

**Participant Questionnaire**

*Life after Stroke: lessons from personal narratives of survival, managing change and overcoming adversity*

Name: **Click or tap here to enter text.**

Age: **Click or tap here to enter text.**

1) Please tick the gender that best represents you.

[ ]  Female

[ ]  Male

[ ]  Prefer not to say

 Prefer to self-describe (please specify): **Click or tap here to enter text.**

2) Where do you live?

[ ]  At home with a partner

[ ]  At home with family

[ ]  At home alone

[ ]  At a care home

 Other (please specify): **Click or tap here to enter text.**

**Questions continue on the next page**

3) Does someone assist you with day to day tasks?

[ ]  Yes (please answer question 4)

[ ]  No

4) If someone assists you with day to day tasks, are they…?

[ ]  A partner

[ ]  A family member

[ ]  A friend

[ ]  A formal carer

5) Please select an occupational status below.

[ ]  Employed Part time

[ ]  Employed Full time

[ ]  Unemployed

[ ]  Retired

[ ]  Studying

 Other (please specify): **Click or tap here to enter text.**

6) In your opinion, how severe was the stroke?

[ ]  Mild

[ ]  Moderate

[ ]  Severe

**Questions continue on the next page**

7) How would you describe your recovery from stroke?

[ ]  Good

[ ]  No change

[ ]  Poor

8) How socially active are you compared to before the stroke?

[ ]  I am more socially active

[ ]  I am as socially active as I was before

[ ]  I am less socially active

9) What part of your social life has changed the most following the stroke?

[ ]  Interacting with family

[ ]  Interacting with friends

[ ]  Interacting with the local community

 Other (please specify): **Click or tap here to enter text.**

10) Can you communicate independently or do you require communication support?

[ ]  Can communicate independently

[ ]  Require communication support (please answer question 11)

**Questions continue on the next page**

11) If you require communication support, can you please specify what support you need?

[ ]  Someone else (e.g. a carer)

[ ]  A device (e.g. Talking Mats)

 Something else (please specify): **Click or tap here to enter text.**

12) Please provide your postcode below (this will be used to determine your local area’s score on the Scottish Index of Multiple Deprivation, if you have any specific questions in regard to this please contact Joe):

**Click or tap here to enter text.**

There is the possibility that if we have a large number of people who represent a similar background you may not be selected.

We thank you for your interest in joining the project.

**Contact Details:**

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