Patient Name: SURNAME FORENAME **Patient DOB:** D D / M M / Y Y Y Y

NHS No.: _ _ _ _ _ _ _ _ _ _ **Hospital No.:**

8.1 Did this patient have a follow-up assessment at 6 months post admission (plus or minus two months)?	☐ Yes	☐ No	☐ No but

The following questions are only for patients in whom "YES" has been answered:
8.1.1 What was the date of follow-up? D D / M M / Y Y Y Y

8.1.2 How was the follow-up carried out:			
☐ In person	☐ By telephone	☐ Online	☐ By post

8.1.3 Which of the following professionals carried out the follow-up assessment:	
☐ GP	☐ Voluntary Services employee
☐ Stroke coordinator	☐ Secondary care clinician
☐ Therapist	☐ Other
☐ District/community nurse	
8.1.4 If other, please specify	Free text (30-character limit)

8.1.5 Did the patient give consent for their identifiable information to be included in SSNAP?*		
☐ Yes, patient gave consent	☐ No, patient refused consent	☐ Patient was not asked

8.2 Was the patient screened for mood, behaviour or cognition since discharge using a validated tool?	☐ Yes	☐ No	☐ No but
8.2.1 If yes, Was the patient identified as needing support?	☐ Yes	☐ No	
8.2.2 If yes, Has this patient received psychological support for mood, behaviour or cognition since discharge?	☐ Yes	☐ No	☐ No but

8.3 Where is this patient living?		
☐ Home	☐ Care home	☐ Other
8.3.1 If other, please specify	Free text (30-character limit)	

8.4 What is the patient's modified Rankin Scale score?	0 - 6

8.5 Is the patient in persistent, permanent or paroxysmal atrial fibrillation?	☐ Yes	☐ No

8.6 Is the patient taking:					
8.6.1. Antiplatelet:	☐ Yes	☐ No	8.6.2. Anticoagulant:	☐ Yes	☐ No
8.6.3. Lipid Lowering:	☐ Yes	☐ No	8.6.4. Antihypertensive:	☐ Yes	☐ No

8.7 Since their initial stroke, has the patient had any of the following:					
8.7.1 Stroke	☐ Yes	☐ No	8.7.2 Myocardial infarction	☐ Yes	☐ No
8.7.3 Other illness requiring hospitalisation	☐ Yes	☐ No			

8.8 Employment status prior to stroke:	
☐ Working full-time	☐ Studying or Training
☐ Working part-time	☐ Unemployed
☐ Retired	☐ Other
8.8.1 Employment status currently:	
☐ Working full-time	☐ Studying or Training
☐ Working part-time	☐ Unemployed
☐ Retired	☐ Other

8.9 EQ5D-5L score six months after stroke		
a. Mobility	1-5	☐ Missing value (9)
b. Self-care	1-5	☐ Missing value (9)
c. Usual activities (work/study)	1-5	☐ Missing value (9)
d. Pain/discomfort	1-5	☐ Missing value (9)
e. Anxiety/depression	1-5	☐ Missing value (9)
f. How is your health today?	1-100	☐ Missing value (9)

*8.1.5. This question is mandatory to be collected at the 6 month review and is a requirement for collecting patient identifiable information as part of our section 251 (NHS Act 2006) approval from the Ethics and Confidentiality Committee of the National Information Governance Board.

The SSNAP team do not have access to patient-identifiable information. Please do not send this form to SSNAP. For further assistance, please contact the SSNAP Helpdesk (09:00-17:00 Mon-Fri): 0116 464 9901 or email ssnap@kcl.ac.uk.

EQ-5D-5L

Health Questionnaire

English version for the UK

Under each heading, please tick the ONE box that best describes your 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 <u>best</u> health you can imagine.
  0 means the <u>worst</u> health you can imagine.
- Please mark an X on the scale to indicate how your health is TODAY.
- Now, write the number you marked on the scale in the box below.

YOUR HEALTH TODAY = ☐