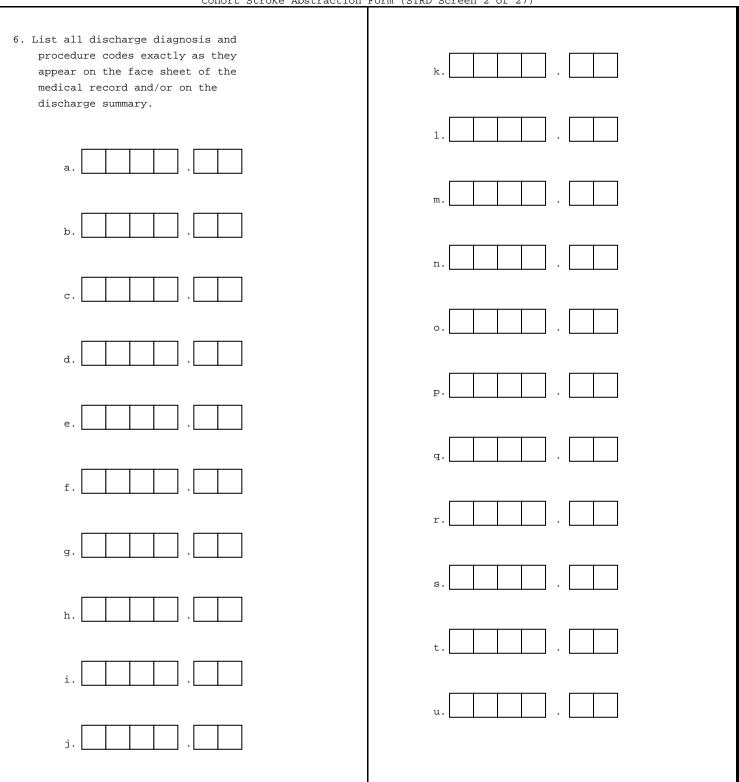
Contra . MORENCO COLLEGE . MORENE		OMB 0925-0491 08/31/2010
SON DEPRI	COHORT STROKE ABSTRACT	FION FORM
ID NUMBER	Contact Year	Form Code: STR Version D: 04/0/2005
Last Name:	Initial:	

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. Refer to this form's Q by Q instructions for information on entering numerical responses. For multiple choice and "yes/no" questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

Cohort Stroke Abstraction Form (STRD Screen 1 of 27)				
A. HOSPITAL INFORMATION				
1.a. Hospital number:	3. ENTER ON CFDB FORM			
[If code 96-99, specify	a. Last Name:			
name and location]:	b. Initials:			
b. Medical record number:	c. If name unavailable, SOUNDEX:			
2. Has the hospital chart for this event been located? Yes Y	4. ENTER ON CFDB FORM Social Security/Medicare number:			
Go to Item 56, Screen 27.	5. ENTER ON CFDB FORM Patient address:			
	City County State			



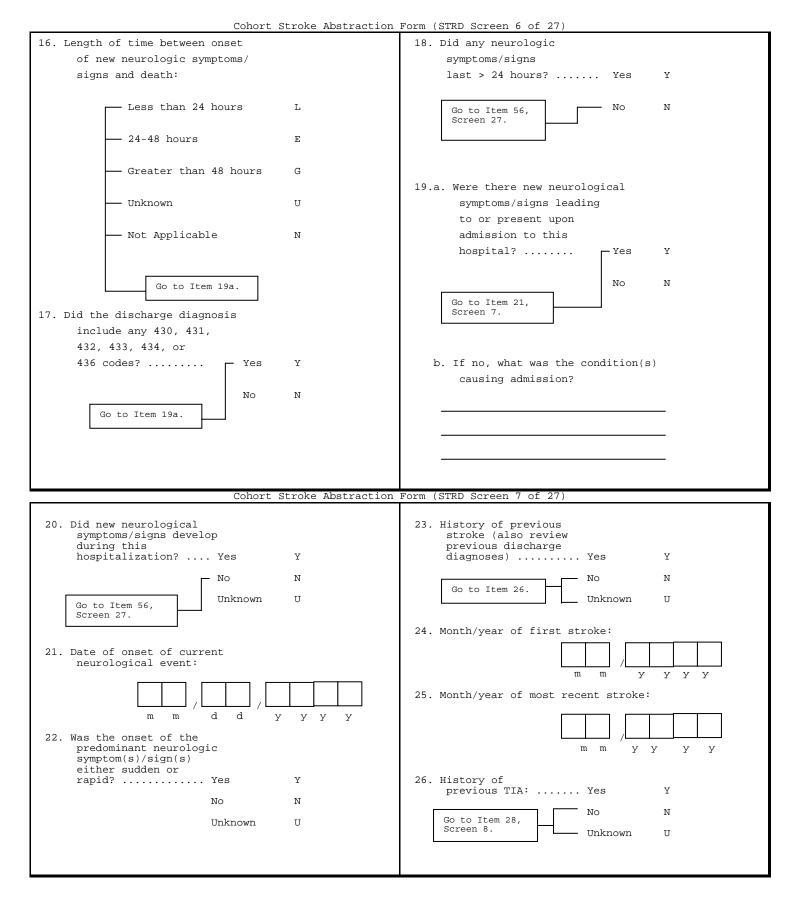
Cohort Stroke Abstraction Form (STRD Screen 2 of 27)

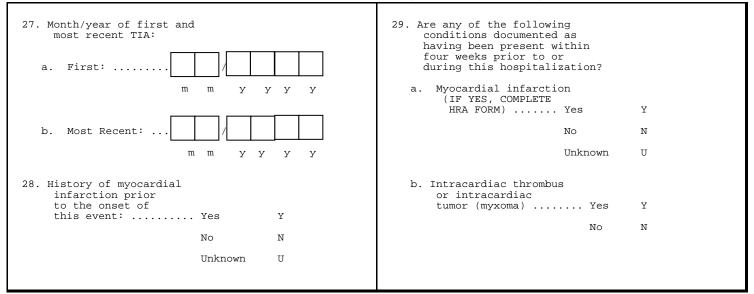
and/or on	discharge	summary:		ce sheet		

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8. ENTER ON CFDB FORM Date of birth:/// m m d d y y y y	<pre>11. Was the patient transferred from or to another acute care hospital Yes Y Go to Item 12, Screen 5.</pre>
9. Sex Male M	a. First Transfer
Female F	Hospital Code:
10. Race or ethnic group:	Name
White/Caucasian W	City
Black/Negro B	State
Asian/Pacific Islander A American Indian/ Native Alaskan I Other 0 Unknown/not recorded U	b. Date of admission to that hospital:
Cohort Stroke Abstraction	Form (STRD Screen 5 of 27) 13.a. Time of arrival at this hospital:
Hospital Code:	(24 hr clock)
City	14. Date of discharge or death:
d. Date of admission to that hospital:	m m d d y y y y
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	15. Discharged Alive A Go to Item 17, Dead D
mmdd yyyy	Screen 6.





Cohort Stroke Abstraction Form (STRD Screen 9 of 27)

29.c. Atrial fibrillation or flutter		Y	29.g.1. Hematologic abnormalit; hypercoagulable state e.g., DIC	-	Y N
d. Rheumatic heart disease, valvular heart disease (e.g., mitral stenosis, artificial heart valve)	Yes	Y	g.2. Hematologic abnormality hemorrhagic e.g., leukemia, thrombocytopenia, DIC	-	Y
	No	N		No	Ν
e. Subacute bacterial endocarditis		YN	h. Brain tumor (benign or malignant, primary or metastatic)	Yes No	Y N
f. Systemic embolus (including angiographically identified embolus)	Yes	Y			
	No	Ν			

Cohort Stroke Abstraction Form (STRD Screen 10 of 27)

29.i. Major head trauma, e.g., subdural hematoma, epidural hematoma, skull fracture Yes Y	30. Were any of the following performed or present in the week prior to the onset of acute neurologic symptoms?
No N	a. Cardiac catheterization Yes Y
j. Another nonstroke	No N
disease process which likely caused a focal neurologic	b. Open heart surgery Yes Y
deficit or coma Yes Y	No N
Go to Item 30a.	c. Cerebral angiography Yes Y
	No N
k. Specify:	d. Carotid endarterectomy . Yes Y
	No N

Cohort Stroke Abstraction Form (STRD Screen 11 of 27)

Indicate severity:
Severe S
Mild/moderate M
Unspecified U
What was the duration?
Less than 24 hours L
24 hours or more M
Unknown U
Jertigo Yes Y
Go to Item 33, Screen 12.
What was the duration?
Less than 24 hours L
24 hours or more M
Unknown U

33.a. Convulsions Yes	YN	35.a. Coma, unconsciousness, stupor occurring within 12 hours after onset of the neurologic event Yes	Y
b. Was this the first neurologic symptom? Yes	Y	Go to Item 36, Screen 13.	N
No	Ν	b. What was the duration?	
		Less than 24 hours	L
34. Meningeal signs: Stiff neck (nuchal rigidity); limitation on log outproion		24 hours or more	М
limitation on leg extension, neck flexion (Kernig, Brudzinski)Yes	Y	Unknown	U
No	Ν		

Cohort S	troke Abstraction	Form (STRD Screen 13 of 27)	
36.a. Aphasia Yes	Y N	38.a. Hemianopia Yes	Y N
b. What was the duration?		b. What was the duration?	
Less than 24 hours	L	Less than 24 hours	L
24 hours or more	М	24 hours or more	М
Unknown	U	Unknown	U
37. Pre-retinal (Subhyaloid) Hemorrhages Yes No	Y N	39.a. Diplopia Yes Go to Item 40, Screen 14. b. What was the duration? Less than 24 hours 24 hours or more Unknown	Y N L U

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Cohort	Stroke Abstraction H	Form (STRD Screen 14 of 27)	
 a. Dysphagia (difficulty in swallowing), dysarthria, dysphonia, or tongue deviation Yes Go to Item 41. b. What was the duration? Less than 24 hours 24 hours or more Unknown 	Ү Л Ц И	<pre>41.a. Weakness, paresis or paralysis affecting the face Yes</pre>	Y N R L B U L M

Cohort Stroke Abstraction Form (STRD Screen 15 of 27)

42.a. Weakness, paresis or paralysis affecting		42.c. Leg: (Circle one)	
the extremities Yes	Y	Affected, side unspecified	U
	Ν	Right Only	R
Go to Item 43, Screen 16.		Left Only	L
		Both	В
b. Arm: (Circle one)		Neither	N
Affected, side unspecified	U		
Right Only	R	d. What was the duration of the weakness, paresis, or paral	
Left Only	L	affecting the extremities?	1010
Both	В	Less than 24 hours	L
Neither	N	24 hours or more	М
		Unknown	υ

43.a. Loss of sensation, tingling, paresthesias, hemianesthesia affecting the face Yes Go to Item 44.	Y N	44.a. Loss of sensation, tingling, paresthesias, hemianesthesia affecting the extremities Go to Item 45, Screen 17. No	Y N
b. Indicate affected side(s):		b. Arm: (Circle one)	
Right side	R	Affected, side unspecified	U
Left side	L	Right Only	R
Both sides	В	Left Only	L
Unknown	U	Both	В
c. What was the duration?		Neither	Ν
Less than 24 hours	L		
24 hours or more	М		
Unknown	U		

Cohort Stroke Abstraction Form (STRD Screen 17 of 27)

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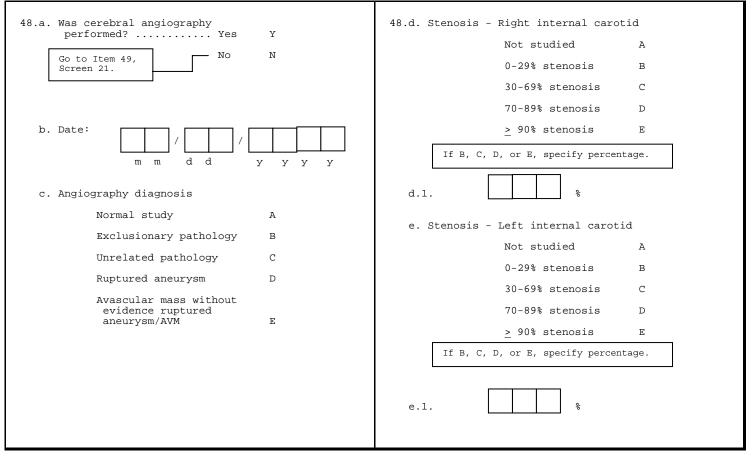
44.c. Leg: (Circle one)		45.a. Gait disturbance Yes Y
Affected, side unspecified	U	Go to Item 46.
Right Only	R	GO LO ILEIII 46.
Left Only	L	b. What was the duration?
Both	В	Less than 24 hours L
Neither	Ν	24 hours or more M
d. What was the total duration of loss of sensation, tingling, paresthesias, hemianesthesia affecting the extremities?	the	Unknown U
Less than 24 hours	L	46.a. Cranial Nerve III Palsy: Yes Y
24 hours or more	М	No N
Unknown	υ	

Cohort	Stroke	Abstraction	Form	(STRD	Screen	18	of	27)	1
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46.b. Other neurologic symptom: Yes Y	C. LABORATORY TESTS PERFORMED THIS ADMISSION:
No N If yes, specify:	47.a. Was lumbar puncture performed? Yes Y Go to Item 48, No N
	Screen 20. Record for the first nontraumatic
	LP after onset of symptoms or first LP if all traumatic.
	b. Date: mmdd yyyy
<pre>c. Did any neurologic sign/symptom last > 24 hours or did death occur < 24 hours after onset of new sign/symptom? Yes Y</pre>	c. Traumatic? Yes Y No N
No N	

Cohort Stroke Abstraction Form (STRD Screen 19 of 27)

47.d. Appearance: Clear fluid	C	47.f. Microscopic RBCs (Tube 2):	
Xanthochromic	Х	No tube	Ν
Gross blood	В	Zero RBCs cu.mm.	Z
Unknown	U	1-999 RBC cu.mm.	L
e. Microscopic RBCs (Tube 1):		1000+ RBC cu.mm.	G
Zero RBCs cu.mm.	Z	Unknown	U
1-999 RBC cu.mm.	L	g. Lumbar puncture diagnosis:	
1000+ RBC cu.mm.	G	Normal Study	A
Unknown	U	Exclusionary pathology	В
		Unrelated pathology or traumatic tap	С
		Bloody (non-traumatic) or xanthochromic	D

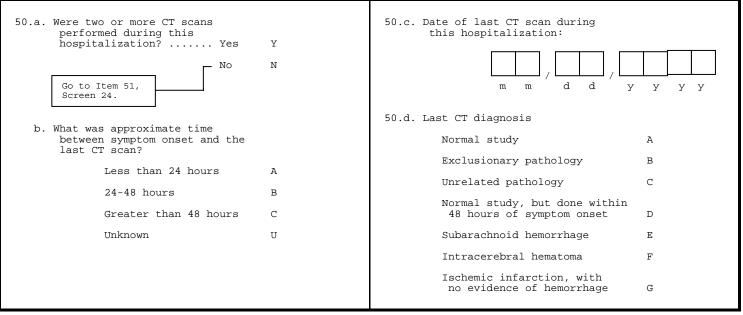


Cohort Stroke Abstraction Form (STRD Screen 21 of 27)

49.a. Was at least one CT scan performed during this hospitalization? Yes Go to Item 51, Screen 23.	Y N	49.c. Date of first CT scan:
 b. What was approximate time between symptom onset and the first CT scan? Less than 24 hours 24-48 hours Greater than 48 hours Unknown 	А В С U	Normal studyAExclusionary pathologyBUnrelated pathologyCNormal study, but done within 48 hours of symptom onsetDSubarachnoid hemorrhageEIntracerebral hematomaFIschemic infarction, with no evidence of hemorrhageG

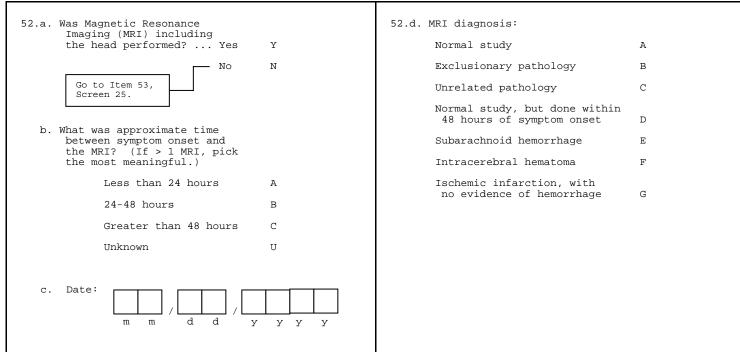
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Cohort Stroke Abstraction Form (STRD Screen 22 of 27)

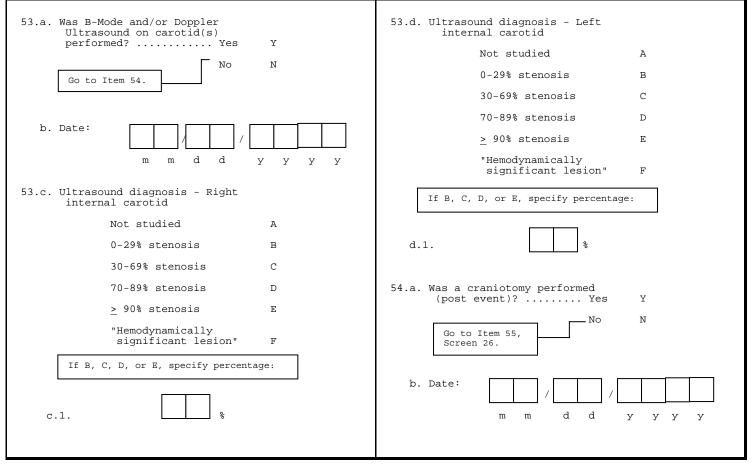


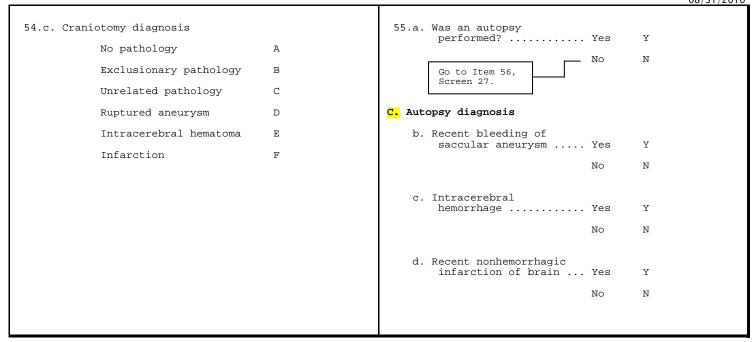
Cohort Stroke Abstraction Form (STRD Screen 23 of 27)

51.a. Were any other CT scans performed after the onset of acute neurologic symptoms/signs, but before admission to this hospital? Yes Y		51.c. Date of pre-admission CT scan: m m d d y y y y		
Go to Item 52, Screen 24.		d. Pre-admission CT diagnosis Normal study A		
b. What was approximate time between symptom onset and the first CT scan prior to this hospitalization?		Exclusionary pathology B Unrelated pathology C		
Less than 24 hours A	Ą	Normal study, but done within 48 hours of symptom onset D		
24-48 hours E	3	Subarachnoid hemorrhage E		
Greater than 48 hours C	2	Intracerebral hematoma F		
Unknown U	l	Ischemic infarction, with no evidence of hemorrhage G		



Cohort Stroke Abstraction Form (STRD Screen 25 of 27)





Cohort Stroke Abstraction Form (STRD Screen 27 of 27)

