A trial to evaluate an extended rehabilitation service for stroke 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

### A trial to evaluate an extended rehabilitation service for stroke patients (EXTRAS)

# 1 month review

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

Record the reason below:

Extended rehabilitation service review documentation v3: 05 August 2014

tients name:	Reviewers name:	Date:
Is the 1 month review	v being conducted (please ticl	k a box):
On the telephone		
Face to face		
Section A – Introdu	ction to the review	
Do you have any dif particular using the	fficulties with communication telephone? Yes	on or conversation – in No
If yes, please give de	etails	
Patient consents to re	eview: Yes 🗌 No 🗌	
		to their GP and other healthcare
Is there anything th	n since your stroke? ny improvements in the last at hasn't gone so well in the	t month? e last month? (Encourage the patient
How have you been Have you noticed an Is there anything th	since your stroke? ny improvements in the las	t month? e last month? (Encourage the patient
How have you been Have you noticed at Is there anything th to reflect upon progress s	a since your stroke? ny improvements in the last at hasn't gone so well in the since their stroke with positive reinfo	t month? e last month? (Encourage the patient prcement if appropriate)
How have you been Have you noticed at Is there anything th to reflect upon progress s	a since your stroke? ny improvements in the last at hasn't gone so well in the since their stroke with positive reinfo	t month? e last month? (Encourage the patient
How have you been Have you noticed at Is there anything th to reflect upon progress s How is the patient's	a since your stroke? ny improvements in the last at hasn't gone so well in the since their stroke with positive reinfo	t month? e last month? (Encourage the patient prcement if appropriate)
How have you been Have you noticed at Is there anything th to reflect upon progress s How is the patient's support or respite?) Have there been an	a since your stroke? ny improvements in the last at hasn't gone so well in the since their stroke with positive reinfo since their stroke with positive reinfo s partner or main carer? (How y changes at home in the la	t month? e last month? (Encourage the patient prcement if appropriate)
How have you been Have you noticed at Is there anything th to reflect upon progress s How is the patient's support or respite?) Have there been any does the patient live with, Yes No	a since your stroke? ny improvements in the last at hasn't gone so well in the since their stroke with positive reinfo since their stroke with positive reinfo s partner or main carer? (How y changes at home in the la	t month? e last month? (Encourage the patient procement if appropriate) w is the carer managing, do they have ast month? (Home circumstances, who pommodation, recent adaptations or aids)

### <u>Section B – Assessment of rehabilitation needs</u> 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:

#### 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:

#### 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)		nt rehab sue	Nature of current issue
Quiet leisure/ hobbies		Yes	No	
Active leisure/ hobbies		Yes	No	
Social participation/ activities		Yes	No	

Patients name:	Reviewers name:	Date:

#### 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)		nt rehab sue	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:

#### 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:

#### 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	

#### <u>12. Pain</u>

Have you had any pain recently?

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

#### 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) \_\_\_\_\_

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

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:	
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# 3 month review

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

Record the reason below:

Extended rehabilitation service review documentation v3: 05 August 2014

ients name:	Reviewers name:	Date:
la tha 2 manth ravia	w being conducted (places tick a	
	ew being conducted (please tick a l	JUX).
On the telephone		
Face to face		
Section A – Introd	uction to the review	
Do you have any d particular using th	lifficulties with communication on the telephone? Yes	or conversation – in
If yes, please give c	details	
Patient consents to	review: Yes No	
professionals currer How have you bee Have you noticed a	a review summary being sent to the ntly involved in their rehabilitation: en since your stroke? any improvements since the las	Yes No
professionals currer How have you bee Have you noticed a Is there anything t	ntly involved in their rehabilitation:	Yes No t review? ? (Encourage the patient to reflect
professionals currer How have you bee Have you noticed a Is there anything t	ntly involved in their rehabilitation: en since your stroke? any improvements since the las hat hasn't gone so well recently	Yes No t review? ? (Encourage the patient to reflect
Professionals currer How have you bee Have you noticed a Is there anything t upon progress since the Review the goals a patient achieved the record' to evaluate the o goal/action point was se if you set a goal at 1 mo	ntly involved in their rehabilitation: en since your stroke? any improvements since the las hat hasn't gone so well recently	Yes No t review? ? (Encourage the patient to reflect propriate) t the last review – has the Goal setting and action planning set. Note that if a long term term time point, not at this time. E.g. hs, you should evaluate it at the 6
Professionals currer How have you bee Have you noticed a Is there anything t upon progress since the poor progress since the since the goals a patient achieved the record' to evaluate the of goal/action point was se if you set a goal at 1 mo	and action points that were set a heir goals? At this point, refer to the 'O putcomes of previous goals/action points et, this should be evaluated at the longer onth which was to be achieved by 6 mont	Yes No t review? ? (Encourage the patient to reflect propriate) t the last review – has the Goal setting and action planning set. Note that if a long term term time point, not at this time. E.g. hs, you should evaluate it at the 6
Professionals currer How have you bee Have you noticed a Is there anything t upon progress since the apon progress since the since the goals a patient achieved the record' to evaluate the of goal/action point was se if you set a goal at 1 mo	and action points that were set a heir goals? At this point, refer to the 'O putcomes of previous goals/action points et, this should be evaluated at the longer onth which was to be achieved by 6 mont	Yes No t review? ? (Encourage the patient to reflect propriate) t the last review – has the Goal setting and action planning set. Note that if a long term term time point, not at this time. E.g. hs, you should evaluate it at the 6

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				
lf yes, p	blease	give	details	 	 	

Extended rehabilitation service review documentation v3: 05 August 2014

### <u>Section B – Assessment of rehabilitation needs</u> 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 rehat 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:

#### 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?

Current status (Refer to flowcharts for further prompts for questioning as required)	Current rehab issue		Nature of current issue
	Yes	No	
	Voc	No	
	162	NU	
	Yes	No	
	(Refer to flowcharts for further prompts for	(Refer to flowcharts for further prompts for questioning as required)       Iss         Yes       Yes	(Refer to flowcharts for further prompts for questioning as required)       issue         Yes       No         Yes       No         Yes       No

Patients name:	Reviewers name:	Date:

#### 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)		nt rehab sue	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)		nt rehab sue	Nature of current issue
Quiet leisure/ hobbies		Yes	No	
Active leisure/ hobbies		Yes	No	
Social participation/ activities		Yes	No	

Patients name:	Reviewers name:	Date:

#### 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)		nt rehab sue	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:

#### 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:

#### 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		

#### <u>12. Pain</u>

Have you had any pain recently?

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

#### 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) \_\_\_\_\_

#### 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	*	Other issues	*
(activities highlighted in blue throughout the review are EADLs.			
Rehab needs identified in these areas should be documented in			
this column)			
		1	

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:	
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# 6 month review

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

Record the reason below:

Extended rehabilitation service review documentation v3: 05 August 2014

tients name:	Reviewers name:	Date:		
		1		
Is the 6 month review	being conducted (please tick	a box):		
On the telephone				
Face to face				
Section A – Introduc	tion to the review			
Do you have any diff particular using the	ficulties with communication telephone? Yes	n or conversation – in No		
If yes, please give det	ails			
Patient consents to re	view: Yes 🗌 No 🗌			
	review summary being sent to y involved in their rehabilitation	o their GP and other healthcare n: Yes No		
How have you been	since your stroke?			
•	y improvements since the la			
	It nash't gone so well recent stroke with positive reinforcement if	tly? (Encourage the patient to reflect appropriate)		
•	• •	ly – has the patient achieved		
-	nt, refer to the 'Goal setting and act s/action points set. Don't forget that	there may be goals set from earlier		
reviews that require evaluation	ation now. Remember that if a long t			

comments about progress towards goals not being evaluated this time, below:

Patients name:	Reviewers name:	Date:

**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...

### <u>Section B – Assessment of rehabilitation needs</u> 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:

#### 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 reh issue	ab Nature of current issue
Inside the home		Yes No	
Outside the home		Yes No	
Shopping		Yes No	

Patients name:	Reviewers name:	Date:

#### 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)		nt rehab sue	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)		nt rehab sue	Nature of current issue
Quiet leisure/ hobbies		Yes	No	
Active leisure/ hobbies		Yes	No	
Social participation/ activities		Yes	No	

Patients name:	Reviewers name:	Date:

#### 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)		nt rehab sue	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:

#### 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)		nt rehab sue	Nature of current issue
Low mood or depression		Yes	No	
Anxiety		Yes	No	
Changes in personality		Yes	No	

Patients name:	Reviewers name:	Date:

#### 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	

#### <u>12. Pain</u>

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	

#### 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) \_\_\_\_\_

#### 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	*	Other issues	*
(activities highlighted in blue throughout the review are EADLs.			1
Rehab needs identified in these areas should be documented in			1
this column)			1
			1
			1
			1
			1
			1
			1
			1
			1
			1
			1
			1
			1
			1
			1
			1
			1
			1

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:	
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# 12 month review

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

Record the reason below:

Extended rehabilitation service review documentation v3: 05 August 2014

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atients name:	Reviewers name:	Date:		
Is the 12 month review	w being conducted (please tick	a box):		
On the telephone				
Face to face				
Section A – Introduc	ction to the review			
Do you have any dif particular using the	ficulties with communication telephone? Yes	n or conversation – in No		
If yes, please give de	tails			
Patient consents to re	eview: Yes No			
Patient consents to a review summary being sent to their GP and other healthcar professionals currently involved in their rehabilitation: Yes No				
How have you been	•			
Is there anything that	ny improvements since the later that hasn't gone so well recent stroke with positive reinforcement if	ly? (Encourage the patient to reflect		

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:

**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...

# <u>Section B – Assessment of rehabilitation needs</u> 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:

# 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 I	No	
Outside the				
home		Yes I	No	
Shopping				
		Yes I	No	

Patients name:	Reviewers name:	Date:

# 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:

# 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 reha	ab 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:

# 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?

Current status (Refer to flowcharts for further prompts for questioning as required)	Current rehab issue		Nature of current issue
	Yes	No	
	Yes	No	
	Yes	No	
	(Refer to flowcharts for further prompts for	(Refer to flowcharts for further prompts for questioning as required)       Yes         Yes       Yes	Image: Refer to flowcharts for further prompts for questioning as required)       Image: Yes       No         Yes       No

Patients name:	Reviewers name:	Date:

# 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	

# <u>12. Pain</u>

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	

## 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) \_\_\_\_\_

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

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:	
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A trial to evaluate an extended rehabilitation service for stroke patients (EXTRAS)

# 18 month review

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

Record the reason below:

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tients name:	Reviewers name:	Date:
Is the 18 month review be	ing conducted (please ti	ck a box):
On the telephone		
Face to face		
Section A – Introduction	to the review	
Do you have any difficu particular using the tele		on or conversation – in No
If yes, please give details		
Patient consents to review	v: Yes 🗌 No 🗌	
Patient consents to a revi professionals currently inv		to their GP and other healthcare on: Yes No
How have you been sind	•	
Have you noticed any in Is there anything that ha upon progress since their strok	asn't gone so well rece	ntly? (Encourage the patient to reflect

**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:

**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				
lf yes,	please	e give	details	 	 	

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# <u>Section B – Assessment of rehabilitation needs</u> 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)		nt rehab sue	Nature of current issue
Washing		Yes	No	
Dressing		Yes	No	
Toileting		Yes	No	

Patients name:	Reviewers name:	Date:

# 3. Meal times

How are you managing at meal times?

Activity	Current status (Refer to flowcharts for further prompts for questioning as required)		nt rehab sue	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 I	No	
Outside the				
home		Yes I	No	
Shopping				
		Yes I	No	

Patients name:	Reviewers name:	Date:

# 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)		nt rehab sue	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)		nt rehab sue	Nature of current issue
Quiet leisure/ hobbies		Yes	No	
Active leisure/ hobbies		Yes	No	
Social participation/ activities		Yes	No	

Patients name:	Reviewers name:	Date:

# 7. Driving and transport

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

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# 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:

# 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:

# 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	

# <u>12. Pain</u>

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	

## 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)

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- 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) \_\_\_\_\_

# Section C – List of rehabilitation needs

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

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Rehabilitation needs:

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

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:	
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