A. Hi. My name is ______________________, and I am calling on behalf of the stroke team of (name of hospital from which patient was discharged). May I speak to (patient name)?

- Yes, patient is available  →  Go to Question 1
- No, patient is deceased  →  End Two-Day Post-Discharge Follow-Up
- No, patient is hospitalized  →  End Two-Day Post-Discharge Follow-Up
- No, patient is in a skilled nursing facility  →  End Two-Day Post-Discharge Follow-Up

B. May I please speak to (patient name)’s primary caregiver?

- Yes  →  Go to Section D
- No  →  Go to Section C

C. May I please get the primary caregiver’s name and number?

Name of the primary caregiver: ____________________________

- I don’t know the primary caregiver’s name or number
- No, I refuse to provide caregiver’s number

Number of primary caregiver: (__ __ __)  __ __ __ - __ __ __ __

- I don’t know the primary caregiver’s name or number
- No, I refuse to provide caregiver’s number

→  End Two-Day Post-Discharge Follow-Up

D. (Patient name) was discharged from the hospital approximately two days ago, and I would like to follow up with you to see how he/she has been doing.

To whom am I speaking?
Name: ____________________________

D (a). What is your relationship with (patient name)?

- Spouse
- Sibling
- Son/Daughter
- Neighbor/Friend
- Parent/Legal Guardian
- Other  →  Go to Question E (c)

D (b). Specify for “other” ____________
D (c). Does the (patient name) have communication challenges that prevent him/her from answering questions?

- No
- Yes, significant aphasia
- Yes, cognitive deficits
- Both, significant aphasia & cognitive deficits
- No response

→ Go to Question 1

The Post – Acute Care Coordinator will now ask the following open-ended questions of the patient:

You were discharged from the hospital approximately two days ago, and I would like to follow up with you to see how you have been doing.

1. I would like to discuss your medications and any changes that have been made. (Obtain medication list. Complete medication reconciliation, and list any discrepancies). Was medication reconciliation completed?
   - Yes ➔ Go to Question 1a
   - No ➔ Go to Question 1c

1a. Were there any discrepancies during medication reconciliation?
   - Yes
   - No ➔ Go to Question 2

1b. _______________________________

1c. Why was medication reconciliation not completed?
_____________________________

2. Do you have any concerns about your medications?
   - Yes
   - No ➔ Go to Question 3

2a. What are these concerns?
   - _______________________________
   - No response

3. Are you on Coumadin (Warfarin)?
   - Yes
   - No ➔ Go to Question 4

3a. Have you had a test to see how long it takes for your blood to clot? This is known as an INR test.
   - Yes
   - No ➔ Go to Question 4

3b. What is your INR (Typical normal range 2-3)?
   - _____
   - I don’t know
   - No response

3c. When did you have your last INR test?

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
</table>

Month / Day / Year
4. Have you had any new stroke symptoms since being discharged from the hospital?
   □ Yes   □ No  → Go to Question 5

4a. What are these new symptoms?

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Yes</th>
<th>No</th>
<th>No Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numbness or weakness of the face, arm, or leg, especially on one side of the body</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confusion / trouble understanding</td>
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<tr>
<td>Difficulty speaking</td>
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<td></td>
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<tr>
<td>Trouble seeing in one or both eyes</td>
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<td></td>
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<tr>
<td>Trouble walking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dizziness, loss of balance or coordination</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Severe headache</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No response</td>
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</tr>
</tbody>
</table>

5. After being discharged from the hospital, some stroke survivors may need a primary caregiver to provide assistance with activities such as taking your medicines, bathing, dressing, performing housework, and/or going places around town. Is there a primary caregiver who is currently assisting you with these tasks?
   □ Yes   □ No  → Go to Question 6

5a. What activities are your primary caregiver assisting with?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
<th>No Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assisting with ADLs (bathing, dressing, feeding, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assisting with IADLs (cooking, housework, shopping, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No response</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

5b. What is the name of the primary caregiver? __________________________________________
   □ No response

5c. What is the primary caregiver's relationship to you?
   □ Spouse
   □ Sibling
   □ Son/Daughter
   □ Neighbor/Friend
   □ Parent/Legal Guardian
   □ Other  → Go to Question 7d
   □ No response

5d. Specify “other”: ____________________________

6. Do you have a follow-up appointment scheduled with your primary care provider?
   □ Yes
   □ No  → Go to Question 7
   □ I don’t know  → Go to Question 7
6a. What is the date and time of your follow-up visit at your primary care provider?

[Month/Day/Year]

☐ I don’t know
☐ No response

6b. What is the first and last name of your primary care provider?

☐ ___________________
☐ I don’t know
☐ No response

7. Do you have a follow-up appointment scheduled with our follow-up stroke clinic? (Post-Acute Care Coordinator will need to have appointment date readily available).

☐ Yes, I do have an appointment  ➔ Go to Question 8
☐ No, I don’t have an appointment (Post-Acute Care Coordinator will confirm an appointment was not established)  ➔ Go to Question 9

☐ I don’t know if I have an appointment (Post-Acute Care Coordinator will confirm appointment or establish an appointment)  ➔ Go to Question 11

8. What is the date and time of your follow-up visit at our follow-up Stroke Clinic?

☐ Patient confirmed date and time correctly  ➔ Go to Question 11
☐ Patient didn’t confirm date/time correctly or patient didn’t know date/time  ➔ Go to Q 10

9. I will now establish an appointment for you to our follow-up Stroke Clinic. Your appointment is on (XX/XX/XXXX) at (XX:XX AM/PM). Did appointment get established?

☐ Yes  ➔ Go to Question 11  ☐ No

9a. Why did appointment not get established?

☐ Patient prefers to follow-up with his/her own PCP or another doctor
☐ Patient reported that he/she is too sick or disabled to attend
☐ Patient cannot afford to attend the 7-14 day visit
☐ Patient does not have transportation
☐ Patient reported that he/she lives out of the area & doesn’t want to travel
☐ No available appointment within 14 days
☐ Other: ___________________

10. Your appointment at our follow-up Stroke Clinic is on (XX/XX/XXXX) at (XX:XX AM/PM) Did confirmation take place?

☐ Yes  ☐ No

11. Have you had any falls since your discharge?

☐ Yes  ☐ No  ➔ Go to Question 11a

11a. Did you sustain any injuries and have to go to the emergency department or see a doctor?

☐ Yes  ☐ No  ☐ No response

12. Were you prescribed home health services after hospital discharge?

☐ Yes  ☐ No  ➔ Go to Question 13  ☐ I don’t know  ➔ Go to Question 13
12a. What home health agency will provide you with home health care?

- □ __________________
- □ I don’t know
- □ No response

12b. What service(s) has been scheduled?

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Health PT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Health OT</td>
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<td></td>
<td></td>
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<tr>
<td>Home Health SLP</td>
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<td></td>
<td></td>
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<tr>
<td>Home Health Nursing</td>
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<td></td>
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<tr>
<td>No response</td>
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<td></td>
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</tbody>
</table>

12c. Do you plan to receive and continue the home health service(s) that have been scheduled?

- □ Yes
- □ No
- □ No response

12d. [If a service(s) has not been scheduled], why hasn’t the service(s) been scheduled?

- □ I chose not to participate in home health services
- □ The home health agency has not contacted me to schedule appointments
- □ Other

→ Go to Question 14

13. Were you prescribed any outpatient therapy after hospital discharge?

- □ Yes
- □ No → Go to Question 14

13a. What service(s) has been scheduled?

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient OT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient PT</td>
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<td></td>
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<tr>
<td>Outpatient SLP</td>
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<td></td>
</tr>
<tr>
<td>No response</td>
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</tbody>
</table>

13b. Do you plan to attend and continue the therapy service(s) or appointment(s) that have been scheduled?

- □ Yes
- □ No
- □ No response

13c. [If a service(s) has not been scheduled], why hasn’t the service(s) been scheduled?

- □ I chose not to participate in outpatient services
- □ There were not any available appointments at the outpatient rehabilitation center
- □ Other

You had a stroke, and it’s important to remember the signs and symptoms of a stroke and when to go to the emergency department. An easy way to remember this is think of the word, FAST.

Face. Look for an uneven smile.

Arm. Check if one arm is weak or numb.

Speech. Listen for slurred speech.

Time. Call 911 immediately.

14. As a reminder, attending your appointment at the follow-up Stroke Clinic is important for your recovery, health, and independence. Do you have any issues with transportation that may prevent you from attending your appointment?

- □ Yes → Go to Section F
- □ No → Go to Section G
(F) There are resources within your area that can assist you with transportation to our follow-up stroke clinic if you need assistance getting to your appointment. (Post-Acute Care Coordinator will relay resources to patient or caregiver).

(G) Thank you for taking the time to answer these follow-up questions. We have scheduled you to come to our follow-up Stroke Clinic on (XX/XX/XXX) at (XX:XX AM/PM).

15. Are there any challenges or discrepancies to medication reconciliation, or any concerns (new or worsening symptoms, patient sustaining an injurious fall, etc.) that need to be immediately triaged to the Advanced Practice Provider?

☐ Yes    ☐ No

15a. What are these challenges or concerns?
_____________________

_____________________

END OF 2-DAY POST-DISCHARGE FOLLOW-UP