

My Stroke Journey



A book for survivors
of stroke, families
and carers

**Keep with you from
hospital to home.**

About Stroke Foundation

Stroke Foundation is an Australian charity.

Stroke Foundation works to:

- › Prevent stroke
- › Save lives
- › Enhance recovery.
- › Visit our website to find out more
strokefoundation.org.au



or point your phone or tablet camera at this code. Click on the web address that appears.

Acknowledgement

Stroke Foundation respectfully acknowledges the Traditional Owners and Custodians of Country throughout Australia.

Stroke Foundation acknowledges their continuing connection to land, water, sky and community. We pay our respect to the peoples, cultures, and Elders past and present. They hold the memories, culture and hope of their peoples.

Thank you

Thank you to everyone who helped us write this book. Special thanks to people who shared their stories.

Thank you to our supporters. Your support made this book possible.

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What you need to know

1. A stroke is when blood cannot get to all parts of your brain. If this happens, **your brain can be injured**.
2. Stroke can happen to **anyone**, at any age, and at any time.
3. Always call triple zero (000) if you have any of the **signs of stroke**. Even if you aren't sure, or the signs disappear, call triple zero (000). The faster you get treatment, the more brain can be saved.
4. A stroke can **change** how you walk, move, think, talk, swallow, and see.
5. While you're in hospital, there will be a team of people looking after you. You will have **tests and treatment**. After you get home, make sure you go to all your appointments.
6. In **rehabilitation**, you'll do exercises and activities to help with the changes from your stroke. Rehabilitation helps you be safe and get stronger. Family and friends can help with your rehabilitation.
7. Most people will feel very tired after a stroke. This is called **fatigue**.
8. It's normal to **feel** sad, worried and frustrated after a stroke. You may also feel hopeful about getting better, and grateful for family and friends.
9. **Depression and anxiety** are also common. Read about the signs on page 26. Talk with your hospital team, family and friends about how you are feeling.
10. After a stroke, you need to take care of your health. Ask your hospital team about your **stroke risk factors**. Find out what you need to do to reduce your risk of another stroke. Most people need to take medicine for the rest of their life.
11. **You can't drive for at least 4 weeks after a stroke**. Commercial licence holders can't drive for at least 3 months. Your non-driving period only ends when a doctor clears you to drive.
12. Talk with your hospital team about **leaving hospital**. You need a discharge plan. Go see your GP within a week of leaving hospital.
13. Anyone can be a **carer**. Carers look after someone who needs help with day-to-day living. There are services that make life easier for carers.
14. The most important thing to remember is – you're not alone. **Your GP and StrokeLine can help**. Call **1800 787 653**. Email strokeline@strokefoundation.org.au

About this book

This book is for survivors of stroke, families, carers and friends.

Most people don't know much about stroke. This book has the information you need. Stories from survivors and families tell you about the road ahead.

Like to watch a short video instead of reading this book? Visit our website strokefoundation.org.au

or point your phone or tablet at the code. Click on the web address that appears.



You don't need to read the whole book

Start by reading **What you need to know** on page 1.

Use the **Contents** on page 3 to find other information you need.

Pages 6 to 8 are about your stroke. Ask your hospital team to fill in these pages with you. You can write notes on these pages.

Keep this book with you while you are in hospital. Take it with you when you go home.

Get a different book or more copies

We have other versions of this book:

- › Arabic, Chinese Simplified and Traditional, Greek, Hindi, Italian, Korean and Vietnamese translations
- › Our Stroke Journey, a book for Aboriginal and Torres Strait Islander people.

To get a different book or get more copies:

- › Ask your hospital team
- › Ask StrokeLine.
Call **1800 787 653**. Email strokeline@strokefoundation.org.au
- › Visit our website.

We also have a website for young survivors, their families and carers. Visit young.strokefoundation.org.au or point your phone or tablet at the code. Click on the web address that appears.



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StrokeLine advice and support

StrokeLine can give you advice and support. StrokeLine can answer your questions and connect you with services.

The StrokeLine team are nursing and allied health professionals.

StrokeLine is a **free** service. Anyone can call StrokeLine.

Call **1800 787 653**

Email strokeline@strokefoundation.org.au

StrokeLine is open Monday to Friday, 9am to 5pm, Australian Eastern Time. StrokeLine is closed on Victorian and National public holidays.

“

We know the stroke journey can be a roller coaster. That's why we're here to help every step of the way.

Our team includes nurses, occupational therapists, physiotherapists, speech pathologists and social workers. Between us we have decades of experience. We know the system inside out.

StrokeLine will help you make a plan that works for you. We also hope you know you're not alone. StrokeLine is here for as long as you need us.

”

Kath, StrokeLine Manager and physiotherapist



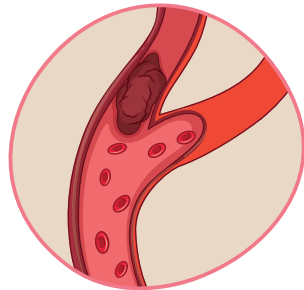
My stroke and recovery

My stroke

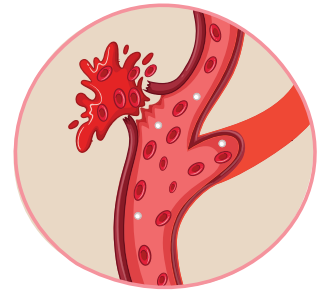
A stroke is when blood cannot get to all parts of your brain. If this happens, your brain can be injured.



Ischaemic stroke: an artery is blocked.



Haemorrhagic stroke: a blood vessel breaks or bursts.



My notes

Write down:

- › People's names
- › Things your hospital team tells you
- › What tests and treatment you have

- › What you do in rehabilitation
- › The plan for when you leave hospital.

My questions

Write down questions you want to ask your hospital team.

Notes and questions:

Handwriting practice area with horizontal dotted lines for notes and questions.

My stroke risk factors

Risk factors can cause a stroke or make it more likely to happen. They are different for everyone.

Ask your hospital team to fill in this checklist with you.

Find out more about managing your risk factors on page 33.

RISK FACTOR	WHAT I NEED TO DO	NOTES
High blood pressure <input type="radio"/>	<ul style="list-style-type: none"><input type="radio"/> Take medicine prescribed by your doctor.<input type="radio"/> Ask your GP or pharmacist to check your blood pressure regularly.<input type="radio"/> Eat well, move more and maintain a healthy weight.<input type="radio"/> Don't have too much salt.<input type="radio"/> Don't smoke, and avoid alcohol.	
High cholesterol <input type="radio"/>	<ul style="list-style-type: none"><input type="radio"/> Take medicine prescribed by your doctor.<input type="radio"/> Ask your GP to check your cholesterol regularly.<input type="radio"/> Eat well, move more and maintain a healthy weight.<input type="radio"/> Eat less saturated fat. Read page 36 to find out more.<input type="radio"/> Don't smoke.	
Type 2 diabetes <input type="radio"/>	<ul style="list-style-type: none"><input type="radio"/> Take medicine prescribed by your doctor.<input type="radio"/> Check your blood glucose when you're supposed to.<input type="radio"/> Eat well, move more and maintain a healthy weight.<input type="radio"/> Don't smoke, and avoid alcohol.	

RISK FACTOR	WHAT I NEED TO DO	NOTES
Atrial fibrillation (AF) <input type="radio"/>	<input type="radio"/> Tell your hospital team or GP if you have a racing heart, palpitations, dizziness. <input type="radio"/> Take medicine prescribed by your doctor. <input type="radio"/> Eat well, move more and maintain a healthy weight. <input type="radio"/> Don't smoke, and avoid alcohol.	
Not eating well <input type="radio"/>	<input type="radio"/> Ask your hospital team or GP about eating well. <input type="radio"/> Eat more fresh food and drink water.	
Not moving enough <input type="radio"/>	<input type="radio"/> Ask your hospital team or GP about ways to move more. <input type="radio"/> Move as much as you can throughout the day.	
Above a healthy weight <input type="radio"/>	<input type="radio"/> Ask your hospital team what a healthy weight is for you. <input type="radio"/> Talk with them about how to get to a healthy weight.	
Smoking <input type="radio"/>	<input type="radio"/> Stop smoking. <input type="radio"/> Talk with your hospital team or GP about stopping smoking. <input type="radio"/> Call Quitline on 13 78 48 Visit quit.org.au	
Alcohol <input type="radio"/>	<input type="radio"/> Avoid alcohol. <input type="radio"/> Talk with your hospital team or GP about alcohol. <input type="radio"/> Visit counsellingonline.org.au Call 1800 250 015	

My leaving hospital checklist

Check off each point on this list. Ask your hospital team about anything you're not sure about.

My stroke	<input type="radio"/> I know who to talk to if I'm worried about something to do with my stroke.
My stroke risk factors	I know: <input type="radio"/> My stroke risk factors. <input type="radio"/> How to manage them.
Signs of stroke	<input type="radio"/> I know the signs of stroke.
Medicine	I know: <input type="radio"/> What medicine I need to take. <input type="radio"/> The amount I need to take. <input type="radio"/> How often I need to take it. <input type="radio"/> I have enough medicine to last until I see my GP.
Appointments	I know: <input type="radio"/> What appointments I need. <input type="radio"/> How these will be organised.
Services	I know: <input type="radio"/> What services I need. <input type="radio"/> How these will be organised.
Daily life	<input type="radio"/> I know how to do things safely. <input type="radio"/> People helping me know how to help me safely.
Equipment	I know: <input type="radio"/> What equipment I need. <input type="radio"/> How I will get the equipment I need.
Changes to my home	I know: <input type="radio"/> What changes I need to my home. <input type="radio"/> How I will get the changes to my home I need.
Rehabilitation	I know: <input type="radio"/> What rehabilitation I need. <input type="radio"/> How I will get it.



Notes and questions:

A large rectangular area with a wavy green border, containing 20 horizontal dotted lines for writing notes and questions.

What is a stroke?

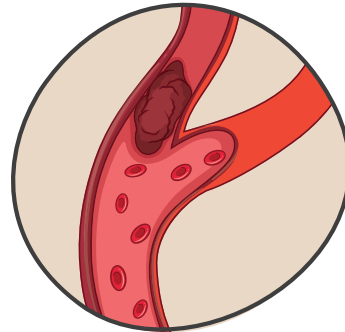
A stroke is when blood can't get to all parts of your brain. If this happens, your brain can be injured.

Blood flows through your arteries. Arteries are like tubes or pipes. If blood can't get through, your brain can be injured.



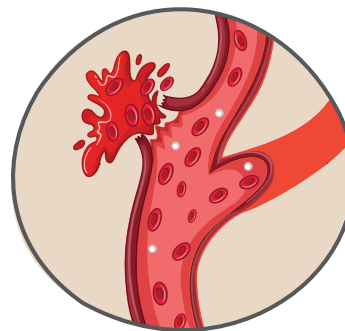
Your arteries can get blocked. This is called an **ischaemic** stroke.

Ischaemic is said like this: is-key-mic.



Your arteries can break. This is called a **haemorrhagic** stroke.

Haemorrhagic is said like this: hem-or-raj-ic.



My stroke

Ask your hospital team to tick what kind of stroke you had on page 6.

Signs of stroke

Always call triple zero (000) if you have any of the signs of stroke.

Even if you aren't sure, or the signs disappear, call triple zero (000).


The faster you get treatment, the more brain can be saved.

The F.A.S.T. test is an easy way to remember the most common signs of stroke.

Learn the F.A.S.T. signs of STROKE

	FACE <i>drooped?</i>
	ARMS <i>can't be raised?</i>
	SPEECH <i>slurred or confused?</i>
	TIME <i>is critical! Call 000.</i>

If you see any of these signs
Act FAST call 000
(triple zero)



There can be other signs:

- › Your face, arm or leg is numb, clumsy, weak or paralysed. It can be on one or both sides of your body
- › A very bad headache, especially if it comes on suddenly
- › Feeling dizzy, especially 'head spins'
- › Losing your balance
- › Falling over for no reason
- › Not being able to see in one or both eyes
- › Difficulty swallowing
- › Feeling sick in the stomach
- › Vomiting.

Share the F.A.S.T. message with family and friends.

Visit strokefoundation.org.au

or point your camera at this code. Click on the web address that appears.



StrokeLine can send you F.A.S.T. cards.
Call **1800 787 653**.

Email strokeline@strokefoundation.org.au

Your hospital team

After a stroke, everyone should have a hospital stay.



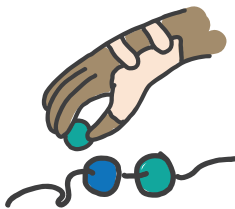
Doctors look after your medical care.



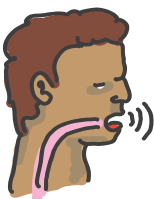
Nurses look after your treatment and care.



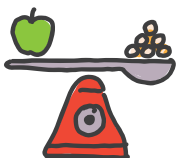
Physiotherapists help you sit, stand, move and walk. They help you be safe and keep moving.



Occupational therapists help you do the things you need to do every day. They help you get back to doing things you enjoy.



Speech pathologists help with communication – how you talk, understand, read and write. They help with swallowing.



Dietitians make sure you have the right food and drink. They help with swallowing problems. They help you eat well.



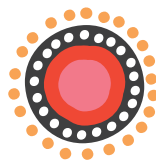
Social workers ask how you and your family are going. They know what help is available.



Psychologists talk with you about how you are feeling. They help if you feel sad, down or worried.



Pharmacists make sure you have the medicines you need. They make sure you understand your medicines.



Aboriginal Liaison Officers help Aboriginal and Torres Strait Islander people and their families.

Some teams have people who keep an eye on everything while you are in hospital. They talk with you about what you need and what will happen. These people can be called:

- › Stroke care coordinator
- › Nurse navigator
- › Discharge planner
- › Key worker.

Tests

You will have tests to find out:

- › What type of stroke you had
- › What part of your brain is injured
- › How badly your brain is injured
- › What caused your stroke.

There are some tests everyone should have. Other tests, only some people need. You may have some tests more than once.

Your hospital team will make sure you get the tests and treatment you need.

Brain scans and tests

Computerised tomography (CT) or magnetic resonance imaging (MRI)

These are scans that take pictures of your brain. Everyone should have a brain scan as soon as possible after arriving at hospital.

Brain scans confirm you had a stroke. They show:

- › What type of stroke you had
- › What part of your brain is injured
- › How badly your brain is injured.



As part of your scans, you may need an injection of contrast dye. This shows more information about your brain and type of stroke.

Artery tests

Arteries in the neck carry blood to the brain. Tests can show if the arteries are narrowed or blocked.

You may have a **carotid Doppler** ultrasound or a **CT angiogram**.

For a CT angiogram, contrast dye is injected and X-rays are taken to show the blockage. This is often done at the same time as your brain scan.

Heart tests

Your heart pumps blood to your brain, so problems with your heart can cause a stroke.

Electrocardiogram (ECG)

This test shows:

- › Problems with your heart rhythm
- › Heart disease.

Everyone should have an ECG.



Electrodes are placed on your chest to record heart activity.

A Holter monitor is a wearable ECG. It measures your heart activity over a longer period.

Echocardiogram (ECHO)

This ultrasound test shows:

- › A blood clot in your heart
- › A patent foramen ovale in your heart
- › If the chambers of your heart are enlarged.

Transoesophageal echocardiogram (TOE)

This test shows problems with the heart muscles, valves and the area around the heart.

A tube with an ultrasound scanner is passed down the throat into the oesophagus (your food pipe). The oesophagus passes near the heart.

Blood tests

Blood tests can help find health problems that may have caused your stroke.

These include:

- › The time it takes your blood to clot
- › Kidney function
- › Blood sugar levels
- › Salt levels
- › Blood cell count
- › Cholesterol levels
- › Iron levels.

Swallowing test

Before you eat or drink, you need a test to see how well you can swallow.

Eating or drinking when you can't swallow properly can make you sick.

Some tests may happen after you get home. **Make sure you go to all your appointments.**

Talk with your GP if:

- › You're not sure of the details.
- › You need help getting to appointments.

Find out more about the health conditions these tests can reveal. Read the Reduce your risk of stroke section, starting on page 33.

Treatment

Your hospital team will talk with you and your family about what treatment is right for you.

Ischaemic stroke

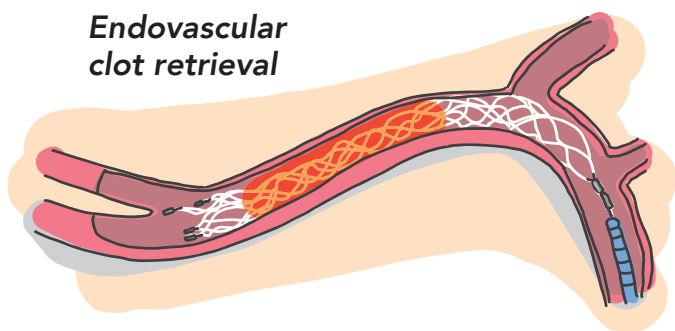
You may be given **medicine** to unblock your artery. The medicine is given through an injection in your arm. This is called thrombolysis, or clot busting.

You may have a **procedure** to unblock the artery.

Your doctor puts a tube into an artery in your arm or leg. The tube is fed into your brain. Contrast dye is injected and X-rays are taken to show the blockage. This part of the procedure is called an angiogram.

A small device is then used to pull out the clot. This is called thrombectomy or endovascular clot retrieval (ECR).

**Endovascular
clot retrieval**



Aspirin or other blood-thinning medicine reduces the risk of another stroke.

A **carotid endarterectomy** is surgery for severely narrowed carotid arteries. These arteries in your neck carry blood to the brain. The surgery removes plaque to improve blood flow and reduce your risk of another stroke.

Haemorrhagic stroke

You may be given **medicine** to:

- › Slow down or stop the bleeding in your brain
- › Control your blood pressure.

You may need an **operation** to:

- › Remove blood from your brain
- › Fix a blood vessel in your brain
- › Relieve pressure in your brain.

Our Tests and treatment fact sheet has more information. See page 27 to find out how to get a copy.

Working with your hospital team

Ask questions

Your team will be happy to answer your questions.

Share information

Your team will ask you lots of questions. It can be tiring. But it helps them look after you.

Let your team know:

- › What's important to you
- › When you don't understand something
- › When you're worried about something.

Family meetings

Survivors of stroke, family, carers and the hospital team all come to family meetings.

A family meeting is a chance for everyone to:

- › Ask questions
- › Share information
- › Talk about any worries
- › Make a plan for next steps.

You can ask your team for a family meeting.



Write things down

Take notes when people tell you things. You can:

- › Write notes on pages 6 to 7
- › Use a notes app on your phone or tablet
- › Use 'convert voice to text' on your phone or tablet.

Ask family, friends or your team if you need help with writing things down or using your phone or tablet to take notes.

Give feedback

Sometimes there will be things you're not happy with. You can:

- › Talk with the nurse unit manager
- › Talk with the hospital's patient advocate or consumer liaison officer.

StrokeLine can give you advice and support while you're in hospital. Call **1800 787 653**. Email strokeline@strokefoundation.org.au

Information for family and carers

When someone's in hospital, there's a lot to do. It's stressful. After a while, you will need to slow down and take time to rest.



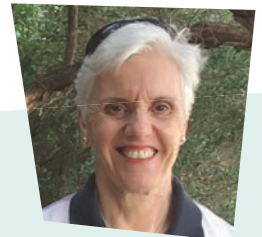
If people offer to help, say yes. If people aren't sure how they can help, let them know what they can do.

They can:

- › Visit at the hospital so you can get things done or have a rest
- › Share updates with family and friends
- › Drive you places
- › Look after kids, family members and pets
- › Help with shopping, cleaning and cooking.

Talk with the hospital **social worker** if you need support. They can help.

Being in hospital and away from home is hard. Talk with your hospital team if your family member wants to leave hospital and head home.



“

Stroke is so traumatic, and you're trying to process what's happened, so your mind is not clear.

There are things I wish someone had explained to me in the beginning, so I had some knowledge of what to do, what to say to my sister. But slowly, slowly, I learned.

I found StrokeLine and they were very, very helpful. I would email or call them, and they would give me leads.

If I do get down, I just process it. I can always call StrokeLine – there's always someone there to speak to and give you courage.

Trish, family member

”

Changes after stroke

Your brain controls everything you think, feel, say and do. After a stroke, how well you can walk, move, think, talk, swallow and see can change.

Different parts of the brain control different things. How your stroke changes you depends on:

- › Which **part** of your brain was injured
- › How **badly** it was injured.

Your hospital team will talk with you about the things that have changed since your stroke. They will make a plan to keep you safe. They will help you get better and stronger.

Everyone's stroke is different. Find out more about changes since your stroke. Our fact sheets have information on:

- › Treatment, rehabilitation and recovery
- › Different ways of doing things
- › Who to ask for help.

Read page 27 to find out more about our fact sheets.

Walk and move

Your **arms, legs and hands** may not work like they used to. This can change how you sit, stand, balance, walk and move. You may be at risk of falling.

Your muscles may be weak and floppy. Your brain may have difficulty getting them to move. Your muscles may be stiff and tight.

Muscle spasticity is when your muscles:

- › Feel stiff and tight
- › Resist movement
- › Don't work like you want them to.



If you notice any changes with your muscles, talk with your hospital team or GP.

Communicate

You may have difficulty with **language**. It may be hard to:



- › Say what you want to say
- › Understand what people say
- › Read, write and spell
- › Use gestures
- › Use numbers
- › Text or type.

This is called **aphasia**. Some people say aphasia like this: ay-fayz-ee-uh. Some people say: ay-fayz-yah.

Aphasia does not affect intelligence.

If you have aphasia, you need a copy of the **Aphasia Handbook**. The Aphasia Handbook has information about:

- › How aphasia can affect you
- › Aphasia therapy, rehabilitation and recovery
- › Communication tips and tools
- › How family and friends can help people with aphasia.

To get a copy of the Aphasia Handbook:

- › Ask your hospital team
- › Ask StrokeLine.
Call **1800 787 653** Email:
strokeline@strokefoundation.org.au
- › Visit our website
strokefoundation.org.au
or point your phone or tablet camera at this code.
Click on the web address that appears.



You can have other problems with talking. If the muscles you use to talk don't work properly, your speech will be slurred. This is called **dysarthria**.

Your brain may have difficulty coordinating the muscles you use to talk. This is called **apraxia**.

Swallow

A stroke can change how well you can swallow. This is called **dysphagia**.

Food or drink might go down the wrong way and get into your lungs. **This can make you sick.**





“

Imagine waking up and finding you can't say a single word.

A few weeks after the stroke I managed to say hello. Finding the word I wanted to say was hard. The words in my head were often different from the ones that came out. I couldn't trust what I was saying.

I made good progress to begin with. Before long I could get by, despite some mistakes. Then I became self-conscious and fearful. I retreated, speaking less and less. I felt like a mouse in the corner with nothing to say.

I realised I had to move out of my comfort zone. This meant being vulnerable, embarrassed, and scared of what people might think.

I still have moments when I have to stop and search for words. But I'm confident now to speak in public.

Claire, survivor of stroke

”

Think

Your thinking can change. It may be hard to:

- › Pay attention
- › Learn how to do things
- › Remember things that just happened.

Personality

You may find you:

- › Get annoyed easily
- › Stop wanting to do things
- › Do things without thinking it through
- › Say or do things that seem a bit strange.

Decision-making

All adults have the right to make their own decisions. If someone becomes unable to make reasoned decisions because of illness or disability, there are laws about how decisions can be made for them. Talk with the social worker about decision-making.

Fatigue

Fatigue is a feeling of **tiredness** or lack of energy. Fatigue is very common after a stroke.

People with fatigue often say they have **brain fog**. They talk about hitting a wall and having to stop and rest.

Fatigue can affect anyone. Fatigue can improve with time. But there's no way to know:

- › How much fatigue will improve
- › How long it will take for fatigue to improve.

Vision

You may have a blind spot. It's like people and things in the missing part aren't there.

You may see double. Things may be blurry. Your eyes may move all the time. Your eyes may be more sensitive to light.

Touch, taste, smell

You may:

- › Feel hot and cold less
- › Feel touch more
- › Feel touch less or be numb
- › Have pins and needles, tingling or other strange sensations.

How things taste or smell may be different.

Sensory overload

You may have difficulty with:

- › Bright, busy, noisy or new places
- › Social situations with lots of talking, music and touching.

“

I would sleep in until 9 o'clock in the morning. I'd work for a few hours, and by 12 o'clock I just could not function. It was like my brain just went 'You know what, that's enough.'

I can still do the things I used to do. They just make me more tired. And so, I've got to be conscious of managing my energy.

You need to understand what gives you energy and what takes your energy away. And you need to be really focused on doing the former and not the latter.

Lisa, survivor of stroke

”



Contenance

You may have difficulty:

- › Knowing you need to go to the toilet
- › Getting there in time
- › Asking for help to go.





Pain

You may feel pain because:

- › A part of your body is injured
- › Your muscles are stiff and tight
- › Changes in your brain make you feel pain even if you're not injured. This is called central post-stroke pain or neuropathic pain.

Sex

How you feel about yourself may be different. If you have a partner, stroke can change your relationship. This can change how you feel about sex.

How you move and feel touch may be different. How your body works may be different. You may have:

- › More or less interest in sex
- › Vaginal dryness
- › Difficulty getting or keeping an erection
- › Difficulty having an orgasm
- › Pain during sex.

Emotional responses

You may laugh or cry for no good reason. Your emotional responses may not make sense. For example, you may laugh at something sad.

Your emotional responses may be out of proportion. This is called emotional lability.

Feelings

It's normal to have a lot of different feelings after a stroke. You may feel sad, worried or frustrated. You may be hopeful about getting better and grateful for family and friends.

Talk with your hospital team, family and friends about how you are feeling.

Relationships and family life

After a stroke, there can be a lot of stress. A lot of things can change. There can be work and money pressures. How we feel about ourselves and each other can change.

With everything going on, it can be hard to look after ourselves and each other. Focus on what matters most to you. Keep talking. Build new routines. Do things you enjoy together.

If you have trouble communicating, it can be hard to connect with family and friends. The Aphasia Handbook has tips on communicating.

If you have fatigue or sensory overload, it can be hard to go to family events. An occupational therapist can give you advice.

Counselling with a mental health professional can help. You can have counselling on your own. You can also have counselling with your partner or family. Talk with your hospital team or GP.

Mental health

Mental health challenges are common after stroke. You may feel sad, hopeless or angry. You may feel down or worried. Maybe you just don't feel like yourself anymore.

If you feel like mental health is an issue for you, read our fact sheets to find out more. We have facts sheets on:

- › Mental health
- › Depression and anxiety.

Read page 27 to find out how to get copies of our fact sheets.



Don't ignore how you are feeling. Talk with:

- › A trusted family member or friend
- › Your treating team or GP
- › StrokeLine. Find out more about StrokeLine on page 5.

There are things you can do that will help your mental health. You can get treatment.

Mental health services are available 24 hours a day, 7 days a week. Read page 49 to find out more.

Depression and anxiety

Survivors, family members and carers can all get depression and anxiety.

You may have depression or anxiety if you have:

- › Some of the signs on page 26
- › On most days
- › For more than 2 weeks.

Depression signs:

- › Feel sad or down
- › Lose interest in things you enjoy
- › Feel irritable, overwhelmed, empty or numb
- › Feel tired all the time
- › Find it hard to concentrate
- › Not feel like eating
- › Eat more than usual
- › Find it hard to get to sleep
- › Find it hard to stay asleep
- › Sleep more than usual.

Anxiety signs:

- › Feel very worried or anxious most of the time
- › Find it hard to calm down
- › Overthink things
- › Find it hard to make decisions
- › Feel tired all the time
- › Have difficulty concentrating
- › Have tense muscles
- › Find it hard to get to sleep
- › Find it hard to stay asleep.

Driving

You can't drive for at least 4 weeks after a stroke. Commercial licence holders must not drive for at least 3 months. You can only start driving again after a doctor clears you to drive.

If you want to get back to driving, read the Driving fact sheet. Read page 27 to find out how to get copies of our fact sheets.

Work and study

To get back to work or study, you may need:

- › Changes to your job
- › Changes to the hours you work
- › Different ways of doing things
- › Aids and equipment.

It can be good to work shorter hours or do fewer subjects when you first go back.

Stroke fact sheets

Alcohol

Arm, hand and shoulder

Communication

Continence

Depression and anxiety

Diet

Driving

Emotional and personality changes

Fatigue

Medicine

Mental Health (online only)

Movement and exercise

Muscle spasticity

Pain

Return to work

Sex, intimacy and relationships
after stroke

Swallowing

Supporting children after a family
member's stroke (online only)

Tests and treatment (online only)

Thinking and perception

Vision

Everyone's stroke is different. Find out more about changes since **your** stroke. To get copies:

- › Ask your hospital team
- › Ask StrokeLine.
Call **1800 787 653**. Email strokeline@strokefoundation.org.au
- › Visit our website. Point your phone or tablet camera at the code. Click on the web address that appears.



Rehabilitation

Rehabilitation is where you work on things that have changed since your stroke. Rehabilitation helps you be safe and get stronger. Rehabilitation is often called rehab for short.

You may have:

- › Inpatient rehabilitation – at a hospital
- › Community or outpatient rehabilitation – you live at home and visit a centre for rehabilitation
- › In-home rehabilitation – your rehabilitation team comes to your house.

What kind of rehabilitation you have depends on:

- › What is the best option for you
- › What is available in your area.

In rehabilitation, you will:

- › Have assessments to see what has changed
- › Do a lot of exercises
- › Practise tasks over and over.

Everything you do is a part of rehabilitation. Getting dressed, moving around, making a drink and having a session with a psychologist are all part of rehabilitation.

Neuroplasticity

Neuroplasticity is your brain's ability to change. Neuroplasticity is happening as you work on your rehabilitation.

If your brain has been injured, a different part can learn to take over its job. This helps you get better, but it takes a lot of work. You need to:

- › Repeat a movement or task over and over
- › Do the movement or task at the right level of difficulty. You should be able to do it accurately, but it also needs to be challenging.

“
My advice. Try. Try.
Try. Wait and see, and
yes. Amazing.”



*Ben, survivor of stroke
and person with aphasia*

“
Everyone says to you that survivors will
only make gains in the first six months,
and that's just complete nonsense. Ben
continues to make gains on a weekly basis.”

Gabby, Ben's partner

How much will I improve?

Your recovery depends on:

- › What part of your brain was injured
- › How much it was injured
- › How rehabilitation is going.

It is hard to know how much you will improve:

- › Most people get a lot better
- › Some people take longer to get better
- › Some people may not get better.

Everyone's recovery is different. It takes work and time.

You may improve more quickly in the first few months. But you may continue to improve for years.

Sometimes it might feel like you aren't making progress. Talk with your team, review your goals and keep working.

Get the most out of rehabilitation

Ask questions. It helps if you understand why you are doing exercises and tasks. Your team is there to help. Build a good relationship with them.



“

Having goals to work towards was very useful, because they gave me a clear vision.

When the physio came for the first time to my room in the hospital, they asked me what my goal was. I said, 'I want to be able to play soccer again.' The first thing I had to do was to learn to stand up. Then I had to learn to walk. And the last thing I learned to do was run.

”

Nicole, survivor of stroke

Set goals. Start by asking yourself:

- › What do I want to do?
- › What's most important to me?
- › Where do I want to be in a week, a month and a year?

Don't just focus on the physical. You may want to work on your thinking and emotions. You may want to work on managing finances, work and study.

Involve friends and family. Spend time catching up, then ask people to help with your exercises. They can help keep you motivated.

Rest and relax. Rehab is hard work. Take breaks when you need to. Try to get good sleep. Make time for things you enjoy.

Mix things up. If it's starting to feel like 'Groundhog Day', talk with your team. You may need more variety or a new challenge. When the time's right, talk with your team about day leave. Having a change of scene can help.

It's okay to feel frustrated or down. Sometimes it takes longer than you think it will. You may miss your old life. Talk with your team, family and friends.

Advocate. If you think you should be getting more rehab, speak up. If something isn't working for you, talk with your team. Ask a family member or friend to be there, or talk with the team on your behalf.

Connect with other survivors. Seeing how other people have recovered can give you hope. It can show you what's possible if you keep working.

Keep going. Recovery is a lifelong journey. You will have good days and bad days. Don't give up.

Celebrate. Take photos, make videos, or keep a journal so you can see how far you've come. Share with friends and family.

“

I had a question and I couldn't find an answer. I asked EnableMe and got an answer the next day.

Reading about others and how they felt, made me feel like I am not alone. ”

EnableMe community members

EnableMe stroke recovery website

EnableMe can help with life after stroke.

Connect with other survivors, families and carers. Share your story and start a conversation. Ask questions and share advice.

Get the information you need. Videos, blogs, podcasts and a list of medical words.

Get StrokeLine to answer your questions. Visit the Community section and use Ask a health professional.

Get a fortnightly newsletter. All you need to do is register. It's quick and easy.

Visit enableme.org.au or point your phone or tablet camera at this code. Click on the web address that appears.



Need help to get started on EnableMe?

Contact StrokeLine. Call **1800 787 653**.

Email strokeline@strokefoundation.org.au



Domenico's story

I had a big stroke. The doctors told my wife Liz that I would not be able to come home.

I proved them wrong.

I had to relearn everything. Rehabilitation was difficult and exhausting. We had our fair share of crying. But I was determined to get home and to recover. I wanted to get back to my life. That desire was bigger than my stroke and I had a great team supporting me.

My family supported me. Liz talked to different people at the hospital.

We received a lot of help from the rehabilitation team. My son Cameron reached out to StrokeLine. Eventually, support from the National Disability Insurance Scheme came through.

Five years have passed, and I continue to work on my goals. My latest goal is to take my grandson to the park. We try to schedule things to balance activities with rest. Some days are hard, but we keep going.

To this day, I believe the love of my life saved me. And I keep going to be with the people I love.

Reduce your risk of stroke

A **risk factor** can cause a stroke or make it more likely to happen. Risk factors are different for everyone.

Ask your hospital team:

- › About your stroke risk factors
- › How you can reduce your risk of stroke
- › To fill in the My Stroke Risk Factors section starting on page 8.

High blood pressure

High blood pressure can lead to arteries getting blocked or breaking. High blood pressure can make heart problems worse.

Normal blood pressure is around 120/80. If your blood pressure is over 140/90 a lot of the time, it's too high.

Reduce your risk:

- › Ask your doctor or pharmacist to check your blood pressure regularly
- › Don't have too much salt. Read page 36 to find out more.

High cholesterol

High cholesterol can lead to blocked arteries.

High total cholesterol is 5.5 mmol/L or more. However, a good level for your cholesterol depends on your other risk factors.

My stroke risk factors

Ask your hospital team to fill in the My Stroke Risk Factors checklist with you. The checklist is on page 8.

Reduce your risk:

- › Ask your doctor to check your cholesterol regularly
- › Eat less saturated fat. Read page 36 to find out more.

Type 2 diabetes

Untreated diabetes can lead to blocked arteries. Reduce your risk:

- › Check your blood glucose when you're supposed to.

Atrial fibrillation

Atrial fibrillation (AF) is an irregular heartbeat. AF can lead to blocked arteries.

Tell your hospital team or GP if you have a racing heart, palpitations or dizziness.

If you have high blood pressure, high cholesterol, type 2 diabetes or atrial fibrillation, there are things you can do to reduce your risk:

- › Take medicine prescribed by your doctor
- › Eat well
- › Move more
- › Maintain a healthy weight.



Joe's story

I had my first stroke when I was in my early 50s, in a supermarket of all places.

I've had a few strokes. Each felt very different. Sometimes it was the arm, another time I couldn't swallow, another time I vomited. My fourth stroke felt like I was on a rocky boat out at sea.

Looking back, there is always good and bad in life after stroke. It has been a hard road to recovery at times. After my first stroke I lost a lot of my independence and positivity. I needed help to walk, I became quite depressed and had some very dark days.

I tried hard to pull myself out of it. I always remembered there was someone else out there with it worse than me.

I quit smoking and drinking. That helped me get healthy and back on track. With help from my doctor and family and friends I am a sober non-smoker now.

When people ask for advice, I always say:

- › Quit smoking, talk with your doctor about alcohol, and keep your stress levels down.
- › Have your health check-ups, listen to your doctors, and take your medicine.
- › Ask for help. It is always available.

People are there to support you because they love you. If they didn't love you, they wouldn't be there. That's a big thing to remember.

Joe is a survivor of stroke and a proud Kooma man.

Other medical risk factors

There are other medical conditions, medicines and drugs that can increase your risk of stroke. Talk with your hospital team or GP about this.

Visit our website strokefoundation.org.au or point your phone or tablet camera at this code. Click on the web address that appears.



Unknown cause

Sometimes, despite testing, a cause can't be found. This is called a **cryptogenic** stroke.

If the cause of your stroke is unknown, it's important to:

- › Talk with your doctor about what they have done to find the cause
- › Take the medicines your doctor prescribes
- › Go to all your follow-up appointments
- › Eat well, move more and maintain a healthy weight
- › Don't smoke, and avoid alcohol.

Eat well

Not eating well can cause:

- › High blood pressure
- › High cholesterol
- › Type 2 diabetes
- › Heart disease.

Get into fresh food. Eat meals you make at home.

Eat more:

Vegetables. Fresh, frozen, dried and tinned vegetables are all good.

Grains. Wheat, oats, rice, rye, barley, millet, quinoa and corn. Grain foods include bread, breakfast cereals, rice and pasta. Wholemeal, brown, multigrain and high fibre are best.





Fruit. Fresh, whole fruit is best. Frozen fruit is good too.



Lean meat, eggs, tofu, nuts, seeds and beans. If you eat meat, eat lean beef, chicken and fish. Eat eggs, unsalted nuts and seeds. Split peas, lentils, chickpeas and low-salt baked beans are good too.

Milk, cheese and yoghurt. Low fat is best. Fresh, long-life and powdered milk are all good.

Water. This is the best drink. Ask your hospital team or GP how much water you should drink.

Healthy fats and oils. There are different kinds of fats, and some are healthier than others. Use sunflower, canola and olive oil. Try nut butter or avocado.



Eat less:

Butter, cream, cooking margarine, coconut and palm oil.

Stay away from takeaway food like pies, hamburgers, pizza and chips. Same with biscuits, cakes and potato chips.

The fat in all these foods is called **saturated fat**. Too much of this fat can give you high cholesterol.

Salt. Too much salt can give you high blood pressure. Have less than four grams of salt a day. This is about three quarters of a teaspoon. It's equivalent to 1600 milligrams of sodium.

Packaged food already has salt in it. The more fresh food you eat, the less salt you'll get. Don't add salt when you cook or when you eat. After a while you won't miss the salt.

Sugar. Too much sugar can damage your arteries.

Eat less sweets – lollies, chocolate, cakes, biscuits and ice cream. Cut out sugary drinks – soft drinks, cordial, energy drinks, and fruit drinks. Water is the best drink.

Move more

Not moving enough increases your risk of:

- › Type 2 diabetes
- › Being an unhealthy weight
- › High blood pressure
- › High blood cholesterol.

Move as much as you can throughout your day. Do jobs around the house. Walk places instead of driving.

Get into activities you enjoy. Go for a walk, kick a ball around or work in the garden.

Make it social. Invite family and friends to join you. Join a local exercise group.

Be active like this for at least 30 minutes every day.

Eat well. Move more. Rebound after stroke

The i-Rebound website will help you reduce your risk of another stroke.

The i-Rebound website has:

- › Exercise videos and stories
- › Information about eating well
- › Step-by-step recipes.

Visit irebound.enableme.org.au

Or point your phone or tablet camera at this code.

Click on the web address that appears.



Maintain a healthy weight

Being over the healthy weight range can cause high blood pressure, high cholesterol and diabetes.

Ask your hospital team or GP about what a healthy weight is for you. Talk with them about how to get to a healthy weight.

Start by setting a small goal. Make small changes that will help you get there. Once you get there, set another goal.

Getting to a healthy weight can take time. It's not always easy. Don't give yourself a hard time, the main thing is to keep going.

Don't smoke

Smoking can damage your arteries and cause a stroke. Smoking can cause high blood pressure, high cholesterol and atrial fibrillation. Smoking can make diabetes harder to control.

Breathing other people's smoke also increases your risk of stroke.

It's never too late to stop smoking. Once you stop, your risk of stroke starts to drop straight away.

It can be hard to quit smoking, so ask for help. Talk with your hospital team or GP. Nicotine replacement therapy or a stop-smoking medicine can help you quit.

Quitline can help you quit smoking.

Quitline [13 78 48 quit.org.au](http://137848quit.org.au)



Mandy's story

I had my first cigarette at age eight. I know that's shocking but I thought, this isn't bad. It's only one.

Before my stroke I was up to 45 cigarettes a day. Just before I had my stroke, I was outside having a cigarette with a girlfriend from work. I walked back inside and life changed forever. All of a sudden I'm having a massive stroke.

It was after my stroke I worked out that I treated smoking like a best friend. All emotions, happy, sad, it was there. No matter where you looked it was always there.

Change the habits, change the lifestyle. Instead of getting up in the morning and walking outside to have a cigarette, maybe go to the fridge, get a bottle of water and go for a quick walk.

Don't give up quitting, just keep trying. If I can quit, you can quit.

Avoid alcohol

Alcohol can cause high blood pressure and atrial fibrillation. Alcohol can make diabetes harder to control. It can make it hard to maintain a healthy weight.

The Australian Guidelines say healthy men and women should have:

- › No more than 10 standard drinks a week
- › No more than 4 standard drinks on any one day.

The Guidelines are for healthy people.

The less you drink, the lower your risk of harm from alcohol.

If you drink alcohol, talk with your doctor about:

- › **If** and **when** you can drink alcohol
- › **How much** alcohol you can drink.

If you want to drink less or stop drinking alcohol, there are strategies you can use. If you need support, speak with your doctor. There are services that can help.

What is a standard drink?



375mL
bottle
of mid
strength
beer
(3.5%)



100mL
glass of
red wine
(13%)



30mL
nip of
spirits
(40%)

Read our **Alcohol fact sheet** to find out more. See page 27 to find out how to get a copy. For tips on drinking less, visit hellosundaymorning.org

For support and services, visit counsellingonline.org.au or call **1800 250 015**.

Medicine after stroke

After a stroke, most people need to take medicine for the rest of their life.



Blood pressure medicine.

Medicines that lower your blood pressure are called anti-hypertensives. Almost everyone who has had a stroke should take anti-hypertensives, even if their blood pressure is normal.

Cholesterol-lowering medicine.

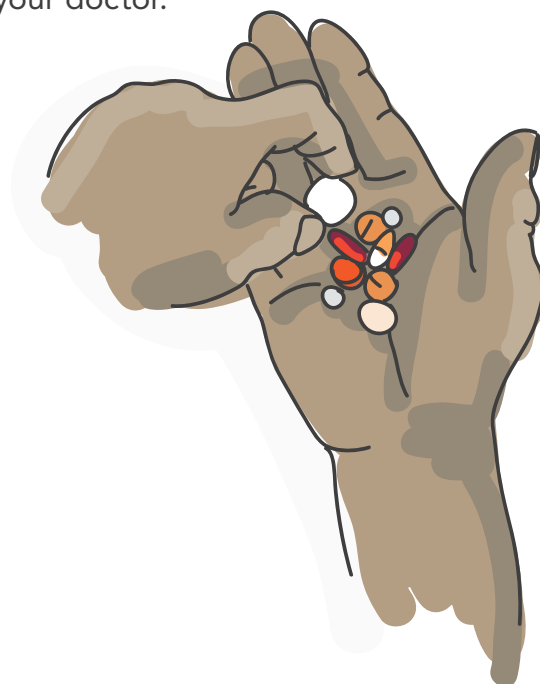
Medicines that lower cholesterol are called statins. High-dose statins reduce your risk of ischaemic stroke, no matter what your cholesterol level is.

Blood-thinning medicine. If you have had an ischaemic stroke, you will almost always need to take blood thinners.

Ask your hospital team:

- › What medicine you need to take
- › The amount you need to take
- › How often you need to take it
- › What follow-up you need after you leave hospital.

Never stop taking your medicine or change your dose without talking with your doctor.



Get ready to leave hospital

Your hospital team will talk with you about leaving hospital.

Get ready to go home with the **Leaving hospital checklist** on page 10. Tick off the things you're sure about. Ask your hospital team about anything you're **not sure** about.

Your discharge summary and medicines

A **discharge summary** is a piece of paper that explains:

- › Why you were in hospital
- › What tests and treatment you had
- › What medicine you are taking
- › What appointments and services have been organised for you.

You should get a copy of your discharge summary when you leave hospital or just after you get home. Your GP should get a copy too. You should also get a list of your medicines.

Make sure you have enough medicine to last until you see your GP.

Your general practitioner (GP)

Go see your GP within a week of leaving hospital. Take:

- › Your discharge summary if you have it

- › Your list of medicines

- › This book.

Your GP will:

- › Make sure you have your medicines
- › Look after any health problems you have
- › Refer you to any health professionals or services you need.

Information for family and carers

Anyone can be a carer. Carers look after someone who needs help with their day-to-day living.

Talk with your hospital team about what life will be like at home. Make sure the hospital team understand your other responsibilities. Be clear about anything you don't feel comfortable doing. Services may be able to help.

You need to be shown the safe way to do things. You may need equipment.

Make sure you feel confident about the plan before discharge. Ask who can help if you have a question or something goes wrong. Get their details.

Get ready to go home by reading the **Leaving hospital checklist** on page 10.

Carer services

If you look after someone, you need to look after yourself too.

Carer Gateway is a free support service for carers. Carer Gateway aims to make your life easier. Carer Gateway can help you to find local services and support.

Carer Gateway **1800 422 737**
[carergateway.gov.au](https://www.carergateway.gov.au)

Carer payments

Carer payments are for people who provide care at home for someone with a severe disability or medical condition, or who is frail and aged.

Eligibility depends on your circumstances. There is an income and assets test.

Centrelink **132 717**
[servicesaustralia.gov.au](https://www.servicesaustralia.gov.au)

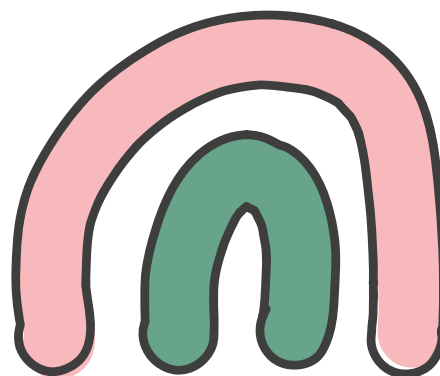
Family and carer mental health

Family members and carers can experience mental health and wellbeing challenges too.

Don't ignore how you are feeling. Talk with a trusted family member or friend, your hospital team and your GP.

There is information on page 25 about mental health, depression and anxiety that is helpful for family members and carers also.

The Carer Services listed on this page can help. StrokeLine can help too. Read page 5 to find out more about StrokeLine.





Tracey's story

Mark's stroke was a big one. It was morning and Mark was still in bed. When I went in to check on him, he was unconscious on the floor.

Mark had a haemorrhagic stroke and needed surgery. He was in intensive care for two weeks, the stroke unit for five weeks and a rehab centre for five months.

Mark was in a wheelchair. He had to relearn how to swallow and sit up among other things. Communication was a challenge due to aphasia.

I was determined to see if we could make life work at home. It wasn't easy at first. The move from hospital to home was overwhelming. It was physically and mentally exhausting.

You find yourself juggling the usual day-to-day tasks, while trying to work out what help is available. All while dealing with a form of grief.

We had therapists coming in and out, so there were times when home didn't feel like our special place anymore.

But I had to trust my instinct that living in the family home was the best decision. I am so glad I did. Mark is the love of my life. While becoming his carer was a huge adjustment, there were many rays of sunshine.

I have a strong network of family and friends, but it was not in my nature to ask for help or accept it when it's offered. I've learnt I am better for everyone when I make time for myself.

I connected with other women whose husbands had a stroke. We understand each other. We can cry on each other's shoulders, and we can lift each other up.

I choose to be Mark's carer. He is as beautiful and kind as he was before his stroke. The love is the same, even though our lives are different.



Get help at home

Get the information you need

Our **fact sheets** have information on:

- › Treatment, rehabilitation and recovery
- › Different ways of doing things
- › Who to ask for help.

Read page 27 to find out how to get copies of our fact sheets.

StrokeLine advice and support

Going home after a stroke can be a bit of a shock. Things can be different to what you expected. You can notice problems more when you're at home.

StrokeLine's nursing and allied health professionals can give you information, advice and support. They can answer your questions. They will:

- › Tell you about things that will help
- › Help you solve problems
- › Connect you to services.

StrokeLine is a free, confidential and practical service.

StrokeLine is open Monday to Friday, 9am to 5pm Australian Eastern Time. StrokeLine is closed on Victorian and national public holidays.

Call **1800 787 653**. Email strokeline@strokefoundation.org.au

Use an interpreter

If you or a family member would like to speak to StrokeLine with an interpreter:

- › Call the Telephone Interpreting Service on **13 14 50**
- › Say the language you need and wait on the line for an interpreter
- › Ask the interpreter to call StrokeLine **1800 787 653**.



Emma's story

I felt lost after my stroke. I couldn't go backwards to my old life but there was nothing to go forward to.

It was hard for me hearing people say, 'Oh I saw a glimpse of the old Em' because I knew she was gone. We all had to accept that as difficult as it was, she wasn't going to come back.

It wasn't until I started to do new things, things that highlighted my strengths and not my weaknesses, that I found the 'new Em'. I had a new direction.

For me it was about being open to different opportunities. So, although I can no longer run, I can swim instead.

Being with my friends is very important. Most of my friends had never been around someone who had survived a stroke. I needed to tell them it was okay to open up to me. I found it was my role to make it easier for them. I wanted to help them grieve too.

It's not what happens to you that matters – it's how you choose to deal with it.

Connect with other survivors, family members and carers

Share stories, information and support with people who 'get it'. There's a community of people ready to connect with you.

Watch videos, listen to podcasts and read blogs

Discover stories and learn from other people's journeys. Visit enableme.org.au

Are you a young survivor? Visit young.strokefoundation.org.au

Join a support group

There are groups that meet on social media, online and face to face.

Groups may be based in a local area. They may be for people who have things in common, like being a parent or going back to work.

You can find support groups on EnableMe. StrokeLine can also help you find a support group. Call **1800 787 653**. Email strokeline@strokefoundation.org.au



“

When I was 24, I survived a major stroke. I woke up in ICU and discovered I'd lost the ability to walk, talk, swallow, see, and breathe on my own. I also lost my job and felt like I'd lost my identity.

I felt disempowered, disoriented, isolated and alone – so, I started connecting with other young survivors.

I quickly realised that we all share very relatable stories; loss, grief, new identities forming and celebration.

Over time, I reached out to other young survivors and started creating a safe space for empathy, empowerment and connection.

At [genyus network](https://genyusnetwork.com), you can connect with other survivors just like you, hear their stories and share your own.

Join us at genyusnetwork.com

”

*Caleb Rixon,
survivor of stroke*

Get more rehabilitation

Aphasia groups and choirs

Get information, advice and support from other people living with aphasia and their families. Make new connections. Enjoy communicating in a positive environment.

Visit www.aphasia.community

Australian Aphasia Association
Call **1800 274 274** Visit aphasia.org.au

Are you a young survivor?

genyus network has an online forum and social meetups for young survivors and their support crew.

Visit genyusnetwork.com

Stroke Associations

If you live in New South Wales or South Australia, your stroke association can help you find a support group.

New South Wales
Call **1300 650 594** Visit strokensw.org.au

South Australia
Call **08 8352 4644** Visit stroke.org.au

Join EnableMe

Be a part of Australia's biggest online stroke community.

Visit enableme.org.au

Your hospital team will talk with you about rehabilitation after hospital. After this ends, you may want to keep seeing an allied health professional.

You can ask your GP about:

- › A Chronic Disease Management Plan
- › Accessing community-based rehabilitation.

If you have private health insurance, ask your insurer what you're entitled to.

If you have an NDIS plan, ask them about help to get better at everyday things and reach your goals.

If you're booking appointments, ask about gap payments.

StrokeLine can help you find the best way for you. Call **1800 787 653**. Email strokeline@strokefoundation.org.au

Disability and aged care services

Disability Gateway. Information and services to help people with disability, their family, friends and carers. Anyone can contact Disability Gateway.

Call **1800 643 787**

Visit disabilitygateway.gov.au

My Aged Care. Help around the house or care in aged care homes. If you are over 65 years of age, contact My Aged Care.

Call **1800 200 422**

Visit myagedcare.gov.au

Community services

Carer Gateway. Support and services for carers. Call **1800 422 737**
Visit carergateway.gov.au

Centrelink. Social security payments and services. Visit servicesaustralia.gov.au

Continence Australia. Advice and support on bladder and bowel control. Call **1800 33 00 66**
Visit continence.org.au

Relationships Australia. Relationship support services. Call **1300 364 277**
Visit relationships.org.au

Vision Australia. Blindness and low vision services. Call **1300 84 74 66**
Visit visionaustralia.org

Aids and equipment

National Equipment Database. Advice about equipment to make things easier at home.

Call **1300 885 886** Visit askned.com.au

AT Chat. Advice about assistive technology. Visit www.atchat.com.au

Money

Centrelink may give you payments if:

- › You have an illness, injury, disability or carer responsibilities
- › You cannot work or can only do a limited amount of work.

Centrelink may also be able to help with concession and health care cards.

Centrelink call **132 717**
Visit servicesaustralia.gov.au

Ask your **superannuation fund** if you have insurance as part of your super. If needed, ask if you can get access to your superannuation.

The **National Debt Helpline** can give you advice on money problems. The Helpline can refer you to a financial counsellor.

Call **1800 007 007** Visit ndh.org.au

Get help 24 hours a day, 7 days a week

Ambulance. Stay calm and speak slowly. The operator will ask if you need an Ambulance, Fire or Police. If you think you are having a stroke, say 'Ambulance'.

Stay on the phone until the operator says you can hang up.

Healthdirect. Speak with a nurse about any health issue. Call **1800 022 222** Visit healthdirect.gov.au

Lifeline. If you are feeling overwhelmed, need crisis support or just need to talk something through. Call **13 11 14** Visit lifeline.org.au

Beyond Blue. Help with anxiety and depression. Call **1300 22 4636** Visit beyondblue.org.au

13YARN. Talk with an Aboriginal and Torres Strait Islander Crisis Supporter. Call **13 92 76** Visit 13YARN.org.au

1800 Respect. Call if you need support because of domestic, family or sexual violence. Call **1800 737 732** Visit 1800respect.org.au

Ambulance costs

Your call to 000 is free but there may be a cost for your ambulance trip. Costs depend on:

- › The state you live in. In Tasmania and Queensland, the ambulance is free for everyone
- › If you have a pension or concession card
- › If you have private health insurance or an ambulance membership.

Your GP can give you advice about ambulance costs.

If you have any of the signs of stroke, call 000 straight away. Do not let the cost of your trip stop you from calling 000. Calling 000 may save your life.





How to get more involved

- 🕒 **Give time** – become a volunteer.
- 👛 **Raise funds** – donate or hold a fundraising event.
- 🗣️ **Speak up** – join our advocacy team.
- 👤 **Leave a lasting legacy** – include a gift in your Will.
- ⊕ **Know your numbers** – check your health regularly.
- 📡 **Stay informed** – keep up-to-date and share our message.

Contact us

- 📞 **StrokeLine 1800 STROKE**
(1800 787 653)
- 🌐 **strokefoundation.org.au**
- 📘 **/strokefoundation**
- ✂️ **@strokefdn**
- 📷 **@strokefdn**