

# Follow-up after stroke and TIA

## - the Post-stroke checklist

*Picture supported version*



This picture-assisted version of the Post-stroke checklist is a communication aid for follow-up after stroke and TIA.

The pictures are a supplement to the questions to clarify what the question is about. You may also need to adapt the wording of the questions to the person in front of you. In case of repeated follow-up: change "since your stroke" to "last assessment".

People with language and cognitive difficulties after a brain injury are often in need of communication support in conversations, both to support understanding and expressiveness.

Using communication support for patients with communication difficulties is therefore an important step in ensuring safe and secure care.

The Post-stroke checklist is endorsed by the World Stroke Organization and adapted from Philp I, et al. 2013. This picture supported version has been developed in collaboration with the national work group for stroke (NAG) and adapted within research at Göteborgs, and Uppsala universitet. Kjörk EK and Bauer M.

<https://www.nationelltklinisktkunskapsstod.se/kunskapsstod/>

Pre-visit forms for patients are available at: <https://www.gu.se/neurovetenskap-fysiologi/strokehalsatm-uppfoljning-efter-stroke>

# Register

## Post-stroke checklist

- |    |                                |
|----|--------------------------------|
| 1  | Secondary prevention           |
| 2  | Activity of daily living (ADL) |
| 3  | Mobility                       |
| 4  | Spasticity                     |
| 5  | Pain                           |
| 6  | Incontinence                   |
| 7  | Communication                  |
| 8  | Mood                           |
| 9  | Cognition                      |
| 10 | Life after stroke              |
| 11 | Relationship with family       |

Additional questions:

- |    |                                       |
|----|---------------------------------------|
| 12 | Fatigue                               |
| 13 | Oral health, swallowing and nutrition |
| 14 | Other challenges                      |

## Complementary questions

- |       |                                 |
|-------|---------------------------------|
| 1a-e  | Lifestyle habits                |
| 2 & 3 | Samples, blood pressure and EKG |
| 4     | Drugs                           |
| 5     | Driving                         |
| 6     | Fire arms                       |
| 7     | Sickleave                       |
| 8     | Follow-up appointment           |

1

## Secondary prevention

Since your stroke, have you received any advice on health related lifestyle changes or medications for preventing another stroke?



Yes

No

# 2

## Activities of daily living (ADL)

Since your stroke, are you finding it more difficult to take care of yourself?



Yes

No

3

## Mobility

Since your stroke, are you finding it **more** difficult to walk or move safely from bed to chair?



Yes

No

4

## Spasticity

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



Yes

No

5

## Pain

Since your stroke, do you have any new pain?



Yes

No

6

## Incontinence

Since your stroke, are you having **more** of a problem controlling your bladder or bowels?



Yes

No

## 7

## Communication

Since your stroke, are you finding it **more** difficult to communicate with others?



Yes

No

8

## Mood

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



Yes

No

9

## Cognition

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

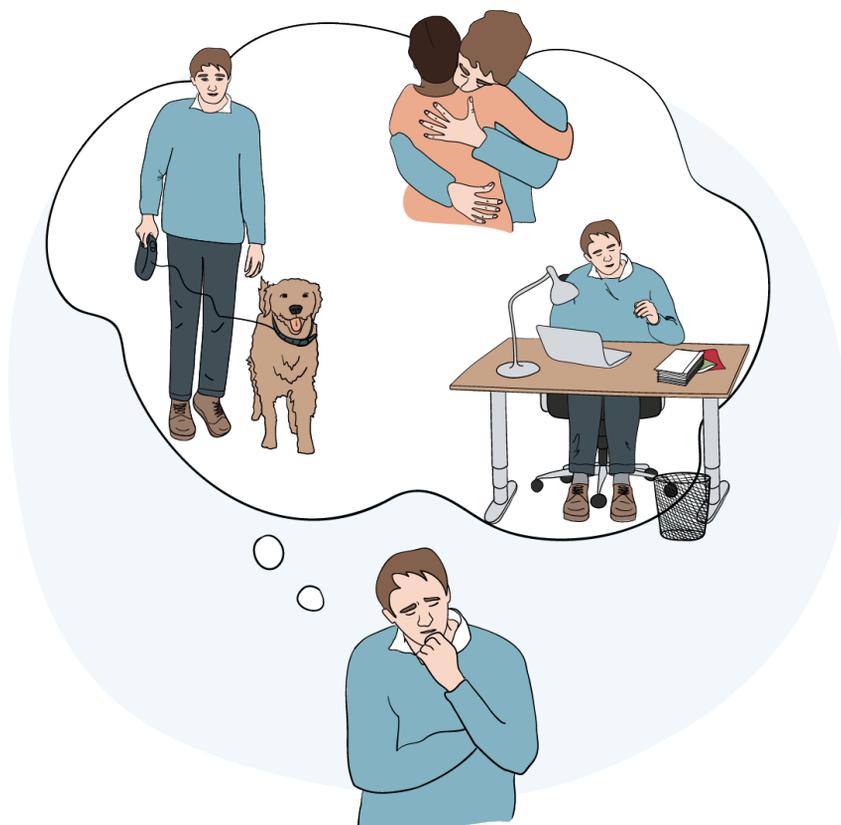


Yes

No

## Life after stroke

Since your stroke, are you finding things important to you **more** difficult to carry out (e.g. leisure activities, hobbies, work, as well as relationships with loved ones, where appropriate)?



Yes

No

11

## Relationship with family

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



Yes

No

12

## Fatigue

Since your stroke, do you experience **increased** fatigue that affects your ability to exercise or perform other activities?



Yes

No

13

## Oral health, swallowing and nutrition

Since your stroke, do you find it **more** difficult to manage your oral hygiene, to eat or swallow?



Yes

No

14

## Other challenges

Do you have any other concerns after your stroke that affect your recovery or cause you difficulties?

*(e.g., balance, visual, attention, sexual life, fears)*



Yes

No

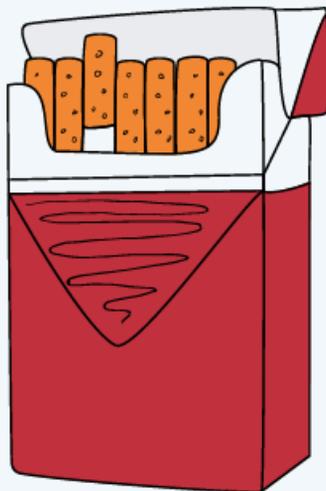
# Complementary questions to the Post-stroke checklist

To be answered at a team round or a  
doctors appointment.

1a

## Lifestyle habits

Do you smoke?



Yes

No

**1b**

## Lifestyle habits

Do you drink alcohol?



**Yes**

**No**

1c

## Lifestyle habits

Are you physically active?



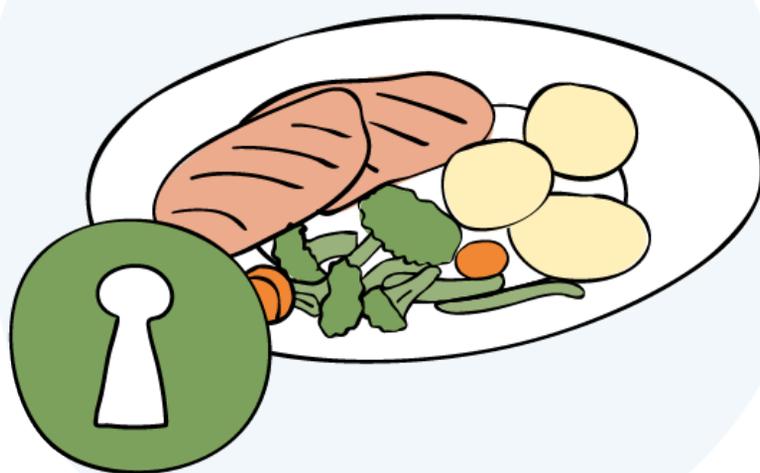
Yes

No

1d

## Lifestyle habits

Do you have good eating habits?



Yes

No

1e

## Lifestyle habits

Do you experience stress?



Yes

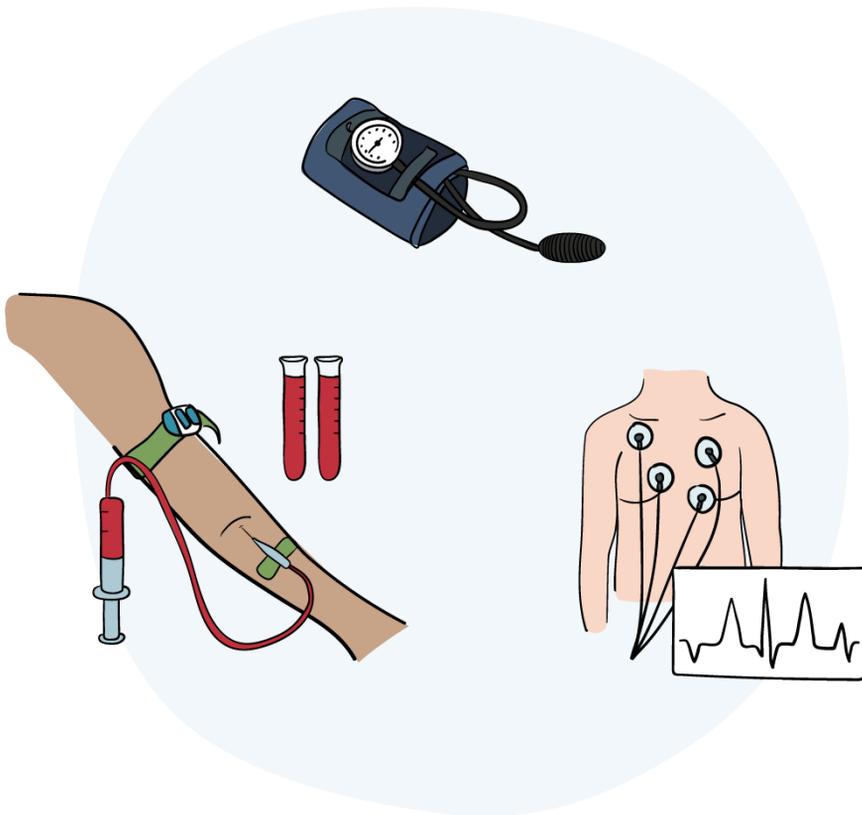
No

**2****3**

# Samples

## Sampling, blood pressure and EKG

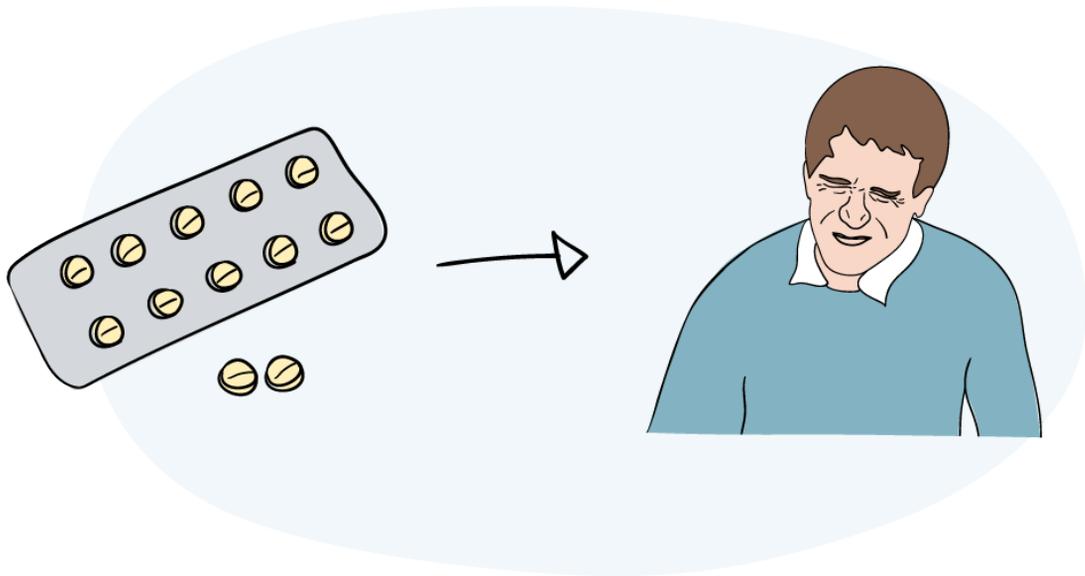
(Lab samples: blood status, electrolytes, creatine, blood fats, ALAT, lipids, B-glucose)

**Yes****No**

4

## Drugs

Do you have side effects of from your medications?



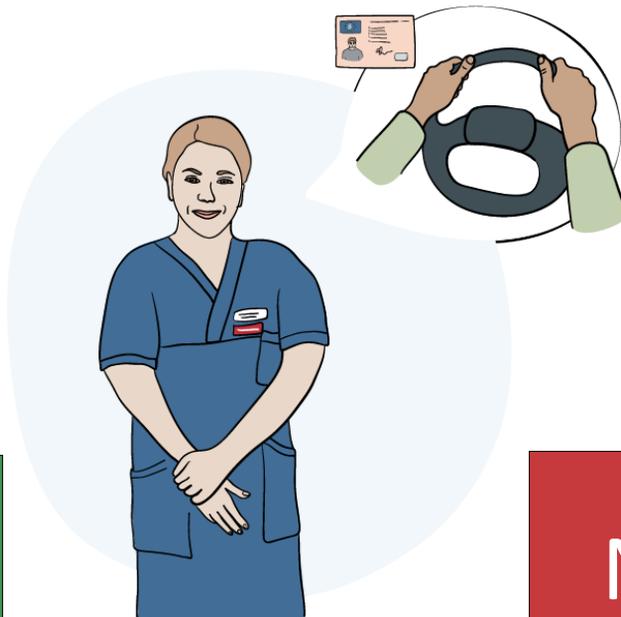
Yes

No

5

## Driving

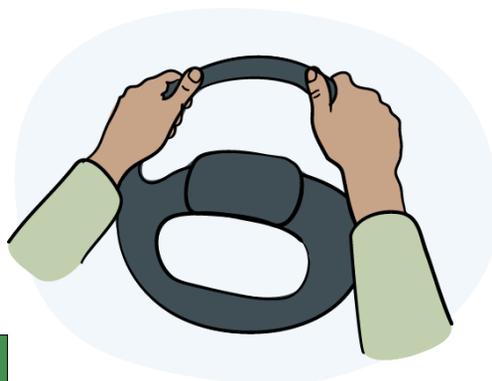
Do you have a driving license?



Yes

No

Do you drive?



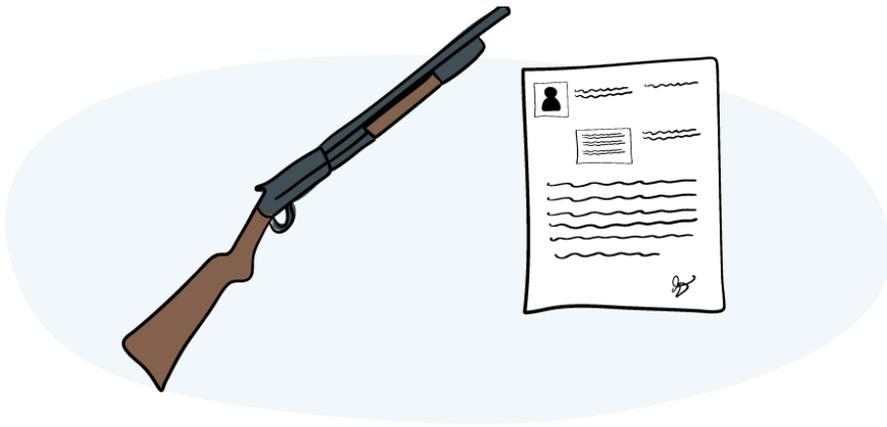
Yes

No

6

# Firearms

Do you have a gun license?



Yes

No

Do you own firearms?



Yes

No

7

## Sick-leave

Do you work professionally?  
Are you on sick-leave?



**Försäkringskassan**



Yes

No

8

## Follow-up

Has a new time for follow up been booked?



Yes

No