



STROKE ABSTRACTION FORM

Form Code: STR
Version D: 04/0/2005

 Fact YearLast Name: Initial:

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 instructions 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 the correct response.

Cohort Stroke Abstraction Form (STRD Screen 1 of 27)

A. HOSPITAL INFORMATION

1.a. Hospital number:

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

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. ENTER ON CFDB FORM

a. Last Name:

b. Initials:

c. If name unavailable, SOUNDEX:

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4. ENTER ON CFDB FORM

Social Security/Medicare number:

 - - -

5. ENTER ON CFDB FORM

Patient address:

City County State

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Zip

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.

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j. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
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Cohort Stroke Abstraction Form (STRD Screen 4 of 27)

<p>8. ENTER ON CFDB FORM</p> <p>Date of birth: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p style="text-align: center; margin-left: 40px;">m m d d y y y y</p> <p>9. Sex Male M</p> <p style="margin-left: 150px;">Female F</p> <p>10. Race or ethnic group:</p> <p style="margin-left: 40px;">White/Caucasian W</p> <p style="margin-left: 40px;">Black/Negro B</p> <p style="margin-left: 40px;">Asian/Pacific Islander ... A</p> <p style="margin-left: 40px;">American Indian/ Native Alaskan I</p> <p style="margin-left: 40px;">Other O</p> <p style="margin-left: 40px;">Unknown/not recorded U</p>	<p>11. Was the patient transferred from or to another acute care hospital Yes Y</p> <p style="margin-left: 150px;">No N</p> <div style="border: 1px solid black; width: fit-content; padding: 2px; margin-left: 100px;">Go to Item 12, Screen 5.</div> <p>a. First Transfer</p> <p style="margin-left: 80px;">Hospital Code: <input style="width: 20px; height: 20px;" type="text"/></p> <p style="margin-left: 40px;">Name _____</p> <p style="margin-left: 40px;">City _____</p> <p style="margin-left: 40px;">State _____</p> <p>b. Date of admission to that hospital:</p> <p style="margin-left: 80px;"><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p style="text-align: center; margin-left: 100px;">m m d d y y y y</p>
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Cohort Stroke Abstraction Form (STRD Screen 5 of 27)

<p>11.c. Second Transfer</p> <p style="margin-left: 40px;">Hospital Code: <input style="width: 20px; height: 20px;" type="text"/></p> <p style="margin-left: 40px;">Name _____</p> <p style="margin-left: 40px;">City _____</p> <p style="margin-left: 40px;">State _____</p> <p>d. Date of admission to that hospital:</p> <p style="margin-left: 80px;"><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p style="text-align: center; margin-left: 100px;">m m d d y y y y</p> <p>12. Date of arrival at this hospital:</p> <p style="margin-left: 80px;"><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p style="text-align: center; margin-left: 100px;">m m d d y y y y</p>	<p>13.a. Time of arrival at this hospital: (24 hr clock)</p> <p style="margin-left: 80px;"><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> : <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p style="text-align: center; margin-left: 100px;">h h m m</p> <p>14. Date of discharge or death:</p> <p style="margin-left: 80px;"><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p style="text-align: center; margin-left: 100px;">m m d d y y y y</p> <p>15. Discharged</p> <p style="margin-left: 150px;">Alive A</p> <p style="margin-left: 150px;">Dead D</p> <div style="border: 1px solid black; width: fit-content; padding: 2px; margin-left: 100px;">Go to Item 17, Screen 6.</div>
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Cohort Stroke Abstraction Form (STRD Screen 6 of 27)

<p>16. Length of time between onset of new neurologic symptoms/signs and death:</p> <ul style="list-style-type: none"> Less than 24 hours L 24-48 hours E Greater than 48 hours G Unknown U Not Applicable N <p style="margin-left: 40px;">Go to Item 19a.</p> <p>17. Did the discharge diagnosis include any 430, 431, 432, 433, 434, or 436 codes?</p> <p style="margin-left: 40px;">Yes Y</p> <p style="margin-left: 40px;">No N</p> <p style="margin-left: 40px;">Go to Item 19a.</p>	<p>18. Did any neurologic symptoms/signs last > 24 hours?</p> <p style="margin-left: 40px;">Yes Y</p> <p style="margin-left: 40px;">No N</p> <p style="margin-left: 40px;">Go to Item 56, Screen 27.</p> <p>19.a. Were there new neurological symptoms/signs leading to or present upon admission to this hospital?</p> <p style="margin-left: 40px;">Yes Y</p> <p style="margin-left: 40px;">No N</p> <p style="margin-left: 40px;">Go to Item 21, Screen 7.</p> <p>b. If no, what was the condition(s) causing admission?</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Cohort Stroke Abstraction Form (STRD Screen 7 of 27)

<p>20. Did new neurological symptoms/signs develop during this hospitalization?</p> <p style="margin-left: 40px;">Yes Y</p> <p style="margin-left: 40px;">No N</p> <p style="margin-left: 40px;">Unknown U</p> <p style="margin-left: 40px;">Go to Item 56, Screen 27.</p> <p>21. Date of onset of current neurological event:</p> <p style="margin-left: 40px;"> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> m m d d y y y y </p> <p>22. Was the onset of the predominant neurologic symptom(s)/sign(s) either sudden or rapid?</p> <p style="margin-left: 40px;">Yes Y</p> <p style="margin-left: 40px;">No N</p> <p style="margin-left: 40px;">Unknown U</p>	<p>23. History of previous stroke (also review previous discharge diagnoses)</p> <p style="margin-left: 40px;">Yes Y</p> <p style="margin-left: 40px;">No N</p> <p style="margin-left: 40px;">Unknown U</p> <p style="margin-left: 40px;">Go to Item 26.</p> <p>24. Month/year of first stroke:</p> <p style="margin-left: 40px;"> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> m m y y y y </p> <p>25. Month/year of most recent stroke:</p> <p style="margin-left: 40px;"> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> m m y y y y </p> <p>26. History of previous TIA:</p> <p style="margin-left: 40px;">Yes Y</p> <p style="margin-left: 40px;">No N</p> <p style="margin-left: 40px;">Unknown U</p> <p style="margin-left: 40px;">Go to Item 28, Screen 8.</p>
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Cohort Stroke Abstraction Form (STRD Screen 8 of 27)

<p>27. Month/year of first and most recent TIA:</p> <p>a. First: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: center; margin-left: 100px;">m m y y y y</p> <p>b. Most Recent: ... <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: center; margin-left: 100px;">m m y y y y</p> <p>28. History of myocardial infarction prior to the onset of this event: Yes Y</p> <p style="margin-left: 150px;">No N</p> <p style="margin-left: 150px;">Unknown U</p>	<p>29. Are any of the following conditions documented as having been present within four weeks prior to or during this hospitalization?</p> <p>a. Myocardial infarction (IF YES, COMPLETE HRA FORM) Yes Y</p> <p style="margin-left: 150px;">No N</p> <p style="margin-left: 150px;">Unknown U</p> <p>b. Intracardiac thrombus or intracardiac tumor (myxoma) Yes Y</p> <p style="margin-left: 150px;">No N</p>
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Cohort Stroke Abstraction Form (STRD Screen 9 of 27)

<p>29.c. Atrial fibrillation or flutter Yes Y</p> <p style="margin-left: 150px;">No N</p> <p>d. Rheumatic heart disease, valvular heart disease (e.g., mitral stenosis, artificial heart valve) Yes Y</p> <p style="margin-left: 150px;">No N</p> <p>e. Subacute bacterial endocarditis Yes Y</p> <p style="margin-left: 150px;">No N</p> <p>f. Systemic embolus (including angiographically identified embolus) ... Yes Y</p> <p style="margin-left: 150px;">No N</p>	<p>29.g.1. Hematologic abnormality: hypercoagulable state e.g., DIC Yes Y</p> <p style="margin-left: 150px;">No N</p> <p>g.2. Hematologic abnormality: hemorrhagic e.g., leukemia, thrombocytopenia, DIC Yes Y</p> <p style="margin-left: 150px;">No N</p> <p>h. Brain tumor (benign or malignant, primary or metastatic) Yes Y</p> <p style="margin-left: 150px;">No N</p>
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Cohort Stroke Abstraction Form (STRD Screen 12 of 27)

<p>33.a. Convulsions Yes Y</p> <p style="padding-left: 40px;">No N</p> <div style="border: 1px solid black; display: inline-block; padding: 2px; margin-left: 10px;">Go to Item 34.</div> <p>b. Was this the first neurologic symptom? ... Yes Y</p> <p style="padding-left: 40px;">No N</p> <p>34. Meningeal signs: Stiff neck (nuchal rigidity); limitation on leg extension, neck flexion (Kernig, Brudzinski) Yes Y</p> <p style="padding-left: 40px;">No N</p>	<p>35.a. Coma, unconsciousness, stupor occurring within 12 hours after onset of the neurologic event .. Yes Y</p> <div style="border: 1px solid black; display: inline-block; padding: 2px; margin-left: 10px;">Go to Item 36, Screen 13.</div> <p style="padding-left: 40px;">No N</p> <p>b. What was the duration?</p> <p style="padding-left: 40px;">Less than 24 hours L</p> <p style="padding-left: 40px;">24 hours or more M</p> <p style="padding-left: 40px;">Unknown U</p>
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Cohort Stroke Abstraction Form (STRD Screen 13 of 27)

<p>36.a. Aphasia Yes Y</p> <p style="padding-left: 40px;">No N</p> <div style="border: 1px solid black; display: inline-block; padding: 2px; margin-left: 10px;">Go to Item 37.</div> <p>b. What was the duration?</p> <p style="padding-left: 40px;">Less than 24 hours L</p> <p style="padding-left: 40px;">24 hours or more M</p> <p style="padding-left: 40px;">Unknown U</p> <p>37. Pre-retinal (Subhyaloid) Hemorrhages Yes Y</p> <p style="padding-left: 40px;">No N</p>	<p>38.a. Hemianopia Yes Y</p> <p style="padding-left: 40px;">No N</p> <div style="border: 1px solid black; display: inline-block; padding: 2px; margin-left: 10px;">Go to Item 39.</div> <p>b. What was the duration?</p> <p style="padding-left: 40px;">Less than 24 hours L</p> <p style="padding-left: 40px;">24 hours or more M</p> <p style="padding-left: 40px;">Unknown U</p> <p>39.a. Diplopia Yes Y</p> <div style="border: 1px solid black; display: inline-block; padding: 2px; margin-left: 10px;">Go to Item 40, Screen 14.</div> <p style="padding-left: 40px;">No N</p> <p>b. What was the duration?</p> <p style="padding-left: 40px;">Less than 24 hours L</p> <p style="padding-left: 40px;">24 hours or more M</p> <p style="padding-left: 40px;">Unknown U</p>
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Cohort Stroke Abstraction Form (STRD Screen 14 of 27)

<p>40.a. Dysphagia (difficulty in swallowing), dysarthria, dysphonia, or tongue deviation Yes Y</p> <p style="text-align: right;">No N</p> <div style="border: 1px solid black; display: inline-block; padding: 2px; margin-bottom: 5px;">Go to Item 41.</div> <p>b. What was the duration?</p> <p style="padding-left: 40px;">Less than 24 hours L</p> <p style="padding-left: 40px;">24 hours or more M</p> <p style="padding-left: 40px;">Unknown U</p>	<p>41.a. Weakness, paresis or paralysis affecting the face Yes Y</p> <p style="text-align: right;">No N</p> <div style="border: 1px solid black; display: inline-block; padding: 2px; margin-bottom: 5px;">Go to Item 42, Screen 15.</div> <p>b. Indicate affected side(s):</p> <p style="padding-left: 40px;">Right side R</p> <p style="padding-left: 40px;">Left side L</p> <p style="padding-left: 40px;">Both sides B</p> <p style="padding-left: 40px;">Unknown U</p> <p>c. What was the duration?</p> <p style="padding-left: 40px;">Less than 24 hours L</p> <p style="padding-left: 40px;">24 hours or more M</p> <p style="padding-left: 40px;">Unknown U</p>
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Cohort Stroke Abstraction Form (STRD Screen 15 of 27)

<p>42.a. Weakness, paresis or paralysis affecting the extremities Yes Y</p> <p style="text-align: right;">No N</p> <div style="border: 1px solid black; display: inline-block; padding: 2px; margin-bottom: 5px;">Go to Item 43, Screen 16.</div> <p>b. Arm: (Circle one)</p> <p style="padding-left: 40px;">Affected, side unspecified U</p> <p style="padding-left: 40px;">Right Only R</p> <p style="padding-left: 40px;">Left Only L</p> <p style="padding-left: 40px;">Both B</p> <p style="padding-left: 40px;">Neither N</p>	<p>42.c. Leg: (Circle one)</p> <p style="padding-left: 40px;">Affected, side unspecified U</p> <p style="padding-left: 40px;">Right Only R</p> <p style="padding-left: 40px;">Left Only L</p> <p style="padding-left: 40px;">Both B</p> <p style="padding-left: 40px;">Neither N</p> <p>d. What was the duration of the weakness, paresis, or paralysis affecting the extremities?</p> <p style="padding-left: 40px;">Less than 24 hours L</p> <p style="padding-left: 40px;">24 hours or more M</p> <p style="padding-left: 40px;">Unknown U</p>
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Cohort Stroke Abstraction Form (STRD Screen 16 of 27)

<p>43.a. Loss of sensation, tingling, paresthesias, hemianesthesia affecting the face Yes Y</p> <p style="margin-left: 100px;">No N</p> <div style="border: 1px solid black; display: inline-block; padding: 2px; margin-left: 10px;">Go to Item 44.</div> <p style="margin-left: 100px;">b. Indicate affected side(s):</p> <table style="margin-left: 40px;"> <tr><td>Right side</td><td>R</td></tr> <tr><td>Left side</td><td>L</td></tr> <tr><td>Both sides</td><td>B</td></tr> <tr><td>Unknown</td><td>U</td></tr> </table> <p style="margin-left: 40px;">c. What was the duration?</p> <table style="margin-left: 40px;"> <tr><td>Less than 24 hours</td><td>L</td></tr> <tr><td>24 hours or more</td><td>M</td></tr> <tr><td>Unknown</td><td>U</td></tr> </table>	Right side	R	Left side	L	Both sides	B	Unknown	U	Less than 24 hours	L	24 hours or more	M	Unknown	U	<p>44.a. Loss of sensation, tingling, paresthesias, hemianesthesia affecting the extremities</p> <table style="margin-left: 100px;"> <tr><td>Yes</td><td>Y</td></tr> <tr><td>No</td><td>N</td></tr> </table> <div style="border: 1px solid black; display: inline-block; padding: 2px; margin-left: 10px;">Go to Item 45, Screen 17.</div> <p style="margin-left: 40px;">b. Arm: (Circle one)</p> <table style="margin-left: 40px;"> <tr><td>Affected, side unspecified</td><td>U</td></tr> <tr><td>Right Only</td><td>R</td></tr> <tr><td>Left Only</td><td>L</td></tr> <tr><td>Both</td><td>B</td></tr> <tr><td>Neither</td><td>N</td></tr> </table>	Yes	Y	No	N	Affected, side unspecified	U	Right Only	R	Left Only	L	Both	B	Neither	N
Right side	R																												
Left side	L																												
Both sides	B																												
Unknown	U																												
Less than 24 hours	L																												
24 hours or more	M																												
Unknown	U																												
Yes	Y																												
No	N																												
Affected, side unspecified	U																												
Right Only	R																												
Left Only	L																												
Both	B																												
Neither	N																												

Cohort Stroke Abstraction Form (STRD Screen 17 of 27)

<p>44.c. Leg: (Circle one)</p> <table style="margin-left: 40px;"> <tr><td>Affected, side unspecified</td><td>U</td></tr> <tr><td>Right Only</td><td>R</td></tr> <tr><td>Left Only</td><td>L</td></tr> <tr><td>Both</td><td>B</td></tr> <tr><td>Neither</td><td>N</td></tr> </table> <p style="margin-left: 40px;">d. What was the total duration of the loss of sensation, tingling, paresthesias, hemianesthesia affecting the extremities?</p> <table style="margin-left: 40px;"> <tr><td>Less than 24 hours</td><td>L</td></tr> <tr><td>24 hours or more</td><td>M</td></tr> <tr><td>Unknown</td><td>U</td></tr> </table>	Affected, side unspecified	U	Right Only	R	Left Only	L	Both	B	Neither	N	Less than 24 hours	L	24 hours or more	M	Unknown	U	<p>45.a. Gait disturbance Yes Y</p> <p style="margin-left: 100px;">No N</p> <div style="border: 1px solid black; display: inline-block; padding: 2px; margin-left: 10px;">Go to Item 46.</div> <p style="margin-left: 40px;">b. What was the duration?</p> <table style="margin-left: 40px;"> <tr><td>Less than 24 hours</td><td>L</td></tr> <tr><td>24 hours or more</td><td>M</td></tr> <tr><td>Unknown</td><td>U</td></tr> </table> <p style="margin-left: 40px;">46.a. Cranial Nerve III Palsy: Yes Y</p> <p style="margin-left: 100px;">No N</p>	Less than 24 hours	L	24 hours or more	M	Unknown	U
Affected, side unspecified	U																						
Right Only	R																						
Left Only	L																						
Both	B																						
Neither	N																						
Less than 24 hours	L																						
24 hours or more	M																						
Unknown	U																						
Less than 24 hours	L																						
24 hours or more	M																						
Unknown	U																						

Cohort Stroke Abstraction Form (STRD Screen 20 of 27)

48.a. Was cerebral angiography performed? Yes Y

Go to Item 49, Screen 21.

No N

b. Date: / /
 m m d d y y y y

c. Angiography diagnosis

- Normal study A
- Exclusionary pathology B
- Unrelated pathology C
- Ruptured aneurysm D
- Avascular mass without evidence ruptured aneurysm/AVM E

48.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. %

Cohort Stroke Abstraction Form (STRD Screen 21 of 27)

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

Go to Item 51, Screen 23.

No N

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

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

49.c. Date of first CT scan:

/ /
 m m d d y y y y

d. First CT diagnosis

- Normal study A
- 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

Cohort Stroke Abstraction Form (STRD Screen 22 of 27)

<p>50.a. Were two or more CT scans performed during this hospitalization? Yes Y</p> <p style="margin-left: 150px;">No N</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: 100px; margin-top: 10px;"> Go to Item 51, Screen 24. </div> <p>b. What was approximate time between symptom onset and the last CT scan?</p> <table style="width: 100%; border: none;"> <tr> <td style="padding-left: 40px;">Less than 24 hours</td> <td style="text-align: right;">A</td> </tr> <tr> <td style="padding-left: 40px;">24-48 hours</td> <td style="text-align: right;">B</td> </tr> <tr> <td style="padding-left: 40px;">Greater than 48 hours</td> <td style="text-align: right;">C</td> </tr> <tr> <td style="padding-left: 40px;">Unknown</td> <td style="text-align: right;">U</td> </tr> </table>	Less than 24 hours	A	24-48 hours	B	Greater than 48 hours	C	Unknown	U	<p>50.c. Date of last CT scan during this hospitalization:</p> <table style="margin-left: 100px; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="font-size: 10px; padding: 0 5px;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="font-size: 10px; padding: 0 5px;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">m</td> <td style="text-align: center; font-size: 8px;">m</td> <td></td> <td style="text-align: center; font-size: 8px;">d</td> <td style="text-align: center; font-size: 8px;">d</td> <td></td> <td style="text-align: center; font-size: 8px;">y</td> <td style="text-align: center; font-size: 8px;">y</td> <td style="text-align: center; font-size: 8px;">y</td> <td style="text-align: center; font-size: 8px;">y</td> </tr> </table> <p>50.d. Last CT diagnosis</p> <table style="width: 100%; border: none;"> <tr> <td style="padding-left: 40px;">Normal study</td> <td style="text-align: right;">A</td> </tr> <tr> <td style="padding-left: 40px;">Exclusionary pathology</td> <td style="text-align: right;">B</td> </tr> <tr> <td style="padding-left: 40px;">Unrelated pathology</td> <td style="text-align: right;">C</td> </tr> <tr> <td style="padding-left: 40px;">Normal study, but done within 48 hours of symptom onset</td> <td style="text-align: right;">D</td> </tr> <tr> <td style="padding-left: 40px;">Subarachnoid hemorrhage</td> <td style="text-align: right;">E</td> </tr> <tr> <td style="padding-left: 40px;">Intracerebral hematoma</td> <td style="text-align: right;">F</td> </tr> <tr> <td style="padding-left: 40px;">Ischemic infarction, with no evidence of hemorrhage</td> <td style="text-align: right;">G</td> </tr> </table>			/			/					m	m		d	d		y	y	y	y	Normal study	A	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
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Cohort Stroke Abstraction Form (STRD Screen 23 of 27)

<p>51.a. Were any other CT scans performed after the onset of acute neurologic symptoms/signs, but before admission to this hospital? Yes Y</p> <p style="margin-left: 150px;">No N</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: 100px; margin-top: 10px;"> Go to Item 52, Screen 24. </div> <p>b. What was approximate time between symptom onset and the first CT scan prior to this hospitalization?</p> <table style="width: 100%; border: none;"> <tr> <td style="padding-left: 40px;">Less than 24 hours</td> <td style="text-align: right;">A</td> </tr> <tr> <td style="padding-left: 40px;">24-48 hours</td> <td style="text-align: right;">B</td> </tr> <tr> <td style="padding-left: 40px;">Greater than 48 hours</td> <td style="text-align: right;">C</td> </tr> <tr> <td style="padding-left: 40px;">Unknown</td> <td style="text-align: right;">U</td> </tr> </table>	Less than 24 hours	A	24-48 hours	B	Greater than 48 hours	C	Unknown	U	<p>51.c. Date of pre-admission CT scan:</p> <table style="margin-left: 100px; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="font-size: 10px; padding: 0 5px;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="font-size: 10px; padding: 0 5px;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">m</td> <td style="text-align: center; font-size: 8px;">m</td> <td></td> <td style="text-align: center; font-size: 8px;">d</td> <td style="text-align: center; font-size: 8px;">d</td> <td></td> <td style="text-align: center; font-size: 8px;">y</td> <td style="text-align: center; font-size: 8px;">y</td> <td style="text-align: center; font-size: 8px;">y</td> <td style="text-align: center; font-size: 8px;">y</td> </tr> </table> <p>d. Pre-admission CT diagnosis</p> <table style="width: 100%; border: none;"> <tr> <td style="padding-left: 40px;">Normal study</td> <td style="text-align: right;">A</td> </tr> <tr> <td style="padding-left: 40px;">Exclusionary pathology</td> <td style="text-align: right;">B</td> </tr> <tr> <td style="padding-left: 40px;">Unrelated pathology</td> <td style="text-align: right;">C</td> </tr> <tr> <td style="padding-left: 40px;">Normal study, but done within 48 hours of symptom onset</td> <td style="text-align: right;">D</td> </tr> <tr> <td style="padding-left: 40px;">Subarachnoid hemorrhage</td> <td style="text-align: right;">E</td> </tr> <tr> <td style="padding-left: 40px;">Intracerebral hematoma</td> <td style="text-align: right;">F</td> </tr> <tr> <td style="padding-left: 40px;">Ischemic infarction, with no evidence of hemorrhage</td> <td style="text-align: right;">G</td> </tr> </table>			/			/					m	m		d	d		y	y	y	y	Normal study	A	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
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52.a. Was Magnetic Resonance Imaging (MRI) including the head performed? ... Yes Y

No N
 Go to Item 53, Screen 25.

b. What was approximate time between symptom onset and the MRI? (If > 1 MRI, pick the most meaningful.)

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

c. Date: / /
 m m d d y y y y

52.d. MRI diagnosis:

- Normal study A
- 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

53.a. Was B-Mode and/or Doppler Ultrasound on carotid(s) performed? Yes Y

No N
 Go to Item 54.

b. Date: / /
 m m d d y y y y

53.c. Ultrasound diagnosis - Right 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:

c.1. %

53.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
 Go to Item 55, Screen 26.

b. Date: / /
 m m d d y y y y

Cohort Stroke Abstraction Form (STRD Screen 26 of 27)

<p>54.c. Craniotomy diagnosis</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">No pathology</td> <td style="text-align: right; padding: 2px;">A</td> </tr> <tr> <td style="padding: 2px;">Exclusionary pathology</td> <td style="text-align: right; padding: 2px;">B</td> </tr> <tr> <td style="padding: 2px;">Unrelated pathology</td> <td style="text-align: right; padding: 2px;">C</td> </tr> <tr> <td style="padding: 2px;">Ruptured aneurysm</td> <td style="text-align: right; padding: 2px;">D</td> </tr> <tr> <td style="padding: 2px;">Intracerebral hematoma</td> <td style="text-align: right; padding: 2px;">E</td> </tr> <tr> <td style="padding: 2px;">Infarction</td> <td style="text-align: right; padding: 2px;">F</td> </tr> </table>	No pathology	A	Exclusionary pathology	B	Unrelated pathology	C	Ruptured aneurysm	D	Intracerebral hematoma	E	Infarction	F	<p>55.a. Was an autopsy performed? Yes Y</p> <p style="text-align: right;">No N</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 10px;"> Go to Item 56, Screen 27. </div> <p>C. Autopsy diagnosis</p> <p>b. Recent bleeding of saccular aneurysm Yes Y</p> <p style="text-align: right;">No N</p> <p>c. Intracerebral hemorrhage Yes Y</p> <p style="text-align: right;">No N</p> <p>d. Recent nonhemorrhagic infarction of brain ... Yes Y</p> <p style="text-align: right;">No N</p>
No pathology	A												
Exclusionary pathology	B												
Unrelated pathology	C												
Ruptured aneurysm	D												
Intracerebral hematoma	E												
Infarction	F												

Cohort Stroke Abstraction Form (STRD Screen 27 of 27)

<p>55.e. Recent infarcted area (bland or hemorrhagic) Yes Y</p> <p style="text-align: right;">No N</p> <p>f. Source of emboli in a vessel of any organ, or an embolus in the brain Yes Y</p> <p style="text-align: right;">No N</p> <p>D. ADMINISTRATIVE INFORMATION:</p> <p>56. Abstractor Number: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>57. Date Abstracted: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> , <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p style="text-align: center; margin-left: 40px;">m m d d , y y y y</p>	<p>E. ADDITIONAL FORMS TO BE FILLED OUT:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 2px;">Form</th> <th style="text-align: left; padding: 2px;">Criteria based on this form</th> <th style="width: 10%;"></th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">58. STR(s)</td> <td style="padding: 2px;">Item 11 = Y (If transfer was from/to study hospital, be sure to cross-check hospital discharge index to avoid duplication.)</td> <td style="text-align: right; padding: 2px;">Yes Y</td> <td style="text-align: right; padding: 2px;">No N</td> </tr> <tr> <td style="padding: 2px;">59. DTH</td> <td style="padding: 2px;">Item 15 = D</td> <td style="text-align: right; padding: 2px;">Yes Y</td> <td style="text-align: right; padding: 2px;">No N</td> </tr> <tr> <td style="padding: 2px;">60. HRA</td> <td style="padding: 2px;">Item 29a = Y ...</td> <td style="text-align: right; padding: 2px;">Yes Y</td> <td style="text-align: right; padding: 2px;">No N</td> </tr> <tr> <td style="padding: 2px;">61. Xerox Autopsy</td> <td style="padding: 2px;">Item 55a = Y ...</td> <td style="text-align: right; padding: 2px;">Yes Y</td> <td style="text-align: right; padding: 2px;">No N</td> </tr> </tbody> </table>	Form	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 29a = Y ...	Yes Y	No N	61. Xerox Autopsy	Item 55a = Y ...	Yes Y	No N
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	Report	No	N
	62. CFD Item 2 = Y ...	Yes	Y
		No	N