

# APPENDIX 2



## ESO/SAFE Survey on Secondary Prevention for Stroke

<b>Name of the country/region you represent</b>		<b>Date of Completion</b>	
	<b>First Respondent</b>	<b>Second Respondent</b>	<b>Third Respondent</b>
<b>Name</b> <i>(Last, First):</i>			
<b>Career level:</b>	<input type="checkbox"/> Department Head <input type="checkbox"/> Senior Physician	<input type="checkbox"/> Department Head <input type="checkbox"/> Senior Physician	<input type="checkbox"/> Department Head <input type="checkbox"/> Senior Physician
<b>Specialty</b>	<input type="checkbox"/> Neurology <input type="checkbox"/> Stroke Physician <input type="checkbox"/> Geratology <input type="checkbox"/> Other _____	<input type="checkbox"/> Neurology <input type="checkbox"/> Stroke Physician <input type="checkbox"/> Geratology <input type="checkbox"/> Other _____	<input type="checkbox"/> Neurology <input type="checkbox"/> Stroke Physician <input type="checkbox"/> Geratology <input type="checkbox"/> Other _____
<b>e-mail :</b>			
<b>European Stroke/Neurology organisation Member?</b>	<input type="checkbox"/> None <input checked="" type="checkbox"/> ESO <input type="checkbox"/> Other _____	<input type="checkbox"/> None <input type="checkbox"/> ESO <input type="checkbox"/> Other _____	<input type="checkbox"/> None <input type="checkbox"/> ESO <input type="checkbox"/> Other _____
<b>Position in national stroke organisation:</b>			
<b>Institution</b>			
<b>City</b>			

### PART 1. STROKE REGISTRIES AND QUALITY CONTROL

<b>In your country, do you have a stroke registry that includes secondary prevention measures?</b>	<input type="checkbox"/> National <input type="checkbox"/> Hospital-based <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> For specific treatments only: _____
<b>What proportion of stroke patients are covered by the registry?</b>	_____ %
<b>If yes, which of the following characteristics apply to your registry/registries?</b> (Please tick all that apply)	<input type="checkbox"/> Informed consent <input type="checkbox"/> Prospective <input type="checkbox"/> Population-based <input type="checkbox"/> Used for benchmarking <input type="checkbox"/> Health administration data <input type="checkbox"/> Available for research
<b>If yes, select which data can be derived from your registry</b> (Please tick all that apply)	No of patients having: <input type="checkbox"/> Ischaemic stroke <input type="checkbox"/> TIA <input type="checkbox"/> Haemorrhage <input type="checkbox"/> MRI brain <input type="checkbox"/> CT brain <input type="checkbox"/> MRA <input type="checkbox"/> Doppler <input type="checkbox"/> CTA <input type="checkbox"/> Endarterectomy <input type="checkbox"/> Carotid stenting <input type="checkbox"/> Cardiac monitoring <input type="checkbox"/> PFO closure No of patients prescribed: <input type="checkbox"/> Antihypertensives <input type="checkbox"/> Antiplatelets <input type="checkbox"/> Statins <input type="checkbox"/> Anticoagulation <input type="checkbox"/> Novel oral anticoagulants <input type="checkbox"/> Time to TIA assessment <input type="checkbox"/> Follow up frequency
<b>If you use real-life data to complete this form (stroke registry / healthcare / extrapolation of local data), please describe this data source:</b>	

### PART 2. ORGANISATION OF STROKE SYSTEMS OF CARE: SECONDARY PREVENTION

<b>Which guidelines are used in your country for stroke?</b> <i>(Tick as many as apply)</i>	<input type="checkbox"/> ESO <input type="checkbox"/> AHA/Stroke <input type="checkbox"/> National <input type="checkbox"/> Others <input type="checkbox"/> None
<b>Do you have national guidelines covering secondary prevention after TIA or stroke?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
<b>In your country, at what level do any healthcare strategies operate to improve secondary stroke prevention?</b>	<input type="checkbox"/> No stroke specific strategic plans exist <input type="checkbox"/> Country-wide <input type="checkbox"/> Regional <input type="checkbox"/> Hospital only <input type="checkbox"/> For primary care <input type="checkbox"/> Other _____
<b>Which specific secondary prevention interventions are used?</b>	<input type="checkbox"/> Lifestyle management course <input type="checkbox"/> Cardiac Monitoring (<72hr) <input type="checkbox"/> Outpatient TIA Assessment <input type="checkbox"/> Cardiac Monitoring (>72 hours)

PART 3. ASSESSMENT AFTER STROKE / TIA FOR SECONDARY PREVENTION	
<p><b>What percentage of patients with TIA are formally assessed by:</b> <i>(if available, give number, otherwise select quintile by strikethrough)</i></p> <p><b>Is data from:</b>      <input type="checkbox"/> Estimation <input type="checkbox"/> Healthcare records   <input type="checkbox"/> Registry</p>	<p>admission to hospital      ___ <input type="checkbox"/>0-20 <input checked="" type="checkbox"/>20-40 <input type="checkbox"/>40-60 <input type="checkbox"/>60-80 <input type="checkbox"/>80-100</p> <p>the acute stroke service      ___ <input type="checkbox"/>0-20 <input type="checkbox"/>20-40 <input type="checkbox"/>40-60 <input type="checkbox"/>60-80 <input type="checkbox"/>80-100</p> <p>a separate TIA clinic      ___ <input type="checkbox"/>0-20 <input type="checkbox"/>20-40 <input checked="" type="checkbox"/>40-60 <input type="checkbox"/>60-80 <input type="checkbox"/>80-100</p> <p>a general medical clinic      ___ <input type="checkbox"/>0-20 <input type="checkbox"/>20-40 <input type="checkbox"/>40-60 <input type="checkbox"/>60-80 <input type="checkbox"/>80-100</p> <p>primary care only      ___ <input type="checkbox"/>0-20 <input type="checkbox"/>20-40 <input type="checkbox"/>40-60 <input type="checkbox"/>60-80 <input type="checkbox"/>80-100</p>
<p><b>What is the guideline-recommended interval between referral and completion of assessment for TIA?</b></p>	<p><input type="checkbox"/> <b>None</b>      High-risk      Low-risk      <b>OR</b>      All <i>(if no distinction)</i>    ___ days      ___ days      ___ days</p>
<p><b>What percentage of patients with TIA are assessed within...</b> <b>Is data from:</b>      <input type="checkbox"/> Estimation <input type="checkbox"/> Healthcare records   <input type="checkbox"/> Registry</p>	<p>Same day      ___      <input type="checkbox"/>0-20 <input type="checkbox"/>20-40 <input type="checkbox"/>40-60 <input type="checkbox"/>60-80 <input type="checkbox"/>80-100</p> <p>Within 48 hours      ___      <input type="checkbox"/>0-20 <input type="checkbox"/>20-40 <input type="checkbox"/>40-60 <input type="checkbox"/>60-80 <input type="checkbox"/>80-100</p> <p>Within 1 week      ___      <input type="checkbox"/>0-20 <input type="checkbox"/>20-40 <input type="checkbox"/>40-60 <input type="checkbox"/>60-80 <input type="checkbox"/>80-100</p> <p>&gt; 1 week      ___      <input type="checkbox"/>0-20 <input type="checkbox"/>20-40 <input type="checkbox"/>40-60 <input type="checkbox"/>60-80 <input type="checkbox"/>80-100</p>
<p><b>What percentage of TIA/stroke patients undergo carotid imaging...</b> <i>if available, give number, otherwise select quintile by strikethrough)</i></p> <p><b>Is data from:</b>      <input type="checkbox"/> Estimation <input type="checkbox"/> Healthcare records   <input type="checkbox"/> Registry</p>	<p>by ultrasound      ___      <input type="checkbox"/>0-20 <input type="checkbox"/>20-40 <input type="checkbox"/>40-60 <input type="checkbox"/>60-80 <input type="checkbox"/>80-100</p> <p>by CTA      ___      <input type="checkbox"/>0-20 <input type="checkbox"/>20-40 <input type="checkbox"/>40-60 <input type="checkbox"/>60-80 <input type="checkbox"/>80-100</p> <p>by MRA      ___      <input type="checkbox"/>0-20 <input type="checkbox"/>20-40 <input type="checkbox"/>40-60 <input type="checkbox"/>60-80 <input type="checkbox"/>80-100</p> <p>by ≥2 modalities      ___      <input type="checkbox"/>0-20 <input type="checkbox"/>20-40 <input type="checkbox"/>40-60 <input type="checkbox"/>60-80 <input type="checkbox"/>80-100</p> <p>Not imaged      ___      <input type="checkbox"/>0-20 <input type="checkbox"/>20-40 <input type="checkbox"/>40-60 <input type="checkbox"/>60-80 <input type="checkbox"/>80-100</p>
<p><b>What form of monitoring is most often used to exclude paroxysmal AF in appropriate patients?</b></p>	<p>ECG only      ___      <input type="checkbox"/>0-20 <input type="checkbox"/>20-40 <input type="checkbox"/>40-60 <input type="checkbox"/>60-80 <input type="checkbox"/>80-100</p> <p>24-48 hr Holter      ___      <input type="checkbox"/>0-20 <input type="checkbox"/>20-40 <input type="checkbox"/>40-60 <input type="checkbox"/>60-80 <input type="checkbox"/>80-100</p> <p>&gt;48 h monitor      ___      <input type="checkbox"/>0-20 <input type="checkbox"/>20-40 <input type="checkbox"/>40-60 <input type="checkbox"/>60-80 <input type="checkbox"/>80-100</p>
<p><b>For secondary prevention purposes, what percentage of patients with ischaemic stroke / TIA undergo...</b></p> <p><b>Is data from:</b>      <input type="checkbox"/> Estimation <input type="checkbox"/> Healthcare records   <input type="checkbox"/> Registry</p>	<p>Transthoracic Echo      ___      <input type="checkbox"/>0-20 <input type="checkbox"/>20-40 <input type="checkbox"/>40-60 <input type="checkbox"/>60-80 <input type="checkbox"/>80-100</p> <p>Transoesophageal Echo      ___      <input type="checkbox"/>0-20 <input type="checkbox"/>20-40 <input type="checkbox"/>40-60 <input type="checkbox"/>60-80 <input type="checkbox"/>80-100</p> <p>Transcranial ultrasound      ___      <input type="checkbox"/>0-20 <input type="checkbox"/>20-40 <input type="checkbox"/>40-60 <input type="checkbox"/>60-80 <input type="checkbox"/>80-100</p> <p>Intracranial MRA / CTA      ___      <input type="checkbox"/>0-20 <input type="checkbox"/>20-40 <input type="checkbox"/>40-60 <input type="checkbox"/>60-80 <input type="checkbox"/>80-100</p> <p>Other _____      ___      <input type="checkbox"/>0-20 <input type="checkbox"/>20-40 <input type="checkbox"/>40-60 <input type="checkbox"/>60-80 <input type="checkbox"/>80-100</p>
<p><b>What percentage of patients have blood pressure monitoring after initial treatment after stroke by...</b></p>	<p>Primary care only      <input type="checkbox"/>0-20 <input type="checkbox"/>20-40 <input type="checkbox"/>40-60 <input type="checkbox"/>60-80 <input type="checkbox"/>80-100</p> <p>Hospital Clinic / BP      <input type="checkbox"/>0-20 <input type="checkbox"/>20-40 <input type="checkbox"/>40-60 <input type="checkbox"/>60-80 <input type="checkbox"/>80-100</p> <p>Home / ambulatory device      <input type="checkbox"/>0-20 <input type="checkbox"/>20-40 <input type="checkbox"/>40-60 <input type="checkbox"/>60-80 <input type="checkbox"/>80-100</p>
<p><b>In your country, what is the usual target blood pressure after stroke?</b> From: <input type="checkbox"/> Guidelines   <input type="checkbox"/> Usual practice</p>	<p>Age &lt;70 ___ / ___ mmHg   <input type="checkbox"/> All patients are treated regardless of BP</p> <p>Age &gt;70 ___ / ___ mmHg</p>

**PART 4. MANAGEMENT**

<p><b>Which lifestyle management programs are available to the majority of stroke patients as part of their medical care ?</b></p>	<p>Combined risk factor management programs      <input type="checkbox"/></p> <p>Physical activity programs      <input type="checkbox"/></p> <p>Smoking cessation support      <input type="checkbox"/></p> <p>Weight loss programs      <input type="checkbox"/></p> <p>Other _____</p>																								
<p><b>If available, who usually provides these lifestyle management programs?</b></p>	<p>Hospital stroke services      <input type="checkbox"/></p> <p>Primary care      <input type="checkbox"/></p> <p>Stroke-specific charitable organisations      <input type="checkbox"/></p>																								
<p><b>Where are these medical treatments usually initiated:</b></p>	<table border="0"> <thead> <tr> <th></th> <th>Antiplatelet</th> <th>Statin</th> <th>Antihypertensive</th> </tr> </thead> <tbody> <tr> <td>Acutely by paramedic / GP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>As inpatients / in TIA clinic</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>On discharge</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>In a follow-up clinic</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Deferred to primary care</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Antiplatelet	Statin	Antihypertensive	Acutely by paramedic / GP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As inpatients / in TIA clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	On discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In a follow-up clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Deferred to primary care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<p><b>What percentage of patients following</b></p>	<p>Antihypertensives      ___      <input type="checkbox"/>0-20 <input type="checkbox"/>20-40 <input type="checkbox"/>40-60 <input type="checkbox"/>60-80 <input type="checkbox"/>80-100</p>																								

ESO / SAFE Survey on Secondary Prevention for Stroke

<p><b>What percentage of stroke patients at follow up (≥12 months) have:</b></p> <p><i>if available, give exact number, otherwise select quintile by strikethrough)</i></p> <p><b>Is data from:</b>      <input type="checkbox"/> Estimation  <input type="checkbox"/> Healthcare records   <input type="checkbox"/> Registry</p>	<p>BP recorded      _____ <input type="checkbox"/>0-20   <input type="checkbox"/>20-40   <input type="checkbox"/>40-60   <input type="checkbox"/>60-80   <input type="checkbox"/>80-100</p> <p>BP 'controlled'      _____ <input type="checkbox"/>0-20   <input type="checkbox"/>20-40   <input type="checkbox"/>40-60   <input type="checkbox"/>60-80   <input type="checkbox"/>80-100</p> <p>Cholesterol checked      _____ <input type="checkbox"/>0-20   <input type="checkbox"/>20-40   <input type="checkbox"/>40-60   <input type="checkbox"/>60-80   <input type="checkbox"/>80-100</p> <p>Statins      _____ <input type="checkbox"/>0-20   <input type="checkbox"/>20-40   <input type="checkbox"/>40-60   <input type="checkbox"/>60-80   <input type="checkbox"/>80-100</p> <p>Antiplatelets (non-AF)      _____ <input type="checkbox"/>0-20   <input type="checkbox"/>20-40   <input type="checkbox"/>40-60   <input type="checkbox"/>60-80   <input type="checkbox"/>80-100</p> <p>Anticoagulation (AF)      _____ <input type="checkbox"/>0-20   <input type="checkbox"/>20-40   <input type="checkbox"/>40-60   <input type="checkbox"/>60-80   <input type="checkbox"/>80-100</p> <p>DOACs (AF)      _____ <input type="checkbox"/>0-20   <input type="checkbox"/>20-40   <input type="checkbox"/>40-60   <input type="checkbox"/>60-80   <input type="checkbox"/>80-100</p> <p>Diabetic treatment      _____ <input type="checkbox"/>0-20   <input type="checkbox"/>20-40   <input type="checkbox"/>40-60   <input type="checkbox"/>60-80   <input type="checkbox"/>80-100</p>																											
<p><b>In your country, how many centres offer these interventions, and how many are performed yearly?</b></p> <p><b>Is data from:</b>      <input type="checkbox"/> Estimation  <input type="checkbox"/> Healthcare records   <input type="checkbox"/> Registry</p>	<table border="1"> <thead> <tr> <th></th> <th>Centres</th> <th>Performed</th> </tr> </thead> <tbody> <tr> <td>Carotid Endarterectomy</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Carotid Stenting</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Vertebral / intracranial stents</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>PFO closure</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Left atrial appendage closure</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Neurosurgery for AVMs</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Interventional treatment for AVMs</td> <td>_____</td> <td>_____</td> </tr> <tr> <td> radiosurgery for AVMs</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		Centres	Performed	Carotid Endarterectomy	_____	_____	Carotid Stenting	_____	_____	Vertebral / intracranial stents	_____	_____	PFO closure	_____	_____	Left atrial appendage closure	_____	_____	Neurosurgery for AVMs	_____	_____	Interventional treatment for AVMs	_____	_____	radiosurgery for AVMs	_____	_____
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<p><b>For patients needing carotid intervention, when does it happen?</b></p> <p><i>if available, give number, otherwise select quintile by strikethrough)</i></p> <p><b>Is data from:</b>      <input type="checkbox"/> Estimation  <input type="checkbox"/> Healthcare records   <input type="checkbox"/> Registry</p>	<p>Within 48 hours      _____ <input type="checkbox"/>0-20   <input type="checkbox"/>20-40   <input type="checkbox"/>40-60   <input type="checkbox"/>60-80   <input type="checkbox"/>80-100</p> <p>Within 1 week      _____ <input type="checkbox"/>0-20   <input type="checkbox"/>20-40   <input type="checkbox"/>40-60   <input type="checkbox"/>60-80   <input type="checkbox"/>80-100</p> <p>Within 2 weeks      _____ <input type="checkbox"/>0-20   <input type="checkbox"/>20-40   <input type="checkbox"/>40-60   <input type="checkbox"/>60-80   <input type="checkbox"/>80-100</p> <p>Within 1 month      _____ <input type="checkbox"/>0-20   <input type="checkbox"/>20-40   <input type="checkbox"/>40-60   <input type="checkbox"/>60-80   <input type="checkbox"/>80-100</p> <p>&gt; 1 months      _____ <input type="checkbox"/>0-20   <input type="checkbox"/>20-40   <input type="checkbox"/>40-60   <input type="checkbox"/>60-80   <input type="checkbox"/>80-100</p>																											

**PART 5. FOLLOW UP FOR PREVENTION OF STROKE**

<p><b>Which guidelines in use in your country recommend follow-up of patients with stroke?</b></p>	<p><input type="checkbox"/> ESO   <input type="checkbox"/> National   <input type="checkbox"/> None   <input type="checkbox"/> Other_____</p>
<p><b>What proportion of patients are followed-up to for review of secondary prevention of stroke?</b></p> <p><i>(if available, give exact number, or select quintile)</i></p> <p><b>Is data from:</b>      <input type="checkbox"/> Estimation  <input type="checkbox"/> Healthcare records   <input type="checkbox"/> Registry</p>	<p>In hospital      _____ <input type="checkbox"/>0-20   <input type="checkbox"/>20-40   <input type="checkbox"/>40-60   <input type="checkbox"/>60-80   <input type="checkbox"/>80-100</p> <p>Dedicated clinic      _____ <input type="checkbox"/>0-20   <input type="checkbox"/>20-40   <input type="checkbox"/>40-60   <input type="checkbox"/>60-80   <input type="checkbox"/>80-100</p> <p>In primary care      _____ <input type="checkbox"/>0-20   <input type="checkbox"/>20-40   <input type="checkbox"/>40-60   <input type="checkbox"/>60-80   <input type="checkbox"/>80-100</p> <p>No follow up      _____ <input type="checkbox"/>0-20   <input type="checkbox"/>20-40   <input type="checkbox"/>40-60   <input type="checkbox"/>60-80   <input type="checkbox"/>80-100</p>
<p><b>If followed up in secondary care, how long are most patients with stroke followed up?</b></p>	<p>No follow up      <input type="checkbox"/></p> <p>≤6 weeks      <input type="checkbox"/></p> <p>6-26 weeks      <input type="checkbox"/></p> <p>6-12 months      <input type="checkbox"/></p> <p>&gt; 1 year      <input type="checkbox"/></p>
<p><b>Who establishes stroke support groups in your country?</b></p>	<p>Not commonly available      <input type="checkbox"/></p> <p>Hospital      <input type="checkbox"/></p> <p>Primary Care      <input type="checkbox"/></p> <p>Stroke specific charities      _____ <input type="checkbox"/></p>