

## APPENDIX

A presentation of the question areas included in the final 3-month questionnaire, presented in the order they appear in the questionnaire. Revised question areas (formulations and/or alternative answers) and added question areas are also presented.

Question areas in the final 3-month questionnaire	Included in the		
	original questionnaire	Revised	Added
<b>Care and rehabilitation during inpatient care at the emergency hospital</b>			
<b>Satisfaction with:</b>			
Care at the hospital	X	X	
Rehabilitation at the hospital	X	X	
Individual treatment/hospitality at the hospital	X	X	
Information about stroke	X	X	
<b>Information</b>			
Where to turn to if information, assistance, or support is needed	X	X	
Information about driving			X
<b>Care and rehabilitation after inpatient care</b>			
Seen a physician	X	X	
Seen a nurse	X	X	
Received rehabilitation	*X		X
Received rehabilitation on more than 1 occasion			X

Ongoing rehabilitation	X	X
Satisfaction with rehabilitation	X	X
Met needs of care and rehabilitation	X^	X

**Physical and mental function,  
activity, and participation**

Life satisfaction X

**Difficulties with:**

Swallowing X

Seeing X

Hearing X

Speaking X

Understanding speech X

Reading X

Writing X

Counting X

Maintaining balance X

Continence X

**Need of assistance with:**

Going to the toilet X X

Personal care X

Dressing X

Eating/drinking X

Communicating/making oneself understood X

Domestic life X

Economy			X
Ambulation	X	X	
Met needs of assistive devices and housing adaptation			X
<b>Falls</b>			X
<b>Public transportation</b>			X
<b>Return to previous life and activities</b>			X
<b>Mental impairments:</b>			
Tiredness	X		
Concentration			X
Memory	X		
Perceived depression	X		
Medical treatment for depression	X		
<b>Pain</b>	X		
<b>Pain relief</b>			X
<b>Residence</b>			
Current residence	X	X	
Living alone	X	X	
<b>Need of support to manage everyday life</b>			
Dependence on next of kin/significant other	X	X	

Type of support from the community	X	X	
Sufficient support from the community	X <sup>^</sup>	X	
<b>Health and life style</b>			
General health condition	X		
Smoking	X	X	
Offered help to stop smoking			X
Medical treatment for hypertension	X		
Physical activity level			X
<b>Who answered the questionnaire</b>	X	X	

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\* In the original questionnaire, a question on satisfaction with rehabilitation was included. A separate question on whether the patient had seen a speech therapist was also included. In the final questionnaire, the patient reports if she/he has received rehabilitation and from which professions. Satisfaction with rehabilitation is answered in a separate question.

<sup>^</sup>A question on medical care was included in the field of community support in the original form. This question was divided into 2 separate questions in the final version.

<sup>ˆˆ</sup>The original question was about assistive devices. In the final version, the question is about assistive devices and home adaptation.

A question on satisfaction with individual discussions with physicians was removed from the original version of the 3-month questionnaire. That question area was considered in the question on information about stroke and the question on individual treatment/hospitality in the hospital.

In the original questionnaire, the patients had difficulties in distinguishing between home help services provided by the community and home rehabilitation provided by medical professionals. After revisions, the patients were able to identify home help services correctly, but the difficulty in properly identifying home rehabilitation persisted. The patients could, however, specify from which professions they had received rehabilitation.

A presentation of question areas included in the final 12-month questionnaire in the order they appear in the questionnaire. Revised question areas (formulations and/or alternative answers) and added question areas are presented.

Question areas in the final 12-month questionnaire	Included in the		
	original questionnaire	Revised	Added
<b>Care and rehabilitation after stroke onset</b>			
Seen a physician during the past 9 months	X	X	
Blood pressure check-up	X		
Dentist/Dental hygienist	X		
Vision screening			X
Rehabilitation during the past 9 months			X
Rehabilitation on more than one occasion during the past 9 months			X
Ongoing rehabilitation			X
Satisfaction with rehabilitation			X
Vocational rehabilitation	X	X	
Other help to return to work	X	X	
Met needs for care and rehabilitation	X*	X	
<b>Information</b>			
Where to turn to if in need of information/ help/ support			X
<b>Physical and mental function, activity, and participation</b>			
Life satisfaction			X
<b>Difficulties with:</b>			

Swallowing			X
Seeing			X
Hearing			X
Speaking			X
Understanding speech			X
Reading			X
Writing			X
Counting			X
Maintaining balance			X
Continence			X
<b>Need of assistance with:</b>			
Going to the toilet	X	X	
Personal care			X
Dressing	X	X	
Eating/ drinking			X
Communicating/ making oneself understood			X
Domestic life	X <sup>^</sup>	X	
Economy			X
Ambulation	X	X	
Met needs of assistive devices and housing adaptations	X		
<b>Falls</b>			X
<b>Driving a car</b>			X
<b>Public transportation</b>			X
<b>Return to previous life and activities</b>			X

<b>Return to work</b>	X	X	
<b>Mental impairments:</b>			
Tiredness			X
Concentration			X
Memory			X
Perceived depression	X		
Medical treatment for depression	X		
Pain	X		
Pain relief	X	X	
<b>Residence</b>			
Current residence	X	X	
Living alone	X	X	
<b>Need of support to manage everyday life</b>			
Dependence on next of kin/ significant other	X	X	
Type of support from the community	X"		
Sufficient support from the community	X"		X
Met needs of medical care in the home setting	X	X	
<b>Health and life style</b>			
General health condition	X		
Smoking	X	X	
Offered help to stop smoking	X	X	
Medical treatment for hypertension	X		
Physical activity level			X
<b>Who answered the questionnaire</b>	X	X	

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\* In the original questionnaire, the question was about met needs of rehabilitation. In the final version, the question includes met needs of both medical care and rehabilitation.

^ In the original questionnaire, there were 3 separate questions about grocery shopping, cleaning, and laundry. The final version includes 1 question on household activities.

” The original questionnaire included 1 question on applied support from the community and 3 questions on met needs of support with personal care, services, and transport from the community. The final version includes 1 question on applied for and granted support and the kind of support the community provides. One additional question on whether the support from the community is sufficient is included in the final questionnaire.

Questions with alternative answers that passed the validation process without any alterations included perceived tiredness, pain, depression, impaired memory, and lack of concentration (with the alternative answers never/almost never, sometimes, often, or constantly); medication for hypertension; and having had visits to the dentist or dental hygienist (with the alternative answers yes, no, or don't know/can't remember).

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