**Patient Name** **:** FORENAME SURNAME  **Patient DOB:** D D / M M / Y Y Y Y **NHS No.:** **Hospital No.:**

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 and email ssnap@kcl.ac.uk.

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |
|  |  |  |
| 8.2Was 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 |  |
|  |  |  |  |
| \*8.1.5. 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. |

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| 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  |
| 1. Mobility Type or select 1-5.
 | [ ]  Missing value |
| 1. Self-care Type or select 1-5.
 | [ ]  Missing value (9)  |
| 1. Usual activities (work/study) Type or select 1-5.
 | [ ]  Missing value (9) |
| 1. Pain/discomfort Type or select 1-5.
 | [ ]  Missing value (9) |
| 1. Anxiety/depression Type or select 1-5.
 | [ ]  Missing value (9) |
| 1. How is your health today? Type or select 1-100.
 | [ ]  Missing value (999) |
|  |
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