**Understanding the Need for Peer Support
for People Living with Stroke**

|  |
| --- |
| **Have you experienced a stroke? If yes, please consider filling out this survey.** We want to understand if people living with stroke feel the need for a peer support group in this community. Please answer the following questions to the best of your abilities. If you don’t want to answer a question, leave it blank. |

**As someone who has experienced a stroke, would you like to meet and talk to other people who have had a stroke?**

* Yes, it would be extremely useful.
* Yes, it would be somewhat useful.
* It would not be especially useful.
* It would not be useful at all.
* Do not know.

**A peer support group allows people with similar experiences (such as stroke) to learn from each other, support each other, and feel a part of a community. Do you think such a group is needed in [type your region name here]?**

* Yes, it is urgently needed.
* Yes, it is needed but is not urgent.
* No, it is not needed at all.
* Do not know.

**What kind of support would you like to receive from a peer support group?**

* Information on managing health, living life with stroke, local resources.
* Emotional support, talking to someone who understands.
* Social support, friendships, doing things together.
* Motivation and hope.
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If a peer support group was started in [type your region name here], would you attend?**

* Yes, I would attend.
* I may attend.
* No, I do not think I will attend the sessions.
* Do not know/do not wish to answer.

**What type of peer support would you prefer to attend?**

* A group that meets in-person.
* A group that meets virtually (phone, web conference, etc.).
* Do not know/wish to answer.

**Is there anything else you want to share?**

|  |
| --- |
|  |

**Thank you for filling out this survey.**

If you need any information or have questions, please contact:
**[type your name and contact information here]**