

Patient Satisfaction Survey Northants Community Stroke Team

Please read the statements and tick the box that most closely matches your answer.

1. My review was conducted: At home: In clinic: By telephone: Care Home:

2. Staff from the Community Stroke Team treated me with dignity and respect

Strongly agree Agree Disagree Strongly disagree

Comments

3. Overall I found my 6 month review useful

Strongly agree Agree Disagree Strongly disagree

Comments

4. I found the self-assessment questionnaire helped me to prepare for the review

Strongly agree Agree Disagree Strongly disagree

Comments

At your review we looked at the following areas:

Medicine management	Exercise	Daily activities	Sleep pattern
Medicine compliance	Vision	Mobility	Diabetes
Blood pressure	Hearing	Falls	Driving
Anti-thrombotic therapy	Communication	Mood	Transport and travel
Weight Management	Swallowing	Anxiety	Activities & hobbies
Memory & Concentration	Nutrition	Emotionalism	Work
Alcohol	Cholesterol	Personality changes	Money & benefits
Smoking	Pain	Sexual health	House & home
Healthy eating	Continence	Fatigue	Carer needs

5. Do you feel any outstanding concerns you had were resolved with this review?

Yes No If no please explain:

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6a After this review if identified did you receive:

Further CST appointments?

Referral to other services? e.g. smoking cessation, housing advice,
job centre, changing minds?

Useful advice?

None of the above

6b How helpful was the support you received?

Very unhelpful Unhelpful Helpful Very helpful Not applicable

Comments

7 During the review process I received sufficient support with any psychological or wellbeing issues I may have

Strongly agree Agree Disagree Strongly disagree Not applicable (no issues)

Comments

6. I am now able to get on with my daily life without continued input from your service

Strongly agree Agree Disagree Strongly disagree

Comments

7. I was given appropriate information or advice on how to prevent a stroke and stay healthy

Strongly agree Agree Disagree Strongly disagree

Comments

Only answer the following question if you want to return to work following your stroke.

8. I feel I have received enough support from you with helping me to return to some form of employment?

Strongly agree Agree Disagree Strongly disagree

Comments

Please feel free to add any further comments below:

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We would like to collect the following information to ensure that the views obtained reflect our client group (please only answer those questions you wish to) You are:

Male Female
Stroke Survivor The Stroke Survivors Carer

Please tick the box which best describes you:

White British	<input type="checkbox"/>	White Other	<input type="checkbox"/>	Black African	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>
Asian	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
White and Chinese	<input type="checkbox"/>	Any other mixed background	<input type="checkbox"/>	Do not wish to disclose	<input type="checkbox"/>

Thank you for taking the time to fill this out please return it in the envelope provided