

**Stroke Symptoms Form Instructions**  
**SSF Version A, 12/07/00**  
**QxQ Date 02/23/2001**

**I. GENERAL INSTRUCTIONS**

The Stroke Symptoms (SSF) form is completed during the participant's baseline clinic visit. The interviewer must be certified and should have a working knowledge of the data entry procedures for electronic version forms and 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.

The goal of the SSF is to determine whether the participant has had a health care provider-diagnosed stroke or symptoms of a stroke. 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.

**II. SPECIFIC INSTRUCTIONS**

**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 Y, N or D. 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 Y, N or D for each response.

6. 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 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 Y, N or D. 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 Y or N.
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 R or L, 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 Y, N or D. If NO or DON'T KNOW, skip to item 14.
- 11a. READ ITEM AND ENTER Y, N, OR D. If NO or DON'T KNOW, skip to item
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 Y, N or D. If NO or DON'T KNOW, skip to item 20.

15. READ ITEM AND ENTER Y, N, OR D. If Y, 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 Y, N, or D 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 Y, N or D. 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 Y, N, or D 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 Y, N or D. If NO or DON'T KNOW, skip to item 35.
26. READ ITEM AND ENTER Y, N, OR D. 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. Enter the month, day and year that the data was collected.
30. Record "C" if the form was completed on the computerized data entry system, or "P" if the paper form was used.
31. Enter the 3 digit JHS code for the person at the Exam Center who entered the information on this form in the boxes provided.