# Post-Stroke Checklist

**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 |

**Activities of Daily Living (ADL)**

Are you finding it more difficult to take care of yourself?

| NO | Continue to monitor progress |
| YES | If Yes to any, consider referral to home care services; appropriate therapist; secondary stroke prevention services. |

| YES | Consider referral to home care services; appropriate therapist; secondary stroke prevention services. |
| NO | Consider referral to home care services; secondary stroke prevention services. |

**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. |

**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). |

**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. |

**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. |

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### 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.

### 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.

### 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.

### 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.

### 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.

### 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.

### 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).

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For more information refer to [heartandstroke.ca](http://heartandstroke.ca) or [strokebestpractices.ca](http://strokebestpractices.ca)