

STROKE SYMPTOMS FORM INSTRUCTIONS
SSF VERSION B, 07/29/2005
QxQ Prepared: 09/09/2005

I. General Instructions

The Stroke Symptoms (SSF) form is completed during the flexible component of the participant's Exam 2 clinic visit. The interviewer must be certified and should have a working knowledge of the document titled "General Instructions for Completing Paper Forms" prior to completing this form. ID Number, Contact Year, and Name should be completed as described in that document.

II. General Definitions

The goal of the SSF is to determine whether the participant has had a health-care provider-diagnosed stroke or symptoms of a stroke since the time of her/his baseline (Exam 1) JHS clinic visit. Throughout the questions, the words "sudden" and "suddenly" should be taken to mean what the participant perceives those terms to be.

A stroke generally includes one or more of the following symptoms which begin suddenly: (1) loss or change of speech, (2) loss of vision, (3) double vision, (4) numbness or tingling on one side of the body, (5) paralysis or weakness on one side of the body, or (6) spells of dizziness or loss of balance. Therefore, a series of questions are asked for each symptom to determine whether an event took place, its duration, and its location, e.g., right carotid, left carotid or vertebrobasilar.

III. Specific Instructions

For all items, please make sure that the participant understands the time frame for the questions. For each, we want to know if there has been any NEW diagnosis since the time of the last JHS examination (Exam1). Periodically remind the participant of the time frame.

A. New Stroke

1. Emphasize to the participant that the stroke must have been diagnosed by a health-care provider.
2. Use standard date format. Enter "==" for unknown month or year.

B. Loss or Change in Speech

3. Emphasize sudden onset of loss or changes of speech. Enter YES, NO or DON'T KNOW. If NO or DON'T KNOW, skip to Item 10.
4. DO NOT READ RESPONSES. PROBE to select the appropriate category for a response of more than one episode.
5. READ THE ITEM AND ALL RESPONSE CATEGORIES. Enter YES, NO or DON'T

KNOW for each response.

6. READ THE QUESTION AND ALL RESPONSES. Responses are not mutually exclusive. Stress that the symptoms must have occurred at the same time as the (worst) episode described in Item 3. Note the skip patterns for responses to Items a, c and i.

C. Sudden Loss of Vision

7. Emphasize sudden onset of loss of vision. Enter YES, NO or DON'T KNOW. If NO or DON'T KNOW, skip to Item 11.
8. Use the parenthetical phrase if multiple events were reported. WORST is defined by the respondent in terms of severity, intensity or association with other symptoms. Enter YES or NO.
9. READ ITEM using parenthetical expression if multiple events were reported. READ ALL 3 CHOICES before eliciting a response. The key word in the responses is ONLY. If RIGHT or LEFT, go to Item 10.
- 9a. READ ITEM AND EACH CATEGORY UNTIL THERE IS A POSITIVE RESPONSE, THEN STOP.
10. READ THE ITEM AND ALL RESPONSES. Responses are not mutually exclusive. Stress that the symptoms must have occurred at the same time as the (worst) episode described in Item 8. Note the skip patterns for Items b and d.

D. Double Vision

11. Emphasize sudden onset of double vision. Enter YES, NO or DON'T KNOW. If NO or DON'T KNOW, skip to Item 14.
- 11a. READ ITEM AND ENTER YES, NO or DON'T KNOW. If NO or DON'T KNOW, skip to Item 14.
12. Emphasize sudden episode. Enter Yes or No.
13. READ THE ITEM AND ALL RESPONSES. Responses are not mutually exclusive. Stress that the symptoms must have occurred at the same time as the (worst) episode described in Item 12. Note the skip patterns for responses to Items b and d.

E. Sudden Numbness or Tingling

14. Emphasize sudden onset of numbness or tingling. Enter YES, NO or DON'T KNOW. If NO or DON'T KNOW, skip to Item 20.
15. READ ITEM AND ENTER YES, NO or DON'T KNOW. If YES, skip to Item 20.
16. Emphasize sudden episode. Enter YES or NO.
17. READ THE ITEM AND ALL RESPONSES. This episode should be the same one described in the previous question, Item 16. Responses are not mutually exclusive. Enter YES, NO or DON'T KNOW for each response to Items a-g.
18. Referring to the previous episode (Items 16 and 17), READ QUESTION. SELECT one category based on the response.
19. READ THE QUESTION AND ALL RESPONSES. Responses are not mutually exclusive. Stress that the symptoms must have occurred at the same time as the (worst) episode described in Items 16 - 18. Note the skip patterns for responses to Items b and i.

F. Sudden Paralysis or Weakness

20. Emphasize sudden onset of paralysis or weakness. Enter YES, NO or DON'T KNOW. If NO or DON'T KNOW, skip to Item 25.
21. Emphasize sudden episode. Enter YES or NO.
22. READ THE ITEM AND ALL RESPONSES. This episode should be the same one described in the previous question, Item 21. Responses are not mutually exclusive. Enter YES, NO or DON'T KNOW for each response to Items a-g.
23. Referring to the previous episode (Items 21 and 22), READ QUESTION. SELECT one category based on the response.
24. READ THE ITEM AND ALL RESPONSES. Responses are not mutually exclusive. Stress that the symptoms must have occurred at the same time as the (worst) episode described in Items (21 - 23). Note the skip patterns for responses to Items b and i.

G. Sudden Spells of Dizziness or Loss of Balance

25. Emphasize sudden onset of dizziness or loss of balance. Enter YES, NO or DON'T

KNOW. If NO or DON'T KNOW, skip to Item 35.

- 26. READ ITEM AND ENTER YES, NO or DON'T KNOW. If Y, skip to Item 35.
- 27. READ THE ITEM AND ALL RESPONSES. Responses are not mutually exclusive. Stress that the symptoms must have occurred at the same time as the (worst) episode described in Item 25. Note the skip patterns for responses to Items b, d and i.
- 28. Emphasize sudden episode. Enter YES or NO.

H. Administrative Information

- 29. Date of data collection: Enter the month, day and year that the data was collected. Right-justify using leading zeroes where appropriate.
- 30. Method of Data Collection: Record "1" if the form was completed on the computerized data entry system, or "2" if the paper form was used.
- 31. Enter place of data collection as IN CLINIC or OFF SITE.
- 32. Code number of person verifying/changing this form: Enter the 3 digit code for the person at the Exam Center who has reviewed the information on this form in the boxes provided, regardless of whether any changes were made.