



DATE:

CODE: ESDN

## Stroke Early Supported Discharge Team Carer Questionnaire

This questionnaire has been developed to **review the service** we provide and help to improve it. We would be grateful if you can spend a **few minutes of your time** to complete it.

Your feedback will help us to monitor the service delivered to you, the carer, ensuring we continue to give you the best possible care. **There are no right or wrong answers.** The information is confidential and will remain anonymous.

Alternatively, if you would like to **discuss it with anyone**, please contact ESD **01603 272385**.

Thank you,

Stroke Early Supported Discharge Team.

### Weblink:

<https://www.oc-meridian.com/NCHC/survey/StrokeEarlySupportedDischargeTeamCarer>

**Overall, how was your experience of our service?**

**Very good**

**Good**

**Neither good nor poor**

**Poor**

**Very poor**

**Don't know**

Please can you tell us why you gave your answer?

Please tell us about anything that we could have done better?

Please tick this box if you DO NOT wish your comments to be made public

**Please tick the appropriate box for each statement:**

**As a carer...**

**1) I feel I have the skills and confidence to support the patient in the future**

**Yes**

**No**

**Not sure**

**2) I felt I could contact staff in the team to discuss their rehabilitation if needed**

**Yes**

**No**

**Not sure**

**3) I had enough information about stroke**

**Yes**

**No**

**Not sure**

**4) I felt supported by the service**

**Yes**

**No**

**Not sure**

**Thank you for taking the time to fill in this questionnaire. Please return it in the envelope provided.**