

*\*This assessment review was compiled by our students and is intended to be used as a guide in assisting clinicians. We encourage you to review the evaluations and assessments for yourself to guarantee the most accurate and updated information.*

## I. General Information

**Title of the test:** Self-Medication Safety Post-Stroke Scale (S-5)

**Author:** Annabel McDermott, OT

**Publisher:** None. The author states that the assessment is available from StrokeEngine.ca a website that is associated with McGill University, and the Canadian Stroke network. The website is a resource for information related to strokes

**Time required to administer:** 5-10 minutes

**Cost of the Test:** According to the author, the assessment is available for free from the website located at [www.StrokeEngine.ca](http://www.StrokeEngine.ca). The website has a list of evaluations appropriate for the stroke population; the S-5 is one of them.

## II. Description of Test

**Type/Purpose of Test:** The purpose of the test is to evaluate a client's ability to safely self-manage their medication after having experienced a stroke. The test is administered using an interview and a checklist.

**Population:** Clients who have suffered a stroke.

**Focus of measurement:** The test focuses on assessing the safety with which a client from the stroke population can self-medicate. The test is composed of 16 items that cover the five domains of cognition, communication, motor function, visual-perception, and judgment/executive functions/self-efficacy.

Organic systems  Abilities  Participation/life habits  Environmental Factors

## III. Practical Administration

**Ease of Administration:** The assessment requires 10 minutes to administer. Some materials are required in order to be prepared for administering the exam. These materials include twelve items related to medication including pill bottles, lids, prescription labels, and other associated items. These items are described in full on the assessment form itself.

**Clarity of Directions:** The directions are located on the actual assessment itself, and are very clear. The directions include useful diagrams that illustrate the use and arrangement of the assessment materials.

**Scoring Procedures:** The assessment does not have a scoring procedure. Each item on the assessment is considered individually, and evaluated individually as a concern or as being adequate. An answer of "no" on any item, or any item marked as a concern is an indication of the need for further assessment and possibly the need for intervention for the specific skill or ability measured by that item on the assessment.

**Examiner Qualification & Training:** No additional training is required for a member of a multidisciplinary team to administer this assessment; however familiarity with managing clients with strokes is recommended.

## IV. Technical Considerations

**Standardization:**  Norms  Criterion Referenced  Other N/A

The S-5 assessment was developed using several resources that include: first, published literature addressing domains affected by stroke; second, consultation with expert clinicians; and third, feedback on the S-5 from patients who had experienced a stroke. Although the S-5 was conceived to be a standardized assessment to evaluate safe self-medication in the stroke population, the assessment at this point has not been standardized.

**Reliability:** There is currently no research to support the reliability of this assessment.

**Validity:** The validation process for this assessment is still in its preliminary stages. Existing research has tested the assessment for content and face validity with positive results for both elements.

**Manual:** There is currently no manual for the S-5 assessment. The best resource for gaining a better understanding of the assessment is the information listed on the assessment itself or the following research article:

Kaizer, F., Kim, A., Van, M. T., & Korner-Bitensky, N. (2010). Creation and preliminary validation of the Screening for Self-Medication Safety Post-Stroke Scale (S-5). *Journal of Rehabilitation Medicine*, 42, 239-245.

**What is (are) the setting/s that you would anticipate using this assessment?**

The assessment was created specifically to address issue of self-medication in the stroke population. The assessment can be used in any setting where clients who have experienced a stroke may be present. This may include inpatient settings or acute care settings, rehabilitation settings, and outpatient or home health settings.

**Summary of strengths and weaknesses**

**Weakness:** Requires some preparation and collection of materials beforehand. The assessment is not standardized, and has not been tested for reliability.

**Strength:** The assessment is free, simple, and can quickly be administered. Detailed instructions for how to administer the assessment are included on the assessment form itself. Materials necessary to administer the assessment were designed specifically to fit in a person's pocket.