

Patient Name: _____ DOB: ___/___/___ Hospital: _____

3. Since you were in hospital for your stroke, have you had another stroke?

Yes No

4. Since you were in hospital for your stroke, have you been readmitted to hospital?

Yes No

If Yes, what was the reason for your admission: _____

Date of re-admission // (dd/mm/yyyy)

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

5. Mobility

Thinking about your health today, which of the following statements best describes your mobility?

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

6. Self-care

Thinking about your health today, which of the following statements best describes your 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

7. Usual activity

Thinking about your health today, which of the following statements best describes your usual activities such as work, study, housework, family or leisure activities?

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

8. Pain/discomfort

Thinking about your health today, which of the following statements best describes any pain or discomfort you may be experiencing?

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

9. Anxiety/depression

Thinking about your health today, which of the following statements best describes any anxiety and depression you may be experiencing?

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

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10. Health State

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**



