

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



This Post-Stroke Checklist (PSC) has been developed to help healthcare professionals identify post-stroke problems amenable to treatment and/or referral. The PSC is a brief and easy-to-use tool, intended for completion with the patient and the help of a caregiver, if necessary. PSC administration provides a standardized approach for the identification of long-term problems in stroke survivors and facilitates appropriate referral for treatment.

## INSTRUCTIONS FOR USE:

Please ask the patient each numbered question and indicate the answer in the “response” section. 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. Please note that the actions described in this version are for guidance and the ‘If Yes’ and ‘If No’ text boxes (highlighted in yellow) can and should be edited for local implementation.

### 1. SECONDARY PREVENTION

Since your stroke or last assessment, have you received any advice on health related life style changes or medications for preventing another stroke?

NO →

If NO, refer to a Primary Care Physician or Stroke Neurologist for risk factor assessment and treatment if appropriate

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?

NO →

Observe Progress

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 Primary Care Physician, Rehabilitation Physician or an appropriate therapist (i.e. OT or PT) 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?

NO →

Observe Progress

YES →

Are you continuing to receive rehabilitation therapy?

If YES, update patient record and review at next assessment

If NO, refer to Primary Care Physician, Rehabilitation Physician or an appropriate therapist (i.e. OT or PT) for further assessment

### 4. SPASTICITY

Since your stroke or last assessment, do you have increasing stiffness in your arms, hands, and/or legs?

NO →

Observe Progress

YES →

Is this interfering with activities of daily living, sleep or causing pain?

If YES, refer to a physician with an interest in post-stroke spasticity (i.e. Rehabilitation Physician or Stroke Neurologist) for further assessment

If NO, update patient record and review at next assessment

## 5. PAIN

Since your stroke or last assessment, do you have any new pain?

NO →

Observe Progress

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 more of a problem controlling your bladder or bowels?

NO →

Observe Progress

YES →

If YES, refer to Healthcare Provider with an interest in incontinence

## 7. COMMUNICATION

Since your stroke or last assessment, are you finding it more difficult to communicate with others?

NO →

Observe Progress

YES →

If YES, refer to specialist Speech and Language Pathologist for further assessment

## 8. MOOD

Since your stroke or last assessment, do you feel more anxious or depressed?

NO →

Observe Progress

YES →

If YES, refer to a Physician or Psychologist with an interest in post-stroke mood changes for further assessment

## 9. COGNITION

Since your stroke or last assessment, are you finding it more difficult to think, concentrate, or remember things?

NO →

Observe Progress

YES →

Does this interfere with activity or participation?

If YES, refer to a Physician or Psychologist with an interest in post-stroke cognition for further assessment

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)

NO →

Observe Progress

YES →

If YES, refer to a local stroke support group or a stroke association (i.e. The American Stroke Association or National Stroke Association)

## 11. RELATIONSHIP WITH FAMILY

Since your stroke or last assessment, has your relationship with your family become more difficult or stressed?

NO →

Observe Progress

YES →

If YES, schedule next Primary Care visit with patient and family member. If family member is present refer to a local stroke support group