Patient caretaker study questionnaire:

KNOWLEDGE OF ALARM SIGNS OF STROKE AMONG CARETAKERS OF STROKE PATIENTS AND FIRST CONTACT HEALTH CARE PROVIDERS AT TWO TERTIARY REFERRAL HOSPITALS IN UGANDA.

Study site:……………………………………………………………… Date: ……………………………………

Patient ID: ………………………………………………………….

Caretaker ID: ………………………………………………………..

Patient Age: ……………………………………. Caretaker age: ……………………….

Caretaker level of education (None…., Primary….., Secondary….., University …….)

Caretaker relationship to patient (NOK ……. Other caretaker………………………)

Number of strokes attended to by caretaker (one ……., more than one (specify)…….)

Questions of interest:

1. Do you know about the BE-FAST mnemonic for identifying acute stroke onset?
    Yes……………………… No…………………
    o [If yes, state the components known: can be filled for caretaker by interviewer (at most 6 items))
    ………
    ……………………………………………………)

2. Which symptoms helped you to identify your patient's current stroke? (*Interviewer to enter answers in accordance to BE-FAST algorithm checklist provided.*
    Otherwise   specify   if   other   symptom,   not   captured   by   BE-FAST:
    ……)

3. After how long from the time the patient was last well, did you identify the stroke onset? (less than 4.5 hours……., less than 6 hours……., less than 24 hours…….,more than 24 hours…..)
    o If more than one day, please specify number of days: ……………………………….

4. After how long from the time the patient was last well or had a stroke, did you get to hospital? (less than 4.5 hours……., less than 6 hours……., less than 24 hours…….,more than 24 hours…..)
    o If more than one day, please specify number of days: ……………………………….

THE NEXT QUESTION CAN ONLY BE ATTEMPTED AFTER THE FIRST FOUR QUESTIONS ABOVE.

5. Do you think the actions you took would have been of better help to the patient if you knew some simplified stroke identifiers like those in the BE-FAST mnemonic? (*Interviewer can NOW reveal components of BE-FAST mnemonic for this question*)
    Yes …………………………., No …………………………

Thank you for your autonomous and helpful participation.

Only Interviewer initials and signature: ………………………………………………………………………………………

C/o:

Dr. Salvatore Ssemmanda, MBChB (Mak), MMED Neurology (UCT), FCNeurol (SA).

Health care provider study questionnaire:

KNOWLEDGE OF ALARM SIGNS OF STROKE AMONG CARETAKERS OF STROKE PATIENTS AND FIRST CONTACT HEALTH CARE PROVIDERS AT TWO TERTIARY REFERRAL HOSPITALS IN UGANDA.

Study site:... Date: ....

Respondent ID: ....

Respondent location/ward (mark what applies): Neurology ward......Emergency ward.......

Duration on emergency or neurology ward: (........ days (if less than a week), ...weeks, ... months (*if more than 4 weeks*))

Tick medical role: (Senior House Officer: please state academic year) ....
(Medical Officer) .... (Medical Intern)........................ (Nurse)..................

Year of first medical/nursing qualification: ....

Questions of interest:

1. Do you know the BE-FAST mnemonic for identifying acute stroke onset?
   Yes............................ No.....................
   [If yes, state the components you know (at most 6):

   ○ ....
   ○ ....
   ○ ....
   ○ ....
   ○ ....
   ○ ....

2. If your answer to question 1 was yes, please specify how you got to know about the BE-FAST mnemonic for acute stroke alarm signs (tick appropriate)
   During undergraduate training .... During post graduate training, ...
   Neurology conference/seminar......... Other (please specify) ....

3. Have you had prior training in stroke alarm signs mnemonics like FAST or BE-FAST?
   Yes...No..

Thank you for your autonomous and helpful participation.

Only **Interviewer** initials and signature: ....

C/o:

Dr. Salvatore Ssemmanda, MBChB (Mak), MMED Neurology (UCT), FCNeurol (SA).