

POST-STROKE CHECKLIST (PSC): For Survivors and Caregivers



Many stroke survivors live with problems that could be treated but aren't, because they never tell their doctor about those problems. Fill out this checklist and use it to talk with your doctor about problems you might be having. Read each item and circle the most correct answer.

1. RECURRENT STROKE PREVENTION Since your stroke, have you made lifestyle changes to prevent another stroke?	Do you monitor your blood pressure?			
	Never	1-2 x/Month	1-2 x/Week	Always (at least daily)
	Do you take medication(s) as prescribed			
	Never	1-2 x/Month	1-2 x/Week	Always
	If overweight, have you lost weight?			
	No	Yes	N/A	
	Do you exercise regularly?			
	Never	1-2 x/Month	1-2 x/Week	Always (at least daily)
	Have you stopped smoking?			
	No	Yes	N/A	
2. ACTIVITIES OF DAILY LIVING Since your stroke, is it harder to:	Dress?			
	Always	1-2 x/Week	1-2 x/Month	Never
	Bathe?			
	Always	1-2 x/Week	1-2 x/Month	Never
3. MOBILITY AND MOVEMENT Since your stroke, is it harder to:	Eat or prepare meals?			
	Always	1-2 x/Week	1-2 x/Month	Never
	Go outside?			
	Always	1-2 x/Week	1-2 x/Month	Never
	Walk?			
	Always	1-2 x/Week	1-2 x/Month	Never
	Move between bed and chair?			
	Always	1-2 x/Week	1-2 x/Month	Never
	Do you fall more easily?			
	Always	1-2 x/Week	1-2 x/Month	Never
	Get in and out of a car?			
	Always	1-2 x/Week	1-2 x/Month	Never
	Balance?			
	Always	1-2 x/Week	1-2 x/Month	Never
4. SPASTICITY OR TIGHTNESS Since your stroke, do you have more stiffness in your:	Arms?			
	Always	1-2 x/Week	1-2 x/Month	Never
	Hands?			
	Always	1-2 x/Week	1-2 x/Month	Never
	Legs?			
	Always	1-2 x/Week	1-2 x/Month	Never

COMPLETED BY: ☐ Stroke Survivor ☐ Caregiver

5. PAIN Since your stroke:	Do you have any new pain?			
	Always	1-2 x/Week	1-2 x/Month	Never
	Do you have pain more often?			
	Always	1-2 x/Week	1-2 x/Month	Never
	Is your pain more severe?			
	Always	1-2 x/Week	1-2 x/Month	Never
6. INCONTINENCE Since your stroke, are you having trouble controlling your:	Bowels?			
	Always	1-2 x/Week	1-2 x/Month	Never
	Bladder?			
	Always	1-2 x/Week	1-2 x/Month	Never
7. COMMUNICATION Since your stroke, are you having trouble:	Communicating with others?			
	Always	1-2 x/Week	1-2 x/Month	Never
	Speaking?			
	Always	1-2 x/Week	1-2 x/Month	Never
	Reading?			
	Always	1-2 x/Week	1-2 x/Month	Never
	Using numbers?			
	Always	1-2 x/Week	1-2 x/Month	Never
8. MOOD Since your stroke, are you feeling:	Anxious?			
	Always	1-2 x/Week	1-2 x/Month	Never
	Moody or having mismatched and/or unstable emotions?			
	Always	1-2 x/Week	1-2 x/Month	Never
	Depressed?			
	Always	1-2 x/Week	1-2 x/Month	Never
	Like a different person? Has your behavior changed?			
	Always	1-2 x/Week	1-2 x/Month	Never
9. COGNITION Since your stroke, is it harder to:	Think?			
	Always	1-2 x/Week	1-2 x/Month	Never
	Concentrate?			
	Always	1-2 x/Week	1-2 x/Month	Never
	Remember things?			
	Always	1-2 x/Week	1-2 x/Month	Never
10. LIFE AFTER STROKE Since your stroke, is it harder to:	Work?			
	Always	1-2 x/Week	1-2 x/Month	Never
	Participate in social and leisure activities or hobbies?			
	Always	1-2 x/Week	1-2 x/Month	Never
11. SEXUALITY Since your stroke, are you unhappy with:	Your sexual and intimate relationship?			
	Always	1-2 x/Week	1-2 x/Month	Never
	Your sexual functioning?			
	Always	1-2 x/Week	1-2 x/Month	Never
12. RELATIONSHIP WITH FAMILY	Have your relationships with your family or friends become more difficult or stressed since your stroke?			
	Always	1-2 x/Week	1-2 x/Month	Never