

Longer-term Unmet Needs after Stroke

LUNS

Please read each statement and answer it as follows

Tick 'YES' if you agree with the statement

Tick 'NO' if you do not agree with the statement
or it doesn't apply to you

	YES	NO
1. I would like more information about my stroke (e.g. what is a stroke, why it has happened to me and how to avoid having another one)	<input type="checkbox"/>	<input type="checkbox"/>
2. I haven't had my medication/blood pressure checked for some time and would like a check up	<input type="checkbox"/>	<input type="checkbox"/>
3. I regularly get pain and nothing seems to ease it	<input type="checkbox"/>	<input type="checkbox"/>
4. My walking and general moving seems to be getting worse and I'm not getting any help with this	<input type="checkbox"/>	<input type="checkbox"/>
5. I am worried that I might fall (again) and this is stopping me from doing my usual things	<input type="checkbox"/>	<input type="checkbox"/>
6. I need additional aids (e.g. kitchen equipment) or adaptations (e.g. stair lift, grab rails) inside the home	<input type="checkbox"/>	<input type="checkbox"/>
7. I need adaptations outside the home (e.g. ramp, rail) but they haven't been ordered yet or I've been waiting too long	<input type="checkbox"/>	<input type="checkbox"/>
8. I need some help / advice about getting back to driving and / or getting a blue badge	<input type="checkbox"/>	<input type="checkbox"/>
9. I would like to find out about travelling on buses, taxis and / or trains	<input type="checkbox"/>	<input type="checkbox"/>
10. I would like outside help to get jobs done in my home (e.g. cleaning, cooking, ironing, fixing things)	<input type="checkbox"/>	<input type="checkbox"/>

Please Turn Over

	YES	NO
11. I would like to look into the options for moving to another home	<input type="checkbox"/>	<input type="checkbox"/>
12. I would like some advice about how to improve my diet (e.g. alcohol, sugar, fat and salt intakes)	<input type="checkbox"/>	<input type="checkbox"/>
13. I need some advice to help me manage my money better (e.g. paying bills, getting my pension)	<input type="checkbox"/>	<input type="checkbox"/>
14. I would like help to find out about, or to apply for benefits	<input type="checkbox"/>	<input type="checkbox"/>
15. I would like advice on employment after stroke	<input type="checkbox"/>	<input type="checkbox"/>
16. I need more help with things like cutting my toenails, washing myself or dental care (including dentures)	<input type="checkbox"/>	<input type="checkbox"/>
17. I have problems with my bladder / bowel (accidents, constipation, diarrhoea) and would like some help with this	<input type="checkbox"/>	<input type="checkbox"/>
18. I am concerned about my physical relationship with my partner and would like some advice or information	<input type="checkbox"/>	<input type="checkbox"/>
19. I forget things quite a lot or find it hard to concentrate and would like some help with this	<input type="checkbox"/>	<input type="checkbox"/>
20. I often feel quite low, angry or worried and would like to find out what help is available	<input type="checkbox"/>	<input type="checkbox"/>
21. I would like to occupy my day better (e.g. social outings, home library, hobbies) but don't know how to go about it	<input type="checkbox"/>	<input type="checkbox"/>
22. I would like to find out about holidays / breaks (including transport) that cater for people with disabilities	<input type="checkbox"/>	<input type="checkbox"/>