**Questionnaire form**

**Basic questions about your hospital or facility**

1. Which of these is the main description of your hospital/facility type? (select one)
2. Convalescent and rehabilitation hospital
3. Chronic hospital
4. Geriatric health services facility
5. If possible, please write the name of your institution or hospital/facility.

**Regarding the initial period (2011 to 2014 year) of DOAC adoption**

1. Which of the following best describes the response of your hospital/facility to transfers of patients treated with DOACs for acute stroke? (select one)
2. No problem
3. Hesitant to accept transfers
4. Refusal to accept transfers
5. Pre-transfer request for prescription change from DOAC to warfarin
6. Pre-transfer request for prescription change from DOAC to antiplatelet drug
7. Other (please describe)
8. Which of the following best describes the response of your hospital/facility to anticoagulation therapy with DOACs when a patient treated with DOAC is transferred at the initial period of introduction of DOACs? (select one)
9. Quit DOAC
10. Eventually switch from DOAC to warfarin
11. Eventually switch from DOAC to antiplatelet drug
12. Continue the same DOAC which was started in the acute hospital
13. Other (please describe)

**Regarding the current period (after 2014 year) of DOAC adoption**

1. Which of the following best describes the response of your hospital/facility to transfers of patients treated with DOAC for acute stroke? (select one)
2. No problem
3. Hesitant to accept transfers
4. Refusal to accept transfers
5. Pre-transfer request for prescription change from DOAC to warfarin
6. Pre-transfer request for prescription change from DOAC to the antiplatelet drug
7. Other (please describe)
8. Which of the following best describes the response of your hospital/facility to anticoagulation therapy with DOACs when a patient treated with DOAC is transferred during the current period of introduction of DOACs? (select one)
9. Quit DOAC
10. Eventually switch from DOAC to warfarin
11. Eventually switch from DOAC to antiplatelet drug
12. Continue the same DOAC which was started in the acute hospital
13. Other (please describe)

**Regarding DOAC adoption during both the initial and current periods**

1. Did your hospital/facility adopt DOAC use at the initial and current periods? (select one at each period)

Initial period

1. Yes
2. No

Current period

1. Yes
2. No
3. If your response is “Yes”, which type and what dosage of DOAC does your hospital/facility use? (please describe)
4. If your response is “No”, explain why the hospital/facility did not adopt DOAC even now? (please describe)