

ATTACHMENT 4 Stroke Impact Scale 16 (SIS-16)

Mild and Rapidly Improving Stroke Study (MaRISS)

90-DAY TELEPHONE CALL

MaRISS_Stroke Impact Scale-16 (SIS-16)

Who provided the information collected?

Patient Initials: _____

PATIENT reported

Study ID: _____

PROXY reported

Date: ____/____/____

1. Explain to the patient/proxy what the questionnaire is about: *"Now I am going to ask some questions about how much difficulty you have had while performing some activities in the past 2 weeks.*

2. Ask patient/proxy the following questions exactly as they are written. DO NOT CHANGE the script.

SIS 16

In the past 2 weeks, how difficult was it to...	Not difficult at all	A little difficult	Somewhat difficult	Very difficult	Could not do at all
a. Dress the top part of your body?	5	4	3	2	1
b. Bathe yourself?	5	4	3	2	1
c. Get to the toilet on time?	5	4	3	2	1
d. Control your bladder (not have an accident)?	5	4	3	2	1
e. Control your bowels (not have an accident)?	5	4	3	2	1
f. Stand without losing balance?	5	4	3	2	1
g. Go shopping?	5	4	3	2	1
h. Do heavy household chores (e.g. vacuum, laundry or yard work)?	5	4	3	2	1
i. Stay sitting without losing your balance?	5	4	3	2	1
j. Walk without losing your balance?	5	4	3	2	1
k. Move from a bed to a chair?	5	4	3	2	1
l. Walk fast?	5	4	3	2	1
m. Climb one flight of stairs?	5	4	3	2	1
n. Walk one block?	5	4	3	2	1
o. Get in and out of a car?	5	4	3	2	1
p. Carry heavy objects (e.g. bag of groceries) with your affected hand?	5	4	3	2	1

Form Completed by: _____ (Print name)