

# T STROKE ABSTRACTION FORM

Form Code: STR

tact Ye	Version D: 04/0/2005 ear
Last Name:	Initial:
Instructions: The Stroke Form is completed for each eligible Cohort hospi must be entered above. Refer to this form's Q by Q instructions for inform questions, circle the letter corresponding to the most appropriate response correct response.	
Cohort Stroke Abstraction	n Form (STRD Screen 1 of 27)
A. HOSPITAL INFORMATION  1.a. Hospital number:	3. ENTER ON CFDB FORM  a. Last Name:
[If code 96-99, specify name and location]:	
b. Medical record number:	b. Initials:
2. Has the hospital chart for this event been located? Yes	4. ENTER ON CFDB FORM Social Security/Medicare number:
Go to Item 56, Screen 27.	5. ENTER ON CFDB FORM Patient address:

City

State

County

		Zip
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Cohort Stroke Abstraction	Form (STRD Screen 2 of 27)
6. List all discharge diagnosis and procedure codes exactly as they	
appear on the face sheet of the medical record and/or on the discharge summary.	k
	1
a	m
b	n
c	"
d	o
	p
e	q
f	
g	r
. [	s
h	t
i	

OMB# 0925-0491 EXPIRATION DATE

XX/XXXX	
j	

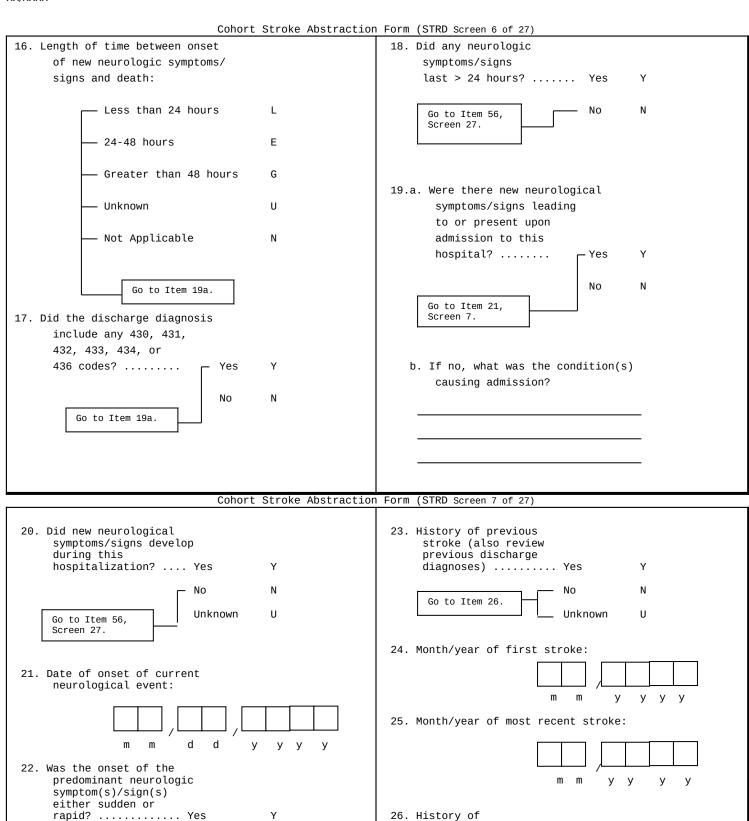
#### Cohort Stroke Abstraction Form (STRD Screen 3 of 27)

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

# Cohort Stroke Abstraction Form (STRD Screen 4 of 27)

8. ENTER ON CFDB FORM  Date of birth:///	11. Was the patient transferred from or to another acute care hospital Yes Y  Go to Item 12, Screen 5.  NO N  a. First Transfer Hospital Code:
10. Race or ethnic group:	Name
White/Caucasian W	City
Black/Negro B	State
Asian/Pacific Islander A  American Indian/ Native Alaskan I  Other 0  Unknown/not recorded U	b. Date of admission to that hospital:  m m d d y y y y
	Form (STRD Screen 5 of 27)
11.c. Second Transfer  Hospital Code:  Name	13.a. Time of arrival at this hospital:  (24 hr clock)  h h m m
State	14. Date of discharge or death:
d. Date of admission to that hospital:	m m d d y y y y
m m d d y y y y  12. Date of arrival at this hospital:	Dead D  Go to Item 17, Screen 6.

d d



No

Unknown

U

previous TIA: ..... Yes

Go to Item 28,

Screen 8.

No

Unknown

# Cohort Stroke Abstraction Form (STRD Screen 8 of 27)

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?
m m y y y y  b. Most Recent:  m m y y y y	a. Myocardial infarction (IF YES, COMPLETE HRA FORM) Yes Y NO N Unknown U
28. History of myocardial infarction prior to the onset of this event: Yes Y No N Unknown U	b. Intracardiac thrombus or intracardiac tumor (myxoma) Yes Y No N

# Cohort Stroke Abstraction Form (STRD Screen 9 of 27)

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

Cohort Stroke Abstraction Form (STRD Screen 10 of 27)

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

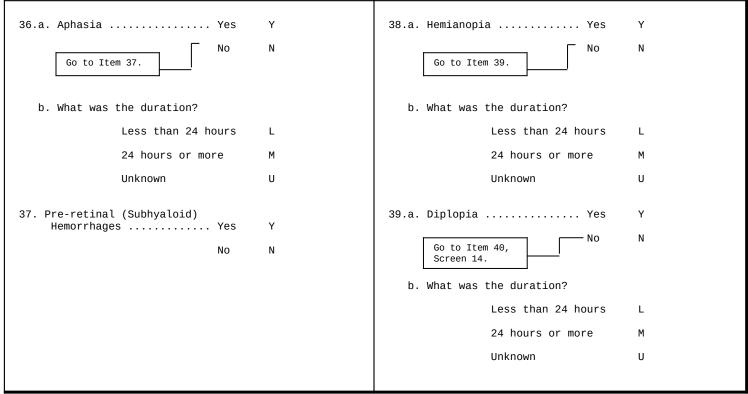
Cohort Stroke Abstraction Form (STRD Screen 11 of 27)

30.e. Therapy with anticoagulants	31.b. Indicate severity:	
(Heparin, Warfarin (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?	
, ,	Less than 24 hours	L
NO N	24 hours or more	М
B. PHYSICIAN DOCUMENTATION OF NEW	Unknown	U
SYMPTOMS OR SIGNS PRESENT ON OR LEADING TO THIS ADMISSION, OR OCCURRING DURING HOSPITALIZATION:	32.a. Vertigo Yes	Υ
31.a. Headache at onset or admission Yes Y	Go to Item 33, Screen 12.	N
Go to Item 32a. No N	b. What was the duration?	
	Less than 24 hours	L
	24 hours or more	М
	Unknown	U

Cohort Stroke Abstraction Form (STRD Screen 12 of 27)

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33.a. Convulsions	Y N Y	35.a. Coma, unconsciousness, stupor occurring within 12 hours after onset of the neurologic event Yes  Go to Item 36, Screen 13.	Y N
No	N	b. What was the duration?	
34. Meningeal signs: Stiff neck (nuchal rigidity); limitation on leg extension, neck flexion (Kernig, Brudzinski) Yes	Y N	Less than 24 hours 24 hours or more Unknown	L M U

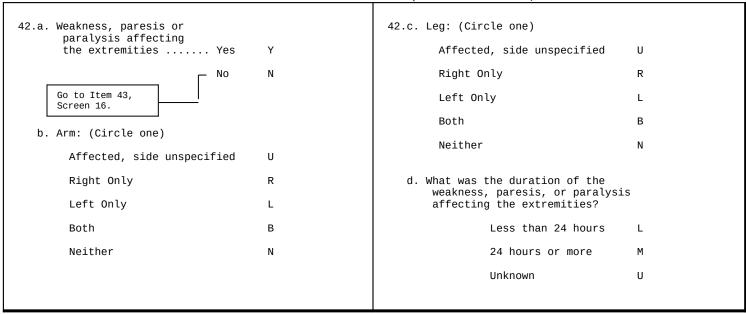
Cohort Stroke Abstraction Form (STRD Screen 13 of 27)



Cohort Stroke Abstraction Form (STRD Screen 14 of 27)

40.a. Dysphagia (difficulty in 41.a. Weakness, paresis swallowing), dysarthria, or paralysis dysphonia, or tongue affecting the face .... Yes deviation ..... Yes – No Ν Ν Go to Item 42, Nο Screen 15. Go to Item 41. b. Indicate affected side(s): b. What was the duration? Right side R Less than 24 hours Left side 1 24 hours or more Μ Both sides В Unknown U Unknown U c. What was the duration? Less than 24 hours 24 hours or more Μ Unknown

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#### Cohort Stroke Abstraction Form (STRD Screen 16 of 27)

44.a. Loss of sensation, tingling, paresthesias, hemianesthesia 43.a. Loss of sensation, tingling, paresthesias, hemianesthesia affecting the extremities affecting the face .... Yes Yes Go to Item 45, Screen 17. No Ν Go to Item 44. b. Indicate affected side(s): b. Arm: (Circle one) Affected, side unspecified Right side R U Left side Right Only R L Both sides Left Only Unknown U Both В Neither Ν c. What was the duration? Less than 24 hours 24 hours or more Μ Unknown U

Cohort Stroke Abstraction Form (STRD Screen 17 of 27)

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

Cohort Stroke Abstraction Form (STRD Screen 18 of 27)

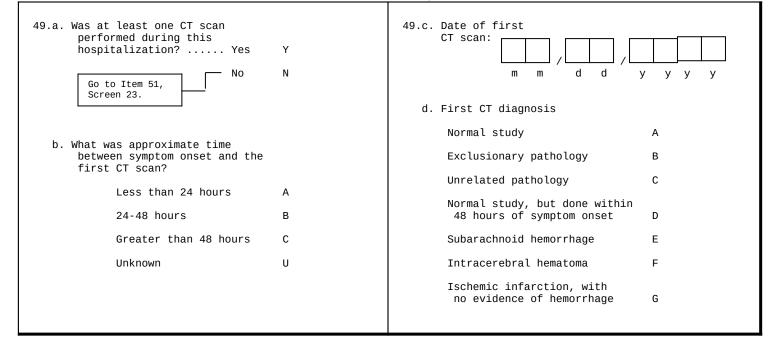
46.b. Other neuro	ologic Yes	Y	C. LABORATORY TESTS PERFORMED THIS ADMISSION:
If yes, spe	No ecify: —————	N 	47.a. Was lumbar puncture performed? Yes Y  Go to Item 48, Screen 20.
after onset	om last or did < 24 hours	Y N	Record for the first nontraumatic LP after onset of symptoms or first LP if all traumatic.  b. Date:  m m d d y y y y  c. Traumatic?

Cohort Stroke Abstraction Form (STRD Screen 19 of 27)

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47.d. Appearance: (	Clear fluid	С	47.f. Micros	copic RBCs (Tube 2):	
,	Xanthochromic	X		No tube	N
(	Gross blood	В		Zero RBCs cu.mm.	Z
ι	Unknown	U		1-999 RBC cu.mm.	L
Missassasia BBO	- (Tub - 4)			1000+ RBC cu.mm.	G
e. Microscopic RBC	s (Tube 1):			Unknown	U
Zero	o RBCs cu.mm.	Z		UIIKIIOWII	Ü
1-99	99 RBC cu.mm.	L	g. Lumbar	puncture diagnosis:	
1000	0+ RBC cu.mm.	G		Normal Study	Α
Unkı	nown	U	1	Exclusionary pathology	В
				Unrelated pathology or traumatic tap	С
				Bloody (non-traumatic) or xanthochromic	D

Cohort Stroke Abstraction	Form (STRD Screen 20 of 27)
d8.a. Was cerebral angiography performed?	### Assume   ###

#### Cohort Stroke Abstraction Form (STRD Screen 21 of 27)



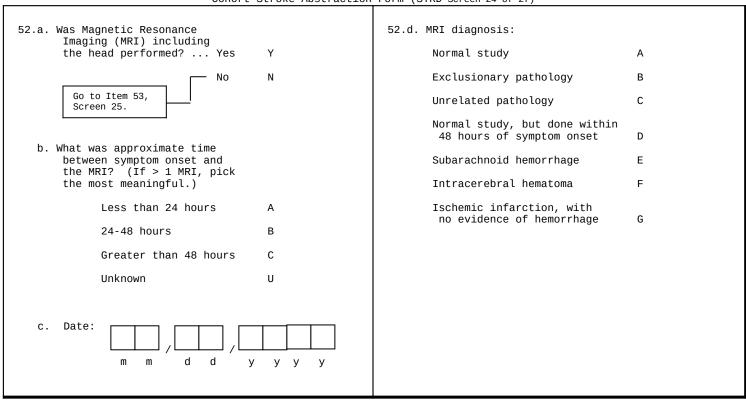
Cohort Stroke Abstraction Form (STRD Screen 22 of 27)

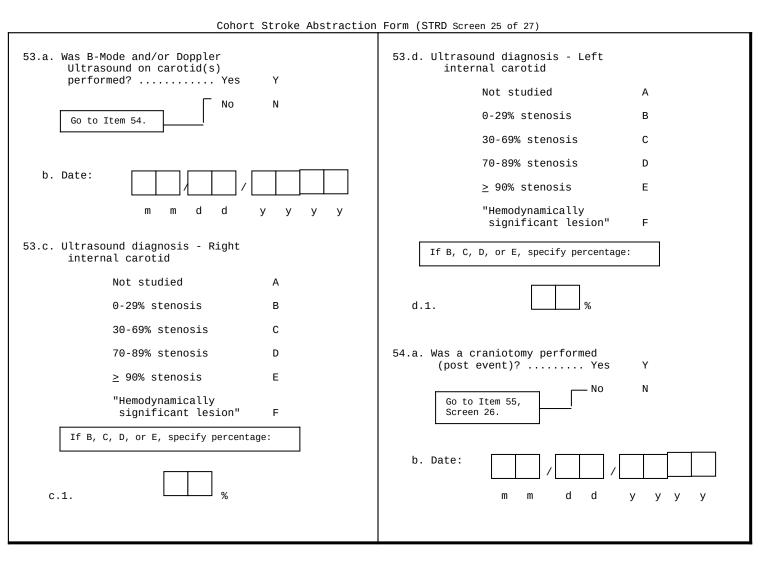
50.a. Were two or more CT scans performed during this hospitalization? Yes Y  Results of the South State of the South St	50.c. Date of last CT scan during this hospitalization:  m m d d y y y y
b. What was approximate time between symptom onset and the last CT scan?  Less than 24 hours A  24-48 hours B  Greater than 48 hours C  Unknown U	Normal study  Exclusionary pathology  Unrelated pathology  C  Normal study, but done within 48 hours of symptom onset  Subarachnoid hemorrhage  Intracerebral hematoma  F  Ischemic infarction, with no evidence of hemorrhage  G

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51.a. Were any other CT scans performed after the onset of acute neurologic symptoms/signs, but before admission to this hospital? Yes	Y N	51.c. Date of pre-admission CT scan:  m m d d y y y y
Go to Item 52, Screen 24.		d. Pre-admission CT diagnosis
		Normal study A
b. What was approximate time between symptom onset and the		Exclusionary pathology B
first CT scan prior to this hospitalization?		Unrelated pathology C
Less than 24 hours	Α	Normal study, but done within 48 hours of symptom onset D
Less than 24 hours	^	40 Hours of Symptom onset
24-48 hours	В	Subarachnoid hemorrhage E
Greater than 48 hours	С	Intracerebral hematoma F
Unknown	U	Ischemic infarction, with no evidence of hemorrhage G

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Cohort Stroke Abstraction Form (STRD Screen 26 of 27)

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54.c. Craniotomy diagnosis		55.a. Was an autopsy performed? Yes Y
No pathology	Α	
Exclusionary pathology	В	Go to Item 56, Screen 27.
Unrelated pathology	С	
Ruptured aneurysm	D	C. Autopsy diagnosis
Intracerebral hematoma	Е	b. Recent bleeding of
Infarction	F	saccular aneurysm Yes Y
		No N
		c. Intracerebral hemorrhage Yes Y
		No N
		d. Recent nonhemorrhagic infarction of brain Yes Y
		No N

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55.e. Recent infarcted area (bland or	E. ADDITIONAL FORMS TO BE FILLED OUT:
hemorrhagic) Yes Y	Criteria based Form on this form
No N f. Source of emboli in a	58. STR(s) Item 11 = Y (If transfer was from/to study hospital,
vessel of emboli in a  vessel of any organ,  or an embolus in  the brain Yes	be sure to cross-check hospital discharge index to avoid duplication.)
No N	Yes Y
D. ADMINISTRATIVE INFORMATION:	No N
56. Abstractor Number:	59. DTH
	No N
57. Date	60. HRA Item 29a = Y Yes Y
Abstracted:	No N
mm dd yyyy	61. Xerox

62. CFD
No N