



QUESTIONNAIRE – PATIENT

Many people with stroke need help with taking their medicines. We would like to ask you few questions about the help you might need with taking your medicines.

How many different type of medicines do you take in one day?
Write the number or an approximation. Please count all medications including eye drops, injections etc.

How old are you? How long ago was your stroke? years

What is your sex? M F

For each question below, please tick the box that best describes how you have taken your medicines in the last month:

1. Is somebody helping with prescriptions and collection of your medicines? all the time
often
sometimes
rarely
never

Do you feel you need more help with prescriptions and collection of your medicines?

Yes No

2. Is somebody helping you getting the medicines out of the box, bottle or blister pack? all the time
often
sometimes
rarely
never

Do you feel you need more help with getting the medicines out of the box, bottle or blister pack?

Yes No

<input type="checkbox"/>				
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3. Is somebody helping with reminding you when is the time to take your medicine?

all the time
often
sometimes
rarely
never

<input type="checkbox"/>

Do you feel you need more help with reminding when is the time to take your medicine?

Yes

No

4. Is somebody helping you with swallowing your medicine? For example by giving you a drink

all the time
often
sometimes
rarely
never

<input type="checkbox"/>

Do you feel you need more help with swallowing your medicine?

Yes

No

5. Is somebody helping you with checking that you have taken your medicines?

all the time
often
sometimes
rarely
never

<input type="checkbox"/>

Do you feel you need more help with checking that you have taken your medicine?

Yes

No

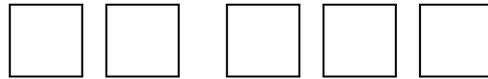
Missing medicines

Thinking of the last 30 days, how often did you miss taking your regular medicines?

all the time
often
sometimes
rarely
never

<input type="checkbox"/>

Remember - tick one box only



Barthel Questionnaire

These are some questions about your ability to look after yourself.

They may not seem to apply to you.

Please answer them all.

Tick one box in each section.

Bathing

In the bath or shower do you:

Remember - tick one box only

- manage on your own?
- need help getting in and out?
- need other help?
- never have a bath or shower?
- need to be washed in bed?

Stairs

Do you climb stairs at home:

Remember - tick one box only

- without any help?
- with someone carrying your frame?
- with someone encouraging you?
- with physical help?
- not at all?
- don't have stairs?

Dressing

Do you get dressed:

Remember - tick one box only

- without any help?
- just with help with buttons?
- with someone helping you most of the time?

Mobility

Do you walk indoors:

Remember - tick one box only

- without any help apart from a frame?
- with one person watching over you?
- with one person helping you?
- with more than one person helping?
- not at all?
- Or do you use a wheelchair independently?
(e.g. round corners)

Transfer

Do you move from bed to chair:

Remember - tick one box only

- on your own?
- with a little help from one person?
- with a lot of help from one or more people?
- not at all?

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Feeding

Do you eat food:

Remember - tick one box only

without any help?

with help cutting food or spreading butter?

with more help?

Toilet use

Do you use a toilet or commode:

Remember - tick one box only

without any help?

with some help but can do something?

with quite a lot of help?

Grooming

Do you brush your hair and teeth

Wash your face and shave:

Remember - tick one box only

without help?

with help?

Bladder

Are you incontinent of urine?

Remember - tick one box only

never

less than once a week

less than once a day

more often

Or do you have a catheter managed for you

Bowels

Do you soil yourself?

Remember - tick one box only

never

Occasional accident

all the time

or do you need someone to give you an enema?
