



**PITT COUNTY MEMORIAL HOSPITAL**  
*University Health Systems of Eastern Carolina*<sup>SM</sup>

- If a score of 1 or 2 is given, please ask what information was missing

	Completely Satisfied	Somewhat Satisfied	Somewhat dissatisfied	Completely dissatisfied
1. How would you rate the services you received at Pitt County Memorial Hospital's Stroke unit? _____	4	3	2	1
2. I was given the information I needed to understand Stroke. _____	4	3	2	1
3. I have been given or offered the services necessary to take care of my needs after I leave the hospital	4	3	2	1
A. Speech	4	3	2	1
B. Occupational Therapy	4	3	2	1
C. Physical Therapy	4	3	2	1
D. Smoking Cessation _____	4	3	2	1
4. The Doctor or the nurse reviewed your risk factors for stroke. _____	4	3	2	1
5. The Doctor or the Nurse reviewed the warning signs of Stroke _____	4	3	2	1
6. I received Stroke Education to include warning signs, risk factors, lifestyle changes and prevention. _____	4	3	2	1
7. I was treated with courtesy and respect while I was in the hospital	4	3	2	1