Supplemental material

Standardized questionnaire by the research nurse

This concerns a translated version of the subpart of the case report form on signs and symptoms. Items such as relevant past medical history, cardiovascular risk factors and current medication are excluded here.

For the assessment of the Explicit Diagnostic Criteria for TIA (EDCT) the researchers used the data from this questionnaire, but also the correspondence of the GP and neurologist.

Patient's narrative of signs and symptoms

'Can you describe in your own words the symptoms for which you consulted the GP?'

--- The response to (only) this question will be recorded ---

Course of symptoms

- The start of symptoms was: ☐ sudden ☐ gradually
- Total duration of symptoms: ☐☐ h ☐☐ min
- Did the participant feel the symptoms coming or did they come unexpectedly?
  ☐ He/she felt symptoms coming
  ☐ Symptoms came unexpectedly
- Were there any signs or symptoms preceding the (possible) neurological deficits?
  ☐ No
  ☐ Yes, namely:_____
  _____
  _____
  _____
- Were symptoms immediately there in full intensity or did they get worse over time?
  ☐ Onset of symptoms in full intensity
  ☐ Symptoms got worse over time
- Does the participant fully remember the signs and symptoms? ☐ Yes ☐ No
- Has the participant experienced the symptoms (suspected of a TIA) before? ☐ Yes ☐ No

  If yes, when? _____
  _____
  _____

  How many times? ☐☐☐

Were the following signs and symptoms present?

Total or partial loss of strength (motor deficit) in arm/hand, leg/foot or face If yes: Unilateral Bilateral	☐ Yes ☐ No ☐ ☐
Numbness/tingling sensation (sensory deficit) in arm/hand, leg/foot, or face If yes: Unilateral Bilateral	☐ Yes ☐ No ☐ ☐
Vision problem/impaired vision If yes; this concerned: ❖ Diplopia ❖ Blurred vision (both eyes) ❖ Loss of vision/blindness in one part of visual field (both eyes) ❖ Loss of vision/blindness in one eye (amaurosis fugax); as a shade coming down over the eye	☐ Yes ☐ No ☐ ☐ ☐ ☐
Seeing flashes, sparkles, stars or other visual phenomena	☐ Yes ☐ No
Communication problem If yes; this concerned: ❖ Incoherent language, trouble finding words, strange sentences or words, trouble understanding language (dysphasia) ❖ Problems with articulation and pronouncing words (dysarthria)	☐ Yes ☐ No ☐ ☐
Spinning sensation/true vertigo	☐ Yes ☐ No
Lightheadedness	☐ Yes ☐ No
Feeling like one might black-out/faint (presyncope)	☐ Yes ☐ No
Loss of consciousness	☐ Yes ☐ No
Loss of short-term memory, without loss of consciousness	☐ Yes ☐ No
Being adrift, unsteady gait, disturbed coordination (ataxia)	☐ Yes ☐ No
Swallowing problem/choking Needs to be distinguished from: Globus sensation	☐ Yes ☐ No ☐ Yes ☐ No
Muscle contractions or spasms	☐ Yes ☐ No
Sudden fall to the ground (drop attack)	☐ Yes ☐ No
Headache	☐ Yes ☐ No
Nausea and/or vomiting	☐ Yes ☐ No
Pain or tightness on the chest	☐ Yes ☐ No
Shortness of breath	☐ Yes ☐ No
Palpitations, irregular heartbeat	☐ Yes ☐ No
Other relevant symptoms? _____ _____ _____ _____	☐ Yes ☐ No