

McLaren Print System Order

Order No: 86400 Reprint Previous Order No: 85771
Order Date: 2024-06-19
User: Connie LaPoint
Phone: 810-342-5700

Ship Location: McLaren Flint - 3N Attn: Connie
401 S. Ballenger
Flint, MI 48532

Forms

Quantity: 100
Paragon Dept No: 28525
Dept Name: Neuroscience
Company Number: 60

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
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:

- Plix
- 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.