

STEP

Outcomes Assessment Attestation Form



By my dated signature below, I verify that I completed the following STEP training (select all that apply):

- ☐ Rankin Focused Assessment (RFA)
- ☐ Stroke Impact Scale (SIS-16)
- ☐ European Quality of Life 5 Dimensions-5 Levels (EQ-5D-5L)
- ☐ Patient Health Questionnaire 2 (PHQ-2)
- ☐ AMC Linear Disability Score (ALDS)

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

After completion, upload a PDF copy of the completed STEP Outcomes Assessment Attestation training Form to WebDCU™