

Survey - Mini stroke (TIA) and stroke

A Transient Ischaemic Attack (TIA), also known as a mini stroke, is a warning sign that someone may be at risk of having a full stroke. Anyone who has symptoms of a mini stroke (TIA) should be seen by a healthcare professional within 24 hours.

The TIA service is currently available Monday to Friday in:

- Royal London Hospital in Whitechapel
- Homerton Hospital in Hackney
- Whipps Cross University Hospital in Leytonstone
- Newham University Hospital in Plaistow
- Queen's Hospital in Romford

We are now launching a weekend service and we want to make sure it meets the needs of local people. We also want to understand what all people, whether they have experienced a stroke or not, know about the risks and symptoms so that we can improve the way we share information.

This survey is open to anyone living in Barking and Dagenham, Havering, Redbridge, Tower Hamlets, Newham, Waltham Forest, City of London and Hackney.

Please complete and return our survey by Friday 28 July 2023.

How to return your survey

Once you complete the survey you can send it back to us by freepost or email:



Stroke survey, Freepost NHS North East London



nelondonicb.nelcommunications@nhs.net



You can also call us on 020 8221 5500

You can also drop the survey to any of our offices:

Stratford

NHS North East London
4th Floor – Unex Tower
5 Station Street
London E15 1DA

Romford

NHS North East London
6th Floor – North House
St Edwards Way
Romford RM1 3AE

Hackney

NHS North East London
3rd Floor – A Block
St Leonards Hospital
Nuttall Street
London N1 5LZ

Section 1

Have you had any of the following?

- Mini stroke (TIA) – *please go to section 2*
- Stroke – *please go to section 3*
- Both a mini stroke (TIA) and a stroke – *please go to section 2*
- None – *please go to section 4*

Section 2

Please answer the following questions if you have had a mini stroke (TIA)

1. What symptoms of mini stroke (TIA) did you have?

- Face – dropping on 1 side, not being able to smile, mouth or eye drooped
- Arms – not being able to lift them
- Speech – not being able to talk, started to slur, problems understanding
- Problems with seeing
- Dizziness
- Feeling sick
- Feeling confused
- Difficulties swallowing
- Problems with balance
- Other - please tell us more:

2. Did you get any help for your symptoms?

- Yes - *please go to question 3*
- No - *please go to question 5*

3. If yes, where did you get help from first?

- Ringing 111
- My doctor
- Ringing 999
- Pharmacist
- Going to local walk in clinic
- Going to accident and emergency at the hospital
- Other - please tell us more:

4. Were you seen by a medical professional within 24 hours of your symptoms starting?

- Yes
- No

Please now go to question 7

12. What would you need to know about a weekend mini stroke (TIA) service before travelling there?

- | | |
|---|---|
| <input type="checkbox"/> Parking | <input type="checkbox"/> Information about the service |
| <input type="checkbox"/> Train and bus routes | <input type="checkbox"/> Information about mini strokes |
| <input type="checkbox"/> Information about staff | |
| <input type="checkbox"/> Other - please tell us more: | |

Please go to section 3 if you have also had a full stroke or section 5 (About you) if you have not had one

Section 3

Please answer the following questions if you have had a stroke

1. Were you aware of the symptoms of stroke before you had one?

- Yes No

2. Did you understand the information given to you about your stroke while you were in hospital?

- Yes - *please go to question 4* No - *please go to question 3*

3. If no, can you tell us more about what made it difficult for you to understand the information?

4. What were the good things about your hospital stay?

- | | |
|---|--|
| <input type="checkbox"/> I was made to feel comfortable | <input type="checkbox"/> My length of stay felt right |
| <input type="checkbox"/> I was treated well | <input type="checkbox"/> My family were able to visit me |
| <input type="checkbox"/> I was seen by therapists every day | |
| <input type="checkbox"/> I was given help when I needed it (for example, to go to the toilet) | |
| <input type="checkbox"/> I was given information about my condition in a way I understood | |
| <input type="checkbox"/> There were things to do to me occupied during the day | |
| <input type="checkbox"/> Other - please tell us more: | |

5. What could have been better about your hospital stay?

6. Did you see the stroke community team when you left the hospital?

- Yes - *please go to question 7* No - *please go to question 9*
 Not sure - *please go to question 9*

7. What were the good things about the community team?

- I felt reassured that they were there I knew how to contact them
 They gave me helpful information They connected me to more support
 My family were able to ask them questions
 They talked to me about what I wanted to get back to doing
 I always knew when the next visit would happen
 They gave me exercises to do on my own
 Other - please tell us more:

8. Was there anything you think the community team could have done better?

9. Were you given information to help you with every day life once you got home?

- Yes - *please go to question 10* No - *please go to question 12*

10. If yes, what information were you given?

- Getting moving after stroke Exercising after stroke Finances
 Getting back to work Accomodation Driving after stroke
 Hobbies and leisure activities Support groups Intimate relationships after stroke
 Other - please tell us more:

11. What other information would have been helpful?

12. If no, what information would you have found helpful?

- | | | |
|---|--|--|
| <input type="checkbox"/> Getting moving after stroke | <input type="checkbox"/> Exercising after stroke | <input type="checkbox"/> Finances |
| <input type="checkbox"/> Getting back to work | <input type="checkbox"/> Accomodation | <input type="checkbox"/> Driving after stroke |
| <input type="checkbox"/> Hobbies and leisure activities | <input type="checkbox"/> Support groups | <input type="checkbox"/> Intimate relationships after stroke |
| <input type="checkbox"/> Other - please tell us more: | | |

Please now go to section 5 (About you)

Section 4

Please answer the following questions if you have not had a mini stroke (TIA) or a full stroke

1. Which of the following do you think are symptoms of a mini stroke or full stroke?

- | | | |
|---|---|--|
| <input type="checkbox"/> Face – dropping on 1 side, not being able to smile, mouth or eye drooped | | |
| <input type="checkbox"/> Arms – not being able to lift them | | |
| <input type="checkbox"/> Speech – not being able to talk, started to slur, problems understanding | | |
| <input type="checkbox"/> Problems with seeing | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Feeling sick |
| <input type="checkbox"/> Difficulties swallowing | <input type="checkbox"/> Feeling confused | <input type="checkbox"/> Problems with balance |
| <input type="checkbox"/> Other - please tell us more: | | |

2. What do you think puts you at risk of having a mini stroke (TIA)?

- | | | |
|---|--|--|
| <input type="checkbox"/> Age | <input type="checkbox"/> Ethnicity | <input type="checkbox"/> Medical history |
| <input type="checkbox"/> Weight and diet | <input type="checkbox"/> Smoking and alcohol | |
| <input type="checkbox"/> Other - please tell us more: | | |

At the moment there is only a service available from Monday to Friday for people who have symptoms of a mini stroke (TIA). We will be launching a weekend service in one of the north east London boroughs.

3. What is the maximum amount of time you would be willing to travel to see a mini stroke (TIA) specialist if you had a mini stroke over the weekend?

- 15 - 30 minutes 30 - 45 minutes 45 minutes - 1 hour
 1 hour - 1 hour 15 minutes 1 hour 15 minutes - 1 hour 30 minutes

Please now go to section 5 (About you)

Section 5 - About you

This section is included to help us ensure that we have reached a wide range of people in the community and to see if there are things that make a difference to people's experiences. Any information given will be kept confidential.

1. What borough do you live in?

- Barking and Dagenham Havering Redbridge Waltham Forest
 Tower Hamlets Newham Hackney City of London

2. Where do you get information about health? (Select all that apply)

- My doctor NHS website Instagram TikTok
 Local pharmacy Radio Facebook Twitter
 LinkedIn Family/friends National media Local media
 Doctor surgery website Your local council
 Other - please tell us more:

3. How do you prefer to get given information about health? (Select all that apply)

- Digitally (for example, by email, through a phone app, through social media)
 Printed (for example, leaflets, booklets, factsheets)
 Both digitally and printed
 Other - please tell us more:

4. What age group do you belong to?

- 18 - 25 26 - 36 36 - 45 46 - 55 56-65
 65 - 75 75 - 85 85+ Prefer not to say

5. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

- Yes, a lot Yes, a little No Prefer not to say

If you answered yes, what type of disability do you have?

- Vision (due to blindness or partially sighted)
 Hearing (due to deafness or partial hearing)
 Mobility, such as difficulty walking short distance, climbing stairs, lifting and carrying objects
 Learning, concentrating or remembering Stamina or difficulty breathing
 Mental health Autism ADHD Prefer not to say

6. What is your ethnic group? (Choose one option)

- English/Welsh/Scottish/Northern Irish/British Irish
 Gypsy or Irish Traveller Any other White background
 White and Black Caribbean White and Black African White and Asian
 Any other Mixed/Multiple ethnic background
 Indian Bangladeshi Pakistani Chinese
 Any other Asian background
 African Caribbean Any other Black/African/Caribbean background
 Arab Any other ethnic group

7. What is your gender?

- Female Male Prefer to self-identify Prefer not to say

8. Which of the following options best describes your sexual orientation?

- Heterosexual/straight Lesbian Gay Bisexual
 Prefer to self-identify Prefer not to say

9. What is your religion?

- No religion Atheist Buddhist Christian Hindu
 Jewish Muslim Sikh Other Prefer not to say

10. Do you look after, or give any help or support to family members, friends, neighbours or others because of either long-term physical or mental ill-health/disability, or problems related to old age?

- No Yes, 1-19 hours per week Yes, 20-49 hours per week
 Yes, 50 hours a week or more Prefer not to say

11. What is your current employment status?

- Full-time employment Part-time employment Unemployed
 Self-employed Student Retired

Would you be happy to be part of a focus group to discuss mini strokes, strokes or other neurological conditions such as Parkinson's? If so, please add your contact details below.

Your name:	
Email address or telephone number:	

Thank you for completing our survey