**Phone Interview**

*I’m going to start off with a few questions about your life.*

What do you consider your race to be? (White, Black, Asian or Pacific Islander, Other) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you consider your ethnicity to be? (Hispanic, non-Hispanic) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

What level of education did you complete? (Did not graduate high school, high school degree, college degree, masters/PhD/other advanced degree) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prior to your stroke, had you ever been diagnosed or treated for a psychiatric disease? (yes/no) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, what psychiatric disease? (Free text) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were you working prior to your stroke? (yes/no) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you working now? (yes/no) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not, what is the limitation to returning to work? (Free text) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counting yourself, how many members currently make up your household? (Integer) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you now married, widowed, divorced, separated, never married, or living with a partner? (married, widowed, divorced, separated, never married, living with partner, refused) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you go to inpatient rehabilitation after your stroke? (yes/no) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so, how long were you in inpatient rehabilitation? (in days, integer) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Next, I will ask you a few questions about how often you have received medical attention in the past 6 months. Do NOT count your initial stroke hospitalization or rehab stay:*

**Stanford Healthcare Utilization Survey**

1. In the past 6 months, how many times did you visit a physician? Do **not** include visits while in the hospital or to a hospital emergency room. Fill in with “0” or another number.
2. In the past 6 months, how many times did you go to a **hospital** emergency room? Fill in with “0” or another number.
3. How many different **times** did you stay in a hospital **overnight** or longer in the past 6 months? Fill in with “0” or another number.
4. How many total **nights** did you spend in the hospital in the past 6 months? Fill in with “0” or another number.

Have you been told by a doctor that you had a second stroke separate from your first stroke? \_\_\_\_\_\_\_\_

*Next, I would like to ask you some questions about how you have been feeling during the past week. It is best not to think too hard about your response, but to give the answer that first comes to mind.*

**Hospital Anxiety and Depression Scale**



*We will now read you a list of problems and complaints that some people sometimes have in response to stressful life experiences, like a stroke. Please indicate how much you have been bothered by that problem in the last month by giving a number on a scale of 1-5 where 1 is not at all, 2 is a little bit, 3 is moderately, 4 is quite a bit, and 5 is extremely.*

**PTSD CheckList- Stressor Specific Version (PCL-5)**

 The event you experienced was: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Positive/Negative: \_\_\_\_\_\_\_\_ Score: \_\_\_\_\_\_\_\_\_

*I would also like to know how you are functioning after your stroke. Please let me know which of the following scenarios best describes your level of function at this point.*

**The Modified Rankin Scale & Corresponding Sections of Structured Interview**



*Please indicate which statements best describe your own health state today.*

**Euro QOL**

**Mobility**

\_\_\_ I have no problems in walking about

\_\_\_ I have some problems in walking about

\_\_\_ I am confined to bed

**Self-Care**

\_\_\_ I have no problems with self-care

\_\_\_ I have some problems washing or dressing myself

\_\_\_ I am unable to was or dress myself

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

\_\_\_ I have no problems with performing my usual activities

\_\_\_ I have some problems with performing my usual activities

\_\_\_ I am unable to perform my usual activities

**Pain/Discomfort**

\_\_\_ I have no pain or discomfort

\_\_\_ I have moderate pain or discomfort

\_\_\_ I have extreme pain or discomfort

**Anxiety/Depression**

\_\_\_ I am not anxious or depressed

\_\_\_ I am moderately anxious or depressed

\_\_\_ I am extremely anxious or depressed

To help people say how good or bad a health state is, we have produced a scale (rather like a thermometer) on which the best state you can imagine is marked **100** and the worst state you can imagine is marked **0**.

We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please pick a number between 0 and 100 that best describes your health state.

Health state: \_\_\_\_\_\_\_\_\_\_\_\_