

**SCREENING QUESTIONNAIRE
STROKE SURVIVORS**

This Screening Questionnaire is intended to provide a snapshot of how the stroke survivor and caregivers are managing at home and is designed to facilitate a verbal interview during the first visit to the primary care physician post-stroke. A 'NO' answer indicates a potential area that may need to be addressed

Name: _____ Date: _____

COMMUNITY SERVICES	YES	NO
Have you been referred to the Community Care Access Centre?		
Are you attending outpatient rehab or a rehab day hospital?		
Are you receiving any of the following services?		
• Occupational Therapy		
• Physiotherapy		
• Speech Language Pathology		
• Dietician		
• Nursing		
• Social Work		
• Personal Support		
Are you receiving any of the following community support services?		
• Home Maintenance		
• Housekeeping		
• Meals		
Are you satisfied with the amount of assistance that you receive?		
HEALTH MANAGEMENT		
Are you sleeping well?		
Are you eating well?		
Is your ability to chew and swallow the same as before the stroke?		
Are you taking all the medicines that your doctor(s) has prescribed?		
Have all your questions about the medicines you are taking been answered?		
Have you told the doctor about other drugs, vitamins or supplements that you are taking?		
Is your thinking the same as before the stroke?		
Are your emotions similar to before the stroke?		

DAILY ROUTINES		
Are you preparing your own meals?		
Are you able to look after your personal needs? (E.g., dressing, bathing/showering, brushing teeth, washing hair, nail care [feet and hands])		
Are you able to toilet yourself – getting to the bathroom on your own, using the toilet?		
Is your bowel and bladder control the same since your stroke?		
Are you able to manage daily tasks around your home? (E.g., washing dishes, doing laundry, vacuuming, dusting, yard work, snow removal, child care)		
SOCIAL NETWORK		
Are you living with someone?		
Have you resumed some contacts with family members and friends?		
Do you have someone who provides you with emotional support?		
Have you received information on local stroke survivor and caregiver support groups?		
ENVIRONMENT		
Are you able to get around your home easily?		
Are you using equipment to help you in your home? (E.g., walker, raised toilet seat, grab bars)		
Has your home been changed to help you get around? (E.g., wheelchair ramp, stair rails)		
Are you always steady on your feet?		
COMMUNICATION		
Do you feel able to communicate with your family & friends?		
Can you understand people when they are speaking to you?		
Are you satisfied with your ability to communicate?		
MOBILITY		
Are you able to get to those places you need to go – grocery shopping, banking, volunteer activities, rehabilitation, doctor's appointments, work, etc.?		
FINANCIAL		
Do you have enough money for your needs and the needs of your family?		
Are you receiving disability insurance/pension?		
Have you received information on how to access funding assistance – disability, pensions, disability tax credit, etc.?		
RESEARCH		
Are you participating in any research studies?		
Have you been told about any research studies?		