

Supplementary file 7

IPCAS trial patient process evaluation/fidelity checklist - patient								
Site ID:			Participant ID:		Date:			
Time of call:			Conducted by:		Duration of call:			
Activity				Tick as appropriate			If no or unsure, please provide reasons why/any details	Other comments
				Yes	No	Unsure		
Structured review (attending at the GP surgery)	1. Attended structured review (If no/unsure, ask for reasons why)							
	2. 15-item checklist of needs (If no/unsure, ask for reasons why)	a) Patient completed checklist						
		b) Discussion of up to 3 needs (as ranked by importance by patient) (Can you tell me which needs you discussed?)						
	4. Development of action plan(s) (If no/unsure, ask for reasons why)	a) Discussed action plan (Did you talk about how to address your needs?)						
		b) Opportunity to log and review agreed actions (Did you agree a specific plan going forward to address these needs? E.g., book an appointment with physio on Monday)						
	3. Physical check (If no/unsure, ask for reasons why)	a) Blood pressure						
		b) Medication review (Did you discuss your medication(s)?)						
		c) Other (specify) (Was there anything else that you talked about regarding your physical health?)						
	5. MLAS (If no/unsure, ask for reasons why)	a) Received leaflet about MLAS (Would you like me to post you one if not?)						
		b) Received instructions for accessing MLAS (they're on the bottom of the information sheet: "...call Emily...")						
	6. Direct point of contact to stroke survivor and carer(s)	a) Received information about 'direct point of contact' service (Were you given information about a service in your GP practice where you can get in touch if you have any stroke-related needs/concerns?)						
		b) Received instructions on how to contact practice at the end of review (Did you receive instructions about how to access this telephone service?) IF 'NO', FINISH.						
	TOTAL							
	PERCENTAGE							
Use of direct point of contact (i.e. calling the practice about their stroke-specific needs)	1. Called practice	a) Called practice (Since your appointment, have you phoned the practice about your stroke? If no/unsure, ask for reasons why. After asking for reasons why, end assessment if they didn't contact the practice)						
		b) Received signposts to specialist service (When you called, did you receive advice about accessing any specialist healthcare professionals or services (e.g. physio, speech and language therapist)? If no/unsure, ask for reasons why)						
		c) Received signposts to community service (When you called, did you receive advice about accessing any services in your community (e.g. leisure services/local activity groups, GP/nurse appointment)? If no/unsure, ask for reasons why)						
	2. Receive support and advice	a) Received advice for stroke-specific issues (that you raised?)						
		b) Other brief telephone support (Was there anything else that you talked about that you received support for when you phoned?)						
	3. Follow-up appointment(s) arranged for							
	4. Case management (Finally, was there anything else that was given to you during this call? For example, any further support about how to address your needs, any agreed plans for going forward/addressing your needs?)							
	TOTAL							
PERCENTAGE								
END OF CHECKLIST								