



NORTH Network

TELESTROKE NEUROLOGIST SATISFACTION QUESTIONNAIRE

Time Consult Received: _____

Date/Time of Stroke Event: _____

Patient location:

- Sudbury
- North Bay
- Thunderbay

Type of consultation

- Consultation with clinical information and neuroimaging
- Videoconference
- Other, please specify _____

For all assessments, did you receive adequate information regarding the following:

Stroke presentation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Medical history	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Medications	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Vitals signs (including BP)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Neurological deficit	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Labs (CBC, INR)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

6. For all assessments, was the CT available? Yes No

7. Were there any difficulties in retrieving films? Yes No

If yes, please specify _____

Please complete this question if video-conferencing equipment used in consultation. If not, proceed to question 9.

Was the quality of the audio equipment adequate? Yes No

Was the quality of the video equipment adequate? Yes No

Were you able to communicate with the ER physician? Yes No

Were you able to communicate with the patient? Yes No

Were you asked to explain the risks and benefits of treatment? Yes No

Were there any factors which delayed or prevented your assessment? Yes No

If yes, specify _____

10. Was administration of tPA recommended? Yes No

If you answered 'yes' to the above, please complete the following, if not, go on to question 11.

Was tPA administered? Yes No Unknown

11. Did you review the 24 hour CT? Yes No

If you answered 'yes' to the above, please complete the following, if not, go on to question 12.

What were the CT results?

12. Did you receive a subsequent call regarding the management of the patient?

Yes No

13. Did you place a call to the NORTH Network Help Desk? Yes No

