

Appendix. Questionnaire

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| <p>General</p> <p>Questions answered by</p> <p>Diagnosis</p> <p>Right/left-handed</p> <p>Aphasia present</p> <p>Stroke type</p> <p>Stroke location</p> <p>Living alone</p> <p>Time until call for help</p> | <p>Patient/ relative/ both</p> <p>Ischaemic/ haemorrhagic stroke/ TIA</p> <p>Right/ left</p> <p>Yes/ no</p> <p>Ischaemic/ haemorrhagic stroke</p> <p>Right/ left hemispheric/ cerebellar</p> <p>Yes/ no</p> <p>Minutes/ hours</p> |
| <p>Symptoms</p> <p>Time of stroke onset known</p> <p>Place at symptom onset</p> <p>Way of symptom onset</p> <p>Evolvement before hospital</p> | <p>Yes/ no/ wake-up</p> <p>At home/ at work/ other</p> <p>Acute/ gradual/ unclear</p> <p>Increasing/ stable/ decreasing/ fluctuating</p> |
| <p>First reaction</p> <p>What was your first reaction</p> <p>If not seeking help, what was the reason</p> | <p>Nothing/ going to bed/ waiting until symptoms disappeared/ contact relatives/ contact alarm number/ contact general practitioner/ other reaction, namely</p> <p>Not realizing something was wrong/ thinking symptoms will disappear/ in the past the same symptoms spontaneous disappearing/ unable to call for help/ other reasons, namely</p> |
| <p>Bystanders</p> <p>Bystanders present</p> <p>Symptoms recognized by bystanders</p> <p>Relatives are known with stroke symptoms</p> | <p>Yes/ no</p> <p>Yes/ no</p> <p>Yes/ no/ no idea</p> |
| <p>Knowledge about stroke</p> <p>What did you think that happened</p> <p>Which symptoms did you have</p> <p>Which stroke symptoms did you know before you had a stroke</p> <p>Which of the next symptoms are stroke symptoms</p> <p>Is treatment of stroke possible</p> | <p>Stroke/ no idea/ other, namely</p> <p>...</p> <p>No idea/ unilateral facial weakness/ disturbed speech/ unilateral paresis/ unilateral disturbed sensation/ disturbed vision/ decreased consciousness/ headache/ dizziness/ confused/ nausea or vomiting</p> <p>Weakness or decreased sensation in face, arm or leg/ difficulty with speaking/ visual problems with one or both eyes/ dizziness/ unusual, severe headache</p> <p>Yes, namely/ no/ no idea</p> |
| <p>Transport</p> <p>Referral to hospital by</p> <p>Transportation to hospital by</p> | <p>General Practitioner/ relatives/ self/ went to EMS</p> <p>Ambulance/ own transportation/ other</p> |
| <p>Time</p> <p>Date and time of onset</p> <p>Date and time calling for help</p> <p>Date and time ambulance arrival</p> <p>Date and time of IVT</p> | <p>dd / mm / yyyy, Hours ; minutes</p> <p>dd / mm / yyyy, Hours ; minutes</p> <p>dd / mm / yyyy, Hours ; minutes</p> <p>dd / mm / yyyy, Hours ; minutes</p> |

TIA: Transient Ischemic Attack, EMS: Emergency Medical Services, IVT: Intravenous Thrombolysis