

Taking Charge after Stroke

STUDY BOOKLET

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MEDICAL RESEARCH
INSTITUTE
OF NEW ZEALAND

Taking Charge

For example:

Weak, hard to talk, hard to walk, feel funny, tired, can't concentrate, lonely, sad, can't work, need help.



For example:

Mother, daughter, wife, choir member, helper, walker, gardener, grandma, teacher, friend, reader, joker, volunteer, strong, happy, energetic, warm, kind, gentle and lots more!



Taking charge after stroke



Overall hopes, aims, aspirations for next 12 months

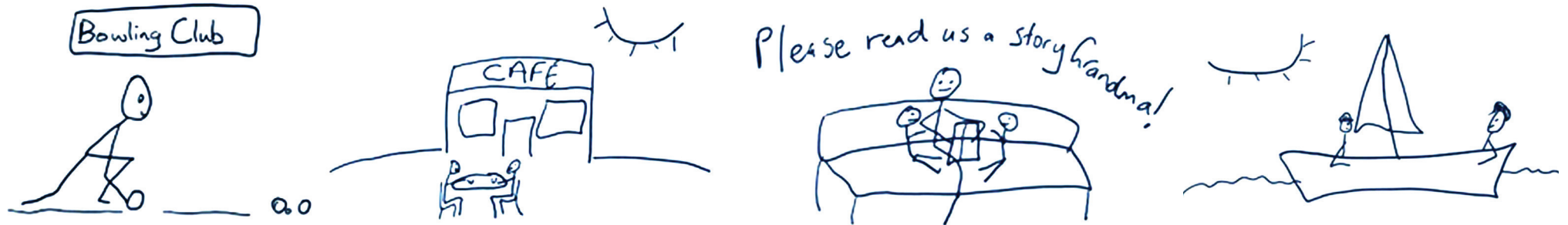
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Main fears

- 1.
- 2.
- 3.

What would my 'Best Day' look like?



Draw a picture of your best day here. Friends and family may also want to draw something.

For people who don't feel like drawing, an alternate strategy is to ask the person to close their eyes and visualise their best day and to describe it. (A support person or the facilitator might draw what is described or write a verbatim description.)

Physical things

Like getting around, washing and dressing, doing the housework.



Date	Goals in own words	Specific objectives + time frame	How to achieve these
e.g.	To walk to the shop on my own	1. Walk unaided – 1 month 2. Walk unaided 200m – 3 months 3. Walk to shop – 6 months	1. Walking practice with support person present five times per week 2. Physio advice about stick and walking frame
		1. 2. 3.	1. 2. 3.
		1. 2. 3.	1. 2. 3.
		1. 2. 3.	1. 2. 3.

Communication

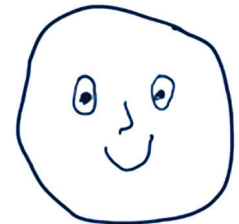
Including speech, understanding, reading, writing, using a computer.



Date	Goals in own words	Specific objectives + time frame	How to achieve these
e.g.	To be able to answer the telephone	<ol style="list-style-type: none"> 1. To be confident talking to someone I know – 2 months 2. To be confident talking on the telephone to someone I know – 4 months. 	<ol style="list-style-type: none"> 1. Lots of practice with people I know 2. Use answerphone until confident answering phone myself.
		<ol style="list-style-type: none"> 1. 2. 3. 	<ol style="list-style-type: none"> 1. 2. 3.
		<ol style="list-style-type: none"> 1. 2. 3. 	<ol style="list-style-type: none"> 1. 2. 3.
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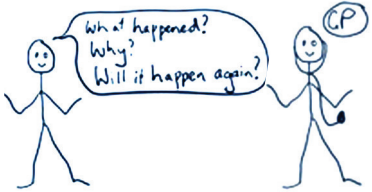

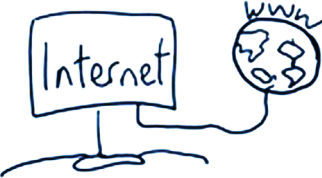
Emotional issues

Like feeling anxious, worried, stressed, depressed, helpless




Date	Goals in own words	Specific objectives + time frame	How to achieve these
e.g.	To feel in control/charge	<ol style="list-style-type: none"> 1. Look at my main hopes for the next 12 months every week 2. Sleep 6 hours/night + nap 1 hour 	<ol style="list-style-type: none"> 1. Put my 'main hopes' sheet on the fridge door where I can see it 2. Join a support group?
		<ol style="list-style-type: none"> 1. 2. 3. 	<ol style="list-style-type: none"> 1. 2. 3.
		<ol style="list-style-type: none"> 1. 2. 3. 	<ol style="list-style-type: none"> 1. 2. 3.
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Information needs

	Date	Goals in own words	Specific objectives + time frame	How to achieve these
	e.g.	Understand what happened and why	<ol style="list-style-type: none"> 1. Understand what stroke is 2. Understand why stroke occurred 3. Understand rehabilitation 	<ol style="list-style-type: none"> 1. Talk to other people, including Stroke Foundation, doctor, internet (www.stroke.org.nz)
			<ol style="list-style-type: none"> 1. 2. 3. 	<ol style="list-style-type: none"> 1. 2. 3.
			<ol style="list-style-type: none"> 1. 2. 3. 	<ol style="list-style-type: none"> 1. 2. 3.
<p>Stroke Foundation of NZ</p> <ul style="list-style-type: none"> - www.stroke.org.nz - Community stroke advisors - Stroke clubs 0800 STROKE 			<ol style="list-style-type: none"> 1. 2. 3. 	<ol style="list-style-type: none"> 1. 2. 3.

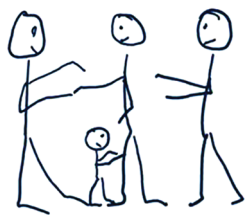

Financial issues

Like paying the bills, returning to work, using a budget, knowing about available supports

	Date	Goals in own words	Specific objectives + time frame	How to achieve these
	e.g.	To reduce travel costs	<ol style="list-style-type: none"> 1. Mobility car sticker 2. Taxi chits and other supports 3. Informed about WINZ support 	<ol style="list-style-type: none"> 1. GP to provide 2. Stroke foundation, local providers 3. WINZ information
			<ol style="list-style-type: none"> 1. 2. 3. 	<ol style="list-style-type: none"> 1. 2. 3.
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My support network

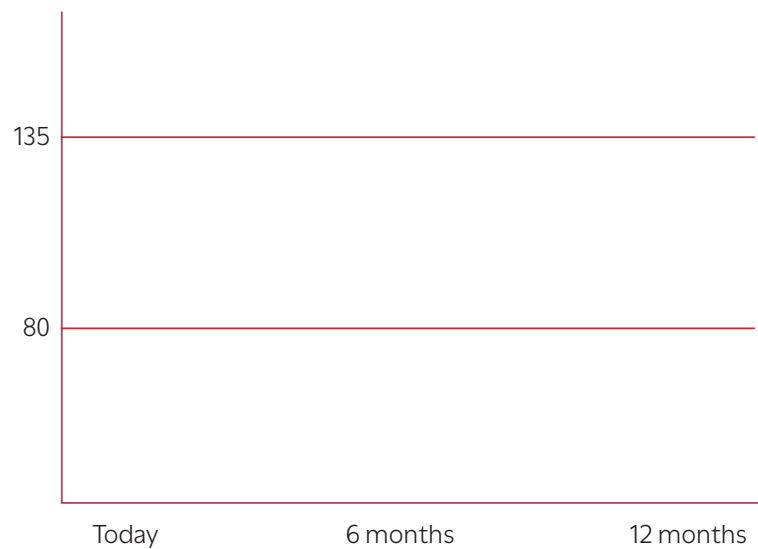
Where I go for help, support, having a good time.

	Date	Goals in own words	Specific objectives + time frame	How to achieve these
	e.g.	To get more of my support team involved	<ol style="list-style-type: none"> 1. Support team understand my main hopes for the future 2. Enough help for me and my carers 	<ol style="list-style-type: none"> 1. Information/SF/support group 2. Meet with support needs assessor (GP can arrange)
			<ol style="list-style-type: none"> 1. 2. 3. 	<ol style="list-style-type: none"> 1. 2. 3.
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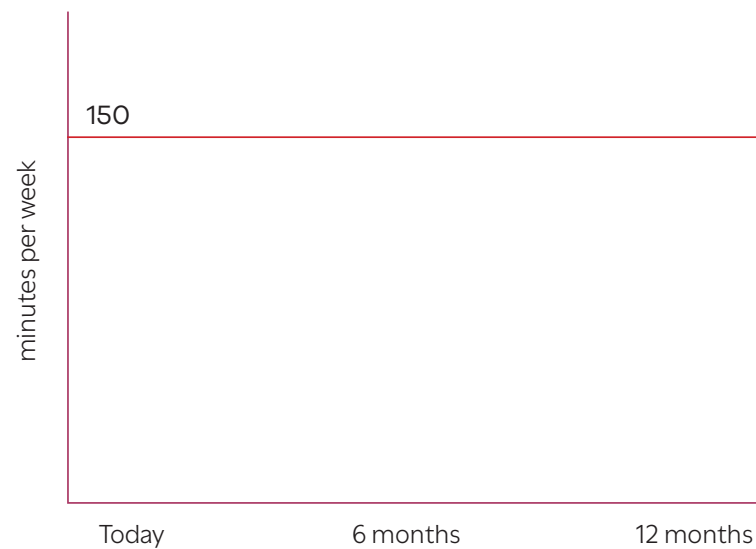
Preventing strokes and heart attacks in the future

	Date	Goals in own words	Specific objectives + time frame	How to achieve these
blood pressure	e.g.	To reduce my risk of stroke (my problems are high blood pressure, diabetes and cigarettes!)	<ol style="list-style-type: none"> 1. BP < 135/80 2. HbA1C < 50 3. Quit smoking 	<ol style="list-style-type: none"> 1. Reduce salt, take medicines, measure myself at home 2. Nutrition and exercise 3. Enrol quit programme
smoking			<ol style="list-style-type: none"> 1. 2. 3. 	<ol style="list-style-type: none"> 1. 2. 3.
Diet			<ol style="list-style-type: none"> 1. 2. 3. 	<ol style="list-style-type: none"> 1. 2. 3.
Exercise			<ol style="list-style-type: none"> 1. 2. 3. 	<ol style="list-style-type: none"> 1. 2. 3.
Diabetes			<ol style="list-style-type: none"> 1. 2. 3. 	<ol style="list-style-type: none"> 1. 2. 3.

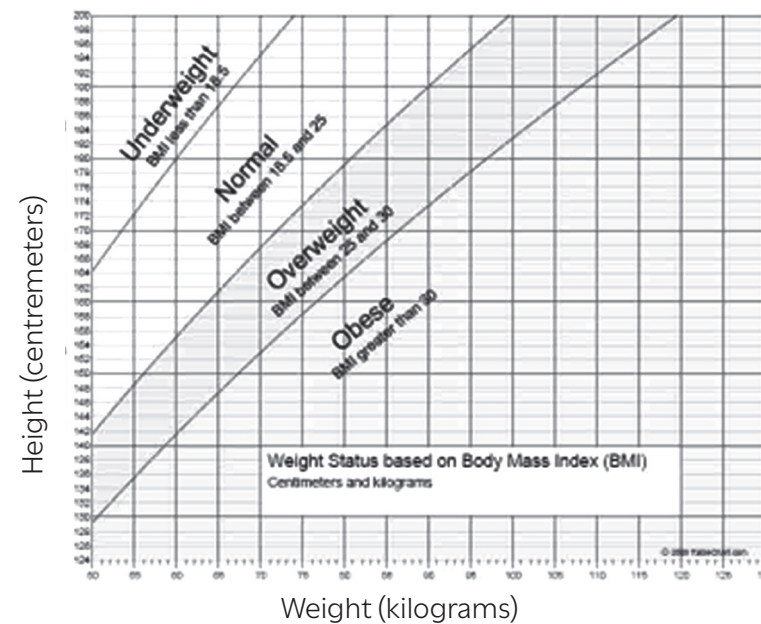
BP Target



Exercise Target



Your Target for



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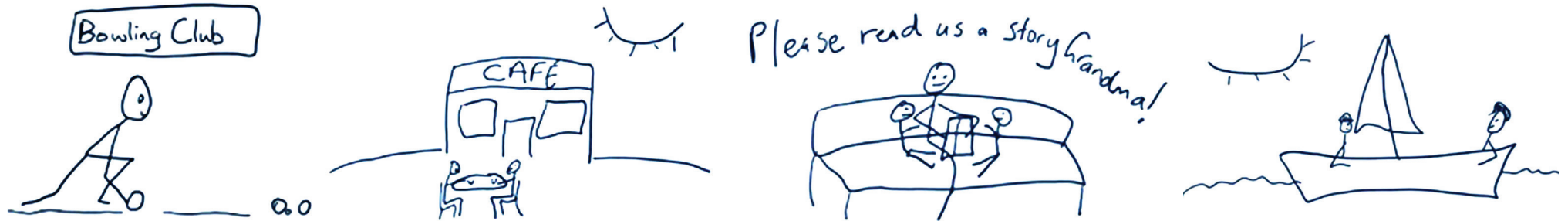
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Helpline 0800 STROKE (0800 78 76 53) | PO Box 12482, Wellington 6144
Level 1, Thorndon Rise Building, 95-99 Molesworth St, Wellington 6011
Freephone 0800 45 99 54 | **E** strokenz@stroke.org.nz | **W** stroke.org.nz
Charities Commission number CC49490

