

SS2S ENROLLMENT FORM (A)

Stroke Survivor 2 Survivor program (SS2S) a telephone peer-support program operated by stroke survivor volunteers with specialized training. The program offers support to stroke survivors. As a participant of the program, you will receive at least two support phone calls from one of our volunteers approximately one month after discharge. You may opt out at any time.

Please indicate if you would like to participate in the SS2S program.

- NO**, I would not like to participate in the SS2S program.
- YES**, I would like to participate in the SS2S Program. I give my permission to the SS2S volunteer to leave a message with whoever answers the phone or on voicemail.

Stroke Survivor to Survivor Program Registration Information

NAME: _____ **AGE:** _____ **GENDER:** M F

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

HOME PHONE NUMBER: _____ **MOBILE:** _____

EMAIL ADDRESS: _____

DISCHARGE DATE: _____ **CHECK ONE:** HOME REHABILITATION

HOUSING SITUATION (CHECK ONE): LIVING ALONE LIVING WITH A CAREGIVER

NAME OF PRIMARY CAREGIVER (IF APPLICABLE): _____

PHONE NUMBER OF PRIMARY CAREGIVER (IF APPLICABLE): _____

Optional Information: We use this information to gain a better understanding of the population we serve.

LANGUAGE SPOKEN	TYPES OF STROKE	STROKE-RELATED DEFICITS	MARITAL STATUS	ARE YOU HISPANIC?	WHAT IS YOUR RACE?
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> French <input type="checkbox"/> Other:	<input type="checkbox"/> Hemorrhagic <input type="checkbox"/> Ischemic <input type="checkbox"/> TIA <input type="checkbox"/> Prior Stroke <input type="checkbox"/> Other:	<input type="checkbox"/> Aphasia <input type="checkbox"/> Left-sided weakness <input type="checkbox"/> Right-sided weakness <input type="checkbox"/> Hearing problems <input type="checkbox"/> Vision problems <input type="checkbox"/> Sensory Issues or Pain <input type="checkbox"/> Other:	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> Other: