

POST-STROKE CHECKLIST (PSC): IMPROVING LIFE AFTER STROKE

Stroke survivors: How to use this checklist

This Post-Stroke Checklist (PSC) has been developed to help you talk to your healthcare team, acting as a prompt for common problems experienced by people post-stroke. Fill it out and take it with you to each visit and raise relevant questions with your team.

Healthcare professionals: How to use this checklist

Please ask the stroke survivor each numbered question and indicate the answer in the 'response' section. In general, if the response is NO, update the patient record and review at next assessment. If the response is YES, follow-up with the appropriate action.

As stroke survivor needs change over time, it is important you use this checklist at each visit.

1. PREVENTING ANOTHER STROKE				
Since your stroke or last assessment, have you received any advice on how you can reduce your risk of having another stroke or medications for preventing another stroke?	<input type="checkbox"/> NO → If NO, refer to a GP or stroke doctor for risk factor assessment and treatment if appropriate.			
	<input type="checkbox"/> YES → Provide opportunity for discussion and reinforce progress.			
2. EVERYDAY ACTIVITIES				
Since your stroke or last assessment, are you finding it more difficult to take care of yourself?	<input type="checkbox"/> NO → Monitor progress.			
	<input type="checkbox"/> YES → <ul style="list-style-type: none"> Do you have difficulty getting to the toilet, washing yourself or dressing? Do you difficulty preparing hot drinks and/or meals? Do you have difficulty getting outside or getting to regular activities? (including driving and work) If YES to any, refer to GP, occupational therapist/physiotherapist or rehabilitation physician for further assessment.			
3. MOVING AROUND				
Since your stroke or last assessment, are you finding it more difficult to get in/ out of bed, get up/onto a chair or walk or climb stairs?	<input type="checkbox"/> NO → Monitor progress and reinforce exercises.			
	<input type="checkbox"/> YES → <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Are you continuing to receive rehabilitation therapy?</td> <td style="width: 50%;">If YES, update patient record and review at next assessment.</td> </tr> <tr> <td></td> <td>If NO, refer to GP, occupational therapist/physiotherapist or rehabilitation physician for further assessment.</td> </tr> </table>	Are you continuing to receive rehabilitation therapy?	If YES, update patient record and review at next assessment.	
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4. STIFFNESS IN ARMS, HANDS AND/OR LEGS				
Since your stroke or last assessment, do you have increasing stiffness in your arms, hands and/or legs?	<input type="checkbox"/> NO → Monitor progress.			
	<input type="checkbox"/> YES → <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Is this interfering with everyday activities, sleep or causing pain?</td> <td style="width: 50%;">If YES, refer to a physician with an interest in post-stroke spasticity (i.e. rehabilitation physician, physio, OT or stroke doctor) for further assessment.</td> </tr> <tr> <td></td> <td>If NO, update patient record and review at next assessment.</td> </tr> </table>	Is this interfering with everyday activities, sleep or causing pain?	If YES, refer to a physician with an interest in post-stroke spasticity (i.e. rehabilitation physician, physio, OT or stroke doctor) for further assessment.	
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	If NO, update patient record and review at next assessment.			

5. PAIN		
Since your stroke or last assessment, do you have any new pain? Are you finding it more difficult to manage your current pain?	<input type="checkbox"/> NO →	Monitor progress.
	<input type="checkbox"/> YES →	If YES, refer to a physician with an interest in post-stroke pain for further assessment and diagnosis.

6. BLADDER OR BOWEL CONTROL		
Since your stroke or last assessment, are you having a problem controlling your bladder or bowels (or are you having more of a problem)? For example, have you had accidents or not made it to the toilet in time?	<input type="checkbox"/> NO →	Monitor progress.
	<input type="checkbox"/> YES →	If YES, refer to healthcare provider with an interest in continence (e.g. continence nurse, physiotherapist, OT or GP).

7. COMMUNICATING WITH OTHERS		
Since your stroke or last assessment, are you finding it difficult to communicate with others (or more difficult than usual)?	<input type="checkbox"/> NO →	Monitor progress.
	<input type="checkbox"/> YES →	If YES, refer to speech pathologist for further assessment.

8. MOOD		
Since your stroke or last assessment, do you feel more worried, anxious or depressed?	<input type="checkbox"/> NO →	Monitor progress.
	<input type="checkbox"/> YES →	If YES, refer to a GP or psychologist with an interest in post-stroke mood changes for further assessment.

9. THINKING		
Since your stroke or last assessment, are you finding it difficult to think, concentrate, or remember things (or more difficult than normal)? Are you finding tiredness is more of a problem?	<input type="checkbox"/> NO →	Monitor progress.
	<input type="checkbox"/> YES →	Does this interfere with your daily life?
		If YES, refer to a GP, stroke doctor, OT or psychologist with an interest in post-stroke cognition for further assessment. If NO, update patient record and review at next assessment.

10. LIFE AFTER STROKE		
Since your stroke or last assessment, are you finding things important to you more difficult to carry out (e.g. leisure activities, hobbies, driving or work)?	<input type="checkbox"/> NO →	Monitor progress.
	<input type="checkbox"/> YES →	If YES, call the National Stroke Foundation StrokeLine on 1800 STROKE (787 653).

11. RELATIONSHIPS WITH FAMILY AND FRIENDS		
Since your stroke or last assessment, has your relationship with your family or friends become difficult or stressed (or more difficult or stressed than normal)? Do you have any questions about your sexual life?	<input type="checkbox"/> NO →	Monitor progress.
	<input type="checkbox"/> YES →	If YES, refer to GP or schedule next primary care visit with patient and family member. Also refer to National Stroke Foundation StrokeLine on 1800 STROKE (787 653).

12. OTHER MATTERS TO DISCUSS		
Are there other difficulties not covered by this checklist you need to discuss?		