



North Durham Clinical Commissioning Group  
Durham Dales, Easington and Sedgefield Clinical Commissioning Group  
Darlington Clinical Commissioning Group

## County Durham and Darlington Stroke Rehabilitation Survey - PAPER SURVEYS

### Introduction

**In 2011, the local NHS consulted and changed the model for hyper acute stroke, so that anyone who had a stroke within the area would go directly to the stroke ward at the University Hospital of North Durham for rapid assessment and treatment.**

**At this time, there was a commitment to review the rehabilitation provision for stroke to ensure that patient experience and outcomes are maximised for our local population.**

**County Durham and Darlington CCGs and County Durham and Darlington Foundation Trust have made a commitment to review community provision for stroke.**

**The review will look at the current pathway which includes the specialist stroke rehabilitation provision at Bishop Auckland Hospital as well as rehabilitation provision outside of hospital in the community.**

**We want the views of patients who have experienced a stroke and / or their carers to help us provide a service that delivers care closer to home where possible, and more continuity of care.**

**Please return all completed surveys to Tina Balbach, Salters Lane, Sedgefield, Stockton-on-Tees, TS21 3EE by Friday 9 November 2018.**

**If you need assistance completing this survey or require the survey in an alternative format, please contact Tina Balbach on 0191 371 3245 or [tina.balbach@nhs.net](mailto:tina.balbach@nhs.net)**



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## County Durham and Darlington Stroke Rehabilitation Survey - PAPER SURVEYS

### DISCHARGE

1. Are you:

- A patient
- A family member/carer
- Other (please specify)

2. How long was your stay at University Hospital of North Durham?

- 1 - 2 days
- 2 - 3 days
- 3 - 4 days
- 4 - 5 days
- If longer than 10 days, please specify
- 5 - 6 days
- 6 - 7 - days
- 7 - 10 days

3. Thinking about your length of stay in University Hospital of North Durham, do you feel you were:

- Discharged too early
- Discharged later than expected
- Discharged at the right time
- Don't know

If you do feel you were discharged too early or later than expected, please explain why?

4. Were you/family member/carer involved as much as you wanted to be in planning your discharge from the University Hospital of North Durham?

- Yes
- No
- Don't know

5. Before you were discharged from University Hospital of North Durham, did you receive enough information in relation to the Community Stroke Rehabilitation Service?

- Yes
- No
- Don't know

If no, what other information/support would you have liked?

6. Following your stay at the University Hospital of North Durham, were you transferred to:

- Bishop Auckland Hospital (please go to Question 29)
- Intermediate Care i.e. Community Hospital, Residential Care Home (please go to Question 29)
- Discharged to another service (please go to Question 8)

7. If you were discharged to another service, please tick which one.

- Home with therapy input (please go to Question 8)
- Community bed based intermediate care (please go to Question 29)
- Nursing/residential care (please go to Question 29)
- Other (please specify)

## County Durham and Darlington Stroke Rehabilitation Survey - PAPER SURVEYS

### HOME

8. Were you contacted by a member of the Community Stroke Rehabilitation team within 24 hours of your discharge from hospital?

- Yes
- No
- Can't remember

9. Did the members of the team arrive as planned for your visits?

- Always
- Sometimes
- Rarely
- Don't know

10. Do you feel you received continuity of care e.g. seen mostly by the same team of therapists?

- Yes
- No
- Don't know

11. Did the staff always have access to all the information needed for their visit?

- Always
- Sometimes
- Rarely
- Never
- Don't know

12. Did the staff always have the equipment needed for their visit?

Always

Sometimes

Rarely

Never

## County Durham and Darlington Stroke Rehabilitation Survey - PAPER SURVEYS

### HOME

13. Were you/family member/carer involved as much as you wanted to be in setting your treatment goals?

- Yes
- No
- Don't know

14. Did the staff provide you/family member/carer with information in relation to further sources of advice and support?

- Yes
- No
- Don't know

15. Were you/family member/carer involved as much as you wanted them to be in decisions about your care and treatment?

- Yes
- No
- Don't know

16. The service currently operates seven days a week. Were you happy to have visits over the seven day period or would you have preferred to have your visits Monday - Friday, leaving the weekend free?

- Prefer 7 day service
- Prefer Monday to Friday service

17. Did you/family member/carer know how to contact the team if you needed to in between appointments?

- Yes
- No
- Don't know



## County Durham and Darlington Stroke Rehabilitation Survey - PAPER SURVEYS

### HOME

18. If you/family member/carer were given any information leaflets, did you find them useful?

- Yes
- No
- Did not receive any
- Don't know

19. Do you feel you received enough therapy/rehab to meet your needs?

- Yes
- No
- Don't know

20. Did you feel supported in managing your condition?

- Yes, definitely
- Yes, to some extent
- No
- Don't know

21. Has the therapy improved the quality of your daily life?

- Yes, definitely
- Yes, to some extent
- No
- Don't know



22. Did you find it beneficial to receive your therapy at home?

- Yes, definitely
- Yes, to some extent
- No
- Don't know



## County Durham and Darlington Stroke Rehabilitation Survey - PAPER SURVEYS

### HOME

23. Do you feel more confident following your treatment?

- Yes, definitely
- Yes, to some extent
- No
- Don't know

24. Were you treated with dignity and respect?

- Yes, definitely
- Yes, to some extent
- No
- Don't know

25. Were you treated with care and compassion?

- Yes, definitely
- Yes, to some extent
- No
- Don't know

26. What has pleased you most about the service?

27. Was there anything you think we could improve on?

28. Do you have any other comments on your experience of the service?

## County Durham and Darlington Stroke Rehabilitation Survey - PAPER SURVEYS

### HOSPITAL SETTING

29. Do you feel you received continuity of care e.g. seen mostly by the same team of therapists?

- Yes
- No
- Don't know

30. Were you/family member/carer involved as much as you wanted to be in setting your treatment goals?

- Yes
- No
- Don't know

31. Did the staff provide you/family member/carer with information in relation to further sources of advice and support?

- Yes
- No
- Don't know

32. Were you/family member/carer involved as much as you wanted them to be in decisions about your care and treatment?

- Yes, definitely
- Yes, to some extent
- No
- Don't know

33. If you were given any information leaflets did you find them useful?

- Yes
- No
- Did not receive any
- Don't know

## County Durham and Darlington Stroke Rehabilitation Survey - PAPER SURVEYS

### HOSPITAL SETTING

34. Do you feel you received enough therapy to meet your needs?

- Yes
- No
- Don't know

35. Did you feel supported in managing your condition?

- Yes
- No
- Don't know

36. Has the therapy improved the quality of your daily life?

- Yes
- No
- Don't know

37. Do you feel more confident following your treatment?

- Yes, definitely
- Yes, to some extent
- No
- Don't know

38. Were you treated with dignity and respect?

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### HOSPITAL SETTING

39. Were you treated with care and compassion?

- Yes, definitely
- Yes, to some extent
- No
- Don't know

40. What has pleased you most about the service?

41. Was there anything you think we could improve on?

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## County Durham and Darlington Stroke Rehabilitation Survey - PAPER SURVEYS

### ABOUT YOU

**It would help us to understand your answers better if we knew a little bit about you. These questions are completely optional, but we hope you will complete them.**

43. How old are you?

- |                               |   |
|-------------------------------|---|
| <input type="radio"/> 16 - 17 | <input type="radio"/> 55 - 64           |
| <input type="radio"/> 18 - 24 | <input type="radio"/> 65 - 74           |
| <input type="radio"/> 25 - 34 | <input type="radio"/> 75 or older       |
| <input type="radio"/> 35 - 44 | <input type="radio"/> Prefer not to say |
| <input type="radio"/> 45 - 54 |   |

44. What is your gender?

- Male
- Female
- Other
- Prefer not to say

45. Does your gender identity match your sex as registered at birth?

- Yes
- No
- Prefer not to say

46. Are you currently pregnant or have you been pregnant in the last year?

- Yes
- No
- Prefer not to say
- Not applicable

47. Are you currently...?

- |  |   |
|--|---|
| <input type="radio"/> Single (never married or in a civil partnership) | <input type="radio"/> Separated (but still legally married or in a civil partnership) |
| <input type="radio"/> Cohabiting                                       | <input type="radio"/> Divorced or civil partnership dissolved                         |
| <input type="radio"/> Married  | <input type="radio"/> Widowed or a surviving partner from a civil partnership         |
| <input type="radio"/> In a civil partnership                           | <input type="radio"/> Prefer not to say   |

48. Do you have a disability, long-term illness or health condition?

- Yes
- No
- Prefer not to say

## County Durham and Darlington Stroke Rehabilitation Survey - PAPER SURVEYS

### ABOUT YOU

49. Please can you tell us what your disability, long-term illness or health condition relates to? (Please tick all that apply)

- A long standing illness or health condition (e.g. cancer, HIV, diabetes, chronic heart disease, or epilepsy)
- A mental health difficulty (e.g. depression, schizophrenia or anxiety disorder)
- A physical impairment or mobility issues (e.g. difficulty using your arms or using a wheelchair or crutches)
- A social / communication impairment (e.g. a speech and language impairment or Asperger's syndrome/other autistic spectrum disorder)
- A specific learning difficulty (e.g. dyslexia, dyspraxia or AD(H)D)
- Blind or have a visual impairment uncorrected by glasses
- D/deaf or have a hearing impairment
- An impairment, health condition or learning difference that is not listed above
- Prefer not to say

50. Do you have any caring responsibilities? (Please tick all that apply)

- None
- Primary carer of a child or children (under 2 years)
- Primary carer of a child or children (between 2 and 18 years)
- Primary carer of a disabled child or children
- Primary carer or assistant for a disabled adult (18 years and over)
- Primary carer or assistant for an older person or people (65 years and over)
- Secondary carer (another person carries out main caring role)
- Prefer not to say



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### ABOUT YOU

51. Are you currently serving in the UK Armed Forces (this includes reservists or part-time service, e.g.: Territorial Army)?

- Yes
- No
- Prefer not to say

52. Have you ever served in the UK Armed Forces?

- Yes
- No
- Prefer not to say

53. Are you a member of a current or former serviceman or woman's immediate family / household?

- Yes
- No
- Prefer not to say

## County Durham and Darlington Stroke Rehabilitation Survey - PAPER SURVEYS

### ABOUT YOU

54. What is the first half of your postcode? (For example – SR1 or NE38)

55. Which race or ethnicity best describes you? (Please select one box only)

- |   |  |
|---|--|
| <input type="radio"/> Asian/British Asian: Bangladeshi                      | <input type="radio"/> Black/British Black: African   |
| <input type="radio"/> Asian/British Asian: Chinese                          | <input type="radio"/> Black/British Black: Caribbean |
| <input type="radio"/> Asian/British Asian: Indian                           | <input type="radio"/> Mixed Race: Black & White      |
| <input type="radio"/> Asian/British Asian: Pakistani                        | <input type="radio"/> Mixed race: Asian & White      |
| <input type="radio"/> White: British  | <input type="radio"/> Gypsy or traveller             |
| <input type="radio"/> White: Irish  | <input type="radio"/> Rather not say                 |
| <input type="radio"/> White: European                                       |  |
| <input type="radio"/> Another race or ethnicity (please state in box below) |  |

56. Which of the following terms best describes your sexual orientation?

- |  |                                      |
|--|--------------------------------------|
| <input type="radio"/> Heterosexual or straight | <input type="radio"/> Bisexual       |
| <input type="radio"/> Gay man                  | <input type="radio"/> Asexual        |
| <input type="radio"/> Gay woman or lesbian     | <input type="radio"/> Prefer not say |
| <input type="radio"/> Other (please specify)   |                                      |

57. What do you consider your religion to be? (Please select only one)

No religion

Jewish

Christianity

Muslim

Buddhist

Sikh

Hindu

Prefer not to say

Other religion (please specify)