**Knowledge of acute mountain sickness (AMS) questionnaire**

Please fill in this questionnaire as fully and honestly as possible. Many thanks.

1. What is the your highest level of education? (please tick one):
   - Did not complete Secondary/High School [   ]
   - Secondary/High School [   ]
   - Bachelor’s Degree [   ]
   - Master’s Degree [   ]
   - Doctoral Degree [   ]

2. What is your occupation?: ..................................

3. Have you ever worked in the healthcare profession? Yes [   ] No [   ]

4. Has your occupation increased your knowledge of AMS? Yes [   ] No [   ]

5. What altitude do you live at currently at home? (please tick one): 0-500m [   ]
   - 500-1000m [   ]
   - 1000-1500m [   ]
   - 1500-2000m [   ]
   - 2000-2500m [   ]
   - 2500-3000m [   ]
   - 3000-3500m [   ]
   - 3500-4000m [   ]
   - 4000-4500m [   ]
   - 4500-5000m [   ]
   - 5000m+ [   ]

6. Have you had any previous exposure to high altitude before? Yes [   ] No [   ]
   - If yes:
     a) When were you last at high altitude? ........ days/months/years ago (please delete as appropriate)
     b) What is the highest altitude you have been to? ........metres
     c) Did you experience AMS? Yes [   ] No [   ] Don’t know [   ]
     d) If yes, at what altitude did you first experience these symptoms of AMS? ........metres

7. Have you ever run a marathon at high altitude before? Yes [   ] No [   ]
   - a) If so, what was the highest altitude reached during the marathon? ........metres
   - b) Did you experience AMS? Yes [   ] No [   ] Don’t know [   ]
   - c) If yes, at what altitude did you first experience these symptoms of AMS? ........metres
Note: Please answer the following questions based on your knowledge of acute mountain sickness PRIOR to arrival in Kathmandu and not based on any knowledge you may have obtained in Kathmandu.

8. Did you obtain any information about AMS prior to your trip to Kathmandu? Yes [   ] No [   ]
   a) If so, where did you find this information (please tick all that apply):
      Internet. [ ] (Please list website(s)): ........................................................................................................
      Guide book: [ ] (Please list book(s)): .......................................................................................................
      Travel agent [ ]
      Doctor [ ]
      Travel clinic [ ]
      Family/Friends [ ]
      Work [ ]
      Other [ ] ...............................................................................................................................................

9. How would you rate your current knowledge of AMS?
   Very poor [ ]
   Poor [ ]
   Average [ ]
   Good [ ]
   Very Good [ ]

10. Based on your current knowledge, would you like to know more about AMS? Yes [   ] No [   ]

11. Do you think that AMS can be prevented with medication(s)? Yes [   ] No [   ]
   a) If yes, what medication(s) do you think help(s) prevent AMS? (If you can, please state name, dose, timing)
      ...............................................................................................................................................................
      ...............................................................................................................................................................
      ...............................................................................................................................................................

12. Are you taking any medication or supplements to help prevent developing AMS? Yes [   ] No [   ]
   a) If yes, what are you taking:
      ........................................... Dose:......mg ...times a day (Start date:.............)
      ........................................... Dose:......mg ...times a day (Start date:.............)
      ........................................... Dose:......mg ...times a day (Start date:.............)
      ........................................... Dose:......mg ...times a day (Start date:.............)
      ........................................... Dose:......mg ...times a day (Start date:.............)

   b) If no, is there any reason for not taking any medication?
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13. Do you think that AMS can be prevented by any methods or strategies? Yes [ ] No [ ]
   a) If yes, what are these methods or strategies?
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      ...........................................................................................................................

14. Do you think that rate of ascent influences AMS? Yes [ ] No [ ]

15. What is the main symptom of AMS?
   .................................................................

16. Can you list other major symptoms of AMS?
   a)
   b)
   c)
   d)

17. At what altitude can symptoms of AMS start to occur? (lowest altitude):
   500m [ ] 1500m [ ] 2500m [ ] 3500m [ ] 4500m [ ] 5500m [ ]

18. Do you think symptoms of AMS can be relieved by medication(s)? Yes [ ] No [ ]
   a) If yes, what medication(s) do you think relieve AMS? (please list below):
      ...........................................................................................................................
      ...........................................................................................................................
      ...........................................................................................................................
   b) If yes, do you carry any medication(s) with you to relieve symptoms? Yes [ ] No [ ]
   c) If yes, what medication(s) do you carry with you?
      ...........................................................................................................................
      ...........................................................................................................................

19. Do you think symptoms of AMS can be masked by any medication(s)? Yes [ ] No [ ]
   a) If yes, what medication(s) do you think can mask symptoms of AMS?
      ...........................................................................................................................

20. Do you think AMS can be treated? Yes [ ] No [ ]
    If yes, what do you think the treatment options are?
      ...........................................................................................................................
21. Are there any more **serious complications** of AMS? Yes [ ] No [ ]
   a) If yes, what are these complications? (please list):
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   b) If yes, what are the **signs** that AMS is getting more serious? (please list):
   ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………
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22. Is it safe to go to a higher altitude with mild symptoms of AMS? Yes [ ] No [ ]

23. If you have symptoms of AMS that are alleviated with medication, is it safe to go to a higher altitude? Yes [ ] No [ ]

24. Is it safe to stay at the same altitude to recover if you have been experiencing worsening symptoms of AMS and cannot walk heel-to-toe in a straight line? Yes [ ] No [ ]

25. Does someone always have to accompany an ill person with AMS? Yes [ ] No [ ]

Many thanks for completing this questionnaire. Please return it to Abigail Letchford, the researcher.