# Study Phase - 3

**Assessment form for Individuals with Stroke**

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<th>Participant Study ID:</th>
<th>Date of Assessment</th>
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## Demographic Details of the Stroke Survivor

**Name:**

**Gender:** Male / Female

**Education:** No Education; Primary School; Secondary School; Diploma; Degree; Post Graduate; Professional Course

**Occupation prior to stroke:** Daily wage labor; Class IV Govt/Pvt; Class III/II Govt/Pvt; Class I (Govt) /Pvt; Petty Business; Household work; Not working

**Current occupation if any:** Daily wage labor; Class IV Govt/Pvt; Class III/II Govt/Pvt; Class I (Govt) /Pvt; Petty Business; Household work; Not working

**Change in Occupation:**

**Annual Family income:**

**Address:**

**Contact Number**

**Primary Caregiver:**

**Secondary Caregiver:**

**Internet facility at home:** Yes/No

**Details of Smartphone use:**

**Experience of using a smartphone prior to stroke:** Yes / No

If yes, how long

**Does the stroke survivor own a Smartphone:** Yes / No

**Experience of the Primary caregiver in using a smartphone prior to stroke:** Yes / No

If yes, how long

**Does the Primary caregiver own a Smartphone:** Yes / No

**Experience of the Secondary caregiver in using a smartphone prior to stroke:** Yes / No

If yes, how long

**Does the Secondary caregiver own a Smartphone:** Yes / No
Clinical Details of the Stroke Survivor

Hospital number:

CT Diagnosis:

Stroke Type: Ischaemic / Haemorrhagic

Date of Onset: Admission Date: Discharge Date:

Time since first stroke (in months):

Previous stroke if any: Yes / No

NIH Stroke scale score:

Stroke Severity: Mild / Moderate / Severe

Side Affected: Right / Left

Upper limb Involvement:

Dominance: Right / Left

Any severe cognitive difficulties: Yes / No

Any severe communication problem: Yes / No

Any Severe co-morbidities (severe psychiatric illness, hearing loss, vision loss): Yes / No

Functional status prior to stroke: Independent / Partially Independent / Dependent

Caregiver Details:

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<tr>
<th>S.No</th>
<th>Name</th>
<th>Age</th>
<th>Gender</th>
<th>Education</th>
<th>Occupation</th>
<th>Relationship to the stroke survivor</th>
<th>Activities for which support is provided, while caregiving</th>
<th>Approximate time spent in caregiving per day</th>
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Additional Information if any:
Study Title: Development of a Smartphone-enabled carer-supported educational intervention for management of disabilities following stroke in India

Study Phase – 3: Satisfaction Survey

Assessment form for Individual with Stroke

Participant Study ID:  

Date of Assessment  

**Orienting and training participants to the Intervention**

1. What was your initial impression about an intervention like this? Please explain
2. When you were told that you would receive this intervention for 4 weeks, how did you feel?
3. In order to use this intervention, do you think that you need
   - Training
   - Support from caregivers
   - Both
   - Manage yourself
4. Did you receive sufficient information about the intervention before it was handed over to you?
   - Yes, definitely
   - Yes, to some extent
   - No
5. Were the instructions provided to you to access the intervention from Smartphone clear and understandable?
   - Yes, definitely
   - Yes, to some extent
   - No
6. Do you think the demonstration provided to you to access the intervention from Smartphone clear and understandable?
   - Yes, definitely
   - Yes, to some extent
   - No
7. Do you think that the instruction booklet was helpful to you to access the intervention from Smartphone?
   - Yes, definitely
   - Yes, to some extent
   - No
8. Did you get sufficient opportunity to try accessing the intervention from the smartphone yourself - before it was handed over to you?
   - Yes, definitely
   - Yes, to some extent
   - No
9. Did you have enough confidence to try out this intervention when it was provided to you?
   - Yes, definitely
   - Yes, to some extent
   - No
10. Overall do you think you received sufficient training and support to access the intervention from the smartphone?
    - Yes, definitely
    - Yes, to some extent
    - No

**Accessing the intervention**

11. Did you access the intervention videos on the smartphone by yourself? Yes / No
    
    If yes, go to question 12  if no, go to question 14
12. Was it easy to navigate between the webpages and the intervention videos easily?
   Yes, definitely    Yes, to some extent    No

13. Did you have any difficulty in accessing the intervention videos from smartphone? Yes / No
   If yes, please mention the difficulties you experienced.
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________

14. Who helped you to watch the intervention videos? __________________________

15. Was it easy for them to navigate between the webpages and the intervention videos easily?
   Yes, definitely    Yes, to some extent    No

16. Did they have any difficulty in accessing the intervention from smartphone? Yes / No
   If yes, please mention the difficulties that they experienced.
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________

17. Do you think that the video information was presented in a way you could watch and understand?
   Yes, Definitely    Yes, to some extent    No

18. Were the intervention videos relevant to your current needs?
   Yes, completely    Yes, to some extent    No

19. Which section was more interesting?
   Stroke information    Home-based exercises    Assistive devices    Functional skills    ADL    All    None

20. Which section was less interesting?
   Stroke information    Home-based exercises    Assistive devices    Functional skills    ADL    All    None

21. How do you feel about the length of time from being discharged from hospital to being given this intervention
   The intervention was given to me earlier than I thought was necessary
   The intervention was given to me as soon as I thought was necessary
   The intervention should have been given to me sooner
   The intervention should have been given to me much sooner
22. How often did you watch the intervention videos in the past four weeks?
   Once or more than once daily   Once or more than once weekly   whenever necessary
   Whenever possible
23. Was it only you, who watched the intervention videos? yes / no
24. If no, please mention those who watched the intervention videos

25. Do you think that the videos were useful to you?
   Yes, completely   Yes, to some extent   No
26. If yes, in what ways were the videos useful to you? Please explain

27. Please mention three things that you liked most about this intervention

28. Please mention three things that you liked least about this intervention

29. Have you seen similar kind of videos before? yes / No
30. If yes, was there anything new in these videos – please explain?

31. Did you try doing some activities or exercises yourself, after watching from the videos?
   Yes, always   Yes, sometimes   No
32. Do you think, four weeks is sufficient time given to you to use this smartphone intervention?
   Yes, definitely   yes, probably   No, I will need it for some more time
33. Will you use this intervention even after you give the smartphone back? yes / No
34. If yes, how will you do that? Please explain

35. Overall, Did you like this intervention
   Yes, definitely   Yes, probably   No
36. Do you think this intervention would be useful for someone affected by stroke?
   Yes, definitely   Yes, probably   No
37. How useful was this intervention?
   Extremely useful  Very useful  Useful to an extent  Not useful

38. How would you rate the smartphone-enabled intervention you received?
   Excellent  Very useful  satisfactory  Poor

39. Would you recommend this intervention to your friends and family?
   Yes, definitely  Yes, probably  No

40. If no, please comment

   ________________________________________________________________

41. Other Comments / Suggestions
Study Title: Development of a Smartphone-enabled carer-supported educational intervention for management of disabilities following stroke in India

Study Phase – 3: Satisfaction Survey

Assessment form for Caregivers of Individual with Stroke

Participant Study ID: ____________________ Date of Assessment ____________________

Orienting and training participants to the Intervention

1. What was your initial impression about an intervention like this? Please explain.

2. When you were told that you would receive this intervention for 4 weeks, how did you feel?

3. To support the stroke survivor in using this intervention, do you think that you need:
   - Training
   - Support from other caregivers
   - Both
   - Manage yourself

4. Did you receive sufficient information about the intervention before it was handed over to you?
   - Yes, definitely
   - Yes, to some extent
   - No

5. Were the instructions provided to you to access the intervention from Smartphone clear and understandable?
   - Yes, definitely
   - Yes, to some extent
   - No

6. Do you think, the demonstration provided to you to access the intervention from Smartphone clear and understandable?
   - Yes, definitely
   - Yes, to some extent
   - No

7. Do you think that the instruction booklet was helpful to you to access the intervention from Smartphone?
   - Yes, definitely
   - Yes, to some extent
   - No

8. Did you get sufficient opportunity to try accessing the intervention from the smartphone yourself - before it was handed over to you?
   - Yes, definitely
   - Yes, to some extent
   - No

9. Did you have enough confidence to try out this intervention when it was provided to you?
   - Yes, definitely
   - Yes, to some extent
   - No

10. Overall do you think you received sufficient training and support to access the intervention from the smartphone?
    - Yes, definitely
    - Yes, to some extent
    - No

Accessing the intervention

11. Did you access the intervention videos on the smartphone by yourself? Yes / No
    - If yes, go to question 12
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12. Was it easy to navigate between the webpages and the intervention videos easily?
   Yes, definitely  Yes, to some extent  No

13. Did you have any difficulty in accessing the intervention videos from smartphone? Yes / No
   If yes, please mention the difficulties you experienced.
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   ________________________________________________________________
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14. Who helped you to watch the intervention videos? ______________________

15. Was it easy for them to navigate between the webpages and the intervention videos easily?
   Yes, definitely  Yes, to some extent  No

16. Did they have any difficulty in accessing the intervention from smartphone? Yes / No
   If yes, please mention the difficulties that they experienced.
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

**Content of the Intervention**

17. Do you think that the video information was presented in a way you could watch and understand?
   Yes, Definitely  Yes, to some extent  No

18. Were the intervention videos relevant to the current needs of the stroke survivor?
   Yes, completely  Yes, to some extent  No

19. Which section was more interesting to the stroke survivor?
   Stroke information  Home-based exercises  Assistive devices  Functional skills  ADL  All  None

20. Which section was more interesting to you?
   Stroke information  Home-based exercises  Assistive devices  Functional skills  ADL  All  None

**Utilisation of the Intervention**

21. How do you feel about the length of time from being discharged from hospital to being given this intervention
   The intervention was given to us earlier than I thought was necessary
   The intervention was given to us as soon as I thought was necessary
   The intervention should have been given to us sooner
   The intervention should have been given to us much sooner
22. How often did the stroke survivor watch the intervention videos in the past four weeks?
   Once or more than once daily    Once or more than once weekly    Whenever necessary
   Whenever possible

23. Was it only the stroke survivor, who watched the intervention videos? yes / no

24. If no, please mention those who watched the intervention videos

____________________________________________________________________________

25. Do you think that the videos were useful to the stroke survivor?
   Yes, completely    Yes, to some extent    No

26. If yes, in what ways were the videos useful to them? Please explain

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

27. Please mention three things that you liked most about this intervention

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28. Please mention three things that you liked least about this intervention

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29. Have you seen similar kind of videos before? Yes / No

30. If yes, was there anything new in these videos – please explain?

____________________________________________________________________________

31. Did the stroke survivor try doing some activities or exercises themselves or with the help of the family after watching from the videos?
   Yes, always    Yes, sometimes    No

32. Do you think, four weeks is sufficient time given to the stroke survivor and you to use this smartphone intervention?
   Yes, definitely    yes, probably    No, I will need it for some more time

33. Will you support the stroke survivor in using this intervention even after you give the smartphone back? Yes / No

34. If yes, how will you do that? Please explain

____________________________________________________________________________

35. Overall, Did you like this intervention
   Yes, definitely    Yes, probably    No
36. Do you think this intervention would be useful for someone affected by stroke?
   Yes, definitely       Yes, probably       No

37. As a caregiver, how useful do you think was this intervention to the stroke survivor?
   Extremely useful       Very useful       Useful to an extent       Not useful

38. How would you rate the smartphone-enabled intervention?
   Excellent       Very useful       satisfactory       Poor

39. Would you recommend this intervention to your friends and family?
   Yes, definitely       Yes, probably       No

40. If no, please comment
   

41. Other Comments / Suggestions