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Follow up Questionnaire:

1. How have you been doing since being discharged from the hospital?
2. Did anyone from the hospital talk to you or family about the fact that you had a stroke or that you were admitted on a Stroke Unit while in the hospital?
3. Were you and/or your family informed about the type of stroke you had, your personal risk factors and life style changes to reduce risk of stroke?
4. What are your personal risk factors for stroke?
5. Have you made any lifestyle changes based on your personal risk factors (Smoking, Exercise, Healthy Diet, Taking Medications, Diabetes Management, BP Management)?
6. Can you tell me how to recognize the signs of a stroke? Are you aware of what B.E.F.A.S.T stands for?
7. If you are having stroke like symptoms, when should you call 911?
8. Are you taking the stroke medications that were prescribed to you? (Blood thinners, Blood pressure, Cholesterol etc)
9. Were you and/or your family educated about the stroke medications you are taking and the side effects of the medications?
10. Have you had any issues with taking your stroke medications daily or getting them filled?
11. Why is it important that you keep taking your stroke medication?
12. Have you been checking your blood pressure daily?
	1. Do you know what range your blood pressure should be?
13. What questions do you have about your home care?
14. How well do you and your family feel prepared to manage your stroke at home? (home medications/prescriptions, follow up appts, assistive devices, modifications to home needed and therapy/functional needs)?
15. Have you been experiencing any symptoms or side effects from your stroke since being discharged from the hospital?
16. Are you aware of when and where you should follow up with a Neurologist?
17. Has an appt been made yet, if so when is the appt? If no, do you have the information to call and schedule an appt?
18. Have you followed up with your PCP since discharge?
19. Why is follow up with Neurologist and PCP important?
20. Have you noticed feeling down, sad or hopeless the past two weeks: Not at all, Several Days, More than half the days or nearly every day?
	1. Have you noticed little interest or pleasure in doing things: Not at all, Several Days, More than half the days or nearly every day?
	2. If patient score is 4 or higher then distribute the PHQ-9.
	3. If depression is identified:
		1. Are you on medication for depression? If no, encourage patient to follow up with PCP.
		2. Are you aware of the signs/symptoms of post stroke depression?
		3. Have you had any thoughts of suicidal ideation or plans?
		4. Would you like resources for mental health services?
21. How was the communication with your Neurologist (stroke doctor) while you were in the hospital?
22. How well did the nurses focus on achieving the goals and preferences you had for post-discharge care?
23. How was the quality of care and service you received on the Stroke Unit?
24. Would you and/or your family/caregiver recommend (hospital name) to anyone in need of stroke care?
	1. If yes, was there something specific that stood out in our care or services you would like to share?
	2. If no, what could we have done better to gain your confidence?
25. If you were to rate your satisfaction with level of care at the hospital, how would you rate it on a scale of 1-10; ten being the highest?