

STROKE CARE QUESTIONNAIRE

What is the survey about?

This survey is about the care you have received **since you left hospital** following your stroke.

Who should complete the questionnaire?

The questions should be answered by the person named on the front of the envelope. If that person needs help to complete the questionnaire, from a friend or carer, the answers should be given from his/her point of view – not the point of view of the person who is helping.

Completing the questionnaire

For each question please tick clearly inside one box using a black or blue pen. There is a space at the end of the questionnaire for any other comments.

Do not worry if you make a mistake; simply cross out the mistake and put a tick in the correct box. Please do not write your name or address anywhere on the questionnaire.

Questions or help?

If you have any queries about the questionnaire; or would like someone to complete it over the phone with you, please call the Picker Institute Europe helpline number:

FREEPHONE 0800 197 5273

Calls are free and the lines are open Monday-Friday 9am to 5pm, and we will do our best to help.

Your participation in this survey is voluntary. **Your answers will be treated in confidence.**

Please return to: Picker Institute Europe
FREEPOST (SCE10829)
Oxford
OX1 1YE

NNNNN

AFTER YOUR STAY IN HOSPITAL

1. When you **first** left hospital, where did you go?

- 1 Own home
- 2 Relative or friend's home
- 3 Care home (Residential/nursing)
- 4 Rehabilitation unit
- 5 Warden controlled accommodation (sheltered)
- 6 Other

2. Where do you think you **should** have gone?

- 1 Own home
- 2 Relative or friend's home
- 3 Care home (Residential/nursing)
- 4 Rehabilitation unit
- 5 Warden controlled accommodation (sheltered)
- 6 Other

3. Where do you live **now**?

- 1 Own home
- 2 Relative or friend's home
- 3 Care home (Residential/nursing)
- 4 Rehabilitation unit
- 5 Warden controlled accommodation (sheltered)
- 6 Other

4. After you left hospital, did you need to move house because of your stroke?

- 1 Yes → **Go to 5**
- 2 No → **Go to 7**
- 3 Don't know → **Go to 7**

5. Did **health and social services** help you find the accommodation?

- 1 Yes → **Go to 6**
- 2 No → **Go to 7**
- 3 Don't know → **Go to 7**

6. After you left hospital, how long did you have to wait until **health and social services** found you the accommodation?

- 1 Less than 1 month
- 2 1-3 months
- 3 4-6 months
- 4 More than 6 months

CONTINUING CARE

7. Following your stroke, have you paid for any **private care** to help with your recovery?

- 1 Yes
- 2 No
- 3 Don't know

The following questions are about your stroke care provided by health and social services ONLY....

8. Since you left hospital, have you had enough help with **speaking difficulties** from the NHS?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No, I did not get enough help from the NHS
- 4 I did not have any speaking difficulties

9. Since you left hospital, have you had enough treatment to help **improve your mobility** (e.g. walking, moving your legs) from the NHS?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No, I did not get enough treatment from the NHS
- 4 I did not have any mobility difficulties

10. Since you left hospital, have you had enough help with **emotional problems** (such as confusion, depression or crying) from the NHS?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No, I did not get enough help from the NHS
- 4 I did not have any emotional problems

11. Since you left hospital, have health and social services given you enough **information about stroke**?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No, but I would have liked some information from health and social services
- 4 No information was needed

12. Since you left hospital, have you seen a health professional (e.g. doctor) to check how you are getting on with your medication (i.e. have your medicines been reviewed)?

- 1 Yes
- 2 No
- 3 Don't know
- 4 I had no medicines to take home

13. Since you left hospital, have you been involved as much as you wanted to be in decisions about the best medicine for you?
- 1 Yes, definitely
 - 2 Yes, to some extent
 - 3 No, I would liked to have been more involved
 - 4 No, but I did not mind
 - 5 Don't know / Can't say
 - 6 I am not taking any medication
14. Since you left hospital, have you had any 'Home Help' provided by social services (e.g. help with cleaning, washing clothes, shopping)?
- 1 Yes, all the help I needed
 - 2 Yes, some help but not enough
 - 3 No, but I would have liked it from social services
 - 4 I did not need this service
 - 5 I was already receiving Home Help
15. Since you left hospital, has anyone from health or social services helped you with personal care (e.g. help with getting dressed or washed)?
- 1 Yes
 - 2 No, but I would have liked it
 - 3 I did not need this care
 - 4 I was already receiving this type of help
16. Have you been to a **support group** for people who have had a stroke in your local area?
- 1 Yes
 - 2 No, but I would have liked to
 - 3 No, I did not want to attend a support group
 - 4 I am not aware of a local support group

17. If you have been to a stroke support group, have you found the activities helpful?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I have not been to a support group

18. Since you left hospital, have you been given any information from health or social services about national stroke organisations or useful websites?

- 1 Yes
- 2 No, but I would have liked some
- 3 No, but I got information from somewhere else
- 4 Not sure/ Can't remember

19. Since your stroke, have you had help from health and social services **applying** for benefits? (e.g. disability living allowance, attendance allowance, carer allowance)

- 1 Yes
- 2 No, but I would have liked help
- 3 I did not need any help
- 4 I was already receiving benefits

20. Since your stroke, have you **received** any benefits (e.g. disability living allowance, attendance allowance, carer allowance)?

- 1 Yes
- 2 No, but I should have received benefits
- 3 No, but I do not need any benefits
- 4 I was already receiving benefits
- 5 Don't know

YOUR CARER , FAMILY OR FRIENDS

The following questions are about information and support for carers provided by health and social services

21. Since you left hospital, has a **member of your family or someone else close to you** been given enough information about stroke to help you recover?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No, but they would have liked some information
- 4 No, but they got information from somewhere else
- 5 No information was needed

22. Since you left hospital, has a member of your family or someone else close to you had enough **help and support** from health and social services?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No, they have not had any help or support from health and social services
- 4 No help or support was needed
- 5 Don't know

OUTPATIENT APPOINTMENTS

Following your stroke.....

23. After you left hospital, how long did you wait before going for an appointment at the Outpatients Department?

- 1 Up to 1 month **→ Go to 24**
- 2 More than 1 month but no more than 3 months **→ Go to 24**
- 3 More than 3 months but no more than 6 months **→ Go to 24**
- 4 More than 6 months **→ Go to 24**
- 5 I have not visited the Outpatients Department **→ Go to 27**
- 6 Don't know/ Can't remember **→ Go to 27**

Thinking about your last appointment at the hospital.....

24. Who was the MAIN person you saw? (Tick ONE only)

- 1 A doctor
- 2 A nurse
- 3 A physiotherapist
- 4 An occupational therapist
- 5 A speech therapist
- 6 Don't know / Can't remember
- 7 Someone else (Please write in box)

25. Did the person listen to what you had to say?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No

26. If you had important questions to ask the MAIN person you saw, did you get answers that you could understand?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I did not need to ask
- 5 I did not have an opportunity to ask
- 6 I was not able to ask

LOCAL HEALTH CARE SERVICES

27. Since leaving hospital have you seen your GP about your stroke?

- 1 Yes
- 2 No
- 3 I am not registered at a GP surgery/health centre

Thinking about the last time you saw your GP....

28. In your opinion, did the GP know enough about the treatment of stroke?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 Can't say / Don't know
- 5 I have not seen a GP

29. The **last time** you wanted your GP or a nurse to visit you at home did they come?

- 1 Yes
- 2 No
- 3 I have not wanted a home visit

PREVENTING ANOTHER STROKE

30. Since you left hospital, have you had your blood pressure checked by a health professional (e.g. doctor, nurse)?

- 1 Yes
- 2 No
- 3 Don't know

31. Since you left hospital, have you been given information from the NHS about **changes in your diet** that might help prevent a further stroke?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No, I have not been given any information from the NHS
- 4 Don't know

32. Since you left hospital, have you been given information from the NHS about **physical exercise** (e.g. walking) that might help prevent a further stroke?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No, I have not been given any information from the NHS
- 4 Don't know

OVERALL

33. **Since leaving hospital**, how would you rate the care you have received for your stroke from health and social services?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 6 Very poor

34. **Since leaving hospital**, have you been involved as much as you have wanted to be in decisions about your care and treatment?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I have not had any care or treatment since leaving hospital

35. Who was the main person or people that filled in this questionnaire?

- 1 The person who was a **patient** in the hospital
- 2 A **friend or relative** of the patient
- 3 **Both** patient and friend/relative together
- 4 The patient with the help of a health professional

ABOUT YOU

36. Are you male or female?

- Male
 Female

37. What was your year of birth?

(Please write in) e.g.

1	9	3	4
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1	9		
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38. Following the stroke you had between April and June 2004, have you since had **another** stroke?

- Yes, I've had 1 stroke since then
 Yes, I've had more than 1 stroke since then
 No
 Not sure / Can't remember

39. Overall, how would you rate your health during the **past 4 weeks**?

- Excellent
 Very good
 Good
 Fair
 Poor
 Very poor

40. In the **last 2 weeks** did you require help from another person for everyday activities?

- Yes
 No

OTHER COMMENTS

If there is anything else you would like to tell us about your experiences of stroke care **since leaving hospital**, please write it here.

Was there anything particularly good about the stroke care you have received?

Was there anything that could be improved?

Any other comments?

THANK YOU VERY MUCH FOR YOUR HELP

Please check that you answered all the questions that apply to you.

Please post this questionnaire back in the FREEPOST envelope provided.

Picker Institute Europe
FREEPOST (SCE10829),
OXFORD, OX1 1RX