

**Do you agree with these statements about your recovery?**

**My stroke symptoms have recovered well.**

Strongly Disagree ---1---2---3---4---5---6---7--- Strongly Agree

**I am satisfied with my recovery/quality of life.**

Strongly Disagree ---1---2---3---4---5---6---7--- Strongly Agree

**The biggest factor currently impacting my quality of life is...**

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We care about your inpatient experience. How was your hospitalization?

**How satisfied were you with your care?**

Strongly Dissatisfied ---1---2---3---4---5---6---7--- Strongly Satisfied

**Comments**

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