Hospital Abstraction: Stroke/TIA

History and Hospital Record

1. Was the participant hospitalized as an immediate consequence of this event?
   - Yes
   - No
   - Unknown

2. Did the stroke/TIA occur during a hospitalization for a different reason?
   - Yes
   - No
   - Unknown

3. Please answer the following for the hospital admission abstracted on this form:

   Date of admission:  ○ Unknown
   
   Date of discharge or death:  ○ Unknown

4. Was the participant transferred to this hospital from another hospital, or from this hospital to another?
   - Yes
   - No
   - Unknown

   Obtain hospital records from other hospital and complete relevant abstraction form(s) if "No" or "Unknown," continue to Question 5.

   Continue to Question 5

5. Handedness:
   - Left
   - Right
   - Ambidexterous
   - Unknown

6. Did the event occur in the setting of a procedure?
   - Yes
   - No
   - Unknown

   If "No" or "Unknown," skip to Question 8.

7. If "Yes," what procedure?
   - Cardiac surgery
   - Angiogram
   - Carotid endarterectomy
   - Other

   Please specify:

8. Is the time of onset of symptoms known?
   - Yes
   - No, patient awoke from sleep with deficits
   - No, patient found with deficits

9. When was the patient last known to be free of deficits?
   - Unknown

   Month   /   Day   /   Year
   At  hr :  min  am/pm

10. Has the participant ever had a TIA before this event?
    - Yes
    - No
    - Unknown

    If "No" or "Unknown," skip to Question 11.

    How long before the current event?
    - Within the last 30 days (inclusive)
    - More than 30 days prior
    - Unknown

    Prior TIA in same territory as present neurologic signs and symptoms?
    - Yes
    - No
    - Unknown
11. Has the participant ever had a stroke before this event?
   ○ Yes  ○ No  ○ Unknown
   If “No” or “Unknown,” skip to Question 12.

   How long before the current event?
   ○ Within the last 30 days (inclusive)
   ○ More than 30 days prior
   ○ Unknown

   Approximate date of old stroke, if known:
   ○ Unknown
   □  □  □ Month / □  □  □ Day / □  □  □ Year

   Types of stroke (check any that apply):
   ○ Ischemic  ○ No  ○ Unknown
   ○ Intracerebral hemorrhage  ○ No  ○ Unknown
   ○ Subarachnoid hemorrhage  ○ No  ○ Unknown
   ○ Unknown type  ○ No  ○ Unknown
   If hemorrhagic stroke only, skip to Question 12.

   Prior stroke(s) in same territory as the present neurologic signs and symptoms?
   ○ Yes  ○ No  ○ Unknown

12. At the time of onset of this event, was there:

   Severe headache  ○ Yes  ○ No  ○ Unknown
   Vomiting  ○ Yes  ○ No  ○ Unknown
   Seizures  ○ Yes  ○ No  ○ Unknown
   Focal deficit  ○ Yes  ○ No  ○ Unknown
   Decreased consciousness or coma  ○ Yes  ○ No  ○ Unknown

13. Is duration of this event known to be:
   ○ Unknown
   ○ More than 24 hours
   ○ Until death within 24 hours
   ○ Resolved within 24 hours (specify below)
   □  □  □ Hours  □  □  □ Minutes

14. Did the patient have any of the following symptoms:

   Loss or change of speech  ○ Yes  ○ No  ○ Unknown
   If “Yes,”
   ○ Dysarthria  ○ Yes  ○ No  ○ Unknown
   ○ Aphasia  ○ Yes  ○ No  ○ Unknown
   Loss or blurring of vision, complete or partial  ○ Yes  ○ No  ○ Unknown
   If “Yes,”
   ○ Diplopia  ○ Yes  ○ No  ○ Unknown
   ○ Monocular vision loss  ○ Yes  ○ No  ○ Unknown
   ○ Visual field deficit  ○ Yes  ○ No  ○ Unknown
   Numbness, tingling or loss of feeling in the face, arm or leg  ○ Yes  ○ No  ○ Unknown
   Paralysis or weakness in the face, arm or leg  ○ Yes  ○ No  ○ Unknown
   Dizziness, vertigo, loss of balance, or ataxia  ○ Yes  ○ No  ○ Unknown

15. Was the patient diagnosed with a typical "lacunar syndrome" (i.e., pure motor, pure sensory, ataxic hemiparesis, clumsy hand dysarthria, sensori motor)?
   ○ Yes  ○ No  ○ Unknown

Answers to questions 16-33 should be based on the neurologic exam done at or around the time of admission or, for strokes occurring during the hospitalization, after the stroke.

Neurologic Examination

16. Was some or all of a neurologic examination done?
   ○ Yes  ○ No  ○ Unknown
   If “No” or “Unknown,” skip to Question 34.

17. Nuchal rigidity
   ○ Absent  ○ Present  ○ Unknown
18. Cervical bruit:
- Yes
- No
- Unknown

If "No" or "Unknown," skip to Question 20.


   - Absent
   - Present
   - Unknown

   Left carotid
   Right carotid

20. Degree of alertness during exam
- Alert
- Lethargic, drowsy or stupor
- Coma
- Unknown

21. Verbal Response
- Oriented and converses
- Disoriented
- Inappropriate words
- Incomprehensible sounds
- None
- Untestable
- Unknown

22. Remainder of neurologic exam
- Normal
- Abnormal
- Unknown

If "Normal" or "Unknown," skip to Question 34.

23. Visual fields
- Normal
- Abnormal
- Untested
- Unknown

If "Normal", "Untested," or "Unknown," skip to Question 25.

24. Visual fields - Fill in the appropriate bubbles.
Check "N.R." if an abnormality is not related to the present event.

   - Absent
   - Left
   - Right
   - Both
   - N.R.
   - Unknown

Monocular
Quadrant anopia
Hemianopia
Hemineglect

25. Aphasia
- Absent
- Present
- Present, not related
- Unknown

26. Dysarthria
- Absent
- Present
- Present, not related
- Unknown

27. Other hemispherical signs (apraxia, neglect)
- None
- Present
- Present, not related
- Unknown

If present, please specify:

28. Weakness
- Normal
- Left Side (face, arm, and/or leg)
- Right Side (face, arm, and/or leg)
- Paraparesis
- Quadriplegia
- Unknown

If "Normal" or "Unknown," skip to Question 30.

29. Complete the following related to weakness:

<table>
<thead>
<tr>
<th>Normal</th>
<th>Some Weakness</th>
<th>No Movement</th>
<th>Not Related</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Left:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Face</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Arm</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Leg</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Right:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Face</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Arm</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Leg</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
### 30. Ataxia
- Absent ("Normal")
- Present
- Present, not related
- Unknown

If present:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Left</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gait ataxia</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 31. Extraocular movements:
- Normal
- Abnormal
- Untested
- Unknown

If "Normal," "Untested" or "Unknown," skip to Question 33.

### 32. Extraocular movements - Fill in the appropriate bubbles. Check "N.R." if an abnormality is not related to the present event.

**Horizontal Gaze palsy**

<table>
<thead>
<tr>
<th></th>
<th>Absent</th>
<th>Left</th>
<th>Right</th>
<th>Both</th>
<th>N.R.</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Cranial Nerve (III, IV, or VI)**

<table>
<thead>
<tr>
<th></th>
<th>Absent</th>
<th>Left</th>
<th>Right</th>
<th>Both</th>
<th>N.R.</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 33. Sensory deficits:
- Normal
- Abnormal left
- Abnormal right
- Crossed

- Both sides
- Untested
- Unknown

### 34. Were any of the following diagnostic procedures done during this hospitalization? If Yes, please indicate specific result.

**34A. CT scan of head**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Done within 48 hours of event onset</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Done after 48 hours of event onset</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If "Yes": (otherwise go to 34B)

**34B. MRI scan of head**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, both old &amp; new</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**34C.**

### Diagnostic Procedures

- Subarachnoid hemorrhage
- Intraparenchymal hemorrhage
- Infarct

If "Yes": (otherwise go to 34C)

- Hemorrhagic infarction
- Cerebral cortical infarct
- Small deep infarct
- Brain stem infarct
- Cerebellar infarct

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, both old &amp; new</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 34C. Lumbar Puncture

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
</table>

*If "Yes": (otherwise go to 34D)*

- Evidence of hemorrhage

### 34D. Carotid Doppler done

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
</table>

*If "Yes": (otherwise go to transcranial doppler question below)*

- Carotid Doppler indicating normal or less than 50% stenosis
- Carotid Doppler indicating greater than or equal to 50% stenosis or occlusion on the
  - Right side
  - Left side
- Carotid Doppler indicating vertebral artery abnormality

### 34E. Angiogram done (magnetic resonance angiogram, CT angigram, or conventional angiogram)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
</table>

*If "Yes": (otherwise go to 34F)*

- Greater than or equal to 50% stenosis or occlusion of:
  - Extracranial arteries
    - Right carotid artery
    - Left carotid artery
    - Vertebral artery
  - Intracranial arteries
    - Major cerebral stem artery (MCA, ICA, ACA, PCA)
    - Vertebral artery
    - Basilar artery
- AVM
- Intracranial aneurysm
- Dissection
- Arteritis or vasculitis

### 34F. Echocardiography (transthoracic or transesophageal)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
</table>

*If "Yes": (otherwise go to 34G)*

- Intracardiac thrombus
- Valvular heart disease
- Dilated ventricle or poor ventricular function
- Aortic arch atheroma
- Atrioseptal aneurysm
- Patent foramen ovale (PFO)
- Valve vegetations
- Spontaneous echo contrast
- Artificial valve (if yes, specify)

Specify: [ ]

### 34G. Initial EKG

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
</table>

*If "Yes": (otherwise go to 34H)*

- Atrial fibrillation or flutter
- Acute myocardial infarction

### 34H. Surgical or autopsy evidence of stroke

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
</table>

*If "Yes": (otherwise go to 35)*

- Subarachnoid hemorrhage
- Intraparenchymal hemorrhage
- Ischemic stroke

*If "Yes":*

- Lacunae
- Embolic
- Atherosclerotic

Continue with next question on page 5.
Outcome

35. Did the patient receive thrombolytic treatment for stroke?
   - Yes
   - No
   - Unknown

36. Are any of the following conditions documented as having been present within four weeks prior to or during this hospitalization?

   - Myocardial infarction
   - Atrial fibrillation or flutter
   - Rheumatic heart disease or any valvular heart disease
   - Intracardiac thrombus
   - Systemic or pulmonary embolus
   - Hematologic abnormality: hypercoagulable state
   - Other evidence of cause of stroke (e.g., tumor, trauma, infection, or hemorrhagic state)

   Specify:

   Another non-stroke disease process which likely caused a focal neurological deficit

   Specify:

37. Did the patient die during this hospitalization?
   - Yes
   - No
   - Unknown

38. At the time of discharge, had the patient made a complete recovery from this event?
   - Yes
   - No
   - Unknown

39. At the time of discharge, did the patient require more help from another person for everyday activities compared to state prior to event?
   - Yes
   - No
   - Unknown