Instructions: Please complete the Stroke Final Diagnosis Form using the attached record data to assign a stroke diagnosis. If you mark an answer in error, mark an “X” through the incorrect answer and circle the appropriate response.

PART A: ADMINISTRATIVE INFORMATION

0. Date Assigned

1.a. Batch Number: 

b. Type of Review: 

c. Date of SDX completion: 

2. Code number of person completing this form: 

Initials of person completing this form: 

PART B: REVIEW OF COMPUTER’S MI DIAGNOSIS

3. Were any of the exclusionary conditions for diagnostic criteria met? (see Part D for exclusionary conditions)

Yes ……………………………… Y

No ……………………………… N

If N, go to question 5

4. For which exclusionary condition(s) did you find evidence in the clinical record? (Specify all up to three that apply from list in Part D)

a. 

b. 

c. 

STOP

5. Assign a Stroke Diagnosis: (See Diagnostic Criteria for Stroke in section 3.3.2)

Definite Subarachnoid Hemorrhage (SAH) ……………………………………… A

Definite Brain Hemorrhage (IPH) ………………………………………………… B

Definite Brain Infarction, Thrombotic (TIB) ……………………………………….. C

Definite Brain Infarction, Non-carotid Embolic (EIB) ……………………………. D

Probable Subarachnoid Hemorrhage ………………………………………………. E

Probable Brain Hemorrhage ……………………………………………………… F

Probable Brain Infarction, Thrombotic ………………………………………….. G

Probable Brain Infarction, Non-carotid Embolic ………………………………. H

Possible Stroke of Undetermined Type ………………………………………… I

Other (specify below) ………………………………………………………………. J

Go to 6

Go to 7
### PART C: STROKE CLASSIFICATION

6. If you assigned C (Definite Brain Infarction, Thrombotic) as a Diagnosis in Item 5,

   Do you think the infarction was lacunar? (SEE GRID)

   Yes ........................................... Y
   No ........................................... N

<table>
<thead>
<tr>
<th>DIAGNOSTIC GRID FOR LACUNAR INFARCTIONS (must be non-hemorrhagic lesion)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LESION SIZE</strong></td>
</tr>
<tr>
<td>----------------------------</td>
</tr>
<tr>
<td>Neuroimaging Report(s)</td>
</tr>
<tr>
<td>&quot;Lacunar&quot; mentioned</td>
</tr>
<tr>
<td>&quot;Lacunar&quot; NOT mentioned</td>
</tr>
<tr>
<td>&quot;Lacunar&quot; excluded**</td>
</tr>
</tbody>
</table>

*Typical Location: basal ganglia, brain stem, thalamus, internal capsule, cerebral white matter

**Explicit statement in the neuroimaging report(s) that lesion(s) are not lacunar

### PART D: EXCLUSIONARY CONDITIONS FOR DIAGNOSTIC CRITERIA FOR STROKE***

Cases are not considered a stroke if there is evidence in the patient’s clinical record that the neurologic symptoms were the result of any of the following:

1. Major head (brain) trauma; e.g. epidural hematoma, subdural hematoma, skull fracture

2. Neoplasm; e.g., primary or metastatic brain/CNS neoplasia (malignant or benign)

3. Coma due to metabolic disorders or disorders of fluid or electrolyte balance; e.g., due to diabetes, hypoglycemia, epilepsy, hypovolemia, poisoning, drug overdose, uremia, or liver disease

4. Vasculitis involving the brain; e.g., SLE, radiation, etc.

5. Peripheral neuropathy

6. Hematologic abnormalities (considered exclusionary if present prior to event under consideration); e.g., thrombogenic conditions (e.g. DIC) are exclusionary for thrombotic or embolic strokes, hemorrhagic conditions (e.g. DIC, anticoagulant or thrombolytic therapy, thrombocytopenia) are exclusionary for brain hemorrhage or subarachnoid hemorrhage

7. CNS infection: brain abscess, granulomas, meningitis, encephalitis, or any specific infection involving the brain or meninges

***Abstracted from Manual 2. Event classification for Cohort Component, section 3.3.2.11

7. If you assigned C or G (Definite or Probable Infarction, Thrombotic) as a Diagnosis in Item 5,

   Do you think the infarction was caused by a carotid atherosclerotic embolus
   (70-99% occluded ipsilateral carotid)?

   Yes ........................................... Y
   No ........................................... N