

When (date/time):				
For What:				
Where: At-Home	In-Person			

PREPARING FOR YOUR DOCTORS VISIT

24

How are you feeling today?

🙂 😑 😽 😂

Why are you here today? ____

The following questions are about how **Stroke** has affected your ability to participate in daily activities, things that are meaningful and help you find purpose in life.

αp	nce your last doctor's pointment, how much of e time have you	None of the time	A little of the time	Some of the time	Most of the time	All of the time	Comments
1.	Been limited in your work (paid, voluntary or other)	X	::	:		DX DX	
2.	Been limited in social activities (sports, outings, religious activities)?	×	::	<u></u>	~	NX C	
3.	Been limited in your ability to control your life as you wish?	X	::	<u></u>		X	
4.	Been limited in your ability to remember important things?	N	:	<u></u>	~	X	
5.	Had problems with swallowing?	X	::	<u></u>		DX	
6.	Had weakness in your arms or legs?	×	::	<u></u>	~	X	
7.	Had to find new ways of doing many tasks?	25	::	<u></u>		X	
8.	Had challenges understanding what was being said to you?	X	···	:		X	

Understanding Stroke

- 9. What else would you like to know about Stroke?
- 10. What concerns you the most about your past Stroke?
- 11. What would help you better manage your concerns about Stroke?
- 12. What might keep you from accomplishing things that improve your health?

All Current Medications	Dose	Time/Day	A

All Current Medications	Dose	Time/Day