

Stroke Impact Scale

The purpose of this questionnaire is to evaluate how stroke has impacted your health and life. We want to know from YOUR POINT OF VIEW how stroke has affected you. We will ask you questions about impairments and disabilities caused by your stroke, as well as how stroke has affected your quality of life. Finally, we will ask you to rate how much you think you have recovered from your stroke.

These questions are about the physical problems which may have occurred as a result of your stroke.

In the past week, how would you rate the strength of your arm that was most affected by your stroke?

- ☐ A lot of strength
- ☐ Quite a bit of strength
- ☐ Some strength
- ☐ A little strength
- ☐ No strength at all

In the past week, how would you rate the strength of your grip of your hand that was most affected by your stroke?

- ☐ A lot of strength
- ☐ Quite a bit of strength
- ☐ Some strength
- ☐ A little strength
- ☐ No strength at all

In the past week, how would you rate the strength of your leg that was most affected by your stroke?

- ☐ A lot of strength
- ☐ Quite a bit of strength
- ☐ Some strength
- ☐ A little strength
- ☐ No strength at all

In the past week, how would you rate the strength of your foot/ankle that was most affected by your stroke?

- ☐ A lot of strength
- ☐ Quite a bit of strength
- ☐ Some strength
- ☐ A little strength
- ☐ No strength at all

These questions are about your memory and thinking.

In the past week, how difficult was it for you to remember things that people just told you?

- ☐ Not difficult at all
- ☐ A little difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Extremely difficult

In the past week, how difficult was it for you to remember things that happened the day before?

- ☐ Not difficult at all
- ☐ A little difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Extremely difficult

In the past week, how difficult was it for you to remember to do things (e.g. keep scheduled appointments or take medication)?

- ☐ Not difficult at all
- ☐ A little difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Extremely difficult

In the past week, how difficult was it for you to remember the day of the week?

- ☐ Not difficult at all
- ☐ A little difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Extremely difficult

In the past week, how difficult was it for you to concentrate?

- ☐ Not difficult at all
- ☐ A little difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Extremely difficult

In the past week, how difficult was it for you to think quickly?

- ☐ Not difficult at all
- ☐ A little difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Extremely difficult

In the past week, how difficult was it for you to solve everyday problems?

- ☐ Not difficult at all
- ☐ A little difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Extremely difficult

These questions are about how you feel, about changes in your mood and about your ability to control your emotions since your stroke.

In the past week, how often did you feel sad?

- ☐ None of the time
- ☐ A little of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time

In the past week, how often did you feel that there is nobody you are close to?

- ☐ None of the time
- ☐ A little of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time

In the past week, how often did you feel that you are a burden to others?

- ☐ None of the time
- ☐ A little of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time

In the past week, how often did you feel that you have nothing to look forward to?

- ☐ None of the time
- ☐ A little of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time

In the past week, how often did you blame yourself for mistakes that you made?

- ☐ None of the time
- ☐ A little of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time

In the past week, how often did you enjoy things as much as ever?

- ☐ None of the time
- ☐ A little of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time

In the past week, how often did you feel quite nervous?

- ☐ None of the time
- ☐ A little of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time

In the past week, how often did you feel that life is worth living?

- ☐ None of the time
- ☐ A little of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time

In the past week, how often did you smile and laugh at least once a day?

- ☐ None of the time
- ☐ A little of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time

The following questions are about your ability to communicate with other people, as well as your ability to understand what you read and what you hear in a conversation.

In the past week, how difficult was it to say the name of someone who was in front of you?

- ☐ Not difficult at all
- ☐ A little difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Extremely difficult

In the past week, how difficult was it to understand what was being said to you in a conversation?

- ☐ Not difficult at all
- ☐ A little difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Extremely difficult

In the past week, how difficult was it to reply to questions?

- ☐ Not difficult at all
- ☐ A little difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Extremely difficult

In the past week, how difficult was it to correctly name objects?

- ☐ Not difficult at all
- ☐ A little difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Extremely difficult

In the past week, how difficult was it to participate in a conversation with a group of people?

- ☐ Not difficult at all
- ☐ A little difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Extremely difficult

In the past week, how difficult was it to have a conversation on the telephone?

- ☐ Not difficult at all
- ☐ A little difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Extremely difficult

In the past week, how difficult was it to call another person on the telephone, including selecting the correct phone number and dialing?

- ☐ Not difficult at all
- ☐ A little difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Extremely difficult

The following questions ask about activities you might do during a typical day.

In the past 2 weeks, how difficult was it to cut your food with a knife and fork?

- ☐ Not difficult at all
- ☐ A little difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Could not do at all

In the past 2 weeks, how difficult was it to dress the top part of your body?

- ☐ Not difficult at all
- ☐ A little difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Could not do at all

In the past 2 weeks, how difficult was it to bathe yourself?

- ☐ Not difficult at all
- ☐ A little difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Could not do at all

In the past 2 weeks, how difficult was it to clip your toenails?

- ☐ Not difficult at all
- ☐ A little difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Could not do at all

In the past 2 weeks, how difficult was it to get to the toilet on time?

- ☐ Not difficult at all
- ☐ A little difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Could not do at all

In the past 2 weeks, how difficult was it to control your bladder (not have an accident)?

- ☐ Not difficult at all
- ☐ A little difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Could not do at all

In the past 2 weeks, how difficult was it to control your bowels (not have an accident)?

- ☐ Not difficult at all
- ☐ A little difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Could not do at all

In the past 2 weeks, how difficult was it to do light household tasks/chores (e.g. dust, make a bed, take out garbage, do the dishes)?

- ☐ Not difficult at all
- ☐ A little difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Could not do at all

In the past 2 weeks, how difficult was it to go shopping?

- ☐ Not difficult at all
- ☐ A little difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Could not do at all

In the past 2 weeks, how difficult was it to do heavy household chores (e.g. vacuum, laundry or yard work)?

- ☐ Not difficult at all
- ☐ A little difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Could not do at all

The following questions are about your ability to be mobile, at home and in the community.

In the past 2 weeks, how difficult was it to stay sitting without losing your balance?

- ☐ Not difficult at all
- ☐ A little difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Could not do at all

In the past 2 weeks, how difficult was it to stay standing without losing your balance?

- ☐ Not difficult at all
- ☐ A little difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Could not do at all

In the past 2 weeks, how difficult was it to walk without losing your balance?

- ☐ Not difficult at all
- ☐ A little difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Could not do at all

In the past 2 weeks, how difficult was it to move from a bed to a chair?

- ☐ Not difficult at all
- ☐ A little difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Could not do at all

In the past 2 weeks, how difficult was it to walk one block?

- ☐ Not difficult at all
- ☐ A little difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Could not do at all

In the past 2 weeks, how difficult was it to walk fast?

- ☐ Not difficult at all
- ☐ A little difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Could not do at all

In the past 2 weeks, how difficult was it to climb one flight of stairs?

- ☐ Not difficult at all
- ☐ A little difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Could not do at all

In the past 2 weeks, how difficult was it to climb several flights of stairs?

- ☐ Not difficult at all
- ☐ A little difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Could not do at all

In the past 2 weeks, how difficult was it to get in and out of a car?

- ☐ Not difficult at all
- ☐ A little difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Could not do at all

The following questions are about your ability to use your hand that was MOST AFFECTED by your stroke.

In the past 2 weeks, how difficult was it to use your hand that was most affected by your stroke to carry heavy objects (e.g. bag of groceries)?

- ☐ Not difficult at all
- ☐ A little difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Could not do at all

In the past 2 weeks, how difficult was it to use your hand that was most affected by your stroke to turn a doorknob?

- ☐ Not difficult at all
- ☐ A little difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Could not do at all

In the past 2 weeks, how difficult was it to use your hand that was most affected by your stroke to open a can or jar?

- ☐ Not difficult at all
- ☐ A little difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Could not do at all

In the past 2 weeks, how difficult was it to use your hand that was most affected by your stroke to tie a shoe lace?

- ☐ Not difficult at all
- ☐ A little difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Could not do at all

In the past 2 weeks, how difficult was it to use your hand that was most affected by your stroke to pick up a dime?

- ☐ Not difficult at all
- ☐ A little difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Could not do at all

The following questions are about how stroke has affected your ability to participate in the activities that you usually do, things that are meaningful to you and help you to find purpose in life.

During the past 4 weeks, how much of the time have you been limited in your work (paid, voluntary or other)

- ☐ None of the time
- ☐ A little of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time

During the past 4 weeks, how much of the time have you been limited in your social activities?

- ☐ None of the time
- ☐ A little of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time

During the past 4 weeks, how much of the time have you been limited in quiet recreation (crafts, reading)?

- ☐ None of the time
- ☐ A little of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time

During the past 4 weeks, how much of the time have you been limited in active recreation (sports, outings, travel)?

- ☐ None of the time
- ☐ A little of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time

During the past 4 weeks, how much of the time have you been limited in your role as a family member and/or friend?

- ☐ None of the time
- ☐ A little of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time

During the past 4 weeks, how much of the time have you been limited in your participation in spiritual or religious activities?

- ☐ None of the time
- ☐ A little of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time

During the past 4 weeks, how much of the time have you been limited in your ability to control your life as you wish?

- ☐ None of the time
- ☐ A little of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time

During the past 4 weeks, how much of the time have you been limited in your ability to help others?

- ☐ None of the time
- ☐ A little of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time

Stroke Recovery - On a scale of 0 to 100, with 100 representing full recovery and 0 representing no recovery, how much have you recovered from your stroke?: