Let’s Talk About Stroke
An Information Guide for Survivors and Their Families

Finding answers. For life.

www.heartandstroke.ca
Let’s Talk About Stroke

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The Heart and Stroke Foundation hopes that you find this resource helpful and informative. Our goal is to give you encouraging information that will help you, your caregiver, and your family to understand stroke and the recovery process. Like most stroke survivors, you probably have a lot of questions. Every stroke is different, but this binder tries to answer the sorts of questions most stroke survivors ask.

My Stroke Diary is a place to keep your personal record of your stroke and recovery. Use this section to record important information, to set out goals, and to track your progress. This is your section.
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1 What is a Stroke?

A stroke is an injury to a part of the brain. It happens when something goes wrong with the flow of blood to the brain. Blood vessels called arteries carry blood that is rich in oxygen and nutrients through the body. When an artery to the brain becomes blocked or bursts, the blood supply to a part of the brain is cut off. If the blood flow is cut off for more than a few hours, that part of the brain may be permanently damaged.

Different parts of the brain control different body functions. For example, some parts of your brain control your ability to move your arms or legs. Other parts control your ability to talk or to understand speech. When a stroke damages your brain, the injured part of the brain is unable to send messages to the part of the body it used to control.

What causes a stroke?

There are two main types of stroke: strokes caused by blood clots and bleeding stroke.

1. Strokes caused by blood clots

As we get older, a waxy plaque can build up along the inside of the arteries that feed the brain. Plaque is like the gunk that builds up in the pipes underneath your sink: the thicker it grows, the less room there is for the blood to flow. Smoking, diabetes, high blood pressure and high cholesterol can cause this buildup. Sometimes, a blood clot can plug an artery narrowed with plaque. This can cut off the flow of blood.

A blood clot that causes a stroke can form in the artery, where there is a lot of plaque. Or the blood clot may form someplace else in the body. Sometimes, a blood clot forms in the heart and travels to the brain.

If you have a stroke caused by a blood clot, here are some terms your doctor may use:

- **Ischemic** — when a blood clot blocks an artery and cuts off the flow of blood. A blood clot in an artery in the brain, or in an artery that supplies blood to the brain, can cause a stroke. A blood clot in an artery that feeds the heart can cause a heart attack.

- **Atherosclerosis** — the buildup of a thick, rough plaque on the inner walls of an artery. The inside of the artery is narrowed and less blood can flow through.

- **Atherothrombosis** — when a blood clot forms over a buildup of plaque (atherosclerosis) inside an artery. The blood clot is called a thrombus and the thick, rough, fatty plaque is referred as atheroma (plaque). If the plaque is also present in the arteries in your heart, you may be at risk of having a heart attack.
2. Strokes caused by bleeding

Strokes can also be caused by breaks in the blood vessels in the brain. When the blood vessel bursts, blood rushes into the brain and damages it. This kind of stroke is called a *hemorrhagic stroke*. High blood pressure can cause this type of bleeding stroke.

If you have a stroke caused by a bleeding, here are some terms your doctor may use:

- **Aneurysm** — When the wall of a blood vessel is weak and balloons out. Aneurysms can be caused by disease or injury to a blood vessel, or you can be born with them. If the aneurysm bursts, it can cause a bleeding stroke.

- **Intracerebral hemorrhage** — A stroke caused when an artery within the brain breaks (ruptures) and blood enters the brain.

- **Arteriovenous malformations or AVM** — In some people, some of the tiny blood vessels within the brain, brainstem or spinal cord are not formed properly (they are malformed). If these tiny blood vessels break or rupture, it can cause a bleeding stroke.

- **Subarachnoid hemorrhage** — a stroke caused by bleeding on the surface of the brain, in the area between the brain and the skull.

Most strokes are caused by blood clots or bleeding. In a few people, the flow of blood through an artery can be interrupted by a growth (such as a tumour), infection, or swelling of the brain (edema).

Help in how to pronounce the medical terms is provided in the glossary at the back of this book.
Each stroke is different. How well you will recover from a stroke depends upon a number of factors. These factors include how much of your brain was damaged, what parts of your brain were damaged and your health before the stroke. The work you do with your stroke rehabilitation team and the support of family and loved ones are also important in your recovery.

**What are the warning signs of stroke?**

The warning signs of stroke are the brain’s way of telling you that it is under attack. The warning signs will depend upon what part of your brain is in trouble. Not everyone will have every warning sign.

**Warning Signs of Stroke**

1. **Weakness**
   Sudden weakness, numbness, or tingling in the face, arm or leg

2. **Trouble speaking**
   Sudden temporary loss of speech or trouble understanding speech

3. **Vision problems**
   Sudden loss of vision, particularly in one eye, or double vision

4. **Headache**
   Sudden, severe and unusual headache

5. **Dizziness**
   Sudden loss of balance, especially with any of the above signs

If you or someone you know is having any of these signs **CALL 9-1-1** or your local emergency number immediately.
‘Research has shown us that when the blood flow is reduced, the brain tries to protect itself by releasing certain chemicals. In the short term, these chemicals can be protective but if blood flow is not restored quickly, they can actually contribute to brain damage. These insights have opened up new possibilities for developing drugs to protect the brain — agents that we call neuroprotectives.”

*Yu Tian Wang, PhD*

*Heart and Stroke Foundation Researcher*

*Heart and Stroke Foundation of British Columbia and Yukon Chair in Stroke Research,*

*Brain Research Centre, University of British Columbia*

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**What is a TIA?**

TIA is short for **Transient Ischemic Attack.** *Transient* means short-term or temporary. *Ischemic* refers to a blood clot that has cut off the flow of blood. A TIA is a short-term drop in the flow of blood to a part of the brain. It is often called a “mini-stroke”. Most TIAs last only a short time, from 30 seconds to 10 minutes. But some TIAs can last as long as 24 hours.

Most TIAs leave no permanent brain damage. But it is important to seek immediate medical attention if you think you are having a TIA. A TIA is an important warning sign that you may be at increased risk of having a stroke. Once you have had a TIA, you are at greater risk of having more TIAs in the future. The proper medical treatment can reduce your chances of having another TIA or a stroke.

**What are the warning signs of TIA?**

The warning signs of a TIA are similar to the warning signs of stroke. The only difference is that the warning signs may go away after a few minutes or hours. Even if the warning signs go away, it is important to immediately **CALL 9-1-1** or your local emergency services. Always treat the warning signs of a stroke or a TIA as a medical emergency.
A stroke damages the brain and causes a sudden loss of brain function. As the brain controls everything we say, do and think, a stroke can have a lot of different effects.

The brain: right versus left

Your brain is divided into two sides or hemispheres: the right and the left. A stroke typically occurs in either the left or the right hemisphere.
**Possible effects of a stroke on the left side of your brain:**

- Weakness or paralysis on the right side of your body
- Trouble reading, talking, thinking or doing math
- Your behaviour may become more slow and cautious than usual
- You may have trouble learning or remembering new information
- To finish tasks, you may need frequent instructions and feedback
- You may have trouble dealing with general concepts

**Possible effects of a stroke on the right side of your brain:**

- Weakness or paralysis on the left side of your body
- Vision problems
- Problems telling distance, depth, between up and down, or between front and back. This can make it hard to pick up objects, button a shirt, or tie your shoes.
- Problems understanding maps
- Problems with short-term memory. You may be able to remember something that happened several years ago, but not something you did a few minute ago
- Forgetting or ignoring objects or people on your left side (this is called “neglect”). You may even ignore your own left arm or leg.
- Judgement difficulties, such as acting impulsively or not realizing your own limitations.

**Brain stem strokes**

This is an uncommon form of stroke. The brain stem is the area at the very base of the brain, right above the spinal cord. If you have a stroke in the brain stem, you can have problems with:

- Breathing and heart function
- Body temperature control
- Balance and coordination
- Weakness or paralysis of the arms and legs on both sides of the body
- Chewing, swallowing and speaking
- Vision

**Will a stroke change my life?**

Any major illness will change your life. Almost all stroke survivors recover to some extent. Most stroke survivors go on to lead full, meaningful lives. Your stroke rehabilitation team, family, friends and relatives can help you make the best possible recovery.
Common Effects of Stroke

Stroke does not affect any two people in exactly the same way. While every stroke is different, some of the most common effects of stroke are:

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<tr>
<td><strong>Paralysis or weakness of one side of the body</strong></td>
<td>Section 4: Stroke Rehabilitation Section 12: Pain and Mobility</td>
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<td>This is one of the most common effects of stroke. Rehabilitation will help you to regain as much motion and control of your affected side as possible.</td>
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**Vision problems**

Problems with vision are fairly common after a stroke. You may lose part of your vision in one or both eyes. This is known as a visual field deficit. If you have a visual field deficit, you may only see the food on one side of your plate, or be able to read only one side of a written page. Your caregiver or family can help you by putting objects on your “good” side, where it is easier for you to see them. Turning your head will also allow you to see more on your “bad” side.

If you have had a stroke in the brain stem, you may have double vision. Your stroke rehabilitation team may prescribe special glasses or have you wear an eye patch. This will help counteract your double vision.

**Aphasia**

Aphasia is difficulty in speaking, reading, writing or understanding language. It is caused by damage to the parts of the brain that control your ability to communicate.

**Perceptual Challenges**

A stroke may change your brain’s ability to interpret what you see or feel. You may not recognize familiar objects or know how to use them. You may also find it hard to do things such as tell time. Your rehabilitation team, your caregiver and your family and friends can help you learn how to cope.
Heart & Stroke Let’s Talk About Stroke

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<td><strong>Fatigue</strong></td>
<td><strong>Section 14:</strong> Fatigue</td>
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<td>Anyone who has been ill often feels tired. Learning new ways to do things can also be tiring. You may find that since your stroke, it takes more energy to do things.</td>
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<td><strong>Incontinence</strong></td>
<td><strong>Section 11:</strong> Incontinence</td>
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<tr>
<td>Incontinence is trouble controlling your bowels or bladder. Many stroke survivors have incontinence after their stroke.</td>
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<td><strong>Depression</strong></td>
<td><strong>Section 16:</strong> Emotional Issues for You and Your Family</td>
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<td>It is common for stroke survivors to feel sad or overwhelmed by the changes in their lives.</td>
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<td><strong>Emotional changes</strong></td>
<td><strong>Section 16:</strong> Emotional Issues for You and Your Family</td>
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<td>Emotional lability is a term used to describe emotional responses that are exaggerated or inappropriate. They can include outbursts of anger, moaning, laughing or crying uncontrollably for little or no reason. Many stroke survivors have emotional lability.</td>
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<td><strong>Memory and problem-solving challenges</strong></td>
<td><strong>Section 15:</strong> Memory and Problem Solving</td>
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<td>A stroke can cause a number of different memory problems. Or you may have trouble solving problems.</td>
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<tr>
<td><strong>Personality changes</strong></td>
<td><strong>Section 16:</strong> Emotional Issues for You and Your Family</td>
</tr>
<tr>
<td>You may be struggling to cope with major changes in your life, as well as feelings of depression or outbursts you don’t understand. This can affect your relationships with others.</td>
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“In the past, we weren’t able to see what was happening inside the skull. Research has led to new diagnostic imaging techniques that enable us to monitor what is going on inside the living brain. Not only has this improved our ability to diagnose and treat stroke, but it is helping us to develop new drugs and therapies.”

*Sandra Black, MD, FRCP*
*Heart and Stroke Foundation Researcher*
*Co-Director, Heart and Stroke Foundation Centre for Stroke Recovery*
*Head of Neurology, Sunnybrook and Women’s College Health Sciences Centre*
3 Stroke Treatment in the Hospital

If you experience any of the warning signs of stroke, it is important to CALL 9-1-1 or emergency medical services immediately. The faster you get to the hospital, the better your chances of recovery.

At the hospital, doctors start a series of tests to figure out the type of stroke you are having, the location of the stroke in your brain, and your risk factors for stroke, such as a heart condition or high blood pressure. Initial tests usually include:

- Asking you about the warning signs of stroke you have and your past medical history
- Taking your temperature, pulse and blood pressure
- Urine and blood tests
- Using a stethoscope, the doctor may listen to the sound your blood makes when flowing through the carotid artery (the big artery at the side of your neck). An unusual sound is called a bruit and can occur if there is a problem with the blood flow through the artery.
- A physical examination to test your reflexes, eye movements, speech and other body functions

Special diagnostic tests may also be ordered. There are three general types of tests:

1. **Tests to show the electrical activity in the brain**
   - An electroencephalogram (EEG) tracks the electrical activity in the brain through electrodes placed on the head.
   - An Evoked Response Test shows how well the brain is doing in processing and reacting to light, pictures, sound or touch.

2. **Tests to produce pictures of the brain (imaging)**
   - A CAT or CT Scan (Computed Tomography) uses a computer system to build detailed pictures of the brain.
   - In Magnetic Resonance Imaging (MRI) a large magnetic field and radio waves are used to make three-dimensional pictures of the brain.
   - Radionuclide angiography is a test in which a harmless radioactive substance is used to form a picture of the brain.
3. Tests to show blood flow to or in the brain

+ Ultrasound (Doppler) uses sound waves to build a picture of the carotid arteries, the main arteries in the neck.

+ In cerebral angiography (arteriography) a special dye is injected into the bloodstream so x-ray pictures can show the size and location of any blockages in the blood vessels in your brain. Digital subtraction angiography is a form of cerebral angiography.

+ Carotid phonoangiography uses a sensitive microphone to record the sound the blood makes when it flows through the artery. If there is a problem with the blood flow, a sound called a bruit will be heard.

At the hospital, tests may also be ordered to check your heart. Sometimes, these tests are used to see if blood clots have formed in the heart. One of the common heart tests is an electrocardiogram (EKG or ECG), which shows electrical activity in the heart. You might also have an echocardiogram, a test that uses sound waves to make a picture of the heart. In trans-esophageal echocardiogram (TEE), the pictures are taken from a tube inserted down your food pipe (esophagus).

The Coordinated Stroke Strategy

“The Coordinated Stroke Strategy showed that by organizing stroke care, you can improve the treatment of stroke — from early identification of warning signs through to immediate diagnosis and targeted treatment — we can dramatically reduce the impact of stroke. In markets where we have implemented stroke warning signs campaigns, awareness of two or more stroke warning signs among adults aged 45 years or older has increased from 52% in August 2003 to 72% in August 2005. With stroke, every second counts. Understanding the warning signs and acting on them immediately is critical to minimizing damage. Armed with positive results and learning, the Heart and Stroke Foundation is leading the way, in partnership with the Canadian Stroke Network, to implementing similar systems changes throughout Canada.”

Mary Lewis, Heart and Stroke Foundation
Director, Government Relations & Health Partnerships
Heart and Stroke Foundation of Ontario
Treatments for stroke

The treatment you get for stroke depends upon the type of stroke you have, the severity (how bad) your stroke is, your age and general health, and how soon you arrived at the hospital following your stroke. There are three main emergency treatments for stroke:

1. **tPA** — a drug that can “stop” a stroke caused by a blood clot by breaking up the clot. Commonly known as a “clot buster”, the name tPA is short for tissue plasminogen activator. tPA can only be given to patients who are having a stroke caused by a blood clot and must be given within three hours of the stroke. In some cases, tPA cannot be used.

2. **Surgery** — in some cases, surgery may be required. Surgery may be performed to remove blood that has pooled in the brain after a hemorrhagic stroke, to repair broken blood vessels, or to remove plaque from inside the carotid artery.

3. **Non-surgical procedures** — some people may benefit from treatments that are performed through a thin, flexible tube called a catheter into the blood vessels or the brain. Many of these procedures are new and experimental and not all hospitals may be able to do them. Catheter-based procedures are being developed to remove plaque buildup from arteries (cerebral angioplasty) and to treat aneurysms (weak spots in the wall of a blood vessel that can bulge outward and rupture).

“For years, there was very little we could do for stroke patients. The research that showed we could use ‘clot-busters’ to stop and reverse stroke has revolutionized its treatment and made a critical difference to tens of thousands of people around the world.”

**Michael Hill MD**

*Heart and Stroke Foundation Researcher*

*Director, Stroke Unit, Foothills Medical Centre, Calgary*
4 Stroke Rehabilitation

Rehabilitation is an important part of recovering from stroke. The aim of a rehabilitation program is to help you regain as much of your independence as possible. This does not mean that you will return to exactly the way you were before the stroke. **Rehabilitation cannot cure damage to the brain.** But rehabilitation can help you relearn the best possible use of your body.

**How long will rehabilitation last?**

No one can say exactly how long a stroke rehabilitation program should last. Each program is tailored to meet each stroke survivor’s individual needs. A program can also change as your condition improves.

**Where will you go for rehabilitation?**

Where you receive your rehabilitation will depend upon several factors. You may receive rehabilitation:

- In the same hospital where you were initially treated for your stroke
- In a special rehabilitation hospital or facility
- By visiting a rehabilitation hospital or facility or a private clinic (i.e., as an out-patient)
- From a rehabilitation specialist who may come to where you are living

“In the past, we didn’t know much about how the brain recovered from stroke or about stroke rehabilitation. Research is showing us that the brain has lots of ways at its disposal to recover from stroke damage. This is opening new doors in stroke treatment, rehabilitation and recovery.”

**Nancy E. Mayo, PhD**

*Heart and Stroke Foundation Researcher*

*James McGill Professor, Department of Medicine, School of Physical Occupational Therapy, McGill University*
The rehabilitation team

The number of services you will need depends on the effects of your stroke. Not every person will need all types of rehabilitation therapy. Your program may involve the services of one or more of the following healthcare professionals.

- **Doctor.** One doctor will be designated your primary doctor or attending physician. This doctor may be a neurologist (a doctor who specializes in the brain or nervous system), neurosurgeon, internal medicine specialist, a rehabilitation specialist (a physiatrist), or family physician. Doctors provide supervision and care for medical problems related to the stroke.

- **Nurse.** Nurses work closely with you, your family, and the healthcare team during the initial stages following a stroke. Until you can do more for yourself, nurses will help you with daily care such as taking medications, bathing, dressing and toileting. They can also help organize community services you may need after you go home.

- **Pharmacist.** Your pharmacist fills your prescriptions and can answer any questions you might have about your medications.

- **Physiotherapist.** If you are having difficulty moving around, using an arm or leg, getting your balance or coordinating your movements, you will be helped by a physiotherapist (physical therapist). He or she will teach you special exercises and techniques to improve muscle control, balance, mobility and walking.

- **Occupational Therapist.** An occupational therapist can help you relearn to perform daily tasks on your own and learn new practical skills for everyday life. He or she can help you to achieve your personal goals and to make the best use of your physical and mental abilities.

- **Speech-Language Therapist or Pathologist.** If you have trouble speaking, understanding speech, reading or writing, a speech-language pathologist will work with you. He or she will help you improve your speech or learn other ways to communicate. The speech-language pathologist will also help you if you have problems swallowing.

- **Psychologist.** If you are having problems with thinking or memory skills, or are having emotional issues, a psychologist can help you.

- **Social Worker.** A social worker can help you and your family deal with feelings of anger, sadness, depression, confusion and anxiety that are common after a stroke. Social workers also help with arranging community services, family finances, work, and discharge plans.
Recreational Therapist. A recreational therapist can help you plan new hobbies and interests, or learn new or different ways to resume old ones.

Dietitian. The dietitian can help you and your caregiver plan healthy meals to help with weight control, cholesterol levels, other dietary needs, or any problems you might have swallowing or eating.

Other important parts of your rehabilitation team are your caregiver, family and friends. They can provide important emotional support. Your caregiver and family can also help you continue your rehabilitation at home.

Even when you have finished your rehabilitation program, one or more members of your healthcare team may continue to monitor your progress for some time. Some health professionals may make home visits. Others may arrange for office visits. Rehabilitation services may also be available in the community through hospitals, nursing homes, public health or social service agencies, or support groups. Ask your rehabilitation team about services in your community.

Complementary Therapies

Complementary therapies include such things as acupuncture, various types of massage, manipulation or body work, and herbal remedies. There is little or no research to tell us whether complementary therapies are helpful in recovering from stroke. Before using complementary therapies, speak with your doctor or stroke rehabilitation team. Some forms of complementary therapies may not be appropriate or safe for you. For example, some herbal remedies can interact with prescription medications.

Heart and Stroke Foundation Centre for Stroke Recovery

“One of the most exciting developments of the last few years has been the creation of the Heart and Stroke Foundation Centre for Stroke Recovery. This unique alliance of world-renowned scientists working in different institutions is accelerating the development and application of new, innovative therapies to reduce the burden of stroke. The Centre will make it possible for more Canadians to benefit from research.”

Antoine Hakim, MD, PhD
Senior Director of the Heart and Stroke Foundation of Ontario Centre for Stroke Recovery
Director of the Neuroscience Research Program at the Ottawa Health Research Institute; and CEO and Scientific Director of the Canadian Stroke Network
Coming home from the hospital or rehabilitation facility is a big step. Here are some tips to help you make the move.

- **Work closely with your stroke rehabilitation team.** Your stroke rehabilitation team can work with you, your caregiver and your family to help ensure your return home is a success.

- **Try short visits first.** Sometimes, hospitals or rehabilitation facilities may arrange for short visits home before you are discharged. For example, you may start by going home for a few hours, then overnight, and then for a weekend or a few days. These short visits are designed to help you, your caregiver and your family learn how to handle new routines and activities.

- **Know the warning signs to watch out for.** Most stroke survivors return home without any problems. In a few cases, complications or medical problems can happen. It is best to be prepared. Following are the warning signs of some of the complications and medical problems that can occur. You, your caregiver and your family should know what warning signs to look for, and what to do if they occur.

**The keys to handling a medical problem are:**

1. **Don’t Panic.** Keep calm and try to keep others calm. Remember, help is just a phone call away.

2. **Call.** Depending upon the situation, **CALL 9-1-1**, your local emergency services or your doctor. Keep these numbers near your phone.

3. **Follow Instructions.** Often, the doctor, nurse or emergency services operator will give you instructions over the phone. Keep a pad of paper near the phone so you can write down what to do. If you don’t understand what you are told, ask the doctor, nurse or operator to explain again. Do exactly what they tell you to do.
Some Conditions to Watch Out For

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<tr>
<th>CONDITION</th>
<th>WARNING SIGNALS</th>
<th>WHAT TO DO</th>
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<tbody>
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<td>Stroke</td>
<td>Weakness: sudden weakness, numbness or tingling in the face, arm or leg</td>
<td>CALL 9-1-1 or your local emergency services</td>
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<td>Trouble speaking: sudden temporary loss of speech or trouble understanding speech</td>
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<td>Vision problems: sudden loss of vision, particularly in one eye, or double vision</td>
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<td>Headache: sudden, severe, and unusual headache</td>
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<td>Dizziness: sudden unsteadiness or sudden falls, especially if there are any other warning signs</td>
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<td>Heart Attack</td>
<td>Pain: Sudden discomfort or pain that does not go away with rest. The pain may be in the chest, neck, jaw, shoulder, arms or back. It may feel like burning, squeezing, heaviness, tightness or pressure. In women, the pain may be more vague.</td>
<td>CALL 9-1-1 or your local emergency services</td>
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<td></td>
<td>Shortness of Breath: Difficulty breathing</td>
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<td>Nausea: Indigestion; vomiting</td>
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<td>Sweating: Cool, clammy skin</td>
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<td>Fear: Anxiety; denial</td>
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<td>Signs may be mild or severe and may come and go.</td>
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<td>Congestive Heart Failure</td>
<td>Shortness of breath while lying down, or waking up in the middle of the night short of breath</td>
<td>Call your doctor.</td>
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<td>Swollen ankles and/or legs</td>
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<td>Sudden weight gain</td>
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<td>Tiredness and/or loss of energy</td>
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<td>Loss or change in appetite</td>
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<tr>
<td>CONDITION</td>
<td>WARNING SIGNALS</td>
<td>WHAT TO DO</td>
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<tr>
<td>Pneumonia</td>
<td>Very fast or very slow breathing</td>
<td>Call your doctor or in an emergency CALL 9-1-1 or your local emergency services.</td>
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<td></td>
<td>Shallow breaths</td>
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<td>Confusion or behaviour changes</td>
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<td></td>
<td>Chills or fever</td>
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<td>Chest pains</td>
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<td>Problems swallowing</td>
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<td></td>
<td>Vomiting</td>
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<tr>
<td>Blood Clot in the Lungs (Pulmonary Embolism)</td>
<td>Coughing or wheezing</td>
<td>CALL 9-1-1 or your local emergency services.</td>
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<td></td>
<td>Being unable to breathe, extreme shortness of breath</td>
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<td>Sharp pain in the chest</td>
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<td>Blue colour around the mouth</td>
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<td></td>
<td>Dizziness</td>
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<tr>
<td>Blood Clot in the Leg (Thrombophlebitis)</td>
<td>Redness, swelling or warmth in a part of a leg, that is different when compared to the other leg.</td>
<td>Do not rub, exercise or excessively move the leg. Call your doctor or hospital. If you are unable to reach your doctor, CALL 9-1-1 or go to the hospital.</td>
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“It used to be thought that recovery from stroke was limited to a very short time period of about three months. But rehabilitation research has shown that some further recovery can and does continue for much longer.”

**Robert Teasell, MD**  
*Heart and Stroke Foundation Researcher*  
*Chair/Chief of Department of Physical Medicine and Rehabilitation*  
*St Joseph’s Health Care London, Ontario*
6 Medications

After you have a stroke, you may be prescribed one or more medications (drugs). It is important that you understand:

- What drug(s) you are taking
- Why you are taking them
- How you should take them (e.g. should you take them with food?)
- When you should take them
- What you should do if you forget to take them, are sick, or run out
- What side effects you should watch for and report to your doctor

Most side effects from medications are not serious. However, some side effects should be reported to your doctor. Ask your doctor or pharmacist to explain to you what side effects you should watch for and report. Your doctor may be able to make suggestions that can decrease or get rid of the side effects. Your pharmacist can also help you.

Side effects can sometimes occur because a medication is interacting with other drugs you take, including over-the-counter (non-prescription) or herbal remedies. Make sure your doctor (and/or pharmacist) know about any over-the-counter medications, herbal remedies or vitamin supplements you take.

Never stop taking your medication or change how much you take without talking with your doctor. In some cases, suddenly stopping your medication can be dangerous.

Blood pressure-lowering medications

These drugs are known as antihypertensives because they treat hypertension (high blood pressure). There are many different kinds of blood pressure-lowering medications. Your doctor will work with you to find the drug, or the combination of drugs, that is best for you. It is important to take blood pressure-lowering medications regularly, as instructed by your doctor.

Blood thinners

Blood thinners help to reduce the development of blood clots that can cause strokes. There are two categories of blood thinners: (1) anticoagulants and (2) antiplatelet medications.

Anticoagulants include heparin (a drug that is given by injection in the hospital) and warfarin, which comes in a pill. If you are taking warfarin, you may need to have your blood tested regularly to see if you have the right level of medicine in your blood.
Antiplatelet medications (Platelet Aggregation Inhibitors) keep tiny cells in the blood called platelets from sticking together and causing blood clots to form. There are several types of antiplatelet medications.

If you are taking an anticoagulant or antiplatelet medication, you may bleed more than usual so try to avoid injuries and falls. When you go to the dentist, another doctor or have a medical treatment or surgery, be sure to tell him or her that you are taking a blood thinner.

**Cholesterol-lowering medications**

If your blood cholesterol level is too high, your doctor will recommend that you change your diet, lose weight, or become more physically active. If your cholesterol does not return to a healthy level, medications may also be prescribed. There are many types or classes of cholesterol-lowering drugs.

**Remembering your medication**

If you have trouble remembering to take your medications, try the following:

- Take your medications at the same time every day. Establish a routine.

- Set a separate alarm clock to remind you when it is time to take your medications.

- Purchase a pillbox marked with dates and times. These are available at your local pharmacy. Talk with your pharmacist before using one, however. Some medications should be kept in their original packaging.

- Keep a daily medication chart. Make copies and hang it up where you will see it and fill it in every day.

“Research by the Heart and Stroke Foundation showed that ASA can prevent stroke. This was an early but extremely important discovery that still plays an important role in the treatment of stroke.”

*Jeffrey Weitz, MD
Heart and Stroke Foundation Researcher
Director, Henderson Research Centre, Hamilton, Ontario*
Paying for medications

When you are in the hospital, all of your medications are paid for. But when you return home, your medications will be paid for by your provincial drug plan, your private health insurance, or by yourself. To find out what sort of drug coverage you are eligible for, talk to:

✦ Your social worker
✦ Your pharmacist
✦ If you are employed, your employer’s human resources department
✦ If you are a member of a union, your union representative
✦ Your provincial health insurance program
✦ Your private health insurance company
7 Preventing Another Stroke: Lifestyle Changes

Stroke risk factors

Risk factors are things or conditions that increase your risk of having a stroke. The risk factors that can increase your risk of having a stroke can be divided into two categories. The first category is risk factors that you cannot change or control. The second is risk factors that you can treat or change.

Risk factors you can’t control

- Age (the older you get, the greater your chances of having a stroke)
- Gender (men have a greater risk of having a stroke than women)
- A history in your family of heart disease or stroke before age 55 (parents, grandparents, siblings or children)
- Previous stroke or TIA
- Ethnicity (Canadians of First Nations, Africa or South Asian descent tend to have higher rates of high blood pressure and diabetes and are at higher risk for stroke compared to the general population)

Risk factors you can do something about

- High blood pressure (hypertension)
- Heart Disease / Atrial fibrillation (an irregular heart beat)
- High blood cholesterol
- Diabetes
- Smoking
- Obesity (being overweight)
- Excessive alcohol consumption (drinking too much)
- Inactivity

Having a stroke increases the chances of having another stroke. But the good news is that a lot can be done to reduce this risk. In Section 6: Medications, we looked at drugs that can help to treat or change risk factors for stroke. In this section, we will look at things you can do to reduce your risk of another stroke.

There are lots of things you can do to help reduce your risk of another stroke. The first step is to be aware of your risk factors that you can change.

1. Know and control your blood pressure

Blood pressure is the force of blood pushing against the walls of an artery as the blood is squeezed from the heart. Your blood pressure goes up and down throughout the day, depending upon what you are doing, your emotional state, or medications that you take. These changes are temporary and normal. Blood pressure that stays high is called hypertension.
Blood pressure is measured by two numbers. The top number is the pressure when the heart contracts (systolic). The bottom number is the pressure when the heart relaxes (diastolic). An example of a healthy blood pressure is 120/80 (“120 over 80”).

Since you have had a stroke, if the top number is consistently higher than 130 or the bottom number is consistently higher than 80, you will be diagnosed and treated for high blood pressure (hypertension). Talk with your doctor about your blood pressure and what is a healthy range for you.

High blood pressure can sometimes be controlled through a combination of lifestyle changes, such as eating a healthy diet and regular physical activity, or stress management. More information on stress management is given later in this section.

If your doctor prescribes medications to lower your blood pressure, be sure to take them regularly as instructed. If you have problems or concerns about taking your pills talk openly and honestly with your doctor or pharmacist to find a solution.

Take the Blood Pressure Action Plan™. You will get a free personalized risk profile.

www.heartandstroke.ca/bloodpressure

Based on these results you will receive a free customized Blood Pressure Action Plan™, which offers realistic strategies and on-going support to help you prevent and control high blood pressure and live a longer, healthier life.

2. Be smoke-free

Smoking is a major cause of strokes. Smoking adds to the buildup of plaque in your arteries (atherosclerosis). Nicotine raises your blood pressure. The carbon monoxide in cigarette smoke reduces the amount of oxygen your blood carries to your brain. Cigarette smoke also makes your blood thicker and more likely to clot.

If you smoke, quitting can help to reduce your risk. If you don’t smoke, you can protect yourself by avoiding second-hand smoke (environmental tobacco smoke).

If you smoke, talk with your doctor, pharmacist or stroke rehabilitation team. They can help you. Quit smoking programs, counselling, or medications can help you break the habit. Remember, it is never too late to become smoke-free.
3. Manage your diabetes

If you have diabetes or are at high risk of developing diabetes, it is important that you monitor your blood sugar level and keep it in a healthy range. To keep your blood sugar in a healthy range:

- Eat a healthy diet that follows Canada’s Food Guide to Healthy Eating
- Maintain a healthy weight
- Be physically active most days of the week
- Monitor your blood glucose level
- If your doctor prescribes medication for your diabetes, take it regularly, as instructed
- If you drink alcohol, talk with your doctor, dietitian or diabetes specialist about your alcohol consumption.

4. Control your blood cholesterol

Cholesterol is a form of fat in the blood. Blood cholesterol comes in two forms:

- HDL ("good" cholesterol) — this form picks up cholesterol from the blood vessels and carries it to the liver so it can be eliminated
- LDL ("bad" cholesterol) — this form sticks to the walls of the blood vessels, leading to the formation of a thick, waxy plaque (atherosclerosis).

A diet high in fat can result in high levels of “bad” cholesterol and another form of fat called triglycerides in the blood.

The tendency to have high cholesterol can be inherited, or be caused by your lifestyle. Eating a healthy, reduced-fat diet and building regular physical activity into your life can help to lower high blood cholesterol levels. Medication can also help to reduce cholesterol levels (see the Section 6: Medications). Medication is no substitute for a good diet and physical activity, though. Even if you are prescribed cholesterol-lowering medication, it is important that you eat a healthy diet and be physically active.

5. Eat a healthy, low-fat diet

The basic rule of eating a healthy diet is to follow Canada’s Food Guide to Healthy Eating. The Food Guide recommends that you:

- Enjoy a variety of foods
- Emphasize cereals, breads, other grain products, vegetables and fruit
- Choose lower fat dairy products, leaner meats, and foods prepared with little or no fat
- Limit the amount of fat and trans fats in your diet
- Limit your use of salt, alcohol and caffeine
No more than 20% to 35% of your total daily calories should come from fat. This is about 45 to 75 grams of fat per day for a woman, and about 60 to 105 grams per day for a man. Whenever possible, eat polyunsaturated fat, especially omega-3 fatty acids and monounsaturated fats. Reduce the amount of saturated and trans fat in your diet.

Homocysteine is a substance that is produced naturally in the body as the body breaks down protein for fuel. In some studies, a high level of homocysteine in the blood was associated with a higher risk of stroke. Folic acid (a B vitamin) can help to keep homocysteine levels in the blood low. However, doctors still do not know if taking folic acid or reducing homocysteine levels also reduces the risk of stroke.

6. Be physically active

Regular physical activity can help to reduce your risk of stroke. Regular physical activity raises the level of “good” cholesterol (HDL) in your body. It makes muscles — including your heart — more efficient, and helps your blood to circulate. Physical activity can also help you reduce stress, control your blood pressure, prevent or control diabetes, and maintain a healthy body weight.

Most people can reduce their risk of stroke by being physically active between 30 to 60 minutes a day on most days of the week. As a stroke survivor, you will have to work with your doctor, physical therapist, and other members of your stroke rehabilitation team to decide what sort of activities you can safely do and how hard you should exercise.

7. Achieve and maintain a healthy weight

Compared to people who are at a healthy weight, being overweight can increase your risk of high blood pressure, diabetes, high cholesterol, and stroke. If you are going through stroke rehabilitation, being overweight can also make it more difficult to regain your ability to walk and move around.

The keys to achieving and maintaining a healthy weight are healthy eating and physical activity.

If you have had a stroke, avoid fad or crash diets and over-the-counter diet supplements. Work with your dietitian to set up a healthy diet that you can follow to slowly and safely lose weight over time.
8. Limit alcohol use

Heavy drinking and binge drinking are risk factors for high blood pressure and for stroke. If you drink, it is important not to drink more than 1-2 drinks a day, up to a weekly total of 9 for women and 14 for men. One drink is equal to:

- one 341 mL (12 oz) bottle of 5% beer
- one 142 mL (5 oz) glass of 12% wine
- one 43 mL (1-1/2 oz) shot of 40% spirits

For some elderly people, 2 drinks a day may be too much to be considered low risk. And some people should not drink at all. Talk with your doctor to see if it is safe for you to drink alcohol. If you have a balance disorder or seizures, you should not drink any alcohol. Alcohol also interacts with many medications. Talk with your doctor or pharmacist.

9. Reduce stress

Having a stroke is very stressful. Stress can cause the heart rate to increase, the heart to pump harder, blood sugar levels to increase, and fats in the blood to rise. Continual or frequent stress places more demand on the heart and increases the risk of developing plaque (atherosclerosis). Stress often leads some people to make unhealthy lifestyle choices, such as smoking, drinking too much alcohol, eating high fat “comfort” foods, or “veging out” in front of the television.

If you feel you are having trouble handling the stress in your life, speak with your social worker, psychologist, or other member of your stroke rehabilitation team. These professionals may be able to help you find ways to better cope with your stress.

10. See your doctor regularly and follow your doctor’s advice.

“Research has shown that lifestyle changes - such as eating a healthy diet and being physically active - can be as important to controlling high blood pressure as drugs. It is critical that people take advantage of this fact - and of the vast array of effective drugs for blood pressure. Studies suggest that if everyone with high blood pressure kept their blood pressure in a healthy range, the number of strokes each year would drop by 35-40%.”

Michael Sharma, MD FRCPC
Heart and Stroke Foundation Researcher
Director Regional Stroke Program, The Ottawa Hospital, General Campus
8 Aphasia

As described in Section 2: Effects of Stroke, aphasia is difficulty in using or understanding language caused by damage to the brain. There are two broad types of aphasia:

- **Expressive** — you know what you want to say but the words do not come out right
- **Receptive** — you may not understand what people are saying to you

Some stroke survivors may have both forms. Aphasia can also make it difficult to read, write or do math. Aphasia can be very frustrating — both for you and for your caregiver and family. The severity of (how serious or debilitating) the aphasia will vary from person to person. In some people, it may be temporary and improves quickly after a stroke. Other stroke survivors may be left with permanent language problems. Speech therapy can help you recover your use of language, or develop new ways of communicating.

**Types of aphasia**

- **Wernicke’s aphasia**: If you have this type of aphasia you may speak without hesitation but you may use the wrong words and be difficult to understand. You may also have difficulty understanding what is being said to you, reading or writing.

- **Broca’s aphasia**: In severe cases, you may only be able to get out bursts of a few words. Your vocabulary may be limited and when you speak, you may be difficult to understand. But you may understand what people are saying to you and may be able to read.

- **Anomic or nominal aphasia**: You may understand what other people are saying and may be able to read, but you have trouble naming objects or people, or coming up with nouns. This can make it difficult for people to understand what you mean.

- **Global aphasia**: There may be total, or near total, loss of the ability to use language. You may not be able to read or write, and it may be hard to understand other people or to express yourself. This type of aphasia is often seen immediately after a stroke has occurred. If the damage to the brain is not severe, it may get better over time.
Other Language-Related Problems

Apraxia
Apraxia (or dyspraxia) is a problem with muscle control, or a motor deficit. It can affect all or some of the movements you need to make when you speak. If you have apraxia, it can limit your ability to make hand gestures, such as waving good-bye, beckoning, or saluting, or pantomiming or pretending movements, such as blowing a kiss or pretending to eat.

Dysarthria
Dysarthria is a speech problem due to weakness, slowness or poor coordination of the muscles used for speaking. If you have dysarthria, your speech is probably slurred and may be difficult to understand.

Dysphagia
Dysphagia (or aphagia) is difficulty swallowing. It may be caused by weakness or a lack of sensation in the mouth. Dysphagia involves many of the same muscles involved in speech. It is usually diagnosed and treated by your speech-language pathologist. Dysphagia can make it difficult to eat. If you have dysphagia, be sure to read the information in the next Section 9: Swallowing and Eating.

Help for aphasia
It is important for you, your caregiver and your family and friends to know that there are resources to help you. Your speech-language therapist will work with you to help you improve your ability to speak, and teach you new ways to communicate. Your speech-language therapist can also help your caregiver or family learn more about your condition and how to help you. Some other resources you may want to check out are:

Special tools or devices
A wide variety of devices, called augmentative and alternative communication devices, are available. Some of these devices can be simple things, such as:

- Gesturing
- Using a form of sign language
- Pictures or picture cards so you can point to what you want
- Spelling tablets (language boards)
- Scrabble® tiles so you can spell out words

Other devices may be more “high tech”. For example, some stroke survivors use portable computers to “speak” for them. Or they may use special computer software.
Your speech-language pathologist can help you and your caregiver and family decide if you would benefit from a special device. Some of the factors to consider are:

- Your needs
- Your ability to use the various types of devices
- The needs, expectations and abilities of your caregiver and family
- The opinion of your rehabilitation team or your doctor
- Cost

In some cases, some or all of the cost of assistive communication devices may be covered by your provincial health insurance, provincial social services or your private health insurance. Organizations for disabled adults, such as the March of Dimes (www.marchofdimes.ca), may also provide funding. Your social worker or other members of your stroke rehabilitation team can help you and your caregiver to obtain devices.

**Aphasia or stroke support groups**

Your stroke rehabilitation team may know of aphasia or stroke support groups in your area. You, your caregiver and your family may find these groups very helpful. Meeting people who are struggling with the same challenges and sharing ideas and stories can be helpful.
Communicating with someone with aphasia

If you have aphasia, here is some information to share with your caregiver, family and friends. It may help them understand how to better communicate with you.

✧ Do not leave the stroke survivor out of social gatherings or conversations. Try to help the stroke survivor so he or she does not begin to feel lonely and cut off from people.

✧ Phrase questions so they can be answered with a “yes” or “no” or a nod or shake of the head. Remember that sometimes, stroke survivors may get these responses confused. Try using pieces of paper with “Yes”, “No” and “I don’t know” written on them. Ask the survivor to point to the correct response.

✧ Speak in a natural voice. Do not shout or talk too fast. Pauses and speaking at a moderate pace may help the survivor understand you.

✧ When talking with a stroke survivor, turn off distractions such as the TV or radio. Keep conversations clear and direct. Speak one at a time.

✧ During the early stages of recovery, when giving the stroke survivor choices, limit the number of choices to two. For example, ask the stroke survivor, “Would you like coffee or tea?” Try writing down the choices. If the person with aphasia is having difficulty reading, use a drawing beside the written word. In time, as the person recovers, you can try adding more choices.

✧ Short, concrete, common words may be easier to understand. For example, say “leg” instead of “limb”, “bread” instead of “nutrition” or “house” instead of “residence.”

✧ Do not rush a person with aphasia. Be patient and give him or her time to come up with the right word.

The single most important thing your caregiver and family can do is to remember that aphasia means that you have difficulty with language, not with thinking. In many respects, you are still the same person inside. Having aphasia does not mean that you are stupid or don’t understand things.
9 Swallowing and Eating

A stroke can affect the muscles of the mouth, tongue and throat. As a result, you may have trouble swallowing. This is known as dysphagia (or aphagia). Dysphagia may be temporary or permanent. Because it involves many of the same muscles used in speaking, dysphagia is usually diagnosed and treated by your speech-language pathologist. If not treated, swallowing problems can lead to serious health problems, such as choking or inhaling food (aspiration) that can lead to pneumonia, malnutrition, or dehydration.

During the early stages of your recovery, your dietitian may order meals that are easy for you to eat. For example, soft, solid foods such as applesauce or porridge may be easier for you to swallow than thin liquids such as water or juice. You may also be given:

- Liquids thickened to the consistency of pudding or liquid honey
- Food that is softer or smoother (such as mashed potatoes)
- Food that has been chopped or minced into smaller pieces
- Food that has been pureed or put in a blender

As swallowing improves, most stroke survivors can go back to eating regular food.

What you can do

Here are some tips if you have difficulty swallowing or eating:

- When eating, sit up straight in your bed or chair
- Take small bites. Try using a teaspoon rather than a tablespoon.
- Chew on the stronger side of your mouth
- Chew each mouthful thoroughly before swallowing
- Clear your throat and mouth of food after each bite
- Do not talk while chewing
- If drooling on the weakened side of your mouth is a problem, wipe your face frequently with a napkin or cloth
- Avoid distractions while eating. Turn off the TV or radio. Avoid busy restaurants and dining rooms if you are easily distracted while eating.
- After eating, remove food trapped in your cheek with your finger. Use a small mirror to see where food is trapped. Brush your teeth and rinse after each meal.
- If you suffer heartburn or acid reflux after eating, try to avoid highly spiced or seasoned foods; citrus fruits and juices and other acidic foods (e.g. tomatoes); drinks with caffeine, such as coffee, tea, chocolate and cola; peppermint or spearmint; or high fat, fried foods.
Special devices

Special devices are available to make eating easier if you are using only one hand. Your occupational therapist or another member of your stroke rehabilitation team can tell you what types of devices may help you and where to get them. Devices include:

- Plates with big rims to hold food in
- Dishes with gripper pads on the bottom to keep them from slipping
- Cup or container holders
- Modified utensils with buildup or bent handles
- Cutting utensils made for one-handed use, such as a rocker knife, cheese knife or pizza cutter
- Modified cups with a cut-out or partial lid

What your caregiver or family can do

- If the stroke survivor requires help to eat, ask the nurse, speech-language pathologist or other member of the stroke rehabilitation team to show you how to do it. **Because of the danger of choking, do not try to feed the survivor unless you are trained how to do it.**

- Ask the dietitian to explain any special diet the stroke survivor might need. The dietitian can help you learn how to prepare foods that are safe for the stroke survivor to eat.

- Small, frequent meals may be easier to eat and digest. Work with your dietitian to ensure meals are balanced and healthy.

- Good oral hygiene is important. Take the survivor to regular dental check-ups. If necessary, assist the survivor in brushing and flossing.

- Most people need to drink at least 6 – 8 cups of non-caffeinated fluids a day (drinks without caffeine). Non-caffeinated drinks include water, fruit juices, milk and some soft drinks. Sometimes, stroke survivors may not drink enough fluids and can become dehydrated. This is not healthy, and in severe cases can be dangerous.
Signs of dehydration include:

- Decreased urine output (urinates less)
- Dark, concentrated and/or strong-smelling urine
- Frequent urinary tract or bladder infections
- Thick stringy saliva
- Constipation
- Dizziness when sitting up or standing
- Confusion or a change in mental status
- Weight loss of 3.5 pounds (1.5 kg) in less than 7 days
- Fever
- Decreased skin elasticity. You can test for this by gently pinching the skin on the survivor’s arm. If it does not spring back into place, but remains “pinched up”, this may be a sign of dehydration.
10 Helpful Devices and Home Modifications

After a stroke, changes in your home may be needed to make it easier and safer for you to move around and do things. These can be as simple as moving furniture and appliances. Or changes may be needed in almost every room in your home. Some survivors may need to buy special devices to make home life easier or will need to have ramps built.

Your occupational therapist can help you decide what changes you should make in your home. Many adaptations are easy and inexpensive to make. If you need special devices, or modifications have to be made, your social worker may be able to help you find funding. You may be eligible for full or partial funding for special devices or home modifications from your provincial ministry of health or social services, or your private health insurance. Organizations such as the March of Dimes (www.marchofdimes.ca), the Canadian Red Cross (www.redcross.ca) or other groups in your community may also be able to help you.

Depending upon your needs, you may find it helpful to following these tips for home safety:

- Move thermostats, plugs and switches to make reaching them easier
- Rearrange furniture that blocks where you walk
- Raise the height of chairs using wooden platforms or double cushions
- Remove loose mats, area rugs or older style shag rugs that you could trip over

**Doorways**

- If required, install handrails and a wheelchair ramp
- If you use a walking aid or a wheelchair, you may want to remove door sills or thresholds, as well as excess trim or molding

**Staircases**

- If your house requires going up and down a lot of stairs, consider a chair-lift or elevator
- Build a ramp where there are four stairs or fewer
- Install handrails
The bathroom
- Install grab bars near the toilet, tub and shower
- Put non-skid tape or a suction mat on the bottom of bathtubs and showers
- Use a chair the same height as the tub to help moving in and out
- If you find it hard to safely get in and out of the bathtub, consider a tub bench and a hand-held, flexible shower hose
- Raise the toilet seat by loosening the bolts and placing a “shim” underneath the regular seat, or purchase a raised toilet seat
- Try using soap-on-a-rope in the shower
- A bath mitt and long-handled brush can make bathing easier

The bedroom
- Use a low bed (removing the box springs is an easy way to reduce the height) to make getting in and out easier
- If you have trouble walking, consider using a commode or portable urinal at night
- Use a nighthlight.

The kitchen
- Purchase and install faucets that can be turned on and off with the wrists
- Use a hot plate on a table if the stove is too high for you to reach
- Drive rustproof nails into a breadboard to hold food you want to cut or peel
- Use a chair to work at a high counter, or install a lower counter
- Store dishes and pot lids on vertical plate holders
- Place kitchen items on low shelves or in places where they are easily reached.
- Purchase a revolving shelf (a “lazy Susan”) so it is easier to reach items
- Install casters or wheels on utility carts so you can use them to carry items to the stove or refrigerator
- If your kitchen floor is slippery, change to a no-wax, non-slip linoleum
- Long reachers or tongs can help you reach items on high shelves
- To keep plates from sliding, put wet washcloths or paper towels under them to keep them in place
- Special eating aids, such as utensils with wide handles, are available. For more information on these devices, go to Section 9: Swallowing and Eating.
Mobility devices

Mobility devices are tools to help you get around at home or outside the home. The type of device you should use depends upon your unique needs. Talk with your physiotherapist and occupational therapist to find out which one is right for you.

If the device you need is expensive, your social worker may be able to find programs to help cover the costs. Or in many cases, mobility devices can be borrowed. Depending upon your needs, you may benefit from using:

- Canes
- Braces
- Orthotics (inserts in the shoes)
- Walkers
- Wheelchairs (manual or electric)
- Electric scooters

Your needs may change over time. If so, a reassessment by a physical or occupational therapist could be helpful. Talk with your doctor. You may need a referral to be reassessed.
11 Incontinence

Incontinence is trouble controlling your bowels or bladder. Many stroke survivors experience incontinence after their stroke. The good news is that over time, many survivors regain control over their bowels or bladder.

Your stroke rehabilitation team can help you understand what is causing incontinence and what can be done to help you. Adaptive devices are available to make toileting safer and easier. They include:

✦ Raised toilet seats
✦ Grab bars on the wall next to the toilet
✦ Commode chairs
✦ Portable urinals

Here are some tips to help you:

✦ To help re-establish bladder control, try going to the bathroom at regular intervals (e.g. every two hours).
✦ If you are having trouble with bladder control, limit fluids before going to bed.
✦ Consider keeping a commode or portable urinal next to your bed at night.
✦ Have a night light in your bedroom.
✦ Special disposable bed pads and absorbent underclothing are available.
✦ If you are having bowel problems, speak with the dietitian on your stroke rehabilitation team. Maybe you need more fibre in your diet.
✦ Certain medications can affect your bowel habits. Speak with your doctor or pharmacist.

Sometimes, people will try to prevent problems by limiting the amount of fluids they drink. This is not a good idea. Most adults need 6 to 8 glasses of fluids a day. Drinking too little could lead to dehydration or increase the risk of urinary tract infections.

Symptoms of a urinary tract infection:

✦ Increase in frequency of urinating or accidents (incontinent episodes)
✦ Change in behaviour, especially increased agitation when unable to communicate an urgent need to urinate
✦ Burning or pain when urinating
✦ Cloudy, strong smelling urine

If any of these symptoms occur, speak to your doctor.
After a stroke, you may have trouble with movement because of paralysis or muscle weakness. If they are not used, muscles and limbs may stiffen and tighten. This can cause painful joint stiffness or contracture.

Another problem you may experience is spasticity or muscle stiffness in your affected limb. A spastic limb is difficult to move and it may hurt when being moved. These difficulties may interfere with everyday activities or with your physical therapy.

If one arm is weak and hanging down, it can pull the muscles of the shoulder. This can contribute to a painful shoulder (sometimes commonly referred to as a “frozen shoulder”). The paralyzed arm should be supported when you are standing or sitting up to keep the blood circulating.

In rare cases, pain can result from damage to a part of the brain called the thalamus. Called thalamic pain syndrome, this type of pain may be hard to control or treat.

How can you lessen the pain?

Usually, muscles are not completely paralyzed by a stroke. It is important to work with your therapist to regain as much movement and control as possible. Pain can be caused by the stress on the muscles and joints because of muscle weakness and stiffness. Keeping your body and joints properly positioned (lined up) and supported can go a long way to preventing pain.

You should never be lifted by your affected arm or shoulder. This could cause serious damage to your arm or shoulder.

Your physiotherapist can help you to regain your mobility and manage any pain you might have. This may involve special exercises or functional activities to retrain the weak muscle, or to help control your posture and movement. Your family or friends may be able to help you with these. Your physiotherapist can give them ideas.

What to do if the pain gets worse

Tell your doctor or therapist about your pain, especially if it comes on suddenly. Follow his or her advice about looking after the affected part of your body.

Do not let your joints get too tight or stiff. Appropriate activity can help to reduce the pain, even if you do not regain all your normal movements.
13 Hand, Foot and Skin Care

Care of your affected hand

A stroke can cause lack of sensation or movement in the hand. Because the hand is not being used, fluids may pool in it. This causes swelling and may result in pain and skin problems. To reduce hand problems:

✦ When sitting, make sure your affected arm is supported on a lap tray or arm trough. The hand should be positioned in front, with the fingers opened and the wrist supported.
✦ Use foam wedges or arm supports placed on the tray to elevate the hand and reduce swelling.
✦ Try to use your other hand to gently bend and open the fingers of your affected hand, and to place the hand on the supporting surface.
✦ If the hand is extremely contracted, tight or spastic, do not force it open. Gently stroke the back of the hand and wrist. This should help the fingers start to open.
✦ Do not squeeze soft balls. Squeezing a ball encourages the hand to close and the fingers to tighten.

Care of your feet

Changes in the way a person walks are common after a stroke. These changes can eventually lead to problems with the feet. However, most of these problems can be avoided by taking a few very simple steps:

✦ Check your feet every day for cracks, blisters, sores, swelling or any changes in skin colour. This is especially important if you have diabetes, or circulation problems or reduced sensation in the feet. Any sign of infection such as redness, swelling or discharge should be seen by your family doctor or your chiropodist (foot specialist).
✦ Always wear socks. Socks made of natural fibres (e.g. cotton or wool) will help to absorb sweat and keep the feet cool and dry.
✦ Poorly fitting shoes can cause foot problems. When buying shoes make sure your shoes are wide and deep enough, but fit snugly at the heel. Shop for shoes at the end of the day, when your feet are naturally swollen and have both feet measured.
✦ Ideal shoes for stroke survivor have low heels, shock absorbing soles, laces or Velcro®, deep, rounded toe boxes, and leather or canvas uppers.
Many stroke survivors require special footwear to give support and to accommodate braces or orthotics (devices that provide additional support and straightening of the foot within the shoe). Footwear advice, modifications and orthotics can be prescribed by a chiropodist or a stroke rehabilitation specialist.

**Skin care**

The skin is the body's largest organ. It provides a defense against infection. It is important to keep your skin healthy. A number of factors can increase a stroke survivor's risk of skin damage such as: loss of sensation or the ability to move, dry skin, poor nutrition, dehydration, or friction on the skin because of improper positioning. Moisture from perspiration or incontinence can also irritate the skin.

What can be done to prevent skin damage:

+ You, your caregiver or your family should check your skin each day. Pay particular attention to bony areas such as heels, hip bones and elbows. Look for redness and signs of abrasion, scraping or bruising.
+ Regularly wash with mild cleansing agents. Clean soiled skin promptly. Do not scrub the skin. Be sure to rinse off all soap residue, which can irritate the skin.
+ Treat dry skin with moisturizers.
+ Minimize your skin’s exposure to moisture from incontinence, perspiration or wound drainage. Ask your nurse about ways to protect the skin, such as using incontinence products, wound dressings or barrier creams.
+ Use proper positioning, mobility, transfer and turning techniques to minimize skin injury due to friction. Your nurse or physical therapist can help you, your caregiver and your family learn proper positioning and mobility techniques.
+ Do not sit or lie in one position for long periods of time.
+ If you are confined to bed for long periods of time, a water pillow, thick foam or specialty boot can be used to relieve pressure on the heels.
+ Make sure you are eating a healthy diet and drinking enough fluids. Ask your dietitian for help.
+ If the problem persists, talk with your stroke rehabilitation team about special devices that could help, such as pressure-reduction mattresses, alternating air mattresses, elbow pads or pressure reduction seat cushions for wheelchairs.
14 Fatigue

Recovering from a stroke and having to learn new ways to do things can be tiring. If fatigue (feeling tired) is a problem for you, here are some helpful tips.

✦ Make sure you are eating enough to fuel your body.
✦ Eat a healthy balanced diet that follows *Canada’s Food Guide to Healthy Eating*.
✦ Drink plenty of fluids.
✦ Plan your day to take advantage of the times when you have the most energy.
✦ Every day, make a ‘to do’ list and decide which jobs are the most important to you. On days when you feel tired, do only the things you must. On high energy days, you can work your way a little further down the list.
✦ If necessary, take short rest breaks when you become tired.
✦ If you nap during the day, keep your naps short. Save your longest sleep for the night.
✦ Try to go to sleep and wake up at the same times each day.
✦ Try to be as physically active as you can. Ask your stroke rehabilitation team what sort of activity would be suitable for you.
✦ Do something you enjoy every day.
✦ Know when to ask for help. Don’t think you have to do everything yourself.
15 Memory and Problem Solving

Even a mild stroke can affect your ability to learn and to remember. You may have trouble:

- **Learning and remembering new information.** You may be able to remember events that happened before the stroke, but have trouble learning and remembering new information. For example, someone with this problem might remember how to play a card game they played in the past, but be unable to learn new games.

- **Applying information to a new setting (therapists call this “generalizing” the information).** For example, you may learn how to move from a wheelchair to a bed while in the hospital, but are unable to do the same task at home.

- **Doing something without being reminded or prompted (therapists refer to this as “initiating actions”).**

- **Becoming confused or lost in what should be a familiar place or losing track of the time or date.**

The first thing you should do is to talk with your doctor. It is important to know what is causing the memory problem. Memory problems can be caused by many things. Some of these can be treated. For example, being depressed or eating an unhealthy diet can affect your memory. In these cases, being treated for your depression or changing your diet can help your memory improve.

Problem solving is a complex activity that involves both memory and planning. If a stroke has affected your memory or your ability to make decisions, it may be hard for you to organize your thoughts.

Some stroke survivors have limited attention spans. Attention span refers to how many pieces of information you can remember, use, or act upon.
Having difficulty remembering things or solving everyday problems can be upsetting. It can affect many parts of your life, such as:

- **Your Emotions**: Having trouble remembering or solving problems can make you feel that you are losing your independence. Your self-esteem may suffer. You may feel anxious or depressed.

- **Your Behaviour**: Stroke can change a person’s behaviour. If certain parts of the brain are damaged during a stroke, you may become slow and cautious. Or you may show poor judgment (for example, say or do inappropriate things).

- **Your Social Life**: Your social life may suffer if you keep forgetting appointments and social engagements. If people stop visiting or inviting you to events, you may begin to feel lonely and isolated.

- **Your Hobbies**: Even activities and hobbies that were once enjoyable may seem overwhelming if you have a memory problem.

- **Self-Care**: Some people with memory problems have difficulty remembering to dress appropriately or to brush their hair or teeth.

- **Your Safety**: Sometimes, being forgetful can be more than a nuisance — it can be dangerous. Things to watch out for include:
  - Leaving on heating devices such as irons, electric blankets and heating pads
  - Being accidentally burned by hot water faucets that are not clearly marked as “hot” or water heaters that are set too high
  - Confusing food items with toxic substances such as cleansers and disinfectants
  - Getting your medications confused (e.g. taking too many pills or taking the wrong pills at the wrong time)
  - Forgetting to chew food thoroughly, which can lead to choking
  - Some stroke survivors experience memory problems and disorientation that cause them to wander away from the home

- **Your Ability to Drive**: Every stroke survivor should get a doctor’s permission before he or she goes back to driving a car. In some provinces, a re-test or Driver Rehabilitation course may be required. A stroke can cause physical, perceptual or judgement problems that can make driving dangerous. For more information, go to **Section 20: Driving after a stroke**.
What you can do

✦ Check with your doctor or psychologist. In some cases, the memory problem can be treated medically.

✦ Remember that the brain works better if the whole body is as well as possible. This means being as physically active as possible, eating a healthy diet and drinking plenty of non-alcoholic fluids. Make sure you get enough rest and avoid drinking too much alcohol.

✦ Be organized. Have a place for things that are easily misplaced (e.g. a key rack near the door or an eyeglass holder beside your chair). As soon as you finish using an item, immediately return it to its place. A routine of doing things at the same time can also help you remember.

✦ Use calendars or day planners to make notes of things you need to remember. You’re more likely to remember things if they are written down. Refer to the My Stroke Diary section towards the end of this book.

✦ Write down grocery lists or errands that need to be done. After you pick up an item or finish a job, cross it off. Place a list of the most important things to remember (such as emergency phone numbers, when you should take your medications, etc.) in several places, such as the fridge, the car, the bedroom, beside the phones, and the bathroom.

✦ Use a small tape recorder to record directions to the place where you are going, or the steps to complete a task or project. Replay the tape as you go, stopping it after each step of the project or segment of the journey.

✦ An alarm clock, a watch or a stove timer can help you remember things such as taking medications or returning phone calls.

✦ Double-check important directions or instructions. Say them out loud to help you remember. Keep repeating them at regular intervals.

✦ Find triggers that jog your memory. For example, a picture of a toothbrush in the bathroom may remind you to brush your teeth.

✦ The more you listen and pay attention to what’s being said, the more likely you are to remember. The key is to relax and to reduce background noise and distractions. Turn off the television or radio when talking to someone so you can concentrate on what is being said. When learning something new, go to a quiet place where you won’t be distracted. Pace yourself and try to learn only what you can manage at one time.
Even if you forget people’s names, if you recognize their faces you can still greet them. If you are expecting to see people you haven’t seen for a while, look at some photographs of them. The photos will help you to remember what they look like.

Watching the news on television or reading a newspaper will help you to remain aware of your surroundings and what is happening. It can also help you to practice your attention skills.

Every day, try to do exercises to sharpen your senses. For example, try to memorize the phone numbers of the people who have phoned during the day. Try to recall a picture, a taste or a sound soon after you experience it; then try again after a few hours or even a few days. At a restaurant, try to remember the items on the menu or the tastes of the foods you try.
16 Emotional Issues for You and Your Family

A stroke in the family can turn everyone’s world upside down. The physical and emotional changes in the survivor can make it necessary to make major adjustments in day-to-day life. In this section, we will talk about establishing your new role in the family, the role of your partner or caregiver, intimate relations, and your relationship with your children. We will also talk about depression, a common problem for stroke survivors and their caregivers.

Establishing your new role in the family

Having a stroke has brought major changes to your life. Adjusting to these changes will take time. You may wonder, “Will I ever be myself again?” It is normal to go through a period of grieving for your old life and the way you were before the stroke. Both you and your family will feel sorrow, anger, fear and frustration over this change.

It may take weeks or months to adjust to all of the changes brought about by your stroke. It is important that you talk about your feelings. Bottling up your feelings will only make them grow.

You may worry that it will be impossible to cope with all the changes and challenges brought about by your stroke. You may be experiencing mood changes you do not understand or memory problems that frighten and frustrate you. At times, you may be afraid that you will become a burden to your family. Anxiety, fear or depression can hinder your recovery and even create new problems. You can help yourself by:

- *Getting information about stroke and sharing it with your family and caregiver or partner.* The more they know about stroke and its effects, the more they will be able to help you.

- *Talking with your stroke rehabilitation team.* No one can predict what the future can bring. Each person recovers differently from stroke. But your stroke rehabilitation team can help you understand how you can make the best recovery possible.
Talking with other stroke survivors. Support groups provide wonderful opportunities to share your challenges and stories, exchange practical tips, and receive emotional support. It can be helpful to see that you and your caregiver are not alone.

Keeping up social contacts. Don’t lose touch with friends and family members. Inviting people to your home can help to create a positive, supporting environment.

Staying “plugged in” to your family. The way in which you play the role of partner, spouse, parent or grandparent may be changed by your stroke. Maybe you can no longer do some of the activities you used to do, such as playing tennis with your spouse or driving your children to school. But nothing can change how important you are to your family. Your love, interest, support and advice are still important to them. Don’t isolate yourself from your family. Stay involved and share their ups and downs. If you suspect you are becoming depressed, share your feelings and ask your doctor, social worker or psychologist for help.

Setting goals. Working towards small but meaningful goals can help you feel like you have some control over your future. And achieving these goals can go a long way in raising your self-esteem and confidence. Here are some tips to help you set and work towards new goals:

• Set sensible targets. Goals that are too ambitious will only lead to more frustration. Start with a simple goal. If necessary, re-evaluate your goal periodically. Your health care team can help you set sensible targets.

• Break your goal into reasonable stages. For example, if you have weakness on one side, your goal may be to learn new ways to dress yourself. Focus on making small improvements, such as first learning to put on a shirt or top. Then move onto other tasks, such as doing up buttons or putting on earrings or a tie. Don’t compare your progress with others. What may seem like a small thing for one person may be a major accomplishment for someone else.

• Keep a journal of improvements. Mark down your success as you accomplish each stage of your goal. A written record will help you keep track of your progress over time. If you have days when you don’t feel you are getting anywhere, look over your journal. See how far you have come. Ask your caregiver for assistance with your journal, if you need help. There’s space to record the stroke survivor’s goals and progress in the My Stroke Diary section towards the back of this book.
Depression

About half of all stroke survivors will become depressed at some point. Caregivers who are struggling to take on new responsibilities and roles are also at risk of becoming depressed.

Depression is not something you can just “snap out of.” It is not a sign you are weak or “not trying.” Depression is a normal reaction to a major change in your life. Depression becomes a problem if it lingers and seriously interferes with your life.

The warning signs of depression include:

- Feeling sad, anxious, irritable, nervous, guilty, worthless or hopeless
- Changes in your sleep pattern (insomnia or sleeping more than normal)
- Changes in appetite; gaining or losing weight without trying
- Loss of interest in activities you used to enjoy
- Restless or sluggish behaviour
- Persistent or recurring headaches, digestive disorders (e.g. stomach aches, nausea, constipation or diarrhea), or chronic pain
- Difficulty concentrating, remembering things or making decisions
- Fatigue or loss of energy
- Change in work style or productivity
- Thoughts of suicide or death — if these occur, seek immediate professional help.

If you have two or more of these symptoms for more than two weeks, contact your doctor. Depression can be treated and the faster you are treated, the better the outcome. Treatment can involve speaking to a trained mental health professional such as a social worker, taking antidepressant medications, or both.
Being a stroke caregiver is a demanding — but rewarding — responsibility. You may have to take over tasks that in the past were performed by the stroke survivor. You may also have to take on new tasks, such as helping the stroke survivor with daily activities.

One of the most important parts of your new job is to help the stroke survivor become as independent as possible. You are the key to maintaining the comfort, safety, dignity and self-esteem of the stroke survivor.

At times, you may feel overwhelmed by the responsibilities of being a stroke caregiver. This is a normal reaction to the many changes a stroke can bring. It is helpful for caregivers to learn to do what successful business managers do — delegate. Think about what family members, friends or outside resources can do to lighten your load. Talk with your social worker or doctor about community services that may be able to help, such as Meals on Wheels.

The stroke caregiver can help in the recovery process by:

- Getting as much information as possible from the stroke rehabilitation team about how the stroke has affected the stroke survivor. The more you know, the more you will be able to help. Make a list of questions and get the answers you need.

- Becoming familiar with the survivor’s rehabilitation program. Ask therapists, nurses and doctors to demonstrate techniques. Learn how to correctly help the stroke survivor.

- Taking a first aid course at an agency such as St. John Ambulance or the Red Cross and learning CPR (cardiopulmonary resuscitation). The skills you learn will be very useful and can reduce any anxiety you may have about caring for the survivor.

- Being patient. A lifetime of learning can be lost with a stroke and it cannot be re-learned overnight. Accept that frustration is likely to be a big part of the caregiving role. But you may discover new strengths and abilities you never knew you had.

- Talking with your social worker, doctor, church or religious group, hospital or stroke team or local community information centre about caregiver support services in your area. Ask if there are programs for:
  - respite care so you can have a break
  - community services
  - aphasia or stroke support groups
  - day care/outpatient services
  - cultural, church or religious groups

The Stroke Caregivers
An important part of the caregiver’s role is helping the stroke survivor rebuild his or her self-esteem. Caregivers can help by:

✧ Emphasizing the ways in which the stroke survivor can regain his or her independence through rehabilitation therapy.

✧ Including the stroke survivor in your conversations. Talk with the stroke survivor, not about him or her.

✧ Keep the stroke survivor informed about family activities. Seek his or her opinion and advice.

✧ Give plenty of affection, understanding and respect.

✧ Don’t make constant comparisons to the way life was before. Focus on the present and the positive. Encourage the stroke survivor to enjoy what he or she can do, instead of regretting what can’t be done.

✧ Join an aphasia or stroke support group. This can help you and the survivor share feelings of anger, sadness and frustration with others who know exactly what you’re going through.

**Taking care of yourself**

The physical and emotional changes in the stroke survivor can mean major adjustments in the caregiver’s day-to-day life. Caregivers may sometimes feel burnt-out, frustrated, helpless, depressed, afraid and even angry. Such feelings are not bad — they are normal and understandable. Here are some ideas other caregivers have used to help them deal with these feelings.

✧ Share your feelings with a close friend or another caregiver who can listen to your thoughts.

✧ Try to have at least one daily conversation about a topic that’s not related to stroke.

✧ Do something you find relaxing, such as taking a walk, reading a book, yoga, tai chi, Pilates or listening to calming music.

✧ Keep up with current events and local news to broaden your outlook.

✧ Enlist the help of family, friends or community agencies. Don’t feel guilty if you can’t be with the stroke survivor every minute.

✧ Take care of your physical health. Eat a healthy diet. Try to be physically active most days of the week.

✧ Get spiritual support. Talk with your clergy or spiritual advisor.
**Taking a break**

Being a caregiver will take a lot of your time and energy. But being a caregiver does not mean giving up your entire life. It is important to know when to take time off. Taking periodic breaks is essential for both you and the stroke survivor. You will be able to give better care when you are refreshed through outside contact and stimulation.

**Here are some guidelines that can make it easier to get away:**

- **Plan well ahead.** Discuss your plans with the survivor well before you leave. It can be upsetting for survivors to find a routine is suddenly being changed.

- **Find out what type of help or relief you need most.** For example, you may find you need household assistance to allow you to go for a walk most days or do outside gardening. If you are planning a longer trip, you may need to find someone who can come in to care for the stroke survivor, or a nursing home where the stroke survivor can stay.

- **Don’t be afraid to ask neighbours or friends to help out occasionally.** They may be very happy to help. In fact, they may not be offering to help because they think you always have everything under control.

- **Try to be nearby during helpers’ first few visits.** The helpers will need to learn the routine in your home and what you expect them to do. It is helpful if they know how to reach you if a problem arises.

- **Do not worry that the stroke survivor will fall apart without you.** In fact, try to promote independence for the survivor. A break can refresh a stroke survivor, as well as the caregiver.

**Depression**

As we saw in the previous section, about half of all stroke survivors become depressed at some point during their recovery. Caregivers struggling with new responsibilities and roles are also at risk of becoming depressed.

Depression is not a sign that you are weak or “not trying.” It is not something you can just “snap out of.” Check the warning signs of depression in the previous chapter. If you have two or more of these symptoms for more than two weeks, contact your doctor or social worker. Depression can be treated and the sooner you are treated, the better the outcome.
18 Sexual Intimacy

Sexual desire is a very personal issue. If you were interested in sexual activity before your stroke, you may still be interested afterward. However physical changes can interfere with intimate relations with others. You may not have feelings on one side of your body, or you may have problems speaking. Some men have difficulty getting an erection or discharging semen. Women may have less feeling in the vagina and more dryness. Medications such as tranquilizers, high blood pressure medicine and sleeping pills may also reduce your sexual ability and desire.

Feeling nervous about resuming intimacy?

Being anxious about intimacy is normal. Sexuality is closely linked with the way you see yourself. If your stroke has changed your appearance, you may wonder if your partner is still attracted to you. Or, you may be depressed and not interested in giving or receiving attention. All these things can lead to anxiety and may cause you to avoid intimate relations. However, delaying intimacy only increases anxiety.

Returning to a satisfying sex life may require some changes. Both you and your partner will need to adjust to the physical changes in your body. Accepting these changes may take time, effort and honest communication. If you feel uncomfortable discussing your sexual feelings with each other, ask your doctor to refer you to an appropriate professional. Your social worker or mental health professional may also be able to help.

✦ Don’t feel that you must have sexual intercourse to show love for your partner. Hugging, kissing, caressing, massaging and touching all show love and affection. Find out different ways to please each other. Affection for each other is important.

✦ Stay as attractive as you can through good grooming and personal hygiene.

✦ Plan in advance for intimacy. Choose times when you are both rested and will have no interruptions. Also, set aside plenty of time. That way, if you have slowed sexual responses, you can allow yourself enough time for lovemaking.

✦ Don’t worry about having another stroke during intercourse. Sexual activity raises your blood pressure, but no more than walking up a short flight of stairs.

✦ Try relaxing together before you begin. For example, have a massage, listen to music or soak in a bath.

✦ Some couples enjoy sharing intimate books or movies. Talk with your partner to see if this would be helpful.
Experiment with new ways of having sexual relations if you have paralysis or loss of sensation. These adjustments are not always easy. But it’s important to make your sexual activity as easy and comfortable as possible.

Use a water-soluble lubricant such as K-Y Jelly, if you have vaginal dryness. Don’t use petroleum jelly — it doesn’t dissolve in water and can cause vaginal infection.

Try to empty your bladder before sexual activity. Limiting fluids like water, coffee and juices two hours before sexual activity can decrease the amount of urine in the bladder.

Some of drugs prescribed to stroke survivors, such as blood pressure lowering medications or antidepressants, can affect the urge or ability to have sex. Speak with your doctor. Never stop taking a medication without consulting your doctor first.

Avoid alternative herbal remedies to try to restore your sexual function or interest. Many herbs interact with the medications commonly used by stroke survivors.
19 Stroke in Younger Adults

No matter what your age, many of the challenges stroke survivors face are similar. You want to recover. You want to prevent another stroke. You may be concerned about issues such as returning to work, driving, and intimacy (issues that are discussed in the sections regarding living with stroke).

At the same time, younger stroke survivors may face special challenges. Younger adults may assume they are “too young” to be having a stroke and delay seeking immediate medical attention. In the hospital, they may be placed with patients who are mostly much older and in wards that are not set up to accommodate visits from younger families. They may feel isolated and scared — their image of themselves may be shaken.

Concerns such as returning to work, driving and sexual relations may not be addressed early in the rehabilitation process. But these are the issue younger stroke survivors are often the most concerned about. Many have young families, and they may question their ability to function as parents.

If the partner or spouse of the stroke survivor is employed, it may be difficult for him or her to come to the hospital during the day to help with the stroke survivor’s rehabilitation and learn rehabilitation techniques. Few community services are geared to younger stroke survivors, who may want to continue rehabilitation long after they return home.

Some larger stroke centres offer support groups for younger stroke patients. It can be helpful to speak with people the same age who are dealing with similar challenges. Ask your rehabilitation team if there is a group like this in your area. Or perhaps a group could be formed.

In the United Kingdom, a charity called Different Strokes has been set up by younger stroke survivors for younger stroke survivors. Its Web site can be accessed at www.differentstrokes.co.uk.
20 Driving

If you are recovering from a stroke, you may wonder if you will be able to keep your driver’s license. That will depend upon the effects of your stroke.

The Canadian Medical Association’s guidelines state that people who have had a stroke should not drive for at least a month. During that time, their doctor should assess them to see if it is safe for them to drive. In assessing whether you should drive, the doctor has to consider:

- Your physical abilities and disabilities (e.g. do you have vision or perceptual problems or muscle weakness or paralysis that might affect your ability to drive?)
- Your mental and emotional fitness to drive (e.g. do you have difficulty concentrating, or has your stroke caused changes in judgment or memory that could affect your driving?)
- Your safety
- The welfare and safety of other people, such as your passengers, other drivers, and pedestrians
- Whether you are taking medications that could make it difficult for you to drive safely.

Not being able to speak (aphasia) does not mean that you cannot have a driver’s license. You can carry a card in your wallet explaining that you have had a stroke and are unable to talk.

If your doctor has sent a letter to the Ministry of Transportation stating that you are now unable to drive, you will have to apply for a new license. Application forms for having your license reinstated are usually available from your occupational therapist or social worker, or your local Ministry of Transportation office. To get your license reinstated, you may also need a written statement from your doctor, physiotherapist or occupational therapist. In some provinces, you may have to take a new road test, pass a driver’s education course or install special equipment in your car.

If you drive before you have been assessed and have an accident, your insurance company may not cover you. And you don’t want to feel responsible for hurting anyone!
How can I tell if it is safe for me to drive?

The first person to talk with is your doctor or a member of your stroke rehabilitation team, such as your occupational therapist. In some provinces, there are driver assessment centres that can help you find out if it is safe for you to drive. Ask your doctor or your stroke rehabilitation team if there is an assessment centre in your area. In some cases, a physician referral may be required.

If you are a mature adult, you may want to investigate seniors’ driving courses. These courses are designed to help people age 50 and over. To find out if there are courses in your area, contact your automobile association, seniors’ association, public library, police, or safety organizations such as the Canadian Safety Council (www.safety-council.org/training/55alive/55alive.htm).

If you are uncertain about whether it is safe for you to drive, here are some questions to ask yourself. Answer the following questions and then discuss your answers with your doctor or a member of your stroke rehabilitation team.

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<td>Have you noticed any change in your driving skills?</td>
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<td>Do others honk at you or show signs of irritation?</td>
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<td>Have you lost confidence in your ability to drive? For example, do you drive less and only in good weather?</td>
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<td>Have you ever become lost while driving?</td>
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<td>Do you think that at present you are an unsafe driver?</td>
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<td>In the last year, have you had any car accidents or minor fender-benders?</td>
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<td>In the last year, have you received any traffic citations or tickets for speeding, going too slow, improper turns, failure to stop, or other traffic offences?</td>
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<tr>
<td></td>
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<td>Have others criticized your driving or refused to drive with you?</td>
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</table>

Source: Regional Geriatric Assessment Program of Ottawa-Carleton
Can my car be modified to accommodate physical problems?

Yes. Many people who are paralyzed can drive cars that have been modified. Most vehicles can be adapted with special equipment. For example, if the right side of your body has been affected, you may use left-foot pedals for acceleration and braking. If the left side of your body has been affected, a turn-signal extender for use with the right hand may also help you.

**Some car modifications that are available are:**

✧ Spinner knob (to help you turn the wheel)
✧ Left foot accelerator
✧ Right-side mounted turn signal lever
✧ Parking brake extension
✧ Chest harness for balance
✧ Hand-operated dimmer switch for the lights

Some modifications may be expensive. Your social worker can help you find out if there are programs to help you with the cost of these modifications. You may also be able to claim the cost of the modification on your federal income tax. In some provinces, there are sales tax rebates on vehicles for people with disabilities.

**Handicapped parking**

Many parking lots have spaces close to the entrances of buildings for disabled people. This can help limit the distances you have to walk to get to stores, mall entrances or other locations. To use this parking, you must apply for a handicapped parking permit. This permit can be used whether you drive yourself or are a passenger.

Application forms for disabled parking permits are usually available from your occupational therapist, social worker, or physiotherapist, or your local Ministry of Transportation office. You will also need a written disability statement from your doctor, physiotherapist or occupational therapist.

**What if I can’t drive?**

If you feel uncomfortable driving or it is unsafe for you to drive, you will have to find alternatives. The good news is that alternatives can be cheaper than owning and operating your own car. Depending upon your abilities and what is safe for you, some alternatives to driving include walking, public transportation, buses or vans for people with disabilities, a scooter or electric wheelchair, taxis, or rides from family, friends or community volunteers.

These days, everything from groceries to prescription medications can be delivered right to your home.
21 Hobbies and Recreational Activities

Having a stroke doesn’t mean that you have to give up your old hobbies or leisure activities — or can’t develop new interests. In some cases, assistive devices may be helpful.

- **Cards**: Card-holders (available at games stores) can help if you have problems handling small objects.

- **Reading**: Use book holders, large-print books, and books on tape.

- **Photography**: Most cameras today can be operated with one hand.

- **Pets**: Animals are great companions. A trained dog will give you a reason to get out and walk every day. For cats, put the litter box on a shelf or a stand so you don’t have to bend over to clean it.

- **Sewing/needlework**: There are a lot of specially designed devices to help you work with needle and thread, or you may be able to rig up your own. For example, spring clamps (available in most hardware stores) can help to hold objects in place.

**Active hobbies**

Physical activity is great for stroke survivors and can help to reduce the risk of another stroke. Talk with your occupational, physical or recreational therapist if you want to return to — or take up — a sport or active hobby. In some cases, your occupational or physical therapist can give you exercises to help prepare your muscles for specific sports or activities. Here are some suggestions:

- **Bowling, lawn bowling, croquet, horseshoe tossing, or shuffleboard**: all of these activities can be played with one hand.

- **Chair Fitness Classes**: Many community and senior centres offer fitness classes for people in wheelchairs or with balance or leg problems.

- **Golf**: Special equipment and techniques are available to enable people with disabilities to participate.

- **Walking**: One of the most economical and versatile forms of activity. All you really need is a pair of good, supportive shoes and off you go. Many shopping malls are open for early morning mall walks. Check them out. They are a great way to get fit away from bad weather.

- **Yoga, Pilates or Tai chi**: These activities emphasize going at your own pace and only doing what is comfortable for you. As well, some clubs offer special classes for people with disabilities.

- **Gardening**: Gardening in elevated garden beds.
22 Returning to Work

If you were employed when you had your stroke, you may be worried about whether you will be able to return to work. This is especially true if you are a younger stroke survivor. There is no easy answer to your question. Returning to work depends on a number of things:

- The kind of job you had
- The effects of your stroke
- Your general state of health
- Your age

Ready to retire?

If you are close to, or over, retirement age, you may not want to return to work. You may feel that you would rather spend more time with your family, pursuing hobbies or interests you enjoy, or volunteer work. Congratulations! You may be eligible for a retirement pension, employment insurance, or disability pension.

To help you find out what benefits you are eligible for, talk with:

- Your social worker
- Your former employer’s human resources department
- If you are a member of a union, your union representative
- Your local Employment Insurance office

Going back to work

If you want to go back to work, or feel you must go back to work, talk with members of your stroke rehabilitation team. Your occupational therapist, psychologist or social worker can help determine if you can go back to your old job. Maybe you will have to change the way you work. For example, this may include learning to do things with one hand.

Employers have a responsibility to make reasonable accommodations in the workplace or in job descriptions for employees who become disabled. These accommodations can range from very simple things, such as creating a handicapped parking space near the door, or more complex changes, such as allowing you to work a flexible schedule, or providing special equipment so you can do your job.

If you want to return to your job, begin by talking to any of the following members of your stroke rehabilitation team: your social worker, psychologist, occupational therapist or vocational rehabilitation therapist. You will also want to talk with your employer’s human resources department and, if applicable, your union representative. The Web site www.Enablelink.ca also has information on employment law.


**Changing careers**

After a stroke, you may consider changing careers. Maybe you feel you cannot return to your previous type of work. Or maybe you feel that you have been given a chance to try something new.

Choosing a new career can be exciting. Spend some time exploring new ideas. Be realistic about disabilities or problems created by your stroke, but focus on the positive. Starting a new career demands that you be patient, positive, proactive and persistent. Don’t expect overnight success. But don’t give up without giving it your best.

Your family and friends can support you in making a change. You might also want to call upon:

- Members of your stroke rehabilitation team, such as your social worker, occupation therapist, or vocational counsellor.
- If you think retraining would help you, contact your local Human Resources Development Canada office. Some offices provide aptitude testing and résumé-writing workshops, as well as retraining programs.
- Aptitude testing, career counselling and résumé-writing services are also provided through many community colleges and Boards of Education continuing adult education programs. There are also private agencies that can provide similar services.
- Contact your local office of the March of Dimes (www.marchofdimes.ca) for information about their programs for people with disabilities. The organization offers job training, as well as financial assistance for needed assistive devices.
Since you have had your stroke, a lot has happened. You have probably seen dozens of people: doctors, nurses, rehabilitation therapists, and others. It can be hard to keep track. This diary is designed to be your record of your care and recovery. It is not a medical record but a diary of your stroke and your recovery.

Keep this diary with you. You, your caregiver, family, friends or stroke care team can record information in it. This will help you, your stroke care team and your loved ones share information about your stroke.

There are five parts of My Stroke Diary. You can record:

- Information about you and your stroke (Part 1)
- The names and phone numbers of your stroke care team and other stroke care providers (Part 2)
- Information about the history of your care and recovery (Part 3)
- Your recovery goals and your progress in meeting those goals (Part 4)
- Your feelings or any other information you would like to record (Part 5)
# Part 1. Important information about me and my stroke

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
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<tr>
<th>Birth Date:</th>
<th>Day</th>
<th>Month</th>
<th>Year</th>
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<th>Address</th>
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<table>
<thead>
<tr>
<th>City/Town</th>
<th>Postal Code</th>
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<table>
<thead>
<tr>
<th>Phone</th>
<th>Email address</th>
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<thead>
<tr>
<th>Home situation:</th>
<th>Alone</th>
<th>With someone else</th>
<th>Other</th>
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<tr>
<th>Do you have a care giver at home?</th>
<th>Yes</th>
<th>No</th>
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<table>
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<tr>
<th>Name of caregiver</th>
<th>Phone or Email of caregiver</th>
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<table>
<thead>
<tr>
<th>Date of Stroke:</th>
<th>Day</th>
<th>Month</th>
<th>Year</th>
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<tr>
<th>Name of hospital where I was first treated</th>
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<tr>
<th>Was the clot-busting drug (rtPA or tPA) used?</th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
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<thead>
<tr>
<th>Stroke type:</th>
<th>Blood clot (ischemic)</th>
<th>Bleeding (hemorrhagic)</th>
<th>Other</th>
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<tr>
<th>Side of brain affected:</th>
<th>Left</th>
<th>Right</th>
<th>Both sides</th>
<th>Other</th>
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<tr>
<th>Other details (write in all you know)</th>
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<tr>
<th>Was a CT scan performed? (If yes, describe the results)</th>
<th>Yes</th>
<th>No</th>
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<thead>
<tr>
<th>Write down any other relevant health conditions you have (e.g. diabetes, pain, high blood pressure, etc.)</th>
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<table>
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<tr>
<th>Describe what you are doing to prevent another stroke</th>
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</table>
Part 2. Important Names and Telephone Numbers

In the following section, you can write in the names and telephone numbers of people who are important in your stroke recovery. You may want to include your doctor and pharmacist, as well as the numbers of the members of your stroke rehabilitation team. You can also write in the name and phone numbers of services or organizations in your community (e.g. Meals on Wheels, a local stroke or aphasia centre, respite services, home care, etc.).

<table>
<thead>
<tr>
<th>Emergency Services</th>
<th>NAME</th>
<th>TELEPHONE NUMBER</th>
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<tbody>
<tr>
<td>My family doctor</td>
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<tr>
<td>My neurologist or stroke specialist</td>
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<tr>
<td>My pharmacist</td>
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<table>
<thead>
<tr>
<th>My Stroke Rehabilitation Team</th>
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<tbody>
<tr>
<td>Doctor</td>
<td></td>
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<td>Dietitian</td>
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<tr>
<td>Nurse</td>
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<tr>
<td>Occupational therapist</td>
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<tr>
<td>Physiotherapist</td>
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<td>Social worker</td>
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<tr>
<td>Speech/Language therapist</td>
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<tr>
<td>Recreational therapist</td>
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<tr>
<th>Community Services</th>
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<th>Other Important Numbers</th>
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</table>
Part 3. History of My Care

In this section, you can maintain a record of what happened after your stroke and as you recovered. For example, you may want to write in such things as when you were admitted to the hospital with your stroke, when you started speech therapy or occupational therapy, or when you went home.

<table>
<thead>
<tr>
<th>What Happened</th>
<th>Date</th>
<th>Where I Was Treated</th>
<th>Who Treated Me</th>
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</table>
## Part 4. My Goals

You and your health care team have probably set some goals for your recovery. This section gives you a place to record some of your most important goals and to keep track of your progress.

**GOAL 1:**

<table>
<thead>
<tr>
<th>DATE WRITTEN</th>
<th>MY GOAL</th>
<th>MY PROGRESS</th>
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**GOAL 2:**

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<tr>
<th>DATE WRITTEN</th>
<th>MY GOAL</th>
<th>MY PROGRESS</th>
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GOAL 3:

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<tr>
<th>DATE WRITTEN</th>
<th>MY GOAL</th>
<th>MY PROGRESS</th>
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GOAL 4:

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<tr>
<th>DATE WRITTEN</th>
<th>MY GOAL</th>
<th>MY PROGRESS</th>
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</table>
Part 5. Notes

On these pages, you may want to write about your feelings. Or maybe you would like to write notes about things you want to remember. These are your pages, so use them any way you would like.
24 Resources

Alcohol (Low Risk Drinking)
* The Heart and Stroke Foundation Web site has information on alcohol and heart disease and stroke (www.heartandstroke.ca).
* You can download the fact sheet on the low-risk drinking guidelines from the Centre for Addiction and Mental Health at: http://www.camh.net/pdf/lowrisk_drinking.pdf.

Aphasia Centres

<table>
<thead>
<tr>
<th>Name</th>
<th>Province</th>
<th>Telephone</th>
<th>Web site</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Aphasia Institute</td>
<td>Ontario</td>
<td>416-226-3636</td>
<td><a href="http://www.aphasia.ca">www.aphasia.ca</a> (English only)</td>
</tr>
<tr>
<td>Aphasia Centre of Ottawa</td>
<td>Ontario</td>
<td>613-567-1119</td>
<td><a href="http://www.aphasiaottawa.com">www.aphasiaottawa.com</a> (English only)</td>
</tr>
<tr>
<td>Association québécoise des personnes aphasiques</td>
<td>Quebec</td>
<td>514-277-5678</td>
<td><a href="http://www.aphasie.qc.ca">www.aphasie.qc.ca</a> (French only)</td>
</tr>
<tr>
<td>B.C. Aphasia Centre</td>
<td>British Columbia</td>
<td>604-877-8066</td>
<td><a href="http://www.bcaphasia.org">www.bcaphasia.org</a> (English only)</td>
</tr>
<tr>
<td>Halton Aphasia Centre</td>
<td>Ontario</td>
<td>905-681-8805</td>
<td></td>
</tr>
<tr>
<td>InteRACT Dalhousie University School of Human Communication Disorders, Halifax</td>
<td>Nova Scotia</td>
<td>902-494-5158</td>
<td><a href="http://www.dal.ca/~interact">www.dal.ca/~interact</a> (English Only)</td>
</tr>
<tr>
<td>York-Durham Aphasia Centre</td>
<td>Ontario</td>
<td>905-642-2053</td>
<td><a href="http://www.ydac.on.ca">www.ydac.on.ca</a> (English only)</td>
</tr>
</tbody>
</table>

The Heart and Stroke Foundation has a booklet on aphasia that you or your family may find useful and informative. It is called *Aphasia: Beyond words – Helping stroke survivors with aphasia improve communication*. It is available from the Heart and Stroke Foundation by calling 1-888-HSF-INFO (1-888-473-4636). Information on aphasia can also be found on the Heart and Stroke Foundation Web site at: www.heartandstroke.ca.
Blood Pressure
✧ For more information on blood pressure and blood pressure-lowering medications, visit the Heart and Stroke Foundation’s Blood Pressure Action Plan™ Web site at www.heartandstroke.ca/bloodpressure. Or call the Heart and Stroke Foundation at 1-888-HSF-INFO (1-888-473-4636) for more information.

Diabetes
✧ Contact the Canadian Diabetes Association or visit their Web site at: www.diabetes.ca or by calling 1-800-BANTING (226-8464)
✧ The Heart and Stroke Foundation has a brochure, Is Diabetes Putting You At Risk of Heart Disease and Stroke? It is available from the Heart and Stroke Foundation Web site (www.heartandstroke.ca) or by calling 1-888-HSF-INFO (1-888-473-4636)

Drug Coverage
If you don’t know if you are eligible for your province’s drug plan, contact your provincial ministry of health. Information about private, provincial and federal drug programs can also be accessed from the Web site www.DrugCoverage.ca. The site has no corporate or commercial advertisements or endorsements.

Healthy Eating
✧ Check out the latest version of Canada’s Food Guide to Healthy Eating on Health Canada’s Web site: (www.hc-sc.gc.ca/hpfb-dgpsa/onpp-bppn/food_guide_rainbow_e.html). The Food Guide is also available from your local office of the Heart and Stroke Foundation or your local public health department.
✧ Check out the Heart and Stroke Foundation’s Health Check™ program (information is available at www.healthcheck.org).
✧ For lots of great ideas on healthy eating, visit the Heart and Stroke Foundation Web site at www.heartandstroke.ca or call 1-888-HSF-INFO (1-888-473-4636).

Healthy Weights
✧ Check out the Heart and Stroke Foundation’s Healthy Weight, Healthy You resources at www.heartandstroke.ca/healthyweight. Or call 1-888-HSF-INFO (1-888-473-4636) for information and resources.

Memory
✧ The Heart and Stroke Foundation has a brochure called Memory Loss After Stroke: What you can expect and what you can do. It is available by visiting the Heart and Stroke Foundation Web site at www.heartandstroke.ca or by calling 1-888-HSF-INFO (1-888-473-4636).
Recreational Activities and Sports
- Active Living Alliance for Canadians With a Disability (www.ala.ca) — 1-800-771-0663
- EnableLink (www.enablelink.ca).

Smoking
Information on becoming smoke free is available from:
- Your Heart and Stroke Foundation office or the Heart and Stroke Foundation Web site (www.heartandstroke.ca)
- Your pharmacist
- The Canadian Cancer Society: www.cancer.ca — 1-888-939-3333
- The Lung Association — 1-888-566-LUNG (5864)
- Your local public health department
- Health Canada’s Tobacco Control Program — 1-866-318-1116
- Health Canada’s free e-Quit email service: www.hc-sc.gc.ca/hec-sesc/tobacco/quit/tobacco/quit latinoquit

Your provincial toll-free quit line:
- Newfoundland and Labrador 1-800-363-5864
- New Brunswick and Nova Scotia 1-877-513-5333
- Prince Edward Island 1-888-818-6300
- Quebec 1-866-527-7383
- Ontario 1-877-513-5333
- Manitoba and Saskatchewan 1-877-513-5333
- Alberta 1-866-332-2322
- British Columbia 1-877-455-2233
- Yukon 1-800-661-0408 local 8393
- Nunavut 1-866-877-3845

Stress
The Heart and Stroke Foundation has a booklet called *Coping with Stress* that describes the definition of stress, your stress index and coping methods to reduce and prevent stress. This brochure and other information on stress is available by visiting the Heart and Stroke Foundation’s Web site at www.heartandstroke.ca or by calling 1-888-HSF-INFO (1-888-473-4636).

Stroke
The Heart and Stroke Foundation has a number of resources on stroke tests, treatments, and prevention. They are available free of charge by going to the Heart and Stroke Foundation Web site (www.heartandstroke.ca) or by calling 1-888-HSF-INFO (1-888-473-4636).
Heart and Stroke Foundation Offices across Canada

- **Heart and Stroke Foundation of Canada**
  222 Queen Street, Suite 1402
  Ottawa, ON K1P 5V9
  Telephone (613) 569-4361
  Fax (613) 569-3278

- **Heart and Stroke Foundation of Alberta, NWT & Nunavut**
  100-119 14 Street NW
  Calgary, Alberta T2N 1Z6
  Telephone (403) 264-5549
  Fax (403) 237-0803

- **Heart and Stroke Foundation of BC & Yukon**
  1212 West Broadway
  Vancouver, British Columbia V6H 3V2
  Telephone (604) 736-4404
  Fax (604) 736-8732

- **Heart and Stroke Foundation of Manitoba**
  The Heart and Stroke Building
  6 Donald Street
  Winnipeg, Manitoba R3L 0K6
  Telephone (204) 949-2000
  Fax (204) 957-1365

- **Heart and Stroke Foundation of New Brunswick**
  110 Crown Street Suite 340
  Saint John, New Brunswick E2L 2X7
  Telephone (506) 634-1620 or 1-800-663-3600
  Fax (506) 648-0098

- **Heart and Stroke Foundation of Newfoundland & Labrador**
  169 — 173 Water Street P.O. Box 5819
  St. John’s, Newfoundland A1C 5X3
  Telephone (709) 753-8521
  Fax (709) 753-3117

- **Heart and Stroke Foundation of Nova Scotia**
  5161 George St. 7th Floor
  Halifax, Nova Scotia B3J 1M7
  Telephone (902) 423-7530
  Fax (902) 492-1464
- **Heart and Stroke Foundation of Ontario**
  1920 Yonge Street, 4th Floor
  Toronto, Ontario M4S 3E2
  Telephone (416) 489-7111
  Fax (416) 489-6885

- **Heart and Stroke Foundation of Quebec**
  1434 Sainte-Catherine Street West, Suite 500
  Montreal, Quebec H3G 1R4
  Telephone (514) 871-1551
  1-800-567-8563
  Fax (514) 871-9385

- **Heart and Stroke Foundation of Prince Edward Island**
  180 Kent Street P.O. Box 279
  Charlottetown, Prince Edward Island C1A 7K4
  Telephone (902) 892-7441
  Fax (902) 368-7068

- **Heart and Stroke Foundation of Saskatchewan**
  Saskatchewan North (Saskatoon)
  279 — 3rd Ave N.
  Saskatoon, Saskatchewan S7K 2H8
  Telephone (306) 244-2124
  Fax (306) 664-4016
### Glossary of Terms

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Aneurysm</strong></td>
<td>Ballooning out of the wall of a blood vessel. It usually involves the wall of an <em>artery</em>. It happens when the wall is weakened by disease, injury, or a problem present at birth.</td>
</tr>
<tr>
<td><strong>Angiography</strong></td>
<td>A test in which dye is injected into blood vessels. The blood vessels are then examined using X-rays. The test can give a good idea of the condition of <em>veins</em> and <em>arteries</em>. It can also warn doctors if there are <em>blood clots</em>. It is also known as arteriography.</td>
</tr>
<tr>
<td><strong>Angioplasty</strong></td>
<td>A procedure for widening narrowed blood vessels, using a thin tube called a <em>catheter</em> and a balloon tip.</td>
</tr>
<tr>
<td><strong>Anticoagulant</strong></td>
<td>A drug that prevents blood from clotting. Often referred to as a blood thinner.</td>
</tr>
<tr>
<td><strong>Antiplatelet</strong></td>
<td>See platelet antiaggregate.</td>
</tr>
<tr>
<td><strong>Aphasia</strong></td>
<td>Difficulty in using or understanding language caused by damage to the communication centres of the brain. There are several types of aphasia: Wernicke’s, Broca’s, anomic or nominal, and global.</td>
</tr>
<tr>
<td><strong>Apraxia</strong></td>
<td>A motor deficit, in which you have trouble making purposeful or skilled movements. It can affect all or some of the movements needed in speaking. It may also be called dyspraxia.</td>
</tr>
<tr>
<td><strong>Arrhythmia</strong></td>
<td>See dysrhythmia.</td>
</tr>
<tr>
<td><strong>Arteriography</strong></td>
<td>See angiography.</td>
</tr>
<tr>
<td><strong>Artery</strong></td>
<td>Any one of the blood vessels that carry blood from the heart to other parts of the body.</td>
</tr>
<tr>
<td><strong>ASA</strong></td>
<td>ASA, which is short for acetylsalicylic acid, is commonly known as Aspirin®. It affects the body in a number of ways, but one is to prevent blood platelets from sticking together and forming <em>blood clots</em>.</td>
</tr>
</tbody>
</table>
Atherosclerosis
(ath¨er-o-skleh-RO¨sis)
A form of artery disease in which the inner walls of the blood vessels become thick and rough because of deposits of cholesterol and other substances. The arteries become narrower and less blood can flow through them. This buildup of deposits is sometimes called atheroma or plaque.

Atherothrombosis
(ath¨er-o-throm-BO¨sis)
Occurs when a blood clot forms on fatty deposits in the wall of a blood vessel. The blood clot is called a thrombus and the fatty deposit in the blood vessel is referred to as plaque (atheroma).

Atrial fibrillation
Very fast, irregular pumping of the heart muscle in the upper chambers of the heart (the atria). As a result, the heart can’t pump blood around the body effectively.

AVM
Arteriovenous malformations
Arteriovenous malformations are small blood vessels that are abnormally linked. When they occur, they are usually found within the brain, brainstem or spinal cord. The unusual connection between arteries and veins creates a mass of abnormal blood vessels called a nidus (Latin for “nest”). The nidus can expand and push up against normal brain tissue, which can cause weakness, numbness, loss of vision, or seizures. If the nidus ruptures, it causes a type of bleeding stroke called an intracranial hemorrhage.

Blood clot
A jelly-like mass of blood cells formed by substances in the blood. Blood clots can form inside an artery if it is damaged by plaque deposits. This can cause a stroke.

Blood sugar/Blood glucose
The level of sugar in the blood. The body needs some sugar in the blood for energy. Too much sugar, in conditions such as diabetes, can injure the walls of the arteries and increase the risk of stroke.

Brain hemorrhage
Bleeding in or on the brain.

Bruit
(BROO¨e)
An unusual swishing sound when the blood flows through an artery, such as the carotid artery. It is caused by turbulent or uneven blood flow.

Cardiac
Having to do with the heart.

Cardiovascular disease
Disease of the heart and blood vessels, including coronary artery disease, stroke, rheumatic heart disease, and high blood pressure.
**Carotid artery**  
A major artery in the neck that carries blood to the brain.

**Carotid doppler**  
A noninvasive test which uses high frequency sound waves to determine extent of blood flow through the carotid arteries in the neck.

**Carotid (kar-ROT’id) endarterectomy (end’ar-ter-EK’to-me)**  
Surgery to remove plaque deposits or blood clots in the carotid arteries.

**Catheter (KATH’e-ter)**  
A thin, flexible tube that can be inserted into the blood vessels of the body. Catheters are used for many diagnostic and non-surgical procedures, such as angiography and angioplasty.

**Cerebral**  
Having to do with the brain.

**Cerebral embolism**  
A blood clot that is formed in one part of the body and is carried by the bloodstream to the brain. It lodges in an artery, cutting off blood flow to a part of the brain.

**Cerebral hemorrhage**  
Bleeding in the brain resulting from a burst aneurysm or a head injury.

**Cerebral thrombosis**  
A blood clot that forms in an artery which supplies part of the brain.

**Cerebrovascular occlusion**  
The blockage or closing of a blood vessel in the brain.

**Clot**  
See blood clot.

**Clot-buster**  
A drug that breaks up clots in the blood vessels. An example of a clot busting drug is tissue plasminogen activator (t-PA).

**Cognitive**  
Having to do with thinking and understanding.

**Coronary Artery Disease**  
Coronary artery disease (CAD) results from the development of atherosclerosis (plaque) in the arteries that supply the heart. Atherosclerosis develops slowly and is the underlying problem leading to heart attack.

**CT scan or CAT scan**  
Short for computerized tomography (to-MOG-rah-fe). A test for evaluating the brain and other body organs. A CT scan can usually identify whether a stroke was due to bleeding or a blockage.
Diabetes  
(di’ah-BE’teez or di’ah-BE’tis)  
A disease in which the body doesn’t produce or properly use insulin. Insulin is a hormone produced that changes sugar and starch into the energy needed for daily life. Diabetes increases the risk of developing cardiovascular disease.

Diastolic blood pressure  
The lowest blood pressure that can be measured as blood flows through the arteries. It occurs when the heart muscle relaxes between beats.

Doppler test  
A test that uses sound waves to listen to the blood moving through the blood vessels. Doppler tests can be used to identify blood vessels that are narrowed or blocked.

Dysarthria  
(dis”ART’re-eh)  
A speech problem caused by weakness, slowness or poor coordination of the muscles used for speaking.

Dysphagia  
(dis-FA’je-ah)  
Difficulty swallowing, caused by muscle weakness or a lack of sensation in the mouth.

Dyspraxia  
See apraxia.

Dysrhythmia  
An abnormal heart rhythm, sometimes called an arrhythmia.

Echocardiography  
A test that uses ultrasound (non-harmful sound waves) to make images of the heart chambers, valves, and surrounding structures.

ECG or EKG  
Short for electrocardiogram. A graph of the electrical impulses produced by the heart.

EEG  
Short for electroencephalogram (e-lek-tron-sef-a-la-gram), a test that tracks the electrical activity in the brain.

Embolic stroke  
Occurs when a brain artery is blocked by a blood clot that has formed somewhere else in the body. The clot usually forms in the heart or neck arteries. It is carried through the bloodstream to the brain.

Emotional lability  
(LAH-bill-I-tee)  
A term used to describe emotional responses that are exaggerated or inappropriate. A stroke can cause these outbursts.

Hemiplegia  
Paralysis on one side of the body. It can also be called hemiparesis.
| **Hemisphere** | The brain is divided into two sides or *hemispheres*: the right and the left. |
| **Hemorrhage** | Bleeding from a burst blood vessel. |
| **Hemorrhagic (HEM-or-RA-jik) stroke** | A stroke that happens when an *artery* wall bursts in or around the brain. They are usually more severe than *ischemic strokes*. |
| **Homocysteine (ho"mo-sis-TE’in)** | A natural substance that is produced as the body breaks down protein for fuel. High levels of homocysteine in the blood has been linked to a higher risk of *stroke*. *Folic acid* (a B vitamin) can help to keep homocysteine levels in the blood low. |
| **Hypertension** | Also known as *high blood pressure*. A *chronic* increase in blood pressure above the normal range. Blood pressure is high when it is 140/90 or above on several measurements. High blood pressure increases the risk of heart disease and kidney disease. It is a major risk factor for stroke. |
| **Incontinence (in-KAHN-tih-nens)** | Trouble controlling your bowels or bladder. |
| **Intracerebral (in-tra-she-Re-bral) hemorrhage (ICH)** | Occurs when an *artery* in the brain bursts. The leaked blood presses on the brain tissue, destroying it. |
| **Ischemia** | Decreased blood flow to an organ. It is usually caused by narrowing or blockage of an *artery*. |
| **Ischemic (iz-KEM-ik) stroke** | A stroke that happens when a *blood clot* forms on plaque that has built up on an artery wall. If the clot blocks an artery in the brain or an *artery* that supplies blood to the brain, the result is an ischemic stroke. |
| **Magnetic Resonance Imaging (MRI)** | A test used to examine the brain and other parts of the body. MRI uses non-harmful magnetic field and radio waves to produce an image of a part of the body. MRI is short for magnetic resonance imaging. It is also sometimes called nuclear magnetic resonance, or NMR. |
| **MRI** | See *Magnetic Resonance Imaging*. |
| **Neurologist** | A doctor who specializes in diagnosing and treating diseases of the brain and other parts of the nervous system. |
### Glossary of Terms

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<td><strong>Perceptual</strong></td>
<td>Having to do with the senses: sight, smell, taste, touch, and hearing.</td>
</tr>
<tr>
<td><strong>Plaque</strong></td>
<td>Also called <em>atheroma</em>. It is a buildup of fatty and other substances in the inner lining of the <em>artery</em> wall. It occurs in <em>atherosclerosis</em>.</td>
</tr>
<tr>
<td><strong>Platelet</strong></td>
<td>A type of cell found in the blood. It aids in the clotting of the blood.</td>
</tr>
<tr>
<td><strong>Platelet antiaggregant/platelet inhibitor</strong></td>
<td>Drugs that prevent <em>platelets</em> from sticking together and clotting the blood. They are also called <em>antiplatelets</em>. Two examples are <em>ASA</em> and <em>Plavix</em>®.</td>
</tr>
<tr>
<td><strong>Radionuclide angiography</strong></td>
<td>A test for taking pictures of the brain. A harmless radioactive substance is injected into a vein and pictures are taken when it reaches the brain.</td>
</tr>
<tr>
<td><strong>Risk factor</strong></td>
<td>A risk factor is the increased chance that you will develop a particular condition, such as stroke. Some risk factors are present at birth, some are the result of normal changes such as ageing, and some are the result of lifestyle.</td>
</tr>
<tr>
<td><strong>Stroke</strong></td>
<td>The sudden interruption of the blood supply to the brain. It can be caused either by a blockage or bursting of blood vessels. Older terms for stroke include apoplexy and cerebrovascular accident (CVA).</td>
</tr>
<tr>
<td><strong>Subarachnoid hemorrhage</strong></td>
<td>A stroke caused by bleeding on the surface in the brain. The blood gathers in the area between the brain and the skull.</td>
</tr>
<tr>
<td><strong>Systolic blood pressure</strong></td>
<td>The highest blood pressure that can be measured as blood flows through the <em>arteries</em>. It is the upper number of a blood pressure reading. It occurs when the heart muscle contracts.</td>
</tr>
<tr>
<td><strong>Thrombolysis</strong></td>
<td>The breaking up of a <em>blood clot</em>.</td>
</tr>
<tr>
<td><strong>Thrombolytic agents</strong></td>
<td>Drugs that work by dissolving <em>blood clots</em> in <em>arteries</em>. Also known as <em>clot-busters</em>.</td>
</tr>
<tr>
<td><strong>Thrombotic stroke</strong></td>
<td>A stroke caused by a <em>blood clot</em> or <em>thrombus</em> that forms in an <em>artery</em> going to the brain. The clot blocks the blood supply to a part of the brain.</td>
</tr>
</tbody>
</table>
### Tissue plasminogen activator (t-PA)
A natural protein that works by breaking up **blood clots** in **arteries**, restoring blood flow. tPA is a relatively new therapy for ischemic stroke patients, and has also been used for heart patients. It is also called a **clot-buster**.

### Transient ischemic attack (TIA)
Sometimes called a mini stroke. It is caused by temporary blockage of a blood vessel. It does not cause permanent brain damage. Symptoms of TIA are the same as for a stroke but usually last 24 hours or less. TIA are an important warning sign of a stroke and should never be ignored. Prompt medical attention could prevent a major stroke from occurring.

### Warfarin (Coumadin®)
An **anticoagulant** that works by preventing blood clotting agents from forming in the liver.
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Please take a few minutes to complete and return this evaluation. Based on your feedback, the Heart and Stroke Foundation is able to improve this resource to help people who have experienced a stroke manage their condition and improve their quality of life. We appreciate your honest responses. All responses are strictly confidential.

1. Where did you receive this copy of *Let’s Talk About Stroke*?
   - [ ] In the Hospital
   - [ ] Rehabilitation Clinic
   - [ ] Family Physician Office
   - [ ] From the Heart and Stroke Foundation
   - [ ] Other, please specify

2. Who gave you this copy of *Let’s Talk About Stroke*?
   - [ ] Local Heart and Stroke Foundation Office
   - [ ] Physician in Hospital (Cardiologist, Internist)
   - [ ] Family Physician
   - [ ] Nurse
   - [ ] Social Worker
   - [ ] Ordered Yourself
   - [ ] Other, please specify

3. Did you receive this Patient Education Kit at a time when it was most helpful to you?
   - [ ] Yes
   - [ ] No
   - If No, when would it have been more useful to receive *Let’s Talk About Stroke*?

4. On the following scale, please indicate how you found the information in *Let’s Talk About Stroke* to be overall.

   a. How well did the specific concerns discussed in this resource match the concerns that you or your loved one had after the stroke?
      - [ ] Very Good
      - [ ] Good
      - [ ] Fair
      - [ ] Poor
      - [ ] Very Poor

   b. Overall, how would you rate the information provided in this resource?
      - [ ] Very Good
      - [ ] Good
      - [ ] Fair
      - [ ] Poor
      - [ ] Very Poor

   c. Please rate how each of the following aspects of this Stroke Patient Education Kit met your needs.
      - The resource overall
      - Organization of the information
      - Diagrams
      - Ease of use
      - Language (how easy it was to read and understand)
      - Mix between words and pictures
      - Front cover design
      - [ ] Very Good
      - [ ] Good
      - [ ] Fair
      - [ ] Poor
      - [ ] Very Poor

5. Listed below are the names of the sections contained in *Let’s Talk About Stroke*. Please indicate if you found the information to be “very good”, “good”, “fair” or “poor”. If you did not read a particular section, please mark the “Didn’t Read” box.

   1. What is a Stroke?
   - [ ] Very Good
   - [ ] Good
   - [ ] Fair
   - [ ] Poor
   - [ ] Didn’t Read

   2. Effects of a Stroke
   - [ ] Very Good
   - [ ] Good
   - [ ] Fair
   - [ ] Poor
   - [ ] Didn’t Read

   3. Stroke Treatment in the Hospital
   - [ ] Very Good
   - [ ] Good
   - [ ] Fair
   - [ ] Poor
   - [ ] Didn’t Read

   4. Stroke Rehabilitation
   - [ ] Very Good
   - [ ] Good
   - [ ] Fair
   - [ ] Poor
   - [ ] Didn’t Read

   5. Coming Home from the Hospital
   - [ ] Very Good
   - [ ] Good
   - [ ] Fair
   - [ ] Poor
   - [ ] Didn’t Read
6. Would you recommend Let’s Talk About Stroke to other people that have experienced a stroke?

☐ Yes  ☐ No  If NO, why not? ____________________________________________________________

7. What topics would you like covered in Let’s Talk About Stroke in more detail?

1. ____________________________________________________________

2. ____________________________________________________________

3. ____________________________________________________________

8. If you could change something about this Patient Education Kit, what would it be?

9. What other languages would you prefer this Patient Education Kit to be in, if any?

10. Demographic Information (for statistical purposes only)

Gender:  ☐ Male  ☐ Female

To which of the following age groups do you belong?

☐ under the age of 35  ☐ 35–44 years of age  ☐ 45–54 years of age

☐ 55–64 years of age  ☐ 65–74 years of age  ☐ 75 and over

Thank you very much for taking the time to fill out this evaluation. Please send your completed form to:

Heart and Stroke Foundation, ATTN: Health Information Services,
1920 Yonge Street, 4th Floor, Toronto, ON, M4S 3E2
The Heart and Stroke Foundation is a leading funder of heart and stroke research in Canada. The knowledge garnered from Foundation-funded research has resulted in earlier diagnoses, better treatments and new insights into how to prevent and manage these diseases.

To protect your health and the health of those you love, the Foundation also provides millions of Canadians with the most up-to-date healthy living information, based on the most current, evidence-based research.

To find out more about Heart and Stroke Foundation lifestyle or stroke and heart disease information, and to learn how you can offer much-needed support in your community, visit www.heartandstroke.ca or call 1-888-HSF-INFO (1-888-473-4636).

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