



FEEDBACK FORM

Your feedback is important to us. Please take the time to complete the following questions.

1. Did you find this package useful? Please describe:

2. What parts of the package were useful? Please list below:

3. What could be improved? Please describe:

Thank you for taking the time to complete this form. Please return feedback form by fax to 519-663-3753 attn: SWO Stroke Network.