



**6. Have you had a follow-up appointment after you were discharged from the hospital? (More than one option may be applicable)**

- 1         = Yes, at a hospital
- 2         = Yes, at a care centre or equivalent (e.g. private practice)
- 3         = No
- 4         = Don't know

**comment**.....

**7. Did you receive any support from the Medical Services or the Municipality after you were discharged from the hospital?**

- 1         = Yes
- 2         = No, but I would have liked some support
- 3         = No, I didn't need/want support
- 8         = Don't know

**comment**.....

**8. If yes, what type of support did you receive? (More than one option may be applicable)**

- = Day-care rehabilitation / team rehabilitation
- = Home rehabilitation
- = Temporary accommodation
- = Other support (e.g. from physician, nurse, physiotherapist, occupational therapist, counsellor or speech therapist)
- = Don't know

**comment**.....

**9. If yes, were your support requirements fulfilled?**

- 1         = Yes
- 2         = Yes, but not sufficiently
- 3         = No
- 8         = Don't know

**comment**.....

**10. Are you dependent upon family or friends for help or support today?**

- 1         = Yes, partly dependent
- 2         = Yes, entirely dependent
- 3         = No, not at all
- 8         = Don't know

**comment**.....

**11. Are you suffering from speech difficulties?**

- 1             = Yes
- 2             = No
- 8             = Don't know

**comment**.....

**12. If yes, are you seeing a speech therapist?**

- 1             = Yes
- 2             = No
- 8             = Don't know

**comment**.....

**13. Do you smoke?**

- 1             = Yes
- 2             = No
- 8             = Don't know

**comment**.....

**14. Do you feel depressed?**

- 1             = Never or hardly ever
- 2             = Sometimes
- 3             = Often
- 4             = Always
- 8             = Don't know

**comment**.....

**15. Are you taking anti-depressants?**

- 1             = Yes
- 2             = No
- 8             = Don't know

**comment**.....

**16. Are you taking medication for high blood-pressure?**

- 1             = Yes
- 2             = No
- 8             = Don't know

**comment**.....

**17. How would you describe your general state of health?**

- 1         = Very good
- 2         = Pretty good
- 3         = Pretty bad
- 4         = Very bad
- 8         = Don't know

**comment**.....

**18. Are you satisfied with the care you received at the hospital?**

- 1         = Very satisfied
- 2         = Satisfied
- 3         = Dissatisfied
- 4         = Very dissatisfied
- 8         = Don't know

**comment**.....

**Were there things during your stay at the hospital that we could have done better?**

Please comment on your experience regarding the following aspects of your treatment.  
*(Please use an X to mark the answers that best describe your experience.)*

**19. Are you satisfied with how you were treated by staff?**

- 1         = Very satisfied
- 2         = Satisfied
- 3         = Dissatisfied
- 4         = Very dissatisfied
- 8         = Don't know

**comment**.....

**20. Did you have a private conversation with your physician?**

- 1         = Yes
- 2         = No
- 3         = Don't know

**comment**.....

**21. If yes, were you satisfied with this conversation?**

- 1         = Very satisfied
- 2         = Satisfied
- 3         = Dissatisfied
- 4         = Very dissatisfied
- 8         = Don't know

**comment**.....

**22. Did you talk to a nurse, counsellor or other member of the nursing staff about matters that worried you?**

- 1         = Yes
- 2         = No
- 8         = Don't know
- 4         = Didn't feel the need to talk about these things

**comment**.....

**23. If yes, are you satisfied with the conversation?**

- 1         = Very satisfied
- 2         = Satisfied
- 3         = Dissatisfied
- 4         = Very dissatisfied
- 8         = Don't know

**comment**.....

**24. Did you receive information about stroke?**

- 1         = Yes
- 2         = No
- 8         = Don't know

**comment**.....

**25. If yes, were you satisfied with the information?**

- 1         = Very satisfied
- 2         = Satisfied
- 3         = Dissatisfied
- 4         = Very dissatisfied
- 8         = Don't know

**comment**.....

**26. Did you receive rehabilitation treatment?**

- 1         = Yes
- 2         = No
- 8         = Don't know
- 4         = Didn't require rehabilitation

**comment**.....

**27. If yes, were you satisfied with the rehabilitation treatment?**

- 1         = Very satisfied
- 2         = Satisfied
- 3         = Dissatisfied
- 4         = Very dissatisfied
- 8         = Don't know

**comment**.....

**28. Did you receive information about where to turn if you needed support after your hospital stay?**

- 1         = Yes
- 2         = No
- 8         = Don't know
- 4         = Didn't require information

**comment**.....

**29. If yes, were you satisfied with the information about where to turn if you needed support after your hospital stay?**

- 1         = Very satisfied
- 2         = Satisfied
- 3         = Dissatisfied
- 4         = Very dissatisfied
- 8         = Don't know

**comment**.....

**30. Who completed this questionnaire?**

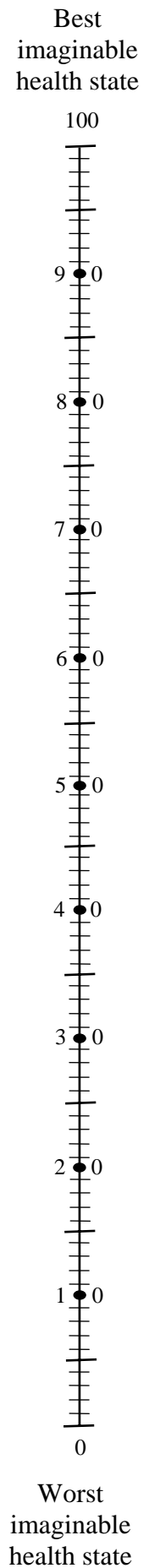
- 1         = The patient alone in writing
- 2         = The patient with the help of a relative/friend or a member of medical staff
- 3         = The patient over the telephone
- 4         = Other person
- 5         = The patient at a follow-up visit at the hospital/care centre
- 6         = Medical staff alone
- 7         = Relative or friend alone

**Fråga 31.**

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your health state is today.

**Your own  
health state  
today**



**Please check that you have answered all the questions.  
Thank you very much for your participation!**