

ICPSR 36422

Stroke Recovery in Underserved Populations 2005-2006 [United States]

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Questionnaires

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IRF-PAI Coding Sheet - Exhibit "B"

FU Living Setting

- ☐ 01 - Home ☐ 02 - Board and Care ☐ 03 - Transitional Living
☐ 04 - Intermediate Care ☐ 05 - SNF ☐ 08 - Chronic Hospital
☐ 09 - Rehabilitation Facility ☐ 10 - Other ☐ 12 - Alternate Level of Care Unit
☐ 13 - Subacute Setting ☐ 14 - Assisted Living Residence

FU Living With

- ☐ 1 - Alone ☐ 2 - Family/ Relatives ☐ 3 - Friends
☐ 4 - Attendant ☐ 5 - Other

FU Vocational Category

- ☐ 1 - Employed ☐ 2 - Sheltered ☐ 3 - Student ☐ 4 - Homemaker
☐ 5 - Not Working ☐ 6 - Retired for Age ☐ 7 - Retired for Disability

FU Health Maintenance - Primary & Secondary

- ☐ 1 - Own care ☐ 3 - Paid attendand or aide
☐ 2 - Unpaid person or family ☐ 4 - Paid professional

FU Vocational Effort

- ☐ 1 - Full-time ☐ 2 - Part-time

FU Information Source

- ☐ 1 - Patient ☐ 2 - Family ☐ 3 - Other

Post Discharge Hospitalizations

- ☐ 1 - None ☐ 2 - Med/Surg ☐ 3 - Rehab ☐ 4 - Both

Therapy - Current & Any

- ☐ 1 - None ☐ 4 - Both 2 & 3 ☐ 8 - Day treatment
☐ 2 - Outpatient ☐ 5 - Inpatient hosp
☐ 3 - Home based ☐ 6 - Long-term care

Follow-up Diagnoses

Notes

ICD9 Code

Overall Satisfaction

- ☐ 1 - Very dissatisfied ☐ 3 - Somewhat satisfied
☐ 2 - Somewhat dissatisfied ☐ 4 - Very satisfied

Quality of Life Satisfaction

- ☐ 1 - Very dissatisfied ☐ 3 - Somewhat satisfied
☐ 2 - Somewhat dissatisfied ☐ 4 - Very satisfied

Satisfaction with Goals Attained

- ☐ 1 - Very dissatisfied ☐ 3 - Somewhat satisfied
☐ 2 - Somewhat dissatisfied ☐ 4 - Very satisfied

Satisfaction with Community Participation

- ☐ 1 - Very dissatisfied ☐ 3 - Somewhat satisfied
☐ 2 - Somewhat dissatisfied ☐ 4 - Very satisfied

Number of Falls Post-discharge

- ☐ 0 Falls ☐ 1 Fall ☐ 2 Falls ☐ 3 Falls ☐ 4 Falls ☐ 5-9 Falls ☐ 10+ Falls

Current Pain Level (0 to 10 IRF-PAI Scale)

- ☐ 0 - No Pain ☐ 5 - Moderate Pain ☐ 10 - Worst Pain Possible

Emotional Health - Are you depressed?

- ☐ 1 - Yes ☐ 2 - No

Mood/Feelings - Are you optimistic about your future?

- ☐ 1 - Yes ☐ 2 - No

Functional Independence Measure

	7	6	5	4	3	2	1
Eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grooming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bathing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Upper body dressing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lower body dressing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Toileting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bladder assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bladder accidents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bladder control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bowel assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bowel accidents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bowel control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transfer-Bed;Chair;WC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transfer -Toilet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transfer - Tub;Shower	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Walk Mode	<input type="radio"/> Walk	<input type="radio"/> Wheelchair					
Distance walked	<input type="radio"/> 150 Ft	<input type="radio"/> 50 to 149 Ft				<input type="radio"/> < 50 Ft	
	7	6	5	4	3	2	1
Walk / Wheelchair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comprehension mode	<input type="radio"/> Auditory		<input type="radio"/> Visual				
	7	6	5	4	3	2	1
Comprehension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expression mode	<input type="radio"/> Verbal		<input type="radio"/> Non-verbal				
	7	6	5	4	3	2	1
Expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Interaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem Solving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Memory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Stroke Recovery Study (NIA/NIH)
English version of Questions

Standard informed consent should be inserted here.

Facility ID:

Patient RIC:

Patient ID:

Admission Date: / /

Date of Data Collection: / /

Information Source: ☐ 1 Patient ☐ 2 Spouse ☐ 3 Family member ☐ 4 Friend

☐ 5 Other, please specify

SOCIAL SUPPORT/FAMILY CONTACTS

1. In times of trouble, can you count on at least some of your family or friends most of the time, some of the time, or hardly ever?

☐ 1 Most of the time ☐ 2 Some of the time ☐ 3 Hardly ever ☐ 4 Don't know/Refused

2. Can you talk about your deepest problems with at least some of your family or friends most of the time, some of the time, or hardly ever?

☐ 1 Most of the time ☐ 2 Some of the time ☐ 3 Hardly ever ☐ 4 Don't know/Refused

Please Enter Patient Initials and last 4 digits of SSN for page matching

SSN - XXX - XXX -

Now I have some questions about your feelings during the past week. For each of the following statements, please tell me if you felt that way in the past week rarely or none of the time (less than 1 day), some or a little of the time (1 to 2 days), occasionally or a moderate amount of time (3 to 4 days), most or all of the time (5 to 7 days)? [Interviewer can use the provided show card to assist respondent with 4 choices.]

	Rarely Or None Of the Time (Less Than 1 Day)	Some Or A Little Of the Time (1-2 Days)	Occasionally Or A Moderate Amount Of Time (3-4 Days)	Most Or All Of the Time (5-7 Days)	Don't Know/ Refused
1. I was bothered by things that usually don't bother me.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I did not feel like eating; my appetite was poor.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I felt that I could not shake off the blues even with help from my family & friends.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I felt that I was just as good as other people.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I had trouble keeping my mind on what I was doing.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I felt depressed.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I felt that everything I did was an effort.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I felt hopeful about the future.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I thought my life had been a failure.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I felt fearful.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. My sleep was restless.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I was happy.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. It seemed that I talked less than usual.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I felt lonely.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. People were unfriendly.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I enjoyed life.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I had crying spells.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I felt sad.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I felt that people disliked me.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I could not get going.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please Enter Patient Initials and last 4 digits of SSN for page matching

1684412163

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SSN - XXX - XXX -

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Stroke Recovery Study (NIA/NIH)

English version of Questions

Facility ID:

Patient ID:

Admission Date: //

Date of Data Collection: //

Information Source: ☐ 1 Patient ☐ 2 Spouse ☐ 3 Family member ☐ 4 Friend
☐ 5 Other, please specify _____

Years of schooling - What is the highest grade of school that you have finished?

- ____ (0-11) Last grade completed
☐ (12) Diploma or equivalent from high school
☐ (13) Some college
☐ (16) 4-year college degree
☐ (17) Any graduate education

DUKE-UNC Functional Social Support Questionnaire

I have some questions about things people can do for us or give us that provide help or support. Please listen carefully to each statement and answer based on these 5 choices:

A = as much as I would like, B = almost as much as I would like, C = neither too much or too little, D = less than I would like, and E = much less than I would like.

	A	B	C	D	E
1. I get visits from my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I get help around the house.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I get praise for a good job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I have people who care what happens to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I get love and affection.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I get chances to talk to someone about problems at work or with housework.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I get chances to talk to someone about personal and family problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I get chances to talk to someone about money matters.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I get invitations to go out and do things with other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I get useful advice about important things in life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I get help when I'm sick in bed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CESD

Now I have some questions about your feelings during the past week. For each of the following statements, please tell me if you felt that way in the past week rarely or never (less than 1 day), now and then (1 to 2 days), occasionally or a moderate amount of time (3 to 4 days), most or all of the time (5 to 7 days)?

	Rarely or Never	Now and then	Occasionally	Most or all of the time	Don't know/ refused
1. I was bothered by things that usually don't bother me.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I did not feel like eating; my appetite was poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I felt that I could not shake off the blues even with help from my family & friends.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I felt that I was just as good as other people.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I had trouble keeping my mind on what I was doing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I felt depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I felt that everything I did was an effort.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I felt hopeful about the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I thought my life had been a failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I felt fearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. My sleep was restless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I was happy.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. It seemed that I talked less than usual.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I felt lonely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. People were unfriendly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I enjoyed life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I had crying spells.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I felt sad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I felt that people disliked me.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I could not get going.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PART-PRO™ Home and Community Participation Measure

I have some questions about degree of participation in some activities during the past two weeks. Please listen carefully. For each of the following activities, please answer based on these 3 choices:

A = none; activity did not occur; B = monthly; activity occurred at least once a month but less than weekly; C = weekly; activity occurred at least once a week.

	A	B	C
1. Socializing inside the home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Socializing outside the home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Recreation and leisure (such as Hobbies, sports, movies, theater)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Religious / spiritual activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Subscales and Items on the FIM

MOTOR (Min 13 – Max 91)

Self-care (6-42)

- Eating
- Grooming
- Bathing
- Dressing upper body
- Dressing lower body
- Toileting

Sphincter control (2-14)

- Bladder Mgmt (lower of Bladder Assist & Accidents)
- Bowel Mgmt (lower of Bowel Assist & Accidents)

Transfer (3-21)

- Bed, chair, wheelchair
- Toilet
- Tub, shower

Locomotion (2-14)

- Walk/wheelchair
- Stairs

COGNITIVE (Min 5 – Max 35)

Communication (2-14)

- Comprehension
- Expression

Social Cognition (3-21)

- Social interaction
- Problem solving
- Memory

TOTAL (Min 18 – Max 126)

Guide for the Uniform Data Set for Medical Rehabilitation (including the FIM™ instrument), Version 5.1. Buffalo, NY 14214: State University of New York at Buffalo; 1997.