

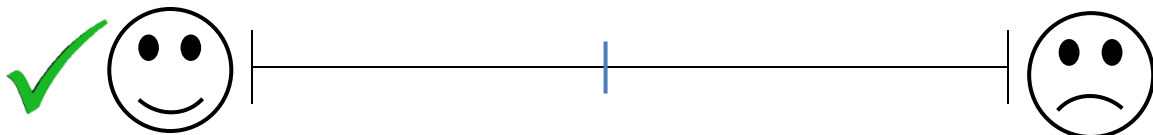
Code

Name: \_\_\_\_\_

Personal ID: \_\_\_\_\_ - \_\_\_\_\_

Please describe your experience of using the chest- and thumb ECG. Follow the example below to make a clear vertical line.

Exemple: **Correct**

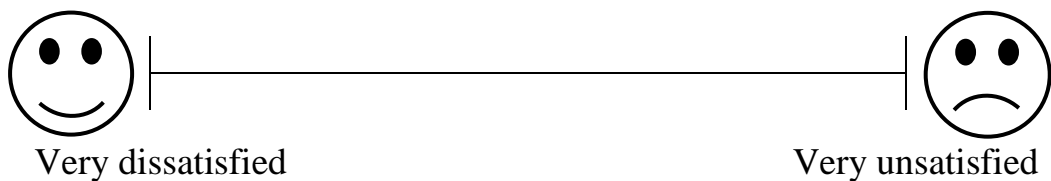


Exemple: **Incorrect**



**Frågor:**

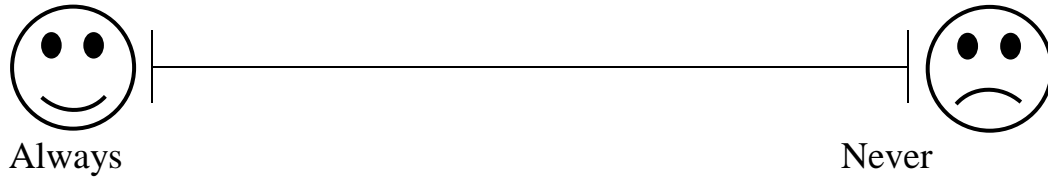
1. In summary, what do you think about the usage of the chest- and thumb ECG?



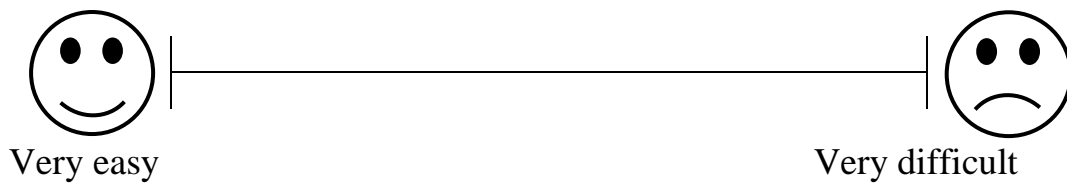
2. How was the technical feasibility of the chest- and thumb ECG?



3. Did you remember to use the chest- and thumb ECG as scheduled?



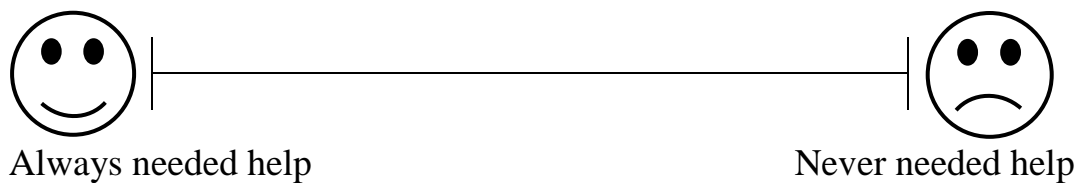
4. How was it physically to apply the chest- and thumb ECG?



5. Did the ECG monitoring affect your feeling of security?



6. Did you need help from others to perform the ECG-monitoring?



7. Would you recommend other stroke patients to use the chest- and thumb ECG monitoring?



Would you like to add any comment about using the chest- and thumb ECG?  
Please use the box below.

What symptoms remain after your stroke? Please underline the alternative that describes this best.

Speech ability impairment:	Severe	Moderate	Mildly	No
Impairment of ability to understand:	Severe	Moderate	Mild	No
Arm weakness:	Severe	Moderate	Mild	No
Leg weakness:	Severe	Moderate	Mild	No
Decreased sensibility:	Severe	Moderate	Mild	No
Memory deficit:	Severe	Moderate	Mild	No
Tiredness:	Severe	Moderate	Mild	No

Do you want add any further information, please use the box below.