STROKE PATIENT SURVEY

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

- ☐ Smoking
- ☐ Hypertension
- ☐ High cholesteral
- ☐ Alcohol use
- ☐ Diabetes
- ☐ Weight management
- ☐ Sedentary lifestyle

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

- ☐ None
- ☐ Increase activity
- ☐ Decrease stress
- ☐ Dietary changes
- ☐ Weight loss
- ☐ Stop smoking
- ☐ Limit alcohol
- ☐ Take medications as presribed 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 need help with daily activities, however I can walk on my own.
- ☐ Moderate to severe difficulty and need help with daily needs, including walking.
- ☐ Severe difficulty and need someone to take care of me at all times.

Do you know the signs and symptoms of a stroke and the importance of calling 9-1-1?

☐ Yes ☐ No

Would you like the receive a follow-up phone call from the Stroke Program Coodinator?

☐ Yes ☐ No

Phone number: _____

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

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Thank you. Your valuable feedback will help improve our stroke program and care we provide.

McLaren