

We would like to hear from you anonymously. We want to know about what you heard and find out what you think and how you feel about what we have shared with you today. There are no known risks involved in participating in this survey. Your participation in this survey is completely voluntary. You may refuse to participate, and not to answer any questions that you do not feel comfortable answering.

1. Have you or someone you know ever experienced bleeding in the brain? (check all that apply)

No I have My child has A family member or loved one has Someone else I know has

Please tell us how much you agree with each of the following FASTEST study statements below.

- | | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|--|--|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. FASTEST is an important study to do. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. If I had bleeding in the brain, I would be okay with being included in FASTEST without giving your consent ahead of time. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. If my spouse or family member had bleeding in the brain, I would be okay with him/her being included in FASTEST without giving my consent ahead of time. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. I am in favor of this study being conducted in my community? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Do you think that FASTEST researchers will seriously consider what community members like you have to say about this study before starting it? | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know | | | | |
| 6. Do you feel that you have been given enough information to give your informed opinion about whether you think it is okay for researchers to do the FASTEST study? | <input type="radio"/> Yes <input type="radio"/> No (What additional information would you still like to know?) | | | | |

Please **do not** place your name on this form

We would like to hear your thoughts in your own words.

7. Do you have any positive thoughts or comments that you wish to share about the FASTEST study and the study being in your community?

8. Do you have any negative thoughts or concerns that you wish to share about the FASTEST study and the study being in your community?

9. IF you do not want to participate in FASTEST or to learn more about the study please see information below.

To Opt-out and not be enrolled in the FASTEST STUDY, if you should experience a brain hemorrhage, please pick up a FASTEST opt out card, print an opt out card one from the FASTEST Stroke Net Website or contact the study team listed to learn how you obtain an Opt-Out card. Once you have an Opt-Out card carry it all times and let your family know your wishes.

Local Site Study Contacts

Primary Investigator: <Provide>

Contact Person: <Provide>

Contact Phone Number: <Provide>

Website: <https://nihstrokenet.org/fastest/home>

Please, continue to next page.

Please **do not** place your name on this form

Lastly, so that we can make sure we are hearing from a wide range of community residents, please complete the following final few questions about yourself. This information is only used to demonstrate community participation and is not retained for research.

10. What is your *age*: _____ (years old)

11. Are you: Male Female Others

12. Are you Hispanic or Latino? Yes No I don't know

13. Which one or more of the following would you say is your race: (Check all that apply)

White (including Middle Eastern)

Black or African American

Asian

Native Hawaiian or Other Pacific Islander

American Indian or Alaska Native

Other [specify] _____

14. What is your primary language?

English

Spanish

Arabic

Cantonese

Other, please specify: _____

15. What is the highest grade or year of school you completed?

Never attended school or only attended kindergarten

Grades 1 through 8 (Elementary)

Grades 9 through 11 (Some high school)

Grade 12 or GED (High school graduate)

College 1 year to 3 years (Some college or technical school)

College 4 years or more (College graduate)