

Stroke Symptoms Form

			VERSION B 07/29/2005
ID I	NUMBER: CONTACT YEAR:	0 6	_
LAS	ST NAME:	NITIALS:	
e b e ci	NSTRUCTIONS: This form should be completed during the participant's visit. ID is ntered above. Whenever numerical responses are required, enter the number so to example to example the number is entered on the example to the correct entry clearly above the incorrect entry. For "muricle the letter corresponding to the most appropriate response. If a letter is circle and circle the correct response.	hat the last digit app incorrectly, mark thr Iltiple choice" and "ye	ears in the rightmost rough the incorrect es/no" type questions,
A.	STROKE HISTORY		
1.	Since your last Jackson Heart Study exam in (mm/dd /yyyy),		
	have you been told by a physician that you had a stroke?	Yes	1
	Go to Item 3	— No	2
		Don't know	7
		Refused	8
		Missing	9
2.	When did this stroke occur? / / / / / / / / / / / / / / /	У	
В.	SUDDEN LOSS OR CHANGE OF SPEECH		
3.	In the past 5 years, since your last Jackson Heart Study exams, have you had any sudden loss or changes		
	in speech lasting 24 hours or longer?	Yes	1
	Ca ta llam 7	_ No	2
	Go to Item 7	— Don't know	7
		Refused	8

Missing

4.	Did the episode come on suddenly?		•••••	Yes		I
				No		2
				Don	't know	7
				Refu	ısed	8
				Miss	sing	9
5.	Do any of the following describe your change [READ ALL CHOICES]	in spe	ech?			
	[<u>Yes</u>	<u>No</u>	Don't Know	<u>Refused</u>	<u>Missing</u>
	5a. Slurred speech like you were drunk?	1	2	7	8	9
	Could talk but the wrong words came 5b. out?	1	2	7	8	9
	Know what you wanted to say, but the 5c. words would not come out?	1	2	7	8	9
	5d. Could not think of the right words?	. 1	2	7	8	9
	5e. [IF MORE THAN ONE OF ITEMS A-D INDIC ASK "WHICH OF THESE MOST CLOSELY DE THE PROBLEMS?"]	SCRIB		Slurred speech		1
	THE TROSEEMS. J			·		·
			V	Vrong words car	ne out	2
			V	Vords would not	come out	3
			(Could not think (of the right	4
6.	While you were having your episode of change did any of the following occur? [INCLUDE ALL	-				
	6a. Numbness or tingling?			Yes		1
			Go to Iter	m 6c		2
				Don't	know	7
				Refus	ed	8
				Missir	าต	9

6b.	Did you have difficulty on:	The righ	nt side only	1
	[READ ALL CHOICES]	The left	t side only	2
		Both si	des	3
		Don't k	now	7
		Refused	d	8
		Missing	J	9
6c.	Paralysis or weakness?		. Yes	1
	Go to Item	6e	No	2
			Don't know	7
			Refused	8
			Missing	9
6d.	Did you have difficulty on:	The righ	t side only	1
	[READ ALL CHOICES]	The left	side only	2
		Both sid	es	3
		Don't kr	now	7
		Refused		8
		Missing		9
6e.	Lightheadedness, dizziness, or loss of balance?		. Yes	1
			No	2
			Don't know	7
			Refused	8
			Missing	9

SSF/Version B 07/29/2005 Page 3 of 24

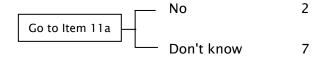
6f.	Blackouts or fainting?	Yes	1
		No	2
		Don't know	7
		Refused	8
		Missing	9
6g.	Seizures or convulsions?	Yes	1
		No	2
		Don't know	7
		Refused	8
		Missing	9
6h.	Headache?	Yes	1
		No	2
		Don't know	7
		Refused	8
		Missing	9
6i.	Visual disturbances?	Yes	1
	Go to Item 7	No	2
		Don't know	7
		Refused	8
		Missing	9

SSF/Version B 07/29/2005 Page 4 of 24

6j. Did you have: [READ ALL CHOICES UNTIL A POSITIVE RESPONSE IS GIVEN]

Double vision	01
Vision loss in right eye only	02
Vision loss in left eye only	03
Total loss of vision in both eyes	04
Trouble in both eyes seeing to the right	05
Trouble in both eyes seeing to the left	06
Trouble in both eyes seeing to both sides or straight ahead	07
Don't know	77
Refused	88
Missing	99

C. SUDDEN LOSS OF VISION



Refused 8

Missing 9

3. Did the episode come on suddenly?...... Yes 1

No 2

Don't know 7

				Refused		8
				Missing		9
9a.	During the episode, which of the following of your vision were affected?		Only the right Only the left ey Both eyes Don't know Refused		1 2 3 7	Go to Item 10a
			Missing		9	
	9b. Did you have:	Trouble s	seeing to the rig	ht, but not the	e left	1
	[READ ALL CHOICES UNTIL A POSITIVE RESPONSE IS GIVEN]	Trouble seeing to the left, but not the right				2
		Trouble s	seeing both side	s or straight a	head	3
		Don't kno	ow			7
		Refused				8
		Missing				9
10.	While you were having your loss of vision, of any of the following occur? [INCLUDE ALL		Y]			
	10a. Speech disturbance?			Yes		Υ
				No		N
				Don't know		7
				Refused		8

SSF/Version B 07/29/2005 Page 6 of 24

Missing

10b. Numbness or tingling?	Yes	1
	Go to Item 10d No	2
	Don't know	7
	Refused	8
	Missing	9
10c. Did you have difficulty on: [READ ALL CHOICES]	The right side only	1
[READ ALL CHOICES]	The left side only	2
	Both sides	3
	Don't know	7
	Refused	8
	Missing	9
10d. Paralysis or weakness?	Yes	1
	Go to Item 10f No	2
	Don't know	7
	Refused	8
	Missing	9
10e. Did you have difficulty on: [READ ALL CHOICES]	The right side only	1
	The left side only	2
	Both sides	3
	Don't know	7

SSF/Version B 07/29/2005 Page 7 of 24

Re	efused	8
	issing	9
10f. Lightheadedness, dizziness, or loss of balance?	Yes	1
	No	2
	Don't know	7
	Refused	8
	Missing	9
10g. Blackouts or fainting?	Yes	1
	No	2
	Don't know	7
	Refused	8
	Missing	9
10h. Seizures or convulsions?	Yes	1
	No	2
	Don't know	7
	Refused	8
	Missing	9
10i. Headache?	Yes	1
	No	2
	Don't know	7
	Refused	8
V : P 07/102/1005	Missing	9

10j. Flashing lights?	Yes	1
	No	2
	Don't know	7
	Refused	8
	Missing	9
D. DOUBLE VISION		
11a. In the past 5 years, since your last Jackson Heart Study visit, have you had a sudden spell of double vision,		
which lasted 24 hours or longer?	. Yes	1
Go to Item 14	No	2
	Oon't know	7
	Refused	8
	Missing	9
11b. If you closed one eye, did the double vision go	W	
away?	. Yes	1
Go to Item 14	No	2
	Don't know	7
	Refused	8
	Missing	9
12. Did the episode come on suddenly?	Yes	1
	No	2
	Don't know	7
	Refused	8
	Missing	9

SSF/Version B 07/29/2005 Page 9 of 24

of the following occur? [INCLUDE ALL THAT APPLY] 1 No 2 Don't know 7 Refused 8 Missing 9 13b. Numbness or tingling? Yes 1 Go to Item 13d - No 2 Don't know 7 Refused 8 Missing 9 13c. Did you have difficulty on: The right side only 1 [READ ALL CHOICES] The left side only 2 Both sides 3 Don't know 7 Refused 8 Missing 9 13d. Paralysis or weakness? Yes 1 Go to Item - No 2 Don't know 7 Refused 8

13. While you were having your double vision did any

SSF/Version B 07/29/2005 Page 10 of 24

Missing

13e.	Did you have difficulty on	The i	right side only	1
		The l	eft side only	2
		Both	sides	3
		Don'	t know	7
		Refu	sed	8
		Missi	ing	9
13f.	Lightheadedness, dizziness, or loss of balance?		Yes	1
			No	2
			Don't know	7
			Refused	8
			Missing	9
13g.	Blackouts or fainting?		Yes	1
			No	2
			Don't know	7
			Refused	8
			Missing	9
13h	Seizures or convulsions?		Yes	1
. 5	Scizares of convaisions.		No	2
			Don't know	7
			Refused	
				8
			Missing	9

SSF/Version B 07/29/2005 Page 11 of 24

	13i. Headache?		Yes		1	
			No		2	
			Don't know		7	
			Refused		8	
Ε.	SUDDEN NUMBNESS OR TINGLING		Missing		9	
14.	In the past 5 years, since your last Jackson Heart Study exam, have you ever had sudden numbness, tingling, or loss of feeling on one side of your body, including your face, arm, or leg which lasted					
	24 hours or longer?		. Yes		1	
		ı —	No		2	
	Go to Item 20	<u> </u>	Don't know		7	
			Refused		8	
			Missing		9	
15.	Did the feeling of numbness or tingling occur only when you kept your arms or legs in a			Г	Carlo hara 20	
	certain position?	S		1 —	Go to Item 20	
	No)		2		
	Do	n't kn	ow	7		
	Re	fused		8		
	Mi	ssing		9		
16.	Did the episode come on suddenly?	······	Yes		1	
			No		2	
			Don't know		7	
			Refused		8	
			Missing		9	

SSF/Version B 07/29/2005 Page 12 of 24

17. During the episode of sudden numbness or tingling, which part or parts of your body were affected?
[READ ALL CHOICES]

	[READ ALL CHOICES]	<u>Yes</u>	<u>No</u>	Don't Know	<u>Refused</u>	Missing
	17a. Left arm or hand?	1	2	7	8	9
	17b. Left leg or foot?	1	2	7	8	9
	17c. Left side of face?	1	2	7	8	9
	17d. Right arm or hand?	1	2	7	8	9
	17e. Right leg or foot?	1	2	7	8	9
	17f. Right side of face?	1	2	7	8	9
	17g. Other?	1	2	7	8	9
18.	During this episode, did the abnormal sensati start in one part of your body and spread to another, or did it stay in the same place?		sr Sta Do Re	arted in one par oread to another ayed in one part on't know fused	r	1 2 7 8 9
19.	While you were having your episode of numbr tingling or loss of sensation, did any of the fo [INCLUDE ALL THAT APPLY]		occur?	,		
	19a. Speech disturbance?			Yes		1
				No		2
				Don	't know	7
				Refu	ısed	8
				Miss	sing	9

SSF/Version B 07/29/2005 Page 13 of 24

19b.	Paralysis or weakness?	Yes		
	Go	to Item 19d	- No	2
			Don't know	7
			Refused	8
			Missing	9
19c.	Did you have difficulty on:The righ	nt side only	1	
	[READ ALL CHOICES]	side only	2	
	Both side		les	3
		now	7	
	Refused			8
	Missir	Missing		9
19d.	Lightheadedness, dizziness, or loss of balance?		. Yes	1
			No	2
			Don't know	7
			Refused	8
			Missing	9
19e.	Blackouts or fainting?		Yes	1
			No	2
			Don't know	7
			Refused	8
			Missing	9

SSF/Version B 07/29/2005 Page 14 of 24

19f.	Seizures or convulsions?	Yes	1
		No	2
		Don't know	7
		Refused	8
		Missing	9
19g.	Headache?	Yes	1
			2
		Don't know	7
		Refused	8
		Missing	9
19h.	Pain in the numb or tingling arm,		
	leg or face?	Yes	1
		No	2
		Don't know	7
		Refused	8
		Missing	9
19i.	Visual disturbances?	Yes	1
	Go to Item 20	No	2
		Don't know	7
		Refused	8
		Missing	9

SSF/Version B 07/29/2005 Page 15 of 24

19j. Did you have: [READ ALL CHOICES UNTIL A POSITIVE RESPONSE IS GIVEN]

Double vision	01
Vision loss in right eye only	02
Vision loss in left eye only	03
Total loss of vision in both eyes	04
Trouble in both eyes seeing to the right	05
Trouble in both eyes seeing to the left	06
Trouble in both eyes seeing to both sides or straight ahead	07
Don't know	77
Refused	88
Missing	99

F. SUDDEN PARALYSIS OR WEAKNESS

Go to Item 25

Don't know 7

Refused

Missing 9

No 2

SSF/Version B 07/29/2005

1

Don't know	7
Refused	8
Missing	9

22. During this episode, which part or parts of your body were affected? [READ ALL CHOICES]

			<u>Yes</u>	<u>No</u>	Don't Know	<u>Refused</u>	Missing		
	22a.	Left arm or hand?	. 1	2	7	8	9		
	22b.	Left leg or foot?	. 1	2	7	8	9		
	22c.	Left side of face?	. 1	2	7	8	9		
	22d.	Right arm or hand?	. 1	2	7	8	9		
	22e.	Right leg or foot?	. 1	2	7	8	9		
	22f.	Right side of face?	. 1	2	7	8	9		
	22g.	Other?	. 1	2	7	8	9		
23.	weakrand s	g this episode, did the paralysis or ness start in one part of your body pread to another, or did it stay in the place?	start in one part of your body						
				Don't kno	w		7		
				Refused			8		
24.	weakı	you were having your episode of paralysiness, did any of the following occur? UDE ALL THAT APPLY]		Missing			9		
	24a.	Speech disturbances?			Yes		1		
					No		2		

		Don't know	7
		Refused	8
		Missing	9
24b.	Numbness or tingling?	Yes	1
	Go to Item 24d	- No	2
		Don't know	7
		Refused	8
		Missing	9
24c.	Did you have difficulty on:	de only	1
	[READ ALL CHOICES] The left side	e only	2
	Both sides		3
	Don't know	,	7
	Refused		8
	Missing		9
244	Lighthandaduaga dimminaga ay laga af		
24d.	Lightheadedness, dizziness, or loss of balance?	. Yes	1
		No	2
		Don't know	7
		Refused	8
		Missing	9
24e.	Blackouts or fainting?	. Yes	1

SSF/Version B 07/29/2005 Page 18 of 24

No

		Don't know	7
		Refused	8
		Missing	9
2.45	Calaura and assumble and 2	V	
24f.	Seizures or convulsions?		1
		No	2
		Don't know	7
		Refused	8
		Missing	9
24g.	Headache?	Yes	1
		No	2
		Don't know	7
		Refused	8
		Missing	9
24h.	Pain in the weak arm, leg or face?	Yes	1
		No	2
		Don't know	7
		Refused	8
		Missing	9
24i.	Visual disturbances?	Yes	1
	Go to Item 25	No	2
		Don't know	7
		Refused	8

SSF/Version B 07/29/2005 Page 19 of 24

			Missing	9
24j.	Did you have: [READ ALL CHOICES UNTIL A POSITIVE RESPONSE IS G	IIVEN]		
		Double	vision	01
		Vision I	oss in right eye only	02
		Vision I	oss in left eye only	03
		Total lo	oss of vision in both eyes	04
		Trouble	e in both eyes seeing to nt	05
		Trouble the left	e in both eyes seeing to	06
			e in both eyes seeing to des or straight ahead	07
		Don't k	now	77
		Refused	d	88
		Missing	ı	99
G.	SUDDEN SPELLS OF DIZZINESS OR LOSS OF BALANCE			
25.	In the past 5 years, since your last Jackson Heart Studhave you had any sudden spells of dizziness,	dy exam	,	
	loss of balance, or sensation of spinning which lasted 24 hours or longer?	· · · · · · · · · · · · · · · · · · ·	Yes	1
	Go to Item 2		No	2
	GO to item 2	.5	Don't know	7
			Refused	8
			Missing	9

SSF/Version B 07/29/2005 Page 20 of 24

26.		ne dizziness, loss of balance or spinning				
		tion occur only when changing the position ur head or body?	Yes		1 —	Go to Item 29
			No		2	
			Don't kn	ow	7	
			Refused		8	
			Missing		9	
27.	of bal	you were having your episode of dizziness, loss ance or spinning sensation, did any of the ving occur? [INCLUDE ALL THAT APPLY]				
	27a.	Speech disturbances?	······································	Yes		1
				No		2
				Don't know		7
				Refused		8
				Missing		9
	27b.	Paralysis or weakness?				1
		Go	to Item 27d	No		2
				Don't know		7
				Refused		8
				Missing		9
	27c.	Did you have difficulty on: T [READ ALL CHOICES]	he right side onl	у		1
			he left side only			2
		В	oth sides			3

SSF/Version B 07/29/2005 Page 21 of 24

Don't know

	Refused		8
	Missing		9
27d.	Numbness or tingling?	Yes No Don't know Refused Missing	1 2 7 8
27e.	Did you have difficulty on:	y	1 2 3 7 8 9
27f.	Blackouts or fainting?	Yes	1
		No	2
		Don't know	7
		Refused	8
27g.	Seizures or convulsions?	Missing Yes	9
		No	2
		Don't know	7
		Refused	8

SSF/Version B 07/29/2005 Page 22 of 24

			Missing	9
27h.	Headache?		Yes	1
			No	2
			Don't know	7
			Refused	8
			Missing	9
27i.	Visual disturbances?		Yes	1
		Go to Item 28	No	2
			Don't know	7
			Refused	8
			Missing	9
27j.	Did you have: [READ ALL CHOICES UNTIL A POSITIVE RESPO	nse is given]		
	D	ouble vision		01
	V	ision loss in right e	ye only	02
	V	ision loss in left eye	e only	03
	Т	otal loss of vision ir	n both eyes	04
	т	rouble in both eyes	seeing to the right	05
		rouble in both eyes :ft	seeing to the	06
		rouble in both eyes des or straight ahea	_	07
	D	on't know		77

SSF/Version B 07/29/2005 Page 23 of 24

		Refu	sed							88
		Miss	ing							99
28.	Did the episode of dizziness, loss of balance, or spinning sensation come on suddenly?					Y	'es			1
						١	10			2
							on't	kno	w	7
						R	Refus	ed		8
						N	⁄lissiı	ng		9
Н.	ADMINISTRATIVE INFORMATION									
29.	Date of data collection:	/			/					
	m r	m	d	d		У	У	У	У	

32. Code number of person completing this interview:

SSF/Version B 07/29/2005 Page 24 of 24

Paper form

Off site

2

1