Screening for Safe Self-medication post-Stroke Scale (S-5)
Instructions for Administration

Note: If patient wears glasses, make sure they are worn throughout the test.
Note: If patient has upper limb paralysis give demonstration using one hand where appropriate.

Materials required
1. Pill bottle with childproof cap
2. Pill bottle without childproof cap
3. Pill bottle with a pharmacy label: must include the information commonly found on a label (medication name, dosage, frequency, time of day to take medication and the name of a person)
4. Liquid bottle with "push and turn" cover and a medicine cup
5. 1 syringe without needle
6. 8 disc-shaped white pills (e.g.: shape of a vitamin C)
7. 1 oval-shaped blue or green gel-capsule pill
8. 1 oval shaped orange pill
9. 1 small and 1 larger disc-shaped white pill
10. Three objects: pen, coin & a key

Diagram #1 - indicating placement of pills for questions #11 and #12

Diagram #2 - indicating placement of pills for question #13
Screening for Self-Medication Safety post-Stroke Scale (S-5)

Evaluator’s name: __________________________
Date: ______________________________________
Dysphagia (Y / N): __________________________

Questions 1-3: Patient needs to succeed in 2/3 questions to continue screening

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<tr>
<th>YES</th>
<th>NO</th>
<th>Concern*</th>
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<td>1. Say: What month is it? (Accept +/- 1 month from the correct month)</td>
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<td>2. Say: What time of the day is it? (Should identify morning, afternoon or evening)</td>
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<td>3. Say: Where are we right now? (Should identify name of hospital or ward or site)</td>
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<td>4. Provide an open bottle with 8 identical white disc-shaped pills and say: If you have to take 2 pills in the morning and 2 at night, show me how you would group the pills. (Repeat once if needed)</td>
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<td>5. Provide a pill bottle label and say: Can you read to me what it says on the label?</td>
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<td>6. Present a pen, coin, and key and say: Remember these three objects: a pen, a coin and a key. Remove the objects and ask patient to name the objects. Please tell me what they are. (Patient must correctly name all 3 objects.) Then say: I will ask you to remember these objects later.</td>
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<td>7. Provide a pill bottle with childproof cap and say: Open this bottle and take out one pill. (If accomplished: skip to #9, If not accomplished: proceed to #8)</td>
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<td>8. Provide a pill bottle without childproof cap and say: Open this bottle and take one pill.</td>
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Self-Injection (Assess if necessary)

9. Provide a syringe without a needle and ask patient to demonstrate how to inject their medication. Note if patient uses 1 or 2 hands. ____________

10. Say: Can you name the three objects I showed you earlier? (Patient must correctly name 2/3.)

Randomly place 3 pills (blue, orange, and white) in triangle with pill bottle as in diagram #1.

11. Say: Point to the disc-shaped pill, then to the oval pill, and finally to the capsule-shaped pill. (Patient must correctly identify all 3)

12. Say: Point to the blue pill, then to the orange pill and finally to the white pill. (Patient must correctly identify all 3)

Place 2 disc-shaped pills (large and small) with pill bottle in the middle as in diagram #2.

13. Say: Point to the large and then to the small sized pill. (Patient must correctly identify both pills.)

14. Say: Imagine you need to take 3 pills every day for your blood pressure and you only have one pill left. Suppose you cannot go to a pharmacy for 4 days, what do you do? (Repeat once if needed)

15. Provide a liquid medication bottle with “push and turn” cover and say: Open the bottle and pour 10 ml of the liquid into this cup. (Accept +/- 2 ml from 10ml)

16. Say: Do you feel confident in taking your medication on your own?

Mini-Mental State Examination Score (if available): ________

*Concerns and Recommendations (Note further testing/referrals needed, recommendations for patient training)