







**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. Are you currently employed?  |
| Employed- Full time Unemployed  |
| Employed- Part time Retired   |
| Other, Please state   |
| 4. What is your ethnic group?   |
| White Mixed/ multiple ethic groups  |
| Asian/ Asian British Black/ African/ Caribbean/ Black British                   |
| Other, Please state   |
| 7. How many mini strokes or minor strokes have you had?                         |
| 8. What were the approximate date(s) of your mini stroke(s) or minor stroke(s)? |
|   |

Thank you for taking the time to complete this questionnaire