

Appendix 2 – Subjective Index of Physical and Social Outcome

Please answer all questions

1. Since your stroke, how much difficulty do you have dressing yourself fully?

(Circle One Number)

No difficulty at all4
Slight difficulty3
Some difficulty2
A lot of difficulty1
I cannot dress myself fully0

2. Since your stroke, how much difficulty do you have moving around *all* areas of the home?

(Circle One Number)

No difficulty at all4
Slight difficulty3
Some difficulty2
A lot of difficulty1
I cannot move around all areas of the home0

3. Since your stroke, how satisfied are you with your overall ability to perform daily activities *in and around the home*?

(Circle One Number)

Completely satisfied4
Mostly satisfied3
Fairly satisfied2
Not very satisfied1
Completely dissatisfied0

4. Since your stroke, how much difficulty do you have shopping for and carrying *a few items* (1 bag of shopping or less) when at the shops?

(Circle One Number)

No difficulty at all4
Slight difficulty3
Some difficulty2
A lot of difficulty1
I cannot shop for and carry a few items0

5. Since your stroke, how independent are you in your ability to *move around your local neighbourhood*?

(Circle One Number)

I am completely independent4
I prefer to have someone else with me3
I need occasional assistance from someone2
I need assistance much of the time1
I am completely dependent on others0

6. Since your stroke, how often do you feel bored with your free time at home?

(Circle One Number)

I am never bored with my free time4
A little of my free time3
Some of my free time2
Most of my free time1
All of my free time0

7. Since your stroke, how would you describe the amount of communication between you and your friends/associates?

(Circle One Number)

A great deal4
Quite a lot3
Some2
A little bit1
None0

8. Since your stroke, how satisfied are you with the level of interests and activities you share with your friends/associates?

(Circle One Number)

Completely satisfied4
Mostly satisfied3
Fairly satisfied2
Not very satisfied1
Completely dissatisfied0

9. Since your stroke, how often do *you visit* friends/others?

(Circle One Number)

Most days4
At least once a week3
At least once a fortnight2
Once a month or less1
Never0

10. Since your stroke, how do you feel about your appearance when out in public?

(Circle One Number)

Perfectly happy4
Slightly self-conscious3
Fairly self-conscious2
Very self-conscious1
I try to avoid going out in public0

Thank you for completing this questionnaire.