

Questionnaire – Delay in patients suspected of TIA

-Translated from Dutch-

Time points for determining delay

1	When did the symptoms start? Date __ - __ - __ time __. __ h
2	Who did you tell first about the symptoms? a. Relative or friend b. Relative or friend with medical knowledge c. Medical institution i. General practice ii. GP out of hours service iii. Emergency department iv. Ambulance service v. Other This was at: date __ - __ - __ time __. __ h
3	If question 2 was answered with a or b: Your first contact with a medical service was with? a. General practice b. GP out of hours service c. Emergency department d. Ambulance service e. Other This was at: date __ - __ - __ time __. __ h
4	The moment you made an appointment with the GP was at? Date __ - __ - __ time __. __ h
5	The GP consultation was at? Date __ - __ - __ time __. __ h
6	The TIA outpatient clinic visit was at? Date __ - __ - __ time __. __ h

Clinical characteristics, knowledge, interpretation and response to symptoms

1	<p><i>Patient characteristics</i></p> <ul style="list-style-type: none">a. Age: ___ yearsb. Sex: male / femalec. History of TIA or stroke?<ul style="list-style-type: none">i. Yesii. Nod. Living situation<ul style="list-style-type: none">i. Aloneii. With a partner or relativesiii. Nursing or care homee. Highest level of education? (<i>the original version includes Dutch levels of education</i>)<ul style="list-style-type: none">i. Primary educationii. Lower secondary educationiii. Upper secondary educationiv. Post-secondary non-tertiary educationv. Tertiary educationvi. Other, namely: _____
2	<p><i>Knowledge of TIA before the event</i></p> <p>Were you familiar with TIA before this episode?</p> <ul style="list-style-type: none">a. Nob. Yes<ul style="list-style-type: none">i. What are signs or symptoms of a TIA?<ul style="list-style-type: none">1. No idea2. The following: _____ _____ _____ii. A TIA can be a precursor of a certain disease. What disease?<ul style="list-style-type: none">1. No idea2. Precursor of: _____ <p>Did you think a TIA requires urgent medical assessment?</p> <ul style="list-style-type: none">a. Yesb. Noc. Does not know
3	<p><i>Symptoms experienced</i></p> <ul style="list-style-type: none">a. Type of symptoms? Was/where there:<ul style="list-style-type: none">i. Paresis, weakness of:<ul style="list-style-type: none">1. Face2. Arm/hand3. Leg/foot

Left/right

ii. Numbness/paresthesia of:

1. Face
2. Arm/hand
3. Leg/foot

Left/right

iii. Visual impairment/symptoms:

1. Diplopia
2. Blurry vision (both eyes)
3. Blindness/loss of vision in a part of visual field (both eyes)
4. Blindness/loss of vision in one eye

iv. Communication problem:

1. Impairment of speech or comprehension of language (dyphasia)
2. Slurred speech, problems with articulation/pronunciation (dysarthria)

v. Loss of consciousness

Duration of symptoms? ___ hours and ___ min

Can you fully remember what happened?

- i. Yes
- ii. No

b. Did you consider these symptoms to be an emergency?

- i. Yes
- ii. No

c. How severe did you consider these symptoms were?

- i. 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

d. What was your first response to symptoms?

- i. Nothing specific because symptoms quickly resolved
- ii. Wait and see
- iii. I asked a relative or friend for advice

Advice: _____

iv. Self-treatment

v. Seeking medical attention

vi. Other: _____

e. Did you have an idea what caused the symptoms?

- i. No
- ii. Yes, namely: _____

f. What was the situation at that time?

- i. Alone
- ii. In company of: _____

Did your bystanders considered the event an emergency?

1. Yes
2. No

	<p>g. Did you contact a medical service within one hour?</p> <ol style="list-style-type: none"> i. Yes ii. No, because: <ol style="list-style-type: none"> 1. Symptoms resolved 2. Thought that the symptoms would resolve 3. Did not consider it severe enough 4. Others said it could wait 5. Unable because of the symptoms 6. Transportation issues 7. It happened during outside office hours 8. Other, namely: _____
4	<p><i>Treatment by the GP, if applicable</i></p> <ol style="list-style-type: none"> a. Did the GP start any medication? <ol style="list-style-type: none"> iii. No iv. Yes, namely: <ol style="list-style-type: none"> 1. Aspirin 2. Dipyridamole 3. Anticoagulant 4. Statin 5. Antihypertensives 6. Other, namely: _____ b. If not, did you already use antithrombotic, or cardiovascular medication? <ol style="list-style-type: none"> i. No ii. Yes, namely: <ol style="list-style-type: none"> 1. Aspirin 2. Dipyridamole 3. Anticoagulant 4. Statin 5. Antihypertensives 6. Other, namely: _____ 7. Does not know

GP, general practitioner.