

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

## Instructions for Administration

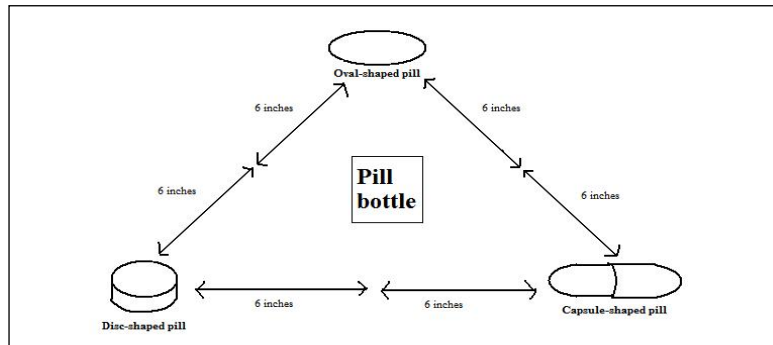
Note: If patient wears glasses, make sure they are worn throughout the test.

Note: If patient has upper limb paralysis give demonstration using one hand where appropriate.

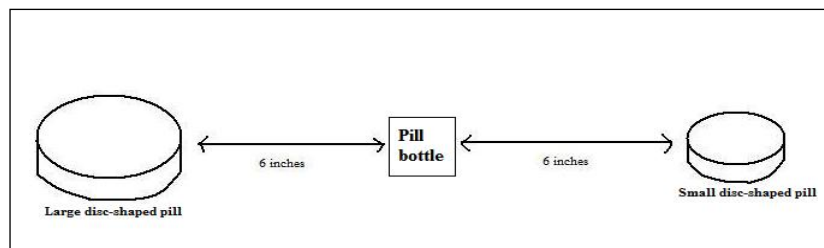
### Materials required

- 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**



Imprint Patient Information

## 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	YES	NO	Concern*
1. Say: <i>What month is it?</i> (Accept +/- 1 month from the correct month)			
2. Say: <i>What time of the day is it?</i> (Should identify morning, afternoon or evening)			
3. Say: <i>Where are we right now?</i> (Should identify name of hospital or ward or site)			
4. Provide an open bottle with 8 identical white disc-shaped pills and say: <i>If you have to take 2 pills in the morning and 2 at night, show me-how you would group the pills.</i> (Repeat once if needed)			
5. Provide a pill bottle label and say: <i>Can you read to me what it says on the label?</i>			
6. Present a pen, coin, and key and say: <i>Remember these three objects: a pen, a coin and a key.</i> Remove the objects and ask patient to name the objects. <i>Please tell me what they are.</i> (Patient must correctly name all 3 objects.) Then say: <i>I will ask you to remember these objects later.</i>			
7. Provide a pill bottle <b>with</b> childproof cap and say: <i>Open this bottle and take out one pill.</i> (If accomplished: skip to #9, If not accomplished: proceed to #8)			
8. Provide a pill bottle <b>without</b> childproof cap and say: <i>Open this bottle and take one pill.</i>			
<b>Self-Injection (Assess if necessary)</b>			
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: <i>Can you name the three objects I showed you earlier?</i> (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: <i>Point to the disc-shaped pill, then to the oval pill, and finally to the capsule-shaped pill.</i> (Patient must correctly identify all 3)			
12. Say: <i>Point to the blue pill, then to the orange pill and finally to the white pill.</i> (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: <i>Point to the large and then to the small sized pill.</i> (Patient must correctly identify both pills.)			
14. Say: <i>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?</i> (Repeat once if needed)			
15. Provide a liquid medication bottle with "push and turn" cover and say: <i>Open the bottle and pour 10 ml of the liquid into this cup.</i> (Accept +/- 2 ml from 10ml)			
16. Say: <i>Do you feel confident in taking your medication on your own?</i>			

Mini-Mental State Examination Score (if available): \_\_\_\_\_

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