

DATE:

CODE: ESDN

Stroke Early Supported Discharge Team Patient 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 patient, 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/StrokeEarlySupportedDischargeTeamPatient>

Are you:

The **patient** **Carer / family** member helping complete it

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:

The Service supported me to...

1) Understand what a stroke is?

Yes

No

Not sure

2) Understand the risk factors for stroke?

Yes

No

Not sure

3) Understand how to reduce the risk of further stroke through healthy lifestyle choices?

Yes

No

Not sure

Any comments?

4) I was involved in deciding what I wanted to achieve (i.e. goals)

Yes

No

Not sure

5) I had the opportunity to review my goals and needs regularly

Yes

No

Not sure

6) I understood the purpose of the visits

Yes

No

Not sure

7) I had exercises and activities I could carry out by myself or with my family / carer

Yes

No

Not sure

8) The service supported me to develop the skills and confidence to manage my health and wellbeing in the future

Yes

No

Not sure

9) I was signposted to relevant information and support

Yes

No

Not sure

10) 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.