

TNO

My information and support needs after mini-stroke

This is a list of needs that some people have after mini stroke.

Please tick (✓) any areas you have difficulty with, even if you have only experienced it occasionally.

Your follow-up appointment is an opportunity to discuss any worries or problems you might be experiencing, and any advice or information you may need following your mini stroke (TIA) or minor stroke. Please use this list to help you to prepare for your appointment.

Information

1. I need more information about:	Tick here
• My diagnosis	<input type="checkbox"/>
• My risk of stroke	<input type="checkbox"/>
• Driving after my mini stroke	<input type="checkbox"/>

Stroke prevention

2. I need advice on:	Tick here
• Medications for preventing another stroke	<input type="checkbox"/>
• Medication side effects	<input type="checkbox"/>
• Lifestyle change, such as exercise or diet, to prevent another stroke	<input type="checkbox"/>

Effects of mini-stroke

3. Fatigue	Tick here
• I feel tired most of the time or I get easily tired	<input type="checkbox"/>
• I find it difficult to concentrate and do things	<input type="checkbox"/>
4. Mood	
• I feel anxious	<input type="checkbox"/>
• I feel depressed	<input type="checkbox"/>
• I experience anger, frustration or mood swings	<input type="checkbox"/>
• I feel that my personality has changed	<input type="checkbox"/>
5. Memory and thinking	
• I find it difficult to think, concentrate, or remember things	<input type="checkbox"/>

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6. Communication	
• I finding it difficult to understand / communicate with others	
• I have problems with speech, word finding or talking to others	
7. Physical	
• I experience muscle weakness or problems with balance	
• I have headaches	
• I am sensitive to noise or light	
8. Incontinence	
• I am having a problem controlling my bladder or bowels	
9. Intimate relationships	
• Since my mini stroke I have problems with sex	
10. Work or education	
• I am having problems at work or education	
• I would like support and advice on returning to work or education	
11. Relationships with family or friends	
• My personal relationships with my family or friends have become difficult or stressed	
12. Social activities or daily tasks	
• I find it difficult to take part in hobbies or leisure activities	
• I have difficulty doing daily tasks	

Which of the needs you identified above is your biggest concern?

Is there anything else you are concerned about or would like more information about?

Please bring this list to your follow-up appointment