

Please complete the following activities prior to completing module 1 of the Acute Stroke Action Program.

Note: This should take approximately 30 minutes of your time.

Please answer the following questions on a scale of 1 to 10

(1 = not at all comfortable; 10 = most comfortable)

	1	2	3	4	5	6	7	8	9	10
I feel confident that I can recall the 10 risk factors that are associated with 90% of stroke risk.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident that I have comprehensively assessed my patients for stroke risk factors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident that I have optimally managed stroke risk factors in my patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident that all my patients can identify the signs and symptoms of stroke and know how to respond.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident that all my practice staff can identify the signs and symptoms of stroke and know how to respond.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please consider the following reflective questions.

Q. How many patients do you estimate are at risk for stroke in your practice and what are the most common stroke risk factors that you see?

Q. Describe any systems that you currently have in place in your practice to identify stroke risk factors and optimise management.



Q. Describe the kind of education (if any) your at-risk patients have received so they can recognise the signs and symptoms of stroke and know what to do.

Was this documented in the patients records: Yes / No

Q. Describe the kind of education (if any) your practice staff have received so they can recognise the signs and symptoms of stroke and know what to do.

Was this documented in the patients records: Yes / No

Q. What are the key barriers that you face in managing and preventing stroke in your patients?

**Note: only the summary sheet should be returned to the organisers.
Please retain the activity sheets for your future reference.**



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