



STROKE PATIENT SURVEY

Which risk factors were reviewed with you during your stay? Select all that apply.

- Smoking
- Hypertension
- High Cholesterol
- Diabetes
- Weight Management
- Sedentary Lifestyle
- Alcohol Use

What lifestyle changes will you make to prevent a future stroke?

- None
- Increase Activity/Exercise
- Decrease Stress/Relaxation
- Take Medications as Prescribed by my Physician
- Other: _____
- Dietary Changes
- Stop Smoking
- Limit Alcohol
- Weight Loss

Do you have access to resources within your community to help achieve these lifestyle changes?

- Yes
- No

Did you receive information on any new medications, including potential side effects?

- No medication was prescribed

If Yes, select all that apply

- Plavix
- Aspirin
- Eliquis
- Xarelto
- Coumadin
- Other: _____

Do you feel your health care team prepared you for leaving the hospital?

- Yes
- No

How are you feeling now? Choose the best answer.

- I feel completely normal, like before.
- Slight difficulty, but I can still do my daily activities.
- Mild difficulty that stops me from doing some things, but I can still take care of myself.
- Moderate difficulty and will need help with daily activities, however I can walk on my own.
- Moderate to severe difficulty and will need help with daily needs including walking.
- Severe difficulty and need someone to take care of me all the time.

Do you know the signs and symptoms of a stroke and the importance of calling 911?

- Yes
- No

Would you like to receive a follow up phone call from the Stroke Program Coordinator?

- Yes
- No

We appreciate any feedback you can provide to improve future patient care: _____

Your valuable feedback will help improve our Stroke Program and care we provide.

Karl Meisel, MD
Stroke Program Medical Director

Nicole Murray, RN, BSN
Stroke Program Coordinator Patient

Identification Label