Toronto Stroke Networks

Toronto Stroke Networks Patient and Family Experience Questionnaire

We would like to hear about your **overall stroke experience**. To complete this questionnaire, please think about how you felt during your stroke journey up to this point. We will only use this information to improve the care and services provided to persons with stroke and their families/caregivers. This questionnaire is voluntary and anonymous. Please check off (using √) all the words that best describe your feelings for each column, and/or write your own words. We would be interested in examples to better understand your experience.

Please describe your overall stroke journey:_____

_____

Now reflect on your overall experience below:

	Interaction with staff during care		How things were communicated to you		Knowing what was going to happen next/ feeling prepared		Information/ resources provided		Adjusting to life after stroke		Other experiences in your stroke journey that stand out :
How did you feel?	*I felt ....*	*I felt ....*	*I felt ....*	*I felt ....*	*I felt ....*	*I felt ....*	*I felt ....*	*I felt ....*	*I felt ....*	*I felt ....*	*I felt ....*	*I felt ....*
	☐ Empowered	☐ Afraid	☐ Empowered	☐ Afraid	☐ Empowered	☐ Afraid	☐ Empowered	☐ Afraid	☐ Empowered	☐ Afraid	☐ Empowered	☐ Afraid
	☐ Grateful	☐ Angry	☐ Grateful	☐ Angry	☐ Grateful	☐ Angry	☐ Grateful	☐ Angry	☐ Grateful	☐ Angry	☐ Grateful	☐ Angry
	☐ Hopeful	☐ Disrespected	☐ Hopeful	☐ Disrespected	☐ Hopeful	☐ Disrespected	☐ Hopeful	☐ Disrespected	☐ Hopeful	☐ Disrespected	☐ Hopeful	☐ Disrespected
	☐ Optimistic	☐ Embarrassed	☐ Optimistic	☐ Embarrassed	☐ Optimistic	☐ Embarrassed	☐ Optimistic	☐ Embarrassed	☐ Optimistic	☐ Embarrassed	☐ Optimistic	☐ Embarrassed
	☐ Satisfied	☐ Frustrated	☐ Satisfied	☐ Frustrated	☐ Satisfied	☐ Frustrated	☐ Satisfied	☐ Frustrated	☐ Satisfied	☐ Frustrated	☐ Satisfied	☐ Frustrated
	☐ Supported	☐ Hopeless	☐ Supported	☐ Hopeless	☐ Supported	☐ Hopeless	☐ Supported	☐ Hopeless	☐ Supported	☐ Hopeless	☐ Supported	☐ Hopeless
	☐ Valued	☐ Ignored	☐ Valued	☐ Ignored	☐ Valued	☐ Ignored	☐ Valued	☐ Ignored	☐ Valued	☐ Ignored	☐ Valued	☐ Ignored
	☐ Safe	☐ Sad	☐ Safe	☐ Sad	☐ Safe	☐ Sad	☐ Safe	☐ Sad	☐ Safe	☐ Sad	☐ Safe	☐ Sad
	☐ Sense of accomplishment	☐ Worried	☐ Sense of accomplishment	☐ Worried	☐ Sense of accomplishment	☐ Worried	☐ Sense of accomplishment	☐ Worried	☐ Sense of accomplishment	☐ Worried	☐ Sense of accomplishment	☐ Worried
	What else did you feel? Add here:		What else did you feel? Add here:		What else did you feel? Add here:		What else did you feel? Add here:		What else did you feel? Add here:		What else did you feel? Add here:	
Why? What happened?												

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I am a (check all that apply, using √):

☐ Patient ☐ Family member ☐ Caregiver ☐ Other:_____

Today's date: _____ (MM/DD/YYYY)

I am completing this questionnaire while in: ☐ Outpatient Rehabilitation (name) _____ ☐ Community/at home

☐ Stroke Prevention Clinic (name) _____ ☐ Other:_____

When was the stroke?

☐ Less than 6 months ago ☐ 6 to 12 months ago ☐ Between 1 to 2 years ago ☐ 3 to 5 years ago ☐ More than 5 years ago

Have you filled out this questionnaire before? ☐ YES ☐ NO

How could your stroke experience have been improved?

Please return this survey to: _____

If you would like to share your story with the Toronto Stroke Networks, please provide your name, email address and/or phone number:

Name: _____ Email and/or phone number: _____