

Developed by the Global Stroke Community Advisory Panel (2012), endorsed by the World Stroke Organization, adapted by the Heart and Stroke Foundation Canadian Stroke Best Practice Recommendations development team (2014)

Patient Name: _____

Date Completed: _____

Completed by: ☐ Healthcare Provider ☐ Patient ☐ Family Member ☐ Other

Since Your Stroke or Last Assessment

1 Secondary Prevention

Have you received medical advice on health-related lifestyle changes or medications to prevent another stroke?

NO ☐

Refer patient to primary care providers for risk factor assessment and treatment if appropriate, or secondary stroke prevention 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:
☐ dressing, washing, or bathing?
☐ preparing hot drinks or meals?
☐ 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 (i.e., 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, 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.



Since Your Stroke or Last Assessment

7 Communication

Are you finding it more difficult to communicate?

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 ☐

Is this interfering with your ability to participate in activities?

- ☐ **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.

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 (local/provincial support group, Heart and Stroke Foundation of Canada Living with Stroke program); leisure, 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 ☐

- ☐ Schedule next primary care visit with patient and family member(s) to discuss difficulties.
- ☐ Consider referral to stroke support organization (local/provincial support group, Heart and Stroke Foundation of Canada); healthcare provider (e.g., psychologist, counsellor, therapist) with experience in family relationships and stroke.

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 ☐

- ☐ Discuss fatigue with Primary Care provider.
- ☐ Consider referral to home care services for education and counselling.

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 ☐

- ☐ Schedule next primary care visit with patient and family member(s) to discuss challenges and concerns.
- ☐ Consider referral to healthcare provider; stroke support organization (local or provincial support group, Heart and Stroke Foundation of Canada).