## Stroke Priority Setting Partnership







We are looking for:

- Stroke survivors in the UK over the age of 16
- Family members or friends (of any age)\* caring for someone who has had a stroke
- Health or social care professionals working with stroke survivors

\*If you are under 16 and supporting someone who's had a stroke, you can only take part if you have consent from a parent/guardian.



Do you have **questions** about **stroke**? These **questions** can **help future research**.

Your questions could **help** to **improve**:

- Treatment
- Rehabilitation
- Prevention

See the separate **Information Sheet** and **www.stroke.org.uk/jla** for more details.

We're proud partners





### The Survey



Think about your experience.

What **questions** about **stroke** would you like answered?

You can ask us 1, 2 or 3 questions.



For example, you might have questions about:

- Why strokes happen?
- Treatment or care?
- Effects of stroke such as emotional issues?
- Stroke and other conditions?
- What other people think about stroke?

Question 1	Why?
Question 2	

It is **OK** to leave **boxes** 2 and/or 3 **empty**.



You do not need to know how to write research questions.

Write in your own words.

We will turn what you tell us into a research questions.



By **taking part** in this survey you **give us permission** to **publish** your answers.



Your questions will be **used** in the **next stages** of our work.

Your name will **not** be included.

It will **not** be **possible** to **identify anyone** or any organisation in later work or publications.

	organisation in later work or publications.	
My first question		
I would like to see <b>research about</b>		
My second question		
I would like to know <b>more about</b>		
My third question		
I would like to see <b>research about</b>		

About you	
	It is important that we <b>know</b> a little <b>about you</b> .  This helps us include <b>different people</b> across the UK.  It would <b>help us</b> if you could answer these questions.  Please <b>tick the correct box</b> or fill in the answer
	<ol> <li>Which of these describe you? (Select ONE answer).</li> <li>I have had a stroke (please continue)</li> <li>I am under 16, a relation or close friend of someone who has had a stroke, and am or have been, a carer for them – I DO have consent from my parent/ guardian to take part in this survey (please continue)</li> <li>I am under 16, a relation or close friend of someone who has had a stroke, and am or have been, a carer for them – I DO NOT have consent from my parent/ guardian to take part in this survey (you may not take part)</li> <li>I am a family member or close friend of someone who has had a stroke, and am or have been, a carer for them (please continue)</li> </ol>

	<ul> <li>2. How old are you?</li> <li>16-24</li> <li>45-59</li> <li>60-69</li> <li>70-79</li> <li>80 and over</li> <li>I prefer not to say</li> </ul>
	3. If you can, tell us which type of stroke you or the person you care for had (Select one):  Don't know/unsure  Transient Ischaemic Attack (mini-stroke)  Ischaemic stroke (blockage)  Haemorrhagic stroke (bleed): intracerebral  Haemorrhagic stroke (bleed): subarachnoid
	4. What <b>year</b> did you/the person you care for, have a stroke?
İİ	5. Which best describes <b>your gender</b> ? (Select one answer)  Female  Male  I prefer not to say  Other (please provide the term):

6. How do describe your ethnic group? (Select one answer)  Asian/Asian British  Black/African Caribbean/Black British  Mixed multiple ethnic groups  White  Any other ethnic group  I prefer not to say  I prefer to describe myself as:
7. Where do you <b>live</b> ? (Select one)  England Northern Ireland  Scotland Wales I prefer not to say  What is the first part of your postcode (e.g. OX11):

## Your contact details Would you like **updates** about the Partnership? This would include **information** about future sessions. Yes No Future sessions will **decide** which **questions** are **most** important. If you said **YES**, please give your **contact details**: Name: E-mail **OR** postal address: The Stroke Association will **keep** your **information** securely. Your details will be **stored separately** from your answers. We will get in touch only to keep you updated about the Why? Stroke Priority Setting Partnership. For more information: www.stroke.org.uk/about-us/ terms-and-conditions/privacy-policy.

#### What happens next



The Partnership will look at **all** the **questions** and **group** them into **themes**.

The Partnership will turn the **information** you shared into **research questions** (summer 2020).

The Partnership will check to see which have already been answered.



Some **issues** cannot be addressed by **research**.

The Partnership will consider how to **respond** to these questions.



The **remaining questions** will go on a **list**.

People affected by stroke, and health and social care professionals, will **tell us** which ones are the most **important**.



The Partnership will **run workshops** with some people affected by stroke, and health and social care professionals (autumn 2020).



Together they will **agree** the **Top 10 questions** for different themes.



The Partnership will **share** the **results**.

The Partnership will work with research funders and researchers to address them.

# How can you contact us?

If you have any questions about the Stroke Priority Setting Partnership



Email: sandra.regan@stroke.org.uk

Phone: 07703 319791



For more information about the Stroke Priority Setting Partnership visit www.stroke.org.uk/jla

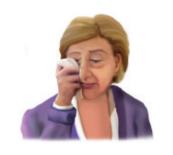


Follow us on Twitter
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#MySayforStroke



E-mail your completed form to:

sandra.regan@stroke.org.uk







If taking part in this survey has brought up any concerns, and you would like to talk to someone, you can call the Stroke Association Helpline on:

0303 3033 100

Email helpline@stroke.org.uk.

If you live in Scotland, you can also contact the Chest, Heart and Stroke Scotland Adviceline:

Freephone: 0808 801 0899

Email: adviceline@chss.org.uk

Text: NURSE to 66777

Thank you for taking part