

Participant ID

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Assessor Initials: _____ Date: ____ / ____ / ____

Participant Eligibility Checklist

Patient name: _____ Hospital MRN: _____

Hospital Name, State: _____

Please circle Yes or No for each of the items below:

Inclusion criteria – all must be YES

Diagnosis of first stroke (confirmed by scan, or where unable, from a neurologist or stroke-specialist medical professional) Date of stroke _____	Yes / No
≥45 years old Date of birth _____ Age _____	Yes / No
Independent in activities of daily living prior to stroke (premorbid Rankin score ≤2)	Yes / No
Admitted for inpatient rehabilitation	Yes / No
Expected return to live in a community dwelling (own home, independent living unit or living with family) after discharge from hospital	Yes / No
Absence of severe co-morbid disease (as assessed by a score <8 on the Charlson comorbidity index)	Yes / No

Exclusion criteria – Exclude if any are Yes

Need for major home modifications (as assessed by a need for customised and specialised equipment that include (but are not limited to): bathroom modification >\$10,000; kitchen modification >\$10,000; platform steps – large scale >\$10,000; stair lift; ramp that is not compliant with Australian Standards AS1428.1)	Yes / No
Planned discharge to aged care facility (or discharged to a private residence where they will receive full assistance with ADLs without any rehabilitation potential/intention consistent with high-level care)	Yes / No
Planned discharge to an address 2 hours or greater from the recruiting hospital site	Yes / No
Significant cognitive impairment (as assessed by a score of more than 5 adjusted errors on the Short Portable Mental Status Questionnaire)	Yes / No
Bariatric patients (as assessed as a BMI of 45 or more)	Yes / No
Illness likely to be associated with a life expectancy of <12 months (estimated by a score of ≥3 on a modified version of the Implicit Illness Severity Scale)	Yes / No
Moderate to severe aphasia (as determined by the NIHSS Best Language rating of ≥2)	Yes / No
Unable to participate in recovery / rehabilitation goals for any other clinical reasons	Yes / No

Eligible for study? Yes / No

If Yes:

- Information sheet to participant
- Gain consent (PICF)

SHORT PORTABLE MENTAL STATUS QUESTIONNAIRE (SPMSQ)

Instructions: Ask questions 1 to 10 on this list and record all answers. Ask question 4a only if the participant does not have a telephone (e.g. lives in a residential care facility). All responses must be given without reference to a calendar, newspaper, birth certificate, or other aid to memory. Record the total number of errors based on the answers to the 10 questions.

Years of Education: Primary School High School Beyond High School

+	-	Questions	Instructions
		1. What is the date today?	- Correct only when the month, date, and year are all correct.
		2. What day of the week is it?	- Correct only when the day is correct.
		3. What is the name of this place?	- Correct if any of the description of the location is given. "My home," the correct city/town, or the correct name of the hospital/institution are all acceptable.
		4(a) What is your telephone number? 4(b) What is your street address?	- Correct when the number can be verified or the subject can repeat the same number at a later time in the interview. - Ask only if the subject does not have a telephone.
		5. How old are you?	- Correct when the stated age corresponds to the date of birth.
		6. When were you born?	- Correct only when the month, date, and year are correct.
		7. Who is the Prime Minister of Australia now?	- Requires only the correct last name.
		8. Who was Prime Minister of Australia just before him?	- Requires only the correct last name.
		9. What was your mother's maiden name?	- Needs no verification; it only requires a female first name plus a last name other than the subject's.
		10. Subtract 3 from 20 and keep subtracting 3 from each new number, all the way down.	- The entire series must be performed correctly to be scored as correct. Any error in the series (or an unwillingness to attempt the series) is scored as incorrect.

Total Number of Errors:

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Premorbid Rankin Scale

(In the past 2-weeks before stroke)

Modified Rankin Scale
<input type="checkbox"/> 0 = No symptoms at all, capable of living independently and washing without assistance (with or without a device)
<input type="checkbox"/> 1 = No significant disability despite symptoms; able to carry out all usual duties and activities
<input type="checkbox"/> 2 = Slight disability; unable to carry out all previous activities, but able to look after own affairs without assistance
<input type="checkbox"/> 3 = Moderate disability; requiring some help, but able to walk without assistance
<input type="checkbox"/> 4 = Moderately severe disability; unable to walk without assistance and unable to attend to own bodily needs without assistance
<input type="checkbox"/> 5 = Severe disability; bedridden, incontinent and requiring constant nursing care and attention
<input type="checkbox"/> 6 = Dead
TOTAL SCORE (0-6):

Charlson Comorbidity Index

Condition	Yes/No	If Yes, Score	Total
Myocardial infarction		1	
Congestive Heart Failure		1	
Cerebrovascular Disease		1	
Dementia		1	
Chronic Obstructive Airways Disease		1	
Connective Tissue Disease		1	
Peptic Ulcer Disease		1	
Mild liver Disease		1	
Diabetes		1	
Hemiplegia		2	
Mod-severe Renal Disease		2	
Any tumour (within last 5 years)		2	
Lymphoma		2	
Leukaemia		2	
Mod-severe liver disease		3	
Metastatic solid Tumor		6	
AIDS		6	
Total			

Medical Record Height and Weight

If no weight or height is recorded in the medical record, patient reported height and weight should be recorded.

Patient Recorded Weight (kg): _____ Patient Recorded Height (m): _____

Implicit Illness Severity Rating

Code	Rating	Definition *	Description (For FREE)
1	No Symptoms	No symptoms or medical complications	Individual is expected to live for at least another 12 months and has no physical, psychological or mental symptoms. <i>NIDDM, glaucoma, cataract, deafness, skin lesions are not considered if not causing pain, distress or discomfort or if stable or controlled on treatment.</i>
2	Mild	Mild symptoms that do not alter life or mild medical complications that do not have a significant impact on the resident's prognosis.	Individual is expected to live for at least another 12 months but does have one or two mild symptoms. <i>Some ankle oedema, not causing discomfort Mild exertional dyspnoea SMMSE <18 Mild depression Cataracts/glaucoma worsening Intermittent, mild pain IDDM on stable dose Requires stick for mobility indoors</i>
3	Moderate	Moderate symptoms that alter life or moderate medical complications that have a significant impact on the resident's prognosis.	Individual may or may not be alive in 12 months. Moderate symptoms present. <i>Moderate ankle oedema with some exertional dyspnoea OR severe ankle oedema alone Moderate exertional or chronic dyspnoea (CCF/CAD) Unstable but controlled IDDM Limited mobility requiring use of walking frame or wheelchair indoors Distress caused by chronic or recurring pain Moderate depression Intercurrent viral or bacterial illness which moderately limits usual activities Significant lethargy/weakness</i>
4	Severe	Severe symptoms that severely alter or immediately threaten life or complications that severely limit the resident's prognosis	Individual is unlikely to live 12 months <i>Chairbound / minimal response to surrounding activity O₂ required constantly Worsening intercurrent infection which severely limits usual activities "Brittle" IDDM Metastatic malignancy Other terminal medical condition limiting prognosis Severe depression</i>

Source: Jeremy Holtzman and Nicole Lurie. Causes of Increasing Mortality in a Nursing Home Population. J American Geriatr Soc 1996;44:258-264.

NIH Stroke Scale: Best Language Rating

Description	Score
No aphasia	0
Mild to moderate aphasia: some obvious loss of fluency or facility of comprehension, without significant limitation on ideas expressed or form of expression. Reduction of speech and/or comprehension, however, makes conversation about provided material difficult or impossible. For example in conversation about provided materials examiner can identify picture or naming card from patient's response.	1
Severe aphasia: all communication is through fragmentary expression; great need for inference, questioning and guessing by the listener. Range of information that can be exchanged is limited; listener carries burden of communication. Examiner cannot identify material provided from patient response	2
Mute, global aphasia; no usable speech or auditory comprehension	3

(Please use NIHSS cards to administer this item if no clinical assessment of language is available in the medical record, e.g. FIM)

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Functional Independence Measure (FIM)

Instructions: Score must be assessed by a person certified for the FIM. Record performance of each item in the column 'FIM Score'. Scores should reflect what the patient does, not what the clinician thinks the patient can do.

Item	FIM Score	Mode
Eating		
Grooming		
Bathing		
Dressing upper body		
Dressing lower body		
Toileting		
Bladder management		
Bowel management		
Transfers to bed/chair/wheelchair		Mode (please circle): Walk/ Wheelchair/ Both
Transfers to toilet		
Transfers to shower/tub		
Locomotion		Mode (please circle): Walk/ Wheelchair/ Both
Stairs		
Comprehension		Mode (please circle): Vocal/ Visual/ Both
Expression		Mode (please circle): Vocal/ Visual/ Both
Social interaction		
Problem solving		
Memory		

Score FIM Performance Levels

- 7 Complete independence fully independent
- 6 Modified independence requiring the use of a device but not physical help
- 5 Supervision requiring only standby assistance or verbal prompting or help with set-up
- 4 Minimal assistance requiring incidental hands-on help only (subject performs > 75% of the task)
- 3 Moderate assistance subject still performs 50 -75% of the task
- 2 Maximal assistance subject provides less than half of the effort (25 - 49%)
- 1 Total assistance subject contributes < 25% of the effort or is unable to do the task