

## Longer-term Unmet Needs after Stroke

# LUNS

**Please read each statement and answer it as follows**

Tick 'YES'  if you agree with the statement

Tick 'NO'  if you do not agree with the statement  
or it doesn't apply to you

	YES	NO
1. I would like more information about my stroke (e.g. what is a stroke, why it has happened to me and how to avoid having another one)	<input type="checkbox"/>	<input type="checkbox"/>
2. I haven't had my medication/blood pressure checked for some time and would like a check up	<input type="checkbox"/>	<input type="checkbox"/>
3. I regularly get pain and nothing seems to ease it	<input type="checkbox"/>	<input type="checkbox"/>
4. My walking and general moving seems to be getting worse and I'm not getting any help with this	<input type="checkbox"/>	<input type="checkbox"/>
5. I am worried that I might fall (again) and this is stopping me from doing my usual things	<input type="checkbox"/>	<input type="checkbox"/>
6. I need additional aids (e.g. kitchen equipment) or adaptations (e.g. stair lift, grab rails) inside the home	<input type="checkbox"/>	<input type="checkbox"/>
7. I need adaptations outside the home (e.g. ramp, rail) but they haven't been ordered yet or I've been waiting too long	<input type="checkbox"/>	<input type="checkbox"/>
8. I need some help / advice about getting back to driving and / or getting a blue badge	<input type="checkbox"/>	<input type="checkbox"/>
9. I would like to find out about travelling on buses, taxis and / or trains	<input type="checkbox"/>	<input type="checkbox"/>
10. I would like outside help to get jobs done in my home (e.g. cleaning, cooking, ironing, fixing things)	<input type="checkbox"/>	<input type="checkbox"/>

Please Turn Over

	YES	NO
11. I would like to look into the options for moving to another home	<input type="checkbox"/>	<input type="checkbox"/>
12. I would like some advice about how to improve my diet (e.g. alcohol, sugar, fat and salt intakes)	<input type="checkbox"/>	<input type="checkbox"/>
13. I need some advice to help me manage my money better (e.g. paying bills, getting my pension)	<input type="checkbox"/>	<input type="checkbox"/>
14. I would like help to find out about, or to apply for benefits	<input type="checkbox"/>	<input type="checkbox"/>
15. I would like advice on employment after stroke	<input type="checkbox"/>	<input type="checkbox"/>
16. I need more help with things like cutting my toenails, washing myself or dental care (including dentures)	<input type="checkbox"/>	<input type="checkbox"/>
17. I have problems with my bladder / bowel (accidents, constipation, diarrhoea) and would like some help with this	<input type="checkbox"/>	<input type="checkbox"/>
18. I am concerned about my physical relationship with my partner and would like some advice or information	<input type="checkbox"/>	<input type="checkbox"/>
19. I forget things quite a lot or find it hard to concentrate and would like some help with this	<input type="checkbox"/>	<input type="checkbox"/>
20. I often feel quite low, angry or worried and would like to find out what help is available	<input type="checkbox"/>	<input type="checkbox"/>
21. I would like to occupy my day better (e.g. social outings, home library, hobbies) but don't know how to go about it	<input type="checkbox"/>	<input type="checkbox"/>
22. I would like to find out about holidays / breaks (including transport) that cater for people with disabilities	<input type="checkbox"/>	<input type="checkbox"/>