Instructions: The Stroke Form is completed for each eligible Cohort hospitalization for stroke as determined by the Cohort Eligibility Form. Event ID must be entered above. **NOTE: In this version Questions 3a-13 are deleted. For ICD diagnoses and procedure codes, demographics, date and time of arrival at hospital, or transfer information please see the CHI form.**

A. HOSPITAL INFORMATION

1.a. Hospital number: __________

1.b. Medical record number: __________

2. Has the hospital chart for this event been located?
   Yes Y
   No N
   Go to Item 56

14. Date of discharge or death:
   __________/__________/__________

15. Discharged ....... Alive A
    Dead D
    Go to Item 17
16. Length of time between onset of new neurologic symptoms/signs and death:
- Less than 24 hours: L
- 24-48 hours: E
- Greater than 48 hours: G
- Unknown: U
- Not Applicable: N

Go to Item 19a.

17. Did the discharge diagnosis include any of these codes?
- ICD-9: 430, 431, 432, 433, 434, 436
- ICD-10: I60.x, I61.x, I62.x, I63.x

Yes: Y  Go to Item 19a.
No: N

18. Did any neurologic symptoms/signs last > 24 hours? ....... Yes: Y
No: N

Go to Item 21

19.a. Were there new neurological symptoms/signs leading to or present upon admission to this hospital? ....... Yes: Y
No: N

Go to Item 26.

19.a. If no, what was the condition(s) causing admission?

20. Did new neurological symptoms/signs develop during this hospitalization? .... Yes: Y
No: N
Unknown: U

Go to Item 26.

21. Date of onset of current neurological event:

m  m  /  m  m  /  d  d  /  y  y  y  y

22. Was the onset of the predominant neurologic symptom(s)/sign(s) either sudden or rapid? ............. Yes: Y
No: N
Unknown: U

Go to Item 28

23. History of previous stroke (also review previous discharge diagnoses) ............ Yes: Y
No: N
Unknown: U

Go to Item 28

24. Month/year of first stroke:

m  m  /  m  m  /  y  y  y  y

25. Month/year of most recent stroke:

m  m  /  m  m  /  y  y  y  y

26. History of previous TIA: ........ Yes: Y
No: N
Unknown: U
27. Month/year of first and most recent TIA:
   a. First: ...........
      m m y y y y
   b. Most Recent: ....
      m m y y y y

28. History of myocardial infarction prior to the onset of this event: ........... Yes Y
   No N
   Unknown U

29. Are any of the following conditions documented as having been present within four weeks prior to or during this hospitalization?
   a. Myocardial infarction (IF YES, COMPLETE HRA FORM) ........ Yes Y
      No N
      Unknown U
   b. Intracardiac thrombus or intracardiac tumor (myxoma) ........ Yes Y
      No N
   c. Atrial fibrillation or flutter ............ Yes Y
      No N
   d. Rheumatic heart disease, valvular heart disease (e.g., mitral stenosis, artificial heart valve) ............ Yes Y
      No N
   e. Subacute bacterial endocarditis .......... Yes Y
      No N
   f. Systemic embolus (including angiographically identified embolus) ... Yes Y
      No N
   g.1. Hematologic abnormality: hypercoagulable state e.g., DIC ............ Yes Y
        No N
   g.2. Hematologic abnormality: hemorrhagic e.g., leukemia, thrombocytopenia, DIC ............ Yes Y
      No N
   h. Brain tumor (benign or malignant, primary or metastatic) ........ Yes Y
      No N
### Cohort Stroke Abstraction Form

**29.i. Major head trauma, e.g.,**
- Subdural hematoma
- Epidural hematoma
- Skull fracture

Yes Y
No N

**j. Another nonstroke disease process**
- Which likely caused a focal neurologic deficit or coma

Yes Y
No N

Go to Item 30a.

**k. Specify:**

---

**30. Were any of the following performed or present in the week prior to the onset of acute neurologic symptoms?**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Cardiac catheterization</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>b. Open heart surgery</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>c. Cerebral angiography</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>d. Carotid endarterectomy</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>e. Therapy with anticoagulants</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>f. Therapy with thrombolytic agents</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

**B. PHYSICIAN DOCUMENTATION OF NEW SYMPTOMS OR SIGNS PRESENT ON OR LEADING TO THIS ADMISSION, OR OCCURRING DURING HOSPITALIZATION:**

**30.e. Therapy with anticoagulants**
- Heparin, Warfarin (Coumadin)

Yes Y
No N

**30.f. Therapy with thrombolytic agents**
- Streptokinase, TPA, urokinase

Yes Y
No N

**31.a. Headache at onset or admission**

Yes Y
No N

Go to Item 32a.

**31.b. Indicate severity:**
- Severe S
- Mild/moderate M
- Unspecified U

**c. What was the duration?**
- Less than 24 hours L
- 24 hours or more M
- Unknown U

**32.a. Vertigo**

Yes Y
No N

Go to Item 33

**b. What was the duration?**
- Less than 24 hours L
- 24 hours or more M
- Unknown U
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>33.a. Convulsions ..........</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Was this the first neurologic symptom? ...</td>
<td>Yes</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>N</td>
</tr>
<tr>
<td>34. Meningeal signs: Stiff neck (nuchal rigidity); limitation on leg extension, neck flexion (Kernig, Brudzinski) ..........</td>
<td>Yes</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>N</td>
</tr>
<tr>
<td>35.a. Coma, unconsciousness, stupor occurring within 12 hours after onset of the neurologic event ..</td>
<td>Yes</td>
<td>Y</td>
</tr>
<tr>
<td>b. What was the duration?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 24 hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 hours or more</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36.a. Aphasia ..........</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. What was the duration?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 24 hours</td>
<td></td>
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<tr>
<td>24 hours or more</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>37. Pre-retinal (Subhyaloid) Hemorrhages ..........</td>
<td>Yes</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>N</td>
</tr>
<tr>
<td>38.a. Hemianopia ..........</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. What was the duration?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 24 hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 hours or more</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>39.a. Diplopia ..........</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. What was the duration?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 24 hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 hours or more</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
40.a. Dysphagia (difficulty in swallowing), dysarthria, dysphonia, or tongue deviation .......... Yes Y
                     No  N
                     Go to Item 41.

b. What was the duration?
   Less than 24 hours  L
   24 hours or more    M
   Unknown              U

41.a. Weakness, paresis or paralysis affecting the face .... Yes  Y
                     No  N
                     Go to Item 42.

b. Indicate affected side(s):
   Right side         R
   Left side          L
   Both sides         B
   Unknown             U

c. What was the duration?
   Less than 24 hours  L
   24 hours or more    M
   Unknown              U

42.a. Weakness, paresis or paralysis affecting the extremities .... Yes  Y
                     No  N
                     Go to Item 43.

b. Arm: (Circle one)
   Affected, side unspecified  U
   Right Only                    R
   Left Only                     L
   Both                          B
   Neither                      N

d. What was the duration of the weakness, paresis, or paralysis affecting the extremities?
   Less than 24 hours  L
   24 hours or more    M
   Unknown             U

42.c. Leg: (Circle one)
   Affected, side unspecified  U
   Right Only                    R
   Left Only                     L
   Both                          B
   Neither                      N

d. What was the duration of the weakness, paresis, or paralysis affecting the extremities?
   Less than 24 hours  L
   24 hours or more    M
   Unknown             U
43.a. Loss of sensation, tingling, paresthesias, hemianesthesia affecting the face .... Yes  Y
   No  N

   Go to Item 44.

b. Indicate affected side(s):

   Right side  R
   Left side  L
   Both sides  B
   Unknown  U

c. What was the duration?

   Less than 24 hours  L
   24 hours or more  M
   Unknown  U

44.a. Loss of sensation, tingling, paresthesias, hemianesthesia affecting the extremities
   Yes  Y
   No  N

   Go to Item 45.

b. Arm: (Circle one)

   Affected, side unspecified  U
   Right Only  R
   Left Only  L
   Both  B
   Neither  N

44.c. Leg: (Circle one)

   Affected, side unspecified  U
   Right Only  R
   Left Only  L
   Both  B
   Neither  N

d. What was the total duration of the loss of sensation, tingling, paresthesias, hemianesthesia affecting the extremities?

   Less than 24 hours  L
   24 hours or more  M
   Unknown  U

45.a. Gait disturbance ....... Yes  Y
   No  N

   Go to Item 46.

b. What was the duration?

   Less than 24 hours .......... L
   24 hours or more ............ M
   Unknown ..................... U

46.a. Cranial Nerve III Palsy: ............... Yes  Y

   Go to Item 46.

   No  N
46.b. Other neurologic symptom: .............. Yes Y
                                  No N
If yes, specify: __________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

C. LABORATORY TESTS PERFORMED THIS ADMISSION:

47.a. Was lumbar puncture performed? .............. Yes Y
                                  No N
                                  Go to Item 48.

Record for the first nontraumatic LP after onset of symptoms or first LP if all traumatic.

b. Date: __________________ / _______ / _______ / _______
                              m    m     d   d     y   y  y   y

c. Traumatic? .............. Yes Y
                                  No N

47.d. Appearance: .. Clear fluid C
                                  Xanthochromic X
                                  Gross blood B
                                  Unknown U

e. Microscopic RBCs (Tube 1):
                                  Zero RBCs cu.mm. Z
                                  1-999 RBC cu.mm. L
                                  1000+ RBC cu.mm. G
                                  Unknown U

47.f. Microscopic RBCs (Tube 2): No tube N
                                  Zero RBCs cu.mm. Z
                                  1-999 RBC cu.mm. L
                                  1000+ RBC cu.mm. G
                                  Unknown U

g. Lumbar puncture diagnosis:
                                  Normal Study A
                                  Exclusionary pathology B
                                  Unrelated pathology or traumatic tap C
                                  Bloody (non-traumatic) or xanthochromic D
### Cohort Stroke Abstraction Form

**48.a. Was cerebral angiography performed?**
- **Yes** (Y)
- **No** (N)

**Go to Item 49.**

**b. Date:**
```
m m d d y y y y
```

**c. Angiography diagnosis**
- **Normal study** (A)
- **Exclusionary pathology** (B)
- **Unrelated pathology** (C)
- **Ruptured aneurysm** (D)
- **Avascular mass without evidence ruptured aneurysm/AVM** (E)

**48.d. Stenosis - Right internal carotid**
- **Not studied** (A)
- **0-29% stenosis** (B)
- **30-69% stenosis** (C)
- **70-89% stenosis** (D)
- **> 90% stenosis** (E)

*If B, C, D, or E, specify percentage.*

**d.1.**
```
   %
```

**48.e. Stenosis - Left internal carotid**
- **Not studied** (A)
- **0-29% stenosis** (B)
- **30-69% stenosis** (C)
- **70-89% stenosis** (D)
- **> 90% stenosis** (E)

*If B, C, D, or E, specify percentage.*

**e.1.**
```
   %
```

### 49.a. Was at least one CT scan performed during this hospitalization?**
- **Yes** (Y)
- **No** (N)

**Go to Item 51.**

**b. What was approximate time between symptom onset and the first CT scan?**
- **Less than 24 hours** (A)
- **24-48 hours** (B)
- **Greater than 48 hours** (C)
- **Unknown** (U)

**49.c. Date of first CT scan:**
```
m m d d y y y y
```

**d. First CT diagnosis**
- **Normal study** (A)
- **Exclusionary pathology** (B)
- **Unrelated pathology** (C)
- **Normal study, but done within 48 hours of symptom onset** (D)
- **Subarachnoid hemorrhage** (E)
- **Intracerebral hematoma** (F)
- **Ischemic infarction, with no evidence of hemorrhage** (G)
50.a. Were two or more CT scans performed during this hospitalization? ....... Yes Y No N

Go to Item 51.

b. What was approximate time between symptom onset and the last CT scan?
   - Less than 24 hours A
   - 24-48 hours B
   - Greater than 48 hours C
   - Unknown U

50.c. Date of last CT scan during this hospitalization:

   m m / d d / y y y y

50.d. Last CT diagnosis
   - Normal study A
   - Exclusionary pathology B
   - Unrelated pathology C
   - Normal study, but done within 48 hours of symptom onset D
   - Subarachnoid hemorrhage E
   - Intracerebral hematoma F
   - Ischemic infarction, with no evidence of hemorrhage G

Go to Item 51.

51.a. Were any other CT scans performed after the onset of acute neurologic symptoms/signs, but before admission to this hospital? ....... Yes Y No N

Go to Item 52.

b. What was approximate time between symptom onset and the first CT scan prior to this hospitalization?
   - Less than 24 hours A
   - 24-48 hours B
   - Greater than 48 hours C
   - Unknown U

51.c. Date of pre-admission CT scan:

   m m / d d / y y y y

d. Pre-admission CT diagnosis
   - Normal study A
   - Exclusionary pathology B
   - Unrelated pathology C
   - Normal study, but done within 48 hours of symptom onset D
   - Subarachnoid hemorrhage E
   - Intracerebral hematoma F
   - Ischemic infarction, with no evidence of hemorrhage G
52.a. Was Magnetic Resonance Imaging (MRI) including the head performed?  ... Yes Y No N

Go to Item 53.

52.b. What was approximate time between symptom onset and the MRI? (If > 1 MRI, pick the most meaningful.)

Less than 24 hours A
24-48 hours B
Greater than 48 hours C
Unknown U

c. Date: ___/___/___

52.d. MRI diagnosis:
Normal study A
Exclusionary pathology B
Unrelated pathology C
Normal study, but done within 48 hours of symptom onset D
Subarachnoid hemorrhage E
Intracerebral hematoma F
Ischemic infarction, with no evidence of hemorrhage G

53.a. Was B-Mode and/or Doppler Ultrasound on carotid(s) performed? ............ Yes Y No N

Go to Item 54.

53.b. Date: ___/___/___

53.c. Ultrasound diagnosis - Right internal carotid
Not studied A
0-29% stenosis B
30-69% stenosis C
70-89% stenosis D
> 90% stenosis E
"Hemodynamically significant lesion" F

If B, C, D, or E, specify percentage:

d.1. ___/___/___

53.d. Ultrasound diagnosis - Left internal carotid
Not studied A
0-29% stenosis B
30-69% stenosis C
70-89% stenosis D
> 90% stenosis E
"Hemodynamically significant lesion" F

If B, C, D, or E, specify percentage:

c.1. ___/___/___

54.a. Was a craniotomy performed (post event)? ............ Yes Y No N

Go to Item 55.

54.b. Date: ___/___/___
54.c. Craniotomy diagnosis
   - No pathology: A
   - Exclusionary pathology: B
   - Unrelated pathology: C
   - Ruptured aneurysm: D
   - Intracerebral hematoma: E
   - Infarction: F

55.a. Was an autopsy performed? .......... Yes Y No N

C. Autopsy diagnosis
   b. Recent bleeding of saccular aneurysm: Yes Y No N
   c. Intracerebral hemorrhage: Yes Y No N
   d. Recent nonhemorrhagic infarction of brain: Yes Y No N

55.e. Recent infarcted area (bland or hemorrhagic): Yes Y No N
   f. Source of emboli in a vessel of any organ, or an embolus in the brain: Yes Y No N

D. ADMINISTRATIVE INFORMATION:

56. Abstractor Number: .......  

57. Date
   Abstracted: m m d d / y y y y

E. ADDITIONAL FORMS TO BE FILLED OUT:

Autofilled by DMS

Criteria based on this form

*Question 58 Removed. (See CHI8).

59. DTH Item 15 = D .... Yes Y No N

60. HRA Item 29a = Y ... Yes Y No N

61. Xerox Item 55a = Y ... Yes Y No N

62. CFD Item 2 = Y ... No N

63. Are there any serum creatinine values?
   Yes................. Y
   No................ N

Record the value of the first, last, and highest measurements of serum creatinine (mg/dl):

1: First:  
2. date: (mm/dd/yyyy)
3: Last (if more than one):  
4. date: (mm/dd/yyyy)
5: Highest of remaining values (if more than two):  
6. date: (mm/dd/yyyy)