

**CAREGIVER OF STROKE SURVIVOR  
COMMUNITY REINTEGRATION QUESTIONNAIRE**

*This questionnaire is intended to help your doctors and nurses understand where you and the stroke survivor you are caring for might benefit from more support in your home and community. If you need help to complete this questionnaire, please ask.*

Name: \_\_\_\_\_

Date: \_\_\_\_\_

| <b>HEALTH MANAGEMENT</b>  | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
|---|------------|-----------|------------|
| I understand <u>why</u> he/she is taking the <b>prescription</b> medications.   |            |           |            |
| I understand <u>how</u> he/she should be taking the <b>prescription</b> medications.  |            |           |            |
| He/she has told the doctor about other drugs, vitamins or supplements he/she is taking.   |            |           |            |
| I feel that he/she is receiving all the therapy he/she needs (e.g. occupational therapy, physiotherapy, speech therapy, social work). |            |           |            |
| His/her thinking is the same as before the stroke.  |            |           |            |
| His/her emotions are similar to before the stroke.  |            |           |            |
| He/she is sleeping well.  |            |           |            |
| He/she is eating well.  |            |           |            |
| His/her ability to chew and swallow is the same as before the stroke.   |            |           |            |
| He/she appears to be interested in what is happening around him/her.  |            |           |            |
| He/she has the same sexual drive/function as before the stroke.   |            |           |            |

| <b><i>DAILY ROUTINES</i></b>  | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
|---|------------|-----------|------------|
| He/she is safe preparing meals.   |            |           |            |
| He/she is able to dress by him/herself  |            |           |            |
| He/she is able to look after bathing/showering, brushing teeth, washing hair, nail care (hands and feet).                               |            |           |            |
| He/she is able to independently get to the bathroom and use the toilet.   |            |           |            |
| I know about continence products (e.g. Depends).  |            |           |            |
| He/she is comfortable caring for the children.  |            |           |            |
| He/she is able to manage daily tasks around our home. (e.g. washing dishes, doing laundry, vacuuming, dusting, yard work, snow removal) |            |           |            |
| He/she can start activities without help.   |            |           |            |
| He/she is coping well with the return to work/school.   |            |           |            |
| <b><i>SOCIAL NETWORK</i></b>  |            |           |            |
| He/she feels comfortable rejoining the same activities as before the stroke.  |            |           |            |
| He/she goes out of the house about as often as before the stroke  |            |           |            |
| He/she has resumed contacts with family members and friends.  |            |           |            |
| He/she is able to do the things he/she wants to do  |            |           |            |
| <b><i>HOME ENVIRONMENT</i></b>  |            |           |            |
| He/she is able to get around our home easily.   |            |           |            |
| He/she is using special equipment to move around our home. (e.g. walker, raised toilet seat, grab bars)                                 |            |           |            |
| Our home has been adapted to aid with mobility (e.g. wheelchair ramps, stair rails)   |            |           |            |
| He/she is always steady on his/her feet   |            |           |            |
| We receive help in and around our home from people who do not get paid to help – friends, relatives, volunteers, family.                |            |           |            |

| <b>COMMUNICATION</b>  | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
|---|------------|-----------|------------|
| I am able to understand his/her needs and desires.  |            |           |            |
| I am satisfied with his/her communication abilities.  |            |           |            |
| He/she feels comfortable communicating in groups.   |            |           |            |
| He/she has aids to help him/her communicate – pictures, communication board, etc.   |            |           |            |
| <b>FINANCES</b>   |            |           |            |
| He/she manages our finances independently– banking, paying bills.   |            |           |            |
| I am comfortable managing our finances  |            |           |            |
| I know where to go to get financial advice and help.  |            |           |            |
| We have enough money for our needs.   |            |           |            |
| He/she is receiving disability insurance/pension.   |            |           |            |
| We have been advised how to access funding assistance – disability, pensions, disability tax credit, etc.   |            |           |            |
| <b>MOBILITY IN THE COMMUNITY</b>  |            |           |            |
| He/she has returned to driving.   |            |           |            |
| He/she is safe driving in the local area/short distances  |            |           |            |
| He/she is safe driving long distances.  |            |           |            |
| He/she is safe driving at night.  |            |           |            |
| He/she is safe accessing transportation services (e.g. public transit, accessible transit, volunteer drivers).  |            |           |            |
| He/she is able to get to those places he/she needs to – grocery shopping, banking, volunteer activities, rehabilitation, doctor’s appointments, work. |            |           |            |

|  |  |  |  |
|--|--|--|--|
| <b>CAREGIVER SUPPORT</b>   |  |  |  |
| I am comfortable caring for him/her and understand what his/her needs are. |  |  |  |
| I feel that I am coping well emotionally.                                  |  |  |  |
| I am receiving enough respite  |  |  |  |
| I have someone who provides me with emotional support.                     |  |  |  |
| <b>PARTICIPATION IN RESEARCH</b>   |  |  |  |
| I am participating in a research study                                     |  |  |  |
| I would like to participate in a research study                            |  |  |  |

Is there anything else you would like to ask us? Is there anything else you would like us know?