



American
Stroke
Association.
A division of the
American Heart Association.

My Stroke Recovery Check-In: For Survivors and Caregivers

This two-page tool can help make sure your healthcare team understands your biggest challenges and concerns in your stroke recovery.

Date

You can use it to **1)** track how you're doing, **2)** ask your healthcare team questions, and **3)** focus on areas where more therapy, support or other resources may help you.

Part I: NEW OR ONGOING SYMPTOMS

© Since your stroke, how much difficulty do you have with any of the following?

Symptoms	None or Not Applicable (✓)	Some (✓)	A lot (✓)	Constant (✓)	
Balance	☐	☐	☐	☐	☐
Pain	☐	☐	☐	☐	☐
Spasticity (muscle stiffness)	☐	☐	☐	☐	☐
Fatigue	☐	☐	☐	☐	☐
Using your affected arm/hand	☐	☐	☐	☐	☐
Depression (sadness)	☐	☐	☐	☐	☐
Anxiety (worrying)	☐	☐	☐	☐	☐
Sleeping	☐	☐	☐	☐	☐
Bladder incontinence	☐	☐	☐	☐	☐
Bowel incontinence	☐	☐	☐	☐	☐
Communicating your needs	☐	☐	☐	☐	☐
Remembering things	☐	☐	☐	☐	☐
Concentrating	☐	☐	☐	☐	☐
Vision	☐	☐	☐	☐	☐
Intimacy (sexual health)	☐	☐	☐	☐	☐
Social engagement	☐	☐	☐	☐	☐
Pursuing hobbies or recreation	☐	☐	☐	☐	☐
Managing finances	☐	☐	☐	☐	☐

© In the list above, go back and **check the problems that bother or upset you the most.** 

(over)

Part II: DAILY ACTIVITIES

© Since your stroke, how much difficulty do you have doing any of the following without assistance?

Activities	None or Not Applicable (✓)	Some (✓)	A lot (✓)	Constant (✓)	
Dressing	☐	☐	☐	☐	☐
Bathing	☐	☐	☐	☐	☐
Brushing teeth	☐	☐	☐	☐	☐
Shaving	☐	☐	☐	☐	☐
Other personal grooming	☐	☐	☐	☐	☐
Preparing meals	☐	☐	☐	☐	☐
Eating or drinking	☐	☐	☐	☐	☐
Using the toilet	☐	☐	☐	☐	☐
Doing laundry	☐	☐	☐	☐	☐
Walking	☐	☐	☐	☐	☐
Using stairs	☐	☐	☐	☐	☐
Driving	☐	☐	☐	☐	☐
Moving between bed and chair	☐	☐	☐	☐	☐
Getting into and out of a car	☐	☐	☐	☐	☐

© In the list above, go back and **check the problems that bother or upset you the most.** 

Part III: PERSONAL GOALS

© Think about activities that bring you joy and that you're having trouble doing (for example, playing a musical instrument, holding your grandchild or solving puzzles).

© List the activity and rate how much difficulty you have with it.

Personal Goals	Some (✓)	A lot (✓)	Constant (✓)
1.	☐	☐	☐
2.	☐	☐	☐
3.	☐	☐	☐