



PATIENT SURVEY

What type of stroke did you have?

- Ischemic Hemorrhagic
 Transient Ischemic Attack (TIA)

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

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

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

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

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: _____

Thank you for your valuable feedback

Karl Meisel, MD
Stroke Program Medical Director

Nicole Murray, RN, BSN
Stroke Program Coordinator

Patient Identification Label