

**McLaren Print System Order**

Order No: 86380  
Order Date: 2024-06-19  
Order Request Date:  
User: Catherin Carrier  
Phone: 586-493-8879

Ship Location: McLaren Macomb Interventional Neurology Office attn Catherine  
1030 Harrington Blvd suite 304  
Mt Clemens, MI 48043

Brochures  
Quantity: 100  
Paragon Dept No: 25240  
Dept Name: Interventional Neurology  
Company Number:

Order Total Price: 3.35

Item Number: MHCC-774  
Item Description: STROKE PATIENT SURVEY  
Revision Date: 04/2024  
Print: 1 sided black and white  
Paper: 20# White Text  
Size: 8.5 x 11  
Fold:  
Finish: None  
Drill: None  
Poster:  
Misc Info: SS, Black

## STROKE PATIENT SURVEY

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

- Smoking
- Diabetes
- Hypertension
- Weight management
- High cholesterol
- Sedentary lifestyle
- Alcohol use

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

- None
- Weight loss
- Increase activity
- Stop smoking
- Decrease stress
- Limit alcohol
- Dietary changes
- 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:

- Pavia
- 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 to receive a follow-up phone call from the Stroke Program Coordinator?

- Yes
- No

Phone number: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Spec Info: Medical Office building suite 304