

Post-Stroke Checklist (PSC)

Instructions for use:

Please ask the patient each numbered question and indicate the answer in the "response" section.

DISCHARGE (Please use 'Since your stroke....' for each question)

3-MONTH FOLLOW-UP (Please use 'Since your last assessment....' for each question)

1. SECONDARY PREVENTION		
Have you received any advice on health-related lifestyle changes or medications for preventing another stroke?	NO	Refer to a Primary Care Physician for risk factor assessment and treatment if appropriate, or secondary stroke services.
	YES	Continue to monitor progress
2. ACTIVITIES OF DAILY LIVING (ADL)		
Are you finding it more difficult to take care of yourself?	NO	Continue to monitor progress
	YES	Do you have difficulty: <ul style="list-style-type: none"> • dressing, washing and/or bathing? • preparing hot drinks and/or meals? • difficulty getting outside? If Yes to any, consider referral to home care services; appropriate therapist; secondary stroke prevention services.
3. MOBILITY		
Are you finding it more difficult to walk or move safely from bed to chair?	NO	Continue to monitor progress
	YES	Are you continuing to receive rehabilitation therapy? No. Consider referral to home care services; appropriate therapist; secondary stroke prevention services. Yes. Update patient record; review at next assessment.
4. SPASTICITY		
Do you have increasing stiffness in your arms, hands, and/or legs?	NO	Continue to monitor progress
	YES	Is this interfering with activities of daily living? No. Update patient record; review at next assessment. Yes. Consider referral to rehabilitation service; secondary stroke prevention services; physician with experience in post-stroke spasticity (e.g., physiatrist, neurologist).
5. PAIN		
Do you have any new pain?	NO	Continue to monitor progress
	YES	Ensure there is adequate evaluation by a healthcare provider with expertise in pain management.
6. INCONTINENCE		
Are you having more problems controlling your bladder or bowels?	NO	Continue to monitor progress
	YES	Consider referral to healthcare provider with experience in incontinence; secondary stroke prevention services.

7. COMMUNICATION			
Are you finding it more difficult to communicate? Mobility	NO	Continue to monitor progress	
	YES	Consider referral to speech language pathologist; rehabilitation service; secondary stroke prevention services.	
8. MOOD			
Do you feel more anxious or depressed?	NO	Continue to monitor progress	
	YES	Consider referral to healthcare provider (e.g., psychologist, neuropsychologist, psychiatrist) with experience in post-stroke mood changes; secondary stroke prevention services.	
9. COGNITION			
Are you finding it more difficult to think, concentrate, or remember things?	NO	Continue to monitor progress	
	YES	<table border="0"> <tr> <td>Is this interfering with your ability to participate in activities?</td> <td>No. Update patient record; review at next assessment. Yes. Consider referral to healthcare provider with experience in post-stroke cognition changes; secondary stroke prevention services; rehabilitation service; memory clinic.</td> </tr> </table>	Is this interfering with your ability to participate in activities?
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10. LIFE AFTER STROKE			
Are you finding it more difficult to carry out leisure activities, hobbies, work, or engage in sexual activity?	NO	Continue to monitor progress	
	YES	Consider referral to stroke support organization, vocational, or recreational therapist.	
11. PERSONAL RELATIONSHIPS			
Have your personal relationships (with family, friends, or others) become more difficult or strained?	NO	Continue to monitor progress	
	YES	<p>Schedule next primary care visit with patient and family member(s) to discuss difficulties.</p> <p>Consider referral to stroke support organization; healthcare provider (e.g., psychologist, counsellor, therapist) with experience in family relationships and stroke.</p>	
12. FATIGUE			
Are you experiencing fatigue that is interfering with your ability to do your exercises or other activities?	NO	Continue to monitor progress	
	YES	<p>Discuss fatigue with Primary Care provider.</p> <p>Consider referral to home care services for education and counselling.</p>	
13. OTHER CHALLENGES			
Do you have other challenges or concerns related to your stroke that are interfering with your recovery or causing you distress?	NO	Continue to monitor progress	
	YES	<p>Schedule next primary care visit with patient and family member(s) to discuss challenges and concerns.</p> <p>Consider referral to healthcare provider; stroke support organization.</p>	