

**SAHOT**  
SubArachnoid Haemorrhage Outcome Tool

This form is designed to assess recovery following subarachnoid hemorrhage at this moment in time. The patient and their next of kin should fill in separate forms without consulting each other.

- Please think back to how things were BEFORE the bleed, and compare this to how the following aspects of daily life are NOW (i.e. this week).
- Please circle the response that best describes this CHANGE for each aspect.
- If you have not yet tried an activity, or are unsure if you would be able to undertake a task, circle “large/severe change” for the purposes of this questionnaire.
- If you did not do an activity before the bleed, please select “N/A”.



## 1. General Aspects of Daily Life

OVERALL FUNCTION	No change	Some change	Large or severe change	N/A
Physical activities of daily life (e.g. walking, climbing stairs)	No change	Some change	Large or severe change	N/A
Socializing (with people other than colleagues/family)	No change	Some change	Large or severe change	N/A
Pursuing previous hobbies	No change	Some change	Large or severe change	N/A
Household chores	No change	Some change	Large or severe change	N/A
Days / evenings out	No change	Some change	Large or severe change	N/A
Quality of relationship with those closest	No change	Some change	Large or severe change	N/A
Tick if relationship is now better [ ] or worse [ ]				
Quality of relationships with others	No change	Some change	Large or severe change	N/A
Doing things on one's own (e.g. shopping, going out)	No change	Some change	Large or severe change	N/A
Coping in crowded, busy or noisy places	No change	Some change	Large or severe change	N/A
Sleep pattern (day or night)	No change	Some change	Large or severe change	N/A



Sex life	No change	Some change	Large or severe change	N/A
Basic self care (e.g. ability to wash, dress)	No change	Some change	Large or severe change	N/A
Recreational exercise	No change	Some change	Large or severe change	N/A

## 2. Physical Aspects

Physical fatigue / tiredness (i.e. how much one can do before needing to stop to rest)	No change	Some change	Large or severe change	N/A
Balance when walking	No change	Some change	Large or severe change	N/A
Clumsiness (change in handwriting, difficulty with cutlery, knocking things over)	No change	Some change	Large or severe change	N/A
Falls (including trips / stumbling)	No change	Some change	Large or severe change	N/A
Strength / coordination in arms and hands	No change	Some change	Large or severe change	N/A
Strength / coordination in legs	No change	Some change	Large or severe change	N/A
Pain	No change	Some change	Large or severe change	N/A
Urinary continence	No change	Some change	Large or severe change	N/A

Vision (excluding changes in prescription of glasses)	No change	Some change	Large or severe change	N/A
Hearing	No change	Some change	Large or severe change	N/A
Smell / taste	No change	Some change	Large or severe change	N/A
Swallowing food or water	No change	Some change	Large or severe change	N/A
Word finding when speaking	No change	Some change	Large or severe change	N/A

### 3. Cognitive Aspects

Mental fatigue (i.e. tiredness with mental tasks)	No change	Some change	Large or severe change	N/A
Short-term memory	No change	Some change	Large or severe change	N/A
Long-term memory (i.e. remembering things that happened years ago)	No change	Some change	Large or severe change	N/A
Learning a new skill	No change	Some change	Large or severe change	N/A
Concentration	No change	Some change	Large or severe change	N/A
Distractibility	No change	Some change	Large or severe change	N/A
Multitasking (i.e. doing two or more things at the same time)	No change	Some change	Large or severe change	N/A

Remembering names of familiar people	No change	Some change	Large or severe change	N/A
Recognising faces	No change	Some change	Large or severe change	N/A
Ability to get a point across in conversation	No change	Some change	Large or severe change	N/A
Ability to compromise in discussion with others	No change	Some change	Large or severe change	N/A
Ability to recognise danger	No change	Some change	Large or severe change	N/A
Navigational skills (i.e. getting lost)	No change	Some change	Large or severe change	N/A

#### 4. Behavioural / Psychological Aspects

Low mood	No change	Some change	Large or severe change	N/A
Mood swings	No change	Some change	Large or severe change	N/A
Strength of emotions	No change	Some change	Large or severe change	N/A
Easily moved to tearfulness or laughter	No change	Some change	Large or severe change	N/A
Ability to control one's reactions	No change	Some change	Large or severe change	N/A

Irritability	No change	Some change	Large or severe change	N/A
Anxiety	No change	Some change	Large or severe change	N/A
Feelings of fear	No change	Some change	Large or severe change	N/A
Feelings of paranoia	No change	Some change	Large or severe change	N/A
Agitation	No change	Some change	Large or severe change	N/A
Restlessness (inability to stand still)	No change	Some change	Large or severe change	N/A
Self-confidence	No change	Some change	Large or severe change	N/A
Awareness of others' thoughts, feelings and/or needs	No change	Some change	Large or severe change	N/A
Motivation	No change	Some change	Large or severe change	N/A
Feeling comfortable in new environments	No change	Some change	Large or severe change	N/A
Apathy	No change	Some change	Large or severe change	N/A