

Rk5	BEDRIDDEN: 'Is the person bedridden?' -The patient is unable to walk even with another person's assistance. -If placed in a wheelchair, unable to self-propel effectively. -May frequently be incontinent. -Requires nearly constant care (provided by either a trained or untrained caregiver); someone needs to be available nearly at all times.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rk4	ASSISTANCE TO WALK: 'Is another person's assistance essential for walking?' -Requiring another person's assistance means needing another person to be always present when walking, including indoors around house or ward, to provide physical help, verbal instruction, or supervision. - Patients who use physical aids to walk (stick, walker) but do not require another person's help, are NOT rated as requiring assistance to walk. -For patients who use wheelchairs, patient needs another person's assistance to transfer into and out of chair, but can self-propel effectively without assistance.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rk3	ASSISTANCE TO LOOK AFTER OWN AFFAIRS¹: 'Could the patient live alone for 1 week if he/she absolutely had to?'	
3.1	Is assistance essential for preparing a simple meal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.2	Is assistance essential for basic household chores?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.3	Is assistance essential for looking after household expenses and to manage day-to-day purchases	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.4	Is assistance essential for local travel and transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.5	Is assistance essential for taking medication in correct dosages at correct time (includes preparation in advance, recall and supervision)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.6	Telephone use: Is assistance essential for look up and dial numbers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rk2	LIMITATIONS IN PARTICIPATION IN USUAL DUTIES AND ACTIVITIES: 'Has there been a change in the person's ability to work or look after others or participate to leisure activities as compared with prestroke status? This supposes that it is due to the new stroke itself.'	
2.1	Has the stroke substantially reduced the person's ability to work or, for a student, to study? (change from full-time to part-time, change in level of responsibility, or unable to work at all)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.2	Has the new stroke substantially reduced the person's ability to look after family at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.3	Has the new stroke reduced the person's regular free-time activities ² ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.3	Is this reduced free-time activities attributable to physical/medical problem other than stroke?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rk1	PERSISTING SYMPTOMS AS A RESULT OF THE STROKE: 'Does the patient have any symptoms resulting from the new stroke?' 'Does the person have:'	
	-difficulty reading or writing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	-difficulty speaking or finding the right word?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	-problems with balance or coordination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	-visual problems as a result of the stroke?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	-numbness (face, arms, legs, hands, feet)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	-weakness or loss of movement (face, arms, legs, hands, feet)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	-difficulty with swallowing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	-sleeping difficulty?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	-headache as a result of the stroke?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	-Otherwise unexplained reduction of activities, or anxiety, or depressive mood or sadness or repetitive concerns (especially about his/her health or situation)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	-Loss of consciousness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other symptoms? details: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

1. Assistance includes physical help, verbal instructions or supervision by others

2. Social and leisure activities includes activities outside the home or at home; Activities outside the home: going to the coffee shop, bar, restaurant, club, church, cinema, visiting friends, going for walks; Activities at home: involving "active" participation including knitting, sewing, painting, games, reading books, home improvements.

Procedure: Examiners had to read each proposal to the patient and caregiver and when impairment was detected, the corresponding Rankin grade had to be selected. The examiner might also gather data from other sources, such as records, nurse notes and medical files. The examiner was instructed to rate what the patient actually did. The only exceptions concerned situations where the patient could clearly perform the activity in a fully independent manner but it was not performed for contextual reasons: patients able to work but not returning to work because the stroke occurred just before retirement (early retirement); patient able to perform basic activities but the carer prefers to do them because of time pressure; patient not confronted with specific activities (complex financial activities, transportation, meal preparation) since hospital discharge.