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| P.U.L.S.E. Questionnaire for recruited people and their carers Your observations and suggestions are always very important to us; could you put your own personal comments in the separate boxes below, describing your impressions during the use of the glove. |
| **Question** | **User comments**  | **Carer comments** |
| Can you tell us the main reasons why you wanted to join the PULSE research?  |  |  |
| How easy was the Tipstim glove to get on and off, and generally how was it during the daily period of stimulation? |  |  |
| Did you find the Tipstim therapy helped? Tell us a bit about how soon you noticed changes, and exactly what differences you did notice? |  |  |
| Did you manage to carry on with normal activities – reading, watching TV etc., whilst wearing the glove? |  |  |
| What were the positive aspects of using the glove-Why did you like it? |  |  |
| What were the negative aspects of wearing the glove-Why didn’t you like wearing it? |  |  |
| What other things about yourself/your partner changed whilst using the glove? For example- was there any change in mood or how they were feeling? Were there any differences in physical aspects- movement, stiffness, mobility? Any difference in the skin sensation – touching or feeling? |  |  |
| Would you recommend this to other people who have experienced a stroke and were left with problems in upper limbs? |  |  |
| If it was offered for long term use, would you take it? |  |  |
| Any other comments? |  |  |