

Stroke Services Evaluation

1. Please check:

- I am a stroke survivor
- I am a family member or friend who cares for a stroke survivor

2. Please Indicate your satisfaction by ticking the appropriate boxes:

	Poor	Fair	Good	Very Good	Excellent	N/A or don't know
Location of Groups						
Frequency of Sessions						
Skill of Facilitator						
Group Sharing and Discussions						
Building new relationships						

Comments:

How has attending stroke groups helped with:						
	Poor	Fair	Good	Very Good	Excellent	N/A or don't know
Your sense of wellbeing?						
Coping with anxiety and nervousness?						
Coping with depression?						
Coping with stressors?						
Comments:						
How have stroke groups helped with:						
	Poor	Fair	Good	Very Good	Excellent	N/A or don't know
Learning about healthy living?						
Coping with lifestyle change?						
Managing at home?						
Managing in the community?						
Setting realistic goals?						
Connecting to other resources and programs in the community?						
Volunteering your services?						
Comments:						



3. Have you (or the stroke survivor you are caring for) been admitted to hospital since May 2012? Yes No

If yes, and you are comfortable saying so, what was the reason for the admission? _____

4. Do you have any compliments or suggestions that could help us improve your stroke support group?

Thank you for your participation!

Contact: Kathleen Pratt
Stroke Facilitator
Seniors Association Kingston Region
Tel: 613-548-7810 ext 232
Email: Kathleenp@seniorskingston.ca