The management of acute ischemic stroke is undergoing a major transformation. The 2015 trials demonstrated the effectiveness of mechanical thrombectomy for large vessel occlusion in the 0-6 hour time window, and the DAWN and DEFUSE-3 trials have further extended that window to 16-24 hours for patients with salvageable brain tissue. Separately, the WAKE-UP trial has established the Expanding the window of emergent care to 24 hours will place major strains on neurologists and neurology subspecialists who screen, evaluate, and treat these patients. Accordingly, it is ever more critical to ensure the development and training of physicians to meet the clinical demand.

The following 14 question survey is designed to assess the exposure of neurology residents and fellows to Vascular Neurology/Stroke, NeuroICU, and NeuroInterventional Surgery. It should take no more than 10 minutes to complete. Thank you for your participation.

<Page break>

1. My level of training is:
a) Junior Resident (PGY2)
b) Senior Resident (PGY3/4)
c) Vascular Neurology Fellow
d) Neuro ICU Fellow
e) Neuro Intervention Fellow

2. How many months of exposure to Vascular Neurology (i.e. full time Vascular not including cross coverage) do you or did you have in residency?
a) 0 months
b) 1-2 months
c) 2-3 months
d) 3-4 months
e) >4 months

3. How many months of dedicated Neuro ICU time (ie full time Neuro ICU not including cross coverage) do you or did you have in residency?
a) 0 months
b) 1-2 months
c) 2-3 months
d) 3-4 months
e) >4 months

4. How many months of dedicated NeuroInterventional time (i.e. full time NeuroIntervention not including cross coverage) do you or did you have in residency?
a) 0 months
b) 1-2 months
c) 2-3 months
d) 3-4 months
e)>4 months

<Page break>

Please rate your comfort and knowledge base in the following situations from very uncomfortable (ie still requiring supervision) to very comfortable (ready for independent practice).

5. Determining that a patient is a candidate for endovascular stroke therapy, in the early and late (6-24 hour) time window? This would include performing a rapid neurological exam, interpreting non-contrast CT (or MRI), CT angiogram or MR angiogram, and CT or MR perfusion, as appropriate?
a) Very uncomfortable
b) Uncomfortable
c) Neutral
d) Comfortable
e) Very comfortable

6. Identifying large vessel occlusions, including more distal occlusions such as M2 and A2 occlusions on CTA or MRA?
a) Very uncomfortable
b) Uncomfortable
c) Neutral
d) Comfortable
e) Very comfortable

7. Interpreting cerebral angiograms, including identifying large vessel occlusion or variant cerebrovascular anatomy?
a) Very uncomfortable
b) Uncomfortable
c) Neutral
d) Comfortable
e) Very comfortable

9. Determining post-thrombectomy TICI score on angiography?
a) Very uncomfortable
b) Uncomfortable
c) Neutral
d) Comfortable
e) Very comfortable

10. Providing neurological/neuro ICU care of patients following aneurysmal subarachnoid hemorrhage?
a) Very uncomfortable
b) Uncomfortable
c) Neutral
d) Comfortable

e) Very comfortable

12. As a neurology trainee, I feel welcome in the angiography suite, observing and/or participating in cases.
a) Strongly disagree
b) Disagree
c) Neutral
d) Agree
e) Strongly agree

13. Based on my experience, pursuing training and a career in NeuroIntervention is straightforward with a background in Neurology.
a) Strongly disagree
b) Disagree
c) Neutral
d) Agree
e) Strongly agree

14. If I were interested in pursuing training in NeuroIntervention, my residency and/or fellowship (Neuro ICU or Vascular Neurology) experience will prepare me well for NeuroInterventional fellowship.
a) Strongly disagree
b) Disagree
c) Neutral
d) Agree
e) Strongly agree