

Department of Health Neurotrauma Program
presents

Living with Stroke



Hawaii's Neurotrauma Program
TRAUMATIC BRAIN & SPINAL CORD INJURIES ♥ STROKE

Aloha. The Department of Health (DOH) has put together this packet containing information, advice and resources to assist you and your system of support during your recovery from stroke.

DOH staff is available to assist you with information on stroke and to identify and access resources in your community. Attached is a contact sheet for you or your representative to complete; allowing us to contact you to assist with needs or problems you may be encountering.

We can be reached by calling/emailing:

DOH Neurotrauma Program Helpline

Phone: (808) 733-2155

Email: ntrauma@doh.hawaii.gov

A listing of local resources by island along with information and other matters related to stroke is located on our Neurotrauma website: <https://health.hawaii.gov/nt/>

I hereby **consent** to the release of information to the Department of Health (DOH) for assistance with accessing neurotrauma information and resources. The information I share with DOH will be kept **confidential** and bound by disclosure and privacy laws.

Date

Personal Contact Information

Address: _____

E-mail: _____

Alternate contact, (agency or person): _____

Completed forms can be mailed to: DOH DDD
Community Resources Branch
Neurotrauma Program
3627 Kilauea Avenue, Room 411
Honolulu, HI 96816

For any questions or to complete this form by phone, please call:
DOH Neurotrauma Program Helpline
Phone: (808) 733-2155

LIVING WITH STROKE

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STROKE SURVIVOR



**American
Stroke
Association.**

*A division of the
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Explaining Stroke



Introduction

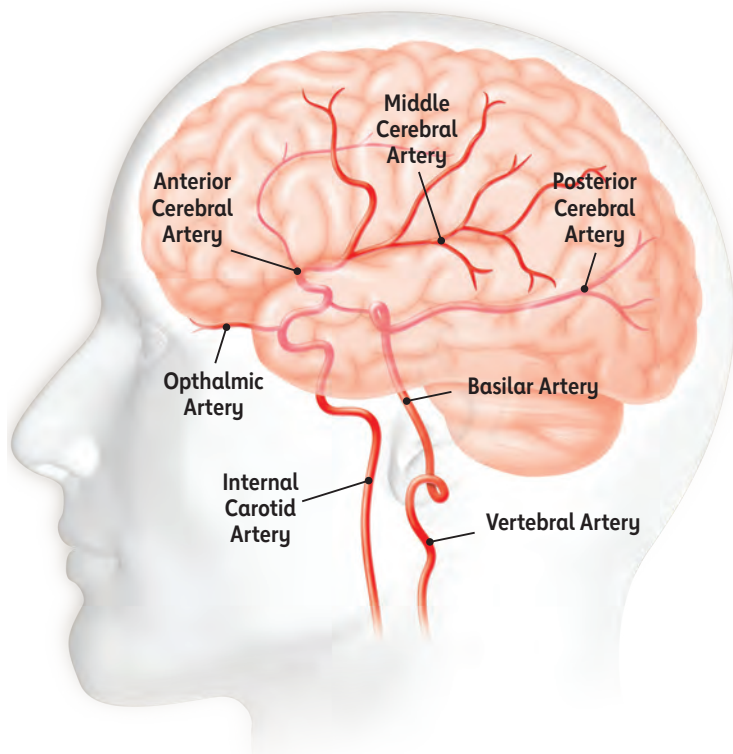
Explaining Stroke is a practical step-by-step booklet that explains how a stroke happens, different types of stroke and how to prevent a stroke. Many people think a stroke happens in the heart, but it happens in the brain.

Read on to learn more.

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What is a Stroke?

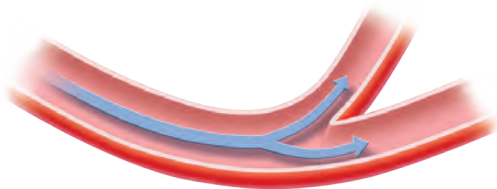


Blood vessels that carry blood to the brain from the heart are called **arteries**. The brain needs a constant supply of blood, which carries the oxygen and nutrients it needs to function. Specific arteries supply blood to specific areas of the brain. A **stroke** occurs when one of these arteries to the brain is either blocked or bursts. As a result, part of the brain does not get the blood it needs, so it starts to die.

Blood Flow in Normal and Blocked Arteries

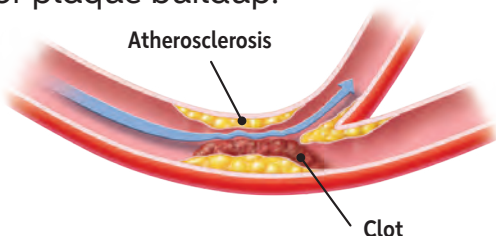
NORMAL ARTERY

Blood flows easily through a clear artery.



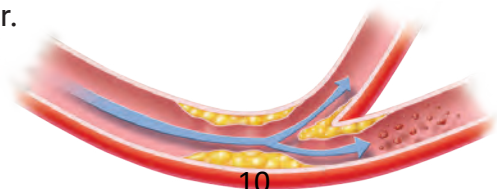
BLOCKAGE

An artery can become blocked by **plaque** (a fatty substance in the wall of the artery) or a **blood clot**, which reduces blood flow to the brain and causes a stroke. This picture shows **atherosclerosis**, a hardening of the arteries. Atherosclerosis is caused partly by cholesterol or plaque buildup.

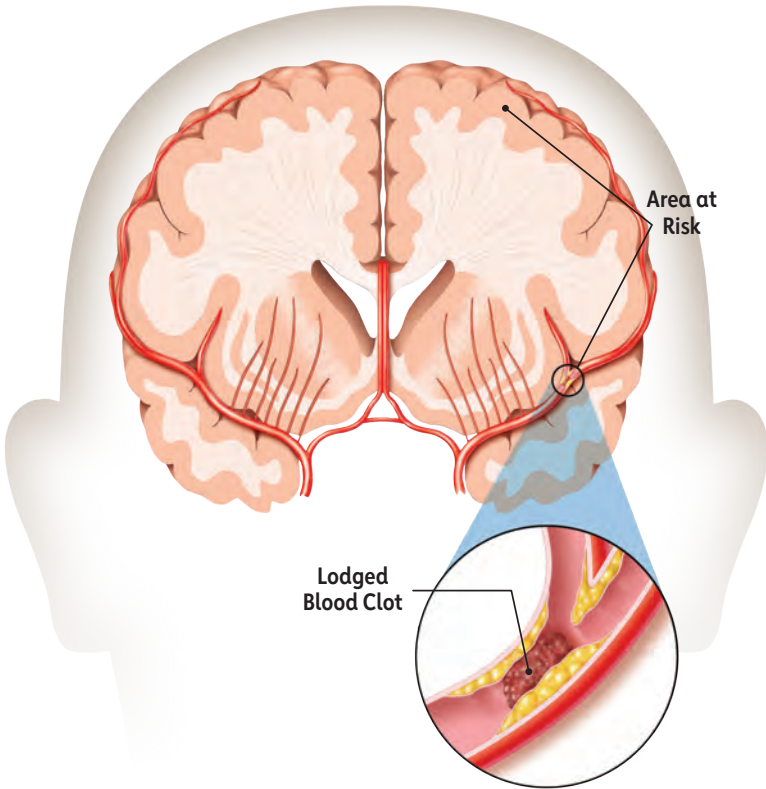


CLOT DISSOLVES

A transient ischemic attack or TIA has the same signs and symptoms of a stroke, but they only last a short time. The plaque or blood clot breaks up and blood flow is restored to the brain and there is no permanent damage. A TIA is serious and needs to be evaluated by a health care provider.

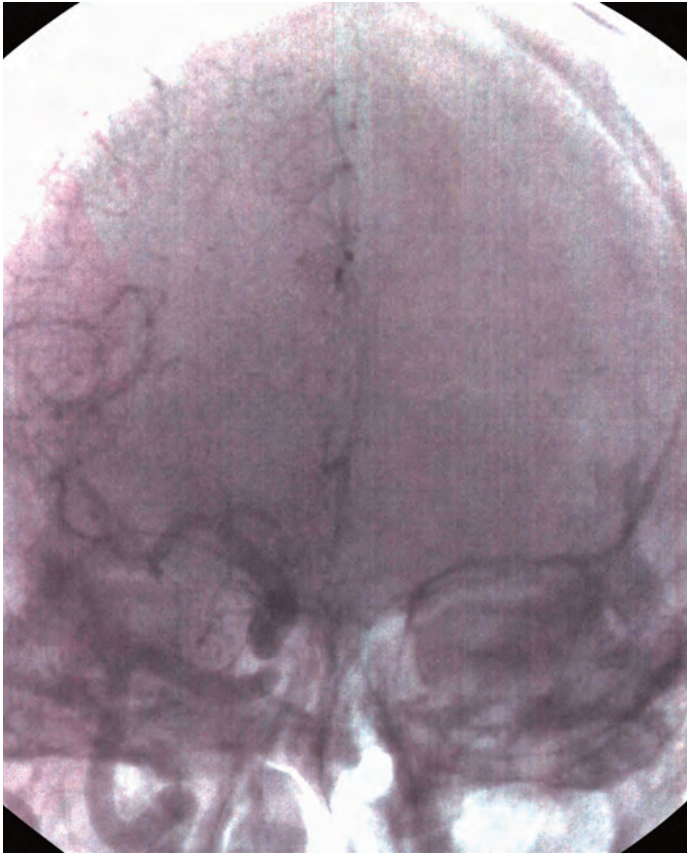


Blood Flow to the Brain



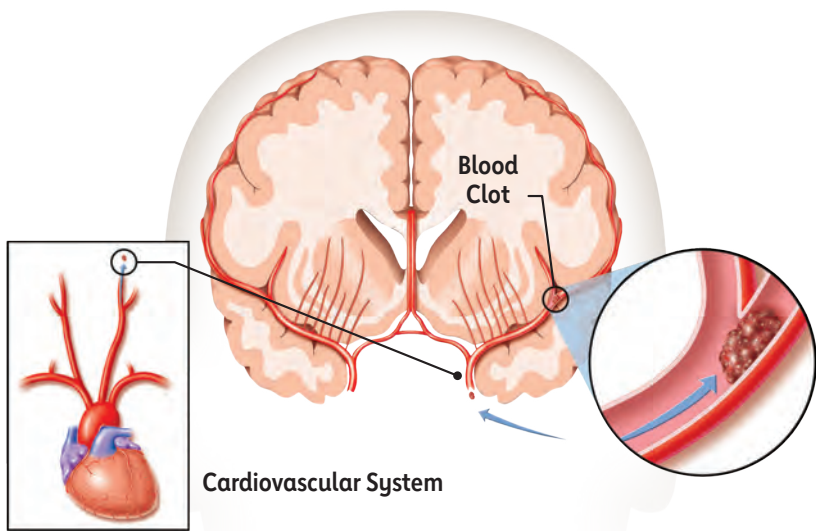
This picture shows a blood clot blocking an artery in the brain. Without enough blood flow, brain cells begin to die.

Arteriography



The doctor will take an x-ray picture of your brain, called an **arteriogram** or **angiogram**. A dye is injected into the blood vessels that lead to the brain. The dye will show up on the x-ray and help locate blocked, narrowed or damaged blood vessels in the brain.

■ Ischemic Stroke



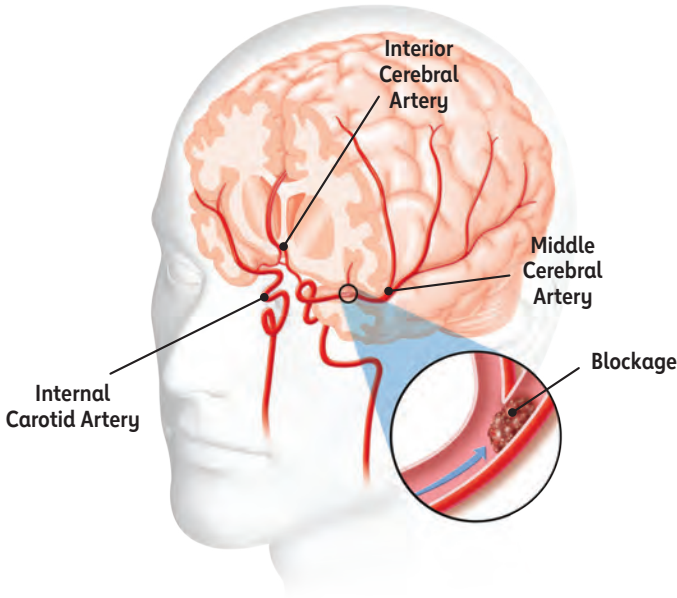
Ischemic Stroke

Ischemic stroke is the most common type of stroke. An ischemic stroke happens when an artery in the brain is blocked. There are two types of ischemic stroke:

Embolic Stroke: In an embolic stroke, a blood clot or plaque fragment forms, usually in the heart or the large arteries leading to the brain, and then moves through the arteries to the brain. In the brain, the clot blocks a blood vessel and leads to a stroke.

Thrombotic Stroke: A thrombotic stroke is a blood clot that forms inside an artery that supplies blood to the brain. The clot interrupts blood flow and causes a stroke.

■ Transient Ischemic Attack (TIA)

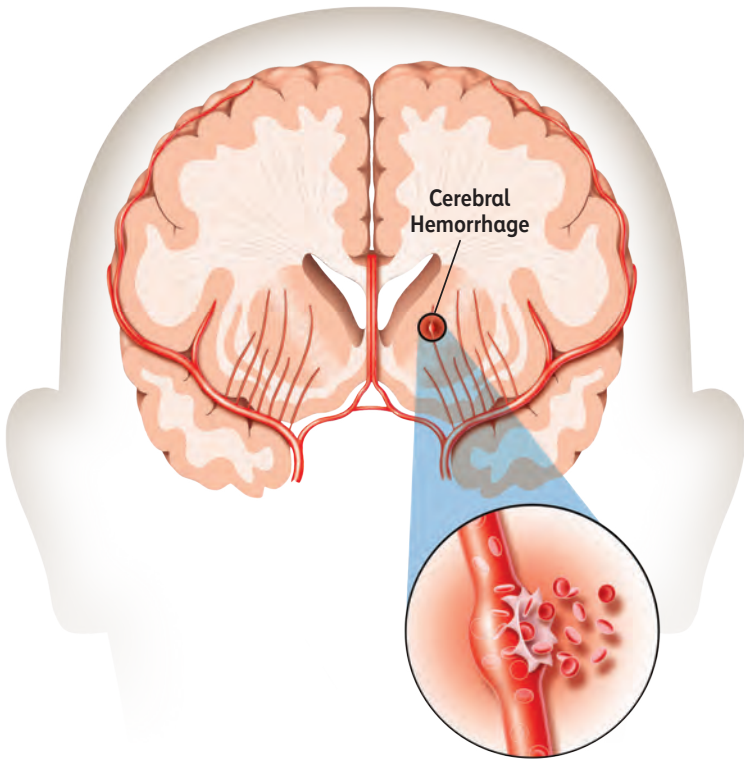


If an artery in the brain or one that goes to the brain is blocked for a short time, blood flow slows down or stops. This can cause a **transient ischemic attack**, sometimes called a mini-stroke. A TIA's major symptoms include sudden:

- Numbness, weakness or paralysis of the face, arm or leg, usually on one side of the body
- Loss of vision in one or both eyes or double vision
- Trouble speaking or difficulty understanding others
- Loss of balance or coordination
- Severe headache with no known cause

When a TIA happens, the artery either becomes unblocked after a short time or a new path opens up and blood flow is normal. Symptoms last for a short time and then disappear. A TIA is a serious warning that you might have a stroke.

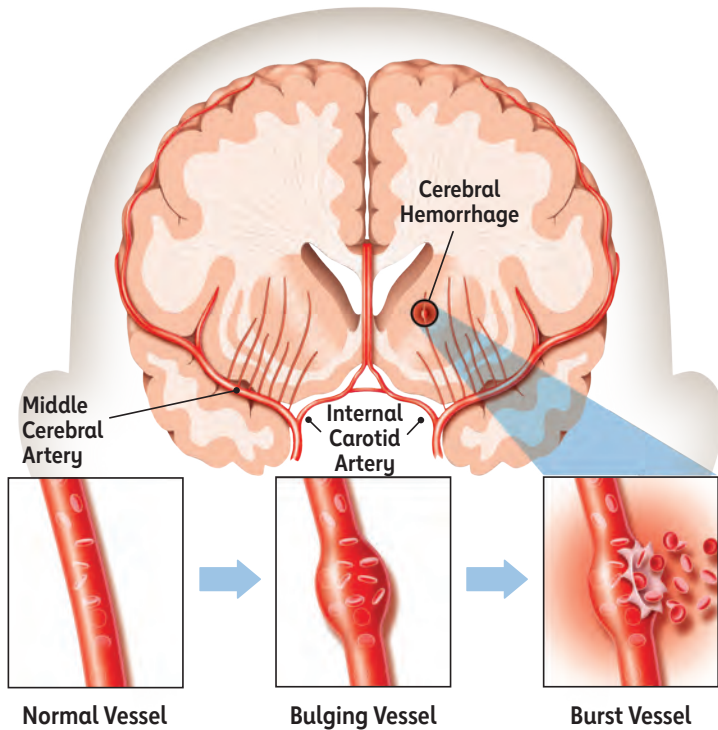
■ Hemorrhagic Stroke



A **hemorrhagic stroke** happens when a blood vessel in the brain bursts and spills blood into or around the brain. High blood pressure and aneurysms (see page 12) can make blood vessels weak enough to burst.

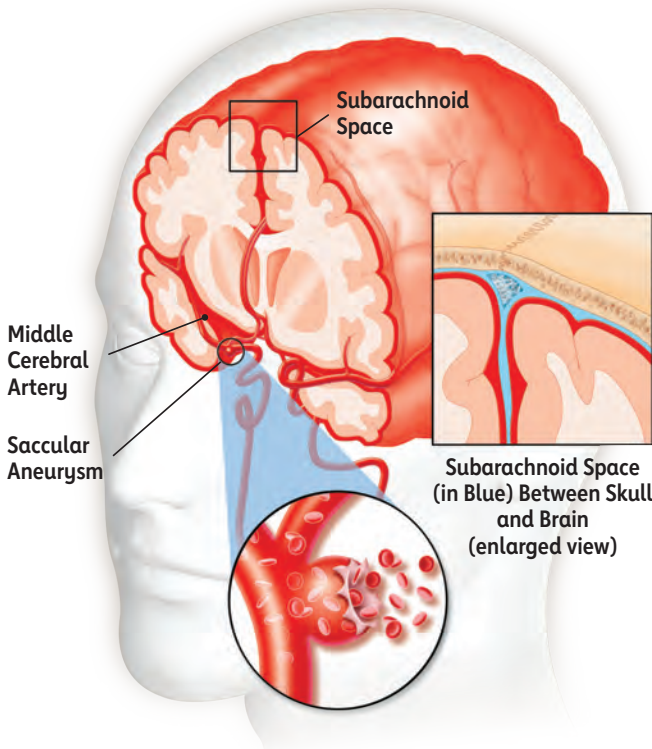
There are different types of hemorrhagic stroke, including intracerebral hemorrhage and subarachnoid hemorrhage.

■ Intracerebral Hemorrhage



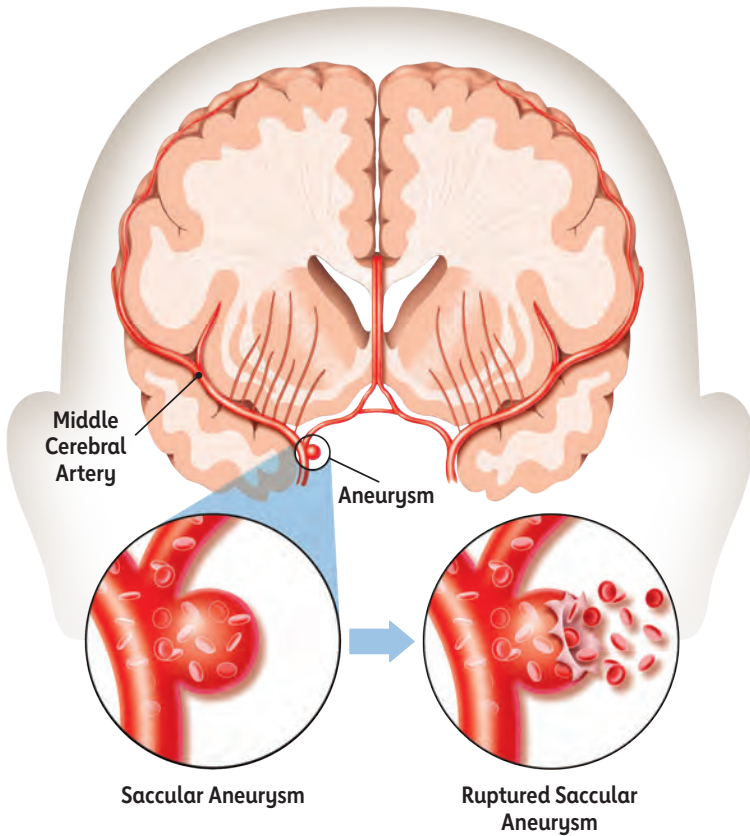
One kind of hemorrhagic stroke is called an **intracerebral hemorrhage**. This kind of stroke is caused when a burst blood vessel bleeds into brain tissue. The bleeding causes brain cells to die and the part of the brain that is affected stops working correctly. High blood pressure, also called **hypertension**, is the most common cause of this type of stroke.

■ Subarachnoid Hemorrhage



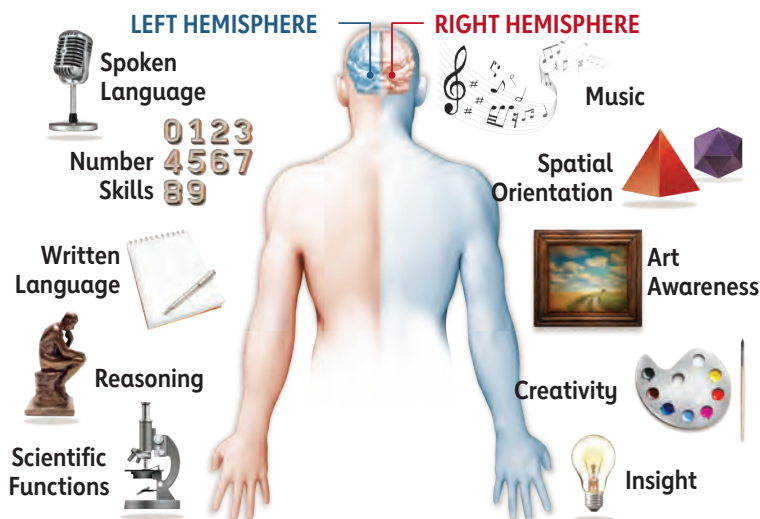
Another kind of hemorrhagic stroke is called a **subarachnoid hemorrhage**. In this type of stroke, a blood vessel bursts near the surface of the brain and blood leaks into the space between the brain and the skull (the subarachnoid space). Blood that collects in this space puts pressure on brain tissue and causes blood vessels to spasm. This type of stroke can be caused by different things but is usually caused by a burst aneurysm.

■ Aneurysm



An **aneurysm** is a weak spot on the wall of an artery that bulges out into a thin bubble. As it gets bigger, the wall may weaken and burst. If it bursts, blood leaks inside or around the brain.

How a Stroke Affects You



The Sides of the Brain

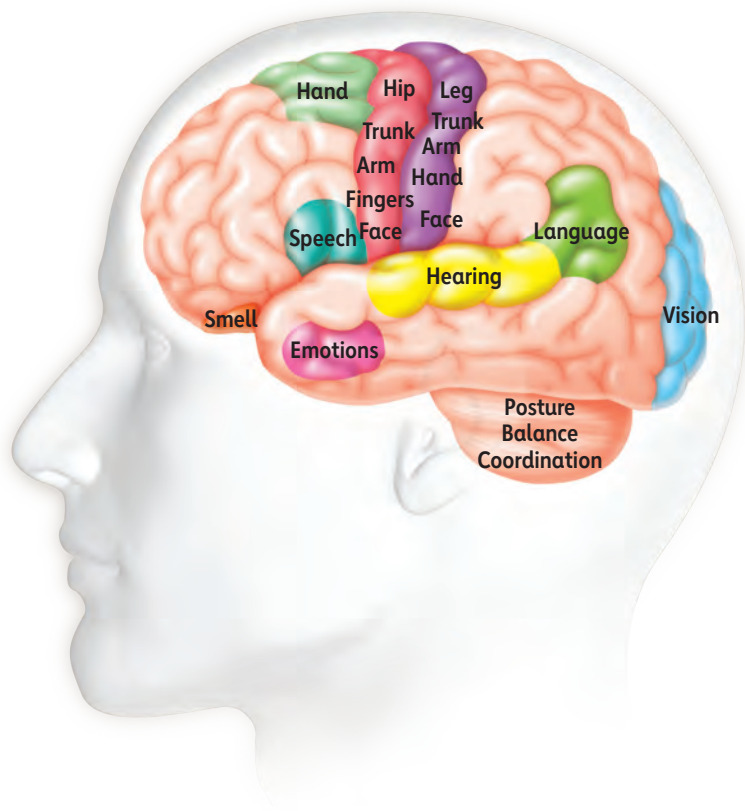
A stroke on the left side of the brain affects the right side of the body and you may experience some of the following:

- Speech and language problems
- Inability to read, write and learn new information
- Impaired ability to do math or to organize, reason and analyze things

A stroke on the right side of the brain affects the left side of the body and you may experience some of the following:

- Problems with depth perception or directions, such as up or down, and front and back
- Inability to be creative, such as painting a picture, or to appreciate art and music
- Failure to recognize the emotion in someone's voice

Moving and Sensing Things



The human brain has different areas that control how the body moves and feels. When a stroke damages a certain part of the brain, that part may not work as well as it did before. This can cause problems with walking, speaking, seeing or feeling. There may be challenges with basic self-care such as bathing or dressing, eating, swallowing, memory, emotions and understanding surroundings that should be familiar.

Some Effects of Stroke

After a stroke, you may have emotional and physical changes. Depending on the amount of brain damaged and the part of your brain that was affected, you might have problems with:

seeing	sleeping
having seizures	controlling your bladder or bowels
moving parts of your body	pain
fatigue	thinking
memory	depression

Prevent Another Stroke

If you've had a stroke, you're at risk of having another one. Do these things to prevent another stroke.

If you have high blood pressure, lower it. Measurement of 130/80 mm Hg and above is considered high blood pressure, work with your health care provider to manage it.

Find out if you have atrial fibrillation (AFib). AFib is a quivering or irregular heartbeat that can lead to blood clots and cause a stroke. Your health care provider can tell you if you have AFib and help you manage it.

If you smoke, stop. Smoking doubles the risk for stroke.

If you drink alcohol, do so in moderation. Heavy drinking can increase your risk for stroke.

Lower your cholesterol (the fat-like substance in your blood). Studies suggest ideal total cholesterol levels at about 150 mg/dL, which equals about 100 mg/dL for low-density lipoprotein cholesterol (LDL-C). Lower cholesterol levels are linked with lower rates of heart disease and stroke.

If you have diabetes, follow your health care provider's advice carefully to get your blood sugar level under control. Having diabetes puts you at an increased risk for stroke. Talk to your health care provider about a diet that will help you manage your diabetes, such as limiting foods high in added sugars.

Exercise daily. Even a little exercise—a brisk walk, swim or yard work—can improve your health and may reduce your stroke risk. Check with your health care provider before starting a new exercise regimen.

Cut down on sodium and saturated and trans fat. By reducing these, you can lower your risk for stroke, high blood pressure and heart disease.

Carotid Artery Disease

Carotid artery disease, also called carotid artery stenosis, occurs when fatty deposits (plaques) clog the blood vessels that deliver blood to your brain and head. This condition develops slowly and results in a narrowing of the arteries, increasing your risk of stroke. There are often no symptoms and the first sign may be a stroke or TIA. Regular checkups are important, and your health care provider can listen to the arteries in your neck with a stethoscope for abnormal sounds. Other tests, such as carotid ultrasound, are available and can be recommended by your health care provider.

Cerebral angiography: Uses a contrast dye which is injected into the carotid arteries and lets the health care provider see blood flow through the carotid arteries in real time.

To effectively treat carotid artery disease, health care providers recommend to:

- **Follow recommended lifestyle habits** (see page 16)
- **Take medications as prescribed**
- **Have a medical procedure to improve blood flow:**

Carotid endarterectomy (CEA): During this surgery, the fatty deposits (plaques) narrowing the arteries in your neck are removed.

Carotid artery stenting (CAS): This newer treatment involves the placement of a permanent stent (small, expandable tube) in the artery that holds the artery open.

Stroke Symptoms

Beyond F.A.S.T., other symptoms you should know include:

- **Sudden numbness** or weakness of face, arm or leg, especially on one side of the body
- **Sudden confusion**, trouble speaking or understanding speech
- **Sudden trouble seeing** in one or both eyes
- **Sudden trouble walking**, dizziness or loss of balance or coordination
- **Sudden severe headache** with no known cause

NOTE THE TIME WHEN ANY SYMPTOMS FIRST APPEAR.

Medical options exist that may reduce the long-term effects of stroke if administered soon after the onset of stroke.



If you have any of these symptoms or see someone else having them, call 911 immediately! Fast treatment at the hospital can have better results.

See page 19 for a test you can use to tell if someone might be having a stroke.

SPOT A STROKE™

F.A.S.T.



FACE
Drooping



ARM
Weakness



SPEECH
Difficulty



TIME
to Call 911

Learn about more signs of stroke at
stroke.org

For stroke information,
call the American Stroke Association
at **1-888-4-STROKE** (1-888-478-7653)
or visit **stroke.org**.

*For information on life after stroke,
call and ask for the Stroke Family Warm Line.*

For heart- or risk-related information,
call the American Heart Association at
1-800-AHA-USA1 (1-800-242-8721)
or visit us online at **heart.org**.

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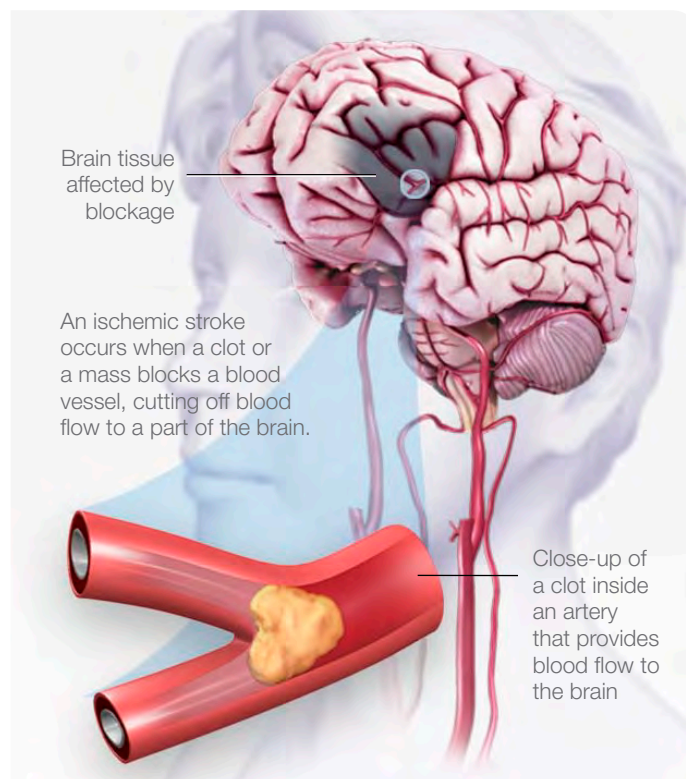
National Center
7272 Greenville Avenue
Dallas, Texas 75231-4596



let's talk about

Children and Stroke

Even though it's thought of as an older person's disease, stroke is a potential risk for everyone, including children. Strokes may occur in infants, children, young adults and can even occur before birth. If you think your child may be having a stroke, call 9-1-1 or go to a hospital emergency department right away.



What causes ischemic stroke in children?

Finding the cause of a stroke is vital to providing the right treatment and preventing more injury. The most common cause of ischemic (cause by blood clot) strokes is that a blood clot forms in the heart and travels to the brain. This can be caused by congenital heart problems such as abnormal valves or infections. In these cases, children may need surgery or antibiotics.

Sickle cell disease is a blood disorder that's associated with ischemic stroke. In sickle cell disease, the blood cell can't carry oxygen to the brain, and blood vessels leading to the brain may have narrowed or closed.

Ischemic stroke in children is more common in those with sickle cell disease. There is a high risk of repeat strokes, but this can be reduced by blood transfusions.

Ischemic strokes can also be caused by trauma that injures large arteries and causes a loss of blood flow. For instance, a large artery might be injured when a child has a neck injury.

What causes hemorrhagic stroke in children?

When a blood vessel on top of or in the brain ruptures, blood flows into brain areas where it's not supposed to go. It may pool in brain tissues, resulting in a blood clot. When the blood vessel is ruptured, blood isn't transported where it should go to support brain function. As a result, the brain doesn't get the oxygen it needs. This may lead to permanent brain injury. Hemorrhagic strokes are most often caused by rupturing or weakened or malformed arteries known as AVMs (arteriovenous malformations).

The risk of hemorrhage is higher with certain illnesses such as hemophilia. Hemophilia is a rare condition in which the blood doesn't clot normally.

Strokes caused by bleeding are hemorrhagic strokes. If an artery wall is weak, an aneurysm (a blood-filled pouch that balloons out from the artery wall) may form at the weakened spot and rupture (hemorrhage).

(continued)



Will my child get better?

Recovery from stroke is different with each child. Prompt medical treatment and rehabilitation therapy can maximize recovery. In general, most young people will recover more abilities than older people will. Children often recover the use of their arms and legs and their ability to speak after a stroke.

What are the effects of stroke in children?

The effects of stroke in a child are generally the same as in an adult. The most common effects are:

- Weakness on one side of the body, or paralysis on one side of the body.
- One-sided neglect, which causes stroke survivors to ignore or forget their weaker side (usually related to a right-brain stroke, causing left-sided neglect).
- Difficulty with speech and language or trouble swallowing.
- Decreased field of vision and trouble with visual perception.
- Loss of emotional control and changes in mood.



- Cognitive changes or problems with memory, judgment and problem-solving.
- Behavior changes or personality changes, improper language or actions.

HOW CAN I LEARN MORE?

- 1 Call **1-888-4-STROKE** (1-888-478-7653) to learn more about stroke or find local support groups, or visit **StrokeAssociation.org**.
- 2 Sign up to get **Stroke Connection** magazine, a free magazine for stroke survivors and caregivers at **strokeconnection.org**
- 3 Connect with others sharing similar journeys with stroke by joining our Support Network at **strokeassociation.org/supportnetwork**.

Do you have questions for the doctor or nurse?

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

Are the tests harmful to my child?

What can be done to prevent another stroke?

My Questions:

We have many other fact sheets to help you make healthier choices to reduce your risk, manage disease or care for a loved one. Visit **strokeassociation.org/letstalkaboutstroke** to learn more.

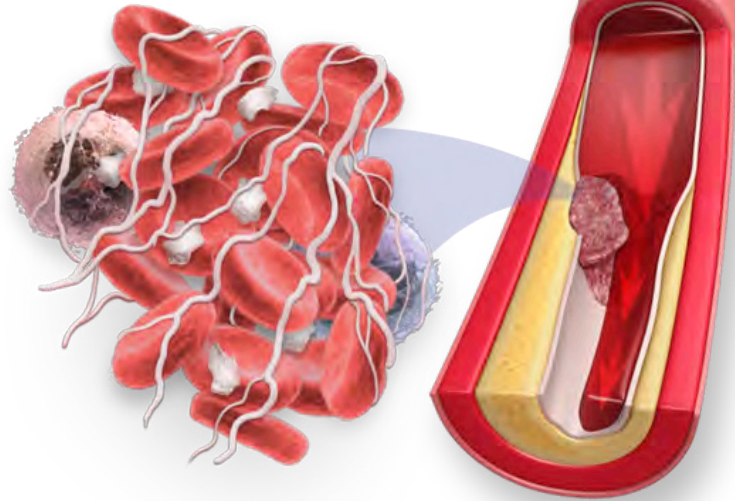


let's talk about

Anticoagulants and Antiplatelet Agents

Anticoagulants and antiplatelets are medicines that reduce blood clotting in an artery, vein or the heart. Doctors prescribe these to help prevent heart attacks and strokes caused by blood clots. Blood clots can block blood flow to your heart or your brain causing a heart attack or stroke.

Blood clots are made up of red blood cells, platelets, fibrin, and white blood cells (shown below). Anticoagulants and antiplatelets keep these parts from sticking together and forming a clot.



What should I know about anticoagulants?

Anticoagulants (sometimes known as “blood thinners”) are medicines that delay the clotting of blood. Examples are heparin, warfarin, dabigatran, apixaban, rivoraxaban and edoxaban.

Anticoagulants make it harder for blood clots to form in your heart, veins and arteries. They also can keep existing clots from growing larger. It's important to follow these tips while on anticoagulants:

- Take your medications exactly as prescribed.
- If you take warfarin, have regular blood tests so your health care provider can tell how the medicine is working.
 - The test for people on warfarin is called a prothrombin time (PT) or International Normalized Ratio (INR) test.
- Never take aspirin with anticoagulants unless your doctor tells you to.
- Make sure all your health care providers know that you're taking anticoagulants.
- Always talk to your health care provider before taking any new medicines or supplements. This includes aspirin, vitamins, cold medicine, pain medicine, sleeping pills or antibiotics. These can affect the way anticoagulants work by strengthening or weakening them.

- Discuss your diet with your health care providers. Foods rich in Vitamin K can reduce the effectiveness of warfarin. Vitamin K is in leafy, green vegetables, fish, liver, lentils, soybeans and some vegetable oils.
- Tell your family that you take anticoagulant medicine.
- Always carry your emergency medical ID card.

Could anticoagulants cause problems?

If you do as your doctor tells you, there probably won't be problems. But you must tell them right away if:

- You think you're pregnant or you're planning to get pregnant.
- Your urine turns pink, red or brown. This could be a sign of urinary tract bleeding.
- Your stools turn red, dark brown or black. This could be a sign of intestinal bleeding.
- You bleed more than normal when you have your period.
- Your gums bleed.
- You have a very bad headache or stomach pain that doesn't go away.

(continued)



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Anticoagulants and Antiplatelet Agents

- You get sick or feel weak, faint or dizzy.
- You often find bruises or blood blisters.
- You have an accident, such as a bump on the head, a cut that won't stop bleeding or a fall of any kind.

What should I know about antiplatelet agents?

Antiplatelets keep blood clots from forming by keeping blood platelets from sticking together.

Almost everyone with coronary artery disease, including those who have had a heart attack, stent, or CABG, are treated with aspirin. Aspirin can help prevent an ischemic stroke. It can also help if you have had a TIA or if you have heart problems.

Many heart attack and stroke patients – and people seeking to avoid these events may get dual antiplatelet therapy (DAPT). With DAPT, two types of antiplatelets— aspirin and a P2Y₁₂ inhibitor—are used to prevent blood clots.

P2Y₁₂ inhibitors are usually prescribed for months or years along with aspirin therapy. You may be prescribed one of three of these medications -- clopidogrel, prasugrel or



ticagrelor. Prasugrel should not be prescribed if you have had a stroke or a transient ischemic attack (TIA). Your doctor will prescribe the best one for you based on your risk of blood clots and bleeding.

Do I need an emergency medical ID?

Yes, always keep it with you. It needs to include:

- The name of the drugs you're taking.
- Your name, phone number and address.
- The name, address and phone number of your doctor.

HOW CAN I LEARN MORE?

- 1 Call 1-888-4-STROKE (1-888-478-7653) or visit stroke.org to learn more about stroke or find local support groups.
- 2 Sign up for **Stroke Connection**, a free e-newsletter for stroke survivors and caregivers, at StrokeConnection.org.
- 3 Connect with others who have also had an experience with stroke by joining our Support Network at stroke.org/SupportNetwork.

Do you have questions for your doctor or nurse?

Take a few minutes to write down your questions for the next time you see your health care provider.

For example:

What kind of aspirin or other antiplatelet agent should I take?

What is the right dose for me?

MY QUESTIONS:

We have many other fact sheets to help you make healthier choices, manage your condition or care for a loved one. Visit stroke.org/LetsTalkAboutStroke to learn more.



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let's talk about
STROKE



Recovery

let's talk about

Stroke Rehabilitation

There is life – and hope – after stroke. Rehabilitation (rehab) can build your strength, capability and confidence. It can help you continue our daily activities despite the effects of your stroke.

The American Stroke Association recommends an inpatient rehabilitation facility (IRF) when possible. In an IRF, the stroke survivor must be capable of doing three hours of therapy five days a week. They must be medically stable. IRF's provide hospital-level care that is physician directed with 24-hour specialized nursing care.

Some survivors may get rehab in skilled nursing facilities (SNF), long-term acute care facilities, nursing homes, outpatient clinics and in-home care through a home health agency. Patients may receive care in one or more settings during their recovery.



Stroke rehabilitation can be hard work. But survivors who've been there will tell you it's well worth it.

What is stroke rehabilitation?

After a stroke, you may have to change or relearn how you live day to day. Getting quality rehab from a strong team of therapists leads to better recovery. It can also make a positive difference in other areas of your health.

The goal of rehab is to become as independent as possible. To do so means working on physical and communication functions harmed by the stroke. Making healthy lifestyle changes to prevent another stroke is another goal.

Who will be a part of my rehabilitation program?

Rehabilitation is a team effort. This team communicates about and coordinates the care to help achieve your goals. Your physician and neurologist are on the team, others may include:

- **Physiatrist** — A medical doctor specializing in stroke rehab.
- **Physical therapist (PT)** — PTs work to get you as mobile and as independent as possible. They help improve major physical and sensory deficits. The focus on walking, balance and coordination.

- **Occupational therapist (OT)** — OTs help you with daily activity skills (bathing, toileting, eating, driving).
- **Rehabilitation nurse** — A nurse who coordinates your medical support needs throughout rehab.
- **Speech-language pathologists (SLP)** — SLPs help with speech and language skills and swallowing disorders.
- **Recreation therapist (RT)** — RTs help with adapting activities you enjoyed before the stroke. They may introduce new ones, too.
- **Psychiatrist or psychologist** — Stroke may bring emotional and life changes. These health care providers can help you adjust.
- **Vocational rehabilitation counselor** — This specialist evaluates your work-related abilities. They help you make the most of your skills to return to work.

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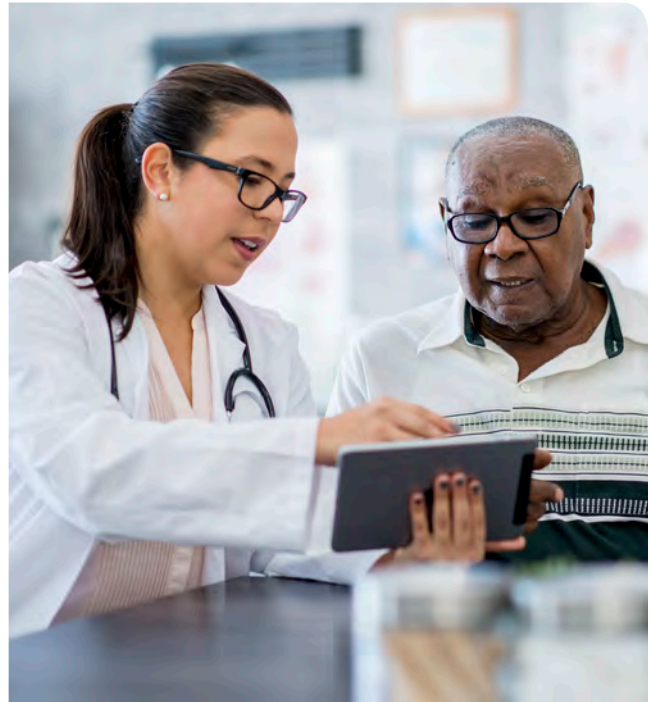
Stroke Rehabilitation

What will I do in rehabilitation?

Rehab programs focus on assessing and improving:

- Activities of daily living such as eating, bathing and dressing.
- Mobility (getting from bed to chair, walking, climbing stairs or using a wheelchair).
- Communication skills in speech and language.
- Cognitive skills such as memory or problem solving.
- Social skills, interacting with other people.
- Psychological functioning to improve coping skills and treatment to overcome depression, if needed.

The rehabilitation team meets weekly to check on progress. Part of rehab is working on recovery. Another part is learning to adapt for deficits that may not fully recover.



HOW CAN I LEARN MORE?

- 1 Call 1-888-4-STROKE (1-888-478-7653) or visit strokeassociation.org to learn more about stroke or find local support groups.
- 2 Sign up for **Stroke Connection**, a free magazine for stroke survivors and caregivers, at strokeconnection.org.
- 3 Connect with stroke survivors and caregivers by joining our Support Network at strokeassociation.org/supportnetwork.

Do you have questions for the doctor or nurse?

Take a few minutes to write your questions for the next time you see your health care provider.

For example:

How can I continue to improve my skills after formal rehab ends?

MY QUESTIONS:

We have many other fact sheets to help you make healthier choices to reduce your risk, manage disease or care for a loved one. Visit strokeassociation.org/letstalkaboutstroke to learn more.



let's talk about

Living at Home After Stroke

Most stroke survivors are able to return home and resume many of the activities they did before the stroke. Leaving the hospital may seem scary at first because so many things may have changed. The hospital staff can help prepare you to go home or to another setting that can better meet your needs.



For your safety, you may need to have handrails installed in your bathroom.

How do I know if going home is the right choice?

Going home poses few problems for people who have had a minor stroke and have few lingering effects. For those whose strokes were more severe, going home depends on these four factors:

- **Ability to care for yourself.** Rehabilitation should be focused on being able to perform daily activities such as eating, dressing and bathing.
- **Ability to follow medical advice.** This is a critical step in recovery and preventing another stroke or other complications after stroke. It's important to take medication as prescribed and follow medical advice.
- **A caregiver.** Someone should be available who is willing and able to help when needed.
- **Ability to move around and communicate.** If stroke survivors aren't independent in these areas, they may be at risk in an emergency or feel isolated.

What changes do I need to make at home?

Living at home successfully also depends on how well your home can be adapted to meet your needs.

- **Safety.** Take a look around your home and remove anything that might be dangerous. This might be as simple as taking up throw rugs, testing the temperature of bath water or wearing rubber-soled shoes. Or it may be more involved, like installing handrails in your bathroom or other areas.
- **Accessibility.** You need to be able to move freely within the house. Changes can be as simple as moving the furniture or as involved as building a ramp.
- **Independence.** Your home should be modified so you can be as independent as possible. Often this means adding special equipment like grab bars or transfer benches.

(continued)



What if I can't go home?

Your doctor may advise a move from the hospital to another type of facility that can meet your needs for a short time or permanently. It's important that the living place you choose is safe and supports your continued recovery. Your social worker and case manager at the hospital can give you information about facilities that might work for you. Possibilities include:

- **Nursing facility.** This can be a good option for someone who has ongoing medical problems. This type of facility provides round-the-clock care.
- **Skilled nursing facility.** This is for people who need more than usual medical attention, continued therapy and more care than a caregiver can provide at home. This type of facility also provides round-the-clock care.
- **Intermediate care facility.** This is for people who don't have serious medical problems and can manage some level of self-care.
- **Assisted living.** This is for people who can live somewhat independently but need some assistance with things like meals, medication and housekeeping.



Many stroke survivors who are unable to immediately return home find the support they need at assisted living or nursing facilities.

HOW CAN I LEARN MORE?

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- 3 Connect with others sharing similar journeys with stroke by joining our Support Network at **strokeassociation.org/supportnetwork**.

Do you have questions for the doctor or nurse?

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

What living arrangement would you recommend for me?

Is there a caregiver or stroke support group available in my community?

My Questions:

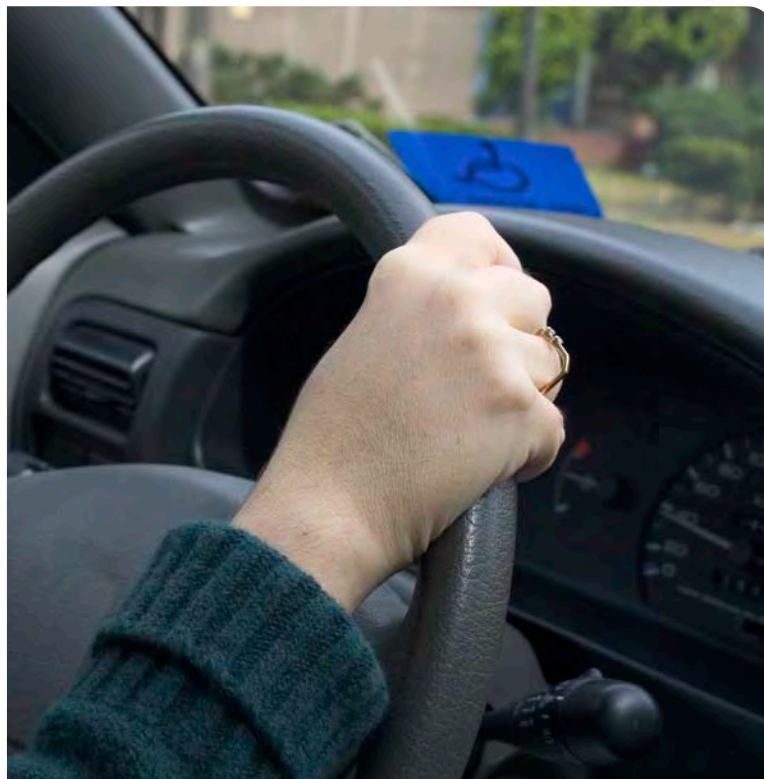
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let's talk about

Driving After Stroke

Driving is often a major concern after a stroke. It's not unusual for stroke survivors to want to drive. Getting around after a stroke is important — but safety is even more important.



Can I drive after a stroke?

Injury to the brain may change how you do things. Many people who have had a stroke develop some type of cognitive changes. This may include problems with memory, judgment, problem-solving or a combination of these. So before you drive again, think carefully about how these changes may affect safety for you, your family and others.

What are some warning signs of unsafe driving?

Often survivors are unaware of the difficulties in driving that they might have. Some may not realize all of the effects of their stroke. They may feel that they're able to drive even when it's a bad idea. Driving against your doctor's advice can be dangerous and may be illegal. In some cases, your doctor may have to notify your state that you've been advised not to drive.

If you or someone you know has experienced some of these warning signs of unsafe driving, please consider taking a driving test:

- Drives too fast or too slow for road conditions or posted speeds
- Needs help or instructions from passengers
- Doesn't observe signs or signals
- Makes slow or poor distance decisions
- Gets easily frustrated or confused
- Often gets lost, even in familiar areas
- Has accidents or close calls
- Drifts across lane markings into other lanes

How can I tell if I can drive?

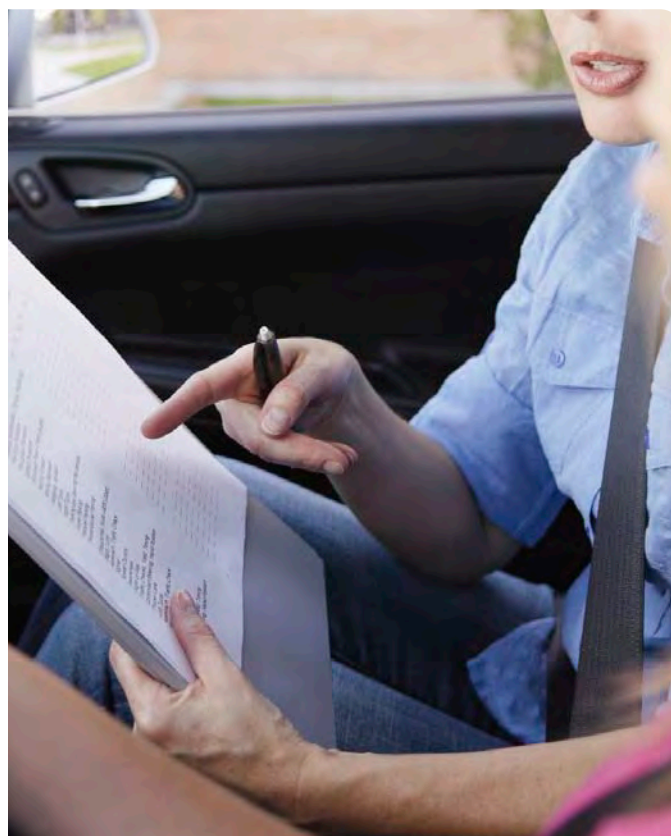
- Talk to your doctor or occupational therapist. They will offer a professional opinion about how your stroke might change your ability to drive. Contact your State Department of Motor Vehicles. Ask for

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the Office of Driver Safety. Ask what applies to people who've had a stroke.

- Have your driving tested. Professionals such as driver rehabilitation specialists can evaluate your driving ability. You'll get a behind-the-wheel evaluation and be tested for vision perception, functional ability, reaction time, judgment and cognitive abilities (thinking and problem solving). Call community rehabilitation centers or your local Department of Motor Vehicles.
- Enroll in a driver's training program. For a fee, you may receive a driving assessment, classroom instruction and suggestions for modifying your vehicle (if necessary). These programs are often available through rehab centers.
- Ask your family if they have seen changes in your communication, thinking, judgment or behavior that should be evaluated before you drive again. Family often have more opportunities to observe changes than others do.



HOW CAN I LEARN MORE?

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Do you have questions for the doctor or nurse?

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

When should I test my driving ability?

Is my driving restriction permanent?

If not, when might I be able to drive again?

My Questions:

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let's talk about

Complications After Stroke

The treating doctor's highest priorities are to prevent complications that can occur as a result from the stroke and to prevent another stroke. Your doctor must determine that you are medically stable and able to resume some self-care activities. This means that all complications must be treated and under control.

Some things happen as a direct result of injury to the brain due to stroke. Others are because of a change in your abilities. For example, being unable to move freely can result in bedsores. Clinical depression can also occur with a stroke.



What are common complications of stroke?

The most common complications of stroke are:

- Brain edema — swelling of the brain after a stroke.
- Pneumonia — causes breathing problems, a complication of many major illnesses. Pneumonia occurs as a result of not being able to move as a result of the stroke. Swallowing problems after stroke can sometimes result in things 'going down the wrong pipe', leading to aspiration pneumonia.
- Urinary tract infection (UTI) and/or bladder control. UTI can occur as a result of having a foley catheter placed to collect urine when the stroke survivor cannot control bladder function.
- Seizures — abnormal electrical activity in the brain causing convulsions. These are common in larger strokes.
- Clinical depression — a treatable illness that often occurs with stroke and causes unwanted emotional

and physical reactions to changes and losses. This is very common after stroke or may be worsened in someone who had depression before the stroke.

- Bedsores — pressure ulcers that result from decreased ability to move and pressure on areas of the body because of immobility.
- Limb contractures — shortened muscles in an arm or leg from reduced ability to move the affected limb or lack of exercise.
- Shoulder pain — stems from lack of support of an arm due to weakness or paralysis. This usually is caused when the affected arm hangs resulting in pulling of the arm on the shoulder.
- Deep venous thrombosis (DVT) — blood clots form in veins of the legs because of immobility from stroke.

What can be done?

If you need medical treatment, your doctor will prescribe it.

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- Medical treatment often involves medical supervision, monitoring and drug therapies.
- Physical treatment usually involves some type of activity that may be done by you, a healthcare provider or by both of you working together. Types of treatment may include:
 - Range-of-motion exercises and physical therapy to avoid limb contracture, shoulder pain and blood vessel problems.
 - Frequent turning while in bed to prevent pressure sores and good nutrition.
 - Bladder training programs for incontinence.
- Swallowing and respiratory therapy, and deep-breathing exercises. These all help to decrease the risk of pneumonia.
- Psychological treatment can include counseling or therapy for feelings that result from clinical depression. Types of treatment may include antidepressant medication, psychotherapy or both. You may also be referred to a local stroke support group.



Physical therapy and range-of-motion exercises are effective ways to strengthen limbs and prevent muscular contracture.

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Do you have questions for the doctor or nurse?

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

What complications am I most at risk for?

What can I do to prevent complications?

My Questions:

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let's talk about

Changes Caused by Stroke

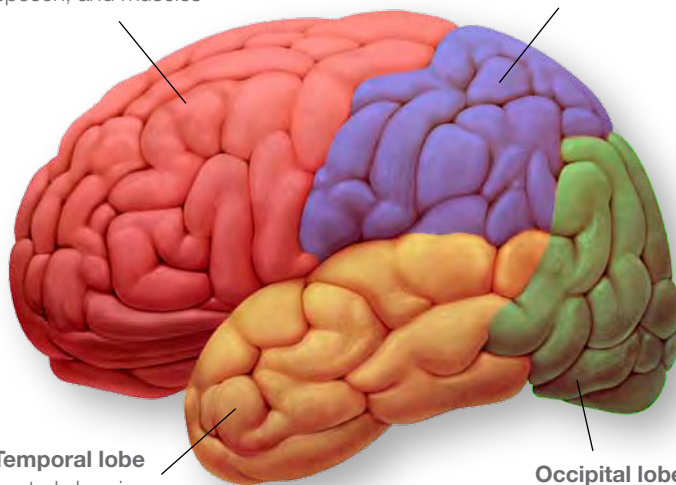
Your brain controls how you move, feel, communicate, think and act. Brain injury from a stroke may affect any of these abilities. Some changes are common no matter which side of the brain the injury is on. Others are based on which side of the brain the stroke injures.

Frontal lobe
controls personality, reasoning, parts of speech, and muscles

Parietal lobe
controls speech and sensation (touch and pressure)

Temporal lobe
controls hearing, speech, and short-term memory

Occipital lobe
controls vision



What are the most common general effects of stroke?

- Hemiparesis (weakness on one side of the body) or hemiplegia (paralysis on one side of the body)
- Dysarthria (difficulty speaking or slurred speech), or dysphagia (trouble swallowing)
- Fatigue
- Loss of emotional control and changes in mood
- Cognitive changes (problems with memory, judgment, problem-solving or a combination of these)
- Behavior changes (personality changes, improper language or actions)
- Decreased field of vision (inability to see peripheral vision) and trouble with visual perception

What are common changes with a left-brain injury?

- Paralysis or weakness on the right side of the body.
- Aphasia (difficulty getting your words out or understanding what is being said).
- Behavior that may be more reserved and cautious than before.

What are common changes with a right-brain injury?

- Paralysis or weakness on the left side of the body.
- One-sided neglect, which is a lack of awareness of the left side of the body. It may also be a lack of awareness of what is going on to the survivor's left. For example, they may only eat from the right side of their plate, ignoring the left side of the plate.
- Behavior may be more impulsive and less cautious than before.
- It may be harder for the survivor to understand facial expressions and tone of voice. They also may have less expression in their own face and tone of voice when communicating.

What are common emotional effects of stroke?

- Depression
- Apathy and lack of motivation
- Frustration, anger and sadness
- Pseudobulbar affect, also called reflex crying or emotional lability (emotions may change rapidly)

(continued)



and sometimes not match the mood)

- Denial of the changes caused by the brain injury

Will I get better?

In most cases people do get better over time. The effects of a stroke are greatest right after the stroke. From then on, you may start to get better. How fast and how much you improve depends on the extent of the brain injury and your rehabilitation.

- Some improvement occurs spontaneously and relates to how the brain works again after it's been injured.
- Stroke rehabilitation (rehab) programs help you improve your abilities and learn new skills and coping techniques.
- Rehab begins after the stroke is over and you're medically stable.
- Depression after stroke can interfere with rehab. It's important to treat depression.
- Improvement often occurs most quickly in the first months after a stroke. Then it continues over years, perhaps at a slower pace, with your continued efforts.



Emotional changes such as depression are common effects of stroke, but most people do get better over time.

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Do you have questions for the doctor or nurse?

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

Can other areas of the brain help the damaged part of the brain?

How has my stroke affected me?

My Questions:

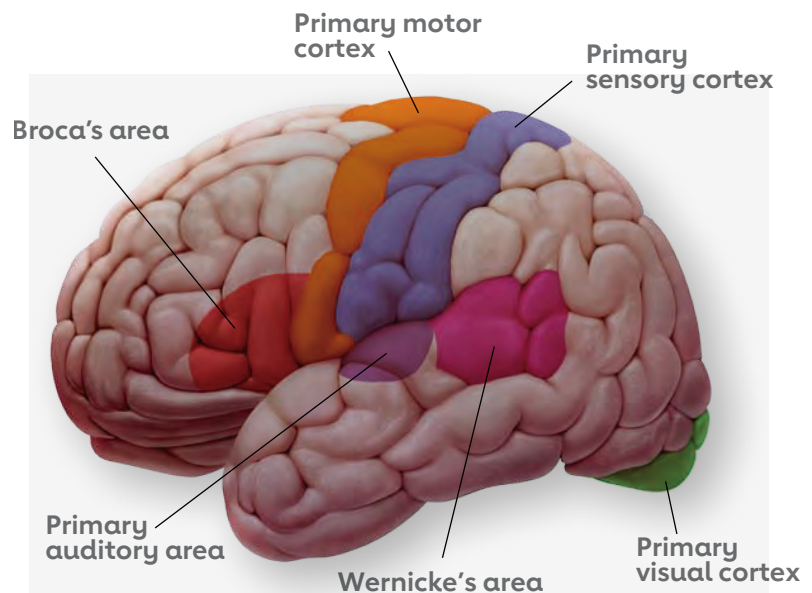
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let's talk about

Stroke and Aphasia

Aphasia is a language disorder that impairs the ability to communicate. It's most often caused by stroke-related injuries to areas of the brain that control speech and language.



Certain areas of the brain (usually on the left side) influence the ability to use and understand language. When a stroke occurs in one of these areas, it may result in aphasia.

What are the effects of aphasia?

Aphasia does not affect intelligence. People with aphasia usually remain mentally alert even though their speech may be jumbled, fragmented or impossible to understand. They may have:

- Difficulty getting the words out
- Trouble finding words
- Difficulty understanding what others are saying
- Problems with reading, writing or math
- Trouble with long and/or uncommon words

How does it feel to have aphasia?

Imagine not being able to recognize the words in the headline of a story. What would it be like to try and say "put the car in the garage" and have it come out "put the train in the house" or "widdle tee car ung sender plissen." Aphasia often plunges alert, intelligent people into a world of jumbled communication.

People with aphasia are often frustrated and confused because they can't speak as well as they could before their stroke, they can't understand others the way they once could or both. They may act differently because of changes in their brain.

Are there different types of aphasia?

Yes, there are several. They include:

- **Global aphasia:** People with this aphasia have a severe impairment in both forming and understanding words and sentences.
- **Broca's aphasia:** With this condition, speech is halting and difficult, marked by problems with grammar such as dropped words and sometimes impaired comprehension.
- **Wernicke's aphasia:** People with this aphasia often string together meaningless words that only sound like a sentence, and have difficulty understanding others' speech.

What is the difference between aphasia and apraxia?

Aphasia, apraxia of speech and oral apraxia are all communication disorders that can result from a stroke. It can be hard to distinguish among them, especially since all three may be present at the same time. Here's a breakdown of what the terms mean:

- **Aphasia** is an impairment in the ability to use and/or comprehend words.

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- **Apraxia of speech**, or *verbal apraxia*, involves difficulty moving muscles needed to speak, even though there is no paralysis or weakness of those muscles.
- **Oral apraxia**, or *nonverbal oral apraxia*, involves difficulty moving the muscles of the lips, throat, soft palate and tongue for purposes other than speech, such as smiling or whistling.

How can family and friends help?

Stroke survivors and their loved ones will need the help and support of a doctor, counselor and speech pathologist. It's a good idea for loved ones to:

- Be open about the problem so others understand the situation.
 - Always assume that the person with aphasia can hear. Confirm his or her understanding with yes/no questions.
 - Set up a daily routine for the person with aphasia that includes rest and time to practice skills.
 - Use sentences that are short and to the point.
 - Keep the noise level down, and stand where the person with aphasia can see you.
- Treat the person with aphasia as an adult and include him or her in conversations and decision-making. No one likes to be ignored.
 - Help the person with aphasia cope with frustration and depression.
 - Be patient. Give people with aphasia the time they need to communicate with you. You'll respect their dignity and help reduce their stress.



HOW CAN I LEARN MORE?

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- 2 Sign up for **Stroke Connection**, a free e-newsletter for stroke survivors and caregivers, at StrokeConnection.org.
- 3 Connect with others who have also had an experience with stroke by joining our Support Network at stroke.org/SupportNetwork.

Do you have questions for your or your loved one's health care provider?

Take a few minutes to jot down your questions for the next time you see your or your loved one's health care provider.

For example:

How long will I need therapy?

Will my mother's aphasia improve?

How can I find a stroke or aphasia support group?

MY QUESTIONS:

We have many other fact sheets to help you make healthier choices to reduce your risk, manage disease or care for a loved one. Visit stroke.org/LetsTalkAboutStroke to learn more.



let's talk about

Feeling Tired After Stroke

After a stroke, almost all stroke survivors feel tired or some type of fatigue at some point. Stroke survivors often must work harder to make up for the loss of normal functions (such as being unable to use an arm or hand). But you'll probably start feeling less tired after a few months. For some people, tiredness may continue for years after a stroke, but they usually find ways to make the most of the energy they have.



Why am I so tired?

It's important to pinpoint what's causing you to be tired. Then you can take action to manage it. Consult with your healthcare provider to rule out any medical conditions that might cause tiredness or make it worse. You may feel tired after a stroke for four major reasons:

- You may have less energy than before because of sleeping poorly, not getting enough exercise, poor nutrition or the side effects of some of the medicine.
- You have as much energy as before, but you're using it differently. Because of the effects of your stroke, things, like dressing, talking or walking, take a lot more effort. Changes in thinking and memory take more concentration. You have to stay "on alert" all the time — and this takes energy.
- You also may feel tired due to emotional changes. Coping with frustration, anxiety, anger and sadness can be draining. Depressed feelings are common

after a stroke. Often, loss of energy, interest or enthusiasm occurs along with a depressed mood.

- You may feel tired because of depression. Depression is very common after a stroke. Clinical depression is a treatable illness that happens to many stroke survivors. Symptoms include significant lack of energy, lack of motivation, and problems concentrating or finding enjoyment in anything. Talk to your doctor about an evaluation for clinical depression if tiredness continues. There is nothing to be ashamed of if you are feeling depressed. It is very common, and the good news is that it is treatable!

How can I increase my energy?

- Tell your doctor how you are feeling and make sure you have had an up-to-date physical. Your doctor can evaluate any medical reasons for your tiredness. He or she can also check to see if your fatigue could be a side effect of your medication.

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- Celebrate your successes. Give yourself credit when you accomplish something. Look at your progress, not at what's left to be done.
- Try naps, or schedule rest periods throughout the day. Rest as long as you need to feel refreshed.
- Learn to relax. Sometimes the harder you try to do something, the harder it is to do. You become tense, anxious and frustrated. All this takes more energy. Being relaxed lets you use your energy more efficiently.
- Do something you enjoy every day. A positive attitude or experience helps a lot to boost energy levels.
- Be social. It is very important that you get back into the “swing of things” and stay involved with friends and family. Go out into the community and interact with friends, family and other people.
- Physical activity is important. With permission from your doctor, consider joining a health and wellness program.



Being with family and friends may provide that energy boost you need.

HOW CAN I LEARN MORE?

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- 3 Connect with others sharing similar journeys with stroke by joining our Support Network at **strokeassociation.org/supportnetwork**.

Do you have questions for the doctor or nurse?

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

What can I do to decrease my tiredness?

Could clinical depression be causing my tiredness?

Are the medicines I take causing my fatigue?

My Questions:

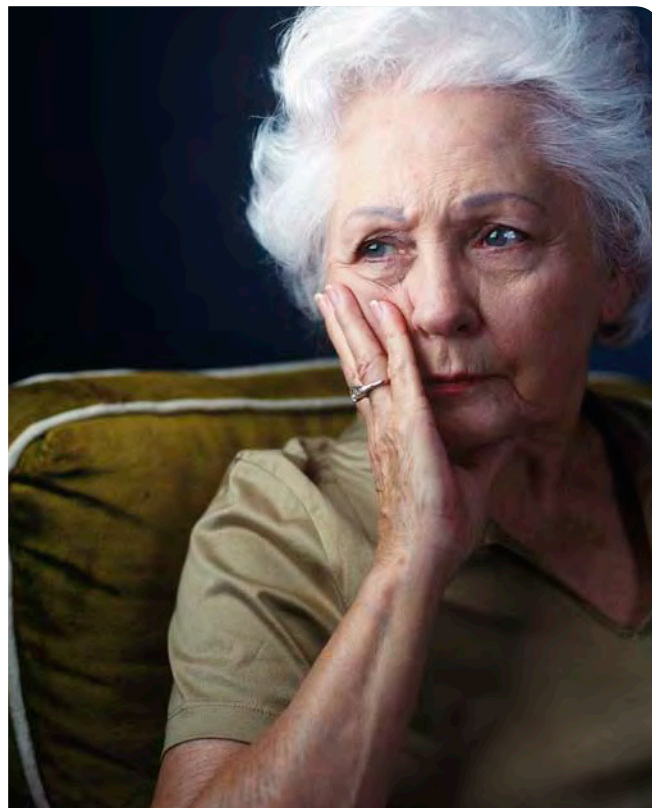
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let's talk about

Emotional Changes After Stroke

Right after a stroke, a survivor may respond one way, yet weeks later respond differently. Some survivors may react with sadness; others may be cheerful. These emotional reactions may occur because of biological or psychological causes due to stroke. These changes may vary with time and can interfere with rehabilitation.



How does stroke cause emotional changes?

Emotions may be hard to control, especially right after a stroke. Some changes are a result of the actual injury and chemical changes to the brain caused by the stroke.

Others are a normal reaction to the challenges, fears and frustrations that one may feel trying to deal with the effects of the stroke. Often, talking about the effects of the stroke and acknowledging these feelings helps stroke survivors deal with these emotions.

What are some common emotional changes after stroke?

Pseudobulbar Affect, also called “emotional lability,” “reflex crying” or “labile mood,” can cause:

- Rapid mood changes — a person may “spill over into tears” for no obvious reason and then quickly stop crying or start laughing.
- Crying or laughing that doesn’t match a person’s mood.
- Crying or laughing at unusual times or that lasts longer than seems appropriate.

Post-stroke depression is characterized by:

- Feelings of sadness
- Hopelessness or helplessness
- Irritability
- Changes in eating, sleeping and thinking

Treatment for post-stroke depression may be needed. If not treated, depression can be an obstacle to a survivor’s recovery. Don’t hesitate to take antidepressant medications prescribed by your doctor.

Other common emotional reactions include:

- Frustration
- Anxiety
- Anger
- Apathy or not caring what happens
- Lack of motivation
- Depression or sadness

(continued)



How can I cope with my changing emotions?

- Tell yourself that your feelings aren't "good" or "bad." Let yourself cope without feeling guilty about your emotions.
- Find people who understand what you're feeling. Ask about a support group.
- Get enough exercise and do enjoyable activities.
- Give yourself credit for the progress you've made. Celebrate the large and small gains.
- Learn to "talk" to yourself in a positive way. Allow yourself to make mistakes.
- Ask your doctor for help. Ask for a referral to a mental health specialist for psychological counseling and/or medication if needed.
- Stroke may cause you to tire more easily. Rest when you feel fatigued. Make sure you get enough sleep. Sometimes lack of sleep can cause emotional changes and cause you not to cope as well.



Connecting with friends or joining a stroke support group may help you cope with your changing emotions.

HOW CAN I LEARN MORE?

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Do you have questions for the doctor or nurse?

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

What can my family do to help me when I am emotional?

Will these emotional changes improve over time?

My Questions:

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STROKE RISK FACTORS AND PREVENTION





let's talk about

Risk Factors for Stroke

Knowing your risk factors for stroke is the first step in preventing a stroke. You can change or treat some risk factors, but others you can't. By having regular medical checkups and knowing your risk, you can focus on what you can change and lower your risk of stroke.



What risk factors can I change or treat?

- **High blood pressure.** This is the single most important risk factor for stroke because it's the leading cause of stroke. Know your blood pressure and have it checked every year. Normal blood pressure is below 120/80. If you have been told that you have high blood pressure, work with your healthcare provider to reduce it.
 - **Smoking.** Smoking damages blood vessels. This can lead to blockages within those blood vessels, causing a stroke. Don't smoke and avoid second-hand smoke.
 - **Diabetes.** Having diabetes more than doubles your risk of stroke. Work with your doctor to manage diabetes.
 - **High cholesterol.** High cholesterol increases the risk of blocked arteries. If an artery leading to the brain becomes blocked, a stroke can result.
 - **Physical inactivity and obesity.** Being inactive, obese, or both, can increase your risk of heart disease and stroke.
 - **Carotid or other artery disease.** The carotid arteries in your neck supply most of the blood to your brain.
- A carotid artery damaged by a fatty buildup of plaque inside the artery wall may become blocked by a blood clot. This causes a stroke.
- **Transient ischemic attacks (TIAs).** Recognizing and treating TIAs can reduce the risk of a major stroke. TIAs produce stroke-like symptoms but most have no lasting effects. Know the warning signs of a TIA and seek emergency medical treatment immediately.
 - **Atrial fibrillation (AFib) or other heart disease.** In AFib the heart's upper chambers quiver (like a bowl of gelatin) rather than beating in an organized, rhythmic way. This can cause the blood to pool and clot, increasing the risk of stroke. AFib increases risk of stroke five times. People with other types of heart disease have a higher risk of stroke, too.
 - **Certain blood disorders.** A high red blood cell count makes clots more likely, raising the risk of stroke. Sickle cell anemia increases stroke risk because the "sickled" cells stick to blood vessel walls and may block arteries.
 - **Excessive alcohol intake.** Drinking an average of more than one drink per day for women or more than two drinks a day for men can raise blood pressure. Binge drinking can lead to stroke.

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- **Illegal drug use.** Drugs including cocaine, ecstasy, amphetamines, and heroin are associated with an increased risk of stroke.
- **Sleep apnea.** Sleep disordered breathing contributes to risk of stroke. Increasing sleep apnea severity is associated with increasing risk.

What are the risk factors I can't control?

- **Increasing age.** Stroke affects people of all ages. But the older you are, the greater your stroke risk.
- **Gender.** Women have a higher lifetime risk of stroke than men do. Use of birth control pills and pregnancy pose special stroke risks for women.
- **Heredity and race.** People whose close blood relations have had a stroke have a higher risk of stroke. African Americans have a higher risk of death and disability from stroke than whites. This is because they have high blood pressure more often. Hispanic Americans are also at higher risk of stroke.
- **Prior stroke.** Someone who has had a stroke is at higher risk of having another one.



Age, gender, heredity and race are among the stroke risk factors that you can't control.

HOW CAN I LEARN MORE?

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Do you have questions for the doctor or nurse?

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

What are my risk factors for stroke?

What are the warning signs of TIAs and stroke?

My Questions:

We have many other fact sheets to help you make healthier choices to reduce your risk, manage disease or care for a loved one. Visit **strokeassociation.org/letstalkaboutstroke** to learn more.



let's talk about

Lifestyle Changes To Prevent Stroke

You can do plenty to make your heart and blood vessels healthy, even if you've had a stroke. A healthy lifestyle plays a big part in decreasing your risk for disability and death from stroke and heart attack.



How can I make my lifestyle healthier?

Here are steps to take to be healthier and reduce your risk of stroke:

- Don't smoke and avoid second-hand smoke.
- Improve your eating habits. Eat foods low in saturated fat, *trans* fat, sodium and added sugars.
- Be physically active.
- Take your medicine as directed.
- Get your blood pressure checked regularly and work with your healthcare provider to manage it if it's high.
- Reach and maintain a healthy weight.
- Decrease your stress level.
- Seek emotional support when it's needed.
- Have regular medical checkups.

How do I stop smoking?

- The first and more important step is making a decision to quit — and commit to stick to it.

- Ask your healthcare provider for information, programs and medications that may help.
- Fight the urge to smoke by going to smoke-free facilities. Avoid staying around people who smoke.
- Keep busy doing things that make it hard to smoke, like working in the yard.
- Remind yourself that smoking causes many diseases, can harm others and is deadly.
- Ask your family and friends to support you.

How do I change my eating habits?

- Ask your doctor, nurse or a licensed nutritionist or registered dietician for help.
- Be aware of your special needs, especially if you have high blood pressure, high cholesterol or diabetes.
- Avoid foods like fatty meats, butter and cream, which are high in saturated fat.
- Eat moderate amounts of food and cut down on saturated fat, *trans* fat, sugar and salt.
- Bake, broil, roast and boil foods instead of frying.

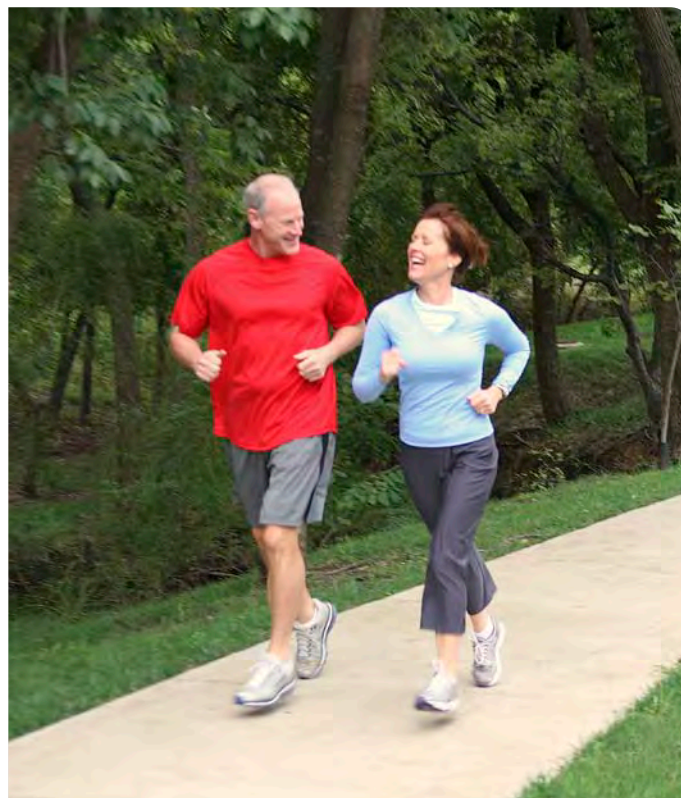
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- Read nutrition labels on packaged meals. Many are very high in sodium.
- Limit alcohol to one drink a day for women; two drinks per day for men.
- Eat more fruit, vegetables, whole-grains, dried peas and beans, pasta, fish, poultry and lean meats.

What about physical activity?

- If you have a chronic medical condition, check with your doctor before you start.
- Start slowly and build up to at least 150 minutes of moderate physical activity (such as brisk walking) a week. Or, you can do 75 minutes of vigorous-intensity physical activity, or a combination of the two, to improve overall cardiovascular health.
- Look for even small chances to be more active. Take the stairs instead of an elevator and park farther from your destination.



If you have a chronic medical condition, check with your doctor before starting an exercise program.

HOW CAN I LEARN MORE?

- 1 Call **1-888-4-STROKE** (1-888-478-7653) to learn more about stroke or find local support groups, or visit **StrokeAssociation.org**.
- 2 Sign up to get *Stroke Connection* magazine, a free magazine for stroke survivors and caregivers at **strokeconnection.org**.
- 3 Connect with others sharing similar journeys with stroke by joining our Support Network at **strokeassociation.org/supportnetwork**.

Do you have questions for the doctor or nurse?

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

What is the most important change I can make?

What kind of physical activity can I do safely?

My Questions:

We have many other fact sheets to help you make healthier choices to reduce your risk, manage disease or care for a loved one. Visit **strokeassociation.org/letstalkaboutstroke** to learn more.

BE HEALTHY FOR GOOD WITH LIFE'S SIMPLE 7

Making small changes every day can add up to big improvements in your overall health. Life's Simple 7 outlines a few easy steps you can take to live a healthier lifestyle.

Two of these steps, Get Active and Eat Better, can help jump-start your whole health journey. Making choices that help you eat smart and move more can also help you lose weight, control cholesterol, manage blood pressure, reduce blood sugar and stop smoking.^{1, 2, 3}



GET ACTIVE

Try to get at least 150 minutes per week of moderate aerobic exercise or 75 minutes per week of vigorous exercise (or a combination of both), preferably spread throughout the week. Even short bursts of exercise can be beneficial, and all those little steps will lead to big gains in the long run.⁴

EAT BETTER

Eat a colorful diet full of fruits, vegetables, whole grains, low-fat dairy products, poultry, fish and nuts. Try to limit sugary foods and drinks, fatty or processed meats and salt.¹



LOSE WEIGHT

Maintaining a healthy weight is important for your health. To lose weight, you need to burn more calories than you eat. Learning to balance healthy eating and physical activity can help you lose weight more easily and keep it off.⁵

CONTROL CHOLESTEROL

Cholesterol comes from two sources: your body (which makes all the cholesterol you need) and food made from animals. Eating smart, adding color and moving more can all help lower your cholesterol!^{2, 6}



MANAGE BLOOD PRESSURE

Blood pressure is the force of blood pushing against blood vessel walls. Sometimes the pressure in arteries is higher than it should be, a condition known as high blood pressure. Stress and poor diet have both been linked to high blood pressure, so it's important to be well and eat smart to help positively influence your blood pressure numbers.^{1, 7}

REDUCE BLOOD SUGAR

Blood glucose (aka sugar) is an important fuel for your body. It comes from the food you eat, so it's important to eat smart. Cut out added sugars by checking nutrition facts labels and ingredients, limiting sweets and sugary beverages, choosing simple foods over heavily processed ones and rinsing canned fruits if they are in syrup.¹ And you can move more, because moderate-intensity aerobic physical activity can also help your body respond to insulin.⁸



STOP SMOKING

Not smoking is one of the best things you can do for your health. Smoking damages your circulatory system and increases your risk of multiple diseases, but the good news is that your lungs can begin to heal themselves as soon as you stop. Moving more can help you on your journey, since physical activity can help you manage stress.⁹

LEARN MORE AT
[HEART.ORG/MYLIFECHECK](https://heart.org/mylifecheck)

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let's talk about

High Blood Pressure and Stroke

High blood pressure means that the force of the blood pushing against the blood vessel walls is consistently in the high range. Uncontrolled HBP can lead to stroke, heart attack, heart failure or kidney failure.

Two numbers represent blood pressure. The higher (systolic) number is the pressure in your arteries when your heart beats. The lower (diastolic) number is the pressure while your heart rests between beats. The systolic number is always listed first. Blood pressure is measured in millimeters of mercury (mm Hg).

Normal blood pressure is below 120/80 mm Hg. If you're an adult and your systolic pressure is 120 to 129, and your diastolic pressure is less than 80, you have elevated blood pressure. High blood pressure is a systolic pressure of 130 or higher or a diastolic pressure of 80 or higher that stays high over time.

BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)		DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120-129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130-139	or	80-89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2	140 OR HIGHER	or	90 OR HIGHER
HYPERTENSIVE CRISIS (consult your doctor immediately)	HIGHER THAN 180	and/or	HIGHER THAN 120

How does high blood pressure increase stroke risk?

High blood pressure is a major risk factor for stroke.

HBP adds to your heart's workload and damages your arteries and organs over time. Compared to people whose blood pressure is normal, people with HBP are more likely to have a stroke.

About 87% of strokes are caused by narrowed or clogged blood vessels in the brain that cut off the blood flow to brain cells. This is an **ischemic stroke**. High blood pressure causes damage to the inner lining of the blood vessels. This will narrow an artery.

About 13% of strokes occur when a blood vessel ruptures in or near the brain. This is a **hemorrhagic stroke**. Chronic HBP or aging blood vessels are the main causes of this type of stroke. HBP strains blood vessels. Over time, they no longer hold up to the pressure and rupture.

Am I at higher risk for HBP?

There are risk factors that increase your chances of developing HBP. Some you can improve or treat, and some you can't.

Those that can be improved or treated are:

- Cigarette smoking and exposure to secondhand smoke
- Diabetes
- Being overweight or obese
- High cholesterol
- Physical inactivity
- Poor diet (high in sodium, low in potassium, and drinking too much alcohol)

Factors that can't be changed or are difficult to control are:

- Family history of high blood pressure
- Race/ethnicity

(continued)



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

Let's Talk About High Blood Pressure and Stroke

- Increasing age
- Gender (males)
- Chronic kidney disease
- Obstructive sleep apnea

Socioeconomic status and psychosocial stress are also risk factors for HBP. These can affect access to basic living necessities, medication, health care providers, and the ability to make healthy lifestyle changes.

How can I control high blood pressure?

Even if you have had a prior stroke or heart attack, controlling high blood pressure can help prevent another one. Take these steps:

- Don't smoke and avoid secondhand smoke.
- Reach and maintain a healthy weight.
- Eat a healthy diet low in sodium and saturated and trans fat. Limit sweets and red and processed meats.
- Eat fruits and vegetables, whole grains, low-fat dairy products, poultry, fish and nuts. Include foods rich in potassium.
- Be physically active. Aim for at least 150 minutes of moderate-intensity physical activity per week.



- Limit alcohol to no more than two drinks a day if you're a man and one drink a day if you're a woman.
- Take all medicines as prescribed to control your blood pressure.
- Know what your blood pressure should be and try to keep it at that level.

HOW CAN I LEARN MORE?

- 1** Call 1-888-4-STROKE (1-888-478-7653) or visit stroke.org to learn more about stroke or find local support groups.
- 2** Sign up for our monthly *Stroke Connection e-news* for stroke survivors and caregivers at StrokeConnection.org.
- 3** Connect with others who have also had an experience with stroke by joining our Support Network at stroke.org/SupportNetwork.

Do you have questions for your doctor or nurse?

Take a few minutes to write down your questions for the next time you see your health care provider.

For example:

What should my blood pressure be?

How often should my blood pressure be checked?

MY QUESTIONS:

We have many other fact sheets to help you make healthier choices, manage your condition or care for a loved one. Visit stroke.org/LetsTalkAboutStroke to learn more.

How Can I Monitor My Cholesterol, Blood Pressure and Weight?

High cholesterol, high blood pressure and being overweight or obese are major risk factors for heart disease and stroke.

High blood pressure and high cholesterol are dangerous but have no warning signs. You should schedule regular tests with your doctor's office to make sure your levels are OK. Also talk to your doctor about the healthiest weight for you.

It's important to know your numbers. You can record your blood pressure, cholesterol and weight in the table below to track your progress. Talk to your doctor about your numbers and how they affect your overall risk. Then ask how often to check your levels.



Date						
Blood Pressure (mm Hg)						
Total Cholesterol (mg/dL)						
LDL Cholesterol (mg/dL)						
HDL Cholesterol (mg/dL)						
Triglycerides (mg/dL)						
Weight (pounds)						

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How Can I Monitor My Cholesterol, Blood Pressure and Weight?

What can I do to lower my cholesterol and blood pressure?

- Eat a heart-healthy diet low in saturated and trans fats, sodium and added sugars. A healthy diet includes a variety of fruits, vegetables, whole grains, fat-free and low-fat dairy products, skinless poultry, fish/seafood, legumes (beans and peas), nontropical vegetable oils and nuts.
- Eat at least 8 ounces of non-fried fish each week, particularly fatty fish like salmon.
- Limit red meats. If you eat red meats, select lean cuts of meat. Trim all visible fat and throw away the fat that cooks out of the meat.
- Substitute meatless or “low-meat” dishes for regular entrees.
- Aim to consume less than 1,500 mg per day of sodium. Even reducing your daily intake by 1,000 mg per day can help. Limit your intake of processed, packaged and fast foods, which can be high in sodium.
- Limit the amount of alcohol you drink. If you’re a woman, have no more than one drink a day. If you’re a man, have no more than two drinks a day.
- Be physically active. Aim for at least 150 minutes of moderate-intensity aerobic activity or 75 minutes of

vigorous activity a week (or a combination of both).

- Reach and maintain a healthy weight.
- Don’t smoke and avoid secondhand smoke.
- Take your medicines as prescribed by your health care professional.

How can I manage my weight?

Lifestyle changes such as the ones listed above may help you lose 3% to 5% of your body weight. This could result in meaningful health benefits. Larger weight losses (5% to 10%) can produce even greater benefits. To lose weight, you must take in fewer calories than you use up through normal metabolism and physical activity. The goal is to reduce the number of calories you eat and increase your physical activity.

- Get at least 150 minutes a week of moderate-intensity aerobic activity a week.
- To maintain weight loss or reduce how much you regain, some people need more physical activity each week (200-300 minutes).

If you can’t lose weight on your own, talk to a doctor, registered dietitian (R.D.) or licensed nutritionist. You can work together to create a healthy weight-loss plan.

HOW CAN I LEARN MORE?

- 1 Call 1-800-AHA-USA1 (1-800-242-8721), or visit heart.org to learn more about heart disease and stroke.
- 2 Sign up for our monthly *Heart Insight* e-news for heart patients and their families, at HeartInsight.org.
- 3 Connect with others sharing similar journeys with heart disease and stroke by joining our Support Network at heart.org/SupportNetwork.

Do you have questions for your doctor or nurse?

Take a few minutes to write down your questions for the next time you see your health care professional.

For example:

What kind of physical activity should I do?

What is a healthy weight for me?

MY QUESTIONS:

We have many other fact sheets to help you make healthier choices to reduce your risk, manage your condition or care for a loved one. Visit heart.org/AnswersByHeart to learn more.



My Blood Pressure Log

Name: _____

My Blood Pressure Goal: _____ mm Hg

Instructions:

- Measure your blood pressure twice a day—morning and late afternoon—at about the same times every day.
- For best results, sit comfortably with both feet on the floor for at least two minutes before taking a measurement.
- When you measure your blood pressure, rest your arm on a table so the blood pressure cuff is at about the same height as your heart.
- Record your blood pressure on this sheet and show it to your doctor at every visit.

DATE	AM	PM

DATE	AM	PM

How Can I Cook Healthfully?

A healthful eating plan means more than just choosing the right foods to eat. It's important to prepare foods in a healthy way. Some ways of cooking are better than others for cutting saturated fat, trans fat, sodium, added sugars and calories. At the same time, you want to maximize your nutritional benefits.

You don't have to give up taste or the main and side dishes you love. Just learn some heart-healthy cooking skills and you can have it all (almost)!



Stir-frying can be a healthy and delicious way to cook! The high temperature cooks the food fast. Stirring the food constantly keeps it from sticking and burning. For vegetables, poultry or seafood, use a nontropical liquid vegetable oil in your stir-fry pan or wok.

What are good ways to cook?

- **Roast** — in the oven with a rack so the meat or poultry doesn't sit in fat drippings. Set at 350 degrees to avoid searing. Baste with liquids like fat-free, low-sodium beef, chicken or vegetable broth, low-sodium tomato juice or fresh lemon juice. Roasting is also a delicious way to prepare seasonal vegetables.
- **Bake** — in the oven in covered or uncovered cookware. When you bake, food cooks slowly with gentle heat. The food's moisture evaporates slowly, enhancing flavor.
- **Braise or Stew** — on top of the stove or in the oven with a little bit of liquid (water or broth). After cooking, you can refrigerate the food. Before reheating, skim off any fat that has become solid on the top.
- **Poach** — by immersing foods, such as skinless chicken, fish or eggs, in simmering liquid.
- **Grill or Broil** — on a rack with high heat.
- **Sauté** — in a skillet or frying pan over direct heat. Use cooking spray or a small amount of canola oil.
- **Stir-fry** — in a wok or stir-fry pan over high heat with a small amount of a nontropical vegetable oil.
- **Microwave** — heat food quickly in a microwaveable dish.
- **Steam** — in a wire basket over simmering water. Steaming can work better than boiling to help some foods keep their shape and texture.

How can I cut saturated fat, sodium and calories without losing taste?

- Add lots of fruits, vegetables and whole grains to your meals. Make half your plate fruits and vegetables. More color equals more nutrients. Make half the grains you eat whole grains. Check the ingredients list and select products with a whole-grain ingredient listed first.
- Include different lean protein foods in your diet. Along with meats, poultry and seafood, dried

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beans or peas, eggs, soy, nuts and seeds are also in the lean protein group.

- Select lean and extra-lean cuts of meat and trim off any visible fat before cooking. After browning, transfer ground meat to a colander to drain off excess fat. Remove poultry skin before or after cooking (always before serving).
- Choose canned tuna, salmon or sardines packed in water with no added salt or look for brands with the lowest sodium.
- Don't overcook vegetables. Steam or bake them instead of boiling so they keep more of their natural flavor and texture.
- Compare Nutrition Facts labels to find a tasty salad dressing that's lower in calories, saturated fat, sodium and added sugars.
- Use fresh and dried herbs and spices to add flavor to foods.



Instead of boiling vegetables, steam or bake them to keep more of their natural flavor and texture.

HOW CAN I LEARN MORE?

- 1 Call 1-800-AHA-USA1 (1-800-242-8721), or visit heart.org to learn more about heart disease and stroke.
- 2 Sign up to get **Heart Insight**, a free e-newsletter for heart patients and their families, at HeartInsight.org.
- 3 Connect with others sharing similar journeys with heart disease and stroke by joining our Support Network at heart.org/SupportNetwork.

Do you have questions for your doctor or nurse?

Take a few minutes to write down your questions for the next time you see your health care provider.

For example:

What about desserts?

What's a good cookbook with healthy recipes?

MY QUESTIONS:

We have many other fact sheets to help you make healthier choices to reduce your risk, manage disease or care for a loved one. Visit heart.org/AnswersByHeart to learn more.



Why Should I Limit Sodium?

You may have been told by your healthcare provider to reduce the salt in your diet. Table salt is sodium chloride. One teaspoon of salt contains about 2,300 mg of sodium.

Sodium is a mineral that's essential for life. It's regulated in the body by your kidneys, and it helps control your body's fluid balance. It also helps send nerve impulses and affects muscle function.



How does sodium affect my heart health?

When there's extra sodium in your bloodstream, it pulls water into your blood vessels, increasing the total amount (volume) of blood inside your blood vessels. With more blood flowing through your blood vessels, blood pressure increases. This puts an extra burden on your heart and blood vessels. In some people, this may lead to or raise high blood pressure.

Having less sodium in your diet may help you lower or avoid high blood pressure. People with high blood pressure are more likely to develop heart disease or have a stroke.

How much sodium do I need?

Most people eat too much sodium, often without knowing it. The average American eats about 3,400 mg of sodium a day.

- The American Heart Association recommends no more than 2,300 milligrams (mgs) a day and an ideal limit of less than 1,500 mg per day for most adults, especially for those with high blood pressure.
- Even cutting back by 1,000 mg a day can improve blood pressure and heart health.

What are sources of sodium?

Most of the sodium in our diets comes from adding it when food is being prepared. Pay attention to food labels, because they tell how much sodium is in food products. For example: foods with 140 mg or less sodium per serving are considered low in sodium.

Here's a list of sodium-containing compounds to limit in your diet:

- Salt (sodium chloride or NaCl)
- Monosodium glutamate (MSG)
- Baking soda and baking powder
- Disodium phosphate
- Any compound that has "sodium" or "Na" in its name

Some over-the-counter and prescription medicines also contain lots of sodium. Talk to your health care provider and make it a habit of reading the labels of all over-the-counter drugs, too.

What foods should I limit?

The best way to reduce sodium is to avoid prepackaged, processed and prepared foods, which tend to be high

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in sodium. Watch out for the “Salty 6” — the top six common foods that add the most salt to your diet. Read food labels and chose the lowest level of sodium you can find for these items:

- Breads and rolls
- Pizza
- Soup
- Cold cuts and cured meats
- Poultry
- Sandwiches

These are some other foods can also be sources of “hidden” sodium:

- Cheeses and buttermilk
- Salted snacks, nuts and seeds
- Frozen dinners and snack foods
- Condiments (ketchup, mustard, mayonnaise)
- Pickles and olives
- Seasoned salts, such as onion, garlic and celery salts
- Sauces, such as barbeque, soy, steak, and Worcestershire

How can I cook with less salt and more flavor?

- Avoid adding table salt to foods.
- Flavor foods with herbs, spices, lemon, lime, vinegar, or salt-free seasoning blends.

- Use fresh poultry, fish, and lean meat, rather than canned, smoked, or processed types.
- Choose unsalted nuts and low-sodium canned foods. Cook dried peas and beans.
- Use products made without added salt. Try low-sodium bouillon and soups and unsalted broth.
- Rinse canned vegetables and beans to reduce sodium.

What about eating out?

Controlling your sodium intake doesn’t mean spoiling the pleasure of eating out. But order carefully. Consider these tips for meals away from home:

- Select fresh greens and fruits when available. Ask for oil and vinegar to top your salad or ask for the dressing on the side.
- Be specific about what you want and how you want your food prepared. Request that your dish be prepared without added salt.
- Remember portion control. You can always bring home a to-go box!

HOW CAN I LEARN MORE?

- 1** Call **1-800-AHA-USA1** (1-800-242-8721), or visit **heart.org** to learn more about heart disease and stroke.
- 2** Sign up to get *Heart Insight*, a free magazine for heart patients and their families, at **heartinsight.org**.
- 3** Connect with others sharing similar journeys with heart disease and stroke by joining our Support Network at **heart.org/supportnetwork**.

Do you have questions for the doctor or nurse?

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

What’s my daily sodium limit?

Is there sodium in the medicine I take?

My Questions:

We have many other fact sheets to help you make healthier choices to reduce your risk, manage disease or care for a loved one. Visit **heart.org/answersbyheart** to learn more.

How Do I Change Recipes?

Use recipes with ingredients that are low in saturated fat, sodium and added sugar and rework your favorite recipes with healthier substitutions to cook more healthful meals. There's a lot you can do when you cook and bake to control the amount of saturated and trans fats, sodium and added sugar in your diet. In other words, you can have your cake and eat it, too!



How can I substitute healthier ingredients?

- **Whole Milk** (1 cup) = 1 cup low-fat or fat-free milk + 1 tablespoon nontropical liquid vegetable oil.
- **Heavy Cream** (1 cup) — 1 cup fat-free half-and-half will work for most baking recipes. Try subbing in 1 cup of soy, almond or rice milk.
- **Sour Cream** — Use low-fat or fat-free instead. Or, squeeze some fresh lemon juice into low-fat or fat-free plain Greek yogurt, stir and serve instead of sour cream.
- **Butter** (1 tablespoon) = 2 teaspoons of a nontropical vegetable oil, such as canola, corn or olive.
- **Shortening** (1 cup) = 1 cup unsalted soft margarine made with nonhydrogenated vegetable oil and containing no trans fat. For pies, use $\frac{1}{2}$ cup margarine for every 2 cups flour. To reduce your calories and saturated fat when baking muffins or quick breads, substitute 1 cup unsweetened applesauce for 1 cup of butter, margarine, oil or shortening. The muffins and breads will be denser and moister.
- **Sugar** — Using less sugar for baking is possible and much healthier. For cakes, you'll have a tastier finished product if there's a larger amount of sugar to flour. You'll have more room to reduce the sugar slightly. For cookies in

which you've reduced the sugar, chilling the dough for 30 minutes or up to 7 days before baking helps their flavor remain sweeter. Or, lightly roll the cookie in sugar before or after baking so there's sweetness with the first bite. Be cautious with chocolate cakes and cookies. The bitterness of the cocoa needs sugar for balance.

- **White Flour** — Instead of white, processed flour (all-purpose), try to use whole-wheat or whole-grain flour or whole-wheat pastry flour in your baking. But before you swap, be sure to check the recipe, as the ratio may need to be adjusted.
- **Ground Beef** — Try ground turkey breast in place of beef for chilis, pasta sauces, burgers and casseroles.

How can I use nontropical vegetable oils?

Use small amounts of olive, canola, corn or safflower oil:

- To prepare fish and skinless poultry or to brown lean or extra-lean meats.
- To sauté onions and other vegetables for soups, sauces and casseroles.
- For stir-frying.
- To make popcorn.

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How can I reduce sodium?

For some people, eating too much sodium (salt) can increase the risk of high blood pressure, which can increase the risk of developing heart problems or having a stroke. Most people should aim to consume less than 1,500 milligrams of sodium each day. As a guideline, one teaspoon of table salt has about 2,300 milligrams of sodium.

Here are some tips to help you:

- Use herbs, spices, salt-free seasoning blends, citrus juices and vinegar instead of salt when you cook.
- Avoid flavored salts, such as garlic or onion salt and use garlic or onion powder instead. Choose fresh or frozen vegetables with no added salt or look for low-sodium products.
- Use fat-free, low-sodium broths (either store-bought or homemade) instead of regular. Use 1 packet (which is 1 teaspoon granulated) of salt-free instant bouillon in place of bouillon cubes.
- Read food labels carefully, watching for sodium in the ingredient list. Also, check the Nutrition Facts label. Compare the sodium content of similar food products and choose the one with the lowest sodium content.



Substituting herbs, spices, citrus juices, and vinegar for salt is a great way to reduce sodium while spicing up your meals.

HOW CAN I LEARN MORE?

- 1 Call 1-800-AHA-USA1 (1-800-242-8721), or visit heart.org to learn more about heart disease and stroke.
- 2 Sign up to get **Heart Insight**, a free e-newsletter for heart patients and their families, at HeartInsight.org.
- 3 Connect with others sharing similar journeys with heart disease and stroke by joining our Support Network at heart.org/SupportNetwork.

Do you have questions for your doctor or nurse?

Take a few minutes to write down your questions for the next time you see your health care provider.

For example:

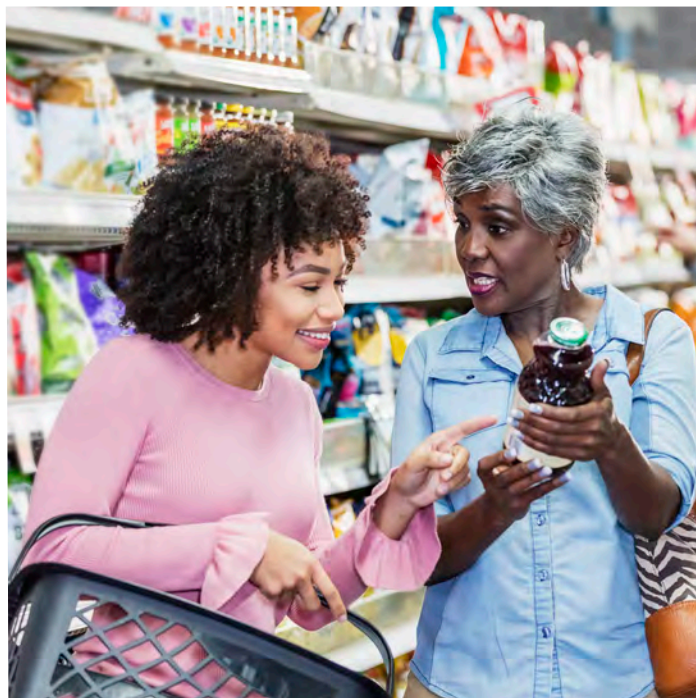
What about eating out?

MY QUESTIONS:

We have many other fact sheets to help you make healthier choices to reduce your risk, manage disease or care for a loved one. Visit heart.org/AnswersByHeart to learn more.

How Do I Understand the “Nutrition Facts” Label?

Most foods in the grocery store have a Nutrition Facts label and ingredient list. When you go grocery shopping, take time to read the Nutrition Facts labels on the foods you purchase. Compare the nutrients and calories in one food to those in another. The information may surprise you. Make sure you aren’t buying foods high in calories, saturated fat, trans fat, sodium and added sugars!



What information is on the Nutrition Facts label?

The Nutrition Facts label contains this information:

- **Serving size** — tells you how much of the food is considered a “serving.” A package may contain multiple servings. **Servings per container** will tell you the total number of servings in a package or container. If you eat more or less than the serving size listed, you need to do the math to figure out the amount of nutrients and number of calories you’ve eaten.
- **Calories** — tell you how much energy is in the food. It’s important to pay attention to calories if you’re trying to lose weight or manage your weight.
- **Total Fat** — is the amount of fat found in one serving of the food. Total fat includes the amount of “bad fats” (saturated and trans) and “good fats” (monounsaturated and polyunsaturated). Fat is higher in calories than protein or carbohydrates. So, cutting back on your fat intake will help you reduce the number of calories you eat.
- **Saturated Fat** — is considered a “bad” fat. Eating too much can raise your cholesterol level (and LDL or bad cholesterol) and your risk of heart disease and stroke. Limit your saturated fat intake to less than 5 to 6% of your total calories. For a person who needs 2,000 calories a day, this is 120 calories or less, or about 13 grams of saturated fat.
- **Trans Fat** — is also considered a “bad fat” because it can raise your LDL cholesterol and your risk of heart disease. Choose foods with “0” grams of trans fat. Read the ingredient list to avoid foods that contain “partially hydrogenated” oils. Everyone can benefit from limiting trans fat.
- **Cholesterol** — is found in foods that come from animals, such as meats, poultry, seafood, eggs and full-fat dairy products. The FDA’s Dietary Guidelines for Americans recommend eating as little dietary cholesterol as possible within a healthy diet pattern.
- **Sodium** — is in food products as both naturally occurring and added sodium. Salt is sodium chloride. Most people should take in less than 1,500 milligrams of sodium each day. That’s equal to a little more than ½ teaspoon of salt.
- **Total Carbohydrates** — are digested and converted into glucose, or sugar, to provide the body’s cells with energy. Choose carbohydrate-based foods with high amounts of nutrients. These include vegetables, fruits and whole-grain breads, cereals and pasta.
- **Dietary Fiber** — describes several materials that make up the parts of plants your body can’t digest. As part of a healthy diet, soluble fiber can help decrease your risk

(continued)



How Do I Understand the “Nutrition Facts” Label?

of heart disease and some types of cancer. Whole grains and fruits and vegetables include dietary fiber. Most refined (processed) grains contain little fiber.

- **Total Sugars** — include both sugars that occur naturally in foods, such as fruit and milk, and sugars that are added to foods and beverages, such as those in desserts, candies and soft drinks.
- **Added Sugars** — is a newer category on the label. The FDA’s Dietary Guidelines for Americans recommend that less than 10% of your total daily calories come from added sugar. There are lots of different names for “added sugars,” such as sucrose, fructose, glucose, maltose, dextrose, high-fructose corn syrup, corn syrup, concentrated fruit juice and honey. Look at the ingredient list and buy foods and beverages that don’t have a lot of added sugars.
- **Protein** — is one of the components in food that provides us with energy. Animal protein contains saturated fat. Choose fish and skinless poultry. Limit your intake of red and processed meats. Use low-fat or fat-free dairy products. Try other sources of protein, such as beans, nuts, seeds, tofu and other soy-based products.
- **Vitamins and Minerals** — are important parts of your



diet. Eating a variety of foods will help you reach your daily goal of 100% of essential vitamins and minerals, such as vitamin D, calcium, iron and potassium.

- **% Daily Value** — tells you what percentage of each nutrient is in a single serving based on the recommended daily amount. To consume less of a nutrient, choose foods with 5% DV or less. To consume more, choose foods with 20% DV or more.

HOW CAN I LEARN MORE?

- 1 Call 1-800-AHA-USA1 (1-800-242-8721), or visit heart.org to learn more about heart disease and stroke.
- 2 Sign up to get **Heart Insight**, a free e-newsletter for heart patients and their families, at HeartInsight.org.
- 3 Connect with others sharing similar journeys with heart disease and stroke by joining our Support Network at heart.org/SupportNetwork.

Do you have questions for your doctor or nurse?

Take a few minutes to write down your questions for the next time you see your health care provider.

For example:

How many calories should I eat each day?

How many grams of saturated fat should I have each day?

MY QUESTIONS:

We have many other fact sheets to help you make healthier choices to reduce your risk, manage disease or care for a loved one. Visit heart.org/AnswersByHeart to learn more.



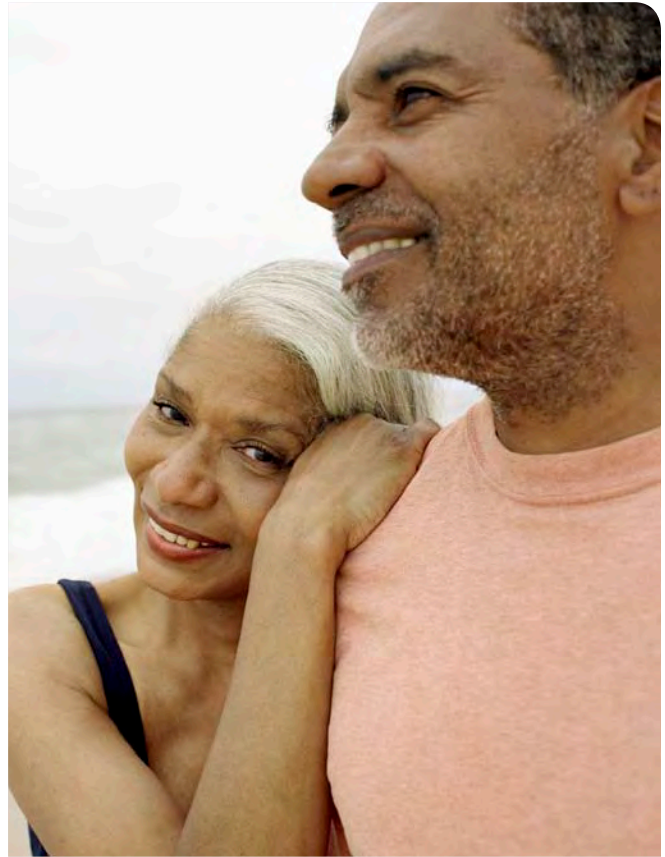
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How Can I Support My Loved One?

Someone close to you has just had a heart attack, stroke or heart procedure. To help you handle your feelings, it's good to be aware of them and to share them with people you trust. Talk with members of your family, friends, people where you worship and healthcare providers.

You and your loved one may also benefit from joining a support group for patients and their families. A heart attack, stroke or heart operation affects the whole family — not just the patient.



How can I help?

- Ask questions at the hospital.
- Discuss things with your spouse and children.
- Praise your loved one for new good habits, and try not to nag.
- Take a CPR class.
- Learn the warning signs of heart attack, sudden cardiac arrest and stroke.
- Help your loved one manage his or her medicine and treatment program.

How might I feel and what can I do?

- **Guilty.** You may feel you could have done something to prevent what happened. Instead, try thinking about making healthy changes instead of worrying about the past.
- **Afraid.** You may be afraid that the life you had planned together will change. Talk to the person about your fears. Also, make sure your finances, wills and insurance are in order so you feel more prepared for the future.
- **Overwhelmed.** The suddenness of stroke and some heart conditions often allows no time to adjust to the shifting roles. Ask for help! Many friends and relatives will be happy to help out with meals, rides and childcare.
- **Depressed.** It's common to feel sad and edgy at a time like this. You may have trouble sleeping, have less energy or feel ill. These feelings should go away as things get better. You also may want to join a support group. Talking with other caregivers may help you feel less isolated and better able to deal with your feelings.

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What could change and how can I deal with it?

- You may have less time to yourself as you take on a caregiving role. One of the most important things you can do for yourself and your loved one is to make time and space for yourself.
- Your sex life may change. Talk about your feelings with your spouse and the doctor. It's best to resume sexual activities slowly and stay close with your spouse as he or she recovers.

How can we both be healthier?

It's much easier — and more fun — for your loved one to make changes if you're making changes at the same time.

- Make changes slowly. Take it one step at a time.
- Learn to cook foods that are low in saturated and *trans* fats, sodium (salt) and added sugars that your loved one will like.
- Find a physical activity you both enjoy and do it together.

- Help your spouse stop smoking, and if you smoke, make a plan to quit together.
- Suggest active outings for the family.



HOW CAN I LEARN MORE?

- 1 Call **1-800-AHA-USA1** (1-800-242-8721), or visit **heart.org** to learn more about heart disease and stroke.
- 2 Sign up to get *Heart Insight*, a free magazine for heart patients and their families, at **heartinsight.org**.
- 3 Connect with others sharing similar journeys with heart disease and stroke by joining our Support Network at **heart.org/supportnetwork**.

Do you have questions for the doctor or nurse?

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

Where can I take a CPR class?

What can I do to help with rehabilitation?

My Questions:

We have many other fact sheets to help you make healthier choices to reduce your risk, manage disease or care for a loved one. Visit **heart.org/answersbyheart** to learn more.

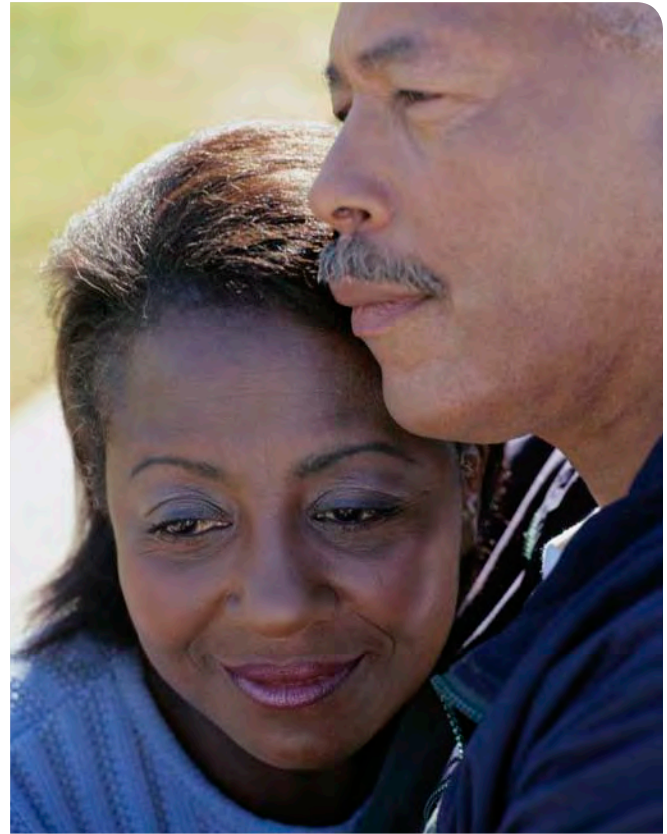


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How Should I Communicate with Heart and Stroke Patients?

When someone has a heart attack, heart surgery or a stroke, they need special consideration while recovering or adjusting. They're likely to have emotional ups and downs. Sometimes they may become clinically depressed. Often, roles of the survivor and caregiver are reversed.



How do I communicate with a heart attack or heart surgery patient?

- Expect emotional ups and downs, crying for no reason, nightmares and fears of death.
- Give yourselves time to adjust and freely express your emotions to one another.
- Encourage your loved one to start making the necessary changes to prevent further events or complications.
- Accept the fact that your roles may be reversed, at least for now.
- Encourage your loved one to get back into life and make plans together for the future.
- Even though he or she is sick, remember that you still deserve to be treated with respect.
- Be a good listener. Your loved one may need to openly express how he or she is feeling.
- Use "I" messages rather than "you" messages.

- When you feel angry or frustrated, say "I feel angry," instead of "You make me angry" to express your feeling without blaming others.

How do I communicate with a stroke survivor?

- Remember that many stroke survivors may have damage that makes it hard for them to communicate well.
- Accept whatever communication form they have, even if it's just making signs with their hands.
- Learn everything you can about their condition so you can be more understanding and helpful.
- Join support groups and learn how others have managed to break down communication barriers.
- With aphasia, it's not necessary to talk louder, just more slowly. Avoid talking down to your loved one, and be a good and patient listener.

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- Stroke survivors may have many emotional ups and downs. Get help for your loved one if these become severe or last too long.

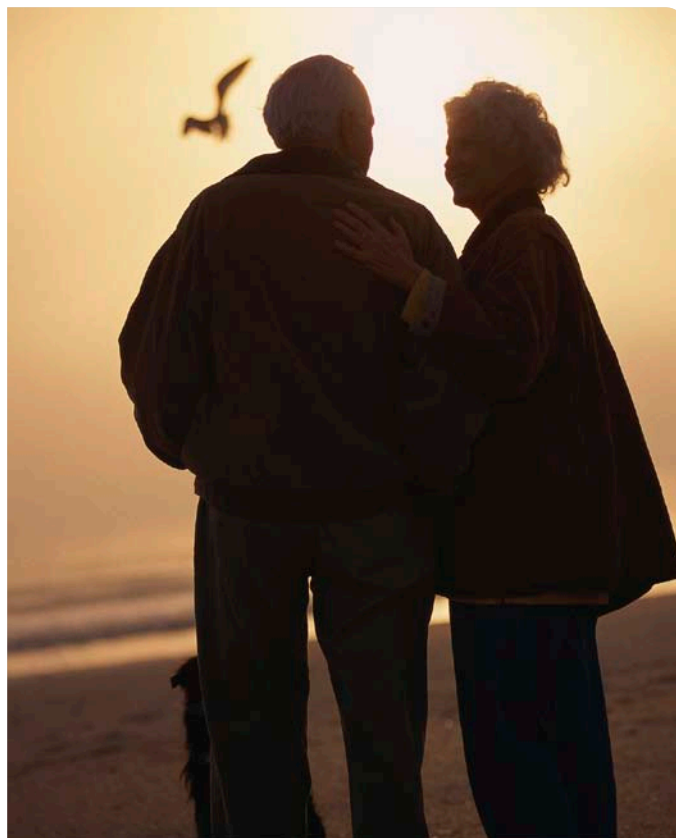
How can I help my loved one after a heart attack or surgery?

- Understand that they have gone through physical and emotional trauma.
- Be patient and let them talk to you about their fears and feelings.
- Learn as much as you can about their condition and help them get back into life.

How can I help my loved one after a stroke?

Stroke can change a person's life forever. Your loved one may be disabled or have difficulty communicating. It's important for you to:

- Get support.
- Be patient.
- Be prepared to create a different way of life for you and your loved one.



HOW CAN I LEARN MORE?

- 1 Call **1-800-AHA-USA1** (1-800-242-8721), or visit **heart.org** to learn more about heart disease and stroke.
- 2 Sign up to get *Heart Insight*, a free magazine for heart patients and their families, at **heartinsight.org**.
- 3 Connect with others sharing similar journeys with heart disease and stroke by joining our Support Network at **heart.org/supportnetwork**.

Do you have questions for the doctor or nurse?

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

Since my loved one's stroke, we can no longer talk together. How can we communicate with my loved one's disabilities?

My Questions:

We have many other fact sheets to help you make healthier choices to reduce your risk, manage disease or care for a loved one. Visit **heart.org/answersbyheart** to learn more.



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let's talk about

Being a Stroke Family Caregiver

People who assist stroke survivors are often called **caregivers**. It can be the spouse, family members or friends. Often, one person — spouse, adult child or parent — provides most of the care.

It's important that caregivers and stroke survivors be "care partners." The challenges to adjust to your new role may be easier if both share in decision-making. It's also important to share how you're feeling.



What should a stroke caregiver do?

There is no "job description" for caregivers. Each caregiver's responsibilities vary with the unique needs of the stroke survivor. Role changes and new skills may need to be learned.

Caregivers may:

- Provide physical help with personal care and transportation.
- Manage financial, legal and business affairs.
- Monitor behavior to ensure safety.
- Manage housework and make meals.
- Coordinate health care and monitor or give medications.
- Help the survivor maintain and improve learned rehab skills.
- Provide emotional support for the stroke survivor and family members.
- Encourage the stroke survivor to continue working toward recovery and be as independent as possible.

Is there assistance for caregivers?

Providing care for a stroke survivor can be very rewarding. But it also can be stressful and frustrating when you suddenly become a caregiver. To be successful, you must also take care of your needs.

Breaks are important for you and the stroke survivor.

Depending on the severity of the stroke, the role of caregiver may be too much for one person. It's important to rely on others when you need to. It can ease the stress of caring for your loved one.

Help may come from family, friends, your place of worship, government and nonprofit agencies and community resources.

These community resources may be helpful:

- **Adult day care** — professional supervision of adults in a social setting during the day
- **Adult foster homes** — supervised care in approved (licensed) private homes
- **Meal programs (Meals on Wheels)** — a federally sponsored nutrition program
- **Home health care aide service** — in-home, part-time medical services ordered by a health care professional
- **Homemaker and personal care support** — supervised, trained people who help prepare meals and do household chores
- **Respite care** — short-term relief for caregivers. It can be for a few hours, days or even weeks. Care may be provided at home, in a health care setting or adult day care.
- **Stroke support group** — education and emotional support for stroke survivors and their family caregivers

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Let's Talk About Being a Stroke Family Caregiver

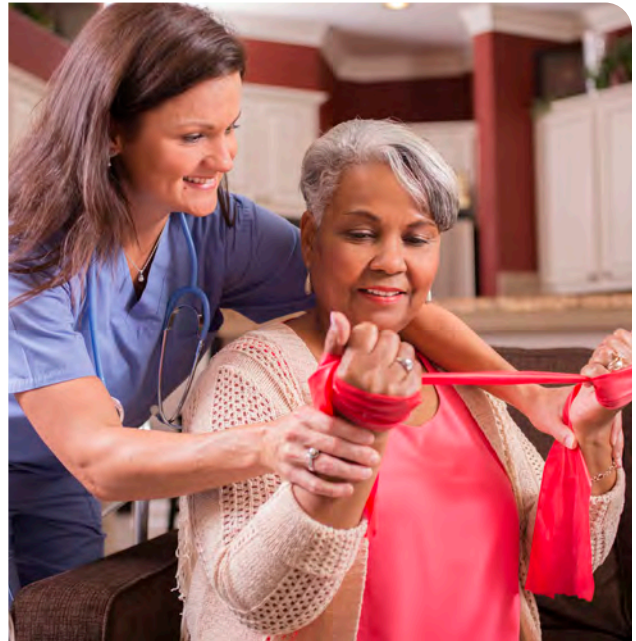
Is training available for family caregivers?

A good place to start is with your local Administration on Aging. Visit eldercare.acl.gov or call 800-677-1116 to find an office near you.

You can contact the Family Caregiver Alliance at 800-445-8106 or visit caregiver.org. They can provide information, education and support for family caregivers, including the Family Care Navigator, a state-by-state list of services and assistance.

The Family Caregiver Alliance also offers access to more than 40 free, recorded webinars on caregiver topics under categories of daily care, planning for care and self-care. Visit the [FCA webinar library](#) to view all webinars available. You can also visit the [FCA's YouTube channel](#), which offers numerous caregiving topics and videos in English and other languages, including Chinese, Mandarin, Spanish and Vietnamese.

Caregiver Action Network's Caregiver Video Resource Center has videos of caregivers talking about their experiences and what they've learned. In these videos, family members share discoveries and describe their journeys through caring for loved ones. The Caregiver Action Network also offers several [instructional videos](#) for hands-on care.



Hiring a home health care aide can give you a break as a full-time primary caregiver.

HOW CAN I LEARN MORE?

- 1** Call 1-888-4-STROKE (1-888-478-7653) or visit stroke.org to learn more about stroke or find local support groups.
- 2** Sign up for our monthly *Stroke Connection* e-news for stroke survivors and caregivers at StrokeConnection.org.
- 3** Connect with others who have also had an experience with stroke by joining our Support Network at stroke.org/SupportNetwork.

Do you have questions for your doctor or nurse?

Take a few minutes to write down your questions for the next time you see your health care professional.

For example:

Is there a stroke survivor support group or caregiver support group in my area?

Do other organizations support caregivers?

MY QUESTIONS:

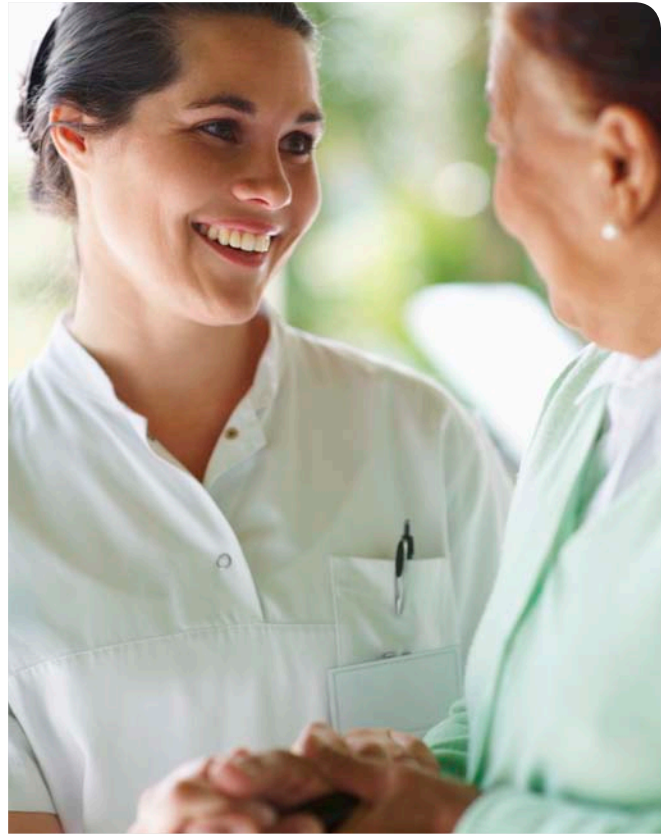
We have many other fact sheets to help you make healthier choices to manage your condition or care for a loved one. Visit stroke.org/LetsTalkAboutStroke to learn more.



How Should I Communicate as a Caregiver?

As a caregiver, you have to communicate with many people: your loved one, family, friends, co-workers, healthcare providers and insurance companies. Effective communication is key to your success.

Your time and patience may be stretched thin. So, it's important to stay organized. Separate your emotions from your conversations and keep on the subject for each person you talk to. Below are some simple tips to help you stay focused and get the best results.



Communication Tips

Talking to your family:

- Talk openly about your fears, worries and needs.
- Remember that everyone is feeling the pressure and insecurity of the event and try to be patient. Give everyone time to adjust in his or her own way.

Talking to your loved one:

- Give both of you time to accept what has happened. Realize that your roles may have changed.
- Be firm, honest, patient and kind.
- Use “I” messages rather than “you” messages. Saying “I feel angry” rather than “You made me angry” allows you to express your feelings without blaming others or causing them to be defensive.
- If your loved one has aphasia after a stroke, find support to help learn the best way to communicate.

Talking to healthcare providers:

You can improve the care your loved one receives by talking about your concerns, asking questions and getting the facts. Simple communication skills can help you get what you need from your doctor — over the phone, at the hospital, or during office visits.

- When you talk to your healthcare providers, clarify what you hear to be sure that you understand the information or instructions.
- Write down your questions before doctor’s visits to make sure you get all your topics covered.
- Keep records of all that occurs with your loved one. It will help the doctor give better treatment.
- Separate anger and frustration about not being able to help your loved one from your feelings about the doctor. Remember, you are both on the same side.

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If your loved one had a heart attack:

A heart attack frightens everyone. Your loved one will need time to adjust and may be very emotional at times. You both need to communicate your real feelings to each other. You'll also need to help your loved one follow the doctor's recommendations for the best possible recovery.

If your loved one had a stroke:

Stroke recovery can be difficult. Stroke can have a big impact on your loved one's ability to communicate, especially he or she has aphasia. People with expressive aphasia know what they want to say but have trouble saying it. Those with receptive aphasia have trouble understanding words other people speak.

If your loved one is having language challenges, a speech therapist may be part of their healthcare team. Talk with the therapist to better understand your loved one's condition. Ask for tips to make communication easier.

Be willing to accept ANY form of communication as equally valid: gestures, writing, drawing, using a notebook, intonation or speech.



HOW CAN I LEARN MORE?

- 1** Call **1-800-AHA-USA1** (1-800-242-8721), or visit **heart.org** to learn more about heart disease and stroke.
- 2** Sign up to get *Heart Insight*, a free magazine for heart patients and their families, at **heartinsight.org**.
- 3** Connect with others sharing similar journeys with heart disease and stroke by joining our Support Network at **heart.org/supportnetwork**.

Do you have questions for the doctor or nurse?

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

What can I do to help my loved one get back to as normal a life as possible?

My Questions:

We have many other fact sheets to help you make healthier choices to reduce your risk, manage disease or care for a loved one. Visit **heart.org/answersbyheart** to learn more.



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How Should I Care for Myself, as a Caregiver?

As a caregiver, you have a higher risk for health and emotional problems. That's because caregivers are less likely to attend to their own health by eating a healthy diet, getting physical activity and treating physical and emotional problems. It may feel like your first responsibility is to your loved one, but it's really to yourself. Learn to organize your duties as a caregiver. Find the time to take care of your own health. It will help you do a better job for your loved one.



Tips for Caregiver Success

The National Family Caregivers Association offers these 10 tips for family caregivers.

1. Choose to take charge of your life, and don't let your loved one's condition always take center stage.
2. Remember to be good to yourself. Love, honor and value yourself. You're doing a very hard job and you deserve some quality time, just for you.
3. Watch out for signs of depression and don't delay in getting professional help when you need it.
4. When people offer to help, accept the offer and suggest specific things they can do.
5. Educate yourself about your loved one's condition. Information is empowering.
6. There's a difference between caring and doing. Be open to new technologies and ideas that promote your loved one's independence and help you do your job easier.
7. Trust your instincts. Most of the time they'll lead you in the right direction.
8. Grieve for your losses and then allow yourself to dream new dreams.
9. Stand up for your rights as a caregiver and as a citizen.
10. Seek support from other caregivers. There is great strength in knowing that you are not alone.

How do I care for my physical health?

- **Be physically active.** Moderately-intense physical activities, like brisk walking, for 150 minutes a week can have great benefits for both you and your loved one.
- **Eat a diet low in saturated and trans fats, sodium (salt) and added sugars.** Chances are your loved one has been told to follow a healthier diet or to lose weight. Why not make it easier and adopt the same diet for your whole family?

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- **Schedule regular checkups with your doctor.** A checkup can identify problems such as high blood pressure, high cholesterol and depression. Early detection helps prevent serious problems.
- **Learn to cope with stress.** When you're really tense and uptight, try this deep-breathing exercise for short-term relief. Slowly inhale as deeply as you can. Hold your breath for a few seconds and slowly exhale. Repeat three to five times.

How do I care for my emotional health?

Caregiving can have a great emotional impact. It's important to learn the signs of depression and get help if you experience several of these symptoms for two weeks or more.

- Depressed mood
- Marked loss of interest or pleasure
- Feelings of worthlessness or guilt
- Change in appetite or weight
- Loss of energy
- Sleeping too much or too little



Even a 15-minute walk can provide great benefits to your physical health.

- Lack of interest in sex or personal hygiene
- Anxiety
- Tearfulness
- Agitation or restlessness
- Inability to concentrate or make decisions
- Thoughts of death or suicide
- Frustration or anger

Depression can often be treated with medication. If you need help dealing with your emotions, seek out a support group, counselor or physician.

HOW CAN I LEARN MORE?

- 1 Call **1-800-AHA-USA1** (1-800-242-8721), or visit **heart.org** to learn more about heart disease and stroke.
- 2 Sign up to get *Heart Insight*, a free magazine for heart patients and their families, at **heartinsight.org**.
- 3 Connect with others sharing similar journeys with heart disease and stroke by joining our Support Network at **heart.org/supportnetwork**.

Do you have questions for the doctor or nurse?

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

Can you recommend a counselor who will understand my needs as a caregiver and help me cope?

My Questions:

We have many other fact sheets to help you make healthier choices to reduce your risk, manage disease or care for a loved one. Visit **heart.org/answersbyheart** to learn more.



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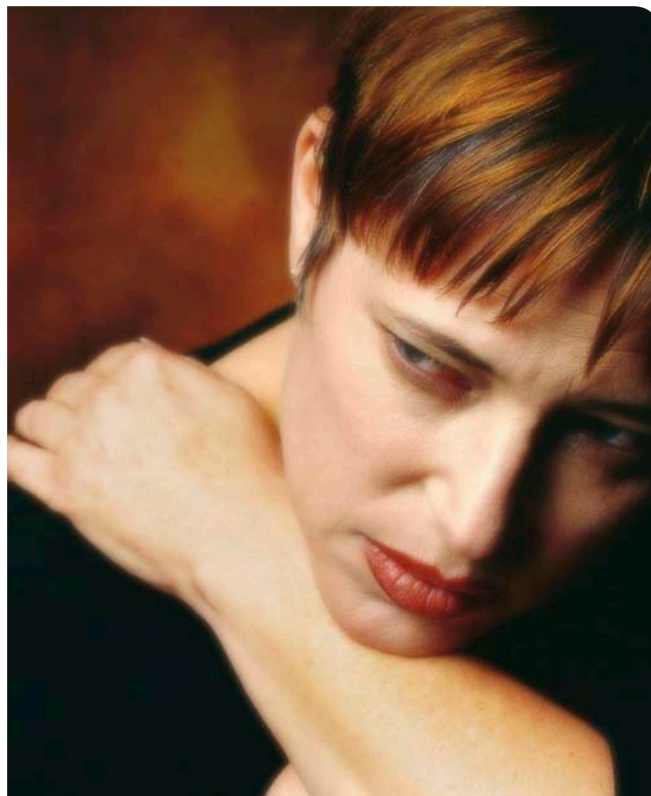


What Is Caregiver Burnout?

Caregiver burnout is caused by too much long-term stress. It occurs when you feel overwhelmed and can't meet constant demands. As the stress continues, you begin to lose the interest or motivation that led you to take on a certain role.

Your emotional and psychological health can affect your physical health. Many caregivers don't take time to care for themselves. They begin to show signs of caregiver burnout.

Your healthy body, mind and spirit benefit your loved one just as they benefit you. Learn the signs of caregiver burnout and seek help if you're having them.



What are the signs of caregiver burnout?

As a caregiver, you're under a lot of stress. It's common for caregivers like you to let your health suffer. So, watch out for:

- Excessive use of alcohol, medications or sleeping pills
- Appetite changes — eating too much or too little
- Depression, hopelessness, feelings of alienation, lack of energy to do new things
- Losing control physically or emotionally
- Neglect or rough treatment of the person for whom you're caring
- Trouble falling or staying asleep
- Difficulty concentrating
- Missing appointments

If you recognize the warning signs of burnout, it will only get worse if you ignore them. Take steps to get your life back into balance.

How can I avoid burnout?

It takes a combination of things to avoid burnout. Taking care of your physical health is a good way to stay emotionally healthy. Start working towards achieving your health goals. Take it one day at a time and make small changes.

Follow the ABC's of preventing heart disease and stroke:

- **A**void tobacco.
- **B**ecome more active.
- **C**hoose good nutrition.

This will go a long way toward healing your heart and strengthening your mind.

What do I do about depression?

Clinical depression is a serious illness and can keep you from being a good caregiver for your loved one. Depression is also common among survivors of heart and stroke events. It's important to learn the signs of depression and get help if you experience several of these

(continued)



symptoms for two weeks or more.

- Depressed mood
- Marked loss of interest or pleasure
- Feeling worthless or guilty
- Change in appetite or weight
- Loss of energy
- Fearfulness of activity
- Sleeping too much or too little
- Lack of interest in personal hygiene
- Lack of interest in sex
- Anxiety
- Tearfulness
- Easily distracted
- Agitation or restlessness
- Inability to concentrate or make decisions

Depression can often be treated with medication. If you need help dealing with your emotions, seek out a support group, counselor or physician. If you have thoughts of death or suicide, seek help immediately.



If you are suffering from depression, joining a support group may be an effective way to deal with your emotions.

HOW CAN I LEARN MORE?

- 1** Call **1-800-AHA-USA1** (1-800-242-8721), or visit **heart.org** to learn more about heart disease and stroke.
- 2** Sign up to get *Heart Insight*, a free magazine for heart patients and their families, at **heartinsight.org**.
- 3** Connect with others sharing similar journeys with heart disease and stroke by joining our Support Network at **heart.org/supportnetwork**.

Do you have questions for the doctor or nurse?

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

I think that I have too many signs of depression. Is there a treatment that will help me feel better and provide better care for my loved one?

My Questions:

We have many other fact sheets to help you make healthier choices to reduce your risk, manage disease or care for a loved one. Visit **heart.org/answersbyheart** to learn more.

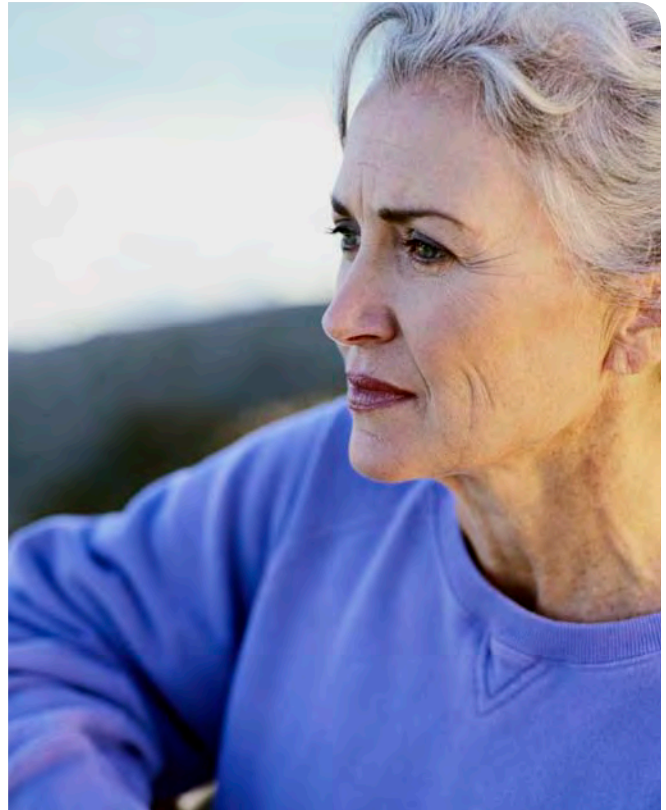


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What Are the Caregiver's Rights?

Caring for someone you love after a heart or stroke can be hard. The responsibilities and the emotional stress can cause you to forget to take care of yourself. These rights will help you remember that you have a right to health and happiness, even when you're caring for someone else. They'll help you realize that the emotions and pressures you may be feeling are normal.



I have the right to:

- Take care of myself. This is not an act of selfishness. It will enable me to take better care of my loved one.
- Seek help from others even though my loved one may object. I know the limits of my own endurance and strength.
- Maintain facets of my own life that don't include the person I care for, just as I would if he or she were healthy. I know that I do everything that I can for this person, and I have the right to do some things for myself.
- Get angry, be depressed and express other difficult emotions at times.
- Reject any attempt to manipulate me through guilt, anger or depression.
- Receive consideration, affection, forgiveness and acceptance from my loved one for as long as I offer these qualities in return.
- Take pride in what I'm accomplishing and applaud the courage it takes to meet the needs of my loved one.
- Protect my individuality and my right to make a life for myself. This will sustain me when my loved one no longer needs my full-time help.
- Expect and demand that, as new strides are made in finding resources to aid physically and mentally impaired persons in our country, similar strides will be made toward aiding and supporting caregivers.

How do I assert my rights?

Put these Caregiver Rights where you and the person you care for can see them. Add other rights that are specific to you or highlight the ones you are most likely to sacrifice. Sharing this list of rights with the person you care for will help clear the air, give you the courage to stand up for yourself and allow you to ask for these rights without feeling guilty.

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Where do I find support?

If you need help taking care of yourself while caring for a loved one, ask for information at your doctor's office. Be specific when you ask family and friends for help so you can get the time you need to take care of yourself.

Here are some resources you may contact to help you care for yourself and your loved one:

National Alliance for Caregiving ***caregiving.org***

This group is dedicated to providing support to family caregivers and the professionals who help them and to increasing public awareness of issues facing family caregivers.

National Family Caregivers Association ***thefamilycaregiver.org***

Provides resource referrals and information for caregivers and strives to be a voice for caregivers to the public and Capitol Hill. A newsletter and caregiving greeting cards are available to members. Provides free membership to caregivers.



Sharing your feelings with friends or joining a support group may be a good way to ease the pressure you feel as a caregiver.

The Well Spouse Association ***wellspouse.org***

A nonprofit group formed to provide support and advocacy for the spouses and children of the chronically ill.

HOW CAN I LEARN MORE?

- 1** Call **1-800-AHA-USA1** (1-800-242-8721), or visit **heart.org** to learn more about heart disease and stroke.
- 2** Sign up to get *Heart Insight*, a free magazine for heart patients and their families, at **heartinsight.org**.
- 3** Connect with others sharing similar journeys with heart disease and stroke by joining our Support Network at **heart.org/supportnetwork**.

Do you have questions for the doctor or nurse?

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

Where can I find someone to sit with my loved one an hour a day?

My Questions:

We have many other fact sheets to help you make healthier choices to reduce your risk, manage disease or care for a loved one. Visit **heart.org/answersbyheart** to learn more.



American Heart Association®
life is why™



STROKE RESOURCES

State and County resources for Hawai'i's kupuna



EXECUTIVE OFFICE ON AGING (EOA)

The Executive Office on Aging (EOA) is the designated lead agency in the coordination of a statewide system of aging and caregiver support services in the State of Hawaii, as authorized by [federal](#) and [state](#) laws.

The federal Older Americans Act establishes an [Aging Network](#) and provides federal funding for elderly support services, nutrition services, preventive health services, elder rights protection, and family caregiver support services. Chapter 349 of the Hawaii Revised Statutes establishes the Executive Office on Aging as the focal point for all matters relating to older adults' needs and the coordination and development of caregiver support services within the State of Hawaii.

To learn more about the Executive Office on Aging, please read the [2019-2023 Hawaii State Plan on Aging](#).

Older Adults and Caregivers

The federal and state funding for services is available to assist older adults and family caregivers regardless of income. However, due to limited funding, special considerations are given to those older adults and family caregivers who have the greatest economic and social needs, focusing particularly on low-income minority, limited English-speaking, and the disabled.

CONTACT INFORMATION FOR THE EXECUTIVE OFFICE ON AGING

250 South Hotel Street, Suite 406

Honolulu, Hawai'i 96813

Phone: (808) 586-0100

Fax: (808) 586-0185

Email: eoah@doh.hawaii.gov

Website: <https://health.hawaii.gov/eoa/>

PROGRAMS & SERVICES

- [Senior Medicare Patrol Hawaii \(SMP Hawaii\)](#)

A volunteer-based program to ensure Medicare is not billed for health care services, medical supplies, and equipment not received. If you suspect fraud or errors when reviewing your Medicare statement, please contact SMP Hawaii:

Phone: (808) 586-7281

Toll-free: (800)-296-9422

- [Hawaii State Health Insurance Assistance Program \(Hawaii SHIP\)](#)

This program provides free health insurance information, education, counseling, and referral for people with Medicare. Volunteers are trained and certified to assist members and their families with questions about Medicare benefits including Medicare Advantage plans, Medicare Part D – the prescription drug benefit, Medigap, and Medicare Savings Program. For assistance, please contact Hawaii SHIP:

Phone: (808) 586-7299
Toll-free: (888) 875-9229
TTY: (866) 810-4379

- [Long-Term Care Ombudsman Program \(LTCOP\)](#)

This program provides information, outreach, and advocacy for residents of long-term care facilities. If you have a problem, complaint, or question regarding services provided at a long-term care facility, please contact the LTC Ombudsman:

Phone: (808) 586-7268 - Oahu

Email: john.mcdermott@doh.hawaii.gov.

To ensure that all long-term care residents are aware of the services provided by the Long-Term Care Ombudsman, volunteers are trained and certified by the LTC Ombudsman Volunteer Program to regularly visit licensed LTC settings. To become a certified volunteer, please contact the Long-Term Care Volunteer Coordinator at (808) 586-0100 on O'ahu.

- [Healthy Aging Partnership](#)

A statewide public-private partnership committed to improving the health and well-being of residents. The partnership offers evidence-based health promotion and disease prevention programs: Enhance Fitness (EF) Program, Ke Ola Pono Disease Self-Management Programs- Chronic Disease Self-Management (CDSMP), Arthritis Self-Management (ASMP) and Diabetes Self-Management (DSMP). Ke Ola Pono classes are open to adults 18 and older.

For information on accessing these services in your local area, please contact your county office on aging:

- Honolulu: (808) 768-7705
- Hawaii: (808) 961-8600
- Maui/Moloka'i/Lana'i: (808) 270-7774
- Kaua'i: (808) 241-4470

- [In-Home and Community-Based Services](#)

Services are available to assist older adults in remaining independent and active. Types of services provided: adult day care, assisted transportation, attendant care, case management, chore services, congregate meals, home delivered meals, homemaker/housekeeper, information and assistance, legal assistance, nutrition education, personal care, and transportation. There are also support services available to family caregivers such as: information, assistance, individual counseling, support groups and training, respite, and supplemental services.

Area Agencies on Aging (AAA)

Each county in the State of Hawaii has an Area Agency on Aging. Each AAA is responsible for planning, developing, and administration of services to older adults and family caregivers residing in their distinct geographic planning and service area.



O'AHU

Elderly Affairs Division

Phone: (808) 768-7705

Website: www.elderlyaffairs.com

EXECUTIVE OFFICE ON AGING

250 South Hotel Street, Suite 406

Honolulu, Hawai'i 96813

Phone: (808) 586-0100

Fax: (808) 586-0185

Email: eoah@doh.hawaii.gov

Website: <https://health.hawaii.gov/eoa/>

ALU LIKE Kumu Kahi – Elderly Services

Hale O Nā Limahana

2969 Mapunapuna Place, Suite 200

Honolulu, Hawai'i 96819

Phone: (808) 535-6700

Fax: (808) 524-1344

Email: info@alulike.org

Website: <https://www.alulike.org/services/kumu-kahi/>



HAWAI'I

Hawaii County Office of Aging

Hilo

1055 Kino'ole Street, Suite 101

Hilo, Hawai'i 96720

Phone: (808) 961-8600

Fax: (808) 961-8603

Website: <https://www.hcoahawaii.org/>

Kailua-Kona

74-5044 Ane Keohokalole Highway

Kailua-Kona, Hawai'i 96740

Phone: (808) 323-4392

Fax: (808) 323-4398

Aging and Disability Resource Center:

Hilo

1055 Kino'ole Street, Suite 101

Hilo, Hawai'i 96720

Phone: (808) 961-8626

Fax: (808) 961-8603

Website: <https://www.hcoahawaii.org/>

Kailua-Kona

74-5044 Ane Keohokalole Highway

Kailua-Kona, Hawai'i 96740

Phone: (808) 323-4392

Fax: (808) 323-4398

ALU LIKE Kumu Kahi – Elderly Services

Mailing:

32 Kino'ole Street, #102

Hilo, Hawai'i 96720

Physical:

32 Kino'ole Street, #112

Hilo, Hawai'i 96720

Phone: (808) 895-2158

Website: <https://www.alulike.org/services/kumu-kahi/>



MAUI

Maui County Office on Aging

95 Mahalani Street, Room 20

Wailuku, Hawai'i 96793

Phone: (808) 270-7774

Fax: (808) 270-7935

Website: <https://www.mauicounty.gov/255/Office-on-Aging>

Aging and Disability Resource Center: <https://www.mauicountyadrc.org/>

Hana Senior Center

5101 Uakea Street, Building G

Hana, Hawai'i 96713

Phone: (808) 248-8833

West Maui Senior Center

788 Pauoa Street, Suite 103

Lahaina, Hawai'i 96761

Phone: (808) 270-4387

South Maui

16 Ehiku Street, Suite 1

Kihei, Hawai'i 96753

Phone: (808) 875-0033

ALU LIKE Kumu Kahi – Elderly Services

J. Walter Cameron Center

95 Mahalani Street, Suite 28-1B

Wailuku, Hawai'i 96793

Phone: (808) 242-9774

Website: <https://www.alulike.org/services/kumu-kahi/>



MOLOKA'I

Office of Aging

290 Kolapa Place, Suite 1

Kaunakakai, Hawai'i 96748

Phone: (808) 553-5241

ALU LIKE Kumu Kahi – Elderly Services

10 North Mohala Street

Kaunakakai, Hawai'i 96748

Phone: (808) 553-5393

Website: <https://www.alulike.org/services/kumu-kahi/>



LANA'I

Lanai Senior Center

309 Seventh Street

Lana'i City, Hawai'i 96763

Phone: (808) 565-6818



KAUA'I

Kauai Agency on Elderly Affairs

Pi'ikoi Building

4444 Rice Street, Suite 330

Lihue, Hawai'i 96766

Phone: (808) 241-4470

Fax: (808) 241-5113

Email: elderlyaffairs@kauai.gov

Website: www.kauai.gov/elderly

Aging and Disability Resource Center: <https://www.kauaiadrc.org/>

ALU LIKE Kumu Kahi – Elderly Services

2970 Kele Street, Suite 116

Lihue, Hawai'i 96766

Phone: (808) 245-8545

Website: <https://www.alulike.org/services/kumu-kahi/>

Address all inquiries to:

Department of Labor & Industrial Relations
Disability Compensation Division

- Oahu:

830 Punchbowl Street, Room 209
P.O. Box 3769
Honolulu, Hawaii 96812-3769
Phone: (808) 586-9188
- Hawaii:

State Office Building
75 Aupuni Street, Room 108
Hilo, Hawaii 96720
Phone: (808) 974-6464
- West Hawaii:

P.O. Box 49
Kealahakua, Hawaii 96750
Phone: (808) 322-4808
- Maui:

State Office Building, #2
2264 Aupuni Street
Wailuku, Hawaii 96793
Phone: (808) 243-5322
- Kauai:

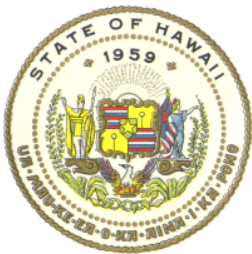
State Office Building
3060 Eiwa Street, Room 202
Lihue, Hawaii 96766-1887
Phone: (808) 274-3351

For more information, please visit our website at:
<http://labor.hawaii.gov/dcd>

Auxiliary aids and services are available upon request. Please call the above listed telephone numbers, or dial 711 and ask for the phone number listed above for the office near you. A request for a reasonable accommodation(s) should be made no later than ten working days prior to the needed accommodation(s).

It is the policy of the Department of Labor and Industrial Relations that no person shall on the basis of race, color, sex, marital status, religion, creed, ethnic origin, national origin, age, disability, ancestry, arrest/court record, sexual orientation, and National Guard participation be subjected to discrimination, excluded from participation in, or denied the benefits of the department's services, programs, activities, or employment.

HIGHLIGHTS OF THE
HAWAII PREPAID
HEALTH CARE LAW



STATE OF HAWAII
Department of Labor and Industrial Relations
DISABILITY COMPENSATION DIVISION

The information herein is intended to provide employers and employees with general understanding of the Prepaid Health Care Act. For comprehensive details, please refer to the law (Chapter 393, HRS).

PREPAID HEALTH CARE ACT

Originally enacted in 1974, the Hawaii Prepaid Health Care Act was the first in the nation to set minimum standards of health care coverage for workers. Preempted in October of 1981 by the Federal Employee Retirement Income Security Act of 1974 (ERISA), the Prepaid Health Care Act was reinstated effective March 1, 1983.

The Prepaid Health Care Act requires Hawaii employers to provide health care coverage for eligible employees to insure protection against the high cost of medical and hospital care for nonwork-related illness or injury.

EXCLUDED EMPLOYMENT

Services excluded from health care coverage include, but are not limited to: 1) individuals who work less than twenty hours per week; 2) Federal, State, and County workers; 3) agricultural seasonal workers; 4) insurance or real estate salespersons paid solely by commission; 5) individuals working for son, daughter, or spouse; and 6) children under age 21 working for father or mother. (For a complete listing, refer to Section 393-5 of the law.)

SECURING COVERAGE

Employers may obtain health coverage by: 1) purchasing an approved health care plan from a health care contractor or a Hawaii licensed insurance carrier; 2) adopting an approved self-insured health care plan; or 3) negotiating a collective bargaining agreement.

Employees may form associations for the purpose of providing health care coverage as long as such health care protection is obtained from an authorized health care contractor.

ELIGIBILITY FOR ENROLLMENT

Employees who work twenty hours or more per week and earn a monthly wage of at least 86.67 times the Hawaii minimum hourly wage are deemed eligible after four consecutive weeks of employment. Health care coverage must then be provided to such eligible employees at the earliest enrollment date of the employer's health care contractor.

EXEMPTIONS FROM COVERAGE

Exempt Employees

The following categories of employees can claim an exemption from coverage:

- 1) those covered by a Federally established health insurance or prepaid health care plan, such as Medicare, Medicaid or medical care benefits provided for military dependents and military retirees and their dependents;
- 2) those covered as dependents under a qualified health care plan;
- 3) those who are recipients of public assistance or covered by a State-legislated health care plan governing medical assistance; and
- 4) those who are followers of religious groups who depend upon prayer or other spiritual means for healing.

"Employee Notification to Employer" (Form HC-5)

To claim an exemption or individual waiver, an employee must complete and submit Form HC-5 to the employer. The employer is prohibited from coercing or attempting to coerce the employee to waive coverage. The employer retains the original Form HC-5 and gives a copy to the employee. The employer sends a copy to the Department of Labor and Industrial Relations only when the employee selects waiver #4 or upon request by the Director. The exemption/waiver notification is binding for one year and must be renewed every December 31.

CONCURRENT EMPLOYMENT

An employee who works concurrently for two or more employers is required to designate the principal and secondary employer and file notification (Form HC-5) with the employers for subsequent filing with the Department of Labor and Industrial Relations. The principal employer shall be the employer who pays the employee the most wages; only in cases where the employer who does not pay the most wages employs the employee for at least 35 hours per week does the employee determine which of the employers shall be the principal employer. The designated principal employer is required to provide coverage pursuant to the law.

An employee's determination of principal employer is binding for one year or until change of employment occurs. Whenever an employee elects to make a change with respect to the status of each, notification (Form HC-5) must be filed. (For complete details, refer to Section 393-6 of the law.)

The employer is prohibited from coercing, interfering, or influencing an employee in making a determination of principal employer.

PREMIUM PAYMENTS

The employer may elect to pay the entire premium amount or share the cost with the employee. The employer must pay at least one-half the premium cost; however, the employee's contribution cannot exceed 1.5% of the employee's monthly wages. In the event the employee's allowable share constitutes less than one-half of the premium, the employer is liable for the entire remaining portion. The employer is permitted to withhold the employee's contribution from the employee's wages.

An employee cannot agree to pay a greater share from wages, except for the purpose of paying for the added cost of providing prepaid health care benefits for the employee's dependents under the same plan.

CONTINUATION OF COVERAGE PROVISION

In the event an employee is disabled and unable to work, the employer is obligated to enable the employee to continue health care coverage by continuing the employer's share of the premium costs for three months following the month during which the employee became disabled, or for the period for which the employer has undertaken payment of employee's regular wages, whichever is longer. The employee must maintain the employee's portion of the premium payments.

HEALTH CARE CONTRACTOR

Type
A prepaid health care contractor may fall in one of three groups: 1) any medical group or organization which provides health care benefits under a prepaid health care plan; 2) any nonprofit organization which defrays or reimburses in whole or in part the expenses of health care under a prepaid health care plan; or 3) any insurer who defrays or reimburses in whole or in part the expenses of health care under a prepaid health care plan.

Selection
The employer selects the health care contractor and the plan type.

HEALTH CARE PLANS

Type
There are two types of health care plans: 1) a plan by which a prepaid health care contractor would furnish health care, and 2) a plan by which the health care contractor would defray or reimburse, in whole or in part, the expenses of health care.

Benefits

To meet standards as prescribed by law, prepaid health care plans must include at least the following benefits: 1) hospital (including inpatient care for at least 120 days of confinement in each calendar year), 2) surgical, 3) medical, 4) diagnostic, and 5) maternity. (For further details, refer to Section 393-7 of the law.)

Plan Approval

All health care plans must be approved as meeting prescribed minimum standards by the State Department of Labor and Industrial Relations. Such determination is made by the director under the advisement of a seven-member prepaid health care advisory council consisting of representatives from the medical and public health professions, from consumer interest, and from people experienced in prepaid health care protection.

PENALTIES

An employer who fails to comply with the coverage provisions of the law shall be subject to a penalty of not less than \$25, or \$1 for each employee for every day during which such failure continues, whichever sum is greater. If such default extends for 30 days, the employer's business may be closed for as long as the default continues.

An employer, employee, or health care contractor, who willfully fails to comply with any other provision or any rule or regulation, may be fined not more than \$200 for each violation.

Furthermore, any person who, after twenty-one days written notice and the opportunity to be heard by the director, is found to have violated any provision of Chapter 393 or rule adopted thereunder for which no penalty is otherwise provided, shall be fined not more than \$250 for each offense.

APPEAL

When health care benefits are denied a worker, the employer or the prepaid health care contractor must promptly mail a notice of denial to the worker who then has twenty days in which to request a review by the Department of Labor and Industrial Relations. If the parties are not satisfied by the department's findings, the case will be referred to the Prepaid Health Care Appeals Referee. The decision of the referee shall be final and binding, unless the aggrieved party appeals the decision.

SPECIAL FUND

The Prepaid Health Care Premium Supplementation Fund is established by general fund appropriation and used to defray the cost of providing health care benefits for employers with less than eight workers entitled to and covered under the Prepaid Health Care Act. To qualify for premium supplementation, the employer must meet the criteria outlined in Section 393-45 of the law.

The Fund may also reimburse health care expenses to workers of bankrupt employers and non-complaint employers. Benefits paid from the Fund shall be recovered from those defaulting employers.

ADMINISTERING AGENCY

The Disability Compensation Division of the Department of Labor and Industrial Relations administers the Hawaii Prepaid Health Care Law. For further information, please contact the offices listed on the back of this brochure.

Address all inquiries to:

Department of Labor and Industrial Relations
Disability Compensation Division

Oahu: P.O. Box 3769
830 Punchbowl Street, Room 210
Honolulu, Hawaii 96812-3769
Phone: (808) 586-9161

Hawaii: State Office Building
75 Aupuni Street, Room 108
Hilo, Hawaii 96720
Phone: (808) 974-6464

West Hawaii: P.O. Box 49
Kealahou, Hawaii 96750
Phone: (808) 322-4808

Maui: State Office Building, #2
2264 Aupuni Street
Wailuku, Hawaii 96793
Phone: (808) 243-5322

Kauai: State Office Building
3060 Ewa Street, Room 202
Lihue, Hawaii 96766
Phone: (808) 274-3351

Auxiliary aids and services are available upon request. Please call the above listed telephone numbers, (808) 586-8847 (TTY), or 1-888-569-6859 (TTY neighbor islands). A request for a reasonable accommodation(s) should be made no later than ten working days prior to the needed accommodation(s).

It is the policy of the Department of Labor and Industrial Relations that no person shall on the basis of race, color, sex, marital status, religion, creed, ethnic origin, national origin, age, disability, ancestry, arrest/court record, sexual orientation, and National Guard participation be subjected to discrimination, excluded from participation in, or denied the benefits of the department's services, programs, activities, or employment.

**HIGHLIGHTS OF THE HAWAII
WORKERS' COMPENSATION
LAW**



STATE OF HAWAII
Department of Labor and Industrial Relations
DISABILITY COMPENSATION DIVISION

**HIGHLIGHTS OF THE HAWAII
WORKERS' COMPENSATION LAW**

INTRODUCTION

Your safety and well being on the job are important to the employer. However, accidents and illnesses can arise from work and when they do, you are covered under the workers' compensation law. This brochure has been prepared to help explain your benefits and responsibilities under the workers' compensation law.

PURPOSE

The purpose of the workers' compensation law is to provide an employee who suffers an industrial injury or illness with medical care, wage loss replacement, and permanent disability benefits. It also provides death benefits for dependents.

***WHO CAN RECEIVE WORKERS'
COMPENSATION BENEFITS?***

Most full-time and part-time employees who suffer from any injury or disease, which results from work or working conditions, are covered. Under the law, certain kinds of employees are not covered.

***WHAT SHOULD I DO IF I AM
INJURED?***

1. Immediately report the injury to your immediate supervisor or employer. You can do this orally or in writing.
2. Obtain appropriate treatment for the injury.

***DO I HAVE TO FILE ANY
PAPERS TO MAKE A CLAIM?***

If your employer fails to file an "Employer's Report of Industrial Injury/Illness" (WC-1) with their workers' compensation insurance carrier, you should contact your nearest Disability Compensation Division office and file an "Employee's Claim for Workers' Compensation Benefits" (WC-5).

***WHAT DO I TELL MY PHYSICIAN
IF I AM INJURED?***

If you are injured as a result of your work, you should tell the person treating you that this is an industrial injury. Ask the physician to send the medical reports and bills to your employer's insurance carrier. The physician should call the employer for the name of the insurance carrier.

FROM WHOM CAN I OBTAIN TREATMENT?

You may obtain treatment from a physician of your choice. However, you may be under the care of only one attending physician. Your attending physician may refer you to other specialist(s) with the approval of the employer's insurance carrier.

You may change your attending physician once, but you must notify the insurance carrier before making the change. Any other changes in physician require approval from the insurance carrier before the change.

IF I AM INJURED, WHAT MEDICAL BENEFITS WILL WORKERS' COMPENSATION PAY FOR?

If your claim is accepted, workers' compensation should pay for the following:

- 1. Treatments for the injury.
- 2. Hospital charges.
- 3. Prescription drugs ordered by your doctor.
- 4. X-rays as prescribed.
- 5. Physical therapy as ordered by your doctor.
- 6. Reasonable transportation expense incidental to treatment. (Keep track of your expenses and mileage.)

WHAT TYPES OF DISABILITY BENEFITS AM I ELIGIBLE FOR?

You are eligible for the following types of disability benefits:

1. TEMPORARY TOTAL DISABILITY (TTD)

If you are unable to work because of an industrial injury, you may receive temporary wage replacement benefits after a three-day waiting period. You may receive 2/3 of your weekly wages up to a specified maximum. (For example, the maximum for 2004 is \$596.) TTD is paid for periods a physician certifies you are unable to work.

If your workers' compensation claim is disputed and you are not paid benefits, you may file a temporary disability insurance (TDI) claim with your employer's TDI carrier. If eligible, you will be paid benefits at rates allowed by the TDI law. The TDI carrier may recover the amount they paid from your workers' compensation benefits.

If you have two or more jobs you may be eligible for concurrent benefits. You must notify the nearest Disability Compensation Division office.

2. PERMANENT PARTIAL DISABILITY (PPD)

After you reach the point of stability or maximum medical recovery, you may be sent to a physician to be evaluated on the extent of your permanent impairment. The evaluation will be used to determine the amount of your PPD award.

3. PERMANENT TOTAL DISABILITY (PTD)

If you are unable to do any kind of work, you may be eligible for PTD benefits. Whether you are eligible for PTD benefits is determined at a hearing held by the Department of Labor and Industrial Relations.

4. DISFIGUREMENT

If an injury results in a permanent disfigurement, you may be entitled to additional compensation. Disfigurement includes scars, deformity, and discoloration. Laceration scars and surgical scars are reviewed six months from date of occurrence, however, burn scars are evaluated after one year.

5. DEATH BENEFITS

Where an industrial injury results in death, the surviving spouse and dependent minor children (including full-time students up to 21 years of age) are entitled to weekly benefits as provided in the workers' compensation law. Funeral expenses up to 10 times the maximum weekly benefit rate and burial expenses up to 5 times the maximum weekly benefit rate are also allowed.

6. VOCATIONAL REHABILITATION

When an industrial injury has or may have caused permanent disability and prevents you from returning to your usual job, you may self-refer for vocational rehabilitation services to assist you in returning to suitable work.

WHAT IS THE PROCESS?

If there are any issues which cannot be resolved by agreement, you may request for a hearing. A hearing will be held, and a decision will be rendered. If you or the employer/insurance carrier disagrees with the decision, the decision may be appealed by filing a notice of appeal with the department within 20 calendar days from the date stamped on the decision.



FAQS: TEMPORARY DISABILITY INSURANCE

Who is eligible for TDI benefits?

To be eligible for TDI benefits, you must have at least 14 weeks of Hawaii employment during each of which you were paid for 20 hours or more, and earned not less than \$400 in the 52 weeks preceding the first day of disability. The 14 weeks need not be consecutive nor with only one employer.

You must also meet the following conditions in addition to the eligibility requirements described above:

- Your injury or illness is not work related; not caused by your job.
- Your injury or illness prevents you from performing your regular duty.
- Your disability is certified by and you are under the care of a licensed physician, surgeon, dentist, chiropractor, osteopath, naturopath, advanced practice registered nurse, or an accredited practitioner of a faith-healing group.
- You must be in current employment to qualify for benefits. You are considered to be in current employment if you were employed immediately before the date you suffered your injury or illness, or if you were separated from your job, your disability occurred within two weeks from your last day of work. Current employment includes the period you were receiving vacation or sick leave pay, TDI benefits or workers' compensation benefits for temporary total disability.
- Any employee who meets the eligibility requirements must be provided with TDI coverage by the employer. If you were in concurrent employment or had more than one job, whether full-time or part-time, you may qualify for TDI benefits from each employer if you meet the eligibility requirements.

Who is NOT eligible for TDI benefits?

Some employees are excluded from coverage (refer to section 392-5 of the Hawaii Revised Statutes for exclusions) such as the employees of the federal government, certain domestic workers, insurance agents and real estate salespersons paid solely on a commission basis, individuals under 18 years of age in the delivery or distribution of newspapers, certain family employees, student nurses, interns and workers in other categories specifically excluded by the law.

Besides the exclusions mentioned above, you are not eligible for benefits if:

- You performed work for pay for any day during your period of disability.
- You were denied unemployment insurance benefits because of a work stoppage due to a labor dispute.
- Your injury was willfully and intentionally self-inflicted or it was received while committing a criminal offense.

- You received or will receive unemployment insurance, workers' compensation or federal disability benefits.
- You knowingly made a false statement or failed to disclose information in order to obtain benefits.
- You filed your claim beyond 90 days from the commencement of your disability period with no valid reason.

How much benefit am I entitled to receive?

Your employer's plan determines how much benefit you will receive each week, how long you will be paid and whether you have to serve a waiting period.

If your employer has a statutory plan, i.e. a plan that provides benefits according to minimum benefit standards, you are entitled to:

- 58% of your average weekly wages rounded to the next higher dollar, but not more than the maximum weekly benefit amount annually set by the Disability Compensation Division. Example: The maximum weekly benefit for 2020 is \$650. Based on 58% of your average weekly wage, your weekly benefit amount for 2020 will range from a minimum of \$1 to a maximum of \$650.
- Benefits from the eighth day of disability; in other words, there is a seven-consecutive-day waiting period.
- A maximum of 26 weeks of benefit payments during a benefit year.

If your employer has a plan that differs from statutory benefits and has been approved by this Division, your weekly benefit amount, duration of payments, and whether or not a waiting period is required will be determined by the plan. Ask your employer for details of the plan.

TDI benefits paid or payable to you are solely to partially replace the wage loss resulting from your inability to work. Your employer or insurance carrier is prohibited from receiving benefit assignments, in whole or in part, to pay for a debt or obligation you incurred. Benefits are also exempt from levy, execution, attachment, and garnishment except for child support with a Family Court order, as allowed under Section 571-52, HRS.

How do I file a TDI claim?

If you suffered a nonwork-related sickness or injury, you should follow the procedures described below:

1. Notify your employer immediately of your disability.
2. Ask for Form TDI-45, Claim for TDI Benefits, from your employer. Or contact us. A TDI claim must be filed within 90 days after commencement of the disability period.
3. Complete Part A, Claimant's Statement, of the claim form.
4. Take the form to your physician to certify your disability on Part C, Doctor's Statement.
5. Have your employer complete Part B, Employer's Statement.
6. Mail the form to your employer's TDI insurance company if your employer is not self-insured.
7. Your employer or the insurance carrier will notify you of your entitlement to benefits.

The law requires that you file your claim within 90 days from the date you were disabled. If you file your claim after 90 days, you may lose part of your benefits unless good cause can be shown. If you file your claim more than 26 weeks after your disability, you will not be entitled to any benefits. To avoid partial or complete loss of benefits, file your claim within 90 days.

What are subrogation rights?

A work-related disability is covered under the workers' compensation law, while a nonwork-related disability should be filed as a TDI claim. Occasionally, there may be doubt as to whether an injury or sickness had anything to do with work.

If you filed a workers' compensation claim and it is being denied or controverted, you can then file a TDI claim, and your employer or the insurance carrier must pay the TDI benefits first provided you meet the eligibility requirements for TDI benefits. If you are later awarded workers' compensation benefits for the same disability, your employer or the TDI insurance carrier has the right to be paid back the amount of TDI benefits that were paid to you. This amount can be taken from your workers' compensation benefits.

Subrogation may also extend to benefits resulting from a legal action on liability if such benefits are awarded subsequently for the same disability covering the same disability period. Here is an example of what subrogation is:

Suppose while walking in a restaurant, you slipped on wet pavement and suffered a broken ankle. During your disability, you received TDI benefits from your employer or the insurance carrier. As a result of a suit you filed against the restaurant or of an agreement concluded between you and the restaurant, you received a cash settlement, which compensated you for wages lost during your disability. Since your employer or the insurance carrier paid you TDI benefits to replace your lost wages, the employer or the insurance carrier has the right to claim from the cash settlement or to require reimbursement from you for the amount of TDI benefits paid you.

What is the TDI Special Fund and who may file a claim against it?

The TDI Special Fund pays benefits to:

Employees whose employers have failed to provide TDI coverage or who have gone bankrupt; and
Unemployed claimants who were receiving unemployment insurance (UI) benefits before a disability began; became disabled; and were denied further UI benefits only because of the disability.
If you fall in either one of the above categories at the time you became disabled, contact us.

What is the timeframe for the employer to complete Part B of the claim form?

The Hawaii TDI law does not provide a specific timeframe within which the employer must complete Part B. If, however, your employer does not fill out Part B in a timely manner (for instance, within a week or so), you may contact the Investigation Section or the Department of Labor and Industrial Relations District Office nearest you for assistance.

What if I am denied benefits or disagree with my weekly benefit amount?

Your employer or insurance carrier is required to send you a written notice (three copies of the Denial of Claim for Disability Benefits Form TDI-46) if your claim is denied. If you disagree with the denial, you may appeal by explaining why you disagree on the notice, and then send two copies to this Division in Honolulu or to the Department of Labor & Industrial Relations field office nearest you. You have 20 calendar days from the mailing date of the denial notice to appeal.

You may also submit your written appeal to the Honolulu office or the Department of Labor and Industrial Relations District Office nearest you if you disagree with the amount of benefits paid you by your employer or the TDI insurance carrier. Bring evidence such as pay slips or check stubs to prove you are entitled to more benefits. This Division will notify you of the time and place of the appeal hearing. An impartial referee will hear your case.

While on TDI, can my employer terminate my employment?

The Hawaii TDI law does not specifically indicate that it is unlawful to suspend any employee solely because that employee has suffered a nonwork-related disability. However, you may contact the Civil Rights Commission at (808) 586-8636 for more information.

If my employer does not have a TDI policy for the employees, what recourse do I have?

You may contact the Investigation Section in Honolulu or on the neighbor-island, the Department of Labor and Industrial Relations District Office nearest you for assistance.

If I am a State or County employee, am I entitled to receive TDI benefits?

The sick leave provided by the employer is the TDI benefits for a state or county employee. However, if your combined total of used and unused sick leave credits within a benefit year is less than three weeks prior to the disability, you may be entitled to additional TDI benefits. Contact your personnel office to file a claim.

WHAT SHOULD YOU DO IF YOU HAVE A COMPLAINT?

In fairness to the agency involved, you should first try to resolve the complaint directly with the agency. In many cases, you will be able to settle the problem on your own.

If you do not want to contact the agency yourself, or if you complain to the agency and are not satisfied with its response, then feel free to contact us. We can conduct an investigation on your behalf.

We are authorized by law to receive inquiries on a confidential basis. If we can, we will investigate your complaint without revealing your identity, although this is not always possible. If you have concerns about confidentiality, please feel free to discuss them with us.

HOW TO CONTACT THE OMBUDSMAN

We are open from 7:45 a.m. to 4:30 p.m. weekdays except holidays. Most complaints may be made by telephone with no forms to fill out. Our address is:

Office of the Ombudsman
465 South King Street, 4th Floor
Honolulu, Hawaii 96813

Telephone: 808-587-0770
Fax: 808-587-0773
TTY: 808-587-0774

e-mail: complaints@ombudsman.hawaii.gov
web site: www.ombudsman.hawaii.gov

We are in the Kekuanaoa Building (also known as the Territorial Office Building) at the corner of King and Punchbowl Streets. There is metered parking and a bus stop in front.

* * * * *

Neighbor island residents may call us toll-free at the following numbers:

Hawaii 974-4000
Maui 984-2400
Kauai 274-3141
Molokai, Lanai 1-800-468-4644

Telephone extension 7-0770
Fax extension 7-0773
TTY extension 7-0774

COMPLAINT ABOUT GOVERNMENT?



CONTACT THE OMBUDSMAN

A service offered to the people
by the
Hawaii State Legislature

WHAT IS THE OFFICE OF THE OMBUDSMAN?

The Ombudsman is an officer of the legislature who investigates complaints about actions of executive branch agencies of the state and county governments. Our office has the power to obtain necessary information for an investigation and to recommend corrective action if a complaint is found to be substantiated.

The Ombudsman serves as an impartial, independent intermediary between the citizen and the agency. We do not provide legal advice, nor do we serve as legal counsel, advocate, or representative on behalf of any person or agency.

HISTORICAL BACKGROUND

The Ombudsman institution began in Sweden in 1809. Since then, it has spread throughout the world. Hawaii has the distinction of being the first state in the United States to establish the office by law. The authorizing legislation was passed in 1967 and the office began operations in 1969.

WHAT CAN THE OMBUDSMAN DO?

- * Independently and impartially investigate your complaint against state and county agencies.
- * If our investigation reveals that the complaint is substantiated, we can attempt to resolve the problem with the agency.

We determine whether a complaint is substantiated by comparing an agency's actions against what the law requires as well as the principles of sound, fair, and reasonable administrative practice. We do not have the power to compel or reverse administrative actions but instead try to resolve substantiated complaints through recommendations and reasoned persuasion.

In addition to the resolution of individual complaints, if we find possible areas for improvement to make government work better, we will make recommendations for changes to the law, administrative rules, or operating procedures.

INFORMATION AND REFERRAL

While our primary duty is to investigate complaints, we will try to answer any questions you may have or refer you to an appropriate source for an answer or for further assistance.

WHAT IS THE OMBUDSMAN'S JURISDICTION?

By law, the Ombudsman is authorized to investigate the administrative actions of state and county agencies. We cannot investigate complaints about the governor and lieutenant governor and their personal staffs; the legislature and its staff; the judiciary and its staff; the various county mayors and councils; the federal government; a multistate governmental entity; or a nongovernmental entity. We also cannot investigate public employee grievances covered by collective bargaining agreements.

Statutory authority for the Ombudsman is contained in Chapter 96, Hawaii Revised Statutes.

HDRC provides these SERVICES for people with disabilities

Individual Advocacy to resolve an issue or problem for individuals with disabilities.

Systems Advocacy to resolve an issue or problem that affects many people with disabilities.

Information and Referral to other sources of assistance when HDRC is not able to help.

Education and Training activities for people with disabilities, families, communities, legal professionals and service providers.

Outreach to under-served people. Service on councils, groups and task forces concerned with disability issues.



HAWAII DISABILITY RIGHTS CENTER

1132 Bishop Street, Suite 2102
Honolulu, Hawaii 96813

Phone (v/tty) 949-2922 -- Fax: 949-2928

Statewide Voice/TDD Toll Free: 1-800-882-1057

Email: Info@HawaiiDisabilityRights.org

Visit our Website www.HawaiiDisabilityRights.org

For more information or to obtain this brochure in an alternate format, please telephone, write, e-mail or visit.

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<http://www.dreamstime.com/stock-photo-aloha-archway-image29329240>

March 2016



HAWAII
DISABILITY
RIGHTS
CENTER

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HAWAII DISABILITY RIGHTS CENTER

The sole mission of the Hawaii Disability Rights Center is to protect and promote the human, civil and legal rights of individuals with disabilities, as established in the constitutions and laws of the State of Hawaii and the United States, through the provision of information and advocacy.

HDRC, formerly known as the Protection and Advocacy Agency of Hawaii, is a private non-profit public interest organization established in 1977. It is Hawaii's designated Protection and Advocacy (P&A) System for People with Disabilities, and Hawaii's designated Client Assistance Program (CAP) for applicants and clients of programs funded under the federal Rehabilitation Act.

HDRC protects and advocates for the RIGHTS of people with disabilities

Human Rights The natural rights accorded to all human beings and stated in the U.S. Constitution as the right to life, liberty and the pursuit of happiness.

Civil Rights An expansion of basic human rights, including: freedom of religion, speech, press, assembly, petition for change, equal protection under the law, privacy, and confidentiality.

Legal Rights An expansion of human and civil rights as established by specific laws, such as the Americans with Disabilities Act, the Rehabilitation Act, the Individuals with Disabilities Education Act, that prohibit discrimination based on disability.

Depending on annual priorities, HDRC may be able to help with the following ISSUES

Care and Treatment The right to receive care and treatment in the most integrated setting appropriate that is free from abuse and neglect, and with due process, informed consent, confidentiality and privacy.

Citizenship The rights to accessible public facilities; to move about freely; to vote; serve on juries; to enter into contracts; to own and dispose of property; and to become naturalized citizens.

Education The rights to individualized educational programs and related services; integration into regular classrooms; freedom from discriminatory arrest, suspension, expulsion from school.

Employment The rights to freedom from discrimination in hiring, provision of reasonable accommodation, advancement, or termination in competitive, supported, or sheltered employment; the right to assistance resolving problems with Vocational Rehabilitation services.

Freedom of Association The rights to form and maintain relationships; to reproduce; to raise children.

Housing The right to freedom from discrimination in obtaining and maintaining housing; and to keep companion or service animals in one's home.

Justice The right to be considered competent and conduct one's own affairs, unless determined by a court of law to lack such capacity. Protection of civil rights in commitment and release proceedings. Right to humane treatment during confinement.

Programs and Services The right to accessible programs and services; and to freedom from discrimination in obtaining and maintaining services for which one is legally qualified, such as Assistive Technology, Medicaid, SSI/SSDI, transportation, etc.

HDRC strives to achieve the following OUTCOMES for people with disabilities

Accessible Communities People with disabilities gain access to employment, public facilities, government programs and services and transportation as established in the Americans with Disabilities Act.

Freedom from Abuse and Neglect People with disabilities are free from acts, or failures to act, which result in their physical, psychological or financial harm or death.

Independence, Productivity, Integration and Inclusion People with disabilities enjoy the opportunities to experience personal growth, to work and contribute to society; and to be accepted and recognized for their abilities. They have the right to accept challenges, to take risks, to learn from mistakes and to experience success. They have the right to live in interdependent relationships in their own homes and communities.

Self Determination People with disabilities advocate and make choices for themselves; select, control and evaluate the services they receive; and demonstrate their own competence.

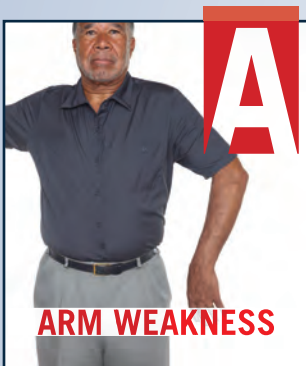
SPOT A STROKE F.A.S.T.

F.A.S.T. is an easy way to remember the sudden signs of a stroke.



Face Drooping

Does one side of the face droop or is it numb? Ask the person to smile.



Arm Weakness

Is one arm weak or numb? Ask the person to raise both arms. Does one arm drift downward?



Speech Difficulty

Is speech slurred, are they unable to speak, or are they hard to understand? Ask the person to repeat a simple sentence, like "the sky is blue." Is the sentence repeated correctly?



Time to call 9-1-1

If the person shows any of these symptoms, even if the symptoms go away, call 9-1-1 and get them to the hospital immediately.

Beyond F.A.S.T. – Other Symptoms you should know

- Sudden numbness or weakness of the leg
- Sudden confusion or trouble understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden severe headache with no known cause



Together to End Stroke™

[StrokeAssociation.org/warningsigns](https://www.StrokeAssociation.org/warningsigns)