

POST-STROKE CHECKLIST (PSC): For Survivors and Caregivers



Many stroke survivors live with problems that could be treated but aren't, because they never tell their doctor about those problems. Fill out this checklist and use it to talk with your doctor about problems you might be having. Read each item and circle the most correct answer.

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| 1. RECURRENT STROKE PREVENTION Since your stroke, have you made lifestyle changes to prevent another stroke? | Do you monitor your blood pressure? Never 1-2 x/Month 1-2 x/Week Always (at least daily) |
| | Do you take medication(s) as prescribed Never 1-2 x/Month 1-2 x/Week Always |
| | If overweight, have you lost weight? No Yes N/A |
| | Do you exercise regularly? Never 1-2 x/Month 1-2 x/Week Always (at least daily) |
| | Have you stopped smoking? No Yes N/A |
| 2. ACTIVITIES OF DAILY LIVING Since your stroke, is it harder to: | Dress? Always 1-2 x/Week 1-2 x/Month Never |
| | Bathe? Always 1-2 x/Week 1-2 x/Month Never |
| | Eat or prepare meals? Always 1-2 x/Week 1-2 x/Month Never |
| | Go outside? Always 1-2 x/Week 1-2 x/Month Never |
| 3. MOBILITY AND MOVEMENT Since your stroke, is it harder to: | Walk? Always 1-2 x/Week 1-2 x/Month Never |
| | Move between bed and chair? Always 1-2 x/Week 1-2 x/Month Never |
| | Do you fall more easily? Always 1-2 x/Week 1-2 x/Month Never |
| | Get in and out of a car? Always 1-2 x/Week 1-2 x/Month Never |
| | Balance? Always 1-2 x/Week 1-2 x/Month Never |
| 4. SPASTICITY OR TIGHTNESS Since your stroke, do you have more stiffness in your: | Arms? Always 1-2 x/Week 1-2 x/Month Never |
| | Hands? Always 1-2 x/Week 1-2 x/Month Never |
| | Legs? Always 1-2 x/Week 1-2 x/Month Never |

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| 5. PAIN Since your stroke: | Do you have any new pain? Always 1-2 x/Week 1-2 x/Month Never |
| | Do you have pain more often? Always 1-2 x/Week 1-2 x/Month Never |
| | Is your pain more severe? Always 1-2 x/Week 1-2 x/Month Never |
| 6. INCONTINENCE Since your stroke, are you having trouble controlling your: | Bowels? Always 1-2 x/Week 1-2 x/Month Never |
| | Bladder? Always 1-2 x/Week 1-2 x/Month Never |
| 7. COMMUNICATION Since your stroke, are you having trouble: | Communicating with others? Always 1-2 x/Week 1-2 x/Month Never |
| | Speaking? Always 1-2 x/Week 1-2 x/Month Never |
| | Reading? Always 1-2 x/Week 1-2 x/Month Never |
| | Using numbers? Always 1-2 x/Week 1-2 x/Month Never |
| 8. MOOD Since your stroke, are you feeling: | Anxious? Always 1-2 x/Week 1-2 x/Month Never |
| | Moody or having mismatched and/or unstable emotions? Always 1-2 x/Week 1-2 x/Month Never |
| | Depressed? Always 1-2 x/Week 1-2 x/Month Never |
| | Like a different person? Has your behavior changed? Always 1-2 x/Week 1-2 x/Month Never |
| 9. COGNITION Since your stroke, is it harder to: | Think? Always 1-2 x/Week 1-2 x/Month Never |
| | Concentrate? Always 1-2 x/Week 1-2 x/Month Never |
| | Remember things? Always 1-2 x/Week 1-2 x/Month Never |
| 10. LIFE AFTER STROKE Since your stroke, is it harder to: | Work? Always 1-2 x/Week 1-2 x/Month Never |
| | Participate in social and leisure activities or hobbies? Always 1-2 x/Week 1-2 x/Month Never |
| 11. SEXUALITY Since your stroke, are you unhappy with: | Your sexual and intimate relationship? Always 1-2 x/Week 1-2 x/Month Never |
| | Your sexual functioning? Always 1-2 x/Week 1-2 x/Month Never |
| 12. RELATIONSHIP WITH FAMILY | Have your relationships with your family or friends become more difficult or stressed since your stroke? Always 1-2 x/Week 1-2 x/Month Never |

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