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

**Question 3-13 deleted. For ICD codes, demographics, date and time of arrival at this hospital, transfer information see the CHI form.**

14. Date of discharge or death:

m m / d d / y y y y

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)

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

Yes Y  No N

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

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

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

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

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

24. Month/year of first stroke:

m m / m y y y y

25. Month/year of most recent stroke:

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

29.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

29.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**

<table>
<thead>
<tr>
<th>Major head trauma</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Disease process</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
</table>

**k. Specify:**

<table>
<thead>
<tr>
<th>Specify</th>
<th></th>
</tr>
</thead>
</table>

**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>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Cardiac catheterization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Open heart surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Cerebral angiography</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Carotid endarterectomy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Therapy with anticoagulants</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
</table>

**f. Therapy with thrombolytic agents (streptokinase, TPA, urokinase)**

<table>
<thead>
<tr>
<th>Therapy with thrombolytic agents</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
</table>

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

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

<table>
<thead>
<tr>
<th>Headache at onset or admission</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
</table>

**31.b. Indicate severity:**

<table>
<thead>
<tr>
<th>Severity</th>
<th>S</th>
<th>M</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>c. What was the duration?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 24 hours</td>
<td>L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 hours or more</td>
<td>M</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td>U</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**32.a. Vertigo**

<table>
<thead>
<tr>
<th>Vertigo</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
</table>

**b. What was the duration?**

<table>
<thead>
<tr>
<th>Duration</th>
<th>L</th>
<th>M</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 24 hours</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 hours or more</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 33. Convulsions
- a. **Y**
- b. **Y**

### 34. Meningeal signs:
- Stiff neck (nuchal rigidity); limitation on leg extension, neck flexion (Kernig, Brudzinski) **Y**
- **Y**

### 35. Coma, unconsciousness, stupor occurring within 12 hours after onset of the neurologic event
- a. **Y**
- b. **Y**

### 36. Aphasia
- a. **Y**
- b. **Y**

### 37. Pre-retinal (Subhyaloid) Hemorrhages
- a. **Y**
- b. **Y**

### 38. Hemianopia
- a. **Y**
- b. **Y**

### 39. Diplopia
- a. **Y**
- b. **Y**

Go to Item 34.
Go to Item 36.
Go to Item 38.
Go to Item 39.
40.a. Dysphagia (difficulty in swallowing), dysarthria, dysphonia, or tongue deviation .......... Yes Y

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

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

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
43.a. Loss of sensation, tingling, paresthesias, hemianesthesia affecting the face.... Yes Y

Go to Item 44.

No N

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

Go to Item 45.

Yes Y

No N

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

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

Go to Item 46.

No N

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 45.

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

#### b. Date:
- **m mm d dd yyyy**

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

#### 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. %

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

#### 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)

#### c. Date of first CT scan:
- **m mm d dd yyyy**

#### 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

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:

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

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:

51.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

Go to Item 52.
52.a. Was Magnetic Resonance Imaging (MRI) including the head performed? ... Yes Y No N

Go to Item 53.

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: m m d d y y y y

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

Go to Item 53.

Go to Item 54.

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

Go to Item 54.

b. Date: m m d d y y y y

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. %

c.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:

d.1. %

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

Go to Item 55.

b. Date: m m d d y y y y
Cohort Stroke Abstraction Form

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

Go to Item 56.

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: mm/dd/yyyy

E. ADDITIONAL FORMS TO BE FILLED OUT:

Autofilled by DMS

Form 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

Autopsy Report No N

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

*Items 63, 63a.1-63a.6 deleted and captured on the CEL form*