## Health and wellbeing at the start of rehabilitation

In general, would you say your health is? (please tick one)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ❑ Excellent | ❑ Very good | ❑ Good | ❑ Fair | ❑ Poor |

How TRUE or FALSE is each of the following statements for you:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Definitely true** | **Mostly true** | **Don't know** | **Mostly false** | **Definitely false** |
| In general, my health is excellent |  |  |  |  |  |
| I am as healthy as anybody I know |  |  |  |  |  |
| I expect my health to get worse |  |  |  |  |  |

Thinking back over the last week, how much did physical health problems limit your usual physical activities? (please tick one)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ❑ Not at all | ❑ Very little | ❑ Somewhat | ❑ Quite a lot | ❑ Could not do physical activities |

How much bodily pain have you had during the past week? (please tick one)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ❑ None | ❑ Mild | ❑ Moderate | ❑ Severe | ❑ Extreme |

Under each heading, please tick the **ONE** box that best describes your health **TODAY.**

|  |  |
| --- | --- |
|  | MOBILITY |
| ❑ | I have no problems with walking around |
| ❑ | I have slight problems with walking around |
| ❑ | I have moderate problems with walking around |
| ❑ | I have severe problems with walking around |
| ❑ | I am unable to walk around |
|  | PERSONAL CARE |
| ❑ | I have no problems with washing or dressing myself |
| ❑ | I have slight problems with washing or dressing myself |
| ❑ | I have moderate problems with washing or dressing myself |
| ❑ | I have severe problems with washing or dressing myself |
| ❑ | I am unable to wash or dress myself |
|  | USUAL ACTIVITIES (e.g. work, study, housework, family or leisure activities) |
| ❑ | I have no problems doing my usual activities |
| ❑ | I have slight problems doing my usual activities |
| ❑ | I have moderate problems doing my usual activities |
| ❑ | I have severe problems doing my usual activities |
| ❑ | I am unable to do my usual activities |
|  | PAIN / DISCOMFORT |
| ❑ | I have no pain or discomfort |
| ❑ | I have slight pain or discomfort |
| ❑ | I have moderate pain or discomfort |
| ❑ | I have severe pain or discomfort |
| ❑ | I have extreme pain or discomfort |
|  | ANXIETY / DEPRESSION |
| ❑ | I am not anxious or depressed |
| ❑ | I am slightly anxious or depressed |
| ❑ | I am moderately anxious or depressed |
| ❑ | I am severely anxious or depressed |
| ❑ | I am extremely anxious or depressed |

We would like to know how good or bad your health is TODAY. Mark an X on the scale to indicate how your health is TODAY.

0 50 100

**The worst health** **The best health**

**you can imagine you can imagine**

Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY =

In the past 4 weeks (in the month before you started your rehabilitation program) how often did you feel:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **K5 scale** | | **None of the time** | **A little of the time** | **Some of the time** | **Most of the time** | **All of the time** |
| 1 | nervous? |  |  |  |  |  |
| 2 | without hope? |  |  |  |  |  |
| 3 | restless or jumpy? |  |  |  |  |  |
| 4 | everything was an effort? |  |  |  |  |  |
| 5 | so sad that nothing could cheer you up? |  |  |  |  |  |

### Your rehabilitation goals

Please tick the activities that **you would like to be able to do more independently** by the end of rehabilitation.

|  |  |
| --- | --- |
| **Activity** | **Tick the items you are aiming to improve** |
| **Self-care** | |
| Eating a meal that someone else has prepared |  |
| Grooming yourself, such as cleaning your teeth and combing hair |  |
| Having a bath or shower |  |
| Dressing the upper half of your body |  |
| Dressing the lower half of your body |  |
| Wiping yourself and adjusting clothing before and after toilet use |  |
| **Bladder/Bowel Management** | |
| Intentional control of your bladder |  |
| Intentional control of your bowel |  |
| **Transfers** | |
| Moving to and from a bed, chair or wheelchair |  |
| Getting on and off the toilet |  |
| Getting into and out of the bath or shower |  |
| **Locomotion** | |
| Getting around by walking or using a wheelchair |  |
| Going up and down stairs |  |
| **Communication** | |
| Understanding what other people are saying |  |
| Expressing what you want to say |  |
| **Cognitive Awareness** | |
| Interacting with other people such as staff or visitors, participating in activities with other patients |  |
| Solving problems such as asking for help if needed, organising follow up appointments |  |
| Remembering things, people or tasks |  |

### Other activities at the start of rehabilitation

Are there any other activities/tasks that you would like to be able to do more independently? If so, please list them below:

|  |
| --- |
|  |
|  |
|  |

How did you complete these questions?

❑ On my own ❑ With the help of a friend or relative ❑ With help from a member of staff