

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



This post-stroke checklist (PSC) has been developed to help health care providers identify post-stroke problems amenable to treatment and subsequent referral. This PSC is a brief and easy-to-use tool, intended to be carried out with the patient and with the help of the caregiver, if necessary, to facilitate a standardized approach for health care providers to identify long-term problems in stroke survivors and to facilitate appropriate referrals for treatment.

INSTRUCTIONS FOR USE:

Please ask the patient each numbered question and indicate the answer in the “response” section. In general, if their response is **NO**, observe progress of the patient. If the patient’s response is **YES**, follow-up with the appropriate action.

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?	<input type="checkbox"/> NO →	If NO , refer to primary care physician for risk factor assessment and treatment if appropriate, or secondary stroke prevention centre.	
	<input type="checkbox"/> YES →	Observe Progress	

2. ACTIVITIES OF DAILY LIVING (ADL)

Since your stroke or last assessment, are you finding it more difficult to take care of yourself?	<input type="checkbox"/> NO →	Observe Progress	
	<input type="checkbox"/> 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?	If YES to any, refer to the community health team/program, secondary stroke prevention centre, rehabilitation centre, or an appropriate therapist (i.e., occupational therapist or physiotherapist) for further assessment.

3. MOBILITY

Since your stroke or last assessment, are you finding it more difficult to walk or move safely from bed to chair?	<input type="checkbox"/> NO →	Observe Progress	
	<input type="checkbox"/> YES →	Are you continuing to receive rehabilitation therapy?	If NO , refer to the community health team/program, rehabilitation or secondary stroke prevention centre, or an appropriate therapist (i.e., occupational therapist or physiotherapist) for further assessment. If YES , update patient record and review at next assessment.

4. SPASTICITY

Since your stroke or last assessment, do you have increasing stiffness in your arms, hands, and/or legs?	<input type="checkbox"/> NO →	Observe Progress	
	<input type="checkbox"/> YES →	Is this interfering with activities of daily living?	If NO , update patient record and review at next assessment. If YES , refer to rehabilitation centre, secondary stroke prevention centre, community health program, or occupational therapist, physiatrist, or neurologist with an interest in post-stroke spasticity for further assessment.

5. PAIN

Since your stroke or last assessment, do you have any <u>new</u> pain?	<input type="checkbox"/> NO →	Observe Progress
	<input type="checkbox"/> YES →	If YES , refer to a physician with an interest in post-stroke pain for further assessment and diagnosis.

6. INCONTINENCE

Since your stroke or last assessment, are you having <u>more</u> of a problem controlling your bladder or bowels?	<input type="checkbox"/> NO →	Observe Progress
	<input type="checkbox"/> YES →	If YES , refer to a healthcare provider with an interest in incontinence (urologist, neurologist, physiatrist, secondary stroke prevention centre, or community health program) for further assessment.

7. COMMUNICATION

Since your stroke or last assessment, are you finding it <u>more</u> difficult to communicate with others?	<input type="checkbox"/> NO →	Observe Progress
	<input type="checkbox"/> YES →	If YES , refer to speech and language therapist, rehabilitation centre, secondary stroke prevention centre, or community health program for further assessment.

8. MOOD

Since your stroke or last assessment, do you feel <u>more</u> anxious or depressed?	<input type="checkbox"/> NO →	Observe Progress
	<input type="checkbox"/> YES →	If YES , refer to primary care clinician with an interest in post-stroke mood changes or psychologist, psychiatrist, secondary stroke prevention centre, or community health program.

9. COGNITION

Since your stroke or last assessment, are you finding it <u>more</u> difficult to think, concentrate, or remember things?	<input type="checkbox"/> NO →	Observe Progress	If NO , update patient record and review at next assessment.
	<input type="checkbox"/> YES →	Is this interfering with activities of daily living?	If YES , refer to a clinician with an interest in post-stroke cognition changes (secondary stroke prevention centre, memory clinic, rehabilitation centre, or community health program) for further assessment.

10. LIFE AFTER STROKE

Since your stroke or last assessment, are you finding it <u>more</u> difficult to carry out things that are important to you (e.g. leisure activities, hobbies, work, as well as relationships with loved ones)?	<input type="checkbox"/> NO →	Observe Progress
	<input type="checkbox"/> YES →	If YES , refer patient to a stroke support organisation (local groups, Heart & Stroke Foundation of Canada, Canadian Best Practice Guidelines).

11. RELATIONSHIP WITH FAMILY

Since your stroke or last assessment, has your relationship with your family become <u>more</u> difficult or stressed?	<input type="checkbox"/> NO →	Observe Progress
	<input type="checkbox"/> YES →	If YES , schedule next primary care visit with patient and family member. Or, if family member is present, refer to a stroke support organisation (Heart & Stroke Foundation of Canada) or psychologist.