

DRAFT QUESTIONNAIRE – CONSULTATION/PILOTING ONGOING

Stroke Awareness Questionnaire (SAQ)

Hello, my name is _____. I am conducting a short survey on behalf of the Irish Heart Foundation in conjunction with the Royal College of Surgeons in Ireland about the medical condition of stroke. We are interested to know your views about stroke.

I can assure you of the complete confidentiality of the information you provide. Your participation is completely voluntary and anonymous. You do not have to answer any question that you do not want to and you can end the interview at any time.

Note to interviewer: if the participant asks how you got their telephone number, please explain to them that it was dialled randomly

Would you be happy to continue with this survey?

Yes 1

No 2- Thank you for your time, I appreciate you don't want to take part in the research. In order for me to classify this call, could you tell me your age? It is important for us to know how many people in the relevant age group have been asked so we can say how representative the study is. Do you mind as a last question if I ask your age for these reasons? Many thanks. Goodbye.

Record age

Before we start, I would like to ask if you yourself, or someone close to you has experienced a stroke recently (i.e. in the past 6-12 months)?

Yes 1

No 2-go to Section A

If **yes**

We realise that this may be a difficult time for you. Would you still like to take part?

Yes 1-go to Section A

No 2

If **no**-Thank you for your time, I appreciate you taking this call. I hope it did not cause you any distress. In order for me to classify this call, can you tell me your age? It is important for us to know how many people in the relevant age group have been asked so we can say how representative the study is. Do you mind as a last question if I ask your age for these reasons? Many thanks. Goodbye.

Record age.

Note to interviewer: Unless otherwise specified, please read ALL possible answers to the participant and mark their answer(s), the only exception is for yes/no questions.

Section A: Knowledge and Views of Stroke

A1. Can you tell me what you understand by a "stroke"? (NOTE: Do not read any answers. Please mark the answer closest to what the participant states.)

Blood clot in the brain 1

Brain haemorrhage 2

A condition that affects the brain 3-[i.e., doesn't specify clot/haemorrhage]

Circulation problem in the brain 4

Don't know 5

Other 6

A2. Do you know what a "transient ischaemic attack" (TIA) is?

Mini/small/minor stroke 1

Other 2

No 3

If no, please tell the participant that a TIA is "a mini/small stroke"

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A3. What do you believe are the risk factors associated with stroke? By risk factors, I mean anything that increases a person's chances of having a stroke. Try to tell me as many as you can. (NOTE: Do not read any answers. Please mark the answers that the participant gets correct and note any additional ones)

- Stress 1
 High blood pressure 2
 High cholesterol 3
 Smoking 4
 Diabetes 5
 Overweight 6
 Drinking alcohol 7
 Lack of exercise 8
 Increasing age 9
 Hereditary-family history 10
 Other answers 11 – please specify:

Don't know 12

A4. Of everyone in Ireland who has a stroke, can you estimate what percentage is under the age of 65? _____ Record Actual

A5. What do you think are the symptoms or warning signs of a stroke? Try to tell me as many as you can. (NOTE: Do not read any answers. Please mark the answers that the participant gets correct and note any additional ones)

- Dizziness 1
 Difficulty understanding/sudden confusion 2
 Severe headache 3
 Problems with vision 4
 Shortness of breath 5
 Slurred speech 6
 Weakness on one side of the body 7
 Facial Weakness/Fallen Face 7
 Any mention Face, Arm, Speech, Time (FAST) 7
 Numbness on one side of the body 8
 Other answers 9 – please specify:

Don't know 10

A6. How serious do you think the following conditions are? Please rate these conditions on a scale of 1 to 5, 1 being not very serious, 5 being worst imaginable condition. (Please circle the participant's responses).

	Condition	Not very serious	Quite serious	Very serious	Extremely serious	Worst imaginable condition
A7(1)	Stroke	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
A7(2)	Heart Attack	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
A7(3)	Dementia/Alzheimer's	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
A7(4)	Diabetes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
A7(5)	Arthritis	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
A7(5)	Cancer (Breast for female respondent/Prostate for male respondent)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
A7(6)	Transient Ischaemic Attack (mini stroke)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Section B: Response to Stroke

B1. What is the first thing that you would do if you thought that you were having a stroke? (NOTE: Do not read any answers. Please mark the answer given by the participant)

- A. Wait and see, for example lie down, try to relax, ignore it 1
- B. Tell someone, for example a family member, friend, or neighbour 2
- C. Take something, for example aspirin or a headache medication 3
- D. Contact the GP 4
- E. Drive or have someone drive me to the hospital 5
- F. Call an ambulance 6
- G. Don't know 7
- H. Other answers 8 – please specify:

B2. Do you recall having seen or heard advertising or media coverage on the subject of stroke recently? DO NOT READ OUT

- Yes, TV 1
- Yes, radio 2
- Yes, TV and radio 3
- No 4
- Don't know 5

B3. What do you recall seeing or hearing on the subject of stroke recently? DO NOT PROMPT.

- FAST advertisement 1
- Advertisement depicting man/woman with fire burning on his/her forehead 2
- Can mention EITHER face OR arm OR speech OR time/need for quick response/need to dial 999 3
- None of the above 4

B4. Do you know who was responsible for running the FAST advertising campaign?

- Yes 1 Please specify:
- No 2
- Don't know 3

IF ANSWER IS 'NO' OR 'DON'T KNOW', PLEASE PROMPT:

Was it one of the following?:

- The Irish Cancer Society 1
- The Irish Heart Foundation 2
- The HSE 3
- The Department of Health & Children 4
- The Alzheimer Society of Ireland 5

Section C: Recovery and Secondary Prevention

Next, I would like to ask you some questions about what you think happens after a person has a stroke for the first time.

C1. If a person experiences a stroke do you think it is possible to reduce the extent and effects of the stroke by using certain forms of medical treatment within a few hours of their stroke?

- Yes 1
- No 2 →Go to Question C3
- Don't know 3→Go to Question C3

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C2. Can you name any of these medications or other treatments? (Do not read any answers. Please mark the answers as appropriate; participant can list multiple answers)

- Aspirin 1
- Blood thinning drugs such as heparin or warfarin 2
- Thrombolysis/Clot busting drugs 3
- Blood pressure control 4
- Surgery 5
- Natural therapies 6
- Heart massage (CPR) 7
- Other answer 8

Don't know 9

C3. Out of 100 Irish people who have had a stroke, how many do you think will make a full recovery? _____

C4. Out of 100 Irish people who have had a stroke, how many do you think will die within a month as a result of stroke? _____

C5. Do you think more women or more men die from stroke?

- More women 1
- More men 2
- No difference 3

C6. How likely do you think it is that a person would have a stroke if they have already had one?

- A lot less likely 1
- Less likely 2
- The same 3
- More likely 4
- A lot more likely 5

C7. Do you think after a person has had a stroke that it is possible to reduce the risk of a further stroke by using certain forms of medical treatment?

- Yes 1
- No 2 →Go to Question C9
- Don't know 3 →Go to Question C9

C8. Can you name what any of these treatments might be? (Do not read any answers. Please mark the answers as appropriate; participant can list multiple answers).

- Aspirin 1
- Blood pressure control 2
- Blood thinning such as Warfarin 3
- Good control of Diabetes 4
- Reduction in cholesterol level 5
- Other medication 6
- Rehabilitation 7
- Diet therapy/Adopting a healthier diet 8
- Natural (Alternative/Complementary) therapy 9
- Other Answers 10 (please specify)

Don't know 11

C9. Can you name any impairments or disabilities that a person may experience as a result of having a stroke? (Do not read any answers. Please mark the answers as appropriate; participant can list multiple answers).

- Weakness on one side of the body 1
- Problems with speech 2
- Problems with vision 3

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Confusion; problems with thinking/memory 4
 Difficulty with use of arms or legs 5
 Other Answers 6 (please specify)

Don't know 7

C10. Can you name any of the services or supports that might reduce the effects of these impairments or disabilities for a person with stroke? (Do not read any answers. Please mark the answers as appropriate; participant can list multiple answers).

Physiotherapy 1
 Speech therapy 2
 Occupational therapy 3
 Psychological therapy 4
 Other Answers 5 (please specify)

Don't know 6

C11. On a scale of 1 to 5, how would you rate the standard of stroke care within the Irish health service, where 1 means extremely inadequate and 5 means a world class service:

Extremely inadequate 1
 Inadequate 2
 Neither 3
 Adequate 4
 World class 5
 Don't Know 6

Section D: Medical History

I would now like to ask you some questions relating to your own health

**D1. Have you ever had/Do you have any of the following conditions?
 If yes, was this in the last 12 months? (Note: If the participant stated that they had a stroke in the previous section, do not ask again)**

	Ever?		If yes, was this in the last 12 months?	
	Yes	No	Yes	No
D1(1) Stroke	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
D1(2) Heart Attack	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
D1(3) Angina	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
D1(4) Transient Ischaemic Attack (TIA)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
D1(5) Diabetes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2

D2. Have you ever been told by a doctor or nurse that you have one of the following conditions? Are you still taking medicine, tablets or pills for this condition?

Condition	Ever diagnosed?			Currently being treated with medicine	
	Yes	Yes (only during pregnancy)	No	Yes	No
D2(1) High Blood Pressure	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2
D2(3) High Cholesterol	<input type="checkbox"/> 1	n/a	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
D2(3) Abnormal Heart Rhythm (Atrial fibrillation)	<input type="checkbox"/> 1	n/a	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2

D3. Have you yourself ever smoked at least 100 cigarettes in your entire life? [5 packs =100 cigarettes]

Yes 1 No 2 →Go to Section E

D4. Do you now smoke every day, some days or not at all?

Every day 1 Some days 2 Not at all 3

Section E: Demographic Information

Lastly, I would like to ask you some questions about yourself.

E1. Record person's gender: M 1 F 2

E2. Can I ask, what is your age? ____years

E3. Would you describe the place where your household is situated as being:

- A city 1
- A town or built-up area (1,500+) 2
- A village or rural area 3
- Open country 4

E.4 In order that we interview a cross-section of people from all walks of life, could you tell me the occupation of the chief wage earner?

INTERVIEWER - WRITE DOWN THE OCCUPATION, ASK ALL THE APPROPRIATE QUESTIONS TO CLASSIFY THE ANSWER, IF THE RESPONDENT IS A FARMER : ASK HOW MANY ACRES THEY HAVE THEN CODE 1 TO CONTINUE.

E5. What is your current marital status? (Not necessary to read answers to participants)

- Single 1
- Cohabiting 2
- Married 3
- Separated 4
- Divorced 5
- Widowed 6

E6. Are you covered by a medical card?

Yes – full medical card 1 Yes – GP only medical card 2 No 3

E7. If at some future date we wanted to talk to you further about stroke, may we contact you to see if you are willing to help us again? You would of course be free to take part or not at that time.

Yes 1 No 2

Thank you for taking the time to answer our questions. You have been very helpful. Just to let you know, if you would like some more information about stroke, you can contact the Irish Heart Foundation by ringing them on 01-6685001. If you are concerned that you may be at risk of stroke, we recommend that you contact your General Practitioner (family doctor).