

A trial to **evaluate** an **extended** rehabilitation service
for **stroke** patients

EXTRAS

Baseline Questionnaire
(for relative or friend (carer))

Thank you for completing this questionnaire

HOW TO ANSWER THE QUESTIONS

Thank you for filling in this questionnaire. All of your answers will be treated as confidential and are for research purposes only. Please try to answer every question even if you do not think it applies to you, or it if seems repetitive.

There are several types of questions in this booklet. Most of them can be answered by ticking a box ✓ for either NO or YES.

For example:

Do you live in North Tyneside?

NO

YES

Some of these questions have several boxes and you may be asked to tick one only, or tick as many boxes as apply to you.

For example:

Which vegetables do you like?

(please tick all boxes that apply)

Carrots

Spinach

Brussel sprouts

Cabbage

A small number of questions ask you to write in your answer on a line.

For example:

In what area of North Tyneside do you live?

I live in Whitley Bay

If you need help with the questions, please ask a friend or relative to assist you.

If you are unsure how to answer any of the questions, you can contact us on the telephone number below.

If you find a question too difficult to answer or if you do not wish to answer it, please move on to the next question.

If you have any queries or concerns about the EXTRAS trial, please contact:

Stroke Research Group
Institute for Ageing & Health
Newcastle University
3-4 Claremont Terrace
Newcastle upon Tyne
NE2 4AE

Telephone: 0191 222 6779

PART ONE – YOUR DETAILS

1. Please provide your contact details. We need these to send you the study questionnaires at 12 and 24 months from now.

Name:

Address:

Telephone number: _____

Email address: _____

2. Please give the date that you are completing this questionnaire:

/ /

3. Please tell us some more about yourself:

(please tick the boxes that apply)

Are you:

Male

Female

Are you:

Retired

Working full time

Working part time

What is your age: _____

What is your relationship to your relative/friend who has suffered a stroke:

Spouse/partner

Son/daughter (in-law)

Brother/sister

Granddaughter/grandson

Nephew/niece

Neighbour/friend

Other

If other please detail: _____

Are you currently living with your relative/friend who suffered a stroke?

No

Yes

If yes did you:

Live together prior to the stroke

Your relative/friend moved into your home after their stroke

You moved into your relative/friend's home after their stroke

If no, approximately how much time does it take for you to travel to your relative/friend's home?

hours minutes

4. So we can link you to your relative/friends study records, please tell us:

Name of your relative/friend who has suffered a stroke:

Name of the hospital where your relative/friend received treatment after their stroke:

PART TWO – PROVIDING SUPPORT OR CARE TO A RELATIVE OR FRIEND WHO HAS HAD A STROKE

Below is a list of things which some people have found to be difficult when supporting or caring for someone when they come home from hospital after a stroke. For each question, please tick the box which applies to you.

1. Sleep is disturbed (e.g. because my relative/friend who has had a stroke is in and out of bed or wanders around at night).

No Yes

2. It is inconvenient (e.g. because helping takes so much time or it's a long drive over to help).

No Yes

3. It is a physical strain (e.g. because of lifting in and out of chair, effort or concentration required).

No Yes

4. It is confining (e.g. helping restricts free time or cannot go visiting).

No Yes

5. There have been family adjustments (e.g. because helping has disrupted my routine, there has been no privacy).

No Yes

6. There have been changes in personal plans (e.g. had to turn down a job; could not go on holiday).

No Yes

7. There have been other demands on my time (e.g. from other family members).

No Yes

8. There have been emotional adjustments (e.g. because of severe arguments).

No Yes

9. Some behaviour is upsetting (e.g. because of incontinence; my relative/friend who has had a stroke has trouble remembering things; or my relative or friend who has had a stroke accuses people of taking things).

No Yes

10. It is upsetting to find my relative/friend who has had a stroke has changed so much from his/her former self (e.g. he/she is a different person than he/she used to be).

No Yes

11. There have been work adjustments (e.g. because of having to take time off).

No Yes

12. It is a financial strain.

No Yes

13. Feeling completely overwhelmed (e.g. because of worry about my relative/friend who has had a stroke; concerns about how you will manage).

No Yes

PART THREE – YOUR GENERAL HEALTH*

Please note – these questions apply to YOUR health, not your friend or relative who has had a stroke.

For each of the five sets of statements below please tick one box that best describes your own health TODAY:

Mobility

I have no problems in walking about

I have slight problems in walking about

I have moderate problems in walking about

I have severe problems in walking about

I am unable to walk about

Self Care

I have no problems washing or dressing myself

I have slight problems washing or dressing myself

I have moderate problems washing or dressing myself

I have severe problems washing or dressing myself

I am unable to wash or dress myself

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

I have no problems doing my usual activities

I have slight problems doing my usual activities

I have moderate problems doing my usual activities

I have severe problems doing my usual activities

I am unable to do my usual activities

Pain/Discomfort

I have no pain or discomfort

I have slight pain or discomfort

I have moderate pain or discomfort

I have severe pain or discomfort

I have extreme pain or discomfort

Anxiety/Depression

I am not anxious or depressed

I am slightly anxious or depressed

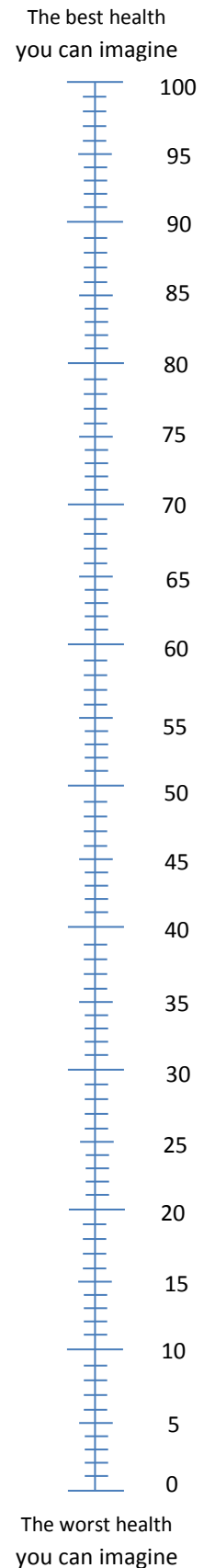
I am moderately anxious or depressed

I am severely anxious or depressed

I am extremely anxious or depressed

- We would like to know how good or bad your health is TODAY.
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine. 0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is TODAY.
- Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY =



This is the end of the questionnaire.

Thank you for the time you have taken to complete it.

Please could you take a moment to check that you have answered as many questions as possible.

Please return the questionnaire to us in the stamped addressed envelope provided.

Contact for further information:

If you have any queries or require further information about the EXTRAS trial please contact:

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