Post Stroke Advanced Practice Assessment
For Each Patient the “Right Care, Right Place, Right Time”

ID Number:   Form Code: P S A P A   Date: 08AUG2017   Version 2.0

ADMINISTRATIVE INFORMATION (0a-0b are auto-populated)

0a. Completion Date:   /   /   0b. Staff ID: 
Month   Day   Year

1. Since the stroke, on average, how many minutes per day has the patient engaged in continuous physical activity?
   □ Walking/ moving about for <10 minutes/day
   □ Walking/moving about for 10-20 minutes/day
   □ Walking/moving about for > 20 minutes/day
   □ No response

2. Did you educate patient on importance of physical activity?
   □ Yes    □ No

3. How often does the patient smoke cigarettes?
   □ Not at all → Go to Question 4
   □ Some days
   □ Every day
   □ No response

   3a. Has the patient received counseling to end addiction to cigarettes?
       □ Yes    □ No    □ No Response

4. Does the patient exceed the recommended alcohol per day? (1-2 drinks/day for men, 1 drink for women) (Wine=5 oz., beer=12 oz.)
   □ Yes    □ No    □ No Response

5. Does the patient engage in recreational drug use? (marijuana, cocaine, heroin, street drugs/ non-prescription opioids)
   □ Yes    □ No    □ No Response

6. Has patient received counseling to end addiction to recreational drug or alcohol?
   □ Yes    □ No    □ No Response
7. Blood Pressure

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<tr>
<th>Systolic</th>
<th>mm HG</th>
<th>Date Performed:</th>
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<th>Diastolic</th>
<th>mm HG</th>
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8. HgbA1c

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9. INR

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10. LDL (mg/dL)

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11. Are there any severe communication deficits such as severe dysarthria, expressive or receptive aphasia that require speech therapy?

□ Yes □ No

12. If indicated, MOCA score

□ Patient refused

13. If indicated, PHQ-9 score

□ Patient refused

14. Modified Rankin score

□ 0 No symptoms at all
□ 1 No significant disability despite symptoms; able to carry out all usual duties and activities
□ 2 Slight disability; unable to carry out all previous activities, but able to look after own affairs without assistance
□ 3 Moderate disability; requiring some help, but able to walk without assistance
□ 4 Moderately severe disability; unable to walk without assistance and unable to attend to own bodily needs without assistance
□ 5 Severe disability; bedridden, incontinent and requiring constant nursing care and attention

15. If the patient needs a caregiver, does the patient have a willing and able caregiver? (provider opinion)

□ Yes □ No □ Patient does not need a caregiver

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END OF POST STROKE AP ASSESSMENT