Arm that was most affected by your stroke?	5	4	3	2	1
b. Grip of your hand that was most affected by your stroke?	5	4	3	2	1
c. Leg that was most affected by your stroke?	5	4	3	2	1
d. Foot/ankle that was most affected by your stroke?	5	4	3	2	1

These questions are about your memory and thinking.

2. In the past week, how difficult was it for you to...	Not difficult at all	A little difficult	Somewhat difficult	Very difficult	Extremely difficult
a. Remember things that people just told you?	5	4	3	2	1
b. Remember things that happened the day before?	5	4	3	2	1
c. Remember to do things (e.g. keep scheduled appointments or take medication)?	5	4	3	2	1
d. Remember the day of the week?	5	4	3	2	1
e. Concentrate?	5	4	3	2	1
f. Think quickly?	5	4	3	2	1
g. Solve everyday problems?	5	4	3	2	1

These questions are about how you feel, about changes in your mood and about your ability to control your emotions since your stroke.

3. In the past week, how often did you...	None of the time	A little of the time	Some of the time	Most of the time	All of the time
a. Feel sad?	5	4	3	2	1
b. Feel that there is nobody you are close to?	5	4	3	2	1
c. Feel that you are a burden to others?	5	4	3	2	1
d. Feel that you have nothing to look forward to?	5	4	3	2	1
e. Blame yourself for mistakes that you made?	5	4	3	2	1
f. Enjoy things as much as ever?	5	4	3	2	1
g. Feel quite nervous?	5	4	3	2	1
h. Feel that life is worth living?	5	4	3	2	1
i. Smile and laugh at least once a day?	5	4	3	2	1

The following questions are about your ability to communicate with other people, as well as your ability to understand what you read and what you hear in a conversation.

4. In the past week, how difficult was it to...	Not difficult at all	A little difficult	Somewhat difficult	Very difficult	Extremely difficult
a. Say the name of someone who was in front of you?	5	4	3	2	1
b. Understand what was being said to you in a conversation?	5	4	3	2	1
c. Reply to questions?	5	4	3	2	1
d. Correctly name objects?	5	4	3	2	1
e. Participate in a conversation with a group of people?	5	4	3	2	1
f. Have a conversation on the telephone?	5	4	3	2	1
g. Call another person on the telephone, including selecting the correct phone number and dialing?	5	4	3	2	1

The following questions ask about activities you might do during a typical day.

5. In the past 2 weeks, how difficult was it to...	Not difficult at all	A little difficult	Somewhat difficult	Very difficult	Could not do at all
a. Cut your food with a knife and fork?	5	4	3	2	1
b. Dress the top part of your body?	5	4	3	2	1
c. Bathe yourself?	5	4	3	2	1
d. Clip your toenails?	5	4	3	2	1
e. Get to the toilet on time?	5	4	3	2	1
f. Control your bladder (not have an accident)?	5	4	3	2	1
g. Control your bowels (not have an accident)?	5	4	3	2	1
h. Do light household tasks/chores (e.g. dust, make a bed, take out the rubbish, do the dishes)?	5	4	3	2	1
i. Go shopping?	5	4	3	2	1
j. Do heavy household chores (e.g. vacuum, laundry or garden work)?	5	4	3	2	1

The following questions are about your ability to be mobile, at home and in the community.

6. In the past 2 weeks, how difficult was it to...	Not difficult at all	A little difficult	Somewhat difficult	Very difficult	Could not do at all
a. Stay sitting without losing your balance?	5	4	3	2	1
b. Stay standing without losing your balance?	5	4	3	2	1
c. Walk without losing your balance?	5	4	3	2	1
d. Move from a bed to a chair?	5	4	3	2	1
e. Walk 100 yards?	5	4	3	2	1
f. Walk fast?	5	4	3	2	1
g. Climb one flight of stairs?	5	4	3	2	1
h. Climb several flights of stairs?	5	4	3	2	1
i. Get in and out of a car?	5	4	3	2	1

The following questions are about your ability to use your hand that was MOST AFFECTED by your stroke.

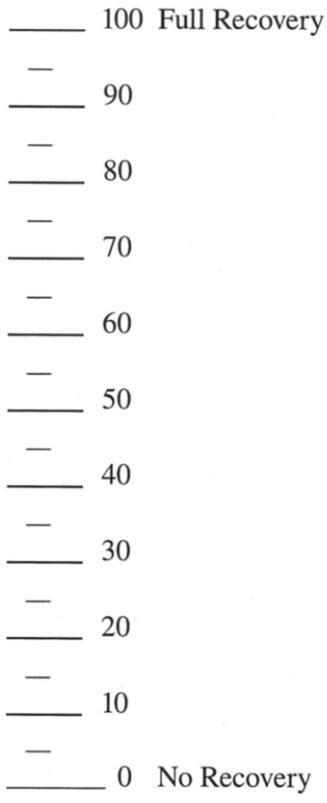
7. In the past 2 weeks, how difficult was it to use your hand that was most affected by your stroke to...	Not difficult at all	A little difficult	Somewhat difficult	Very difficult	Could not do at all
a. Carry heavy objects (e.g. bag of groceries)?	5	4	3	2	1
b. Turn a doorknob?	5	4	3	2	1
c. Open a can or jar?	5	4	3	2	1
d. Tie a shoe lace?	5	4	3	2	1
e. Pick up a coin?	5	4	3	2	1

The following questions are about how stroke has affected your ability to participate in the activities that you usually do, things that are meaningful to you and help you to find purpose in life.

8. During the past 4 weeks, how much of the time have you been limited in...	None of the time	A little of the time	Some of the time	Most of the time	All of the time
a. Your work (paid, voluntary or other)?	5	4	3	2	1
b. Your social activities?	5	4	3	2	1
c. Quiet recreation (crafts, reading)?	5	4	3	2	1
d. Active recreation (sports, outings, travel)?	5	4	3	2	1
e. Your role as a family member and/or friend?	5	4	3	2	1
f. Your participation in spiritual or religious activities?	5	4	3	2	1
g. Your ability to control your life as you wish?	5	4	3	2	1
h. Your ability to help others?	5	4	3	2	1

9. Stroke Recovery

On a scale of 0 to 100, with 100 representing full recovery and 0 representing no recovery, how much have you recovered from your stroke? Please draw an 'X' on the scale.



By placing a tick in one box in each group below, please indicate which statements best describe your own health state **today**.

10. Mobility

- I have no problems in walking about ❑
- I have some problems in walking about ❑
- I am confined to bed ❑

11. Self-Care

- I have no problems with self-care ❑
- I have some problems washing or dressing myself ❑
- I am unable to wash or dress myself ❑

12. Usual Activities *(e.g. work, study, housework, family or leisure activities)*

- I have no problems with performing my usual activities ❑
- I have some problems with performing my usual activities ❑
- I am unable to perform my usual activities ❑

13. Pain/Discomfort

- I have no pain or discomfort ❑
- I have moderate pain or discomfort ❑
- I have extreme pain or discomfort ❑

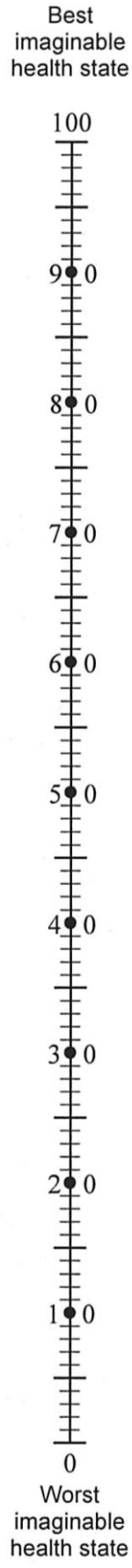
14. Anxiety/Depression

- I am not anxious or depressed ❑
- I am moderately anxious or depressed ❑
- I am extremely anxious or depressed ❑

15. 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



About you

The following questions will help us see how health varies between different people.

16. Are you male or female?

- ❑ Male
- ❑ Female

17. How old are you?

- ❑ Under 18
- ❑ 18 to 24
- ❑ 25 to 34
- ❑ 35 to 44
- ❑ 45 to 54
- ❑ 55 to 64
- ❑ 65 to 74
- ❑ 75 to 84
- ❑ 85 or over

18. Which of these best describes what you are doing at present? If more than one of these applies to you, please tick the main ONE only.

- ❑ Full-time paid work (30 hours or more each week)
- ❑ Part-time paid work (under 30 hours each week)
- ❑ Full-time education at school, college or university
- ❑ Unemployed
- ❑ Permanently sick or disabled
- ❑ Fully retired from work
- ❑ Looking after the home
- ❑ Doing something else

19. Have you been told by a doctor that you have any of the following? Please tick all that apply.

- ❑ Heart disease (for example angina, heart attack or heart failure)
- ❑ High blood pressure
- ❑ Problems caused by a stroke
- ❑ Leg pain when walking due to poor circulation
- ❑ Lung disease (for example asthma, chronic bronchitis or emphysema)
- ❑ Diabetes
- ❑ Kidney disease
- ❑ Diseases of the nervous system (for example Parkinson's disease or multiple sclerosis)
- ❑ Liver disease
- ❑ Cancer (within the last 5 years)
- ❑ Depression
- ❑ Arthritis

20. How many years ago did you first receive a diagnosis of a stroke?

____ years ____ months

21. What is your ethnic group?

Choose one section from A to E below, then select the appropriate option to indicate your ethnic group.

A. White

- ❑ British
- ❑ Irish
- ❑ Any other White background, please write in: _____

B. Mixed

- ❑ White and Black Caribbean
- ❑ White and Black African
- ❑ White and Asian
- ❑ Any other Mixed background, please write in: _____

C. Asian or Asian British

- ❑ Indian
- ❑ Pakistani
- ❑ Bangladeshi
- ❑ Any other Asian background, please write in: _____

D. Black or Black British

- ❑ Caribbean
- ❑ African
- ❑ Any other Black background, please write in: _____

E. Chinese or other ethnic group

- ❑ Chinese
- ❑ Any other ethnic group, please write in: _____

22. What is the first part of your postcode? _ _ _ _

23. Did you have any help with completing this questionnaire?

- ❑ Yes
- ❑ No

If you have any other comments, please write them in the space below.

Thank you for completing this questionnaire.

Please return it to the research team in the enclosed pre-paid envelope.