

# After Stroke Checklist



This checklist is designed to help you and your carer or family/whānau, talk to your doctor about your stroke.

Recovery from stroke is different for everybody. We want to know from your point of view how your life has changed, any problems you are having and if you would like any help.

The checklist is quite long. There are a lot of sections to fill in because the changes after a stroke can affect almost every area of your life. Take your time.

The checklist can be filled in by you, your carer or member of your family/whanau.

Please read each section and mark on the checklist whether you are having:

- No problem with this area of your life
- Some problems but you don't need help
- Problems and you need help

	No problem	Some problem. No help needed	Problem. I need help with this
<b>Changes in my body and what I can do</b>			
<b>Movement</b> – to use my arms and legs to walk, balance, lift and carry objects, pick up and hold things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Getting around</b> - to move around to get to where I want to (on my own or with equipment, using public transport or a car)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Personal care</b> – to manage everyday care of my body, wash hands, brush teeth, shower or bath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>House and home</b> – to manage everyday chores, shop, clean, wash clothes, home maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Pain</b> – any pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Energy and sleep</b> – any problem with feeling tired, low energy, getting off to sleep, sleeping too little or too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Eating and drinking</b> – to get enough food and drink by mouth or tube, any problems with swallowing or choking, weight loss or gain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Control of bladder and bowel</b> – any problem with wetting or soiling, constipation, having strong or sudden urges to go to the toilet or needing to go very often	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sex</b> – any concerns with physical intimacy or sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	No problem	Some problem. No help needed	Problem. I need help with this
<b>Changes in how I feel and think</b>			
<b>Words and numbers</b> – to speak, understand what people say, read, write or deal with numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mood and emotions</b> – feeling sad, depressed, anxious, having frequent mood swings, crying or laughing or being angry for no reason or at the wrong time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Behaviour and personality</b> – any behaviour that is causing problems, being angry or impulsive, doing things that other people find upsetting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Memory and thinking</b> – to be able to concentrate, remember things, find solutions to everyday problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Changes in my relationships, roles and quality of life</b>			
<b>Friends and family</b> – to be interested in other people, remain connected, adjust to any changes in your role, cope with changes in who looks after you, feelings of being a burden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Leisure and work</b> – to do the things that are meaningful and give you a purpose in life, enjoy hobbies and interests, have fun, take part in spiritual or religious activities, be able to help others, work (paid or voluntary), be able to control your life as you wish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Money and finances</b> – any advice needed on finances or benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>I am also having a problem with:</b>

<b>The problem I need help with most is:</b>