

Community Re-engagement Cue to Action Trigger Tool (CR CATT)

**A question guide to help you think about
your needs after your stroke**

Version 1
September 2013

COMMUNITY RE-ENGAGEMENT CUE TO ACTION TRIGGER TOOL

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INTRODUCTION

Returning to the community is an important part of the stroke recovery process. Leaving the hospital can be scary. People living with stroke often say they feel unprepared because they don't know what to expect. They may be afraid to ask questions or simply don't know what questions to ask.

It is our hope that this question guide will be a useful tool in preparing you for your recovery journey into community living. Knowing what questions to ask, where to find services and getting the right information can help. You may also find it helpful to use this tool to set goals for yourself as you continue to recover.

The questions in this tool are based on what people with stroke have told us. They said that having a list of questions (like those found in this tool) would have helped them to:

- *think about their needs in different areas*
- *think about other questions they might have had*
- *know where to find resources*
- *communicate better with their healthcare team*
- *be more involved in their care and have a better sense of control*
- *reduce their level of fear*

Families and caregivers may also be involved in giving care and providing support to the person with stroke. It is important that they are involved in using the tool.

Keep this tool handy and refer to it often. People with stroke have said that new questions continue to come up as they recover in the community.

HOW THIS TOOL IS ORGANIZED

This tool includes the following 8 topic areas:

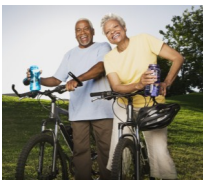
1. My Health (p.7)
2. Where I live (p.10)
3. Getting Around (p.11)
4. Social Support (p.13)
5. Life Roles (p.14)
6. Caregiver Support (p.15)
7. Communication (p.16)
8. Money Matters (p.17)

Each topic covers questions you and your family/caregiver may have about your needs as you return to live in the community. While you may have other questions not covered here, this tool can serve as a starting point for meaningful conversations with your healthcare team and those around you.

At the end of the tool, you will find blank pages to write down any questions not found in the tool, names of people you have met and/or things that you may want to refer to in the future.

The final page of this tool gives you a list of resources that may be helpful in finding the answers to the questions you have.

The following is an overview of what you will find in each of the topic areas.



1. My health

This section will cover topics related to your general health such as preventing another stroke, medicine, diet, pain, and daily care.



2. Where I live

This section will help you think about your home, home safety assistance and alert systems to call for help in an emergency.



3. Getting Around

This section will have you thinking about your needs when it comes to safety in moving around, equipment needs, safety inside and outside your home, return to driving and getting out to run errands.



4. Social Support

Social support is important for your overall health and mental health. Getting out to social events, peer support, relationships and depression are covered in this section.



5. Life Roles

This section focuses on return to work, school, volunteering, spiritual activities and intimacy.



6. Caregiver Support

Caregivers and family may have emotional and physical needs and this section will have you think about resources and peer support available to them.



7. Communication

This section asks questions around your ability to communicate with others and any special devices you might need to help you communicate.



8. Money Matters

This section focuses on financial resources available, special benefits and who can help manage your money.

HOW TO USE THIS TOOL

Focus on the 1 or 2 sections you are thinking about now. **Read** through the questions. You may wish to have your family members, caregivers and friends read through them with you.

Read through the other sections one at a time when you are ready.

By thinking about some of the questions, you may feel more prepared to deal with issues as they come up.

Circle YES or NO to the question(s) you want to work on or do not have the answers to yet.

Take the time to find the answers with your healthcare team, family, caregiver and/or friends.

Write the answer or steps to take to find the answer(s).

Keep this question guide handy and refer back to it often!

Here are two examples for you to use as a guide when using this tool:

		What to do Next? Write it down. Take action if you can.
Will I know what to do if I have any symptoms of stroke?	<input checked="" type="radio"/> YES <input type="radio"/> NO	- I will call 911
Do I know what medicines to take and when to take them?	<input type="radio"/> YES <input checked="" type="radio"/> NO	- I will talk to the pharmacist and get a list of my medicines - I will ask them to write down the time of day I need to take each one.

My Health—Overall**7****What to do Next?**

Write it down. Take action if you can.

Do I know what a stroke is, what the symptoms are?

YES
NO

Will I know what to do if I have any symptoms?

YES
NO

Do I know how to help prevent another stroke?

YES
NO

Do I know what medicines to take and when to take them?

YES
NO

Do I know if these medicines interact well with other medicines I take and the food I eat?

YES
NO

Do I have a list of my medicines? Do I need reminders about when to take them?

YES
NO

How will I get my medicines? Do I need them delivered?

YES
NO

Do I have a diary or journal to keep track of my health?

YES
NO

My Health—Overall**8****What to do Next?**

Write it down. Take action if you can.

Do I have a plan in case of an emergency?

YES
NODo I have a family doctor?
Do I know how I can reach him/her? Do others?YES
NO**My Health— Day-to-Day****What to do Next?**

Write it down. Take action if you can.

Do I eat a balanced diet?

YES
NO

Do I know how to prepare healthy meals?

YES
NO

Do I need to change my diet to prevent another stroke?

YES
NO

Do I have trouble swallowing? Do I know what precautions to take?

YES
NO

My Health— Day-to-Day**9****What to do Next?**

Write it down. Take action if you can.

Do I know when I have to go to the washroom? Can I control it?

YES
NO

If I have pain, do I know what to do?

YES
NO

Do I have tightness in my muscles (also called spasticity)?

YES
NO

Can I focus and think clearly?

YES
NO

Do I have trouble with my memory?

YES
NO

Can I make sense of what I see around me?

YES
NO

Do I need help in the home for things like bathing, dressing, cooking?

YES
NO

Are my care wishes known?
Do I need a power of attorney?

YES
NO

Where I live**10****What to do Next?**

Write it down. Take action if you can.

Do I need to make changes to my home so it is easy to move around?

YES
NO

Can I live on my own safely? What help do I need from family, friends or neighbours?

YES
NO

Do I need extra services coming into my home so I can live safely?

YES
NO

Do I have an alert system so I can call for help in case of an emergency? (Lifeline, cell phone)

YES
NO

Do I know what financial help is available to me if changes are needed in the home?

YES
NO

Am I able to maintain my home? Do I need help?

YES
NO

Getting Around**11****What to do Next?**

Write it down. Take action if you can.

Am I able to get around on my own?

YES
NO

Do I need help to move around better?

YES
NO

Do I know where to go for help to move around better?

YES
NO

Do I have all the equipment I need? (wheelchair, scooter, or walker)? Where can I get equipment?

YES
NO

Am I safe when moving around in my house and outside?

YES
NO

Am I safe when using the stairs?

YES
NO

Do I know how to try new things and still be safe?

YES
NO

Do I need help during the winter or in bad weather?

YES
NO

Getting Around**12****What to do Next?**

Write it down. Take action if you can.

Am I afraid of falling? What can I do to prevent it? Will I know what to do if I fall?

YES
NO

Can I get out and go places?

YES
NO

Do I need help finding a ride to go places?

YES
NO

Will I be able to drive again? Who will tell me if I can drive again?

YES
NO

Do I need to have a driving test? Where do I go for this test?

YES
NO

Can I get my groceries, do my banking, and do other things outside the home?

YES
NO

What services can I get from my home? Do I know how to arrange them? (online banking, grocery delivery service)

YES
NO

Social Support**13****What to do Next?**

Write it down. Take action if you can.

Do I want to go to any social, recreational or fitness programs?

YES
NO

Am I able to go to the same places I went (social events, place of worship)?

YES
NO

Do I know where to find support for stroke survivors?

YES
NO

Am I interested in joining a peer support group for stroke survivors?

YES
NO

Has my relationship with my partner, family and friends changed?

YES
NO

With whom can I talk to about these changes? Do I need more support?

YES
NO

Do I know the signs of depression and where to get help?



YES
NO

Are my family and I coping well? With whom can I talk to about these changes?

YES
NO

Life Roles**14****What to do Next?**

Write it down. Take action if you can.

Have there been any changes in my day-to-day roles since my stroke? (child care, doing laundry, paying bills)

YES
NO

Do I know where to get advice so I can continue my roles or learn about new roles and skills?

YES
NO

Can I get back to work, volunteer or to school?

YES
NO

Do I need retraining? Do I know who provides this service?

YES
NO

Does my ethnic, social and/or financial background support my recovery?

YES
NO

Can I continue participating in spiritual activities?

YES
NO

Do I have questions about intimacy with my partner?

YES
NO

Caregiver Support**15****What to do Next?**

Write it down. Take action if you can.

Do I have a caregiver to help me in my day-to-day life?

YES
NO

Is my caregiver able and willing to help me in my day-to-day activities?

YES
NO

How are my caregiver(s) coping? Are they showing signs of depression or burn-out?

YES
NO

Does my caregiver need a break from helping me?

YES
NO

Do we know where to go for help if we need it?

YES
NO

Am I aware of the feelings and needs of my caregiver?

YES
NO

Can my caregiver(s) get access to resources and services?

YES
NO

Does my caregiver want to join a support group?

YES
NO

Communication**16****What to do Next?**

Write it down. Take action if you can.

Am I able to communicate my needs and wishes the best way that I can?

YES
NO

Do I need help to communicate better?

YES
NO

Do I want to participate in any aphasia programs?

YES
NO

Can I join in on social situations?

YES
NO

Do I feel alone?



YES
NO

Do I need any special devices to help me communicate?

YES
NO

Is my partner/friend/caregiver aware of how best to talk to me?

YES
NO

Money Matters**17****What to do Next?**

Write it down. Take action if you can.

Do I have the money I need to support my recovery?

YES
NO

What can I do to continue to earn an income?

YES
NO

Do I know about government funding programs and tax breaks? e.g. RDSP, ODSP, T2201 tax form

YES
NO

Am I able to manage my money?

YES
NO

Can my caregiver manage this?

YES
NO

Do I have a will?

YES
NO

Do I need a power of attorney to manage my money?

YES
NO

Should I call the Office of the Public Guardian and Trustee?

YES
NO

Am I being taken advantage of when it comes to my money?

YES
NO

What to do Next?

Write it down. Take action if you can.

You can use this page to write down any thoughts, questions not found in the tool, names of people you have met and/or things that you may want to refer to in the future.



My Health

Where I live

What to do Next?

Write it down. Take action if you can.



You can use this page to write down any thoughts, questions not found in the tool, names of people you have met and/or things that you may want to refer to in the future.

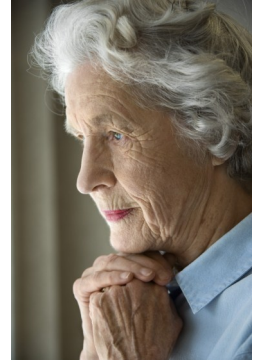
Getting Around

Social Support

What to do Next?

Write it down. Take action if you can.

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Life Roles

Caregiver Support

What to do Next?

Write it down. Take action if you can.



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Communication

Money Matters

Resources - Where to begin finding answers

March of Dimes Canada Warmline® at 1-888-540-6666

The Warmline® is a confidential, toll-free peer support line for those affected by stroke. It is a non-critical, non-crisis resource of information and support for persons with stroke, family members and caregivers.

The Community Care Resources (CCR) Website of the Toronto Central Community Care Access Centre (CCAC)

www.toronto.communitycareresources.ca

Developed to help the public and healthcare community to navigate and connect to resources and social support services in their community

Community Navigation and Access Program

(CNAP) www.cnap.ca or call toll free 1-877-540-6565

CNAP is a network of over 30 not-for-profit organizations working together to serve seniors in communities across Toronto. It is staffed by social workers who will link you to services such as Meals on Wheels, Adult Day Programs, Transportation, Home Help, Counselling and Support, Caregiver Services, Personal Care, and other services.

311

311 is a number you can call 24 hours a day, seven days a week for non-emergency city services, programs and information. They can also tell you where to go to apply for federal programs such as the Canada Pension Plan. Phone outside city limits: **416-392-CITY (2489)** (can be used within Toronto if you can't reach 311)

211 Toronto Community Connections 211toronto.ca

A searchable database to over 60,000 community, social, health and related government programs and services in Ontario. By dialling 2-1-1, callers are directly connected to a qualified information and referral specialist.