

# Post-Stroke Checklist: Improving Life After Stroke



Together  
to End Stroke™

Adapted from the work of the Global Stroke Community Advisory Panel (GSCAP) and endorsed by the World Stroke Organization.

This Post-Stroke Checklist has been developed to help healthcare professionals identify decline or changes in post-stroke function and cognition that may respond well to treatment and/or referral. It is a brief and easy-to-use tool, intended for completion with the patient and the help of a caregiver, if necessary. Post-Stroke Checklist administration provides a standardized approach for the identification of long-term problems in stroke survivors and facilitates appropriate referral for treatment.

**INSTRUCTIONS:** Please ask the patient each numbered question and indicate whether the answer is “YES” or “NO.” Take the indicated action based on your best judgment. 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. Keep the checklist on file and use it to follow up on previous issues/concerns and identify any new post-stroke problems. The Post-Stroke Checklist should be administered after the initial stroke event, in the next appointment after discharge, and in additional appointments as you deem appropriate.

## 1. SECONDARY PREVENTION

Since your stroke or last assessment, have you received any advice on health-related lifestyle changes or medications for preventing another stroke?	<b>NO →</b>	If NO, refer to appropriate healthcare professional, such as the patient’s neurologist, primary care physician or home health care nurse
	<b>YES →</b>	If YES, observe progress

## 2. ACTIVITIES OF DAILY LIVING

Since your stroke or last assessment, are you finding it more difficult to take care of yourself?	<b>NO →</b>	If NO, observe progress	
	<b>YES →</b>	If YES, do you have difficulty dressing, washing and/or bathing? Do you have difficulty preparing hot drinks and/or meals? Do you have difficulty getting outside? Do you have difficulty feeding yourself?	If YES, refer to appropriate healthcare professional, such as the patient’s neurologist or primary care physician  If NO, update patient record and review at next assessment

## 3. MOBILITY

Since your stroke or last assessment are you finding it more difficult to walk, move safely from bed to chair and/or are you falling more frequently?	<b>NO →</b>	If NO, observe progress	
	<b>YES →</b>	If YES, are you continuing to receive rehabilitation therapy?	If YES, update patient record and review at next assessment  If NO, refer to appropriate healthcare professional, such as the patient’s neurologist, primary care physician or home health care nurse

#### 4. SPASTICITY

Since your stroke or last assessment, do you have increasing stiffness in your arms, hands and/or legs?	<b>NO →</b>	If NO, observe progress	
	<b>YES →</b>	If YES, is this interfering with activities of daily living, sleep and/or causing pain?	If YES, refer to the appropriate healthcare professional, such as the patient's neurologist, rehabilitation physician or primary care physician
		If NO, update patient record and review at next assessment	

#### 5. PAIN

Since your stroke or last assessment, do you have any new pain?	<b>NO →</b>	If NO, observe progress	
	<b>YES →</b>	If YES, refer to appropriate healthcare professional, such as the patient's neurologist or primary care physician	

#### 6. INCONTINENCE

Since your stroke or last assessment, are you having more problems controlling your bladder and/or bowels?	<b>NO →</b>	If NO, observe progress	
	<b>YES →</b>	If YES, refer to appropriate healthcare professional, such as the patient's neurologist, urologist, primary care physician or home health care nurse	

#### 7. COMMUNICATION

Since your stroke or last assessment, are you finding it more difficult to communicate with others?	<b>NO →</b>	If NO, observe progress	
	<b>YES →</b>	If YES, refer to appropriate healthcare professional, such as the patient's neurologist, primary care physician or speech-language pathologist	

#### 8. MOOD

Since your stroke or last assessment, do you feel more anxious and/or depressed?	<b>NO →</b>	If NO, observe progress	
	<b>YES →</b>	If YES, refer to appropriate healthcare professional, such as the patient's neurologist, primary care physician or psychologist for further assessment and treatment	

#### 9. COGNITION

Since your stroke or last assessment, are you finding it more difficult to think, concentrate and/or remember things?	<b>NO →</b>	If NO, observe progress	
	<b>YES →</b>	If YES, does this interfere with activity and/or participation?	If YES, refer to appropriate healthcare professional, such as the patient's neurologist or primary care physician
		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, work, going out in public)?	<b>NO →</b>	If NO, observe progress
	<b>YES →</b>	If YES, refer to appropriate healthcare professional, such as the patient's neurologist or primary care physician

## 11. ACTIVITIES OF DAILY LIVING

Since your stroke or last assessment, are you finding it more difficult to perform daily tasks such as using the phone, paying bills, managing medications and/or driving a car?	<b>NO →</b>	If NO, observe progress
	<b>YES →</b>	If YES, refer to appropriate healthcare professional, such as the patient's neurologist or primary care physician and refer to <a href="http://StrokeAssociation.org/tips">StrokeAssociation.org/tips</a> for helpful advice

## 12. RELATIONSHIP WITH FAMILY

Since your stroke or last assessment, has your relationship with your family become more difficult and/or stressed?	<b>NO →</b>	If NO, observe progress
	<b>YES →</b>	If YES, refer to appropriate healthcare professional, such as the patient's neurologist or primary care physician

## 13. FOLLOW-UP APPOINTMENTS

If you were referred to a healthcare professional after your last assessment, did you schedule an appointment?	<b>NOT APPLICABLE</b>	
	<b>NO →</b>	If NO, advise that patient sets up an appointment and explain the importance of the appointment
	<b>YES →</b>	If YES, ask how the appointment went and if the patient has any questions or concerns