**Getting the most out of your Post-Stroke Review**

We hope this document helps you understand **what to expect** from your review.

There are **spaces below to write things down** that you can use, **if you want**.

The review is an **opportunity** to find out **how you have been getting on since your stroke**. It will usually take about **40 – 60 minutes**. If you think it would be helpful, **you can choose to** **include a family member or friend** in the review process.

At first, you will usually be asked:

* Have you recently had your **cholesterol** checked? Yes / No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Have you recently had your **blood pressure** checked? Yes / No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The person who meets you will also **take a blood pressure reading** at your review.

You will be asked what **current medications** you are taking. It would be helpful to have an **up-to-date list of your current medications,** if you can.

*Space to write your medications, if you wish:*







It can be useful to **reflect on your progress** since you first had your stroke. For example, what challenges have you overcome in the last few months? How did you overcome them? Could you overcome other challenges in the same way?

*Space to reflect on progress, if you wish:*







You can also talk about **any new problems or worries you may have**. We can then look at **how these things can be addressed** through **targeted support**.

The review can be **broad** and might cover aspects of your **health, emotional well-being, and family, social or community life.** For example, we might ask whether you:

* have new problems with your **sight, hearing, speech, reading or writing**
* have new problems **swallowing**
* have recently **changed weight** without trying to (lost weight or put it on)
* would like to **change your habits** related to **smoking** and/or **alcohol**
* have new **pain** that bothers you
* have new **foot care** issues or new issues caring for your **skin**
* have new difficulties managing or accessing your **medicines**.
* have new problems with **incontinence**
* have new problems with washing, getting dressed, cooking, and other **daily activities**
* have problems **getting around** inside and/or outside your home or have recently **tripped** or **fallen**
* often **feel sad** or **anxious**
* have worries about **sex or relationships**
* get **tired** very quickly since your stroke or have any new problems **sleeping**
* have new problems **remembering things** or **concentrating**
* do not have enough access to a **car** or **public transport**
* would like information about **benefits** or **money**
* have new problems with **where you live**
* have **family or friends** that may also **need support**

After your review has been completed, you will be sent a **short summary report**, outlining what you discussed. A **copy of this report will be sent to your GP**, with your permission.

*Space to record anything you would like to discuss at your review:*

**









