

YOUR STROKE JOURNEY CHECK-IN

The following questions are intended to find out how you are doing since your stroke and where you might need some support. It is a self-help questionnaire. Take your time to complete it; you may want to complete the questionnaire over a few days. As well, you may decide to complete the questionnaire at different points during your recovery to check your progress.

When completed, you might want to share the questionnaire with your family doctor, nurse practitioner or other health care provider. If you have answered 'no' to any of the questions, your health care provider can discuss helpful supports.

MY GENERAL HEALTH			
	YES	NO	Not Applicable
I am satisfied with the amount of assistance that I receive.			
I think I am receiving all the therapy I need (e.g., occupational therapy, physiotherapy, speech therapy, social work).			
I know the signs and symptoms of stroke and the risk factors.			
I understand <u>why</u> I am taking all my prescription medications.			
I understand <u>how</u> to take all my prescription medications.			
All my questions about the medicines I'm taking have been answered.			
I only purchase medications at one pharmacy.			

MY GENERAL HEALTH

	YES	NO	Not Applicable
I have told the pharmacist what drugs, vitamins or supplements that I am taking (including herbs and natural remedies).			
My emotions and mood are the same as before my stroke.			
I am aware that I am at risk for depression.			
I am sleeping well.			
I am able to manage fatigue.			
I am eating well.			
My ability to chew and swallow is the same as before my stroke.			
I understand my dietary needs.			
I am pain-free or my pain is well-controlled.			
I have a good understanding of my strengths and limitations.			
I am interested in what is happening around me.			
I am satisfied with my sexual function.			

MY COMMUNICATION

	YES	NO	Not Applicable
I feel able to communicate my needs and desires.			
I always understand what people are saying to me.			
I am satisfied with the way I communicate.			
I feel comfortable communicating in groups.			
I feel comfortable speaking in public places.			
I am able to read and write independently.			
I have aids to help me communicate (e.g., pictures, communication board).			

MY DAILY ROUTINES

I am comfortable preparing my own meals.			
I am able to dress myself.			
I am able to look after all my personal needs (e.g., bathing/showering, brushing teeth, washing hair, nail care (hands and feet)).			
I am able to toilet myself (e.g., getting to the bathroom on my own, using the toilet).			
I am always continent (e.g., never have bowel or bladder accidents).			
I know about continence products (e.g., Depends™).			

MY DAILY ROUTINES

	YES	NO	Not Applicable
I am comfortable caring for my children.			
I am comfortable caring for other family members.			
I can start activities without help.			
I am able to manage <u>all</u> my daily tasks around my home (e.g., washing dishes, doing laundry, vacuuming, dusting, yard work, snow removal).			
MY HOME ENVIRONMENT			
I feel safe at home and I am able to get around my home easily.			
I have and am using special equipment to move around my home (e.g., walker, raised toilet seat, grab bars, night lights).			
My home has been adapted to help me with my mobility (e.g., wheelchair ramps, stair rails).			
I am always steady on my feet and do not fall.			
I receive help in and around my home from people who do not get paid to help me (e.g., friends, relatives, volunteers, family).			

MY SOCIAL NETWORK

	YES	NO	Not Applicable
I am comfortable rejoining the groups and activities that I was involved in prior to my stroke.			
I have resumed my contacts with family and friends.			
I go out of the house about as often as I did before my stroke.			
My relationships with friends and family are good.			
I am aware of and know how to access resources to help me participate in activities.			
I am able to do the things I want to do including fitness and leisure activities.			
I have received help to learn new skills and activities.			
I have someone who gives me emotional support.			
I have had my cultural and spiritual needs addressed.			

MY FINANCES

I am comfortable managing my finances (e.g., banking, paying bills).			
I have enough money for my needs.			
I am receiving disability insurance/pension.			
I know how to get financial assistance (e.g., disability, pensions, disability tax credit, etc.).			
I have a Power of Attorney and an advance care plan in place.			

MY RETURN TO WORK OR SCHOOL

	YES	NO	Not Applicable
I have resumed my previous life roles or have adjusted to a new life role.			
I feel able to return to work or school.			
I have a plan to return to work or school.			
I feel able to participate in retraining for a new job or other education.			
I feel able to participate in volunteer activities.			
I am able to concentrate well and participate in all activities at work or school.			
I have enough energy for work or school.			
I am coping well with the return to work/school.			
MY COMMUNITY MOBILITY			
I know how to access a driving assessment.			
I have returned to driving.			
My car has been modified to meet my needs.			
I am comfortable driving in my local area/short distances.			
I am comfortable driving long distances.			

MY COMMUNITY MOBILITY (continued)

I am comfortable driving at night.			
I am comfortable using transportation services (e.g., public transit, accessible transit).			
I am able to get to those places I need to (e.g., grocery, banking, doctors, work).			
I have a plan for getting around in the winter.			

Should you wish to explore resources that are available to you, visit the South East Healthline at <https://www.southeasthealthline.ca> or google South East Healthline.

Scroll to the bottom of the South East Healthline home page and click on the *Stroke Resources* icon



If you are a caregiver for a stroke survivor, the following questions will help to identify your needs. The completed questionnaire can be shared with your family doctor, nurse practitioner or other health care provider to help identify your needs and connect you with the necessary supports to help you continue in your caregiving role and to ensure you remain in good health.

CAREGIVER SUPPORT			
	YES	NO	Not Applicable
I am comfortable caring for my loved one who has experienced a stroke and understand what his/her needs are.			
I feel that I am coping well emotionally.			
I believe that my needs are being met.			
I am receiving enough respite.			
I have someone who provides <u>me</u> with emotional support.			
I am aware that I am at risk for depression.			
I am aware of and can access supports and services to meet my physical and emotional needs.			

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