

Post-Stroke Review Self Assessment Questionnaire

GM-SAT2: the Greater Manchester Stroke Assessment Tool 2[©]

Your Name _____

We would be grateful if you could complete the below questionnaire before your review. This will help us to tailor the review to focus of any problems and concerns that are important to you and help us to determine how best we can help you.

Please indicate your answer for each statement with a tick in a column (✓)

I ...	Yes and I would like additional help and support	Yes but I am enough help and support	No
have new difficulties managing my medicines . This could include access to medicines .			
would like to change my habits related to smoking and/or alcohol			
would like to change my habits related to eating and/or exercise			
have recently lost weight without trying			
have recently put on weight without trying			
have problem with swallowing			
have new problems with my mouth or teeth			
have new problems with my speech, reading or writing			
have new problems with my sight			
have new problems with my hearing			
have new pain that bothers me			
have new issues caring for my skin			
have new issues caring for my feet			
have new problems with incontinence			
have problems getting around inside and/or outside			
have recently tripped or fallen			

I ...	Yes and I would like additional help and support	Yes but I am receiving enough help and support	No
feel tired all the time or get tired very quickly since my stroke			
have new problems sleeping			
have new problems remembering things or concentrating			
have new problems with washing, getting dressed, cooking food, cleaning and other daily activities			
do not have enough access to a car or public transport			
have new difficulties with my leisure activities and/or hobbies			
have new difficulties with my work			
would like information about benefits or money			
have new problems with where I live			
have close family or friends who my need support			
have worries about sex or relationships after my stroke			
often feel sad or depressed			
often feel anxious or tense			
laugh or cry more since my stroke			

Have you recently had your cholesterol checked? No Yes _____

Have you recently had your blood pressure checked? No Yes _____

Is there anything else you would like to talk about at your review? *This could include reflections on your progress and recovery since your stroke.*
