



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 standardised 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 Primary Care Team 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 the Community Stroke Team 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 **NO**, refer to the Community Stroke Team for further assessment

If **YES**, update patient record and review at next 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?

If **YES**, refer to a physician with an interest in post-stroke spasticity for further assessment and diagnosis

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 Community Continence Adviser or equivalent for further assessment

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 Therapist 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 Primary Care Clinician 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 **NO**, update patient record and review at next assessment

If **YES**, refer to a clinician with an interest in post-stroke cognition changes for further 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, as well as relationships with loved ones, where appropriate)?

☐ NO →

Observe Progress

☐ YES →

If **YES**, refer patient to a stroke support organisation (e.g., The 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. Or if family member is present refer to a stroke support organisation (e.g. The Stroke Association)