

Suffolk stroke early supported discharge service

Feedback form



This questionnaire has been developed to help us review and improve the service we provide. We would be very grateful if you could take a few minutes to complete it. Your feedback will help us to monitor the service we deliver to our patients and their families, ensuring we continue to give the best possible care.

There are no right or wrong answers. The information is confidential and will remain anonymous.

If you would like to discuss anything in more detail, please contact our manager, Dr Ehab Georgy on 0345 504 5421, or our Patient Advice and Liaison Service (PALS) on 01284 712555.

If you would like this form in large print, Braille, alternative format or in a different language, please contact us.

Your experiences

Today's date: **DD / MM / YYYY**

1. We would like you to think about your recent experience with our service. How likely are you to recommend our service to friends and family if they needed similar care or treatment?

- | | | | | | |
|--------------------------|--------------------------|-----------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Extremely likely | Likely | Neither likely nor unlikely | Unlikely | Extremely unlikely | Don't know |

Please tell us about your experience of leaving hospital and starting with our team:

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Agree

Disagree



For patients - please tick

- 2. I felt involved in my treatment plan.
- 3. I was given the chance to ask questions and say how I felt.
- 4. I feel I was treated with dignity and respect.
- 5. I feel the service has helped in my recovery.
- 6. I understood the purpose of the exercises / activities I did.

For carers or family members - please tick

- 7. I felt that I received sufficient support and information during the patient's treatment
- 8. I feel the service has helped in the patient's recovery.

For everyone - please tick

9. I felt the length of the rehab sessions was:

- Too long Just about right Not long enough

10. I felt happy with the discharge plans from the stroke early supported discharge service?

- Yes No

Any other comments?

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When you've finished

Please place this questionnaire in the envelope provided and hand the sealed envelope back to the service staff member at the discharge visit. Thank you for your time and support.



This service is provided by West Suffolk NHS Foundation Trust, East Suffolk and North Essex NHS Foundation Trust, and Suffolk County Council, alongside voluntary sector partners.

Visit our website at wsh.nhs.uk/esd for more details.