SUPPORT TIA: Structured follow-up pathway to improve ongoing impairments after TIA and minor stroke

Information about you

1. Are you:
   - [ ] Male
   - [ ] Female
   - [ ] Prefer not to say

2. What is your age? ________ Years

3. Which healthcare sector do you work in?
   - [ ] Primary care
   - [ ] Secondary care
   - [ ] Community care
   - [ ] Third/ voluntary sector
   - [ ] Other, Please state ________________________________

4. Which of the following best describes you?
   - [ ] Doctor
   - [ ] Allied Health Professional
   - [ ] Nurse
   - [ ] Health worker
   - [ ] Volunteer
   - [ ] Other, Please state ________________________________

7. How many years of experience do you have as a healthcare provider/ volunteer?
   ________________________ Years

8. Do you have any experience of working with TIA or minor stroke patients?
   - [ ] Yes
   - [ ] No

Thank you for taking the time to complete this questionnaire