

Peer Volunteer Call Satisfaction Survey

Hello Mr./Mrs./Ms. _____, this is _____ from the **Hospital** Stroke Peer Volunteer Program. We appreciate you taking part in our peer volunteer call program. We hope that it provided you and your loved ones/caregivers with the support you needed to help you transition from hospital to home. We would like to ask you a few questions about your experience with the program to get your feedback on how we can continue to improve our program. Would it be ok if I ask you those questions now?

How many months ago was your stroke? _____

Do you feel you were fully prepared to go home at the time you discharged from the hospital? Yes/No

When you received your first phone call from us, did you remember you had signed up for this program? Yes/No

Were your call experiences pleasant? Yes/No

Did you feel your volunteer(s) was a good listener and heard what you were saying? Yes/No

Do you feel your volunteer insights and own experiences made it easier for them to relate to your experience with having a stroke? Yes/No

Do you feel like they asked meaningful questions when you spoke? Yes/No

Do you overall feel that the call(s) were beneficial to you? Yes/No

Do you have any general feedback regarding our call support program? _____

Thank you for your time today Mr./Mrs./Ms. _____. We hope you continue to make progress and return to all the things that are important to you. Thank you for participating in our program. Please don't hesitate to reach out to the Med Center or your primary care physician if you have any further questions as you continue to recover from your stroke.