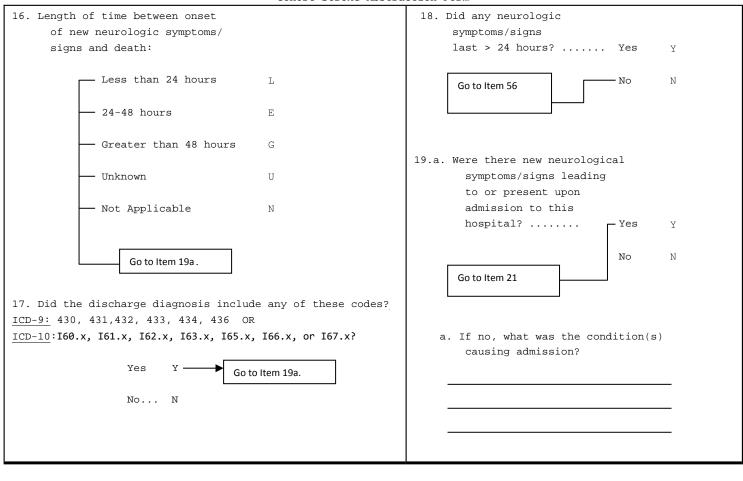


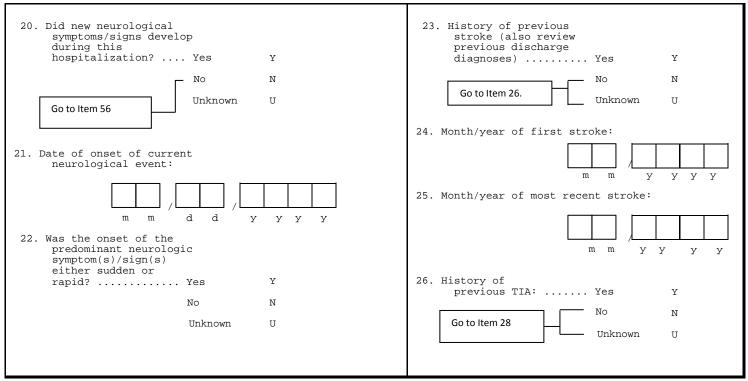
FORM CODE: STR VERSION: F 5/6/2019

ID NUMBER:						CON	ГАСТ	YEAR:		
LAST NAME:								INITIAL	.S:	

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. NOTE: In this version Questions 3a-13 are deleted. For ICD diagnoses and procedure codes, demographics, date and time of arrival at hospital, or transfer information please see the CHI form

A. HOSPITAL INFORMATION 1.a. Hospital number:	**Question 3-13 deleted.For ICD codes, demographics, date and time of arrival at this hospital, transfer information see the CHI form.**		
1.b. Medical record number:	14. Date of discharge or death:		
2. Has the hospital chart for this event been located?Yes Y Go to Item 56	m m d d y y y y 15. Discharged Alive A Go to Item 17 Dead D		





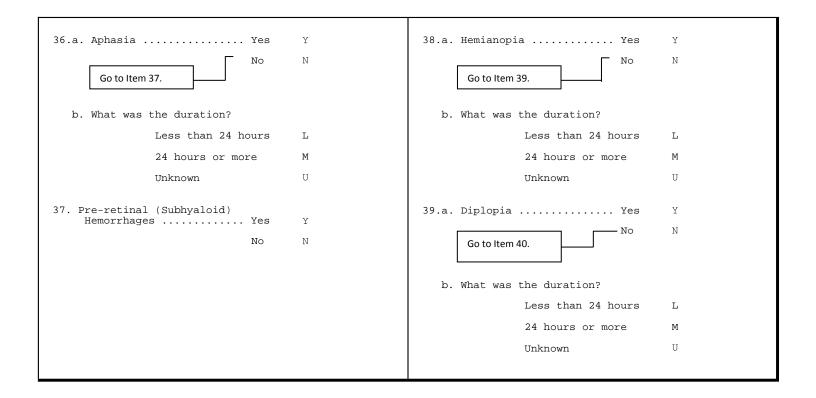
27. Month/year of first and most recent TIA: a. First:	 29. Are any of the following conditions documented as having been present within four weeks prior to or during this hospitalization? a. Myocardial infarction (IF YES, COMPLETE
	HRA FORM) Yes Y
b. Most Recent:	No N
m m y y y	Unknown U
28. History of myocardial infarction prior	<pre>b. Intracardiac thrombus or intracardiac tumor (myxoma) Yes Y</pre>
to the onset of this event: Yes Y	cumor (myxoma) res
this event: Yes Y	No N
No N	
Unknown U	

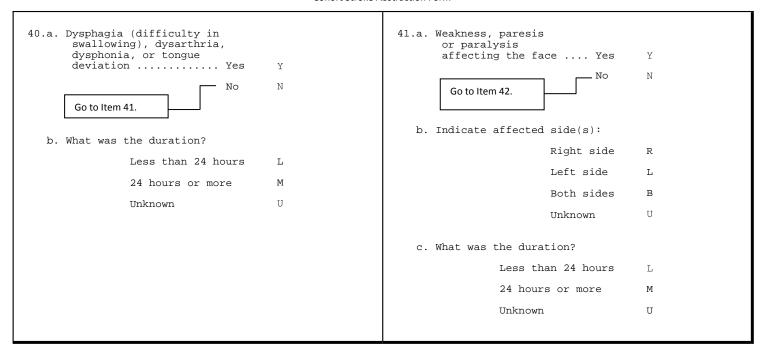
29.c. Atrial fibrillation or flutter Yes		29.g.1. Hematologic abnormality: hypercoagulable state e.g., DIC Yes	Y N
d. Rheumatic heart disease, valvular heart disease (e.g., mitral stenosis, artificial heart valve)	es Y	g.2. Hematologic abnormality: hemorrhagic e.g., leukemia, thrombocytopenia, DIC	Y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

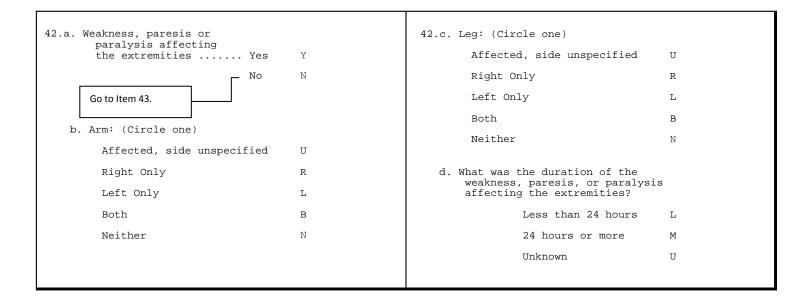
29.i. Major head trauma, e.g., subdural hematoma, epidural hematoma, skull fracture	Yes Y	30. Were any of the following performed or present in the week prior to the onset of acute neurologic symptoms?
1	No N	a. Cardiac catheterization Yes Y
j. Another nonstroke		No N
disease process which likely caused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

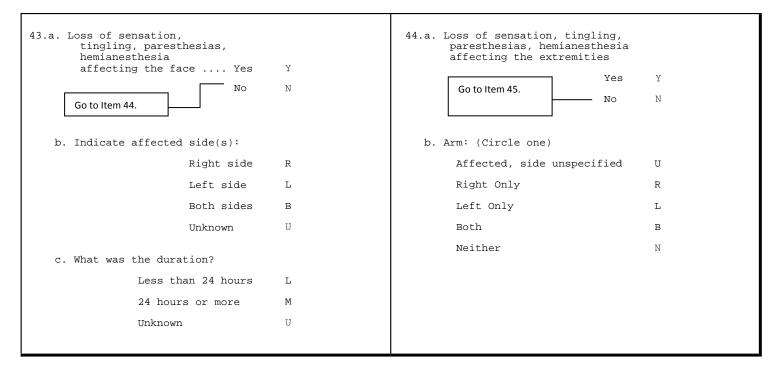
30.e. Therapy with anticoagulants (Heparin, Warfarin	31.b. Indicate severity:	
(Coumadin)) Yes Y	Severe	S
No N	Mild/moderate	М
f. Therapy with thrombolytic agents	Unspecified	U
(streptokinase, TPA, urokinase) Yes Y	c. What was the duration?	
No N	Less than 24 hours	L
IVO IN	24 hours or more	М
B. PHYSICIAN DOCUMENTATION OF NEW SYMPTOMS OR SIGNS PRESENT ON OR	Unknown	U
LEADING TO THIS ADMISSION, OR OCCURRING DURING HOSPITALIZATION:	32.a. Vertigo Yes	Y
31.a. Headache at onset or admission Yes Y	Go to Item 33 No	N
No N	b. What was the duration?	
Go to Item 32a.	Less than 24 hours	L
	24 hours or more	М
	Unknown	U

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





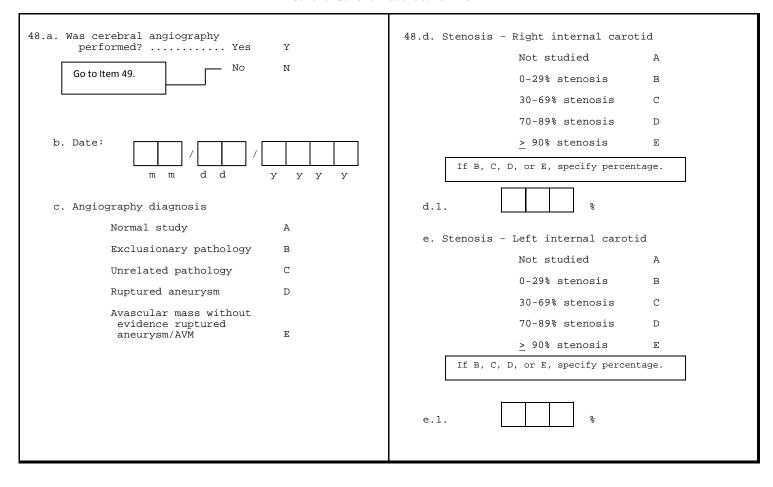


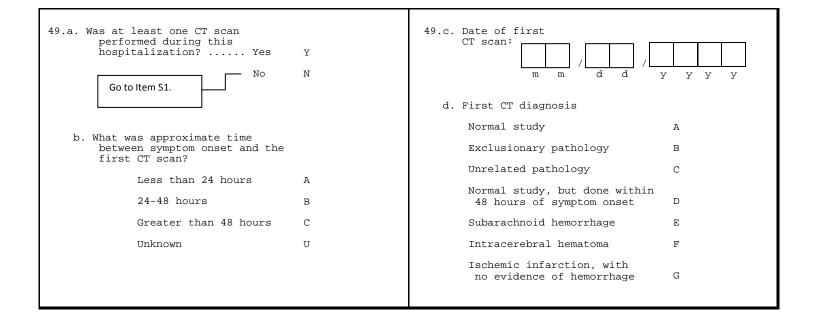


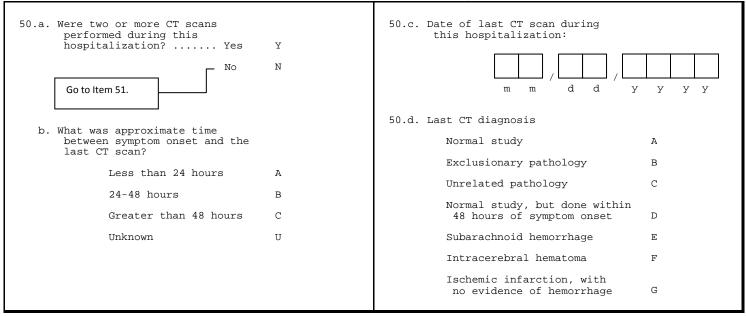
44.c. Leg: (Circle one)		45.a. Gait disturbance Yes Y
Affected, side unspecified Right Only Left Only Both Neither	U R L B	b. What was the duration? Less than 24 hours L 24 hours or more M
d. What was the total duration of the loss of sensation, tingling, paresthesias, hemianesthesia affecting the extremities?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

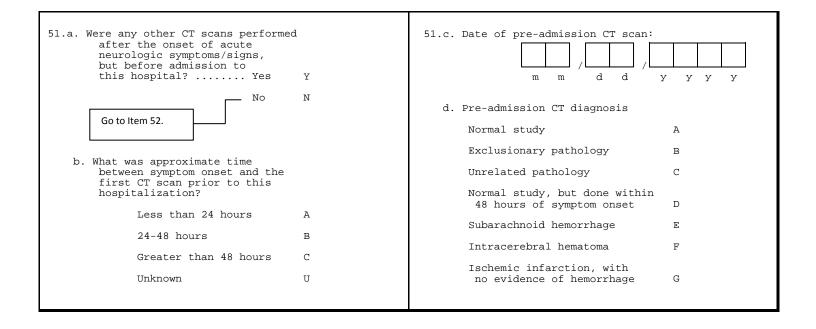
46.b.	Other neurologic symptom:	No	Y N 	C. LABORATORY TESTS PERFORMED THIS ADMISSION: 47.a. Was lumbar puncture performed?
c.	Did any neurologic sign/symptom last > 24 hours or did death occur < 24 hours after onset of new sign/symptom?	Yes	 У N	Record for the first nontraumatic LP after onset of symptoms or first LP if all traumatic. b. Date: m m d d y y y y c. Traumatic?

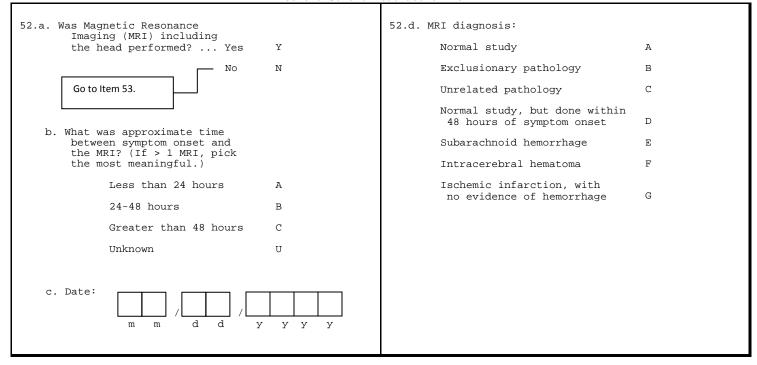
47 d 3	9	47 f Minneson in DDCs (Tube 0)	
47.d. Appearance: Clear fluid	С	47.f. Microscopic RBCs (Tube 2):	
Xanthochromic	X	No tube	N
Gross blood	В	Zero RBCs cu.mm.	Z
Unknown	U	1-999 RBC cu.mm.	L
e. Microscopic RBCs (Tube 1):		1000+ RBC cu.mm.	G
<u>-</u>		Unknown	U
Zero RBCs cu.mm.	Z		
1-999 RBC cu.mm.	L	g. Lumbar puncture diagnosis:	
1000+ RBC cu.mm.	G	Normal Study	А
Unknown	U	Exclusionary pathology	В
		Unrelated pathology or traumatic tap	С
		Bloody (non-traumatic) or xanthochromic	D

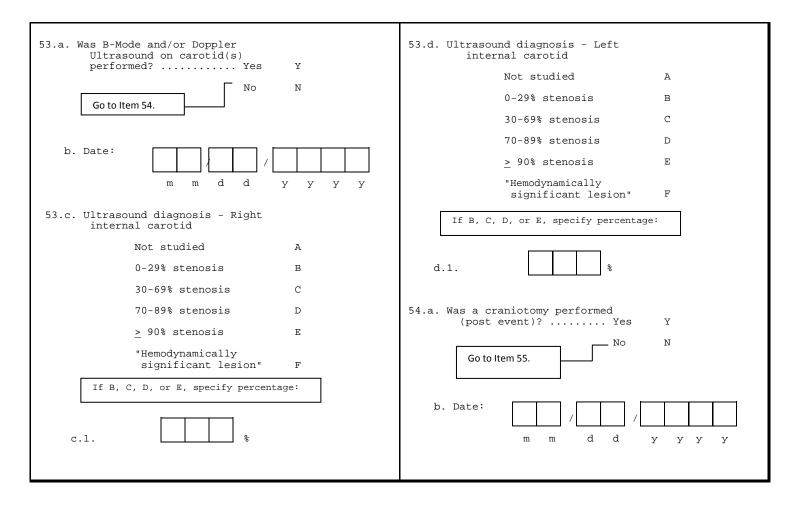












	I
54.c. Craniotomy diagnosis	55.a. Was an autopsy
No pathology A	performed? Yes Y
	No N
Exclusionary pathology B	Go to Item 56.
Unrelated pathology C	
Ruptured aneurysm D	C. Autopsy diagnosis
Intracerebral hematoma E	b. Recent bleeding of
Infarction F	saccular aneurysm Yes Y
	No N
	- Total constant
	c. Intracerebral hemorrhage Yes Y
	No N
	d. Recent nonhemorrhagic infarction of brain Yes Y
	No N
	IVO IV
55.e. Recent infarcted	E. ADDITIONAL FORMS TO BE FILLED OUT:
area (bland or	
hemorrhagic) Yes Y	Autofilled by DMS
No N	Criteria based Form on this form
f. Source of emboli in a	*Question 58 Removed. (See CHI8).
vessel of any organ, or an embolus in	2-1-1-1
the brain Yes Y	59. DTH
No N	No N
D. ADMINISTRATIVE INFORMATION:	
	60. HRA Item 29a = Y Yes Y
56. Abstractor Number:	No N
	61. Xerox
	Autopsy
57. Date	Report No N
Abstracted:	62. CFD Item 2 = Y No N
m m d d y y y y	
	<u> </u>
63. Are there any serum creatinine values?	
Yes Y	
No	
Record the value of the first, last, and highest measurements of seru	um creatinine (mg/dl):
1: First: 2. date:	(mm/dd/yyyy)
3. Last (if more than one): 4. date: 4. date:	(mm/dd/yyyy)
5. Highest of remaining . 6. date:	(mm/dd/yyyy)
values (if more than two):	