

A trial to **e**valuate an **e**xtended
rehabilitation service for **s**troke patients
(EXTRAS)

Extended rehabilitation service review documentation v3

Patient name: _____

Patient study number: _____



This booklet contains the documentation required for conducting ALL the extended rehabilitation service reviews.

Please refer to the 'Goal setting and action planning record' to record and evaluate the patient's goals for each review.

For further information on how to conduct the reviews, please refer to the extended rehabilitation service manual or contact the study coordinating team in the Stroke Research Group at Newcastle University:

Stroke Research Group
Institute for Ageing & Health
Newcastle University
3-4 Claremont Terrace
Newcastle NE2 4AE
Tel: 0191 208 6779

Patients name:	Reviewers name:	Date:
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1 month review

If the 1 month review has **NOT** been completed tick this box:

Record the reason below:

Patients name:	Reviewers name:	Date:
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Is the 1 month review being conducted (please tick a box):

On the telephone

Face to face

Section A – Introduction to the review

Do you have any difficulties with communication or conversation – in particular using the telephone? Yes No

If yes, please give details... _____

Patient consents to review: Yes No

Patient consents to a review summary being sent to their GP and other healthcare professionals currently involved in their rehabilitation: Yes No

How have you been since your stroke?

Have you noticed any improvements in the last month?

Is there anything that hasn't gone so well in the last month? (Encourage the patient to reflect upon progress since their stroke with positive reinforcement if appropriate)

How is the patient's partner or main carer? (How is the carer managing, do they have support or respite?)

Have there been any changes at home in the last month? (Home circumstances, who does the patient live with, where are they living, type of accommodation, recent adaptations or aids)

Yes No

If yes, please give details... _____

Patients name:	Reviewers name:	Date:
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Section B – Assessment of rehabilitation needs I would now like to ask about the progress you are making with specific areas of recovery.

1. Mobility (indoor and outdoor)

How are you managing to get about indoors and outdoors?

Activity	Current status <small>(Refer to flowcharts for further prompts for questioning as required)</small>	Current rehab issue	Nature of current issue
Transfers		Yes No	
Walking indoors		Yes No	
Stairs		Yes No	
Walking outdoors		Yes No	
Falls		Yes No	

2. Personal care

How are you managing with personal care activities?

Activity	Current status <small>(Refer to flowcharts for further prompts for questioning as required)</small>	Current rehab issue	Nature of current issue
Washing		Yes No	
Dressing		Yes No	
Toileting		Yes No	

Patients name:	Reviewers name:	Date:
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3. Meal times

How are you managing at meal times?

Activity	Current status (Refer to flowcharts for further prompts for questioning as required)	Current rehab issue	Nature of current issue
Eating		Yes No	
Swallowing		Yes No	
Appetite/ healthy eating		Yes No	
Meal or drink preparation		Yes No	

4. Domestic activities

How are you managing with household tasks?

Activity	Current status (Refer to flowcharts for further prompts for questioning as required)	Current rehab issue	Nature of current issue
Inside the home		Yes No	
Outside the home		Yes No	
Shopping		Yes No	

Patients name:	Reviewers name:	Date:
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5. Work and volunteering

Were you working or retired prior to your stroke?

Activity	Current status (Refer to flowcharts for further prompts for questioning as required)	Current rehab issue	Nature of current issue
Return to work		Yes No	
Volunteering opportunities		Yes No	
Motivation and confidence		Yes No	

6. Hobbies and interests

What activities and hobbies do you have?

Activity	Current status (Refer to flowcharts for further prompts for questioning as required)	Current rehab issue	Nature of current issue
Quiet leisure/hobbies		Yes No	
Active leisure/hobbies		Yes No	
Social participation/activities		Yes No	

Patients name:	Reviewers name:	Date:
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7. Driving and transport

What transport do you use? Do you have any issues with driving or travel on public transport?

Activity	Current status (Refer to flowcharts for further prompts for questioning as required)	Current rehab issue	Nature of current issue
Driving		Yes No	
Travel on public transport		Yes No	
Getting in/out of a car, on/off a bus		Yes No	

8. Communication

We spoke briefly about communication at the start; do you have any other concerns about communication, for example reading, writing or difficulty understanding others?

Activity	Current status (Refer to flowcharts for further prompts for questioning as required)	Current rehab issue	Nature of current issue
Reading (e.g. newspaper, books)		Yes No	
Writing		Yes No	
Comprehension and understanding		Yes No	
Accounting and money management		Yes No	

Patients name:	Reviewers name:	Date:
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9. Memory and concentration

How is your memory and concentration at present?

Activity	Current status (Refer to flowcharts for further prompts for questioning as required)	Current rehab issue	Nature of current issue
Memory		Yes No	
Concentration and attention		Yes No	

10. Mood anxiety and depression

It is common for people to experience changes in their mood after stroke, so it's important for me to ask if you feel sad or depressed at present or noticed any changes in your personality?

Activity	Current status (Refer to flowcharts for further prompts for questioning as required)	Current rehab issue	Nature of current issue
Low mood or depression		Yes No	
Anxiety		Yes No	
Changes in personality		Yes No	

Patients name:	Reviewers name:	Date:
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11. Medical issues

Do you have any medical issues you would like to discuss?

Activity	Current status (Refer to flowcharts for further prompts for questioning as required)	Current rehab issue	Nature of current issue
Recent hospital admission		Yes No	
Lifestyle management		Yes No	
Medication management		Yes No	
Recent contact with a healthcare professional		Yes No	
Other relevant PMH		Yes No	

12. Pain

Have you had any pain recently?

Activity	Current status (Refer to flowcharts for further prompts for questioning as required)	Current rehab issue	Nature of current issue
Pre-existing pain		Yes No	
Musculoskeletal pain		Yes No	
Neuropathic pain		Yes No	

Patients name:	Reviewers name:	Date:
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Other issues

Is there anything else relating to your stroke that you wish to discuss or need help with? (Refer to flowcharts for further prompts for questioning as required)

Summary of rehabilitation and services the patient is currently receiving
(Give details: healthcare professionals, frequency, nature of treatment or service)

Were the questions answered by:
(Please tick one)

- Person who has had a stroke
- Person who has had a stroke with help from a relative or friend
- Relative or friend on behalf of person who has had a stroke
- Other (please state) _____

Patients name:	Reviewers name:	Date:
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Section C – List of rehabilitation needs

List the key rehabilitation needs identified from the review in the table below.

Ask the patient what they would like to concentrate on in the months ahead and what they would like to do next.

Use an asterix (*) to highlight the patient’s priorities (up to five) in the table below.

Rehabilitation needs:

Extended activities of daily living issues (activities highlighted in blue throughout the review are EADLs. Rehab needs identified in these areas should be documented in this column)	*	Other issues	*

The rehabilitation needs that are considered most important to the patient should now be used to formulate goals and/or action points in the ‘**Goal setting and action planning record**’.

After setting goals, please arrange the date of the next review:

Date of next review: _____

Reviewer’s signature: _____ Reviewer’s name: _____

Profession: _____ Band: _____

Patients name:	Reviewers name:	Date:
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3 month review

If the 3 month review has **NOT** been completed tick this box:

Record the reason below:

Patients name:	Reviewers name:	Date:
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Is the 3 month review being conducted (please tick a box):

On the telephone

Face to face

Section A – Introduction to the review

Do you have any difficulties with communication or conversation – in particular using the telephone? Yes No

If yes, please give details... _____

Patient consents to review: Yes No

Patient consents to a review summary being sent to their GP and other healthcare professionals currently involved in their rehabilitation: Yes No

How have you been since your stroke?

Have you noticed any improvements since the last review?

Is there anything that hasn't gone so well recently? (Encourage the patient to reflect upon progress since their stroke with positive reinforcement if appropriate)

Review the goals and action points that were set at the last review – has the patient achieved their goals?

At this point, refer to the 'Goal setting and action planning record' to evaluate the outcomes of previous goals/action points set. Note that if a long term goal/action point was set, this should be evaluated at the longer term time point, not at this time. E.g. if you set a goal at 1 month which was to be achieved by 6 months, you should evaluate it at the 6 month review not the 3 month review. However, you can record comments about progress below:

Patients name:	Reviewers name:	Date:
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How is the patient's partner or main carer? (How is the carer managing, do they have support or respite?)

Have there been any changes at home in the last month? (Home circumstances, who does the patient live with, where are they living, type of accommodation, recent adaptations or aids)

Yes No

If yes, please give details..._____

Patients name:	Reviewers name:	Date:
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Section B – Assessment of rehabilitation needs I would now like to ask about the progress you are making with specific areas of recovery.

1. Mobility (indoor and outdoor)

How are you managing to get about indoors and outdoors?

Activity	Current status (Refer to flowcharts for further prompts for questioning as required)	Current rehab issue	Nature of current issue
Transfers		Yes No	
Walking indoors		Yes No	
Stairs		Yes No	
Walking outdoors		Yes No	
Falls		Yes No	

2. Personal care

How are you managing with personal care activities?

Activity	Current status (Refer to flowcharts for further prompts for questioning as required)	Current rehab issue	Nature of current issue
Washing		Yes No	
Dressing		Yes No	
Toileting		Yes No	

Patients name:	Reviewers name:	Date:
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3. Meal times

How are you managing at meal times?

Activity	Current status (Refer to flowcharts for further prompts for questioning as required)	Current rehab issue	Nature of current issue
Eating		Yes No	
Swallowing		Yes No	
Appetite/ healthy eating		Yes No	
Meal or drink preparation		Yes No	

4. Domestic activities

How are you managing with household tasks?

Activity	Current status (Refer to flowcharts for further prompts for questioning as required)	Current rehab issue	Nature of current issue
Inside the home		Yes No	
Outside the home		Yes No	
Shopping		Yes No	

Patients name:	Reviewers name:	Date:
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5. Work and volunteering

Were you working or retired prior to your stroke?

Activity	Current status (Refer to flowcharts for further prompts for questioning as required)	Current rehab issue	Nature of current issue
Return to work		Yes No	
Volunteering opportunities		Yes No	
Motivation and confidence		Yes No	

6. Hobbies and interests

What activities and hobbies do you have?

Activity	Current status (Refer to flowcharts for further prompts for questioning as required)	Current rehab issue	Nature of current issue
Quiet leisure/hobbies		Yes No	
Active leisure/hobbies		Yes No	
Social participation/activities		Yes No	

Patients name:	Reviewers name:	Date:
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7. Driving and transport

What transport do you use? Do you have any issues with driving or travel on public transport?

Activity	Current status (Refer to flowcharts for further prompts for questioning as required)	Current rehab issue	Nature of current issue
Driving		Yes No	
Travel on public transport		Yes No	
Getting in/out of a car, on/off a bus		Yes No	

8. Communication

We spoke briefly about communication at the start; do you have any other concerns about communication, for example reading, writing or difficulty understanding others?

Activity	Current status (Refer to flowcharts for further prompts for questioning as required)	Current rehab issue	Nature of current issue
Reading (e.g. newspaper, books)		Yes No	
Writing		Yes No	
Comprehension and understanding		Yes No	
Accounting and money management		Yes No	

Patients name:	Reviewers name:	Date:
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9. Memory and concentration

How is your memory and concentration at present?

Activity	Current status (Refer to flowcharts for further prompts for questioning as required)	Current rehab issue	Nature of current issue
Memory		Yes No	
Concentration and attention		Yes No	

10. Mood anxiety and depression

It is common for people to experience changes in their mood after stroke, so it's important for me to ask if you feel sad or depressed at present or noticed any changes in your personality?

Activity	Current status (Refer to flowcharts for further prompts for questioning as required)	Current rehab issue	Nature of current issue
Low mood or depression		Yes No	
Anxiety		Yes No	
Changes in personality		Yes No	

Patients name:	Reviewers name:	Date:
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11. Medical issues

Do you have any medical issues you would like to discuss?

Activity	Current status (Refer to flowcharts for further prompts for questioning as required)	Current rehab issue	Nature of current issue
Recent hospital admission		Yes No	
Lifestyle management		Yes No	
Medication management		Yes No	
Recent contact with a healthcare professional		Yes No	
Other relevant PMH		Yes No	

12. Pain

Have you had any pain recently?

Activity	Current status (Refer to flowcharts for further prompts for questioning as required)	Current rehab issue	Nature of current issue
Pre-existing pain		Yes No	
Musculoskeletal pain		Yes No	
Neuropathic pain		Yes No	

Patients name:	Reviewers name:	Date:
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Other issues

Is there anything else relating to your stroke that you wish to discuss or need help with? (Refer to flowcharts for further prompts for questioning as required)

Summary of rehabilitation and services the patient is currently receiving
 (Give details: healthcare professionals, frequency, nature of treatment or service)

Were the questions answered by:
 (Please tick one)

- Person who has had a stroke
- Person who has had a stroke with help from a relative or friend
- Relative or friend on behalf of person who has had a stroke
- Other (please state) _____

Patients name:	Reviewers name:	Date:
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Section C – List of rehabilitation needs

List the key rehabilitation needs identified from the review in the table below.

Ask the patient what they would like to concentrate on in the months ahead and what they would like to do next.

Use an asterix (*) to highlight the patient’s priorities (up to five) in the table below.

Rehabilitation needs:

Extended activities of daily living issues (activities highlighted in blue throughout the review are EADLs. Rehab needs identified in these areas should be documented in this column)	*	Other issues	*

The rehabilitation needs that are considered most important to the patient should now be used to formulate goals and/or action points in the ‘**Goal setting and action planning record**’.

After setting goals, please arrange the date of the next review:

Date of next review: _____

Reviewer’s signature: _____ Reviewer’s name: _____

Profession: _____ Band: _____

Patients name:	Reviewers name:	Date:
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6 month review

If the 6 month review has **NOT** been completed tick this box:

Record the reason below:

Patients name:	Reviewers name:	Date:
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Is the 6 month review being conducted (please tick a box):

On the telephone

Face to face

Section A – Introduction to the review

Do you have any difficulties with communication or conversation – in particular using the telephone? Yes No

If yes, please give details... _____

Patient consents to review: Yes No

Patient consents to a review summary being sent to their GP and other healthcare professionals currently involved in their rehabilitation: Yes No

How have you been since your stroke?

Have you noticed any improvements since the last review?

Is there anything that hasn't gone so well recently? (Encourage the patient to reflect upon progress since their stroke with positive reinforcement if appropriate)

Review the goals and action points set previously – has the patient achieved their goals?

At this point, refer to the 'Goal setting and action planning record' to evaluate the outcomes of previous goals/action points set. Don't forget that there may be goals set from earlier reviews that require evaluation now. Remember that if a long term goal/action point was set, this should be evaluated at the longer term time point, which may not be now. However, you can record comments about progress towards goals not being evaluated this time, below:

Patients name:	Reviewers name:	Date:
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How is the patient's partner or main carer? (How is the carer managing, do they have support or respite?)

Have there been any changes at home in the last month? (Home circumstances, who does the patient live with, where are they living, type of accommodation, recent adaptations or aids)

Yes No

If yes, please give details... _____

Patients name:	Reviewers name:	Date:
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Section B – Assessment of rehabilitation needs I would now like to ask about the progress you are making with specific areas of recovery.

1. Mobility (indoor and outdoor)

How are you managing to get about indoors and outdoors?

Activity	Current status <small>(Refer to flowcharts for further prompts for questioning as required)</small>	Current rehab issue	Nature of current issue
Transfers		Yes No	
Walking indoors		Yes No	
Stairs		Yes No	
Walking outdoors		Yes No	
Falls		Yes No	

2. Personal care

How are you managing with personal care activities?

Activity	Current status <small>(Refer to flowcharts for further prompts for questioning as required)</small>	Current rehab issue	Nature of current issue
Washing		Yes No	
Dressing		Yes No	
Toileting		Yes No	

Patients name:	Reviewers name:	Date:
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3. Meal times

How are you managing at meal times?

Activity	Current status (Refer to flowcharts for further prompts for questioning as required)	Current rehab issue	Nature of current issue
Eating		Yes No	
Swallowing		Yes No	
Appetite/ healthy eating		Yes No	
Meal or drink preparation		Yes No	

4. Domestic activities

How are you managing with household tasks?

Activity	Current status (Refer to flowcharts for further prompts for questioning as required)	Current rehab issue	Nature of current issue
Inside the home		Yes No	
Outside the home		Yes No	
Shopping		Yes No	

Patients name:	Reviewers name:	Date:
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5. Work and volunteering

Were you working or retired prior to your stroke?

Activity	Current status (Refer to flowcharts for further prompts for questioning as required)	Current rehab issue	Nature of current issue
Return to work		Yes No	
Volunteering opportunities		Yes No	
Motivation and confidence		Yes No	

6. Hobbies and interests

What activities and hobbies do you have?

Activity	Current status (Refer to flowcharts for further prompts for questioning as required)	Current rehab issue	Nature of current issue
Quiet leisure/hobbies		Yes No	
Active leisure/hobbies		Yes No	
Social participation/activities		Yes No	

Patients name:	Reviewers name:	Date:
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7. Driving and transport

What transport do you use? Do you have any issues with driving or travel on public transport?

Activity	Current status (Refer to flowcharts for further prompts for questioning as required)	Current rehab issue	Nature of current issue
Driving		Yes No	
Travel on public transport		Yes No	
Getting in/out of a car, on/off a bus		Yes No	

8. Communication

We spoke briefly about communication at the start; do you have any other concerns about communication, for example reading, writing or difficulty understanding others?

Activity	Current status (Refer to flowcharts for further prompts for questioning as required)	Current rehab issue	Nature of current issue
Reading (e.g. newspaper, books)		Yes No	
Writing		Yes No	
Comprehension and understanding		Yes No	
Accounting and money management		Yes No	

Patients name:	Reviewers name:	Date:
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9. Memory and concentration

How is your memory and concentration at present?

Activity	Current status (Refer to flowcharts for further prompts for questioning as required)	Current rehab issue	Nature of current issue
Memory		Yes No	
Concentration and attention		Yes No	

10. Mood anxiety and depression

It is common for people to experience changes in their mood after stroke, so it's important for me to ask if you feel sad or depressed at present or noticed any changes in your personality?

Activity	Current status (Refer to flowcharts for further prompts for questioning as required)	Current rehab issue	Nature of current issue
Low mood or depression		Yes No	
Anxiety		Yes No	
Changes in personality		Yes No	

Patients name:	Reviewers name:	Date:
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11. Medical issues

Do you have any medical issues you would like to discuss?

Activity	Current status (Refer to flowcharts for further prompts for questioning as required)	Current rehab issue	Nature of current issue
Recent hospital admission		Yes No	
Lifestyle management		Yes No	
Medication management		Yes No	
Recent contact with a healthcare professional		Yes No	
Other relevant PMH		Yes No	

12. Pain

Have you had any pain recently?

Activity	Current status (Refer to flowcharts for further prompts for questioning as required)	Current rehab issue	Nature of current issue
Pre-existing pain		Yes No	
Musculoskeletal pain		Yes No	
Neuropathic pain		Yes No	

Patients name:	Reviewers name:	Date:
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Other issues

Is there anything else relating to your stroke that you wish to discuss or need help with? (Refer to flowcharts for further prompts for questioning as required)

Summary of rehabilitation and services the patient is currently receiving
(Give details: healthcare professionals, frequency, nature of treatment or service)

Were the questions answered by:
(Please tick one)

- Person who has had a stroke
- Person who has had a stroke with help from a relative or friend
- Relative or friend on behalf of person who has had a stroke
- Other (please state) _____

Patients name:	Reviewers name:	Date:
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Section C – List of rehabilitation needs

List the key rehabilitation needs identified from the review in the table below.

Ask the patient what they would like to concentrate on in the months ahead and what they would like to do next.

Use an asterix (*) to highlight the patient’s priorities (up to five) in the table below.

Rehabilitation needs:

Extended activities of daily living issues (activities highlighted in blue throughout the review are EADLs. Rehab needs identified in these areas should be documented in this column)	*	Other issues	*

The rehabilitation needs that are considered most important to the patient should now be used to formulate goals and/or action points in the ‘**Goal setting and action planning record**’.

After setting goals, please arrange the date of the next review:

Date of next review: _____

Reviewer’s signature: _____ Reviewer’s name: _____

Profession: _____ Band: _____

Patients name:	Reviewers name:	Date:
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(EXTRAS)

12 month review

If the 12 month review has **NOT** been completed tick this box:

Record the reason below:

Patients name:	Reviewers name:	Date:
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Is the 12 month review being conducted (please tick a box):

On the telephone

Face to face

Section A – Introduction to the review

Do you have any difficulties with communication or conversation – in particular using the telephone? Yes No

If yes, please give details... _____

Patient consents to review: Yes No

Patient consents to a review summary being sent to their GP and other healthcare professionals currently involved in their rehabilitation: Yes No

How have you been since your stroke?

Have you noticed any improvements since the last review?

Is there anything that hasn't gone so well recently? (Encourage the patient to reflect upon progress since their stroke with positive reinforcement if appropriate)

Review the goals and action points set previously – has the patient achieved their goals? At this point, refer to the 'Goal setting and action planning record' to evaluate the outcomes of previous goals/action points set. Don't forget that there may be goals set from earlier reviews that require evaluation now. Remember that if a long term goal/action point was set, this should be evaluated at the longer term time point, which may not be now. However, you can record comments about progress towards goals not being evaluated this time, below:

Patients name:	Reviewers name:	Date:
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How is the patient's partner or main carer? (How is the carer managing, do they have support or respite?)

Have there been any changes at home in the last month? (Home circumstances, who does the patient live with, where are they living, type of accommodation, recent adaptations or aids)

Yes No

If yes, please give details..._____

Patients name:	Reviewers name:	Date:
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Section B – Assessment of rehabilitation needs I would now like to ask about the progress you are making with specific areas of recovery.

1. Mobility (indoor and outdoor)

How are you managing to get about indoors and outdoors?

Activity	Current status <small>(Refer to flowcharts for further prompts for questioning as required)</small>	Current rehab issue	Nature of current issue
Transfers		Yes No	
Walking indoors		Yes No	
Stairs		Yes No	
Walking outdoors		Yes No	
Falls		Yes No	

2. Personal care

How are you managing with personal care activities?

Activity	Current status <small>(Refer to flowcharts for further prompts for questioning as required)</small>	Current rehab issue	Nature of current issue
Washing		Yes No	
Dressing		Yes No	
Toileting		Yes No	

Patients name:	Reviewers name:	Date:
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3. Meal times

How are you managing at meal times?

Activity	Current status (Refer to flowcharts for further prompts for questioning as required)	Current rehab issue	Nature of current issue
Eating		Yes No	
Swallowing		Yes No	
Appetite/ healthy eating		Yes No	
Meal or drink preparation		Yes No	

4. Domestic activities

How are you managing with household tasks?

Activity	Current status (Refer to flowcharts for further prompts for questioning as required)	Current rehab issue	Nature of current issue
Inside the home		Yes No	
Outside the home		Yes No	
Shopping		Yes No	

Patients name:	Reviewers name:	Date:
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5. Work and volunteering

Were you working or retired prior to your stroke?

Activity	Current status (Refer to flowcharts for further prompts for questioning as required)	Current rehab issue	Nature of current issue
Return to work		Yes No	
Volunteering opportunities		Yes No	
Motivation and confidence		Yes No	

6. Hobbies and interests

What activities and hobbies do you have?

Activity	Current status (Refer to flowcharts for further prompts for questioning as required)	Current rehab issue	Nature of current issue
Quiet leisure/hobbies		Yes No	
Active leisure/hobbies		Yes No	
Social participation/activities		Yes No	

Patients name:	Reviewers name:	Date:
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7. Driving and transport

What transport do you use? Do you have any issues with driving or travel on public transport?

Activity	Current status (Refer to flowcharts for further prompts for questioning as required)	Current rehab issue	Nature of current issue
Driving		Yes No	
Travel on public transport		Yes No	
Getting in/out of a car, on/off a bus		Yes No	

8. Communication

We spoke briefly about communication at the start; do you have any other concerns about communication, for example reading, writing or difficulty understanding others?

Activity	Current status (Refer to flowcharts for further prompts for questioning as required)	Current rehab issue	Nature of current issue
Reading (e.g. newspaper, books)		Yes No	
Writing		Yes No	
Comprehension and understanding		Yes No	
Accounting and money management		Yes No	

Patients name:	Reviewers name:	Date:
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9. Memory and concentration

How is your memory and concentration at present?

Activity	Current status (Refer to flowcharts for further prompts for questioning as required)	Current rehab issue	Nature of current issue
Memory		Yes No	
Concentration and attention		Yes No	

10. Mood anxiety and depression

It is common for people to experience changes in their mood after stroke, so it's important for me to ask if you feel sad or depressed at present or noticed any changes in your personality?

Activity	Current status (Refer to flowcharts for further prompts for questioning as required)	Current rehab issue	Nature of current issue
Low mood or depression		Yes No	
Anxiety		Yes No	
Changes in personality		Yes No	

Patients name:	Reviewers name:	Date:
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11. Medical issues

Do you have any medical issues you would like to discuss?

Activity	Current status (Refer to flowcharts for further prompts for questioning as required)	Current rehab issue	Nature of current issue
Recent hospital admission		Yes No	
Lifestyle management		Yes No	
Medication management		Yes No	
Recent contact with a healthcare professional		Yes No	
Other relevant PMH		Yes No	

12. Pain

Have you had any pain recently?

Activity	Current status (Refer to flowcharts for further prompts for questioning as required)	Current rehab issue	Nature of current issue
Pre-existing pain		Yes No	
Musculoskeletal pain		Yes No	
Neuropathic pain		Yes No	

Patients name:	Reviewers name:	Date:
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Other issues

Is there anything else relating to your stroke that you wish to discuss or need help with? (Refer to flowcharts for further prompts for questioning as required)

Summary of rehabilitation and services the patient is currently receiving
(Give details: healthcare professionals, frequency, nature of treatment or service)

Were the questions answered by:
(Please tick one)

- Person who has had a stroke
- Person who has had a stroke with help from a relative or friend
- Relative or friend on behalf of person who has had a stroke
- Other (please state) _____

Patients name:	Reviewers name:	Date:
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Section C – List of rehabilitation needs

List the key rehabilitation needs identified from the review in the table below.

Ask the patient what they would like to concentrate on in the months ahead and what they would like to do next.

Use an asterix (*) to highlight the patient’s priorities (up to five) in the table below.

Rehabilitation needs:

Extended activities of daily living issues (activities highlighted in blue throughout the review are EADLs. Rehab needs identified in these areas should be documented in this column)	*	Other issues	*

The rehabilitation needs that are considered most important to the patient should now be used to formulate goals and/or action points in the ‘**Goal setting and action planning record**’.

After setting goals, please arrange the date of the next review:

Date of next review: _____

Reviewer’s signature: _____ Reviewer’s name: _____

Profession: _____ Band: _____

Patients name:	Reviewers name:	Date:
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A trial to **e**valuate an **ext**ended
rehabilitation service for **s**troke patients
(EXTRAS)

18 month review

If the 18 month review has **NOT** been completed tick this box:

Record the reason below:

Patients name:	Reviewers name:	Date:
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Is the 18 month review being conducted (please tick a box):

On the telephone

Face to face

Section A – Introduction to the review

Do you have any difficulties with communication or conversation – in particular using the telephone? Yes No

If yes, please give details... _____

Patient consents to review: Yes No

Patient consents to a review summary being sent to their GP and other healthcare professionals currently involved in their rehabilitation: Yes No

How have you been since your stroke?

Have you noticed any improvements since the last review?

Is there anything that hasn't gone so well recently? (Encourage the patient to reflect upon progress since their stroke with positive reinforcement if appropriate)

Review the goals and action points set previously – has the patient achieved their goals? At this point, refer to the 'Goal setting and action planning record' to evaluate the outcomes of previous goals/action points set. Don't forget that there may be goals set from earlier reviews that require evaluation now. As this is the last review, all goals/action points which have not yet been evaluated should be reviewed now.

Patients name:	Reviewers name:	Date:
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How is the patient's partner or main carer? (How is the carer managing, do they have support or respite?)

Have there been any changes at home in the last month? (Home circumstances, who does the patient live with, where are they living, type of accommodation, recent adaptations or aids)

Yes No

If yes, please give details..._____

Patients name:	Reviewers name:	Date:
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Section B – Assessment of rehabilitation needs I would now like to ask about the progress you are making with specific areas of recovery.

1. Mobility (indoor and outdoor)

How are you managing to get about indoors and outdoors?

Activity	Current status <small>(Refer to flowcharts for further prompts for questioning as required)</small>	Current rehab issue	Nature of current issue
Transfers		Yes No	
Walking indoors		Yes No	
Stairs		Yes No	
Walking outdoors		Yes No	
Falls		Yes No	

2. Personal care

How are you managing with personal care activities?

Activity	Current status <small>(Refer to flowcharts for further prompts for questioning as required)</small>	Current rehab issue	Nature of current issue
Washing		Yes No	
Dressing		Yes No	
Toileting		Yes No	

Patients name:	Reviewers name:	Date:
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3. Meal times

How are you managing at meal times?

Activity	Current status (Refer to flowcharts for further prompts for questioning as required)	Current rehab issue	Nature of current issue
Eating		Yes No	
Swallowing		Yes No	
Appetite/ healthy eating		Yes No	
Meal or drink preparation		Yes No	

4. Domestic activities

How are you managing with household tasks?

Activity	Current status (Refer to flowcharts for further prompts for questioning as required)	Current rehab issue	Nature of current issue
Inside the home		Yes No	
Outside the home		Yes No	
Shopping		Yes No	

Patients name:	Reviewers name:	Date:
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5. Work and volunteering

Were you working or retired prior to your stroke?

Activity	Current status (Refer to flowcharts for further prompts for questioning as required)	Current rehab issue	Nature of current issue
Return to work		Yes No	
Volunteering opportunities		Yes No	
Motivation and confidence		Yes No	

6. Hobbies and interests

What activities and hobbies do you have?

Activity	Current status (Refer to flowcharts for further prompts for questioning as required)	Current rehab issue	Nature of current issue
Quiet leisure/hobbies		Yes No	
Active leisure/hobbies		Yes No	
Social participation/activities		Yes No	

Patients name:	Reviewers name:	Date:
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7. Driving and transport

What transport do you use? Do you have any issues with driving or travel on public transport?

Activity	Current status (Refer to flowcharts for further prompts for questioning as required)	Current rehab issue	Nature of current issue
Driving		Yes No	
Travel on public transport		Yes No	
Getting in/out of a car, on/off a bus		Yes No	

8. Communication

We spoke briefly about communication at the start; do you have any other concerns about communication, for example reading, writing or difficulty understanding others?

Activity	Current status (Refer to flowcharts for further prompts for questioning as required)	Current rehab issue	Nature of current issue
Reading (e.g. newspaper, books)		Yes No	
Writing		Yes No	
Comprehension and understanding		Yes No	
Accounting and money management		Yes No	

Patients name:	Reviewers name:	Date:
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9. Memory and concentration

How is your memory and concentration at present?

Activity	Current status (Refer to flowcharts for further prompts for questioning as required)	Current rehab issue	Nature of current issue
Memory		Yes No	
Concentration and attention		Yes No	

10. Mood anxiety and depression

It is common for people to experience changes in their mood after stroke, so it's important for me to ask if you feel sad or depressed at present or noticed any changes in your personality?

Activity	Current status (Refer to flowcharts for further prompts for questioning as required)	Current rehab issue	Nature of current issue
Low mood or depression		Yes No	
Anxiety		Yes No	
Changes in personality		Yes No	

Patients name:	Reviewers name:	Date:
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11. Medical issues

Do you have any medical issues you would like to discuss?

Activity	Current status (Refer to flowcharts for further prompts for questioning as required)	Current rehab issue	Nature of current issue
Recent hospital admission		Yes No	
Lifestyle management		Yes No	
Medication management		Yes No	
Recent contact with a healthcare professional		Yes No	
Other relevant PMH		Yes No	

12. Pain

Have you had any pain recently?

Activity	Current status (Refer to flowcharts for further prompts for questioning as required)	Current rehab issue	Nature of current issue
Pre-existing pain		Yes No	
Musculoskeletal pain		Yes No	
Neuropathic pain		Yes No	

Patients name:	Reviewers name:	Date:
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Other issues

Is there anything else relating to your stroke that you wish to discuss or need help with? (Refer to flowcharts for further prompts for questioning as required)

Summary of rehabilitation and services the patient is currently receiving
(Give details: healthcare professionals, frequency, nature of treatment or service)

Were the questions answered by:
(Please tick one)

- Person who has had a stroke
- Person who has had a stroke with help from a relative or friend
- Relative or friend on behalf of person who has had a stroke
- Other (please state) _____

Patients name:	Reviewers name:	Date:
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Section C – List of rehabilitation needs

List the key rehabilitation needs identified from the review in the table below.

Ask the patient what they would like to concentrate on in the months ahead and what they would like to do next.

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The rehabilitation needs that are considered most important to the patient should now be used to formulate **action points** in the ‘**Goal setting and action planning record**’.

Reviewer’s signature: _____ Reviewer’s name: _____

Profession: _____ Band: _____