

My Stroke Passport



My Stroke Passport

This Passport belongs to:

Name: _____

Address: _____

Phone number: _____

The information in this booklet is recorded by the patient for their own use and does not form part of the medical record. Where appropriate, health care providers must confirm information provided with information recorded in the patient's medical record.

About this Passport

People who have had a stroke often call their recovery a journey. Each person's journey is different.

As you, your caregiver and your family start your own stroke journey, we hope this passport will help you along the way.

The Passport was created by a team of health professionals from all settings that provide care to people after a stroke.

Input was also provided by stroke survivors and caregivers.

We worked together to make the Passport useful at every step in the journey to recovery and wellness after stroke.

We are very grateful for their insight and advice.

We welcome your feedback. Please fill out the evaluation form at the back. Your comments and suggestions can help us improve the Passport.

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Introduction

This Passport is for you and your caregivers to use during your recovery and life after a stroke.

You can use it to:

- record information about your health and care
- identify your strengths, needs and questions
- help you set goals to recover, live well and prevent another stroke
- keep track of your progress
- communicate with your health care team and caregivers
- find resources and support services to meet your needs

Using the Passport will help you gain the knowledge, skills and confidence to take charge of your health. We call this ‘self-management’.

Managing your own health and maintaining a positive outlook, with help from your health care team and caregivers, is the best way to recover and live well after a stroke.

The Passport belongs to you. You can decide what information you wish to share with your health care team. Sharing information keeps your health care providers informed, so they can help you make decisions and get the best possible care. They may add the information you share to your medical record.

It is important to keep your Passport up to date.

Bring your Passport to all the places where you receive care. At each visit and stage of recovery, add new information to your Passport or ask your health care provider to assist you.

At home, keep your Passport in a safe place with other important papers.

Please use the plastic sleeve insert for photographs or stories that best characterize you. This can help your health care providers to know you better.

Important information about me

I use:

- ☐ Glasses
☐ Hearing aid(s) ☐ Right ear ☐ Left ear
☐ Dentures
☐ Walking aids: _____
☐ Other: _____

Language I speak: _____

My hobbies and interests include: _____

Where I live: _____

My job or type of work: _____

My education level: _____

Other important information my health care providers should know:

These people are important to me and I would like them to be kept informed about my progress:

Name	Relationship to me	Phone number

My weight is _____ ☐ pounds or ☐ kilograms.

☐ I have smoked _____ pack(s) a day for _____ years.

☐ I quit smoking _____ years ago.

☐ I have never smoked.

☐ On average, I have had _____ drink(s) with alcohol a day, for _____ years.

☐ I do not drink alcohol.

- ☐ High blood pressure (Hypertension)
- ☐ High cholesterol (Hyperlipidemia)
- ☐ Diabetes
- ☐ Irregular heart beat (Atrial fibrillation)
- ☐ Ischemic heart disease
- ☐ Previous heart attack or angina
- ☐ Bypass surgery
- ☐ Coronary angioplasty and / or stent
- ☐ Valvular heart disease
- ☐ Peripheral vascular disease
- ☐ Carotid artery disease Right _____ % narrowed
 Left _____ % narrowed
- ☐ Sleep apnea
- ☐ Other:

My stroke story

Date of my stroke: _____

Type of stroke I had:

Cause of my stroke:

How my stroke has affected me:

[illegible]

My goals for recovery

Setting goals is an important part of your recovery after stroke. This helps you regain control over your life.

How to set goals:

1. Pick a goal that is important for you, so that you want to reach it.
2. Think of each step needed to reach the goal.
3. Decide when you will achieve the goal.
4. Write this down!



Make sure your goals are **SMART**:

S	Specific	<ul style="list-style-type: none"> • Write down exactly what you want to achieve. • A specific goal “I will eat 7 to 8 servings of fruit and vegetables each day” is better than a general goal “to eat healthier”.
M	Measurable	<ul style="list-style-type: none"> • Decide how you will measure your progress and know when the goal is achieved.
A	Attainable	<ul style="list-style-type: none"> • List the action steps that will get you to the goal within the set time. • The challenge should feel “just right” at this moment. Not too easy or too hard.
R	Realistic and relevant	<ul style="list-style-type: none"> • Choose something that you want and are able to work towards. • You must be able to do it within the set time.
T	Timely	<ul style="list-style-type: none"> • Set a target date - when you will achieve the goal.

Your goals will change over time. As you get better, you can adjust goals and set new ones.

By aiming for something important and planning how to accomplish and how to get there, you are more likely to be successful.

Here is an example of a **SMART** goal:

My goal:
<i>I will walk my grandchildren to school on their first day of class.</i>
Target date to reach my goal:
<i>September 4, 2012</i>
Steps to reach this goal:
<ol style="list-style-type: none"> <i>1. I will do my home exercises 3 times a week.</i> <i>2. I will walk for 5 minutes around the block, 3 times a week.</i> <i>3. Each week I will increase my walking time by 5 minutes until I reach 30 minutes total.</i> <i>4. I will ask my husband to come with me for the first 3 weeks.</i> <i>5. I will walk to the school and back (30 minutes) with my husband 2 times a week.</i> <i>6. In the last 2 weeks before school starts I will go by myself.</i> <i>7. I will make arrangements with my daughter to take my grandchildren to school on their first day.</i>

Write your goals for recovery on the next page.

Goal # 1

My goal:
Target date to reach my goal:
Steps to reach this goal:

Goal # 2

My goal:
Target date to reach my goal:
Steps to reach this goal:

Goal # 3

My goal:
Target date to reach my goal:
Steps to reach this goal:

Goal # 4

My goal:
Target date to reach my goal:
Steps to reach this goal:

See end of binder for additional goal pages.

My medications

Your doctor may prescribe medications to:

- prevent blood clots
- lower the cholesterol in your blood
- lower your blood pressure

These medications can help to prevent another stroke.

It is a good idea to get all your prescriptions filled at the same pharmacy.

My Pharmacy

Name: _____

Address: _____

Phone number: _____

Take each medication as directed by the doctor. Continue to take your medication, even if you feel well. Do not stop taking any medications without talking to your doctor first.

Check with your pharmacist or doctor before taking any new medications.

This includes:

- prescription medications
- over-the-counter medications such as aspirin, laxatives, cough and cold medicines, vitamins and herbal remedies

The pharmacist can suggest ways to make it easier to take your medications, such as:

- Using a pill box (dosette)
- Packaging the medication in single doses (blister pack)

Use the chart on the next page to keep track of your medications.

Medication list

Please keep this list up to date. Review it regularly with your doctor and pharmacist.

Medication	What it is for	How to take it	When to take it				Picture of pill (front and back of 1 pill)
		Take ___ pill(s) ___ time(s) a day	Morning	Evening	Noon	Bedtime	
<i>Example: Aspirin</i>	<i>Reduces clotting of my blood</i>	<i>1 pill (81mg) Once a day</i>	<i>X</i>				<i>Place sticker in this section</i>

Medication	What it is for	How to take it	When to take it				Picture of pill (front and back of 1 pill)
		Take ___ pill(s) ___ time(s) a day	Morning	Evening	Noon	Bedtime	

See end of binder for additional medication pages.

My test results

Use this chart to keep track of important tests. If you have questions about the results and what they mean for you, please speak to your doctor.

Test Type	Date done (or due)	Results		Who ordered it?	What needs to happen next?
		Normal	Abnormal		
Computerized Tomography scan (CT scan)					
Computerized Tomography Angiogram (CTA)					
Magnetic Resonance Imaging (MRI)					
Magnetic Resonance Angiogram (MRA)					
Carotid Doppler					
Echocardiogram (ECG or Echo)					
HOLTER Monitor					

My test results, continued...

Test Type	Date done (or due)	Results		Who ordered it?	What needs to happen next?
		Normal	Abnormal		
Trans-Esophageal Echocardiogram (TEE)					
Angiogram					
Videofluoroscop- ic Swallow Study (VFSS)					

My goals for stroke prevention

Once you have had a stroke, the chance of having another one is higher. The good news is there are many things that you can do to reduce your risk of stroke.

How to reduce your risk of stroke:

1. Have your blood pressure checked regularly. Aim to keep it at a healthy level.
2. Have your blood cholesterol checked regularly. Aim for healthy levels.
3. Take part in physical activity most days of the week.
4. Enjoy healthy eating with less sodium, less fat and more fibre.
5. Keep track of your weight and waistline. Aim for a healthy weight.
6. If you have diabetes, work with your diabetes team to manage your blood sugars.
7. If you smoke, make a plan to stop.
8. If you drink alcohol, limit how much you drink.

Use this section of the Passport to track your prevention efforts and goals.

- Aim to be in the green area. This is the target area.
- If your results are in the yellow area this means there is room for improvement. Go to the “My Goal” section and write down what you need to work on to reach the target area.

Green = Target area → Keep up the good work!

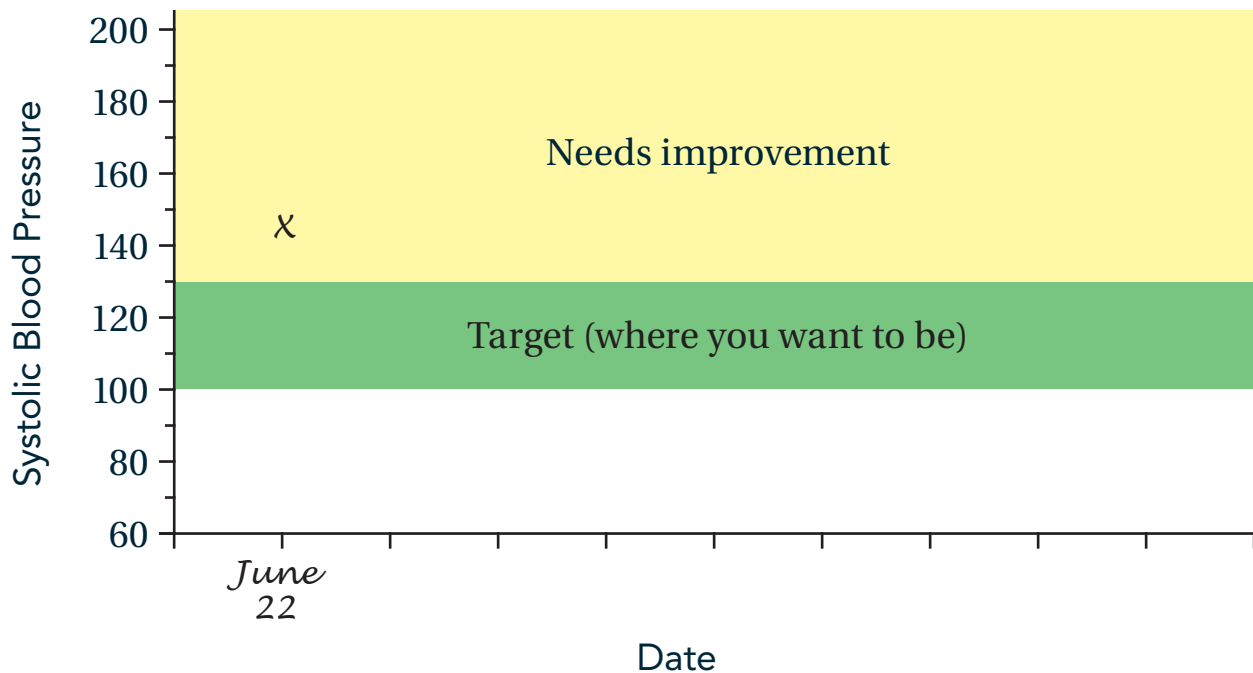
Yellow = Room for improvement → Set a goal to get to Green!

See the example on the next page.

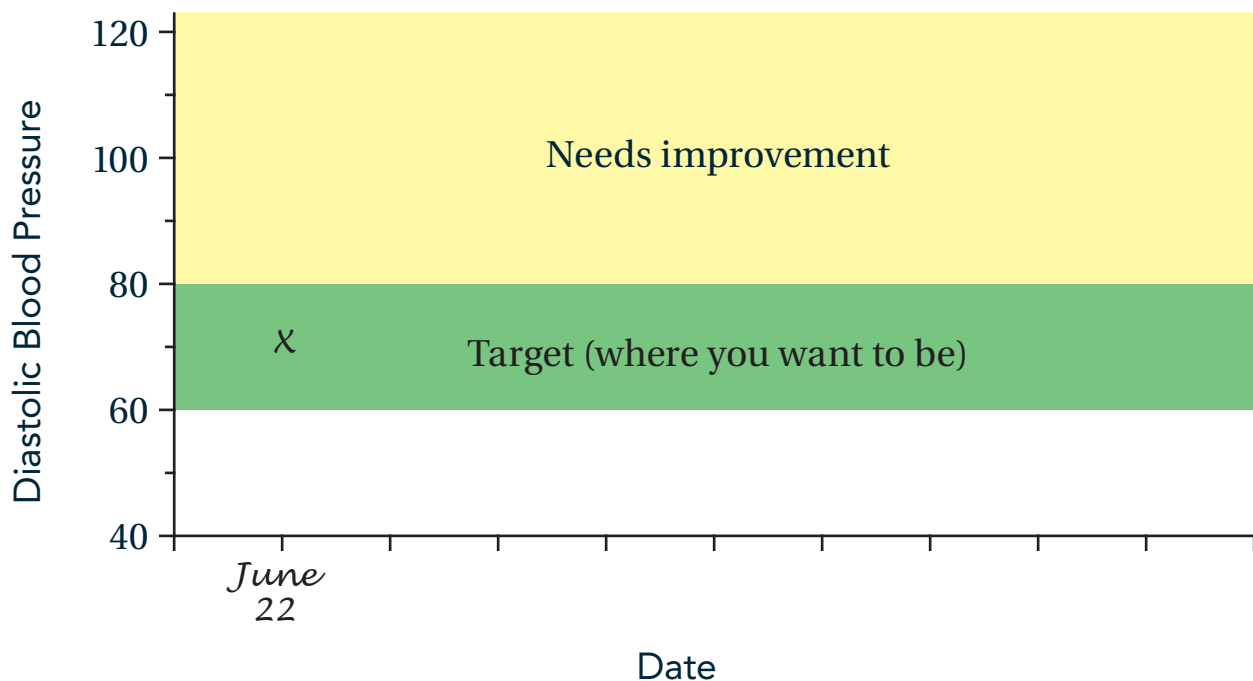
Example:

Your blood pressure was 145/70 at your visit with the family doctor on June 22.

1. Put your systolic blood pressure and the date on the graph.



2. Put your diastolic blood pressure on the graph.



3. Set a SMART goal to improve your systolic blood pressure.

My goal:
<i>I will lower my blood pressure to 130 / 70 in 6 months.</i>
Target date to reach my goal:
<i>Dec 22, 2011</i>
Steps to reach this goal:
<i>1. I will not add salt to my food at the table or I will flavour with herbs, spices, onion, garlic or lemon.</i>
<i>2. I will prepare healthy, low sodium meals 3 times a week rather than eat out.</i>
<i>3. I will walk for 30 minutes three times a week.</i>
<i>4. I will take my blood pressure pill every day.</i>

1. My blood pressure

High blood pressure is the number one risk factor for stroke. Have your blood pressure checked at each visit with your health care team.

Blood pressure is the force of blood pushing against the walls of an artery.

When your blood pressure is checked, two measurements are taken:

- Systolic pressure is the pressure in the blood vessels as the blood is pumped from the heart.
- Diastolic pressure is the pressure in the blood vessels when the heart is at rest between beats.



An example:

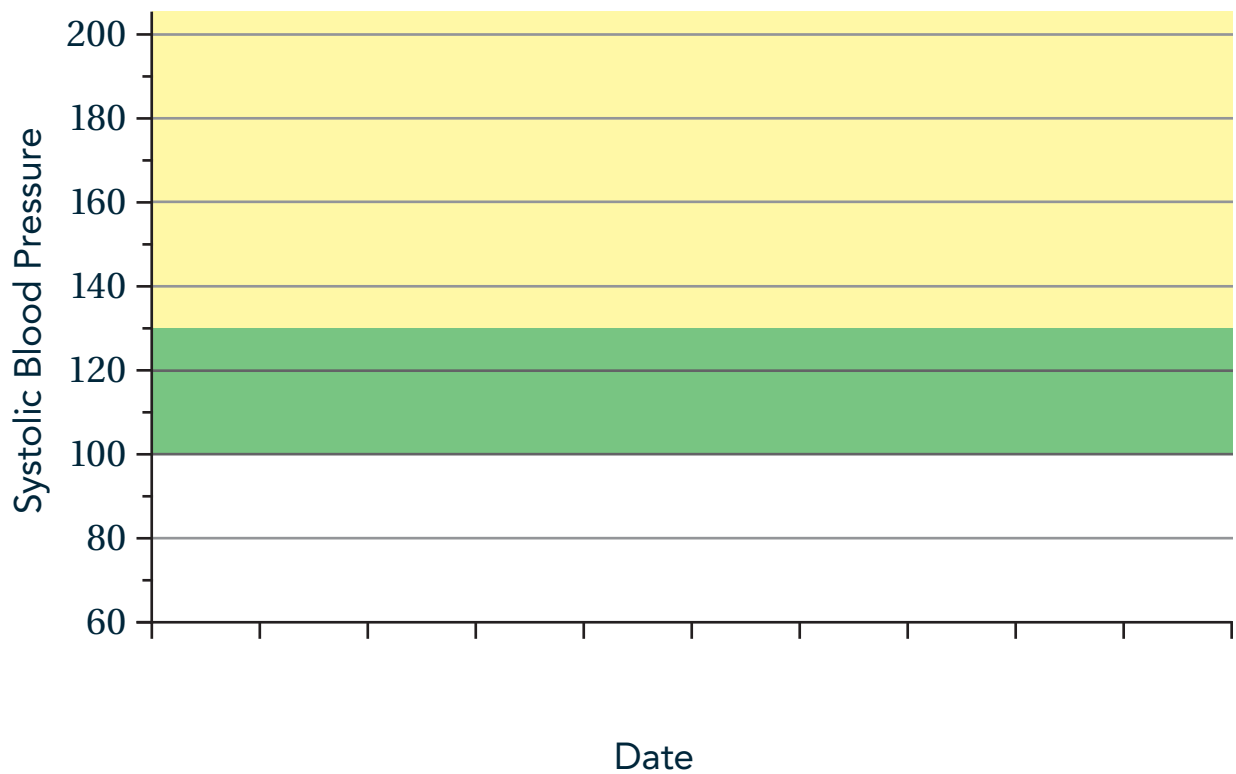
120	Systolic is the top number
80	Diastolic is the bottom number

Get your blood pressure checked regularly, because you cannot tell when your blood pressure is high.

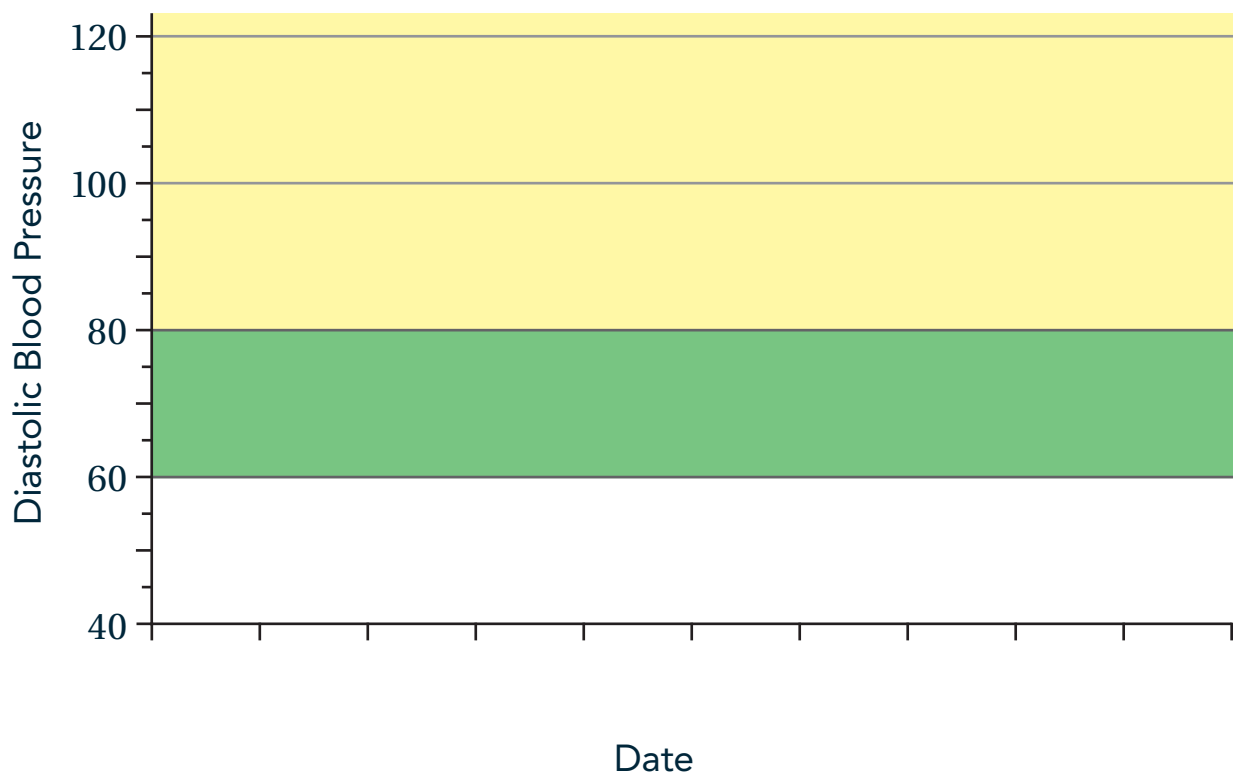
Track your blood pressure and write a personal goal on the next page.

Action steps to improve blood pressure include: healthy eating including limiting sodium/salt intake, regular physical activity, weight management and taking medications if needed.

My systolic blood pressure graph (top number)



My diastolic blood pressure graph (bottom number)



My goal:

Target date to reach my goal:

Steps to reach this goal:

2. My cholesterol

Cholesterol refers to fats in the blood. Having too much “bad cholesterol” and not enough “good cholesterol” increases your risk of heart disease and stroke. Have your cholesterol checked regularly, every 3 to 6 months.

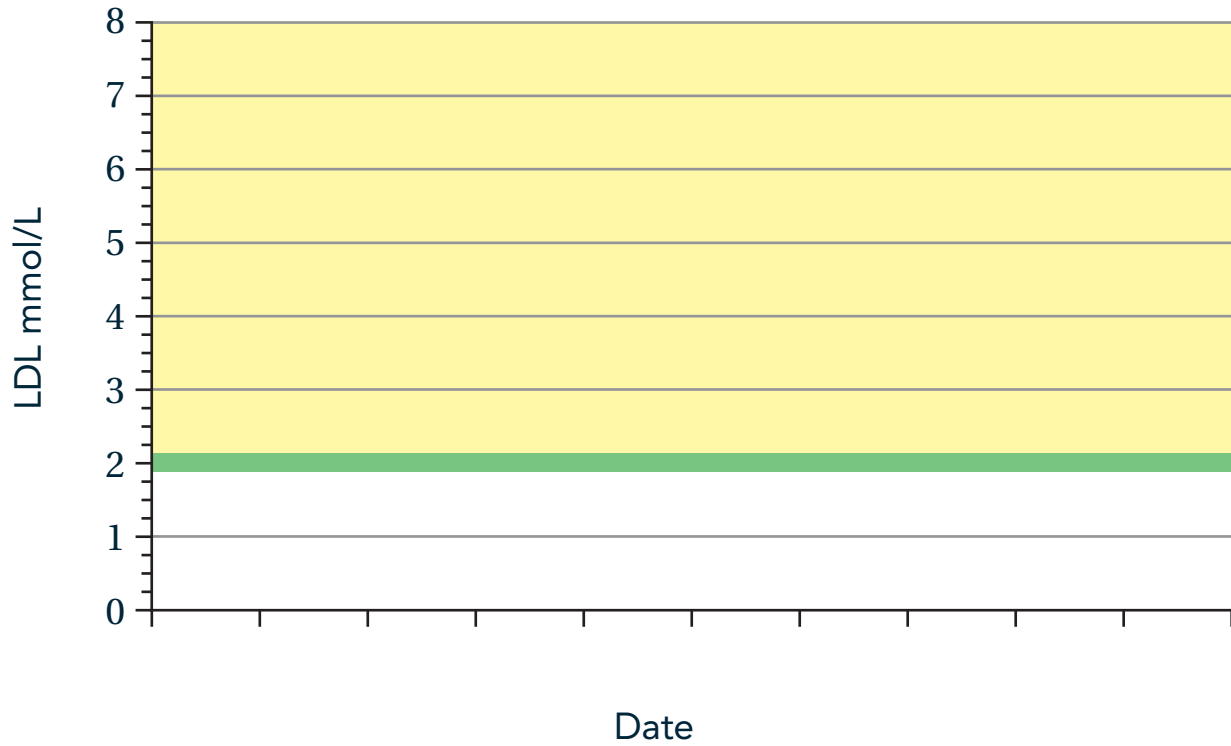
Here is an easy way to help you understand your results:

- “LDL” is the amount of “bad cholesterol” (think L for lousy).
- “HDL” is the amount of “good cholesterol” (think H for healthy).

Record your LDL cholesterol level on the graph. If your results are in the yellow area, set a goal and work with your health care team to improve your cholesterol. You may have also heard of triglycerides which are another type of blood fat. These can contribute to heart disease and stroke.

Action steps to improve cholesterol and triglycerides include: healthy eating, regular physical activity and taking medication, if needed.

My LDL cholesterol graph



My goal:
Target date to reach my goal:
Steps to reach this goal:

3. My physical activity

Inactivity increases your risk of stroke. Plan some activity that you enjoy, most days of the week.

Being active is good for your body and mind.

Regular physical activity:

- improves your blood pressure and “good cholesterol” levels
- helps control your blood sugars
- gives you more energy
- helps you to sleep better
- helps reduce stress
- prevents constipation
- gives you a feeling of well-being
- helps you stay at a healthy weight

Ask your doctor or physiotherapist about the type and amount of activity that is right for you.

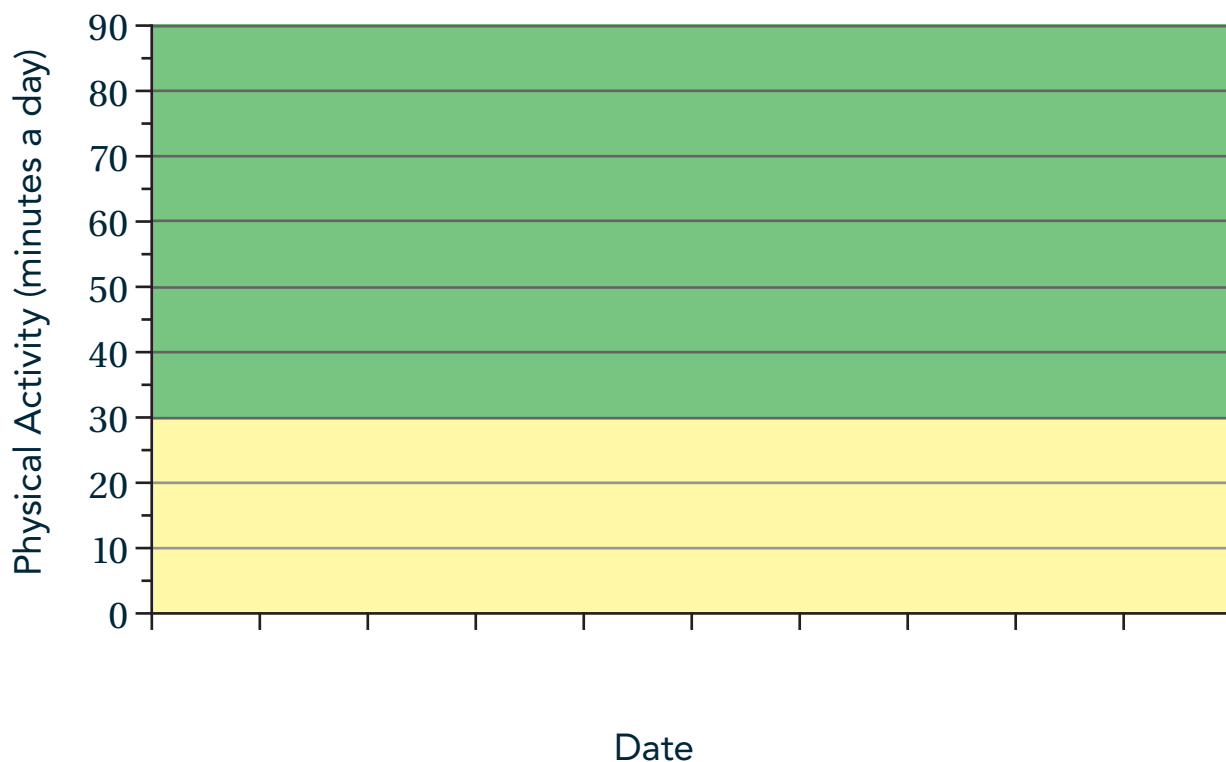
If you have difficulty with movement, there are exercises you can do while seated. Your community may have chair-exercise classes.

If you have heart disease or other health problems, you may need an exercise program that is supervised by a doctor.

General advice:

1. Aim for 20 to 30 minutes of moderate activity (such as walking, swimming or dancing), 3 to 5 days a week.
 - Moderate means the effort is not too easy or too hard. You should be able to talk comfortably while doing the activity, and not be out of breath.
 - Go at your own pace. Start slowly and gradually increase over time. For example, add 5 minutes of activity each week.
 - Build up to a total of 120 minutes each week.
2. Do stretching and strengthening exercises 2 to 3 days a week.

My physical activity graph



My goal:
Target date to reach my goal:
Steps to reach this goal:

4. My nutrition

Healthy eating can decrease your risk of stroke, heart disease, diabetes and obesity. It can give you the energy for therapy, exercise, and your favourite activities.

Healthy eating for stroke prevention can improve your blood fats (cholesterol and triglycerides) and can help control your blood sugars, blood pressure and weight.

There are many ways that you can improve your eating habits to help stroke prevention. Here are some tips to help guide your food choices:

Foods to include:

Foods low in sodium such as vegetables, fruit and unprocessed foods like fresh meat, poultry and fish.

- A diet lower in sodium can help with blood pressure control.

Foods rich in Omega-3 fats such as fatty fish like salmon, herring, trout, mackerel and sardines.

- Including Omega-3 fats in your diet can lower triglycerides in addition to other important heart healthy benefits.

Heart healthy fats and oils like olive and canola oil, avocado, non-hydrogenated margarine, unsalted nuts and seeds.

- Including small portions of healthy fats and oils can improve your cholesterol levels.

Foods high in soluble fibre like oat bran, oatmeal, barley, psyllium (found in All Bran Buds™ cereal), legumes (peas, beans and lentils) and some vegetables and fruit.

- Including foods high in soluble fibre can improve your cholesterol and blood sugar levels.

Foods high in insoluble fibre such as vegetables, fruit, flax seed, wheat bran, and whole wheat breads and cereals.

- Including foods high in insoluble fibre can help prevent constipation and help with weight management.

Dairy products low in fat such as 1% or skim milk, 0% M.F. (milk fat) yogourt, cheeses with less than 8% M.F. and lean sources of meat and poultry.

- These are low in saturated fat and can improve your cholesterol levels.

Foods to limit or avoid

Foods high in sodium that have added salt and hidden sodium sources such as processed meats, canned soups, salty snacks, fast foods and frozen dinners.



- Too much sodium in your diet can increase your blood pressure.

Foods with trans fats such as shortening. Trans fats may also be found in certain margarines, some fast foods and store bought baked goods.

- Trans fats increase your bad cholesterol and decrease your good cholesterol levels.
- Avoid foods containing the word “hydrogenated” in the ingredients.

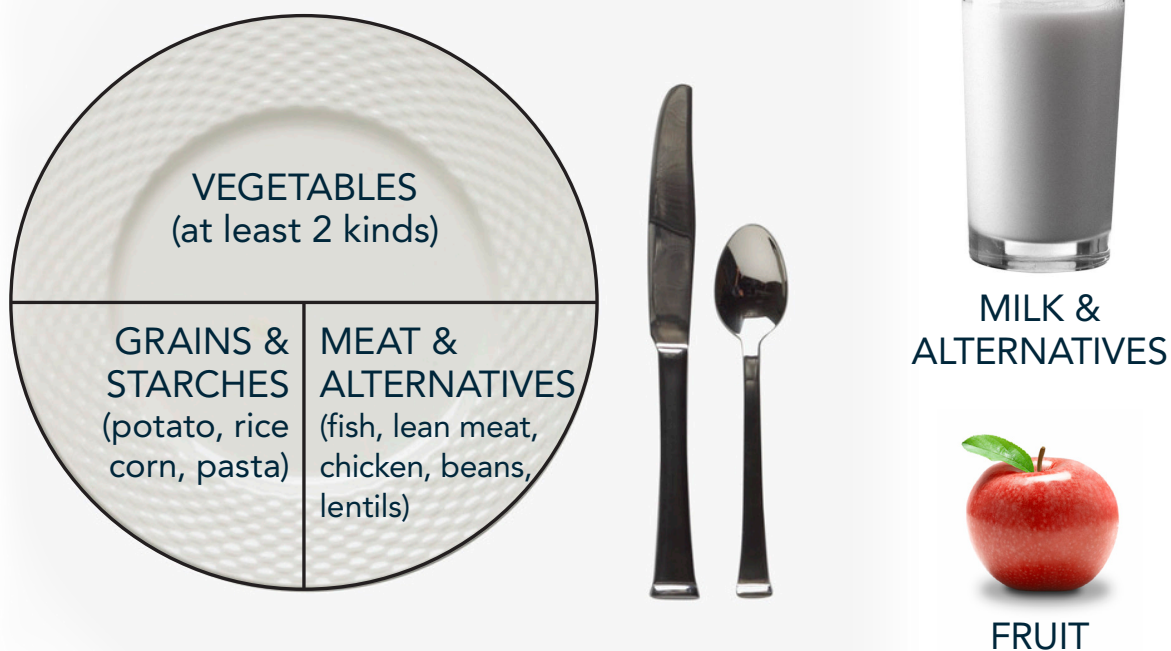
Foods high in saturated fats such as high fat dairy products, fatty meats, poultry, high fat cheeses, butter, palm and coconut oil.

- Saturated fats may raise your bad cholesterol.

Foods high in dietary cholesterol such as fatty meats, eggs (yolks in moderation), high fat dairy products, shrimp, squid, caviar and organ meats such as liver.

- Foods high in dietary cholesterol may raise your bad cholesterol.

Here is an example of a well-balanced healthy plate:



Working with a Registered Dietitian can help you meet your nutrition goals.

For more information visit the following websites:

- Dietitians of Canada at www.dietitians.ca
- Eating well with Canada's Food Guide can help you choose foods that are good for your health. Ask your healthcare provider for a copy or go to Health Canada's website at www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php
- Sodium 101 at www.sodium101.ca
- Dietary Approaches to Stop Hypertension (DASH) at www.dashdiet.org
- Canadian Diabetes Association at www.diabetes.ca
- Hypertension Canada at www.hypertension.ca
- Eat Right Ontario at www.eatrightontario.ca

When developing your action plan for healthy eating be specific with how much and how often. Here is a useful list for you to choose from. Try choosing 1 or 2 changes per week and add on as able.

My action plan for healthy eating
<p>Limit sodium intake:</p> <ul style="list-style-type: none"> • I will choose fresh foods that are low in sodium. • I will limit my intake of sodium by flavouring foods with spices, herbs, lemon and garlic instead of adding salt. • I will read food labels and choose foods lower in sodium, with less than 200mg of sodium per serving.
<p>Make healthy fat choices:</p> <ul style="list-style-type: none"> • I will not include foods with trans fats - look for 0% on food labels. • I will add small portions of heart healthy fats and oils. • I will add 2-3 servings of fatty fish per week for Omega-3 fats • I will limit my total fat intake by preparing foods with little or no oil by baking, steaming, sautéing, grilling or broiling. • I will reduce the saturated fat in my diet by choosing low fat dairy products and lean meats and poultry. • I will reduce the dietary cholesterol in my diet by choosing lean meats and poultry, eggs in moderation (2 egg yolks per week) and avoiding certain shellfish and organ meats. • I will reduce the saturated fat in my diet by choosing at least 2 vegetarian meat alternatives per week such as tofu, beans and lentils.
<p>Include more fibre:</p> <ul style="list-style-type: none"> • I will eat more vegetables and fruits. • I will eat more whole grain products. • I will eat more foods that are high in soluble fibre.
<p>Choose to follow a healthy eating plan:</p> <ul style="list-style-type: none"> • I will eat a balanced diet, choosing a variety of healthy foods from Canada's Food Guide (see reference list). • I will eat 3 meals a day at regular times, take healthy snacks if needed and watch portion sizes.

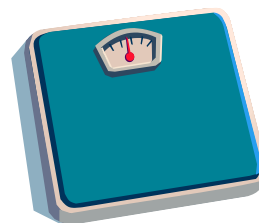
5. My weight

Maintaining a healthy weight can decrease your risk of high blood pressure, stroke, high cholesterol, heart disease and diabetes. Healthy eating and regular physical activity can help you stay at a healthy weight.

There are two ways to watch your weight:

1. Body Mass Index or BMI.

- Enter your weight and height on the BMI chart.
- Aim to be in the normal range.
- Being underweight or overweight has greater health risks.



2. The size of your waist (circumference).

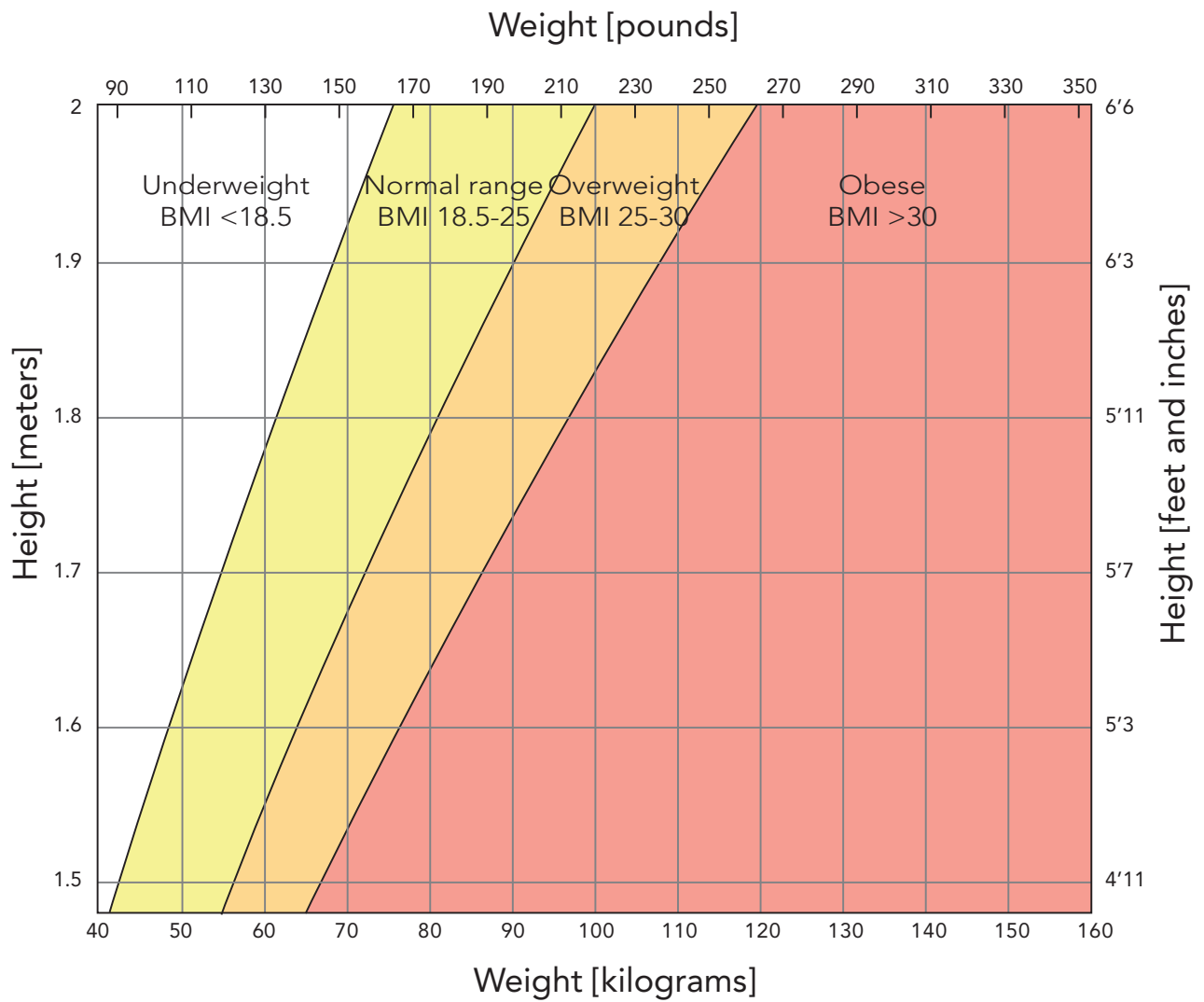
- Measure your waist, just above your hip bone.
- Men - Aim for less than or equal to 40 inches (102 cm).
- Women - Aim for less than or equal to 35 inches (88 cm).
- A larger waistline has greater health risks.



If your BMI or the size of your waist are high, healthy eating and physical activity can help you reach a healthier weight. Speak to your healthcare provider to set a small goal and plan how you will reach it. Then set another goal to build on your success.

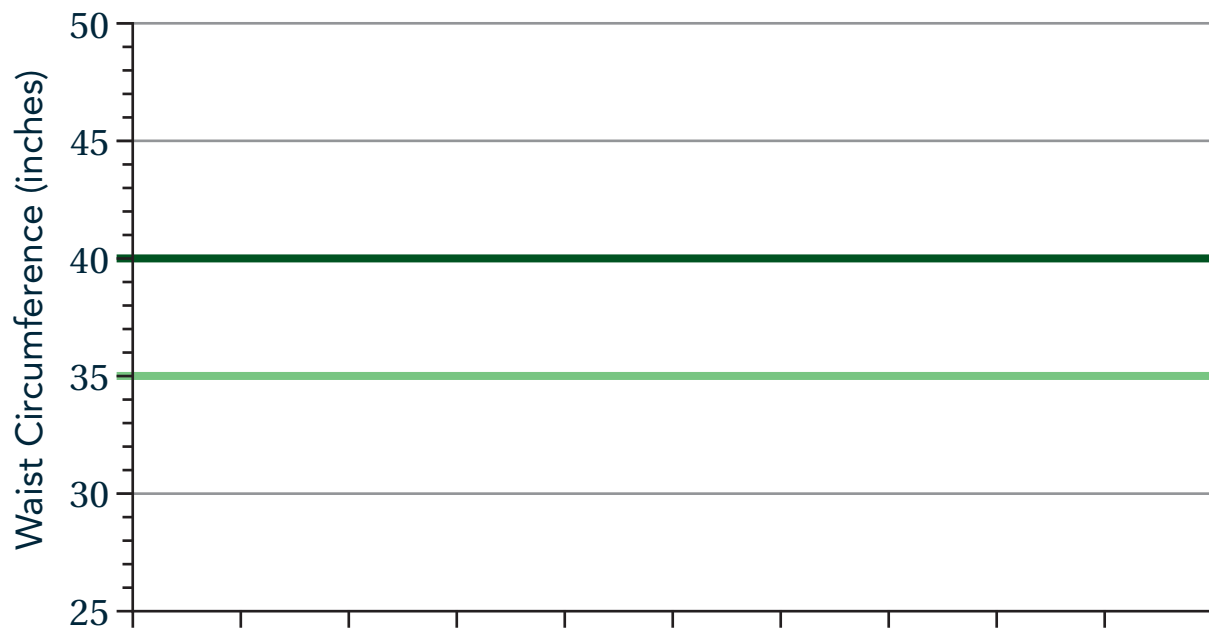
Even a small weight loss of 5 - 10% of your body weight over 6 months can benefit your health.

My BMI graph



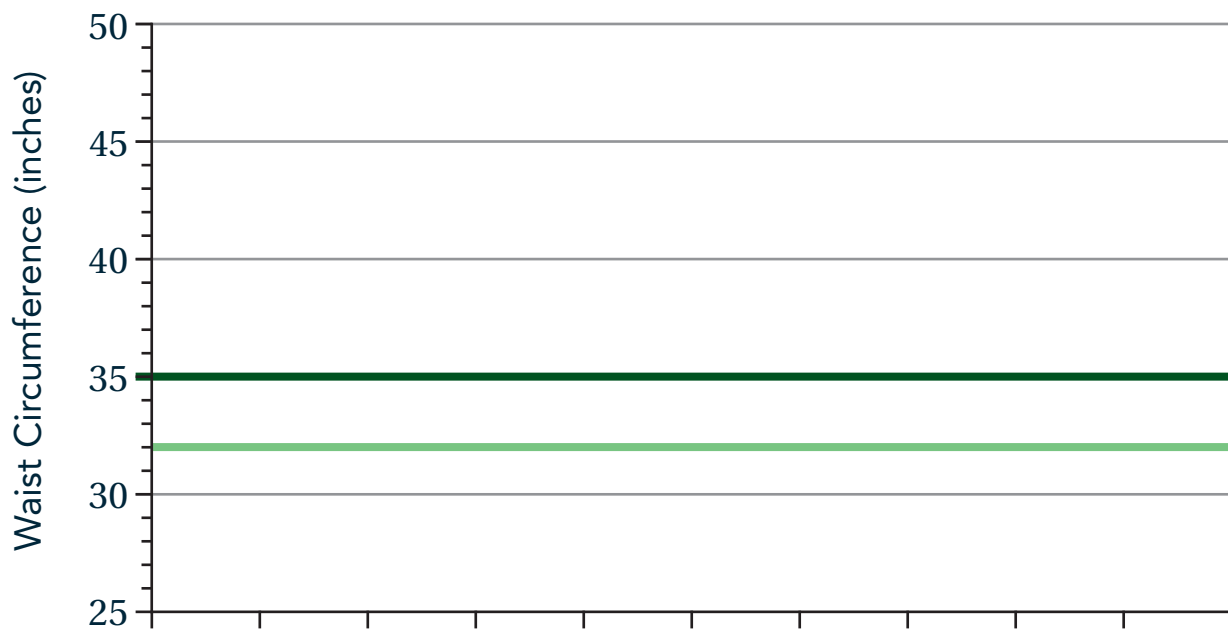
My goals for stroke prevention

Men



Date

Women



Date

———— **Top line:** European/Caucasian, Sub-Saharan Africans,
Eastern Mediterranean, Middle Eastern

———— **Bottom line:** South Asian, Malaysian, Asian, Chinese,
Japanese, Ethnic South and Central Americans

The goal is for your waistline measurement to be below the green line according to your gender and ethnicity. If it is within 3 inches of, or above the green line, speak to your health care provider about how to achieve a healthy weight through regular physical activity and healthy eating.

My goal:
Target date to reach my goal:
Steps to reach this goal:

6. My diabetes control

People with diabetes have a greater risk of having a stroke or heart attack. If you have diabetes, work with your doctor or diabetes team to keep your blood sugars in the range that is best for you. Have a check-up and A1C blood test about every 3 months.

Tips to manage your diabetes:

- Check your blood sugars as recommended by your diabetes team each day and write down the results.
- Review your blood sugar results every few days. If you notice a trend (a time of day when your blood sugars are too low or too high) talk with your diabetes team. You may need to adjust your food, activity or medication.
- Follow your plan for healthy eating.
- Take part in regular physical activity.
- Take your diabetes medication as directed by your diabetes team.
- Visit your diabetes team about every 3 months for a check-up and A1C blood test.

Keep your blood sugars in your target range.

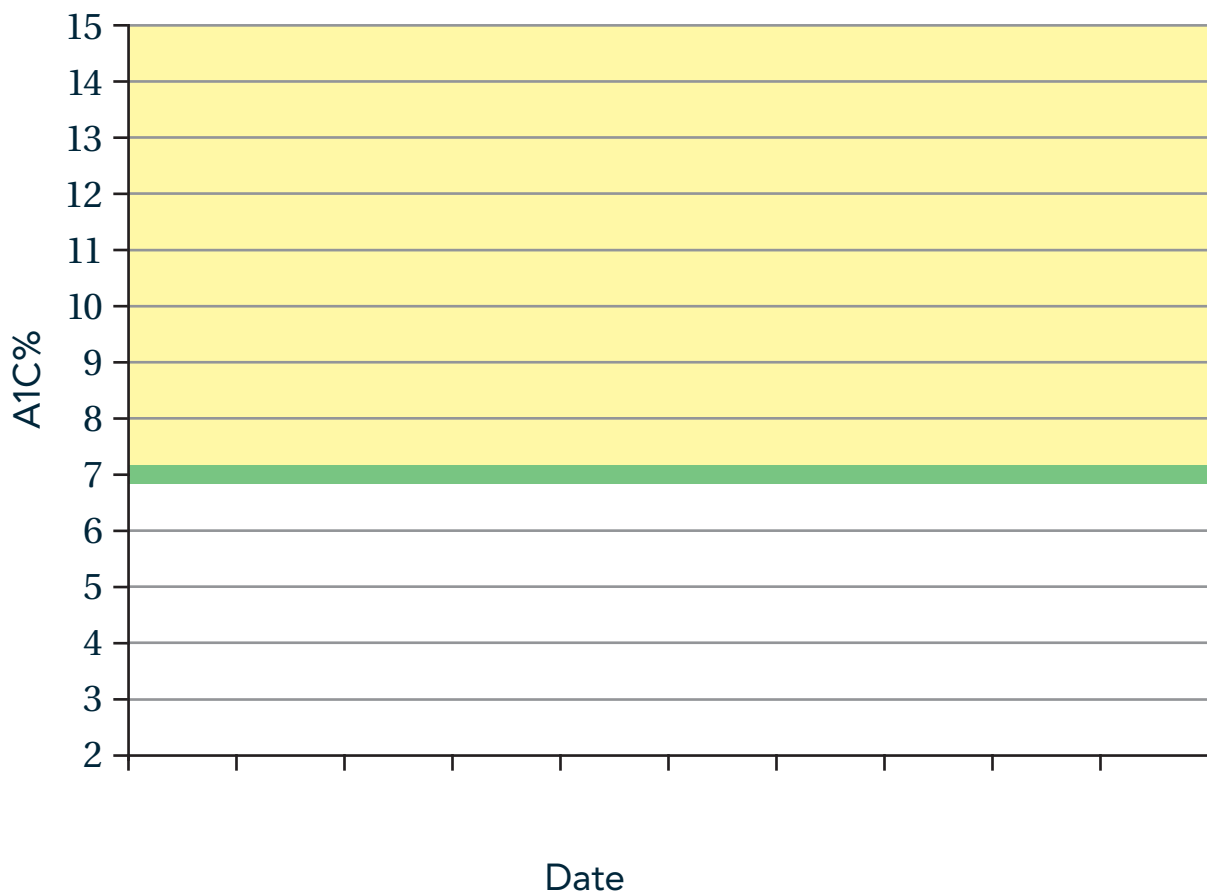
Here are general blood sugar targets.

Time of day	Blood sugar in mmol/L
Fasting blood sugar (when you wake up, before any food or drink)	4 to 7
2 hours after meals	5 to 10

A1C

“A1C” is a blood test. The results show how well your blood sugar has been controlled over the past 3 months. Having this test regularly helps you and your diabetes team know if your diabetes is under control.

My A1C graph



My goal:

Target date to reach my goal:

Steps to reach this goal:

7. My plan to be smoke free

Not smoking decreases your risk of stroke. If you smoke, talk with your health care team about how to quit.

Smoking:

- increases your risk of heart disease, chronic lung disease and cancer
- is the most preventable cause of disease and death in Canada

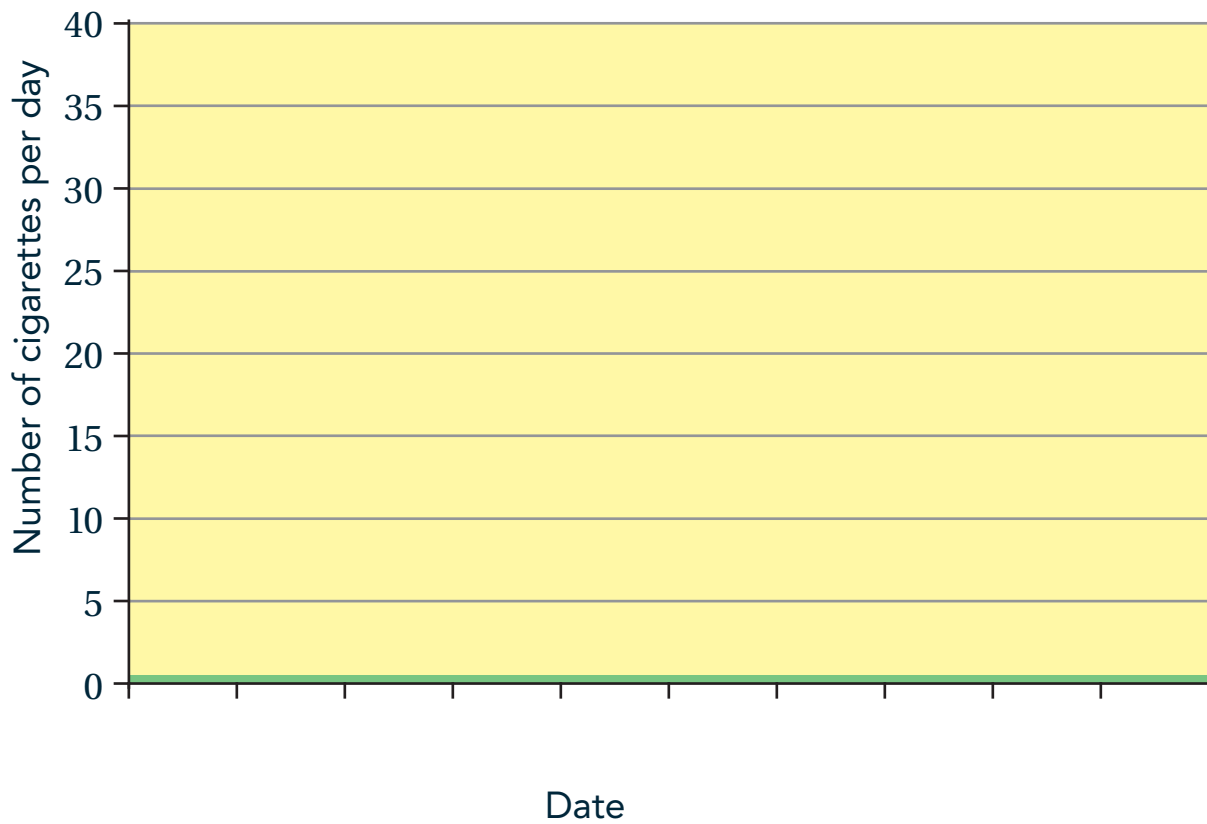
Tips for quitting smoking:

- List your reasons for quitting.
- Set a 'quit date' and mark it on your calendar.
- Tell your family and friends about your plan to quit. Ask for their help and support.
- Ask your doctor about counselling, nicotine replacement and medications that can help you quit.
- If you slip up, don't give up. Keep trying until you can quit for good.
- Get information and support online:
 - Smokers' Helpline: www.smokershelpline.ca 1-877-513-5333
 - Health Canada: www.hc-sc.gc.ca/hc-ps/tobac-tabac/quit-cesser/index-eng.php and www.quit4life.com/index_e.asp

If you are not ready to quit, try to cut down on the amount you smoke. Visit "On the Road to Quitting" at www.hc-sc.gc.ca/hc-ps/tobac-tabac/quit-cesser/nou-maintenant/road-voie/index-eng.php

Being smoke-free will benefit your health
and the health of everyone around you.

My smoking graph



My goal:

Target date to reach my goal:

Steps to reach this goal:

8. My limits for alcohol

Drinking too much alcohol may increase the amount of fat in your blood, your blood pressure and risk for stroke. If you drink alcohol, put a limit on the amount you drink.

If you drink alcohol, lower the risks to your health by limiting the amount you drink. Follow this guide:

	In one day	In one week
Men	0 to 2 drinks	Less than 14 drinks
Women	0 to 2 drinks	Less than 9 drinks

One drink is equal to:



One bottle
(341 ml)
of 5% beer



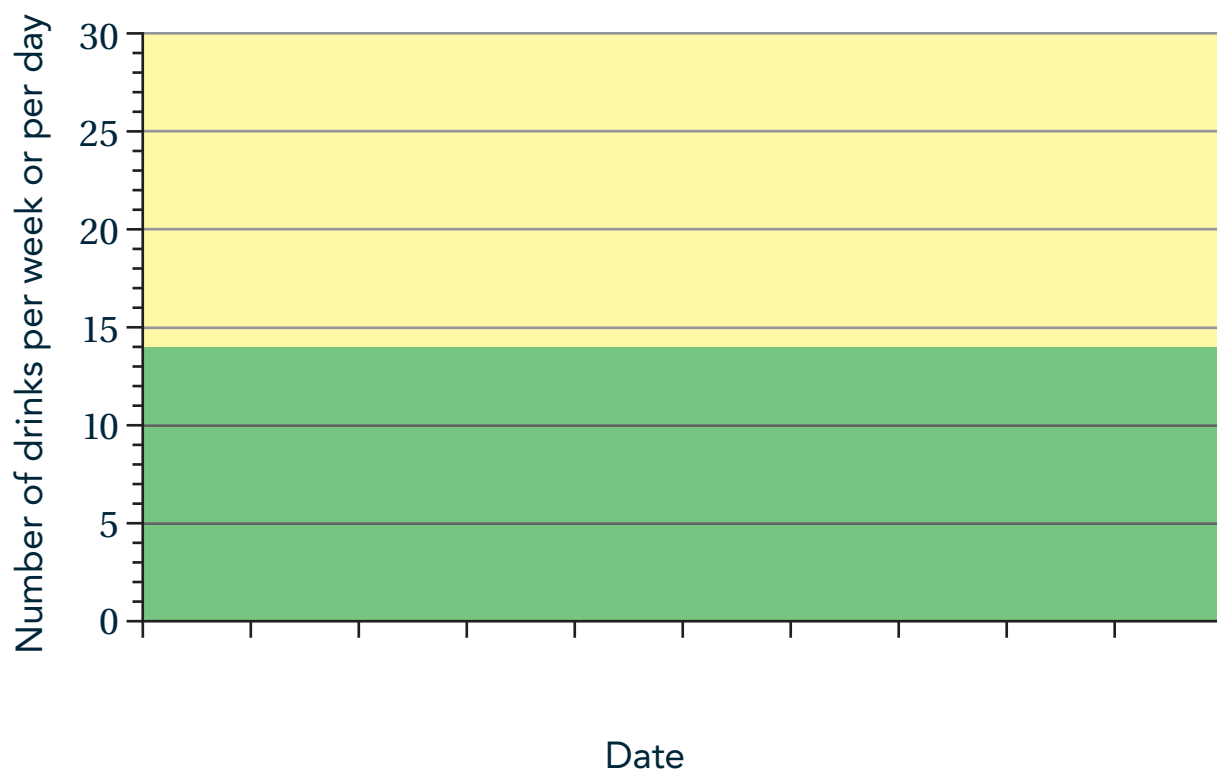
One glass
(5 oz or 142 ml)
of 12% wine



One shot
(1 ½ oz or 43 ml)
of 40% spirits

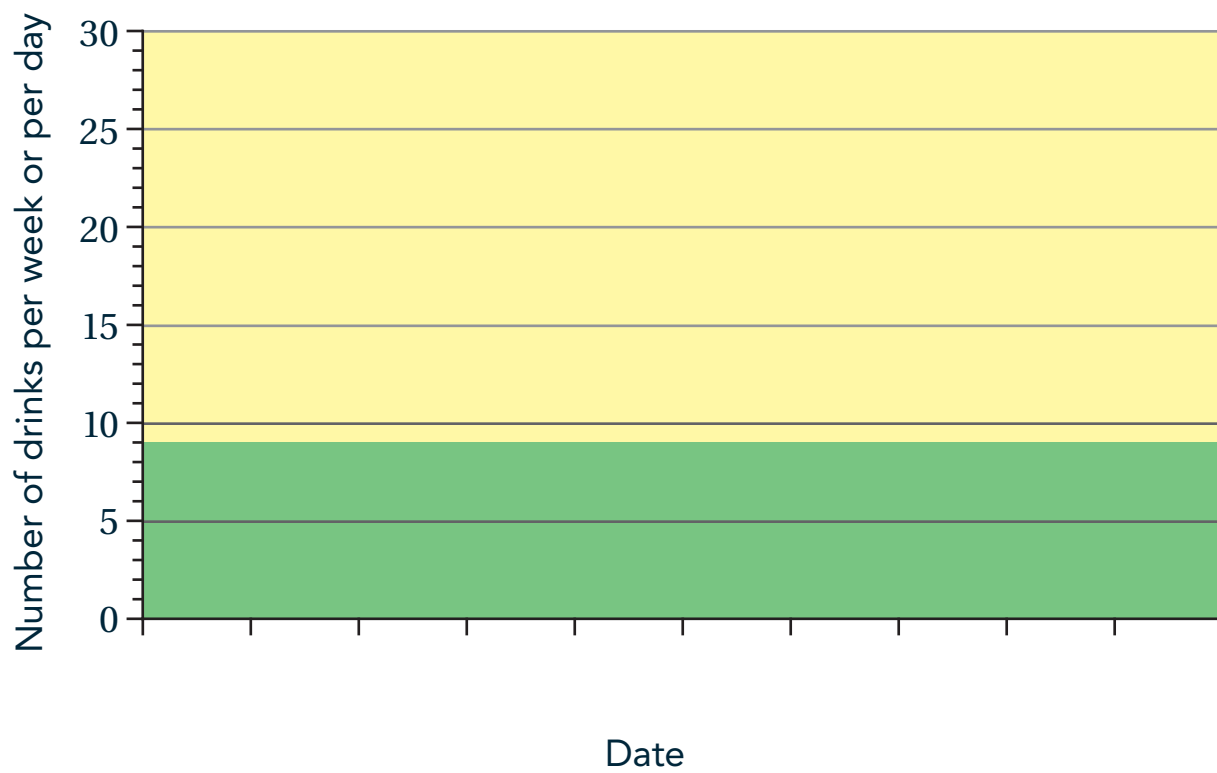
Alcohol can increase your triglycerides. If you have high triglycerides, it is best to avoid alcohol.

Men



My goals for stroke prevention

Women



My goal:
Target date to reach my goal:
Steps to reach this goal:

Questions to ask my health care provider

Question:
<i>An example: I would like to talk to others who have had a stroke too. How can I get connected?</i>
Who I will Ask:
<i>My social worker</i>
Answer:

Question:
Who I will Ask:
Answer:

Question:
Who I will Ask:
Answer:

Question:
Who I will Ask:
Answer:

You may wish to refer to the 'Community Re-engagement... Life After Stroke' section for more ideas of questions to ask.

My appointments

Date	Time	Place	With Who	Reason for Appointment

My healthcare team

My health care team

Primary Health Care Provider (Family Doctor, Nurse)

Name	Profession	Phone number or Email

My Peer Support Contact

Name	Phone number or Email

Acute Care

Name	Profession	Phone number or Email

Inpatient Rehab

Name	Profession	Phone number or Email

Outpatient Rehab

Name	Profession	Phone number or Email

Community (For example, therapists, equipment vendors, service providers)

Name	Profession	Phone number or Email

My Journey

PATIENT, FAMILY & CAREGIVER SUPPORT & EDUCATION

COMMUNITY MANAGEMENT
& REINTEGRATION

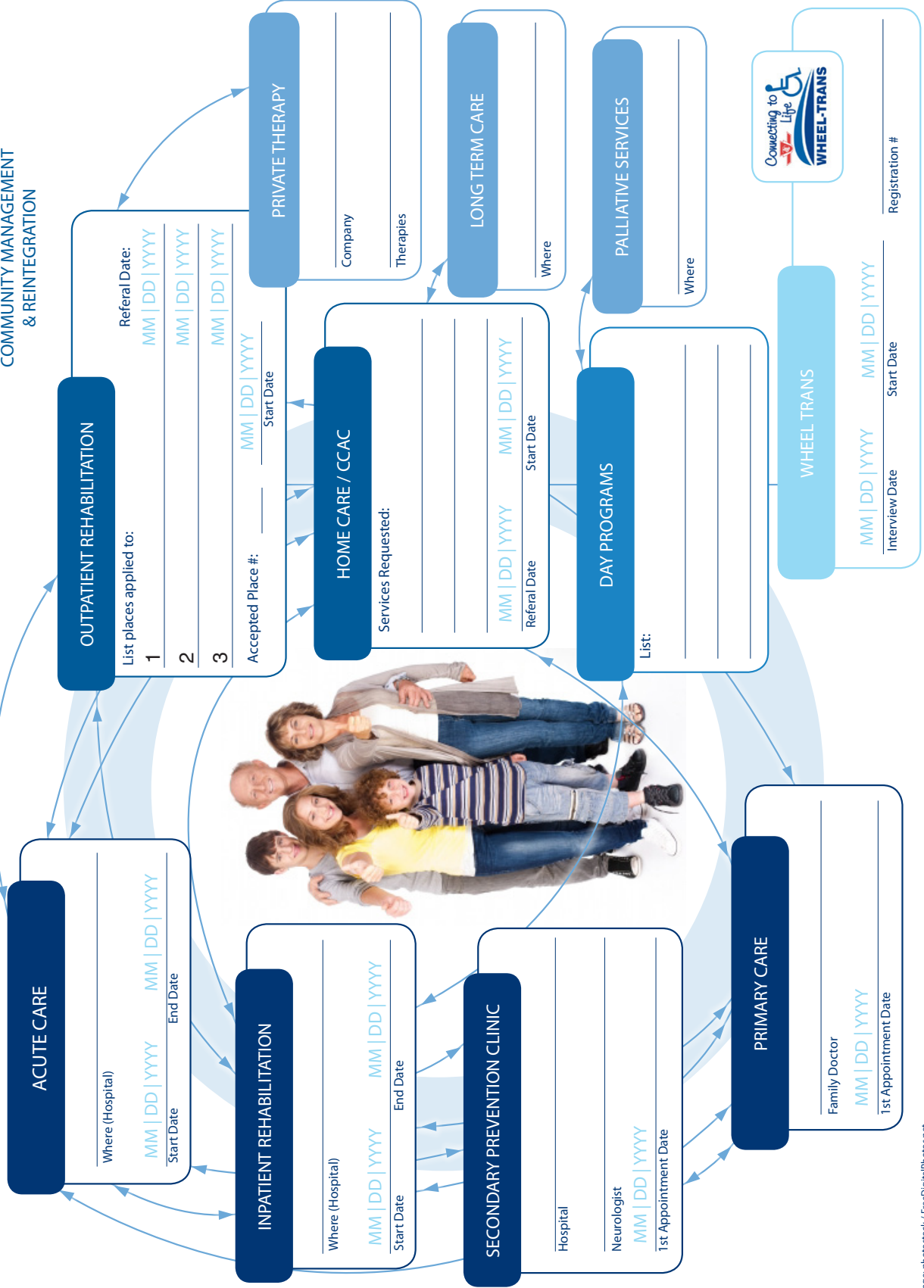


Image: Photostock / FreeDigitalPhotos.net
Design: Marie Cortes

My healthcare team

Top 10 questions

to think about when getting ready to go home

Question		Refer to	Page
1	What is the name and purpose of each of my medications? Do I know how much to take and when to take it?	My medications	17
2	What tests do I need to have? When do I need to have them done?	My test results My appointments	21 53
3	What equipment or assistive aids do I need at home? _____ _____	Assistive devices Where I live	60 Part 2: 44
4	When do I need to visit my health care providers? Have I made appointments?	My appointments My journey	53 57
5	Do I have someone to help me get my groceries or prepare meals?	Where I live	Part 2: 44
6	What exercises I need to do at home?	My physical activity	31
7	What monthly bills need to be paid while I am in hospital? _____	Money matters	Part 2: 60
8	What other bills need to be paid? For example, ambulance fees.	Money matters	Part 2: 60
9	Do I need an accessible parking permit? How do I apply?	Driving	Part 2: 54
10	Do I need someone to drive me? How do I register for Wheel-Trans?	Getting around	Part 2: 50

Assistive devices for my home*

These can be purchased or rented at your local medical supply store. Refer to 'Where I Live' in the Community Re-engagement section for resources. Prices listed are approximate costs only and may vary depending on the vendor.

*These represent a few of the more common devices. Other aids may be recommended by your therapist (for example, grooming, kitchen, household management devices, etc).

Bath Seat with Back Rest

Purchase Cost: \$59.99

Rent: \$15.00-\$27.50/month



Non-Slip Bath Mat

Purchase Cost: \$24.99+



Hand Held Shower Nozzle

Purchase Cost: \$29.99



Transfer Bench with Back Rest

Purchase Cost: \$159.99

Rent: \$20.00-\$32.00/month



Bed Wedge

Purchase Cost: \$59.99-\$69.99



**Raised Toilet Seat with
Arm Rests**

Purchase Cost: \$69.99

Rent: \$15.00-\$27.50/month



OR

Versa Frame

Purchase Cost: \$49.99

Rent: \$12.00-\$22.00/month



Long Handled Reacher

Purchase Cost: \$17.99+

Rent: \$10.00/month



Two-Wheeled Walker

Purchase Cost: \$106.00

Rent: \$20.00-\$27.50/month



Long Handled Shoe Horn

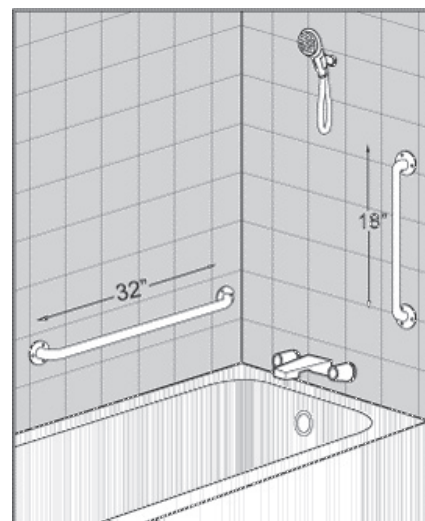
Purchase Cost: \$6.99



Grab Bars

Purchase Cost: \$24.99+

Rent: \$10.00/month



Male Urinal

Purchase Cost:

\$4.99



My goal:
Target date to reach my goal:
Steps to reach this goal:

My goal:
Target date to reach my goal:
Steps to reach this goal:

My goal:
Target date to reach my goal:
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My goal:
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My goal:
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Steps to reach this goal:

My goal:
Target date to reach my goal:
Steps to reach this goal:

Medication	What it is for	How to take it	When to take it				Picture of pill (front and back of 1 pill)
		Take __ pill(s) __ time(s) a day	Morning	Evening	Noon	Bedtime	

Medication	What it is for	How to take it	When to take it				Picture of pill (front and back of 1 pill)
		Take __ pill(s) __ time(s) a day	Morning	Evening	Noon	Bedtime	

Evaluation of the Stroke Passport

Dear:

Person with Stroke • Family/Friend Caregiver • Health Care Provider

The Stroke Passport is a new resource developed by health care providers with input from people with stroke, their caregivers and other health care providers along the care continuum.

We would like to receive feedback on the utility of the Stroke Passport as a communication tool to enhance the care experience throughout the stroke recovery journey, particularly in managing transitions of care.

We would like to receive feedback from both health care providers and persons with stroke or family/friend caregivers using this tool. We encourage you to bring attention to the Passport and share it with others to broaden its reach.

We would greatly appreciate it if you could answer the few questions in the survey that is most appropriate for you. If you prefer, you may also access an online version of the survey – see below for the link.

For persons with stroke and caregivers:

www.surveymonkey.com/s/MDKYXKL

For health care providers:

www.surveymonkey.com/s/XYTNHFL

Thank you for your support of this initiative!

Stroke Passport Evaluation Survey

This is a new tool. We really want to know if it improved your care experience and how we might make it better. Please complete this survey if you have had a stroke or you are a family/friend caregiver of someone who has had a stroke

Was the Passport useful to me?

☐ strongly agree ☐ agree ☐ disagree ☐ strongly disagree

Please describe how it was or was not useful:

Was the Passport easy to use?

☐ strongly agree ☐ agree ☐ disagree ☐ strongly disagree

Please describe what made the Passport easy or not easy to use:

Did the Passport help to improve my knowledge about stroke and recovery?

☐ strongly agree ☐ agree ☐ disagree ☐ strongly disagree

Please describe how it helped you to learn more about your stroke:

Did I feel comfortable sharing the information in this Passport with my health care providers?

☐ strongly agree ☐ agree ☐ disagree ☐ strongly disagree

What contributed to my comfort or lack of comfort?:

Was the health care provider open to using the Passport?

☐ strongly agree ☐ agree ☐ disagree ☐ strongly disagree

Please comment on which health care providers (doctors, nurses, therapists, etc) most readily used/or did not use the passport:

What were the challenges to using it?:

Did the Passport contribute to conversations about my stroke and recovery that were meaningful to me?

☐ strongly agree ☐ agree ☐ disagree ☐ strongly disagree

Please comment on the types of conversations that were most meaningful:

Did the Passport help me feel supported as I transitioned to my next phase of care and recovery?

☐ strongly agree ☐ agree ☐ disagree ☐ strongly disagree

Please comment on how it helped or did not help in your transition experience:

What would you like to see improved about the Passport?

Other Comments:

Optional Information:

Name:	Phone number:
Please circle: Are you someone who OR a caregiver of someone has had a stroke who has had a stroke	

Please complete and fax or mail your survey response to:

Director, Toronto West Regional Stroke Program
5th Floor West Wing Room 425, Toronto Western Hospital
399 Bathurst Street
Toronto ON
M5T 2S8

Fax number 416-603-7733.

This evaluation survey may also be completed online at
www.surveymonkey.com/s/MDKYXKL.

THANK YOU!!