

Patient questionnaire

Personal information	
name, surname: _____	date of birth: _____
street: _____	zip code, place: _____
phone/email : _____	nationality: _____
Information to confidant	
name, surname _____	zip code, place: _____
street: _____	country: _____
phone: _____	email: _____
Medical attendant	Private attendant
number of attendants / job description: _____	number of attendants: _____
Details for medical stay	
desired entry date: _____	desired length of stay: _____
Patient's condition	
patient requires mechanical ventilation <input type="checkbox"/> yes <input type="checkbox"/> no	must patient be isolated? <input type="checkbox"/> yes <input type="checkbox"/> no
24x7 private nursing desired / needed? <input type="checkbox"/> yes <input type="checkbox"/> no	
pre-existing condition: <input type="checkbox"/> stroke <input type="checkbox"/> traumatic brain injury <input type="checkbox"/> spinal or peripheral nerve injury <input type="checkbox"/> others _____	
Weakness or abnormal rigidity of arm: <input type="checkbox"/> no <input type="checkbox"/> yes <i>if yes then:</i> <input type="checkbox"/> left arm <input type="checkbox"/> right arm	Weakness or abnormal rigidity of leg: <input type="checkbox"/> no <input type="checkbox"/> yes <i>if yes then:</i> <input type="checkbox"/> left leg <input type="checkbox"/> right leg
Extent of weakness or abnormal rigidity of arm: <input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	Extent of weakness or abnormal rigidity of leg: <input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe
Weakness or abnormal rigidity of trunk: <input type="checkbox"/> no <input type="checkbox"/> yes <i>if yes then:</i>	Weakness or abnormal rigidity of head / neck <input type="checkbox"/> no <input type="checkbox"/> yes <i>if yes then:</i>
Extent of weakness or abnormal rigidity of trunk: <input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	Extent of weakness or abnormal rigidity of head / neck: <input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe
Problems with:	
<i>cognition or memory:</i> <input type="checkbox"/> no <input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	<i>swallowing:</i> <input type="checkbox"/> no <input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe
<i>perception / consciousness</i> <input type="checkbox"/> no <input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	<i>numbness or pain:</i> <input type="checkbox"/> no <input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe
<i>speech or language:</i> <input type="checkbox"/> no <input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	
Patient's autonomy (according to Barthel Index)	
Feeding	Bathing / grooming (shaving, brushing teeth, combing) / dressing
unable to eat alone <input type="checkbox"/>	needs help with personal care <input type="checkbox"/>
needs help cutting, spreading butter etc. <input type="checkbox"/>	independent, no help needed <input type="checkbox"/>
independent, no help needed <input type="checkbox"/>	
Bowels	Bladder and toilet use
incontinent (or needs to be given enemas) <input type="checkbox"/>	incontinent, or catheterize; unable to manage alone <input type="checkbox"/>
occasional accident (max 1x per week) <input type="checkbox"/>	needs some help, but can do something alone <input type="checkbox"/>
continent <input type="checkbox"/>	continent / independent (on and off, dressing, wiping) <input type="checkbox"/>
Transfers (bed to chair and back)	Mobility (on level surfaces)
unable, no sitting balance <input type="checkbox"/>	immobile or <50 yards <input type="checkbox"/>
major help (1 to 2 people, physical), can sit <input type="checkbox"/>	wheelchair independent, incl. corners >50 yards <input type="checkbox"/>
minor help (verbal or physical) <input type="checkbox"/>	walks with help of 1 person (verbal or physical) >50 yards <input type="checkbox"/>
independent <input type="checkbox"/>	independent (but may use any aid) >50 yards <input type="checkbox"/>