**ERICH Study Follow-up Interview**

**Study ID #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Follow-up Time Point 10-16 weeks 22-28 weeks 50-60 weeks**

(STRKDATE) \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ **Date of stroke**

(FU\_DATE) \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ **Date of follow-up** (INTERVWR) **\_\_ \_\_ \_\_ Interviewer**

(FUNOTDONE)  **CHECK HERE, IF FOLLOW-UP WAS NOT DONE (e.g., lost to follow-up, unable to contact)**

(CURRSTAT) **\_\_\_\_\_ Current status** 1=alive 2=dead (DTH\_DATE) **Date of Death:** \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_\_

mo day yr

(OBT\_FROM) **\_\_\_\_\_ Information obtained from** 1=patient follow-up visit 2=medical record

3=patient telephone interview 4=caregiver

(OBT\_SPEC) 7=other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(FALLS) **\_\_\_\_\_ Have you had any falls since your last follow-up?** 1=yes 2=no 8=don’t know

9=not ambulatory (must use wheelchair for locomotion, confined to bed, etc.)

**If yes:**

(HOWMANY) **\_\_\_\_\_ How many falls have you had since last follow-up?** estimate number of falls (best guess)

88=unknown

(BREAKBONES) **\_\_\_\_\_ Did you break any bones as a result of the fall?** 1=yes 2=no 8=don’t know

(BREAKDESC) **If yes, describe area (hip, ribs, arm, leg, etc.):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(LOSECONBEF) **\_\_\_\_\_ Did you lose consciousness before the fall, even briefly?** 1=yes 2=no 8=don’t know

(LOSECONAFT) **\_\_\_\_\_ Did you lose consciousness or were unconscious**

**within 10 minutes after the fall, even briefly?**  1=yes 2=no 8=don’t know

(HOSPFALL) **\_\_\_\_\_ Were you hospitalized because of the fall**

**or injuries that resulted from the fall?** 1=yes 2=no 8=don’t know

(SURGFALL) **\_\_\_\_\_ Did you require surgery because of the fall**

**or injuries that resulted from the fall?** 1=yes 2=no 8=don’t know

(SURGDESC)  **If so, what surgery?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(HOSPIZED) **\_\_\_\_\_ Have you been hospitalized for illnesses, complications, or accidents (other than falls)**

**since your last follow-up?** 1=yes 2=no 8= don’t know

(HOSPDESC) **If yes, describe:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(OUTPAT) **\_\_\_\_\_ Did you have any other outpatient procedures, serious illnesses, complications, or accidents**

**since the stroke that did not require hospitalization?** 1=yes 2=no 8= don’t know

(OP\_DESC) **If yes, describe:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(CIGS3MO) **\_\_\_\_\_ Have you smoked any cigarettes in the last 3 months?** 1=yes 2=no 8= don’t know

(CIGSPDAY) \_\_\_ \_\_\_ . \_\_\_ If yes, how many cigarettes did the patient smoke in an average day?

(CURR\_LOC) **\_\_\_\_\_ Current location** 1=home (alone or with others) 2=rehab 3=skilled nursing facility 4=hospital

(LOC\_EXPL) 7=other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(NOMEDS)  **CHECK HERE, IF PATIENT DOES NOT TAKE ANY MEDICATIONS**

(MEDSUNK)  **CHECK HERE, IF PATIENT TAKES MEDICATIONS BUT DOES NOT KNOW NAMES**

OR MEDICATION LIST IS NOT AVAILABLE

**Current medications:** (MED1) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (MED14) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(MED2) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (MED15) **\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(MED3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(MED16) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(MED4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(MED17) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(MED5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(MED18) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(MED6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(MED19) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(MED7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(MED20) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(MED8) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(MED21) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(MED9) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(MED22) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(MED10) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(MED23) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(MED11) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(MED24) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(MED12) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(MED25) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(MED13) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  |  |
| --- | --- |
| **Activity** | **Score (circle)** |
| **(FEED)** **Feeding**  0 = unable  5 = needs help cutting, spreading butter, etc., or requires modified diet  10 = independent | **0 5 10** |
| **(BATHE)** **Bathing**  0 = dependent  5 = independent (or in shower) | **0 5** |
| **(GROOM)** **Grooming**  0 = needs to help with personal care  5 = independent face/hair/teeth/shaving (implements provided) | **0 5** |
| **(DRESS)**  **Dressing**  0 = dependent  5 = needs help but can do about half unaided  10 = independent (including buttons, zips, laces, etc.) | **0 5 10** |
| **(BOWELS) Bowels**  0 = incontinent (or needs to be given enemas)  5 = occasional accident  10 = continent | **0 5 10** |
| **(BLADDER) Bladder**  0 = incontinent, or catheterized and unable to manage alone  5 = occasional accident  10 = continent | **0 5 10** |
| **(TOILET) Toilet Use**  0 = dependent  5 = needs some help, but can do something alone  10 = independent (on and off, dressing, wiping) | **0 5 10** |
| **(TRANSFER) Transfers (bed to chair and back)**  0 = unable, no sitting balance  5 = major help (one or two people, physical), can sit  10 = minor help (verbal or physical)  15 = independent | **0 5 10 15** |
| **(MOBLEVEL) Mobility (on level surfaces)**  0 = immobile or < 50 yards  5 = wheelchair independent, including corners, > 50 yards  10 = walks with help of one person (verbal or physical) > 50 yards  15 = independent (but may use any aid; for example, stick) > 50 yards | **0 5 10 15** |
| **(STAIRS) Stairs**  0 = unable  5 = needs help (verbal, physical, carrying aid)  10 = independent | **0 5 10** |

**Modified Rankin Scale (mRS)k**

**(NURSE TO COMPLETE)**

|  |  |
| --- | --- |
| **Score** | **Description** |
|  |  |
| 0 | No symptoms at all |
| 1 | No significant disability despite symptoms; able to carry out all usual duties and activities |
| 2 | Slight disability; unable to carry out all previous activities, but able to look after own affairs without assistance |
| 3 | Moderate disability; requiring some help, but able to walk without assistance |
| 4 | Moderately severe disability; unable to walk without assistance and unable to attend to own bodily needs without assistance |
| 5 | Severe disability; bedridden, incontinent and requiring constant nursing care and attention |
| 6 | Deceased |
|  | |
| (RANKIN) **\_\_\_\_\_\_ SCORE (0-6)** | |

**EuroQol EQ-5D**

Instructions: Please check the answer that best describes your current health today.

(MOBILITY) ***1. Mobility***

I have no problems walking (1)

I have some problems walking (2)

I am confined to bed (3)

(SELFCARE) ***2. Self-Care***

I have no problems with self-care (1)

I have some problems washing and dressing myself (2)

I am unable to wash or dress myself (3)

(USUALACT) ***3. Usual Activities*** (e.g., work, study, housework, family or leisure activities)

I have no problems with performing my usual activities (1)

I have some problems with performing my usual activities (2)

I am unable to perform my usual activities (3)

(PAIN) ***4. Pain/Discomfort***

I have no pain or discomfort (1)

I have some pain or discomfort (2)

I have extreme pain or discomfort (3)

(ANXIETY) ***5. Anxiety/Depression***

I am not anxious or depressed (1)

I am moderately anxious or depressed (2)

I am extremely anxious or depressed (3)

**HEALTH STATE SCALE**

# -100

-

# - 90

-

# - 80

-

# - 70

-

# - 60

-

# - 50

-

# - 40

-

# - 30

-

# - 20

-

# - 10

-

# - 0

**Best imaginable health state**

We would like you to indicate on

this scale how good or bad your

health is today.

Please do this by drawing a line

at whichever point on the scale

indicates how good or bad your

health is currently.

To help people say how good or

bad a health state is, we have

drawn a scale (rather like a

thermometer) on which the best

state you can imagine is marked

by 100, and the worst state you

can imagine is marked by 0.

(HLTHSTAT) Score:\_\_\_\_\_\_\_

**Worst imaginable health state**

**Indicate your own**

**health state today**