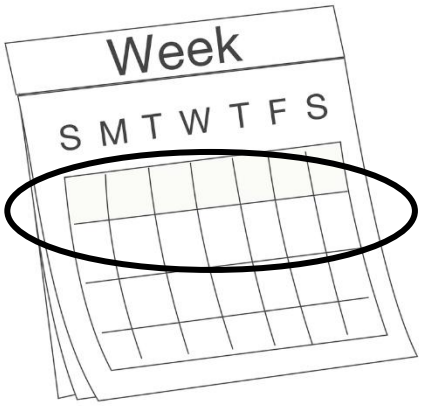
UHN West Park Healthcare Centre

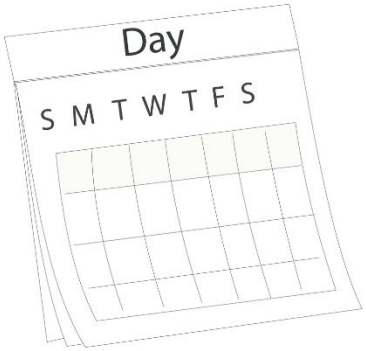
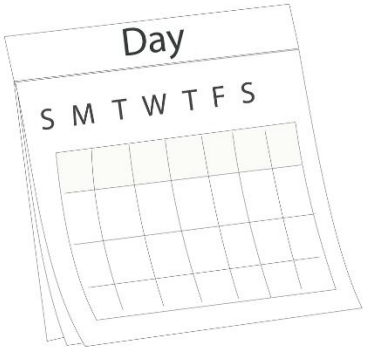
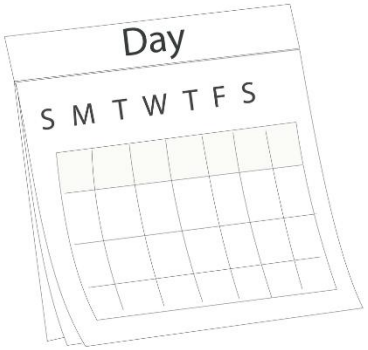
Stroke Intake Screening Tool

Depression Screen

In the past **2 weeks**:

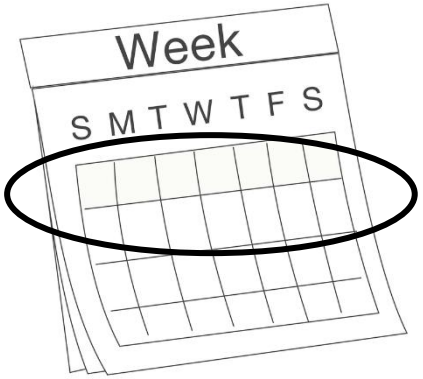


I have felt **depressed** or **hopeless**.

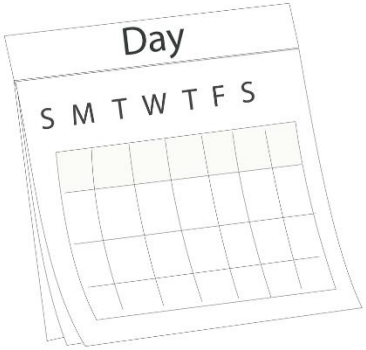
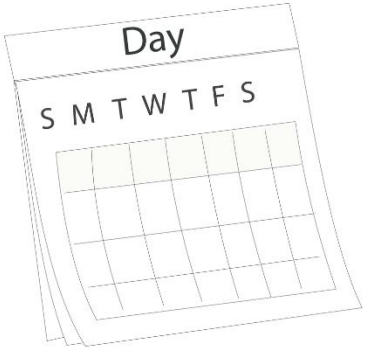
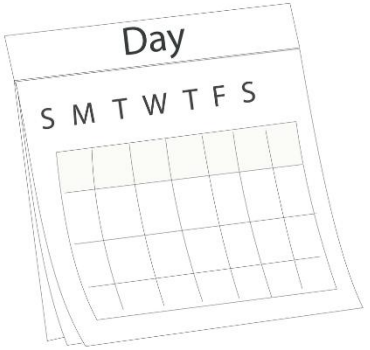
No	Yes: 1-4 days	Yes: 7+ days	Yes: Every day
X			

Depression Screen

In the past **2 weeks**:

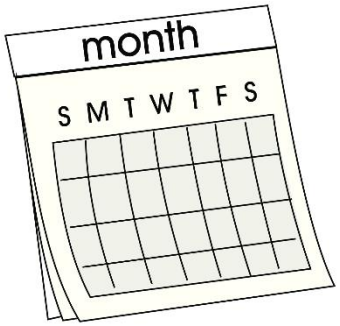


I do **not enjoy** things.

No	Yes: 1-4 days	Yes: 7+ days	Yes: Every day
X			

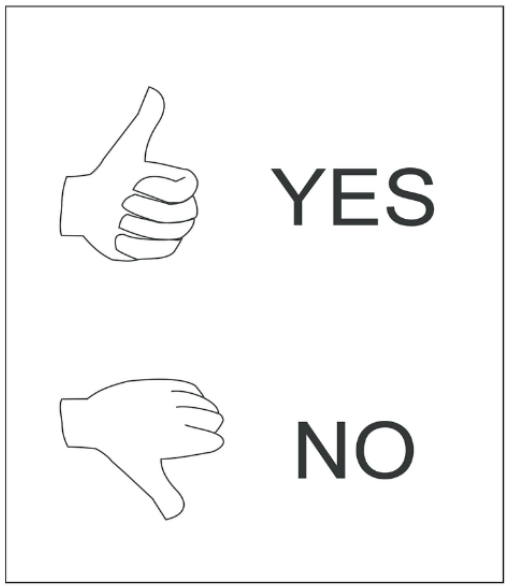
Falls Risk Screen

In the last **6 months**:



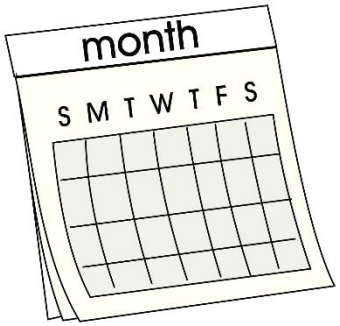
January	May	September
February	June	October
March	July	November
April	August	December

Have you **fallen**?



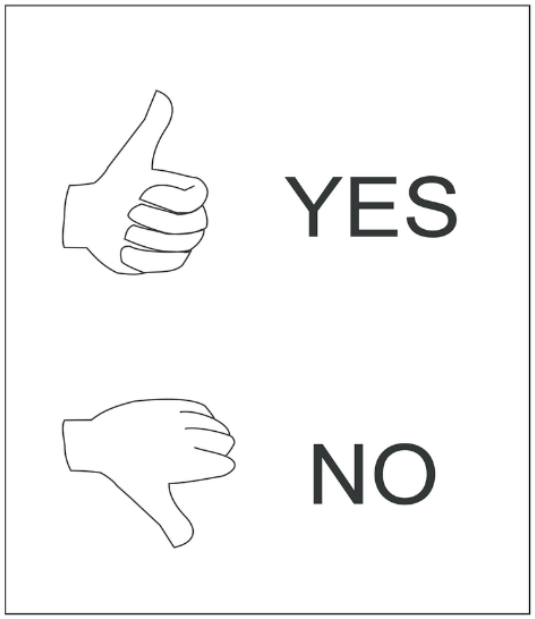
Falls Risk Screen

In the last **6 months**:



January	May	September
February	June	October
March	July	November
April	August	December

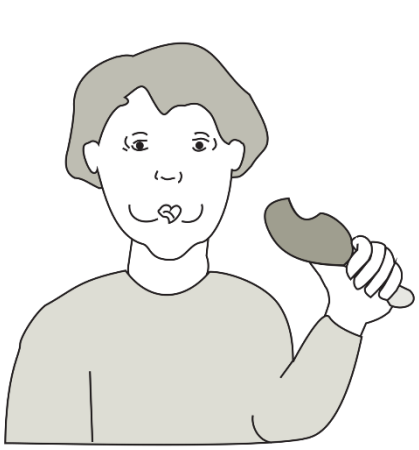
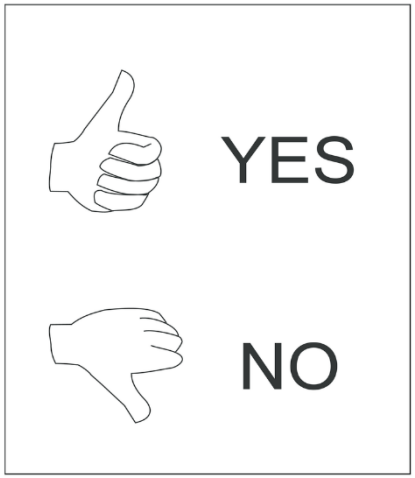
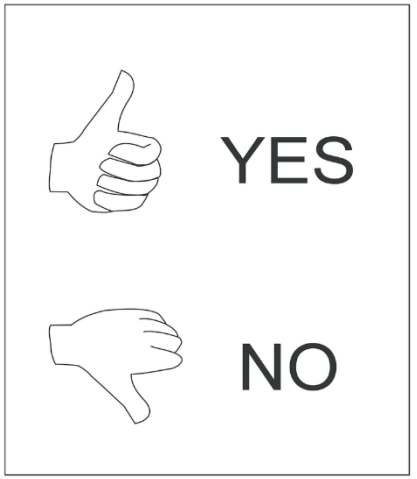
Are you **scared** of **falling**?



Swallowing Screen

Since my **stroke**:

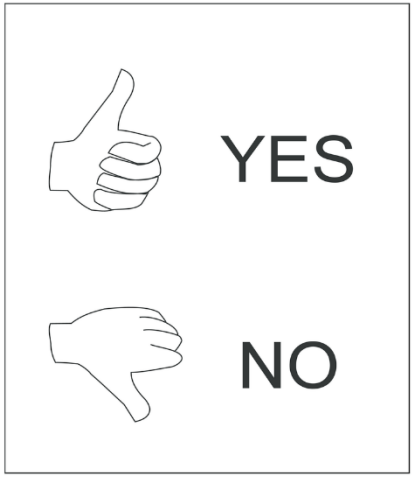
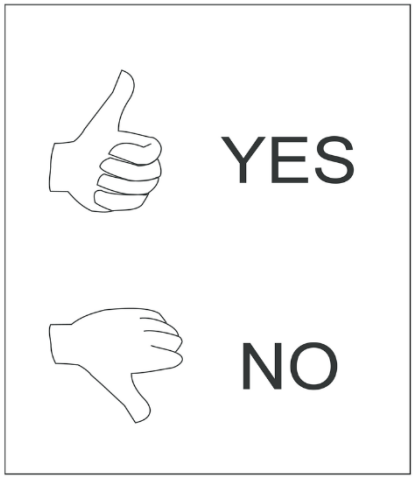
It is **hard** to…

Chew Food	Swallow Food
 	 

Swallowing Screen

Since my **stroke**:

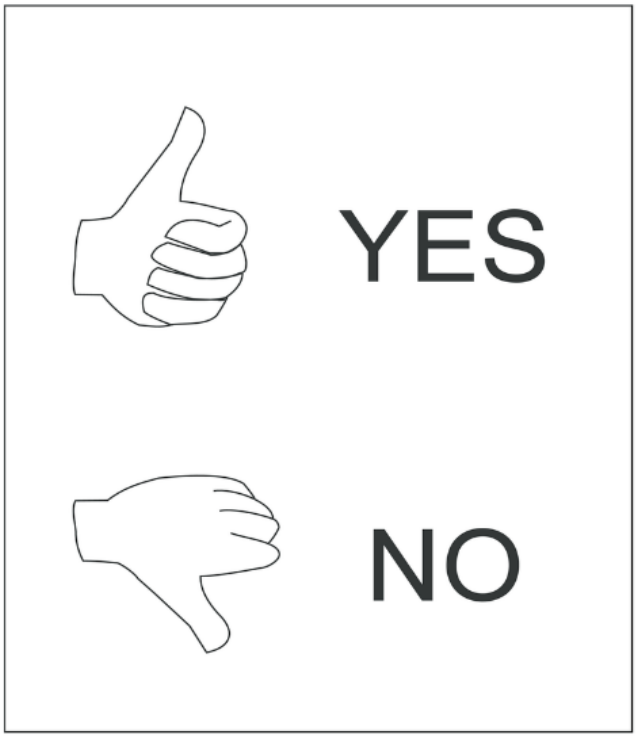
It is **hard** to…

Drink	**Take pills**
 	 

Swallowing Screen

Since my **stroke**:

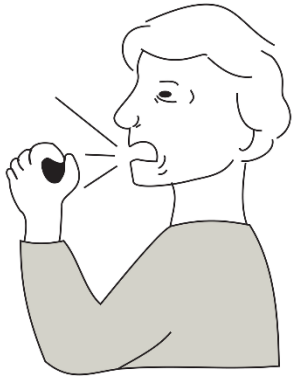
Food **sticks** in my **throat**.

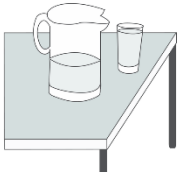


Swallowing Screen

Since my **stroke**:

I **cough** and **choke**.



Food	Drink	Pills
 YES NO	 YES NO	 YES NO