



GM-SAT Easy Access Toolkit

Conversation Support Resource



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GM-SAT EASY ACCESS TOOLKIT

Published by the NIHR Collaboration for Leadership in Applied Health Research and Care (CLAHRC) for Greater Manchester in partnership with Speakeasy

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www.clahrc-gm.nihr.ac.uk

Speakeasy is a specialist aphasia charity based in Bury, Lancashire
Registered Charity Number 516092
[www.buryspeakeeasy.org.uk](http://www.buryspeakeasy.org.uk)

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We are a group of people from Speakeasy who have aphasia after a stroke. We are all affected by aphasia in different ways and we understand the impact a stroke can have on people's lives.

From our own experiences we know that people don't always get the help and support they need after their stroke. It is important that people have a regular review of their situation. We know that asking the right questions, at the right time and in the right way can make a big difference.

We feel very strongly that you must make sure that the person who has had the stroke is at the centre of this review. People with aphasia are often left out of conversations so we have designed this Toolkit to support the conversations within the review. It helps people with aphasia like us to understand what you say and answer the questions you ask in our own time. It also helps people with aphasia to ask their own questions and talk about any worries or problems they may have.

By using this Toolkit to support the reviews of stroke survivors who have aphasia you can help them get the help and support they deserve.



The GM-SAT Easy Access Toolkit is a comprehensive resource that can be used to identify and address the long term post-stroke needs of stroke survivors who have aphasia and their carers. It is based on GM-SAT: the Greater Manchester Stroke Assessment Tool, a standardised assessment tool, purposely developed for use in post-stroke reviews.

Following a stroke, once people have returned home or to a care home, their needs and circumstances continue to change. The problems they experience can be numerous, diverse and complex and they often have difficulty accessing the services and support they need. It is therefore vitally important that stroke survivors and their carers receive regular reviews in the weeks, months and years following their stroke, to check progress, identify unmet needs and ensure that they are able to access the help and support they require.

At post-stroke reviews, no one is more qualified than the stroke survivor themselves to answer the question 'How have things been recently?'. However, understanding and answering this and other questions can be difficult for people with aphasia (a language disorder). This toolkit, therefore, provides everything you need to be able to deliver effective, person-centred post-stroke reviews that are accessible for people with aphasia.

What is aphasia?

Aphasia is a language disorder where people have problems speaking and writing and also understanding both the spoken and written word. Aphasia is not a condition itself. Rather, it is a symptom caused by damage to the brain. Stroke, head injuries and conditions that can damage the brain over time, such as Alzheimer's disease, or a brain tumour, can all lead to aphasia.

Aphasia is a common complication of stroke. It is estimated that a third of all stroke survivors will experience some degree of aphasia after their stroke and an estimated 50,000 people become aphasic due to stroke every year in the UK.

There are three main types of aphasia:

- **Fluent aphasia:** In this type of aphasia the person can speak normally and use long, complex sentences, but the actual words they use make no sense and/or they include nonsense words in their speech. A person with fluent aphasia may say 'I handbagged the noose and, you know, then ate round the purple with fish.'
- **Non-fluent aphasia:** In this type of aphasia the person has great difficulty in speaking and can only manage to string a number of words together in short, halting sentences. However, the meaning of their speech is usually understandable. A person with non-fluent aphasia could say: 'Want...coffee...no...milk.'
- **Global aphasia:** this is the most severe form of aphasia in which people have profound difficulties expressing and understanding both written and spoken language.

It should be stressed that although aphasia is caused by brain damage, it does not mean that a person with aphasia necessarily has reduced intelligence or has any learning disability. Many people with aphasia can remain entirely rational, but the fact they can't express themselves, makes aphasia such a traumatic and frustrating experience for people.

Where the brain damage occurs will determine whether a stroke survivor develops aphasia and the type of aphasia they acquire.

Supporting the communication of someone with aphasia

The success of communication is the joint responsibility of all people involved. When one of the people has aphasia it may be necessary for the others to employ additional strategies to support the conversation. Firstly it is necessary to consider the setting for the communication and to provide an environment which is free of interruption, is private and quiet; it can be impossible for people with aphasia to screen out even low level background noise. Secondly, it is vital that additional time is allocated for the conversation to allow for the use of different forms of communication, for the re-phrasing of questions, the processing of questions and the formulation of answers (thinking time), and the additional time required for the person to express themselves in whatever way possible. People with aphasia communicate poorly when under any pressure, including the need to rush.

The conversation partner has a responsibility to provide, and creatively use, a range of appropriate support materials to enhance both comprehension and expression. This includes the provision of pen and paper, appropriate pictures and topic specific pre-prepared materials such as those presented in this GM-SAT Easy Access Toolkit. In this way, and by encouraging the use of any form of communication (speech, writing, drawing, gestures, facial expression, body language, tone of voice) both for enhancing a person's understanding and for expressing their thoughts, the skill of the conversation partner can actively reveal a person's competence and ability to engage in discussions and decisions.

Making alterations to your own communication can enhance a person's ability to understand. Keep sentences short and simple, slow down but keep speech natural, don't use technical terms or abbreviations, use the same word for the same thing each time (e.g. don't switch between the terms doctor and GP), ask only one question at a time, and resist the urge to finish people's sentences and fill in words for them unless they specifically indicate that they want help. A communication partner with the right attitude, providing the right environment and supporting the communication exchange can significantly enhance the communicative ability of a person with aphasia.

The GM-SAT Easy Access Toolkit

The GM-SAT Easy Access Toolkit is a comprehensive resource that can be used to effectively identify and address the long term post-stroke needs of stroke survivors who have aphasia and their carers. It is based on GM-SAT: the Greater Manchester Stroke Assessment Tool, an assessment tool that was purposely developed for use in post-stroke reviews.

The Toolkit covers a wide variety of problems (or unmet needs) that people who have had a stroke and their carers may encounter in the weeks, months and years following a stroke. These problems may be health, social or emotional problems, and can range from problems with medicines and mobility, to problems with transport and money.

For each problem area, the Toolkit provides materials that can be used to support a conversation about that problem with a stroke survivor who has aphasia. These materials include simple sentences and words, bold text, symbols, images and photographs, all of which can be used to support an effective conversation with someone who has difficulty using and/or understanding language.

The Toolkit has two components:

- **The Trigger Question Resource (TQR):** this resource provides a set of questions that can be used to identify any areas in which the stroke survivor has an unmet need. Perhaps as importantly, it can also be used to identify the areas in which the stroke survivor does not have any unmet needs and is receiving the help and support they need.
- **The Conversation Support Resource (CSR):** this resource provides a wide array of materials that can be used to find out more about any unmet needs identified, such as how long the stroke survivor has had the problem, where the problem is and how severe it is. It can additionally be used to discuss and describe any actions that may need to be taken to address or manage any unmet needs identified.

How has the Toolkit been developed?

The GM-SAT Easy Access Toolkit has been developed by people with aphasia, for people with aphasia.

Eight stroke survivors from Speakeasy, each affected in a different way by aphasia, have been at the forefront of the development of the Toolkit. Supported by four facilitators, these individuals have made the existing Greater Manchester Stroke Assessment Tool (GM-SAT) accessible for those with aphasia. They first worked to identify and agree the important characteristics of 'aphasia friendly' information, such as the use of simple words, short sentences and relevant images, symbols and pictures, and then systematically applied these to the Assessment Tool, resulting in production of the GM-SAT Easy Access Toolkit.

Using the Toolkit

The Trigger Question Resource (TQR) provides the starting point for any review. You should begin by using the TQR to explain the purpose of the review to the stroke survivor.

'Today's review is to find out how you have been getting on since your stroke. You can also talk about any problems or worries you may have.'

We then suggest that, after obtaining any biographical information you may need (e.g. the stroke survivor's date of birth), you begin to identify any problems that the stroke survivor may have by asking an open ended question.

'How have things been recently?'

This helps to keep the review focused on the problems expressed by the stroke survivor themselves. If no clear response is obtained you may wish to ask questions such as;

'Can you give me a clue? Can you show me? Can you write it? Can you draw it? Can you write any words that might help me understand? Can you draw what you want me to know/ want to say?'

If this still does not yield a response, the questions in the TQR can be used as a starting point. You may wish to work through them page by page. You could introduce them by saying;

'Ok. I have got some other questions/pictures to help us out.'

The questions in the TQR may also help to verify responses or clarify unclear responses.

Once you have established the problems that the stroke survivor would like to talk about, you should then use the Conversation Support Resource (CSR) to find out more about each of them. For example, when the problem started, how often the problem occurs and how severe the problem is. The TQR should be left open at the page relating to that particular problem to enable you to refer back to it. You should also use the CSR to discuss and agree the actions that need to be taken to address any problems identified.

After you have explored and addressed all the problems raised by the stroke survivor, it is good practice to continue working through the remaining questions in the TQR to determine whether the stroke survivor has any other problems that have not yet been discussed. Whilst the individual may not have initially brought up these problems, we have found that working through the questions in this way often prompts people to discuss issues that they would not have otherwise raised.

You should conclude the review by asking an open ended question such as;

'Is there anything else you would like to talk about?'

You should also summarise the problems you have identified and the actions that have been or are to be taken to address these.

Practical Pointers

Below are some practical pointers that you should bear in mind when using the GM-SAT Easy Access Toolkit.

- **The CSR has been developed for people with severe aphasia.** However, it can be used to support the reviews of people with a wide variety of different types and severities of aphasia, although you may not need to use all the materials provided. As a general rule, the more severe the aphasia, the more materials you will need to use to support that review.
- **At the start of the review, establish the severity of the individual's aphasia.** You may already have a lot of the stroke survivor's biographical information before you begin the review. However, you may still wish to ask the stroke survivor for this information to enable you to assess their communication abilities. As you will already know the answers, you can see how well the aphasic stroke survivor is able to communicate and how much support they require. You should tailor the way in which you approach the review and support the conversation accordingly. However, when doing this, you must not sound as though you are trying to catch them out, as this could compromise the relationship.
- **It is essential that you use the person with aphasia's most reliable yes/no response.** This may be a spoken yes/no, but could also be nodding/shaking of the head, gesturing thumbs up/down, pointing to the written word or symbol. Bear in mind, however, that this may still not be reliable and you may need to check again and also come back to a question later if you are still unsure.

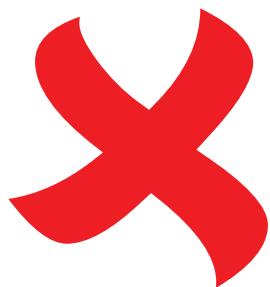
In the TQR we have provided a written yes/no response after each question, together with related tick and cross symbols. A thumbs up/down image is also provided in the CSR should this be a more reliable response mode.

- **Use a number of different approaches.**

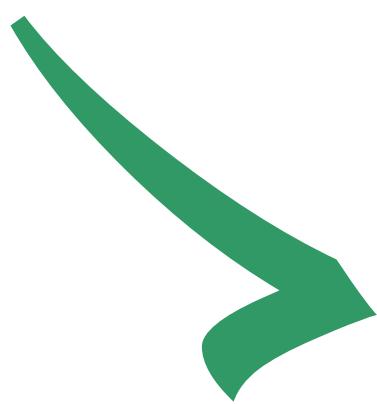
People communicate in lots of different ways. For example, by gesturing, writing, speaking and drawing. All of these techniques can be useful when communicating with stroke survivors who have aphasia. Indeed, using several different methods simultaneously to get a message across is often helpful. Generally speaking, the more severe the aphasia, the more approaches you should employ.

For example:

- Show the section of the TQR relating to hearing and say 'Do you have any new problems with your hearing?' whilst pointing at the picture.
- Write down the word 'ear' and draw an ear beside it.
- Cup your hand around your ear and ask 'Do you have any difficulty hearing?'
- **The questions in the TQR do not have to be asked in the order provided.** Where the issues raised by the stroke survivor are clearly of a more social nature, you may wish to work through the more social sections of the tool first, before moving on to the more health-related sections at a later stage. This helps to keep the review person-centred.
- **Whilst desirable, it may not always be appropriate or feasible to ask all the questions provided in the TQR.** Communicating with stroke survivors with aphasia requires application and effort and can be time consuming. Due to time constraints it may be that you are unable to cover all the areas contained within the Toolkit. You should therefore ensure that the areas of most concern to the stroke survivor are covered at the start of the review. Additionally, all reviews should be undertaken in a sensitive manner and whether all questions are covered should depend on your professional judgement and the stroke survivor's wishes. A constant balance needs to be struck between eliciting information and being non-intrusive and respectful of personal boundaries.
- **The GM-SAT Easy Access Toolkit is not designed to be a portable alternative communication aid (e.g. communication chart or book).**



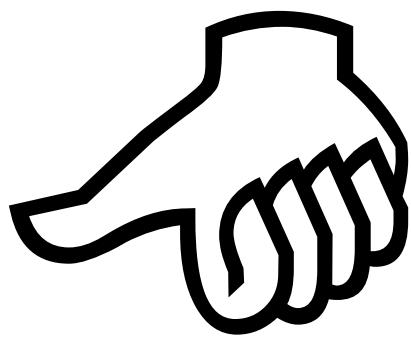
no



yes



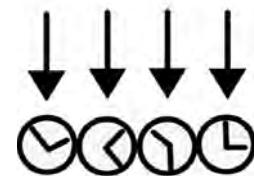
no



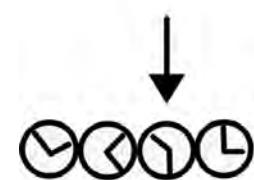
yes

Do you understand?

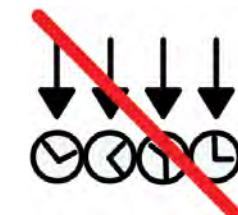
always



sometimes



never



g n c

f m + z

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d k r x

c j q w

b i p v

a h o

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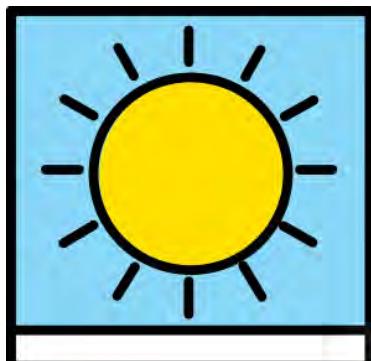




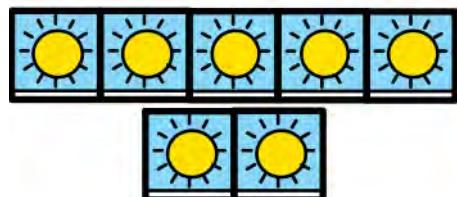
minute



hour



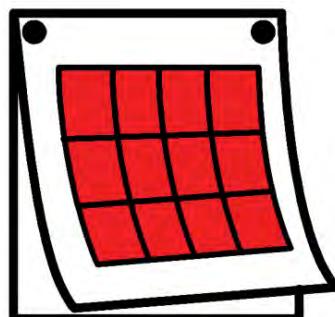
day



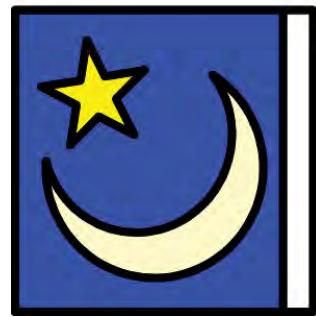
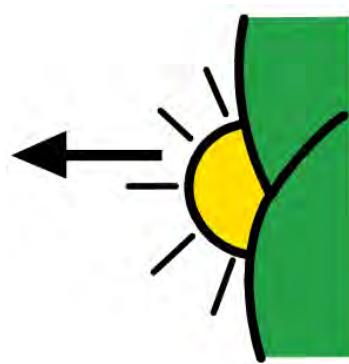
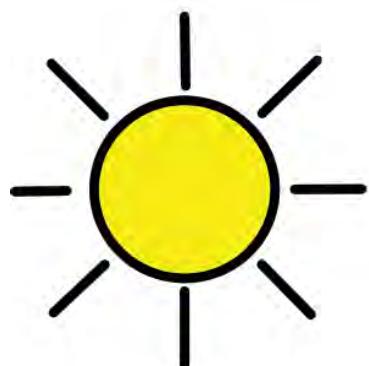
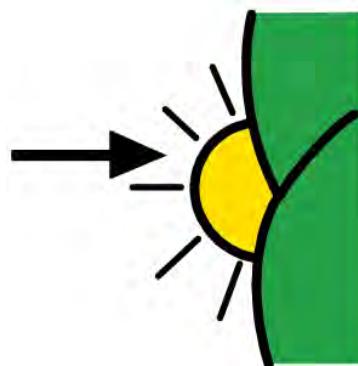
week

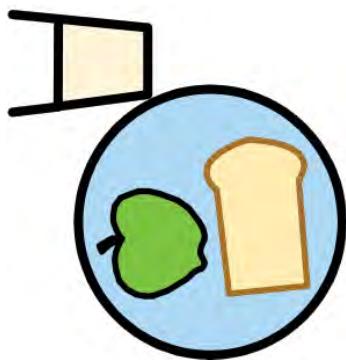


month



year

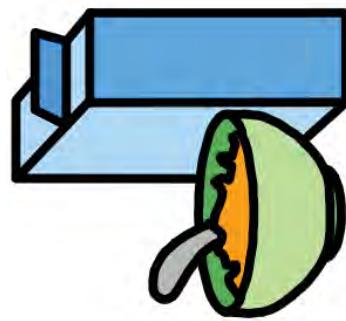




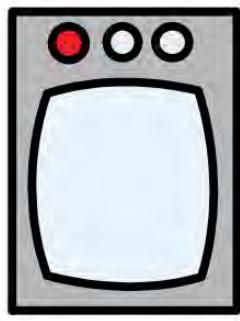
lunch



bedtime



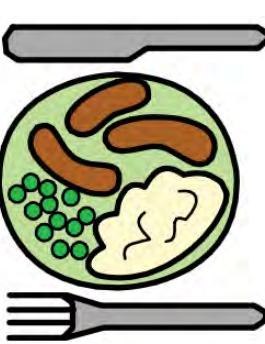
breakfast



evening



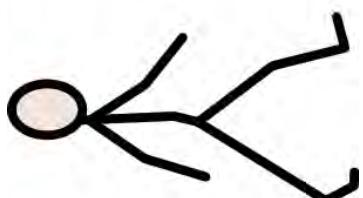
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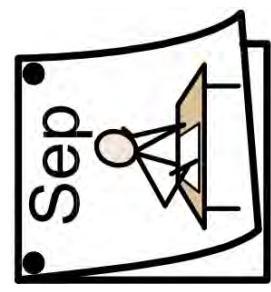
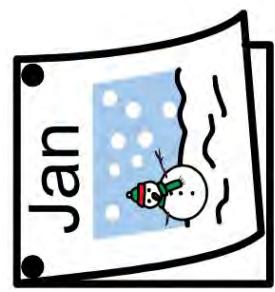
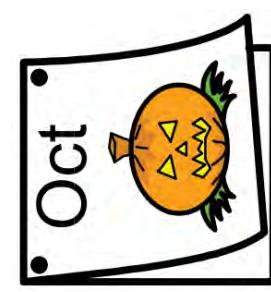
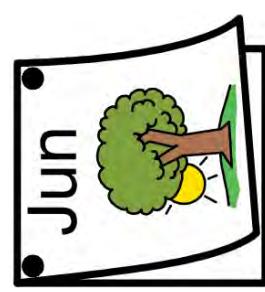
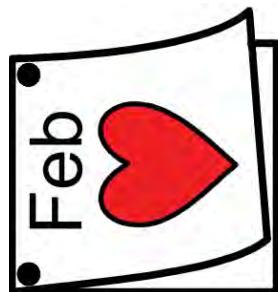
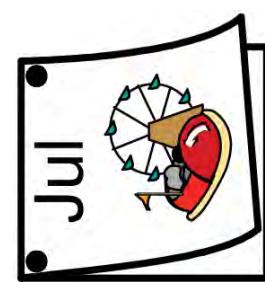
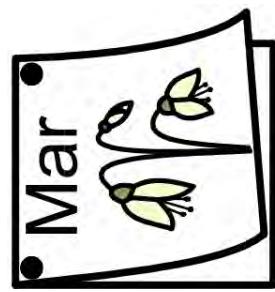
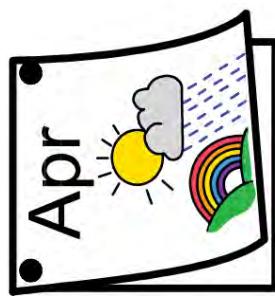
dinner



night time



afternoon





summer



winter

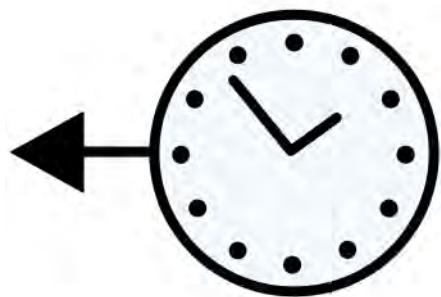


spring



autumn

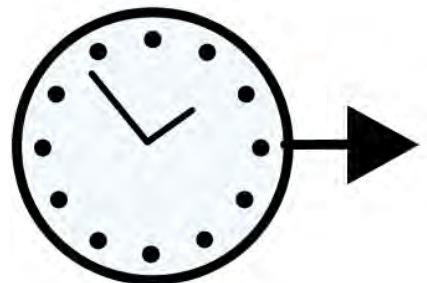
before



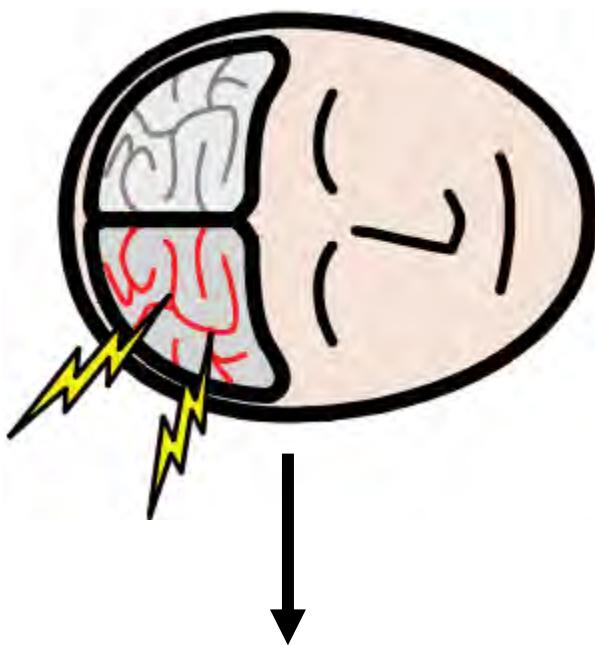
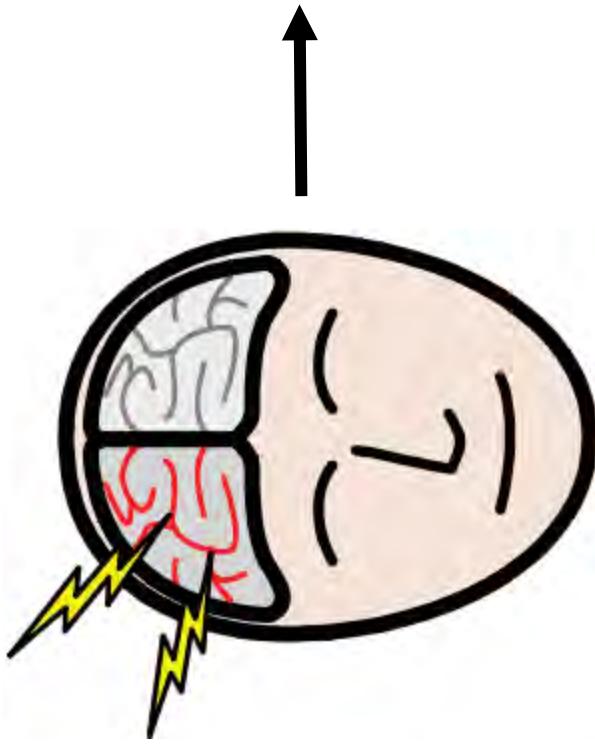
now



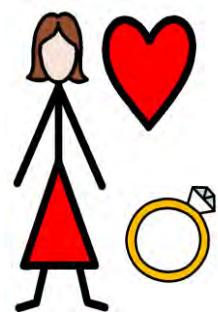
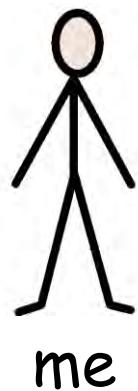
future



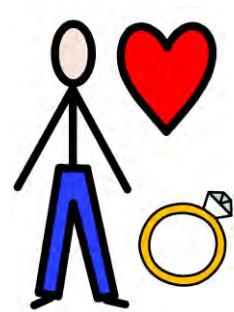
before the stroke **after the stroke**



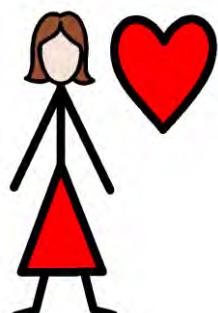
People



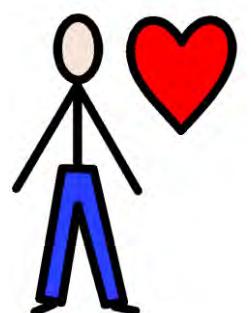
wife



husband



girlfriend



boyfriend

People



People



sister

granddaughter

mother in law

sister in law

auntie

niece

cousin

step mother

step sister

step daughter

brother

grandson

father in law

brother in law

uncle

nephew

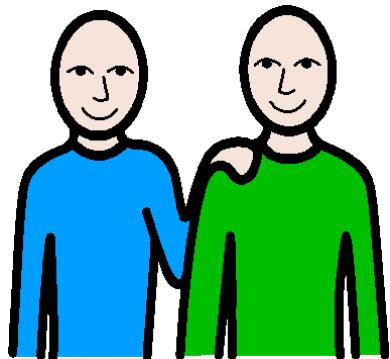
cousin

step father

step brother

step son

People

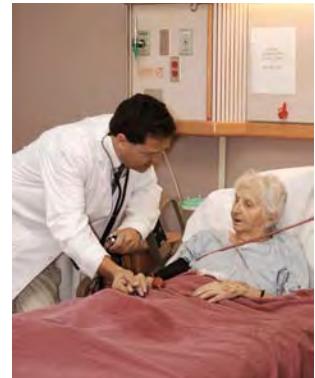


friends

People



GP



hospital doctor



nurse



chemist



carer (paid)



carer (unpaid)

People



speech and
language therapist



occupational
therapist



physiotherapist



dietician



optician



audiologist

People



podiatrist



continence
advisor



social worker

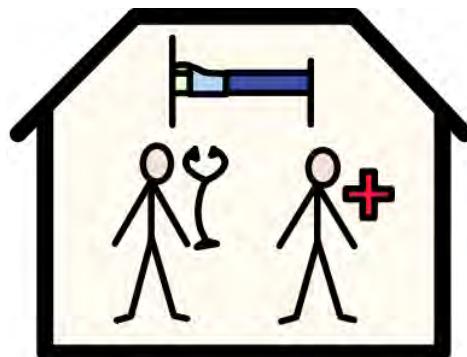


stroke coordinator

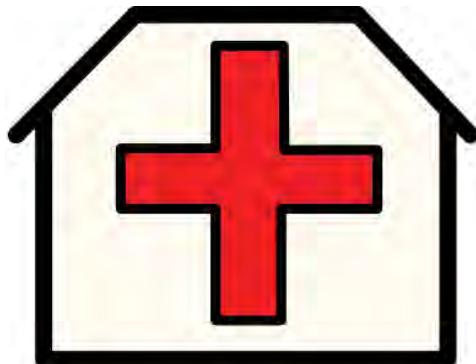


psychologist / counsellor

Places



hospital



GP practice



chemist



home



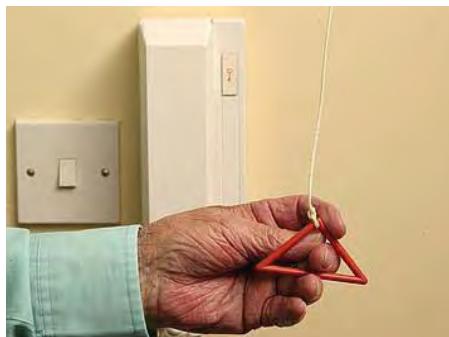
nursing home



Places



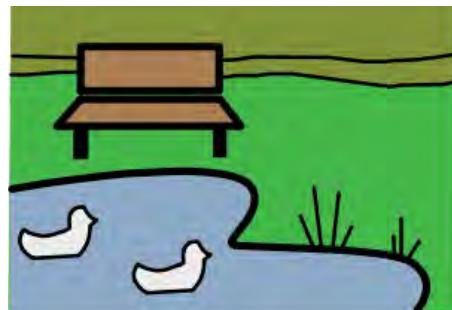
residential care



sheltered accommodation



sports centre



park

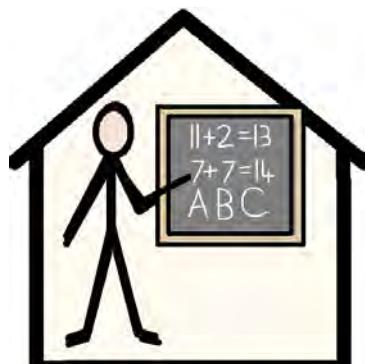
Places



church



library



school



office



shopping centre

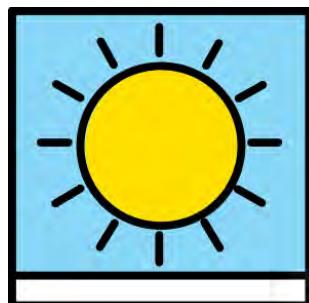


supermarket

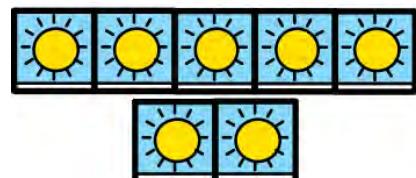
How long ago did the problem start?



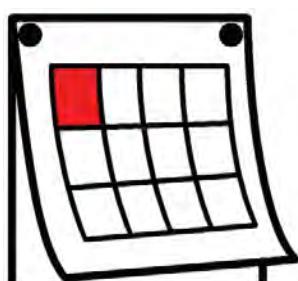
1 hour



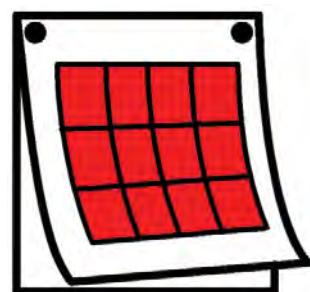
1 day



1 week



1 month



1 year

Is the problem
temporary or permanent?

always there

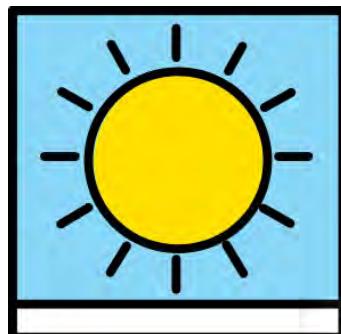
goes away **comes back** goes away

comes back goes away **comes back**

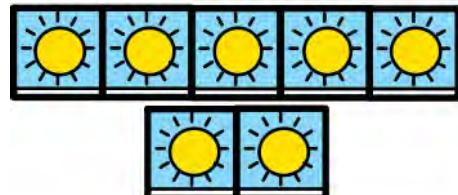
How often do you have the problem?



every hour



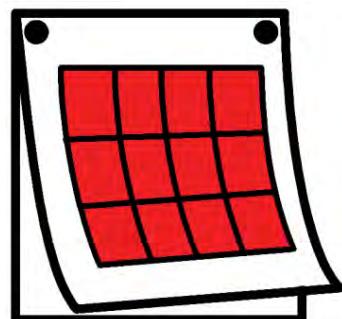
every day



every week



every month

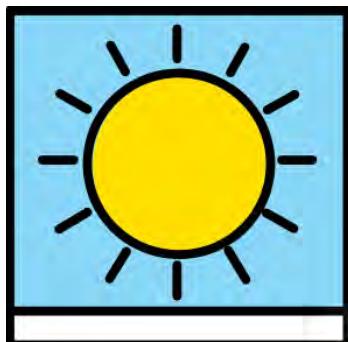


every year

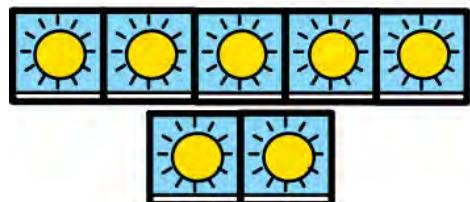
How long does the problem last?



1 hour



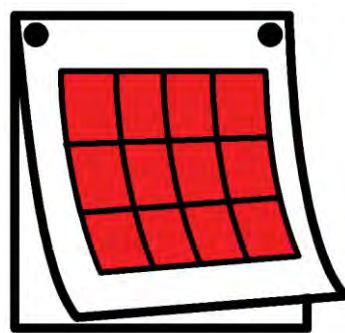
1 day



1 week



1 month



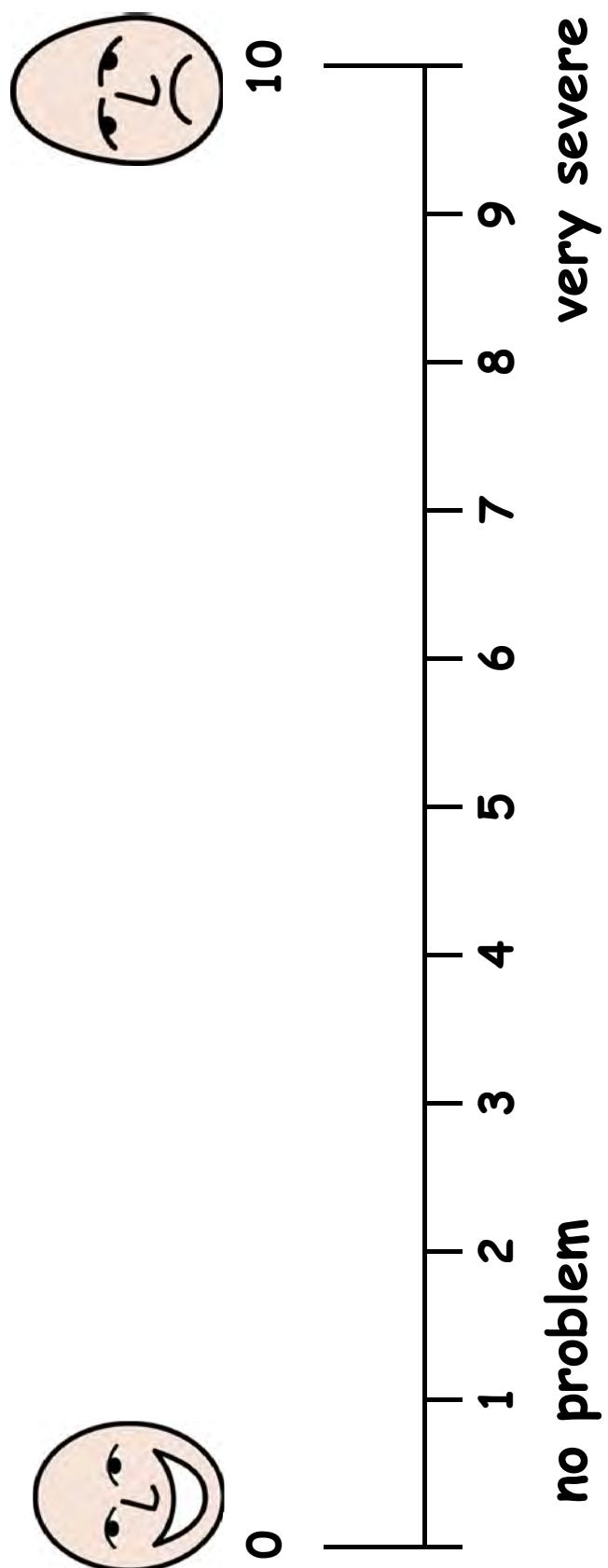
1 year

Does it happen
suddenly or gradually?

 fast!!

s - l - o - w - l - y

How severe is the problem?



Has the problem got
better or worse recently?

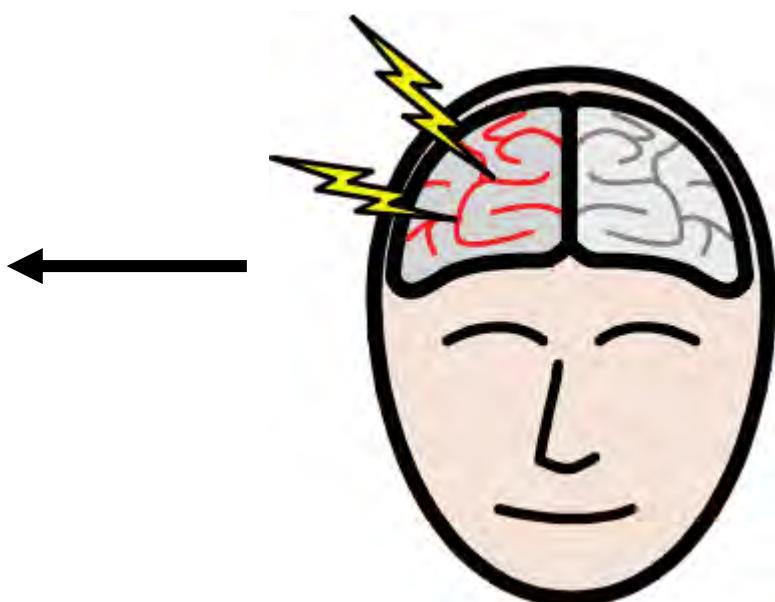
Better



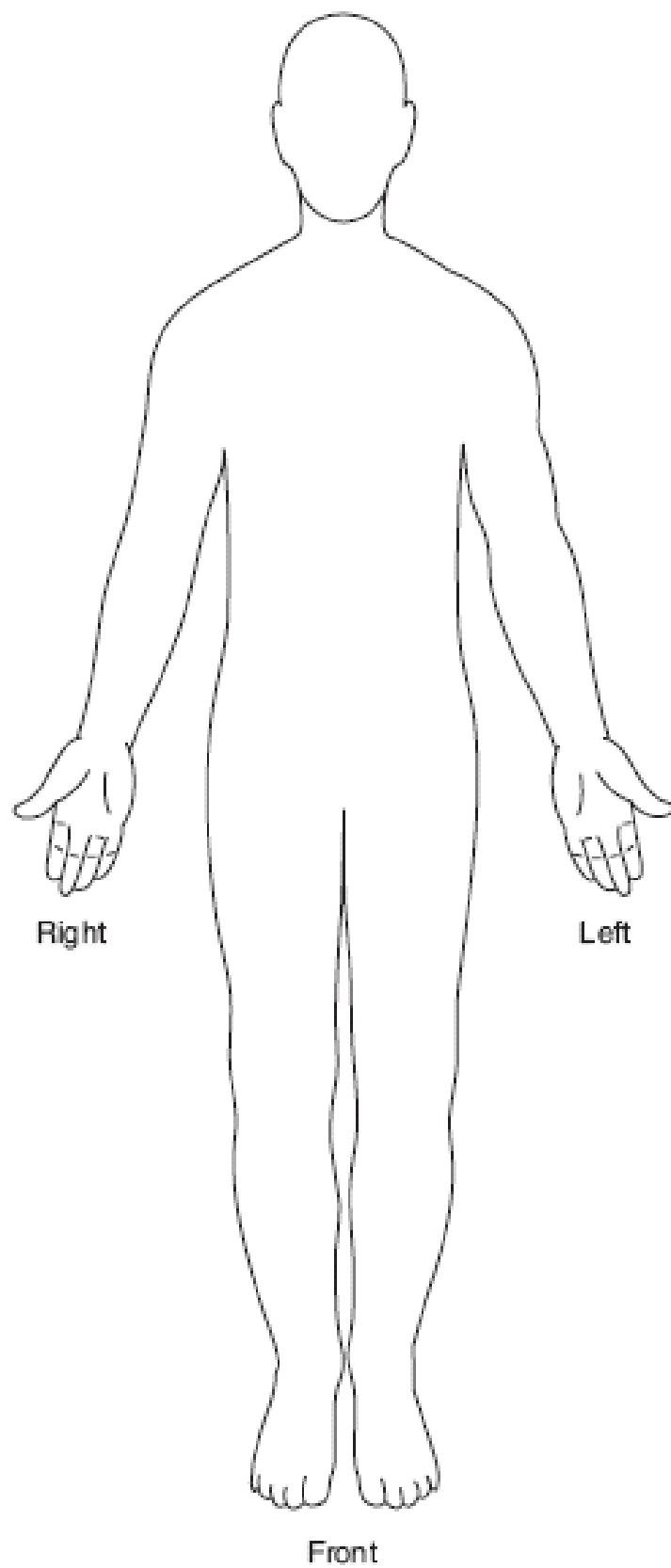
Worse



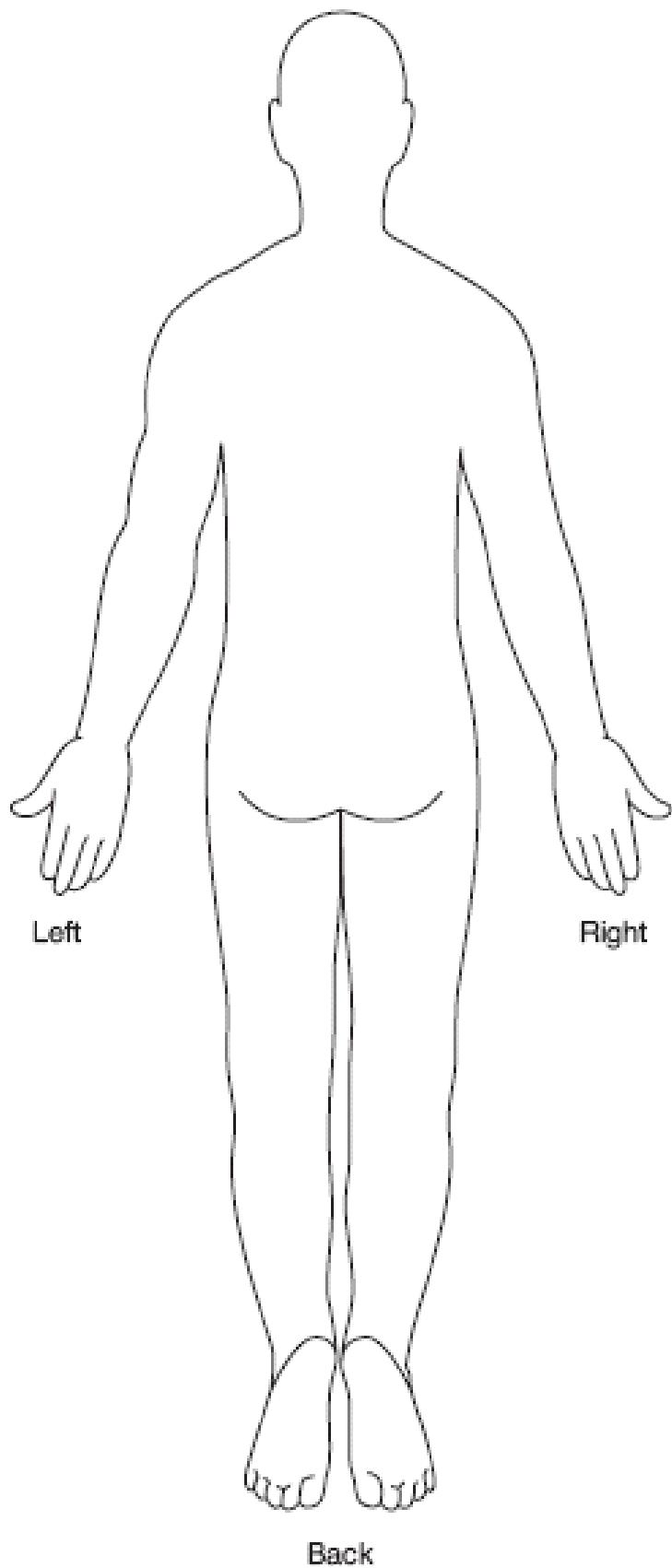
Did you have this problem
before your stroke?



Where is the problem?



Where is the problem?



Medicine



tablets



syrup



cream



inhaler



drops

Medicine



insulin



dispenser

Do you have a problem ordering your prescription?



Do you have a problem getting your prescription?



Do you have a problem getting your medicine from the chemist?



Do you take your medicine

- at the wrong times?
- too often?
- too little?
- never?



What is the problem?



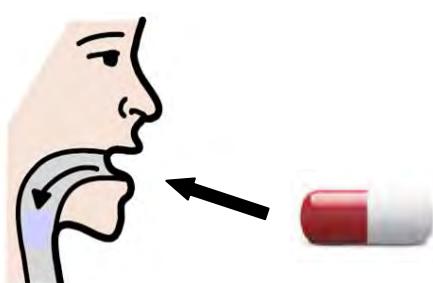
opening packets



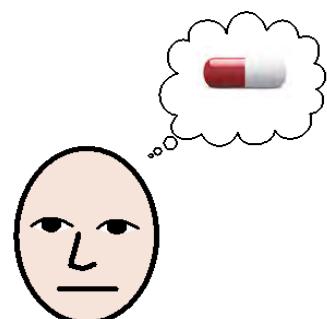
opening bottles



reading labels



swallowing
tablets



remembering to
take medicine

Does someone help you with your medicine?

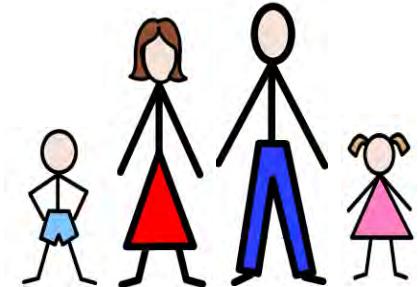
Who?



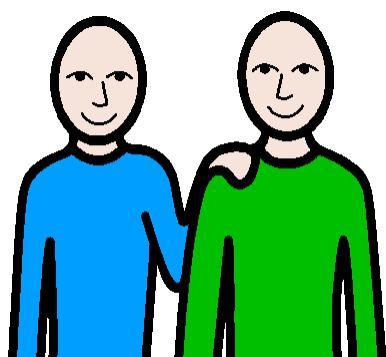
carer (paid)



carer (unpaid)

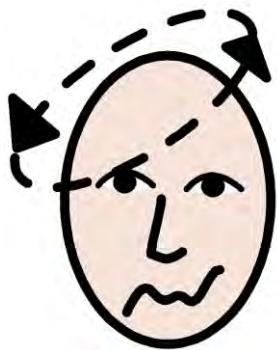


family member



friend

Side effects



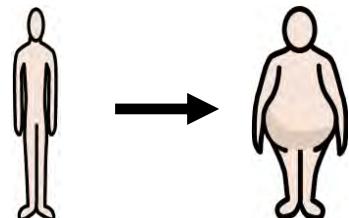
dizzy



headache



can not sleep



put on weight



feeling ill



being sick

Side effects



stomach ache



diarrhoea



constipation



rash

Do you have your blood pressure checked?



Who checks your blood pressure?



I do



carer (paid)



carer (unpaid)



nurse

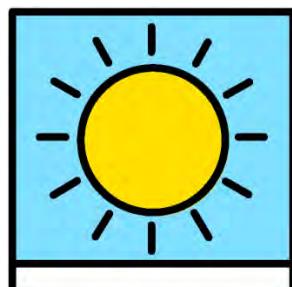


GP

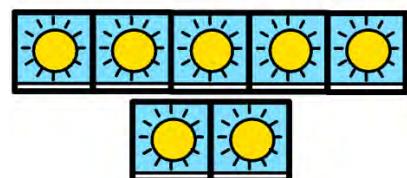


chemist

How often do you have your blood pressure checked?



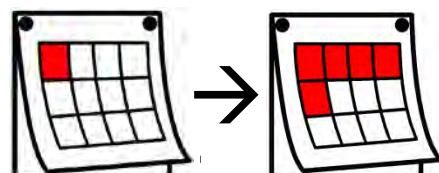
every day



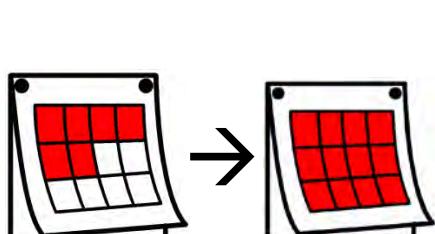
every week



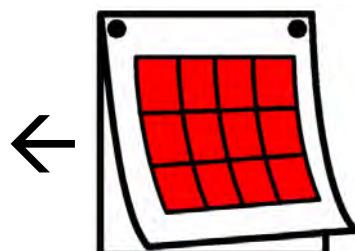
every month



every 1 - 5 months

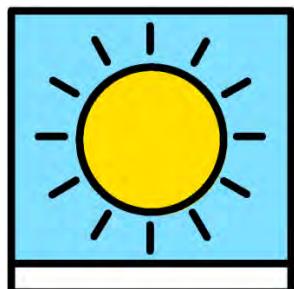


every 6 - 12 months

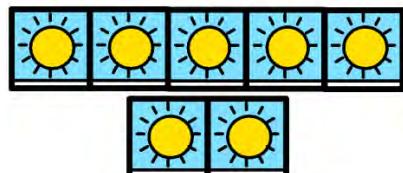


every year or less

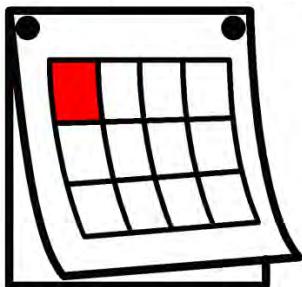
How long ago did you have your blood pressure checked?



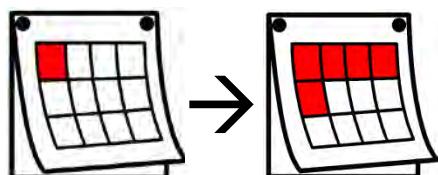
1 day



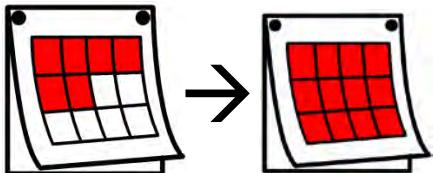
1 week



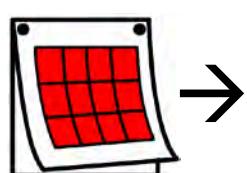
1 month



1 - 5 months



6 - 12 months

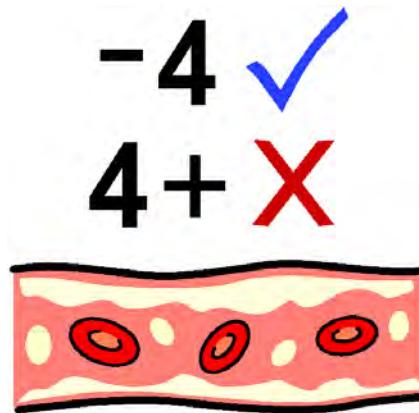
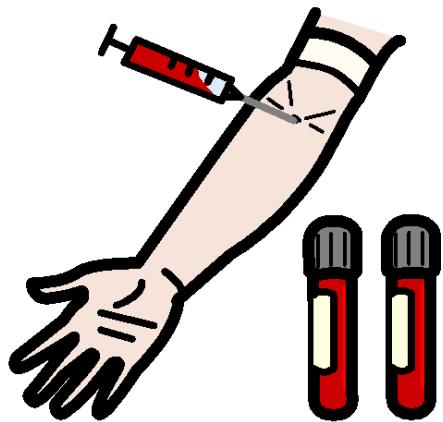


more than 1 year

Can I take your pulse?



Do you have your cholesterol checked?



Who checks your cholesterol?



nurse

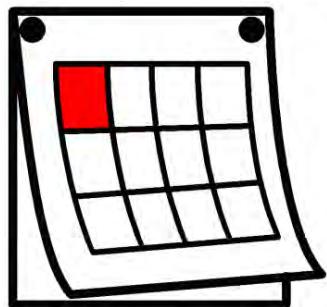


GP

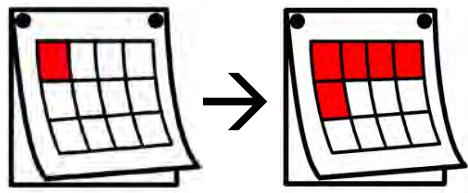


chemist

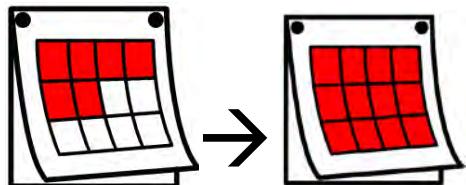
How often do you have your cholesterol checked?



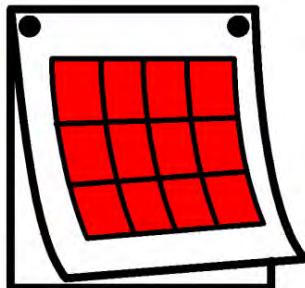
every month



every 1 - 5 months

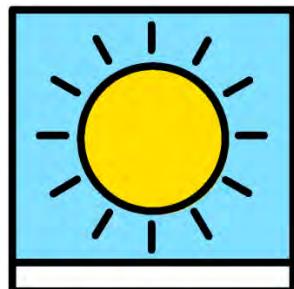


every 6 - 12 months

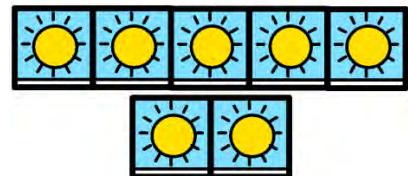


every year or less

How long ago did you have your cholesterol checked?



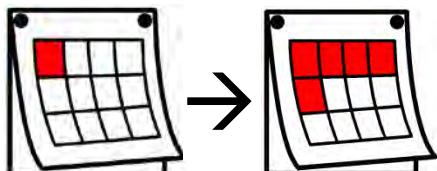
1 day



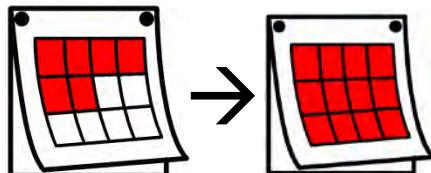
1 week



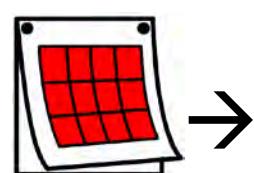
1 month



1 - 5 months



6 - 12 months

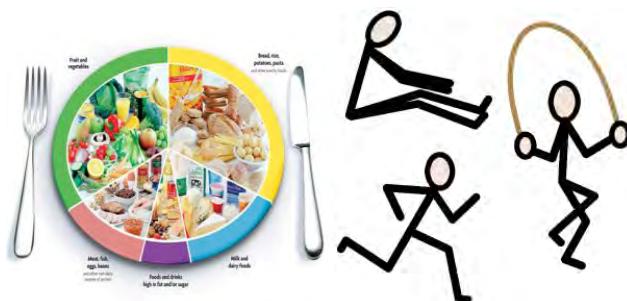


more than 1 year

What type of diabetes do you have?

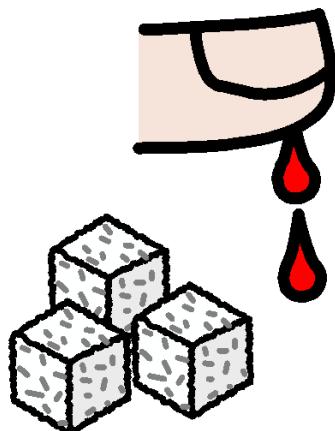


type 1



type 2

Do you have your blood sugar checked?



Who checks your blood sugar?



I do



carer (paid)



carer (unpaid)



nurse

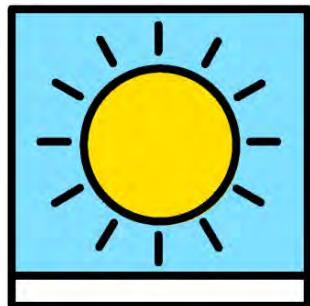


GP

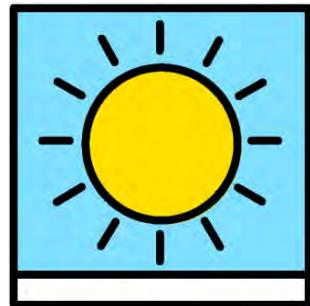


chemist

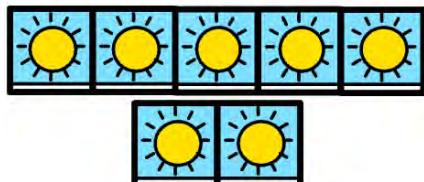
How often do you have your blood sugar checked?



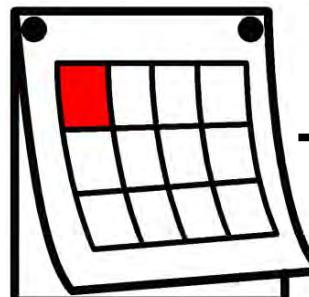
more than once a day



every day

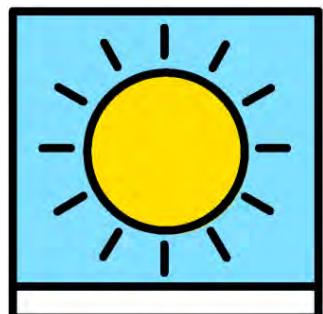


every week

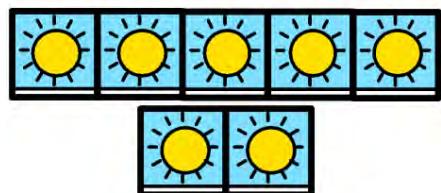


every month or more

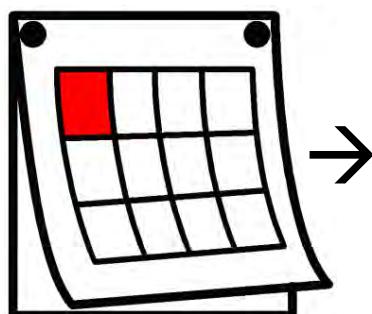
How long ago did you have your blood sugar checked?



1 day



1 week



1 month or more

What do you drink?



wine



beer

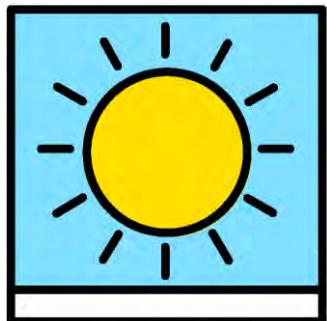


spirit

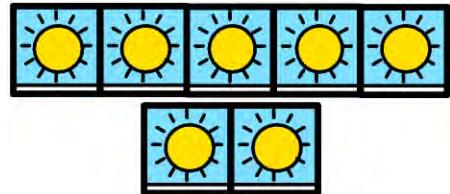


shot

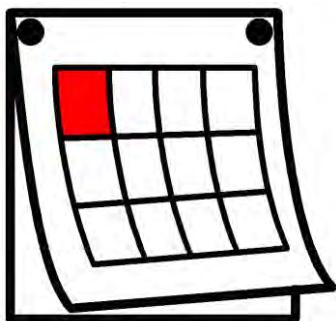
How often do you drink?



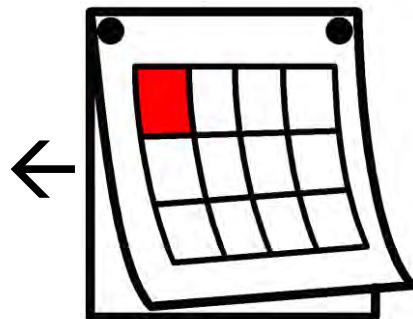
every day



1 or 2 times a week



1 or 2 times a month



less than once a month

How much do you drink?

- 1



- 2



- 3

- 4

- more than 4

How many packs do you smoke a day?

- $\frac{1}{2}$ a pack



- 1 pack



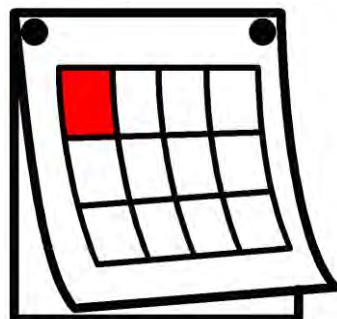
- 2 packs



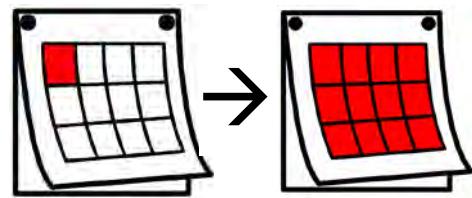
- 3 or more packs



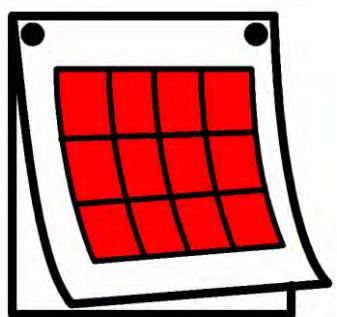
How long have you smoked for?



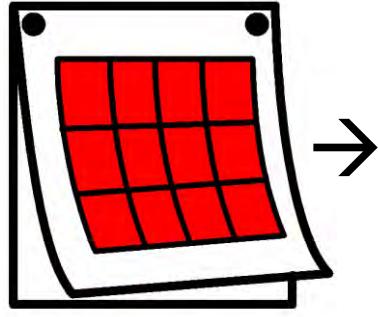
1 month



1 - 12 months



1 - 10 years

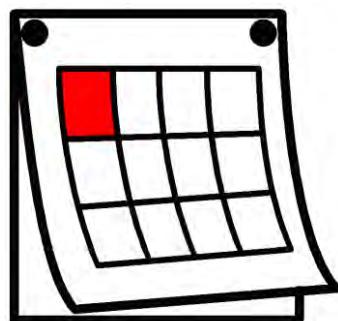


more than 10 years

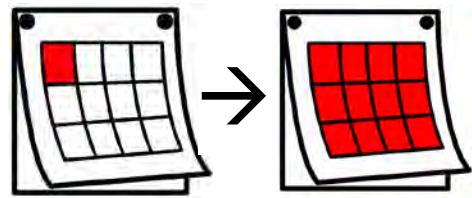
Do you want to stop smoking?



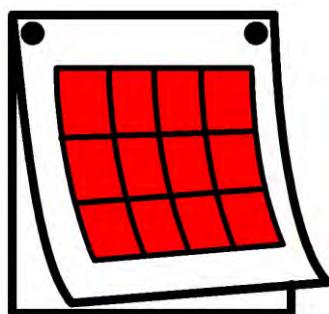
How long ago did you stop smoking?



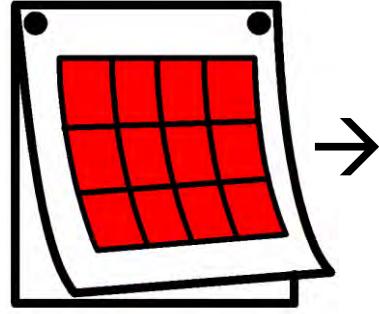
1 month



1 - 12 months



1 - 10 years



more than 10 years

Healthy eating



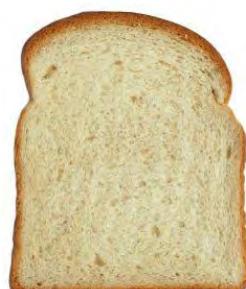
salt



oil



butter



bread



chips



pizza

Healthy eating



sweets



chocolate



biscuits



cheese



fruit



vegetables

Healthy eating



meat



fish

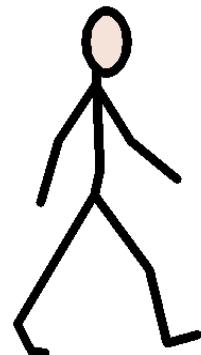


vegetarian

Exercise



dance



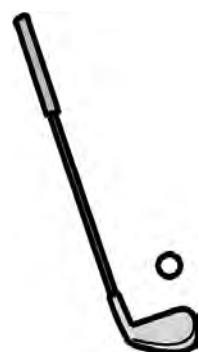
walk



gym



cycling

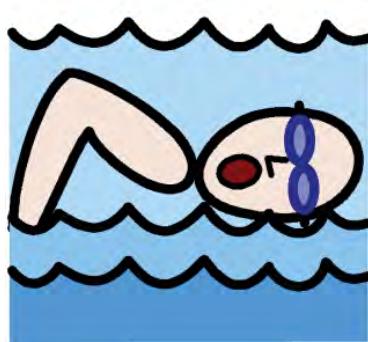


golf



bowls

Exercise



swimming

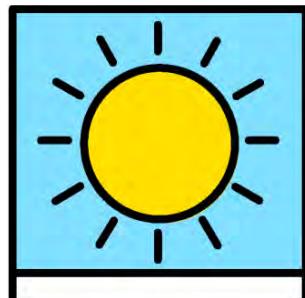


gardening

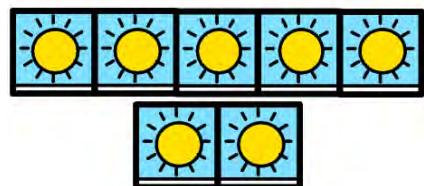


keep active

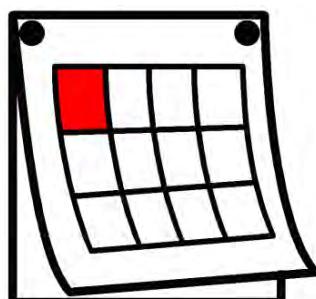
How often do you exercise?



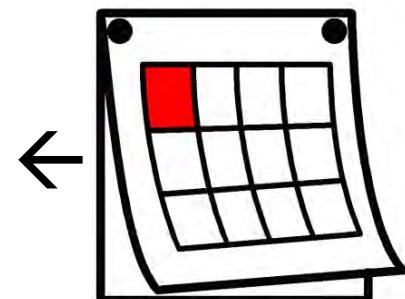
every day



1 or 2 times a week

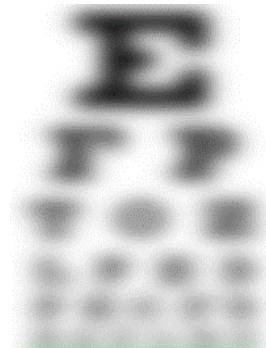


1 or 2 times a month



less than once a month

Vision



blurred vision

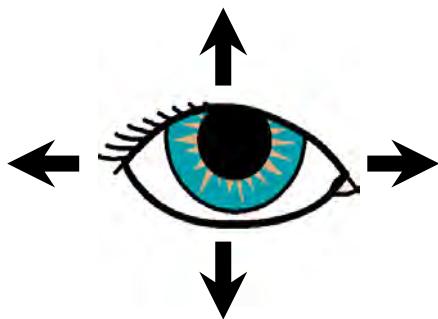


visual field problems

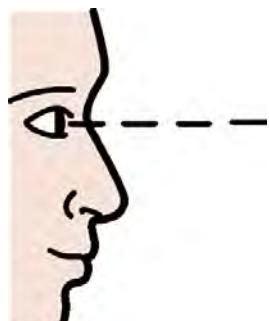


double vision

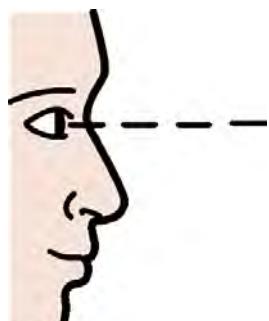
Vision



sudden eye movements



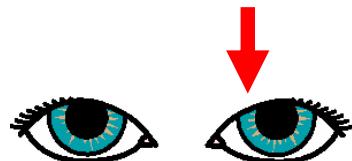
hard to see long distance



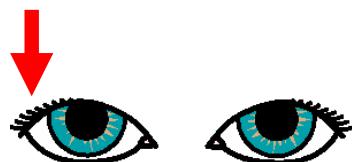
hard to see short distance

Which side is the problem on?

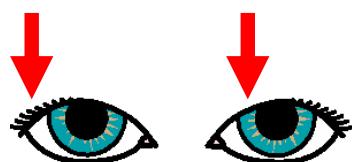
- right



- left



- both



**Do you wear
glasses or contact lenses?**



Hearing



hard to hear



problem with
hearing aid



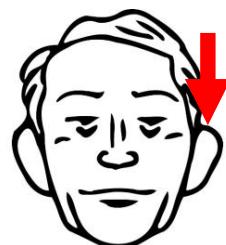
too loud



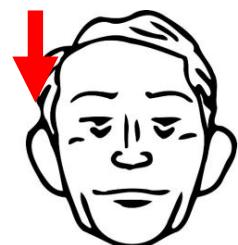
ringing in ears

Which side is the problem on?

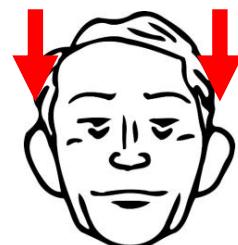
- right



- left



- both

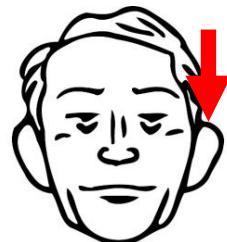


Do you wear a hearing aid?

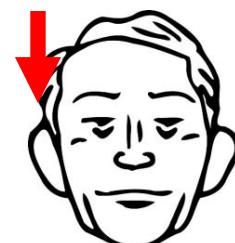


How many?

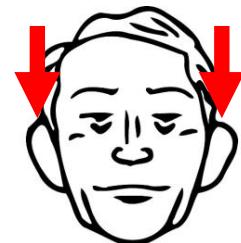
- 1 in right ear



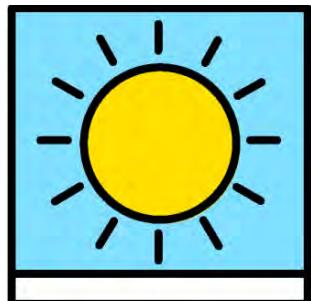
- 1 in left ear



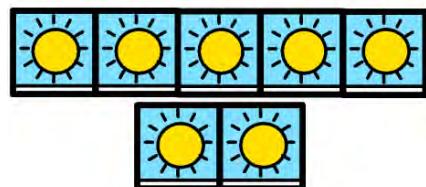
- 2



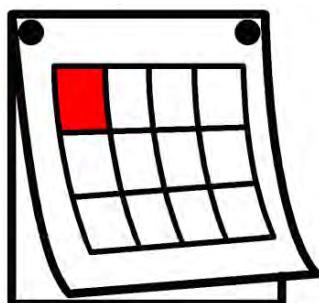
How long ago did you have your hearing aid checked?



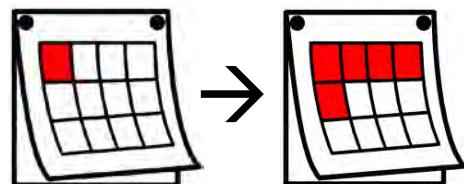
1 day



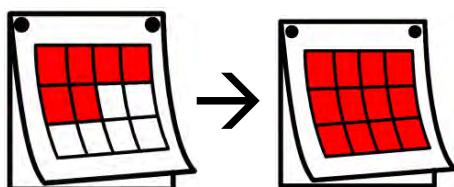
1 week



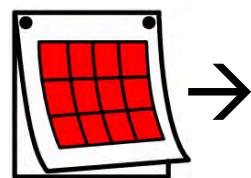
1 month



1 - 5 months



6 - 12 months

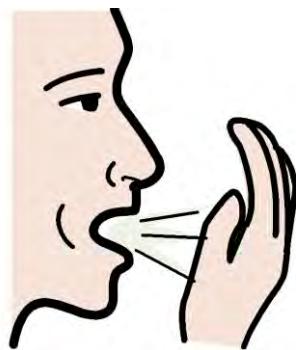


more than 1 year

Swallowing



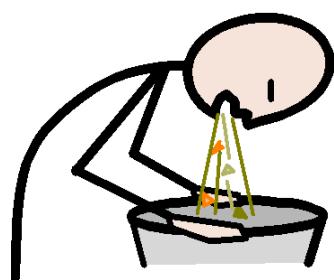
problem with feeding tubes



coughing



choking



being sick



chest infection

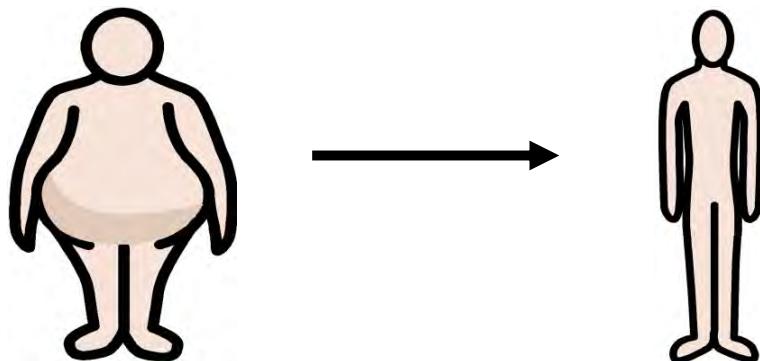
How much do you weigh?



1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20
30	40	50	60	70
80	90	100	110	120
130	140	150	160	170

stones pounds/lbs kgs/kilos

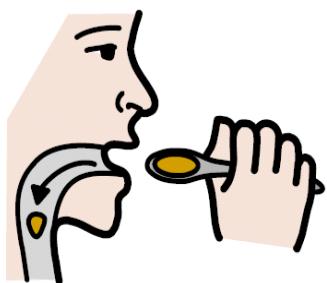
How much weight have you lost in the last 3 - 6 months?



1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20
30	40	50	60	70
80	90	100	110	120
130	140	150	160	170

stones pounds/lbs kgs/kilos

Why have you lost weight?



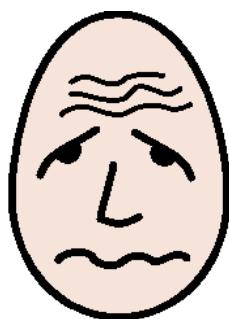
problem swallowing



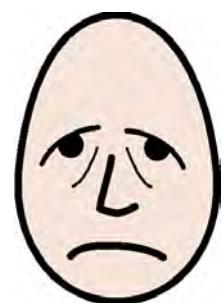
not hungry



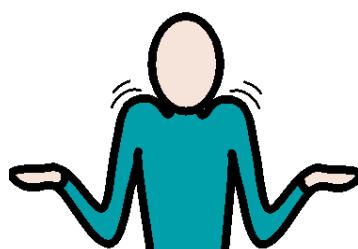
illness



stress

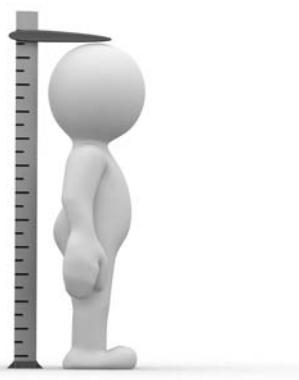


depression



do not know

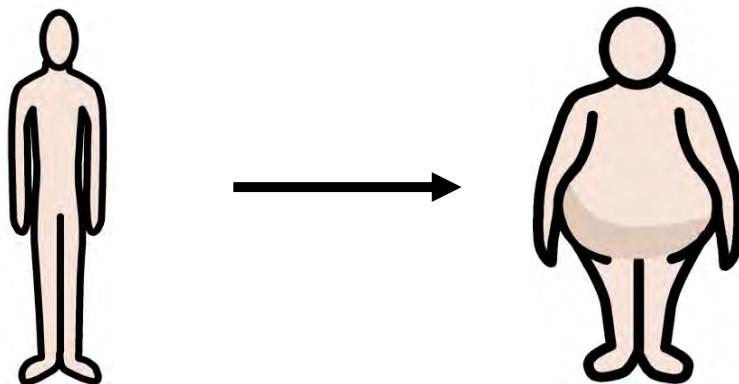
How tall are you?



$\frac{1}{2}$	1	2	3	4
5	6	7	8	9
10	11	12	13	14
15	16	17	18	19
20	30	40	50	60
70	80	90	100	110

foot inches metres cm

How much weight have you put on in the last 3 - 6 months?



1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20
30	40	50	60	70
80	90	100	110	120
130	140	150	160	170

stones pounds/lbs kgs/kilos

Why have you put on weight?



stopped smoking



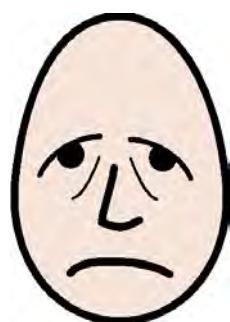
medicine



illness



stopped exercising

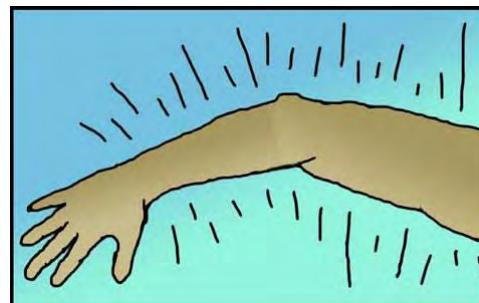


depression

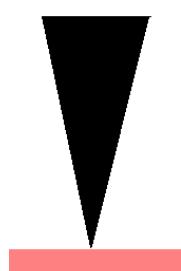


do not know

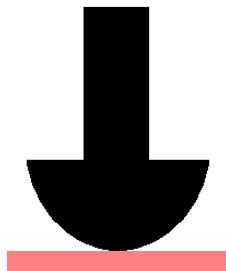
What does the pain feel like?



tingling



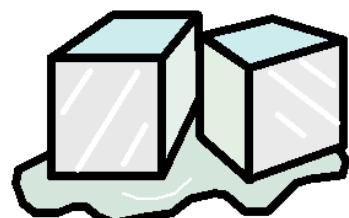
sharp



dull

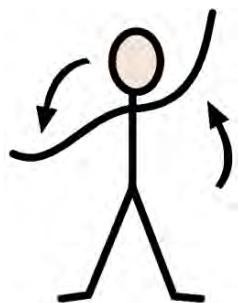


hot



cold

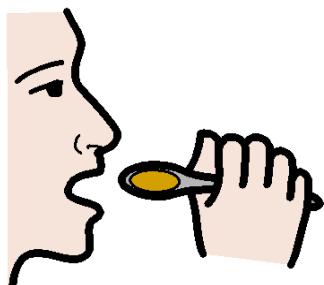
What makes the pain better?



moving



not moving

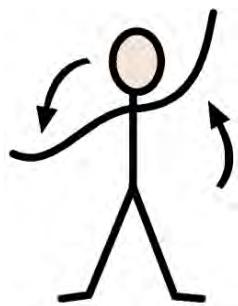


eating



medicine

What makes the pain worse?



moving



not moving



eating



medicine

Do you have anything to help you?



catheter



bottle



bed pan



commode

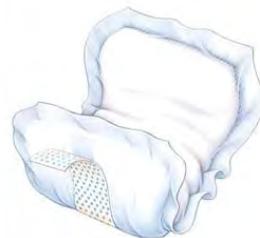


raised toilet seat



toilet frame

Do you have anything to help you?



pads



bed pad

plugs

Daily activities



cooking meals



cleaning the house



shopping for food



washing clothes



having a wash



shopping

Daily activities



looking after your appearance



getting dressed

Does someone help you? Who?



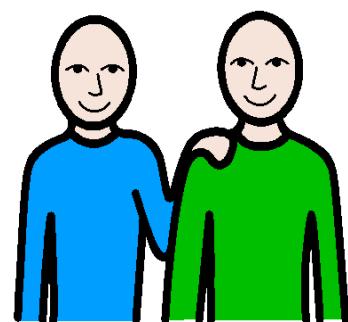
carer (paid)



carer (unpaid)



family member



friend

Do you have anything to help you?



wheelchair



ramp



crutch



walking stick



trolley



frame

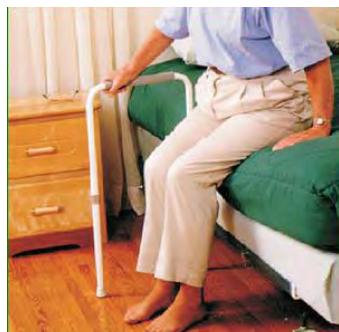
Do you have anything to help you?



scooter



stair lift



bed rail



grab rail



shower stool



bath seat

Do you have anything to help you?



bath board



hoist



shopping basket



reacher



cutlery

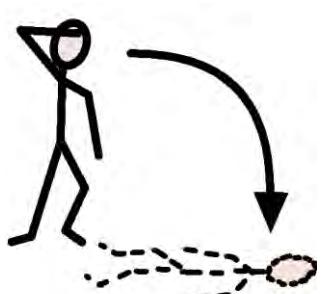


opener

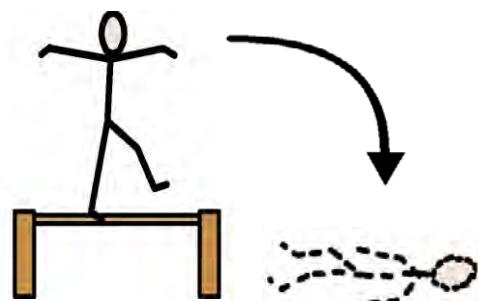
Why did you fall?



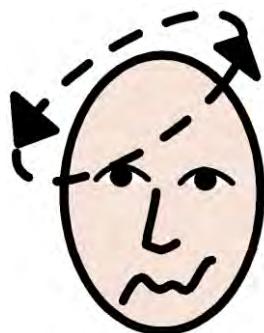
tripped over



fainted



lost balance



dizzy



do not know

How many times have you fallen?

- 1
- 2
- 3
- 4 or more

Where did you fall?

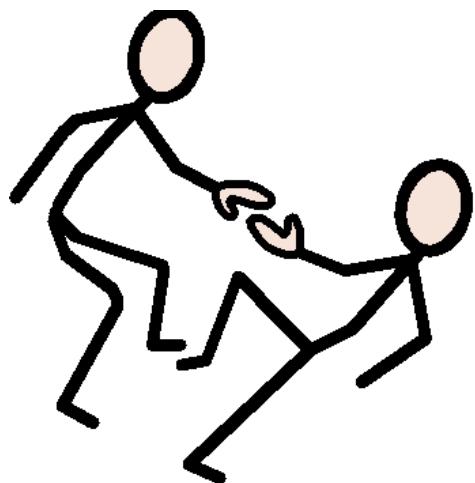
- inside



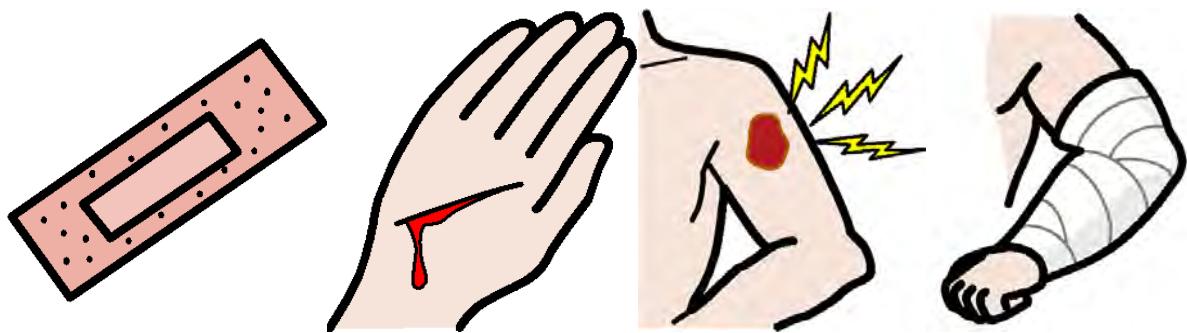
- outside



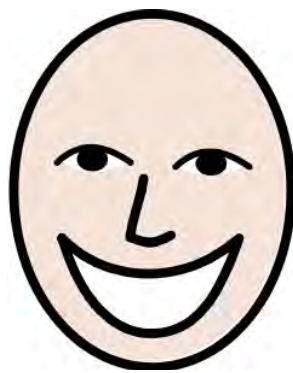
Were you able to get help?



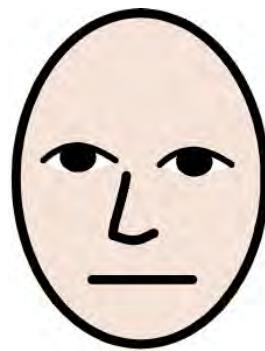
Did you hurt yourself?



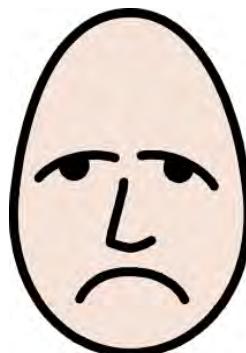
Feelings



happy



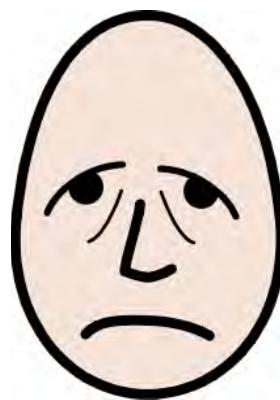
ok



sad



upset

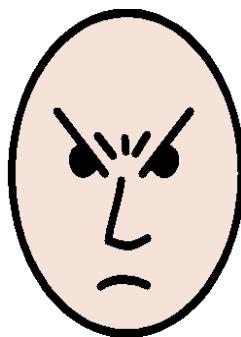


depressed



frustrated

Feelings



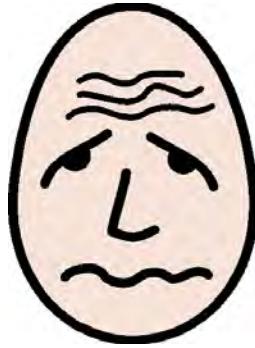
angry



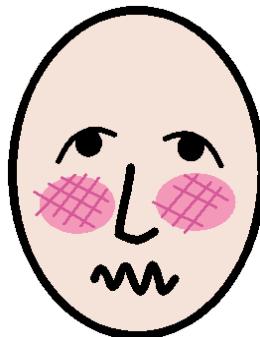
aggressive



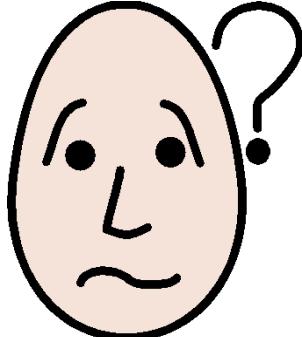
tense



worried

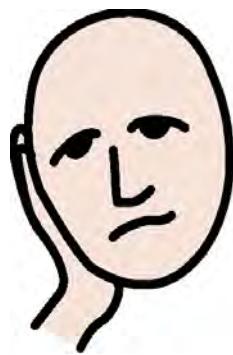


embarrassed

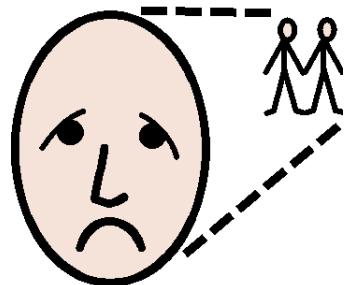


confused

Feelings

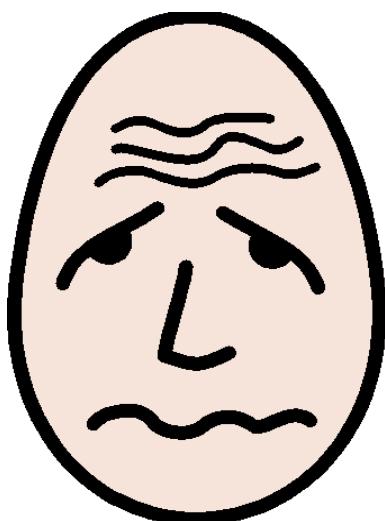


bored

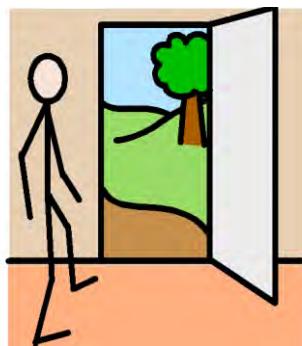


lonely

Does this worry you or
other people?



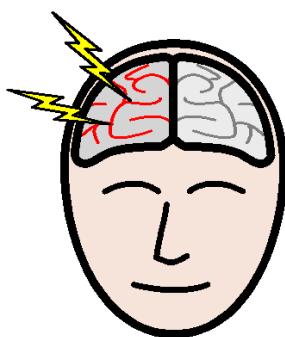
What makes you anxious?



going out



falling

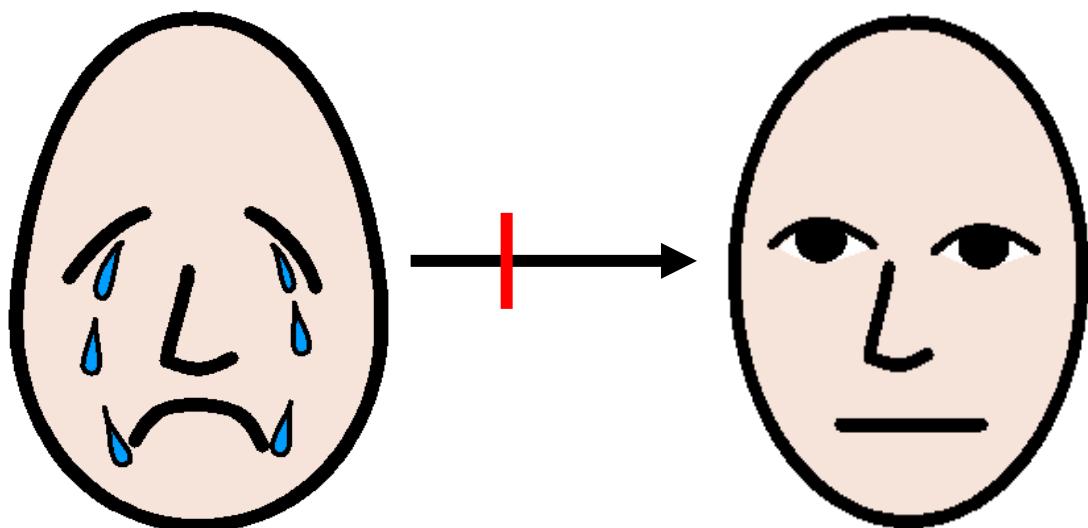


worried about having
another stroke

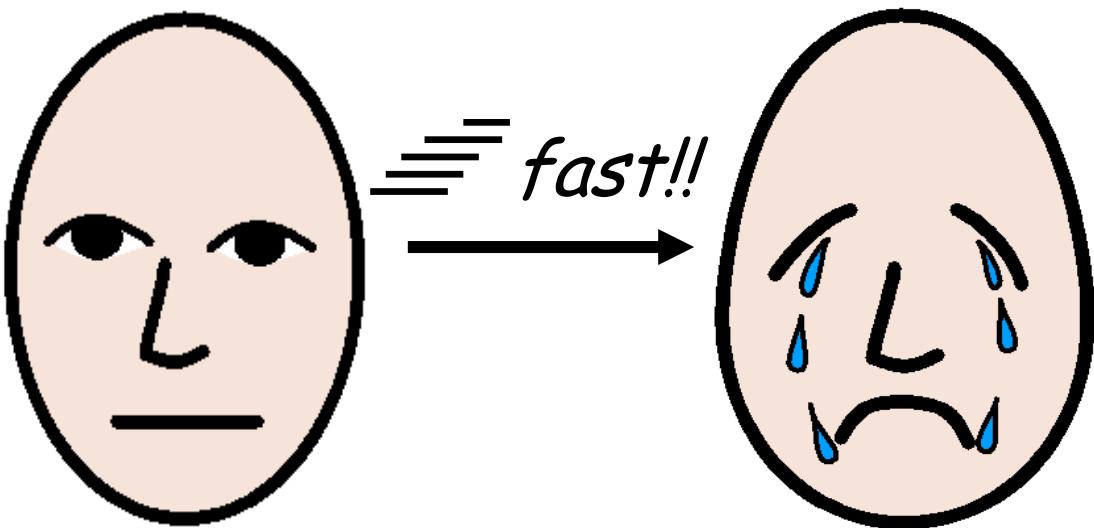


don't know

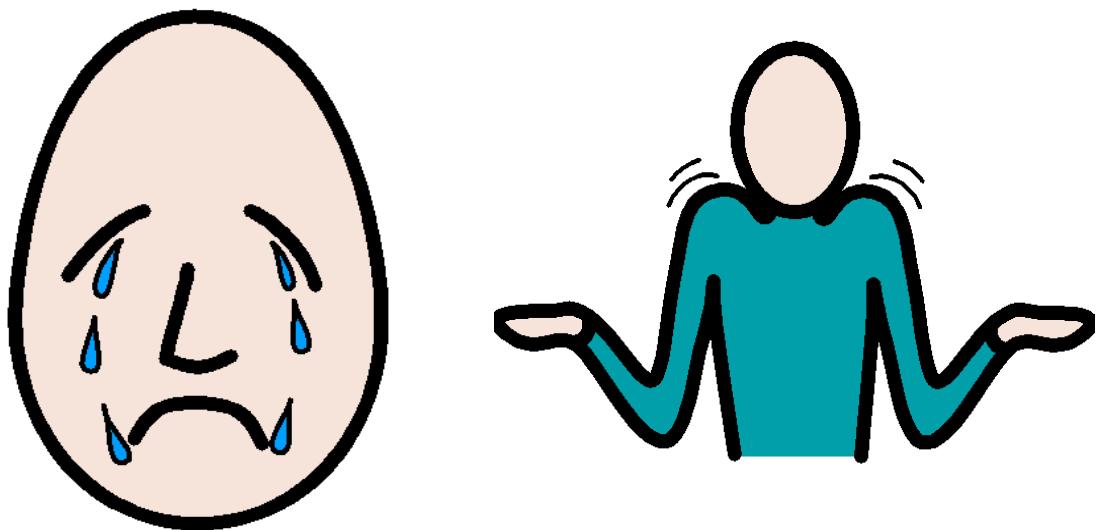
Do you find it
hard to stop crying?



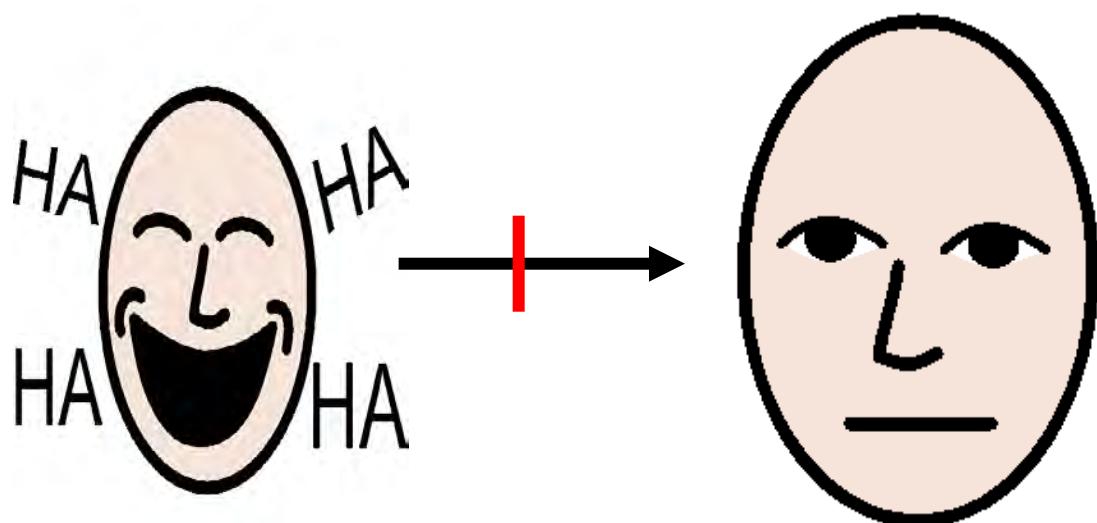
Do you cry suddenly?



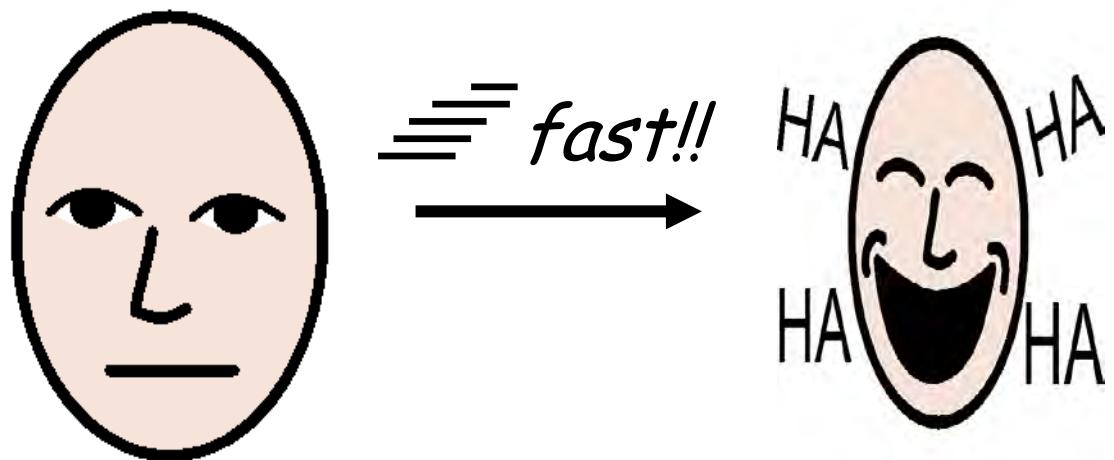
Do you cry for no reason?



Do you find it
hard to stop laughing?



Do you laugh suddenly?



Do you laugh for no reason?



What makes it better?



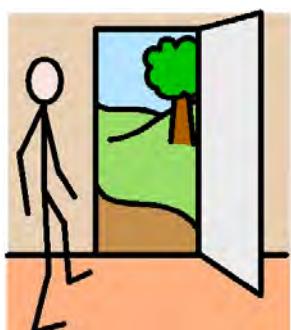
medicine



exercise



rest



going out

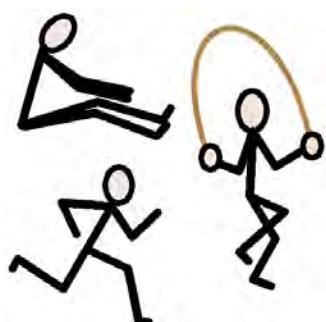


talking to someone

What makes it worse?



medicine



exercise



rest

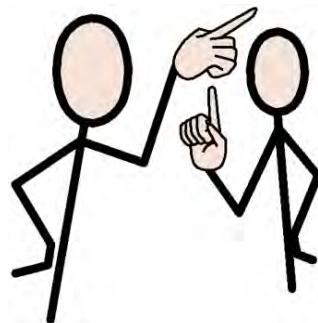


going out



talking to someone

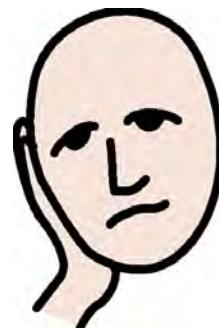
What is the problem?



arguing



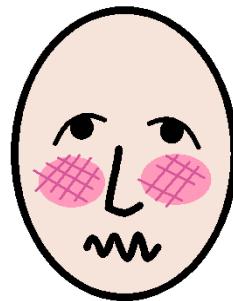
communication
problem



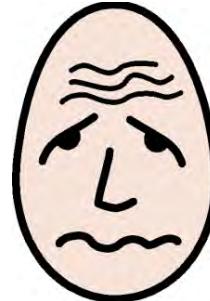
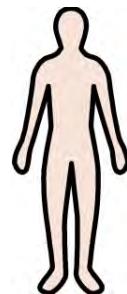
no interest



too tired

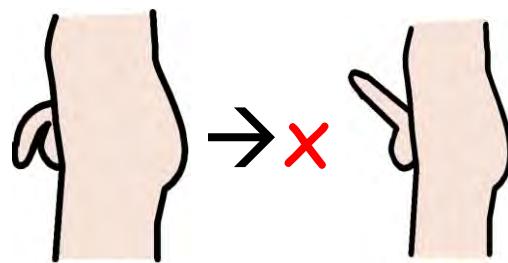


embarrassed
about my body



worried about
blood pressure

What is the problem?

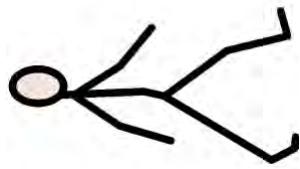


physical problem

When do you sleep?



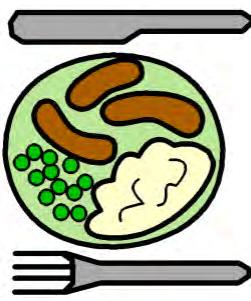
night time



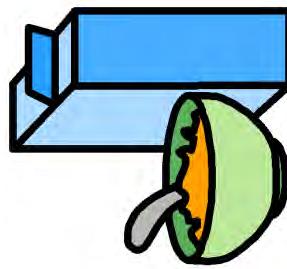
afternoon



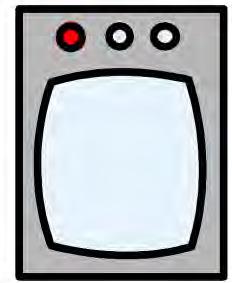
morning



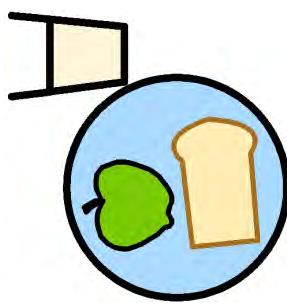
dinner



breakfast



evening



lunch

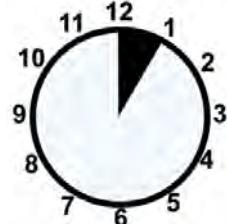


bedtime

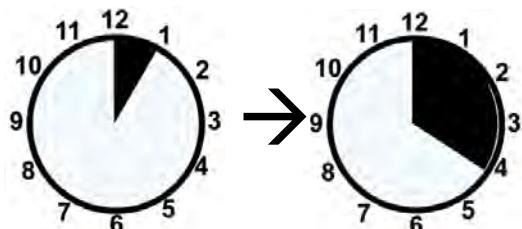
How long do you sleep for?



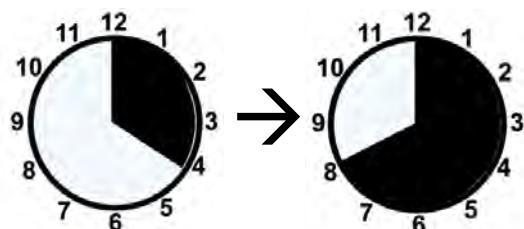
10 minutes



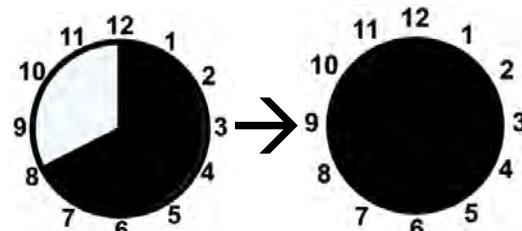
1 hour



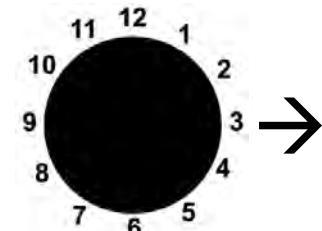
1 - 4 hours



4 - 8 hours

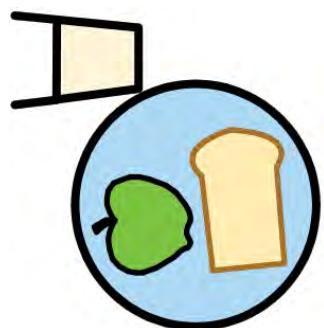


8 - 12 hours



more than 12 hours

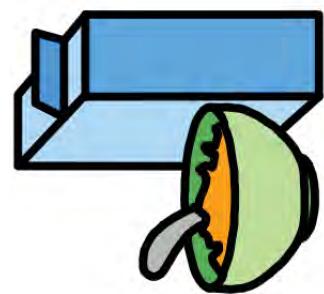
When do you feel most tired?



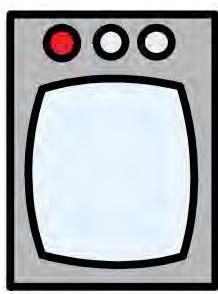
lunch



bedtime



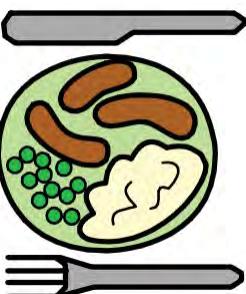
breakfast



evening



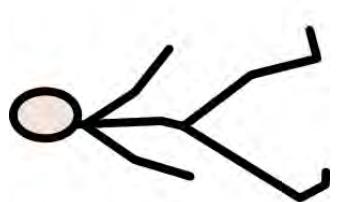
morning



dinner



night time



afternoon

What makes it better?



medicine



rest



exercise



relaxation



food and drink

What makes it worse?



medicine



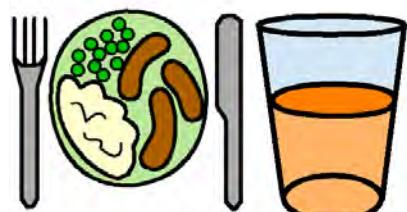
rest



exercise

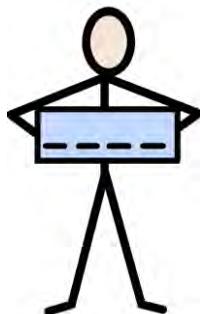


relaxation

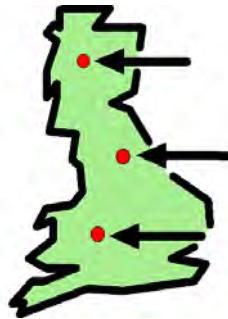


food and drink

What do you forget?



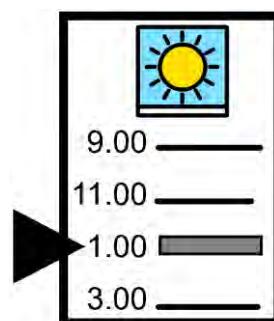
names of people



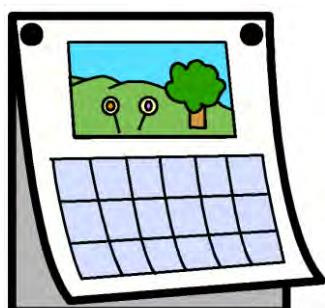
names of places



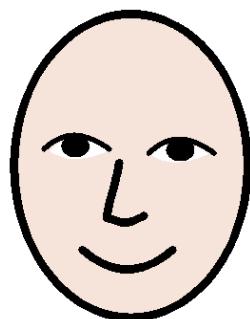
names of things



appointments



important dates



what people look
like

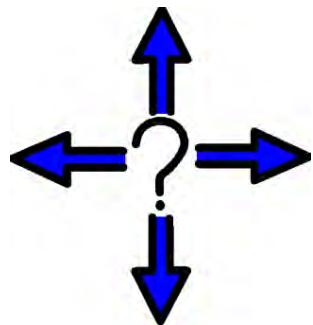
What do you forget?



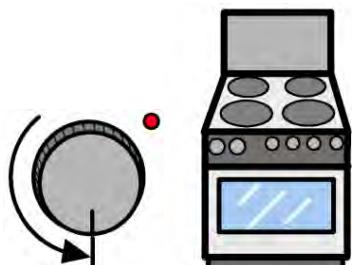
what people have
told you



to take your
medicine



where things are to lock the door

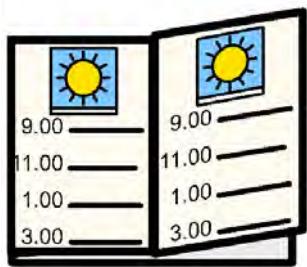


to turn off the
cooker

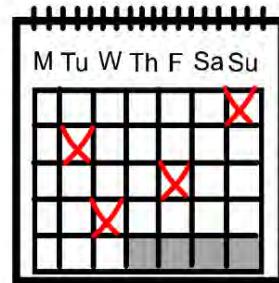


how to do things
in the right order

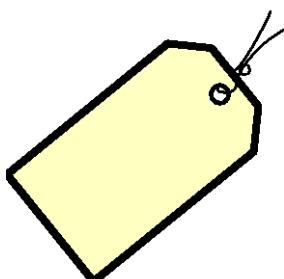
Do you use anything to help you remember things?



diary



calendar



labels



notes

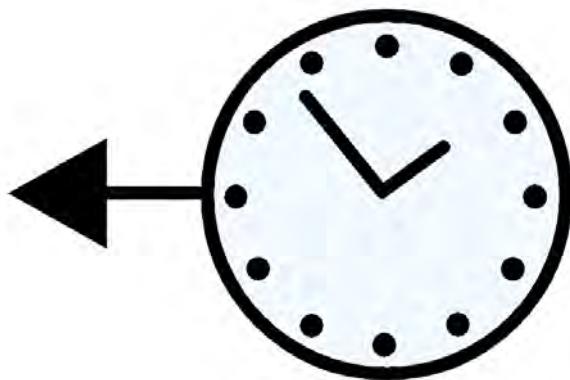


dispenser

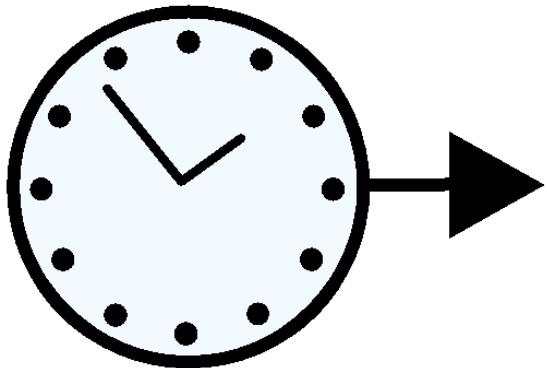


voice recorder

Is it hard to remember things from the past?



Is it hard to remember things
you are doing in the future?



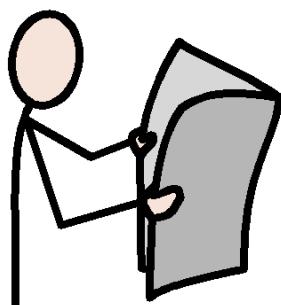
When do you find it difficult to concentrate?



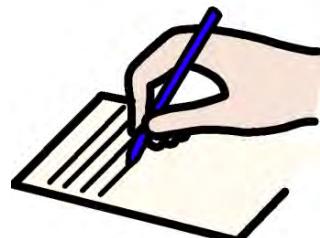
driving



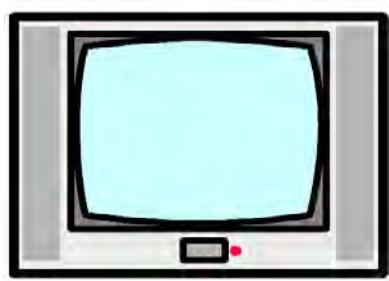
cooking



reading



writing



watching tv



having
conversations

Travel and transport



car



bus



motorbike



lorry



taxi

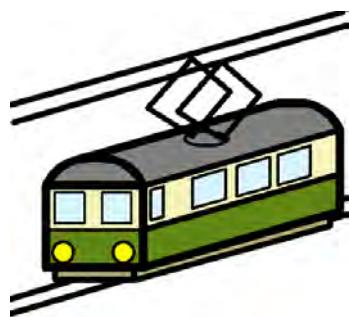
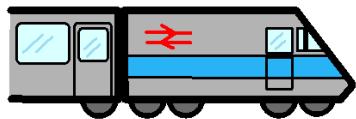


scooter

Travel and transport

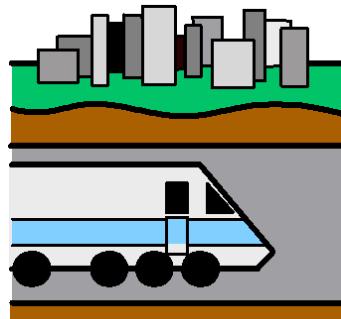


ring and ride

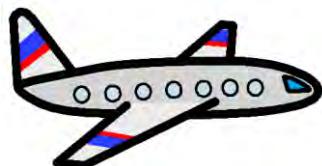


train

tram



tube

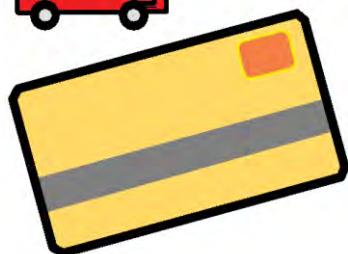


plane

Travel and transport



driving licence



bus pass



vouchers

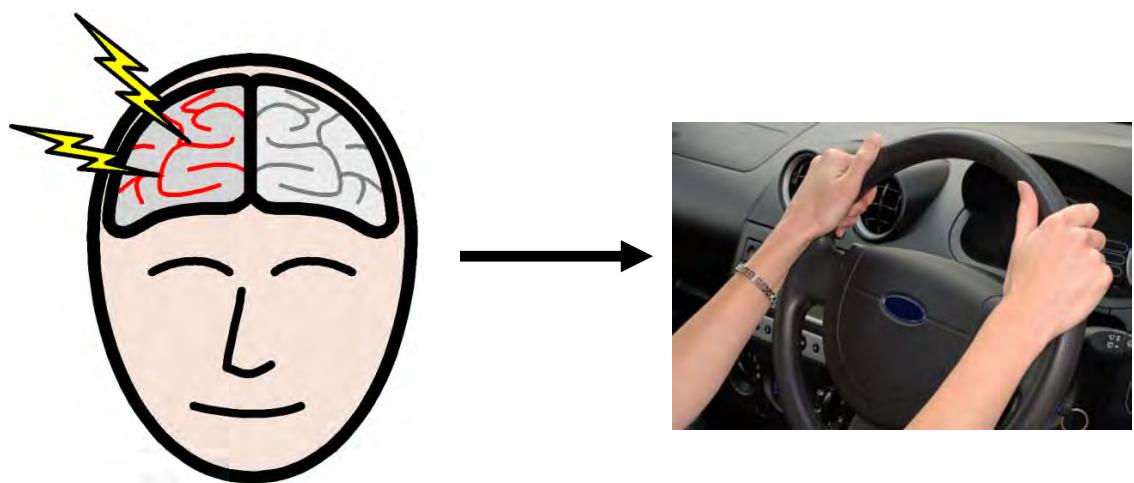


blue badge



hotel

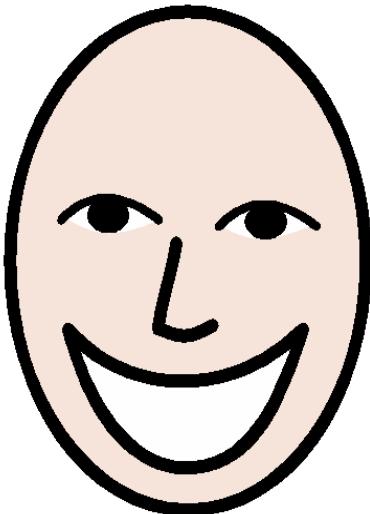
Have you started driving again?



Did your doctor tell you that you could drive again?



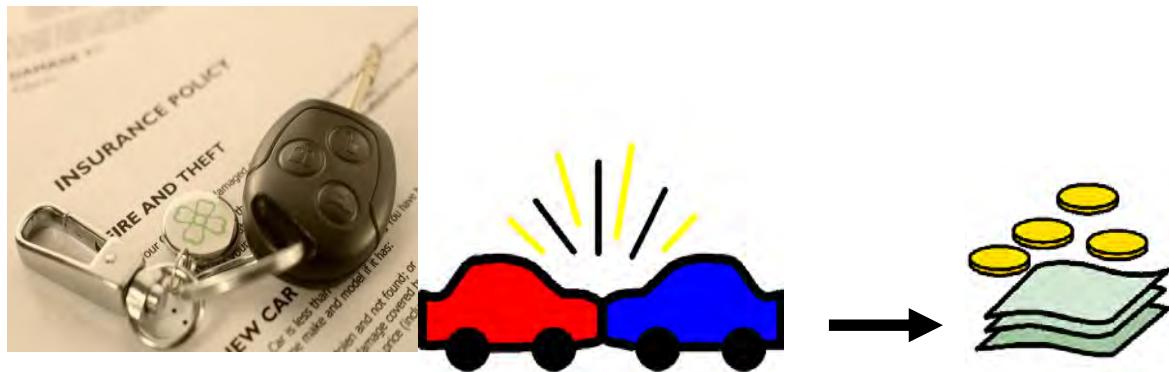
Would you like to
start driving again?



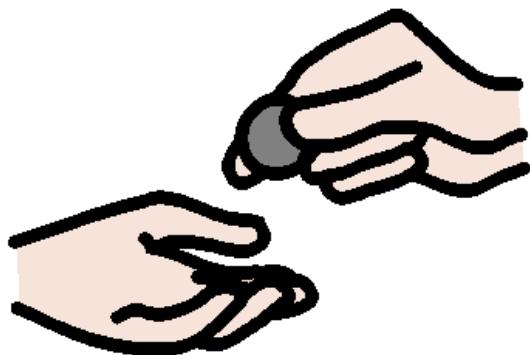
Have you told the DVLA
that you have had a stroke?



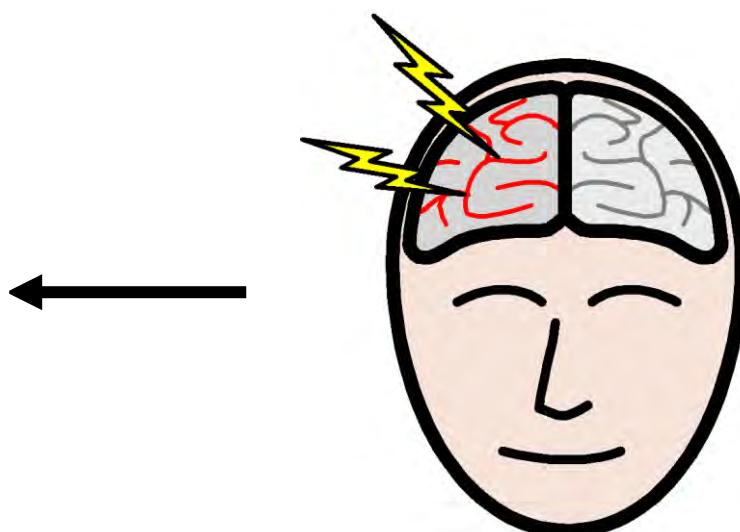
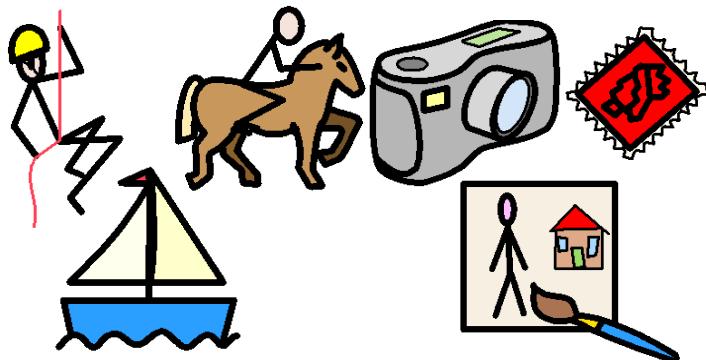
Have you told your
insurance company that you
have had a stroke?



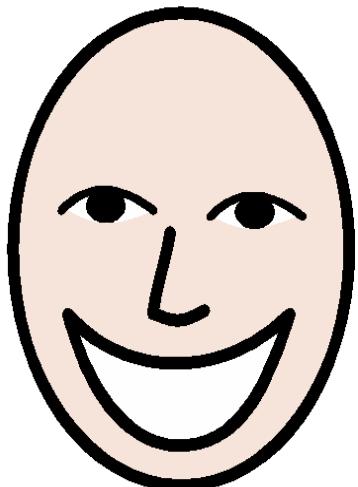
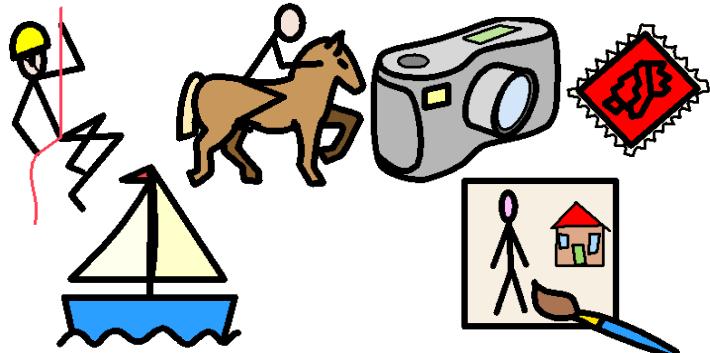
Do you have problems paying for transport?



What did you do in your spare time before your stroke?



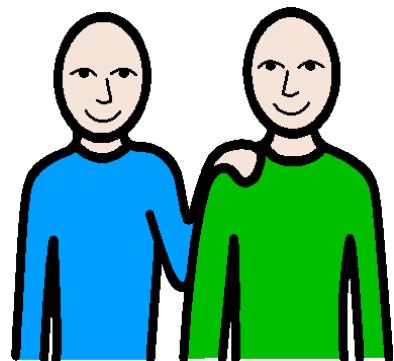
Are there any other hobbies or activities you would like to do?



Activities and hobbies



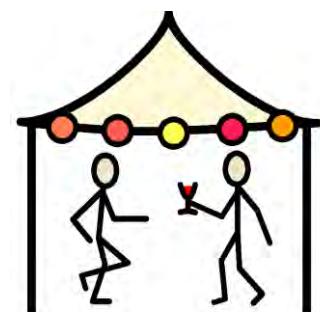
family



friends



social group



party



cooking



eating out

Activities and hobbies



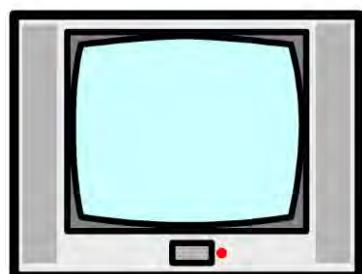
driving



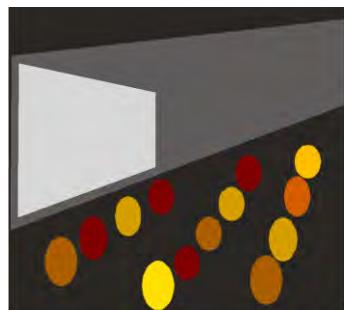
sport



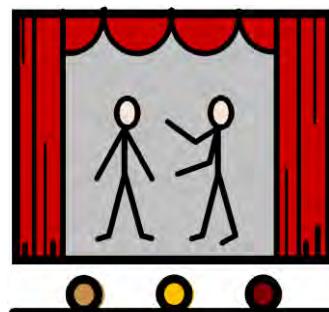
exercise



television



films

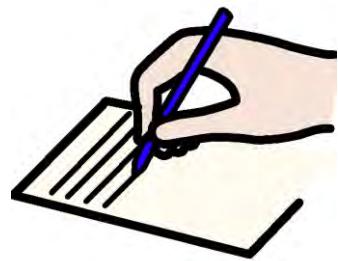


theatre

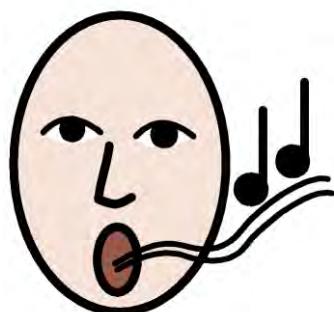
Activities and hobbies



reading



writing



singing



playing music

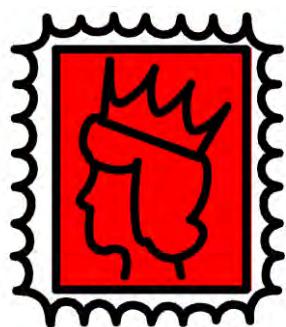


listening to music



painting

Activities and hobbies



collecting



museums



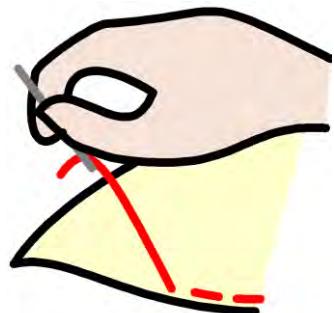
galleries



photography



knitting

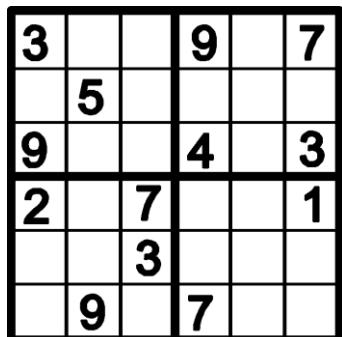


sewing

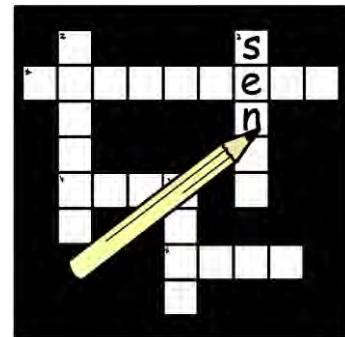
Activities and hobbies



games



sudoku



crosswords



pets

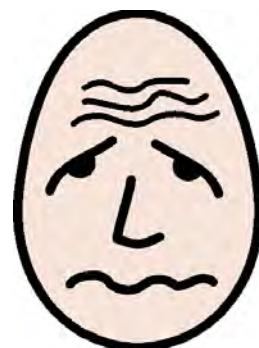


diy

What may stop you from doing the activity?



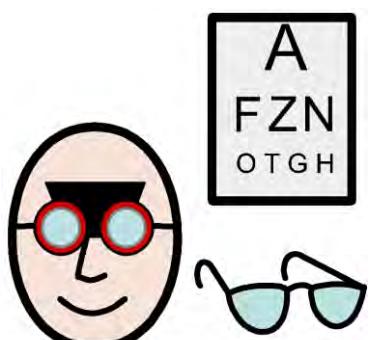
walking problem



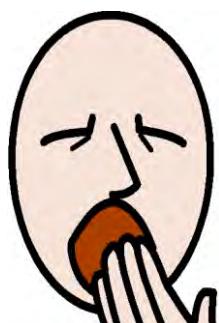
being worried



hearing problem



visual problem



being tired



problem with toilets

What may stop you from doing the activity?



speech problem



reading problem



writing problem



problem understanding
what people say

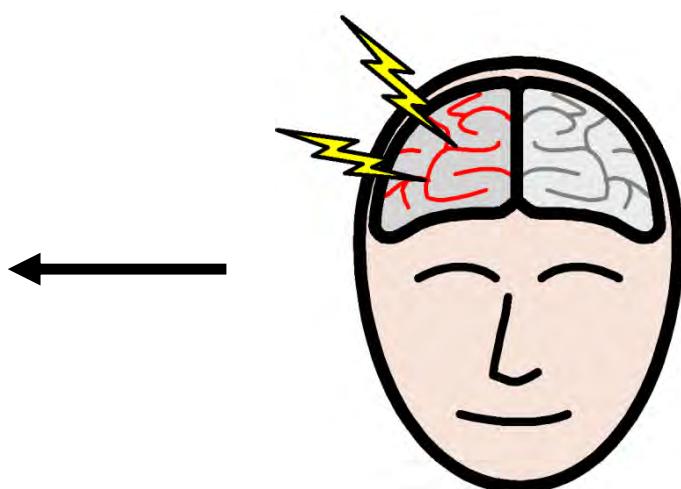


transport

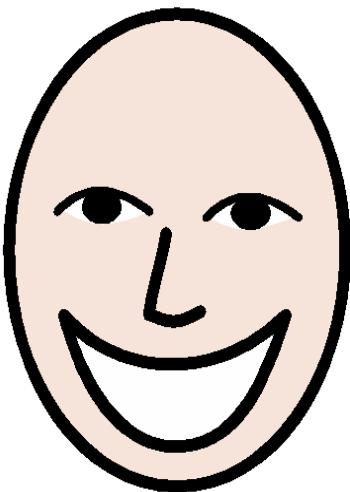


money

Did you work before your stroke?



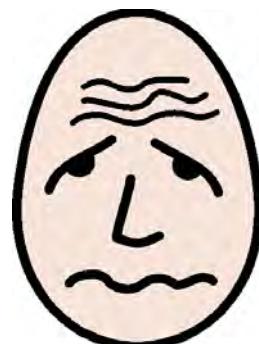
Would you like to work?



What is stopping you from working?



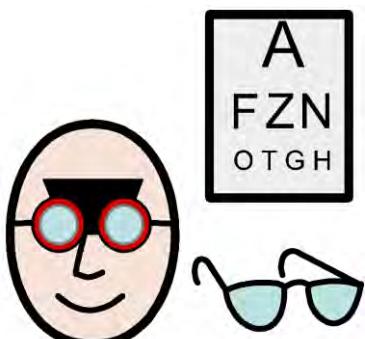
walking problem



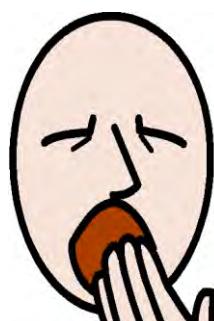
being worried



hearing problem



visual problem



being tired



problem with
toilets

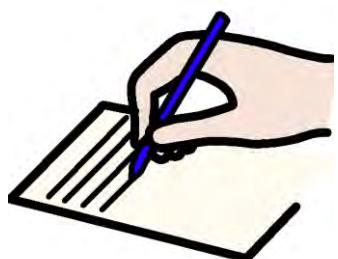
What is stopping you from working?



speech problem



reading problem



writing problem



problem understanding
what people say



transport

Work



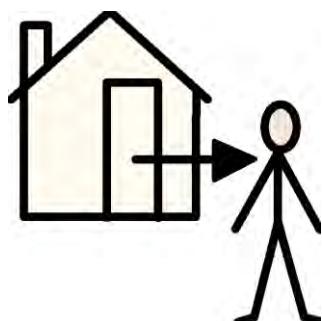
alone



with people



inside



outside

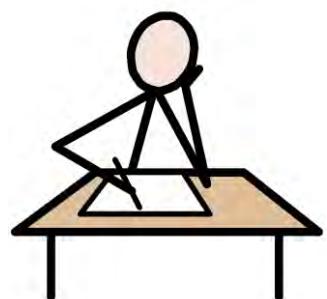


in an office



at home

Work



at a desk



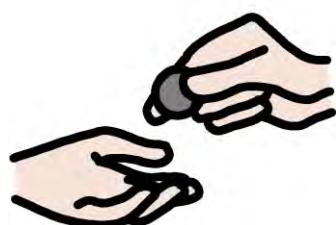
manual labour



boss



employee

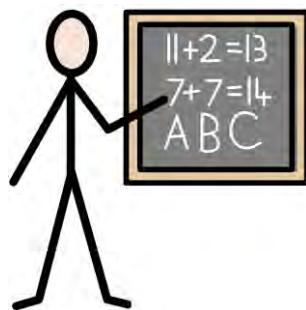


paid



unpaid

Work



education



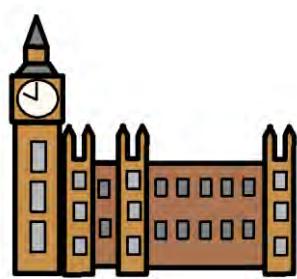
health care



social care



law



government



business

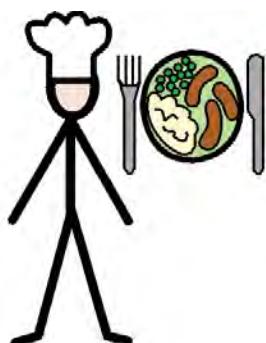
Work



building



religion



catering



retail



sport

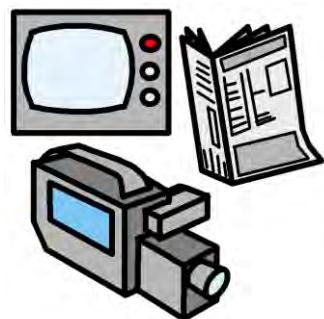


tourism

Work



IT



media



charity



armed forces



emergency
services



energy

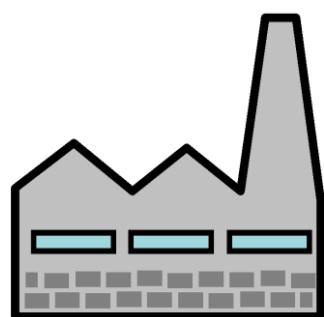
Work



fashion



advertising



manufacturing



science

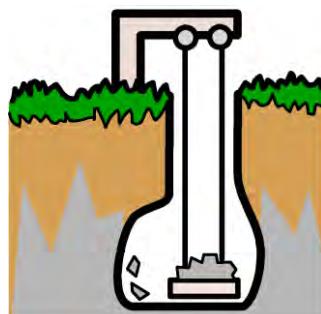


engineering



transport

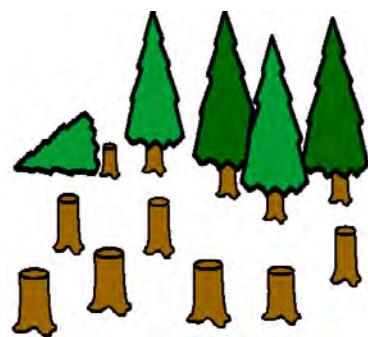
Work



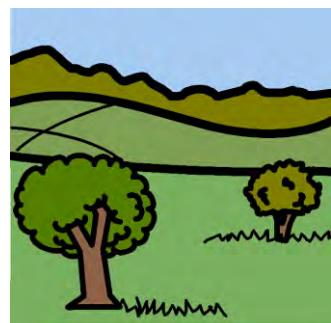
mining



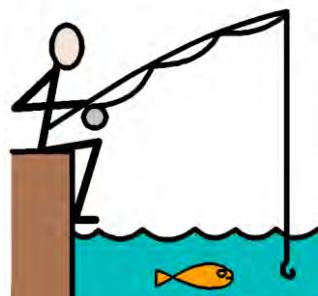
farming



forestry

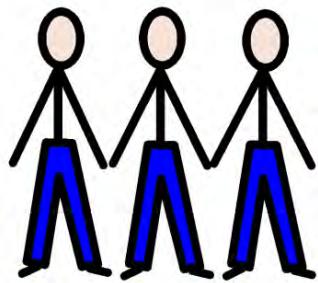


environment



fishing

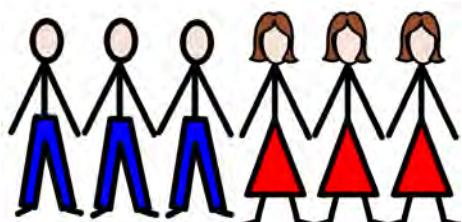
Work



with men



with women



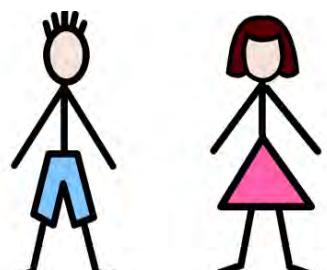
with men and
women



with babies

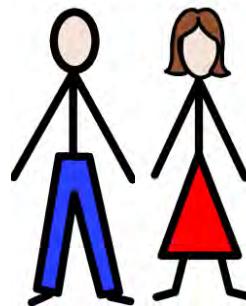


with children

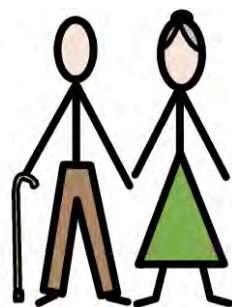


with teenagers

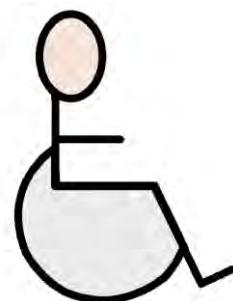
Work



with adults



with older people



with disabled
people

Work



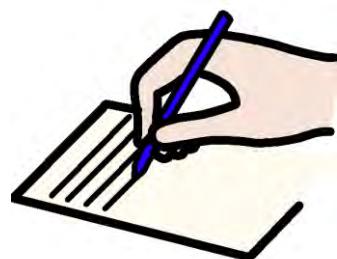
travelling



driving



reading



writing

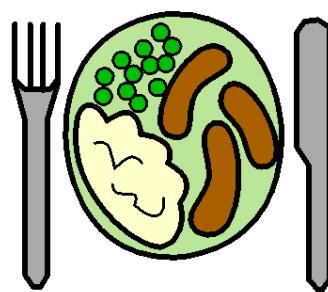


computers



cleaning

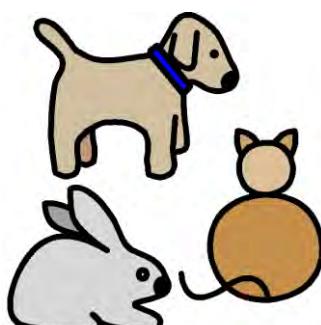
Work



food



public speaking



animals

$$\begin{array}{r} 2 \\ + 3 \\ \hline 5 \end{array}$$

numbers



other countries

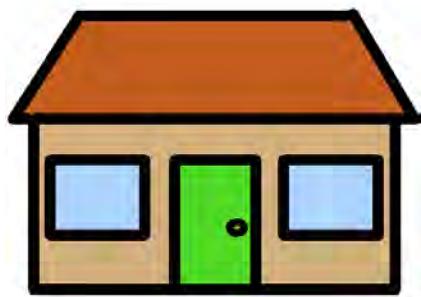


danger

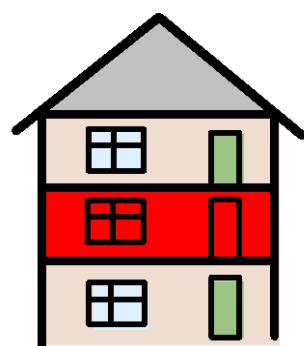
Where do you live?



house



bungalow



flat

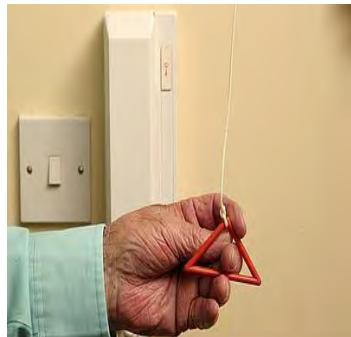


nursing home

Where do you live?

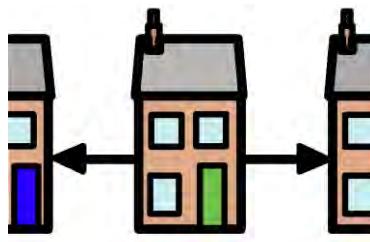


residential care

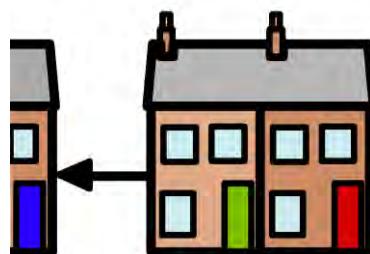


sheltered accommodation

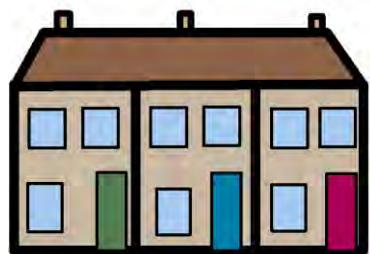
Where do you live?



detached

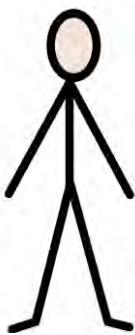


semi detached



terrace

Who do you live with?



On my own



family

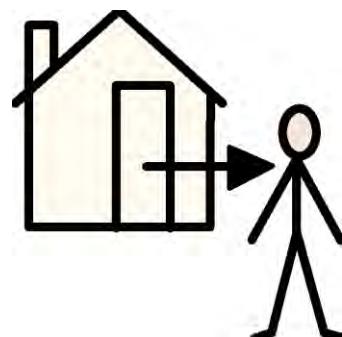


other people

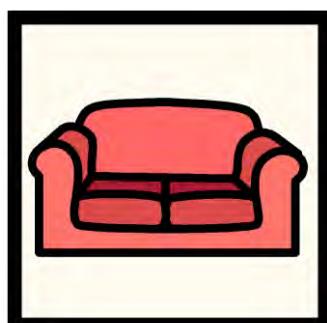
Where is the problem?



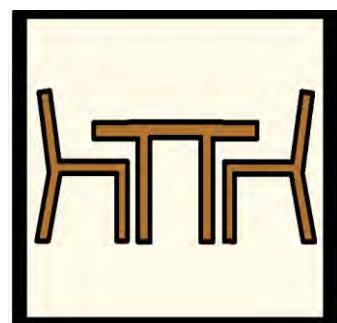
inside



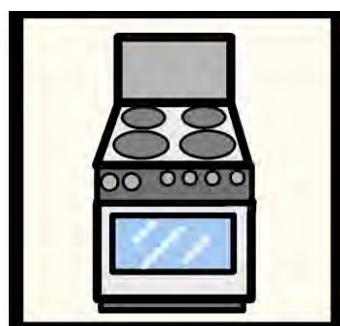
outside



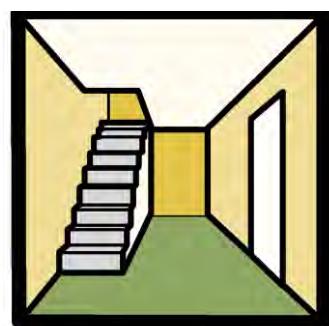
lounge



dining room

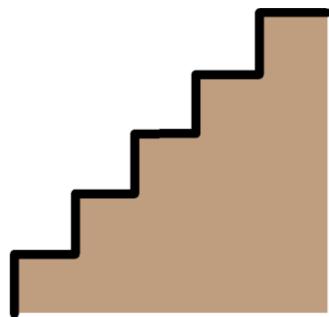


kitchen

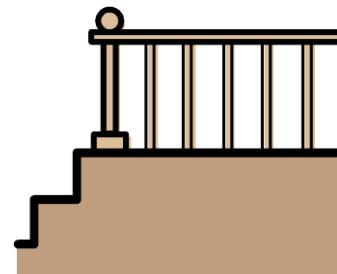


hall

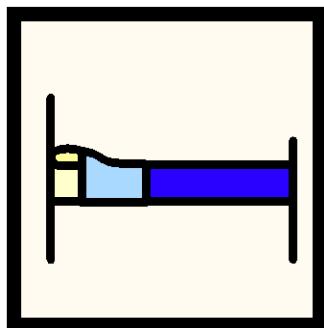
Where is the problem?



stairs



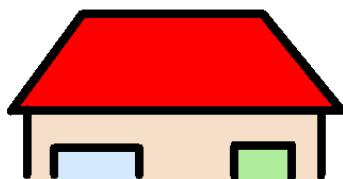
landing



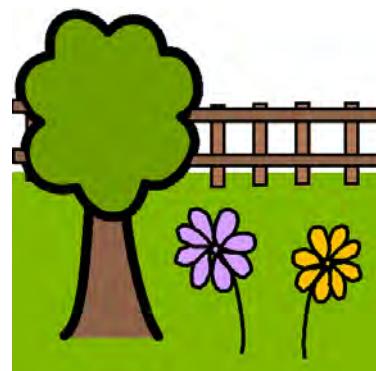
bedroom



bathroom

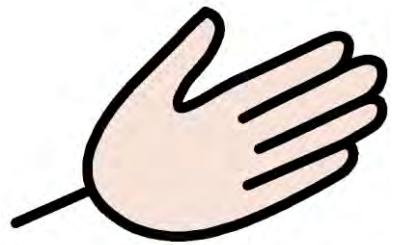


attic

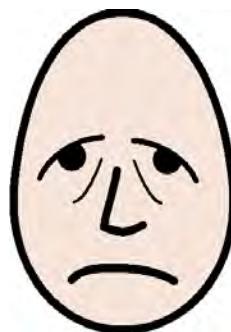


garden

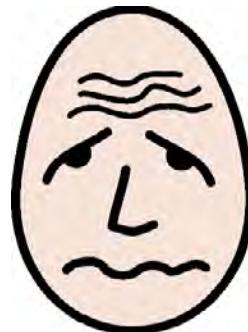
Is there anything they need help with?



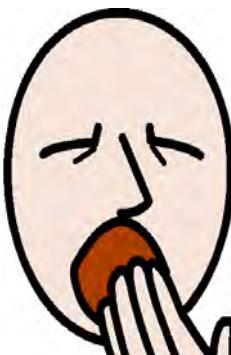
What is the problem?



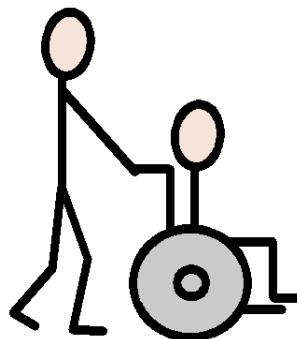
feel down



feel worried



tired



practical problem

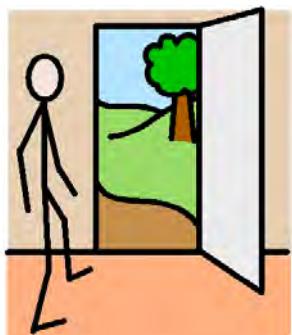


money problem



would like to meet
other carers

What is the problem?



would like to go
out more



would like a rest



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speakeasy
supporting communication

Easy Access Toolkit

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