QUESTIONNAIRE STRUCTURE

[1] *Background information*

Years of clinical experience at consultant level.

Geographical location of renal center and size of its dialysis program.

[2] *Experience of stroke thrombolysis in dialysis patients at the respondent’s center*

Were they ever involved in decisions to thrombolyse a dialysis patient?

Did they want involvement in thrombolysis decisions for their dialysis patients and if so, what degree of involvement they envisaged?

Did their center adapt the thrombolysis protocols for dialysis patients?

[3] *Concerns regarding thrombolysis for acute stroke in HD*

Rated 1-10 (Likert scale) where 1 was “negligible”, 5 was “moderate”, and 10 was “overwhelming” in the following areas:

* + - Risk of intra-cerebral bleeding
		- Risk of extra-cerebral bleeding
		- Cardiovascular stability
		- Efficacy
		- Evidence base for use
		- Logistics of HD delivery
		- Drug dosing by stroke team

A free text area was available for respondents to raise other areas of concern which they felt was not covered by the above standard questions.

[4] *“Would you modify routine HD prescription (e.g. frequency, time, UF, bicarbonate) in patients with acute stroke?”*

In the event of an affirmative response clinicians were invited to outline how they would do this using a free-text area.

[5] *Concerns regarding thrombolysis for acute stroke in PD*

Rated as for section [3] with the same layout.

[6] *“Would you modify routine PD prescription (e.g. exchange number/volume, dialysate) in patients with acute stroke?”*

[7] *Post-thrombolysis care*

In each subsection responses were invited for both HD and PD with free-text areas available for comments or clarification. Specifically clinicians were asked:

1. *“Do you believe that the dialysis treatment affects rehabilitation after stroke thrombolysis?”*
2. *“How soon after thrombolysis would you support initiation/augmentation of antiplatelet therapy (12hrs, 24hrs, 48hrs, 3 days, 4 days, 1 week, 2 weeks or >2 weeks)?”*
3. *“Do you support the use of warfarin for stroke prophylaxis in dialysis patients with atrial fibrillation?”*

[8] *Conclusions*

Clinicians were invited to submit any comments or thoughts on this topic and state whether they would be interested in participating in a national study examining outcomes following thrombolysis in ESRD patients.