

# STEP



## Outcomes Assessment Attestation Form

By my dated signature below, I verify that I completed the STEP (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)

training via one of the following mechanisms (select one):

- I received Outcomes Assessment training at the STEP Webinar on August 2, 2024.
- I reviewed the STEP Outcomes Assessment Training Recording and slides.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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