

STROKE VIDEO CONSULTATION FEEDBACK



This feedback will **help us** make our **service better**.

Thank you for your time.

Please **tick** the **box** with your answer.



Questions



Answers



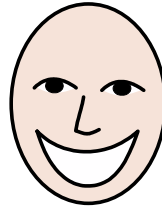
4

AFTER THE CONSULTATION

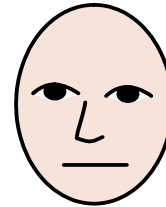
How did **you feel** about **talking** to the **doctor** by **video**?



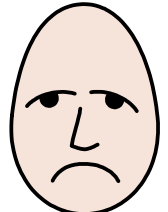
OK



Unsure



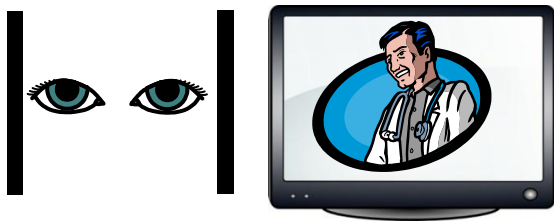
Anxious



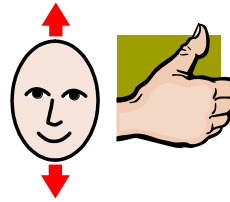
5

DURING THE CONSULTATION

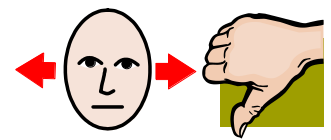
Could you **see** the **doctor** on the **screen** clearly?



Yes



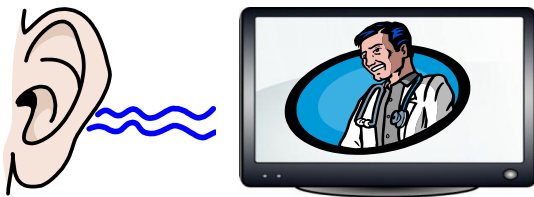
No



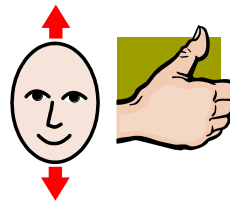
6

DURING THE CONSULTATION

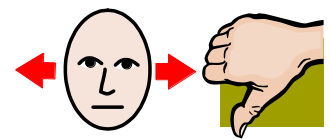
Could you **hear** the **doctor** on the **screen** clearly?



Yes



No



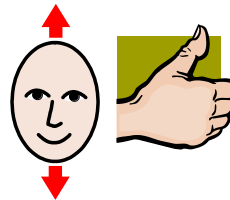
7

DURING THE CONSULTATION

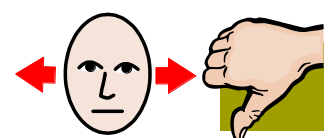
Did you have an opportunity to **ask** the **doctor** on the **screen** questions?



Yes



No



Do you have any **other comments** about **your video consultation**?



Please write comments here.....

(Please continue on the last page if more space is needed)

Please place your **completed questionnaire** in the pre paid **envelope** provided



And return to:



Thank you again for taking the time to **complete this questionnaire.**

The feedback you have given us will help us **improve stroke services.**



Please write further comments here.....



More information about the Teletroke Service in Cumbria and Lancashire is available at www.csnlc.nhs.uk

This “**aphasia friendly**” questionnaire was created with the kind assistance of the Stroke Association; more information is available at www.stroke.org.uk