



# Cohort Stroke Abstraction Form

FORM CODE: STR  
VERSION A 11/19/2003

ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIALS:

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 instruction 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 response.

## A. HOSPITAL INFORMATION

1. a. Hospital number:

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

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b. Medical record number:

2. Has the hospital chart for this event been located? Yes Y

No N

Go to Item 56,  
Screen 27

3. a. Last Name:

b. Initials: .....

c. If name unavailable, SOUNDEX:  
 -  -

4. Social Security/Medicare number:  
 -  -  -

5. Patient address:

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City

County

State

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Zip

6. List all discharge diagnosis and procedure codes exactly as they appear on the fact sheet of the medical record and/or on the discharge summary.

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7. Transcribe discharge diagnoses exactly as they appear on face sheet and/or on discharge summary.

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8. Date of birth: 

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Month Day Year

9. Sex ..... Male M  
Female F

10. Race or ethnic group:

White/Caucasian .....W

Black/Negro.....B

Asian/Pacific Islander .....A

American Indian/Native Alaskan.....I

Other .....O

Unknown/not recorded .....U

11. Was the patient transferred from or to another acute care hospital? Yes Y

Go to item 12	_____	No	N
---------------	-------	----	---

a. First Transfer

Hospital Code:

Name .....

City .....

State .....

b. Date of admission to that hospital:

		/			/				
Month			Day			Year			

c. Second Transfer

Hospital Code:

Name .....

City .....

State .....

d. Date of admission to that hospital:

		/			/				
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12. Date of admission to this hospital:

		/			/				
Month			Day			Year			

13. a. Time of arrival at this hospital: 

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 : 

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hour minutes

b. AM or PM ..... AM A  
PM P

14. Date of discharge or death:

		/			/				
Month			Day			Year			

15. Discharged ..... Alive A  

Go to item 17
---------------

 — Dead D

16. Length of time between onset of new neurologic symptoms/signs and death:

Less than 24 hours	L	
24-48 hours	E	
Greater than 48 hours	G	
Unknown	U	
Not Applicable	N	
<table border="1"><tr><td>Go to item 19a</td></tr></table>	Go to item 19a	
Go to item 19a		

17. Did the discharge diagnosis include any 430, 431, 432, 433, 434 or 436 codes?

Go to item 19a	Yes	Y
	No	N

18. Did any neurologic symptoms/sign last > 24 hours?

Go to item 19a	—————	Yes	Y
		No	N

19a. Were there new neurological symptoms/signs leading to or present upon admission to this hospital?

Go to Item 21	—————	Yes	Y
		No	N

19b. If no, what was the condition(s) causing admission>

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20. Did new neurological symptoms/signs develop during this hospitalization?

		Yes	Y
Go to Item 56	—————	No	N
		Unknown	U

21. Date of onset of current neurological event:

		/			/				
--	--	---	--	--	---	--	--	--	--

22. Was the onset of the predominant neurologic symptom(s) /sign(s) either sudden or rapid?

Yes	Y
No	N
Unknown	U

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

		Yes	Y
Go to Item 21	—————	No	N
		Unknown	U

24. Month/year of first stroke:

		/					
Month			Year				

25. Month/year of most recent stroke:   /       
Month Year

26. History of previous TIA ..... Yes Y  
No N  
Unknown U

Go to Item 21

27. Month/year of first and most recent TIA:  
 a. First   /       
Month Year

b. Most Recent   /

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. Intra-cardiac thrombus or intra-cardiac tumor (myxoma) .. Yes Y  
No N

c. Atrial fibrillation or flutter ..... Yes Y  
No N

d.	Rheumatic heart disease, valvular heart disease (e.g., mitral stenosis, artificial heart valve) .....	Yes	Y
		No	N
e.	Subacute bacterial endocarditis .....	Yes	Y
		No	N
e.1.	Sick sinus syndrome	Yes	No
e.2.	Dilated cardiomyopathy (or ejection fraction [EF] <35%)	Yes	No
e.3.	left ventricular hypokinetic (or dyskinetic) segment	Yes	No
e.4.	Left ventricular akinetic segment	Yes	No
e.5.	Left ventricular aneurysm	Yes	No
e.6.	Left atrial enlargement	Yes	No
e.7.	Atrial septal aneurysm	Yes	No
e.8.	Patent foramen ovale	Yes	No
e.9.	Interatrial septal aneurysm	Yes	No
e.10.	Ascending aorta plaque or atherosclerosis	Yes	No
e.11.	Spontaneous echogenic contrast ("smoke")	Yes	No
e.12.	Idiopathic hypertrophic subaortic stenosis (IHSS)	Yes	No
f.	Systemic embolus (including angio-graphically identified embolus .....	Yes	Y
		No	N
g.1.	Hematologic abnormality: hypercoagulable state e.g., DIC .....	Yes	Y
		No	N
g.2.	Hematologic abnormality: hemorrhagic (e.g., leukemia thrombocytopenia, DIC .....	Yes	Y
		No	N



- |    |  |     |   |
|----|--|-----|---|
| h. | Brain tumor (benign or malignant, primary or metastatic..  | Yes | Y |
|    |  | No  | N |
| i. | Major head trauma, e.g., subdural hematomas,<br>epidural hematoma, skull fracture .....              | Yes | Y |
|    |  | No  | N |
| j. | Another non stroke disease process which likely caused<br>A focal neurologic deficit or coma .....   | Yes | Y |
|    | <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">Go to Item 30a</div> | No  | N |
| k. | -----  |     |   |
|    | -----  |     |   |

- |     |   |     |   |
|-----|---|-----|---|
| 30. | Were any of the following performed or present in the week prior<br>to the onset on acute neurologic symptoms ..... | Yes | Y |
|     |   | No  | N |
| a.  | Cardiac catheterization.....  | Yes | Y |
|     |   | No  | N |
| b.  | Open heart surgery .....  | Yes | Y |
|     |   | No  | N |
| c.  | Cerebral angiography.....   | Yes | Y |
|     |   | No  | N |
| d.  | Carotid endarterectomy .....  | Yes | Y |
|     |   | No  | N |
| e.  | Therapy with anticoagulants (Heparin, Warfarin,<br>Coumadin).....   | Yes | Y |

- |    |   |     |   |
|----|---|-----|---|
|    |   | No  | N |
| f. | Therapy with thrombolytic agents (streptokinase, TPA, urokinase) .....  | Yes | Y |
|    |   | No  | N |
| g. | Therapy with antiplatelet agents (aspirin, ticlopidine, Ticlid, clopidogrel, plavix, dipyriadamole, Persantin, Aggrenox)..... | Yes | Y |
|    |   | No  | N |

**B. PHYSICIAN DOCUMENTATION OF NEW SYMPTOMS OR SIGN PRESENT ON OR OCCURING HOSPITALIZATION:**

- |     |    |                                      |     |   |
|-----|----|--------------------------------------|-----|---|
| 31. | a. | Headache at onset or admission ..... | Yes | Y |
|-----|----|--------------------------------------|-----|---|

Go to Item 32a	No	N
----------------	----	---

- |    |                    |        |   |
|----|--------------------|--------|---|
| b. | Indicate severity: | Severe | S |
|----|--------------------|--------|---|

Mid/moderate	M
--------------	---

Unspecified	U
-------------	---

- |    |                              |                    |   |
|----|------------------------------|--------------------|---|
| c. | What was the duration? ..... | Less than 24 hours | L |
|----|------------------------------|--------------------|---|

24 hours or more	M
------------------	---

Unknown	U
---------	---

- |     |    |               |     |   |
|-----|----|---------------|-----|---|
| 32. | a. | Vertigo ..... | Yes | Y |
|-----|----|---------------|-----|---|

Go to Item 33	No	N
---------------	----	---

- b. What was the duration? .....Less than 24 hours L
- 24 hours or more M
- Unknown U

33. a. Convulsions ..... Yes Y

Go to Item 34
-----
No
N

b. Was this the first neurologic symptom? ..... Yes Y

No N

34. Meningeal signs: Stiff neck (nuchal rigidity); limitation on leg extension, neck flexion (Kernig, Brudzinski) ..... Yes Y

No N

35. a. Coma, unconsciousness, stupor occurring within 12 hours after onset of the neurologic event ..... Yes Y

Go to Item 36
-----
No
N

b. What was the duration? .....Less than 24 hours L

24 hours or more M

Unknown U

36. a. Aphasia ..... Yes Y

Go to Item 37
-----
No
N

- b. What was the duration? ..... Less than 24 hours L  
24 hours or more M  
Unknown U
37. Pre-retinal (Subhyaloid) Hemorrhages..... Yes Y  
No N
38. a. Hemianopia ..... Yes Y  

Go to Item 39

 ————— No N
- b. What was the duration? ..... Less than 24 hours L  
24 hours or more M  
Unknown U
39. a. Diplopia ..... Yes Y  

Go to Item 40

 ————— No N
- b. What was the duration? ..... Less than 24 hours L  
24 hours or more M  
Unknown U
42. a. Weakness, paresis or paralysis affecting the extremities.....Yes Y  

Go to Item 43

 ————— No N

b. Arms (Circle one) .....Affected, side unspecified U  
 Right side R  
 Left only L  
 Both B  
 Neither N

c. Leg (Circle one) ..... Affected, side unspecified U  
 Right side R  
 Left only L  
 Both B  
 Neither N

d. What was the duration of the weakness, paresis,  
 or paralysis affecting the extremities? ..... Less than 24 hours L  
 24 hours or more M  
 Unknown U

44. a. Loss of sensation, tingling, paresthesia,  
 hemianesthesia affecting the extremities ..... Yes Y

Go to Item 45
---------------

 No N

b. Arms (Circle one) .....Affected, side unspecified U  
 Right side R  
 Left only L  
 Both B  
 Neither N

- c. Leg (Circle one) ..... Affected, side unspecified U
  - Right side R
  - Left only L
  - Both B
  - Neither N

- d. What was the duration of the weakness, paresis, or paralysis affecting the extremities? ..... Less than 24 hours L
  - 24 hours or more M
  - Unknown U

- 45. a. Gait disturbance ..... Yes Y
  - Go to Item 46

No N

- b. What was the duration? ..... Less than 24 hours L
  - 24 hours or more M
  - Unknown U

- 46. a. Cranial Nerve III Palsy ..... Yes Y
  - No N
- b. Other neurologic symptom ..... Yes Y
  - No N

If yes, specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- c. Did any neurologic sign/symptom last  $\geq$  24 hours or did death occur  
 < 24 hours after onset of new sign/symptom? ..... Yes Y  
 No N

**C. LABORATORY TESTS PERFORMED THIS ADMISSION:**

47. a. Was lumbar puncture performed? ..... Yes Y  
Go to Item 48 ..... No N

Record for the first nontraumatic PL after onset of symptoms or first LP if all traumatic.

- b. Date:   /   /      
 Month day year
- c. Traumatic? ..... Yes Y  
 No N
- d. Appearance ..... Clear fluid C  
 Xanthochromic X  
 Gross blood G  
 Unknown U
- e. Microscopic RBCs (Tube 1) ..... Zero RBCs cu.mm Z  
 1-999 RBCs cu.mm L  
 1000+ RBCs cu.mm G  
 Unknown U

- f. Microscopic RBCs (Tube 2) ..... No Tube N
  - Zero RBCs cu.mm Z
  - 1-999 RBCs cu.mm L
  - 1 000+ RBCs cu.mm G
  - Unknown U

- g. Lumbar puncture diagnosis .....Normal Study A
  - Exclusionary pathology B
  - Unrelated pathology  
or traumatic tap C
  - Bloody (non traumatic)  
Or xanthochromic D

- 48. a. Was cerebral angiography performed? .....Yes Y
  - Go to Item 49

—————
No N

b. Date: 

		/			/				
Month			Day			Year			

- c. Angiography diagnosis ..... Normal Study A
  - Exclusionary pathology B
  - Unrelated pathology C
  - Ruptured aneurysm D
  - Avascular mass without  
Evidence ruptured aneurysm/AVM E



- d. Stenosis–Right internal carotid ..... Not studied A
- 0–29% stenosis B
- 30–69% stenosis C
- 70–89% stenosis D
- ≥ 90% stenosis E

If B, C, D, or E specify percentage:

d. 1.   %

- e. Stenosis – Left internal carotid ..... Not studied A
- 0–29% stenosis B
- 30–69% stenosis C
- 70–89% stenosis D
- ≥ 90% stenosis E

If B, C, D, or E specify percentage:

e. 1.   %

49. a. Was at least one CT scan performed during this hospitalization? .....

Yes Y

Go to Item 51

No N

b. What was approximate time between symptom on and the first CT s.....

Less than 24 hours L

24-48 hours B

Greater than 48 hours C

Unknown U

c. Date of first CT scan:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Day			Year			

d. First CT diagnosis ..... Normal Study N

Exclusionary pathology B

Unrelated pathology C

Normal study, but done within 48 hours of symptom onset D

Subarachnoid hemorrhage E

Intracerebral hematoma F

Ischemic infarction, with no Evidence of hemorrhage G

50. a. Were two or more CT scans performed during this hospitalization?

.....Yes Y

Go to Item 51	—————	No N
---------------	-------	------

b. What was approximate time between symptom onset and the last CT scan?

Less than 24 hours A

24–48 hours B

Greater than 48 hours C

Unknown U

c. Date of the last CT scan during this hospitalization:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Day			Year			

d. Last CT diagnosis ..... Normal Study N

Exclusionary pathology B

Unrelated pathology C

Normal study, but done  
within 48 hours  
of symptom onset D

Subarachnoid hemorrhage E

Intracerebral hematoma F

Ischemic infarction, with no  
Evidence of hemorrhage G

51. a. Were any other CT scans performed after the onset of acute neurologic symptoms/signs, but before admission to this hospital?

..... Yes Y

No N

b. What was approximately time between symptom onset and the first CT scan prior to this hospitalization?

Less than 24 hours A

24-48 hours B

Greater than 48 hours C

Unknown U

c. Date of pre-admission CT scan:

		/			/				
Month			Day			Year			

d. Pre-admission CT diagnosis ..... Normal Study N

Exclusionary pathology B

Unrelated pathology C

Normal study, but done within 48 hours of symptom onset D

Subarachnoid hemorrhage E

Intracerebral hematoma F

Ischemic infarction, with no evidence of hemorrhage G

52. a. Was Magnetic Resonance Imaging (MRI) including the head performed?

.....Yes Y

Go to Item 53

-----No N

b. What was approximate time between symptom onset and the MRI?  
 (If > MRI, pick the most meaningful.)

- Less than 24 hours A
- 24-48 hours B
- Greater than 48 hours C
- Unknown U

c. Date: 

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 / 

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 Month Day Year

- d. MRI diagnosis:
- Normal Study N
  - Exclusionary pathology B
  - Unrelated pathology C
  - Normal study, but done  
Within 48 hours  
Of symptom onset D
  - Subarachnoid hemorrhage E
  - Intracerebral hematoma F
  - Ischemic infarction, with no  
Evidence of hemorrhage G

e. Was Magnetic Resonance Angiography (MRA) performed?  
 ..... Yes No

f. MRA Date 

mm	dd	yyyy

g. No stenoses on MRA Yes No

h. Right internal carotid stenosis (extracranial = cervical) ≥ 50% Yes No

- i. Left internal carotid stenosis extracranial = cervical)  $\geq$  50%      Yes      No
- j. Intracranial anterior circulation stenosis  $\geq$  50%      Yes      No
- k. Intracranial posterior circulation stenosis  $\geq$  50%      Yes      No

53. a. Was B-Mode and/or Doppler Ultrasound on carotid(s) performed?  
 ..... Yes      Y  
Go to Item 54 ————— No      N

b. Date:   /   /      
                     Month                      Day                      Year

- c. Ultrasound diagnosis - Right internal carotid .....
- Not Studied      A
  - 0-29% stenosis      B
  - 30-69% stenosis      C
  - 70-89% stenosis      D
  - $\geq$  90% stenosis      E
  - “Hemodynamically”  
significant lesion      F

If B, C, D, or E specify percentage:

c. 1.   %

- d. Ultrasound diagnosis – Left internal carotid.....
- Not Studied A
  - 0–29% stenosis B
  - 30–69% stenosis C
  - 70–89% stenosis D
  - ≥ 90% stenosis E
  - “Hemodynamically” significant lesion F

If B, C, D, or E specify percentage:

d. 1.   %

54. a. Was a craniotomy performed (post event)? .....Yes Y

————— No N

b. Date:  /  /   
                   Month                   Day                   Year

- c. Craniotomy diagnosis .....Normal study N
- Exclusionary pathology B
  - Unrelated pathology C
  - Ruptured aneurysm D
  - Intracerebral hematoma E
  - Infarction F

55. a. Was autopsy performed?..... Yes Y  
 No N
- 
- b. Recent bleeding of saccular aneurysm.....Yes Y  
 No N
- c. Intracerebral hemorrhage .....Yes Y  
 No N
- d. Recent nonhemorrhagic infarction of ..... Yes Y  
 No N
- e. Recent infarcted area (bland or hemorrhagic) ..... Yes Y  
 No N
- e. Source of emboli in a vessel of any organ, or an embolus in the brain .....Yes Y  
 No N

**D. ADMINISTRATION INFORMATION:**

56. Abstractor Number .....

57. Date Abstracted:   /   /

Month                      Day                      Year



**E. ADDITIONAL FORMS FILLED OUT:**

Criteria based on this form

58.	STR (s)	Item 11+Y (If transfer was from/to study hospital, be sure to cross-check hospital discharge index to avoid duplication.	Yes	Y
			No	N
59.	DTH	Item 15=D	Yes	Y
			No	N
60.	HRA	Item 20s = Y	Yes	Y
			No	N
61.	Xerox Autopsy Report	Item 55a = Y	Yes	Y
			No	N