### A. HOSPITAL INFORMATION

1.a. Hospital number: 

[If code 96-99, specify name and location]:

________________________

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:

   / m m/ d d/ y y y y

15. Discharged

   Alive A  
   Dead D  
   Go to Item 17

23. History of previous stroke (also review previous discharge diagnoses)

   Yes Y  
   No N  
   Unknown U  
   Go to Item 26.

24. Month/year of first stroke:

   / m m/ y y y y

25. Month/year of most recent stroke:

   / m m/ y y y y

26. History of previous TIA:

   Yes Y  
   No N  
   Unknown U

   Go to Item 28

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. Most Recent: .... / m m/ y y y y

   55.a. Was an autopsy performed? ............ Yes Y  

   Go to Item 56

   No N

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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):

63a1. First (if more than one) 

63a2. Date:

63a3. Last (if more than one) 

63a4. Date:

63a5. Highest of remaining values (if more than two) 

63a6. Date: