Stroke Education Questionnaire

Person answering these questions is: ☐ Patient ☐ Family Member ☐ Other_____

	Agree	Disagree
I received the Stroke Patient Hospital Discharge Packet.	☐	☐
Care Providers were knowledgeable about stroke care.	☐	☐
My family members were included in the education process.	☐	☐
Materials provided to me were specific to my risk factors.	☐	☐
I understand which medications are prescribed to me to reduce the risk of stroke.	☐	☐
I understand that stroke is a medical emergency and the importance of activating emergency medical services (EMS) by calling 9-1-1.	☐	☐
I was instructed on follow-up after discharge.	☐	☐

I am aware of my personal modifiable risk factors for stroke (Please check all applicable risk factors)

☐ High Blood Pressure ☐ High Cholesterol ☐ Smoking

☐ Diabetes ☐ Atrial Fibrillation ☐ Obesity

☐ Sedentary Lifestyle ☐ Excessive Alcohol Consumption

The warning signs of stroke are (Please check all applicable stroke warning signs)

☐ Sudden trouble walking ☐ Sudden trouble speaking ☐ Sudden severe headache

☐ Sudden weakness on one side ☐ Sudden trouble seeing

This stroke education information has been reviewed with me and/or my family

_____ _____

Signature of Patient / Family Date Signature of Nurse / Case Manger Date

White Copy: Patient **Yellow Copy: Chart**