**Questionnaire:**

**Provider Information**

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| Name of organisation: |  |
| Address: |  |
| Website address: |  |

**Contact Details**

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| --- | --- |
| Name: |  |
| Job title: |  |
| Telephone / Mobile: |  |
| Email: |  |

**Questions**

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| **Please provide a summary/introduction about your organisation, outlining the services you currently deliver and any additional previous experience of delivering a Stroke Support Service.** |
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| **What do you consider are the most important elements of a service that aims to support stroke survivors, their families and carers with information, advice and guidance?** |
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| **What approaches have you used to offer support to people after they have had a stroke?** |
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| **What do you consider are some of the barriers in today’s current market to delivering a person-centred Stroke Support Service, what would you like commissioners to be aware of?** |
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| **What do you consider to be key measures of quality and achieving good outcomes for people supported by a Stroke Support Service?** |
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| **Is there anything else you would like the commissioners to be aware of?** |
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**THANK YOU**