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Factors that influence functional independance post stroke

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2007-02-22T11:51:54Z
http://hdl.handle.net/10539/2085

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Appendix 1

FACTORS THAT INFLUENCE FUNCTIONAL INDEPENDENCE POST STROKE

QUESTIONNAIRE

Please answer all questions in this questionnaire

SECTION A: Demography

1. Age ☐

Please tick the relevant block

2. Gender

☐ Male ☐ Female

3. Marital status

☐ Single ☐ Divorcee ☐ Live-in Partner

☐ Married ☐ Widow

4. Highest educational level completed/achieved

☐ University degree

☐ Grade 12 + 3 years

☐ Grade 12 or equivalent

☐ Up to grade 11

☐ Up to grade 7

SECTION B: Stroke

5.1 When did you have the stroke? _____

5.2 Which side is the weakness on?

☐ Left ☐ Right

6. What other illnesses do you have besides stroke?

☐ Diabetes

☐ Hypertension

☐ Arthritis

Other: Specify_____

7. Do you have shoulder pain?

☐ Yes ☐ No

8. If you answered yes, which side is the pain? ☐ Left ☐ Right

9. Do you have shoulder stiffness?

☐ Yes ☐ No

10. If you answered yes, which side is the stiffness? ☐ Left ☐ Right

11. Do you have pain in your leg?

☐ Yes ☐ No

12. If you answered yes, which side is the pain? ☐ Left ☐ Right

13. If you answered yes, where in the leg is the pain?

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14. On discharge from the hospital/rehabilitation unit, were you able to do the following? *(Draw a circle around appropriate number)*

Bowels
0 = incontinent (or needs to be given enema)
1 = occasional accident (once a week)
2 = continent

Bladder
0 = incontinent, or catheterised and unable to manage alone
1 = occasional accident (maximum once per 24 hours)
2 = continent

Grooming
0 = needs help with personal care
1 = independent face/ hair/ teeth/ shaving (implements provided)

Toilet use
0 = dependent
1 = needs some help, but can do something alone
2 = independent (on and off, dressing, wiping)

Feeding
0 = unable
1 = needs help cutting, spreading butter, etc.
2 = independent

Transfer (bed to chair and back)
0 = unable, no sitting balance
1 = major help (one or two people, physical)
2 = minor help (verbal or physical)
3 = independent

Mobility
0 = immobile
1 = wheelchair dependent, including corners
2 = walks with help of one person (verbal or physical)
3 = independent (but may use any aid; for example, stick)

Dressing
0 = dependent
1 = needs help but can do about half unaided
2 = independent (including buttons, zips, laces, etc.)

Stairs
0 = unable
1 = needs help (verbal, physical, carrying aid)
2 = independent

Bathing
0 = dependent
1 = independent (or in shower)

Total 0-20

SECTION C: Hospital and Rehabilitation setting

15. In which hospital were you admitted after you had the stroke?

☐ Chris Hani Baragwanath

☐ Johannesburg

☐ Helen Joseph

☐ South Rand

☐ Edenvale

Other: Specify_____

16. How long did you stay in hospital after you had the stroke?

_____

17. What rehabilitation services did you receive at this hospital?

☐ Physiotherapy

☐ Occupational therapy

☐ Speech therapy

☐ Social work/Psychology

18. Did you go to another hospital besides the one mentioned in 15 after you had the stroke?

☐ Yes ☐ No

19. If you answered yes in 18, how long did you stay in this other hospital?

_____

20. What rehabilitation services did you receive at this other hospital?

☐ Physiotherapy

☐ Occupational therapy

☐ Speech therapy

☐ Social work/Psychology

21. Did you receive rehabilitation services after discharge from the hospital?

☐ Yes ☐ No

SECTION D: Economic situation

22. What financial role did you play in the family before the stroke?

☐ Dependent ☐ Breadwinner

☐ Contributing to the family income

23. What is your current financial role in the family?

☐ Dependent ☐ Breadwinner

☐ Contributing to the family income

24. What is the monthly income of your household?

☐ R0 – R800 ☐ R801 – R2000

☐ R2001 – R5000 ☐ More than R5000

25. What is the source of this income?

_____

_____

26. How many dependents do you have? ☐

SECTION E: Accessibility issues

27. Do you have access to transport to a health facility?

☐ Yes ☐ No

28. If yes in 27, can you afford the transport fare? ☐ Yes ☐ No

29. What features are present in your home?

- Toilet ☐**outside** ☐**inside** the house
- ☐**Stairs** ☐**No stairs** getting into the house
- Running water ☐**inside** ☐**outside** the house
- ☐**Big space** ☐ **Small space** to move inside the house

SECTION F: Caregiver information

30. Do you have someone to help you at home?

☐ Yes ☐ No

31. If yes, who is it?

Trained caregiver ☐Yes ☐No

Untrained caregiver ☐Yes ☐No

32. If it is a trained caregiver, what type of training did they receive (e.g. nurse)?

_____

33. What time of the day is the caregiver available?

☐Day ☐Night ☐Both day and night

34. What is your relationship with the caregiver?

Spouse ☐Yes ☐No Grandchild ☐Yes ☐No

Daughter in law ☐Yes ☐No Daughter ☐Yes ☐No

Son ☐Yes ☐No Son in law ☐Yes ☐No

Neighbour ☐Yes ☐No Friend ☐Yes ☐No

Other (please specify):_____

35. Are there other people with a disability within the household?

☐Yes ☐No

36. If yes to 35, how many are they? ☐

SECTION G: Social and Recreational activities

37. Do you regularly participate in family social activities**?** ☐Yes ☐No

38. Do you regularly participate in community social activities? ☐Yes ☐No

39. Do you have someone who will give emotional support? ☐Yes ☐No

40. Do you help with household activities? ☐Yes ☐No

41. Do you feel depressed as a result of the stroke? ☐Yes ☐No

42. Are you able to do the following now? *(Draw a circle around appropriate number)*

Bowels
0 = incontinent (or needs to be given enema)
1 = occasional accident (once a week)
2 = continent

Bladder
0 = incontinent, or catheterised and unable to manage alone
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Stairs
0 = unable
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2 = independent

Bathing
0 = dependent
1 = independent (or in shower)

Total 0-20

Appendix 2

INFORMATION LETTER TO PATIENTS AND/OR CAREGIVERS

Dear Patient/Caregiver

My name is Veronica Mamabolo. I am doing Masters in Public Health degree at the University of the Witwatersrand. One of the requirements for completion of the degree is that I should do a research project. The aim of the research that I am doing is to find out things that influence the patient's ability to function after they have had a stroke.

Research has shown that about 50% of people who have had a stroke a left with some degree of physical disability. Patients who have the same stroke end up with different functional abilities. This occurs because patients do not get the same rehabilitation/treatment after stroke. Some patients do not recover fully because of their personal and family/home characteristics.

I need to interview patients who have had stroke during the period December 2003 – December 2004, to find out things that have an influence on their ability to function. More knowledge of these characteristics could be used to plan the amount of time a stroke patient spends in the hospital, how often they should come back for treatment/rehabilitation after discharge from the hospital and to inform the patient and/or the person who looks after them about the possibility of the ability to function after they have had a stroke.

Participation in this research project is voluntary and information gained from you will be treated with confidentiality. You can leave the research project any time when you want to, and this will not affect the treatment/rehabilitation you receive at the clinic. Your name will be given a code and thus you will only be identified by this code and not by your name. You will not be paid for taking part in this research.

Would you please let me know if you will be able to participate in this study, by filling and signing the consent letter and leaving it with your therapist at the clinic.

Your help with this will be highly appreciated.

Thank you.

Veronica Mamabolo
Physiotherapy Department
University of the Witwatersrand

Appendix 3

CONSENT LETTER/LETTER TO AGREE TO TAKE PART IN THIS RESEARCH

I (full name and surname) _____ give permission to Mokgobadibe Veronica Mamabolo OR any of her appointed research assistants to interview me or the person who looks after me for their research to find out things that influence the patient's ability to function after they have had a stroke.

I understand why this research is done and know that:

-I can leave the research project any time when I want to
-Information that I will give will be treated with confidentiality,
-I will be allocated a code, which will be used in place of my name.
-I will not be paid for taking part in this research

Name & Signature: _____
Patient/Caregiver

Name & Signature: _____
Researcher/Research assistant

Name & Signature: _____
Witness

Appendix 4

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Division of the Deputy Registrar (Research)

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)
R14/49 Mamabolo

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER M050449**
PROJECT	Factors that Influence Functional Independence Post Stroke
INVESTIGATORS	Ms MV Mamabolo
DEPARTMENT	School of Public Health
DATE CONSIDERED	05.04.29
DECISION OF THE COMMITTEE*	Approved unconditionally

Unless otherwise specified this ethical clearance is valid for 5 years and may be renewed upon application.

DATE 05.05.03 **CHAIRPERSON** .....
(Professor PE Cleaton-Jones)

*Guidelines for written 'informed consent' attached where applicable

cc: Supervisor : Mr W Mudzi

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10005, 10th Floor, Senate House, University.
I/~~We~~ fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/~~we~~ guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to a completion of a yearly progress report.**

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES