

# Six Month Post-Stroke Review Self Assessment Questionnaire

**GM-SAT: the Greater Manchester Stroke Assessment Tool<sup>®</sup>**

Name .....

We would be grateful if you could complete the below questionnaire before your review. This will help us to tailor the review to focus of any problems and concerns that are important to you and help us to determine how best we can help you. Please indicate your answer with a tick (✓)

I ...	Yes <b>and</b> I would like additional help and support	Yes <b>but</b> I am receiving enough help and support	No
have new problems with my <b>sight</b>			
have new problems with my <b>hearing</b>			
have new problems with my <b>speech, reading or writing</b>			
have new problems <b>swallowing</b>			
have recently <b>lost weight</b> without trying to			
have recently <b>put on weight</b> without trying to			
have new <b>pain</b> that bother me			
have new problems with <b>incontinence</b>			
have new problems with washing, getting dressed, cooking food, cleaning and other <b>daily activities</b>			
have problems <b>getting around inside</b> and/ or <b>outside</b>			
have recently <b>tripped</b> or <b>fallen</b>			
often feel <b>sad</b> or <b>depressed</b>			
often feel <b>anxious</b> or <b>tense</b>			
<b>laugh</b> or <b>cry</b> more since my stroke			
have worries about <b>sex</b> or <b>relationships</b> after my stroke			

I ...	Yes <b>and</b> I would like additional help and support	Yes <b>but</b> I am receiving enough help and support	No
feel <b>tired</b> all the time or get tired very quickly since my stroke			
have new problems <b>sleeping</b>			
have new problems <b>remembering</b> things or <b>concentrating</b>			
do not have enough access to a <b>car</b> or <b>public transport</b>			
would like information about <b>benefits</b> or <b>money</b>			
have new problems with <b>where I live</b>			

Is there anything else you would like to talk about at your review?

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....