McLaren FLINT

Stroke Discharge Follow Up Survey

Dear Patient,

Thank you for the opportunity to care for you during your recent stroke admission to McLaren Flint. In order to provide the best possible care to our stroke patients, we would like to know what we are doing well and what needs improvement so we can better serve you in the future. Please take a moment to fill out the following questionnaire and return in the postage paid envelope.

1. Did you receive education regarding your stroke while in the hospital? Yes N o
2. Is the written information about stroke helpful? Yes N o
3. Do you feel the stroke education that you received while in the hospital was adequate for caring for yourself at home? Yes N o
4. I understand the need to take the medications prescribed to reduce my risk of stroke/TIA. Yes N o
5. Do you have a doctor's appointment for follow-up care? Yes N o

If you answered "No" to any of the above questions and would like to speak with the Neuro/Stroke Coordinator please contact **Sue O'Brien** at **(810) 342-2964**.

6. How would you rate the care received by the following healthcare providers:

	Very Good	**Good**	**Fair**	**Poor**	**Very Poor**
Primary Care Doctor	☐	☐	☐	☐	☐
Neurologist (Stroke Doctor)	☐	☐	☐	☐	☐
RN	☐	☐	☐	☐	☐
Physical Therapist	☐	☐	☐	☐	☐
Occupational Therapist	☐	☐	☐	☐	☐
Speech Therapist	☐	☐	☐	☐	☐

Comments: _____

_____

_____

_____

_____

Optional: First and Last Name (please print): _____

Discharge Date: _____ / _____ / _____ Contact phone number: _____

Thank you for your time in completing this questionnaire.