OMB# 0925-0491
EXPIRATION DATE

RT STROKE ABSTRACTION FORM

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

[ ][ ][ ][ ][ ][ ][ ] [ ][ ] tact Year

Last 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:

[ ][ ][ ][ ] - [ ][ ][ ] - [ ][ ][ ]

4. **ENTER ON CFDB FORM**

Social Security/Medicare number:

[ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ] - [ ]

5. **ENTER ON CFDB FORM**

Patient address:

_____

_____

_____

City County State

Zip

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.

a. . b. . c. . d. . e. . f. . g. . h. . i. . k. . l. . m. . n. . o. . p. . q. . r. . s. . t. . u. .

XX/XXXX

j. ☐☐☐☐ . ☐☐	

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

Cohort Stroke Abstraction Form (STRD Screen 4 of 27)

8. **ENTER ON CFDB FORM**

Date of birth: ☐☐ / ☐☐ / ☐☐☐☐
m m d d y y y y

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

No N

Go to Item 12, Screen 5.

a. First Transfer

Hospital Code: ☐☐

Name _____

City _____

State _____

b. Date of admission to that hospital:

☐☐ / ☐☐ / ☐☐☐☐
m m d d y y y y

Cohort Stroke Abstraction Form (STRD Screen 5 of 27)

11.c. Second Transfer

Hospital Code: ☐☐

Name _____

City _____

State _____

d. Date of admission to that hospital:

☐☐ / ☐☐ / ☐☐☐☐
m m d d y y y y

12. Date of arrival at this hospital:

☐☐ / ☐☐ / ☐☐☐☐
m m d d y y y y

13.a. Time of arrival at this hospital:
(24 hr clock)

☐☐ : ☐☐
h h m m

14. Date of discharge or death:

☐☐ / ☐☐ / ☐☐☐☐
m m d d y y y y

15. Discharged ..... Alive A

Dead D

Go to Item 17, Screen 6.

Cohort Stroke Abstraction Form (STRD Screen 6 of 27)

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

Go to Item 19a.

17. Did the discharge diagnosis include any 430, 431, 432, 433, 434, or 436 codes? ..... Yes Y / No N

Go to Item 19a.

18. Did any neurologic symptoms/signs last > 24 hours? ..... Yes Y / No N

Go to Item 56, Screen 27.

19.a. Were there new neurological symptoms/signs leading to or present upon admission to this hospital? ..... Yes Y / No N

Go to Item 21, Screen 7.

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

_____

_____

_____

Cohort Stroke Abstraction Form (STRD Screen 7 of 27)

20. Did new neurological symptoms/signs develop during this hospitalization? .... Yes Y / No N / Unknown U

Go to Item 56, Screen 27.

21. Date of onset of current neurological event:

☐☐ / ☐☐ / ☐☐☐☐
m m / d d / y y y y

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 / No N / Unknown U

Go to Item 26.

24. Month/year of first stroke:

☐☐ / ☐☐☐☐
m m / y y y y

25. Month/year of most recent stroke:

☐☐ / ☐☐☐☐
m m / y y y y

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

Go to Item 28, Screen 8.

Cohort Stroke Abstraction Form (STRD Screen 8 of 27)

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

a. First: ..... ☐☐/☐☐☐☐
m m y y y y

b. Most Recent: ... ☐☐/☐☐☐☐
m m y y y y

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. 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 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

f. Systemic embolus (including angiographically identified embolus) ... Yes Y
No N

29.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

Cohort Stroke Abstraction Form (STRD Screen 10 of 27)

29.i. Major head trauma, e.g., subdural hematoma, epidural hematoma, skull fracture ..... Yes Y
No N

j. Another nonstroke disease process which likely caused a focal neurologic deficit or coma ..... Yes Y
No N

Go to Item 30a.

k. Specify: _____

_____

30. Were any of the following performed or present in the week prior to the onset of acute neurologic symptoms?

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

Cohort Stroke Abstraction Form (STRD Screen 11 of 27)

30.e. Therapy with anticoagulants (Heparin, Warfarin (Coumadin)) ..... Yes Y
No N

f. Therapy with thrombolytic agents (streptokinase, TPA, urokinase) ..... Yes Y
No N

B. PHYSICIAN DOCUMENTATION OF NEW SYMPTOMS OR SIGNS PRESENT ON OR LEADING TO THIS ADMISSION, OR OCCURRING DURING HOSPITALIZATION:

31.a. Headache at onset or admission ..... Yes Y
No N

Go to Item 32a.

31.b. Indicate severity:

Severe S
Mild/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
No N

Go to Item 33, Screen 12.

b. What was the duration?

Less than 24 hours L
24 hours or more M
Unknown U

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

No N

Go to Item 34.

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

No N

Go to Item 36, Screen 13.

b. What was the duration?

Less than 24 hours L

24 hours or more M

Unknown U

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

No N

Go to Item 37.

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

No N

Go to Item 39.

b. What was the duration?

Less than 24 hours L

24 hours or more M

Unknown U

39.a. Diplopia ..... Yes Y

No N

Go to Item 40, Screen 14.

b. What was the duration?

Less than 24 hours L

24 hours or more M

Unknown U

Cohort Stroke Abstraction Form (STRD Screen 14 of 27)

40.a. Dysphagia (difficulty in swallowing), dysarthria, dysphonia, or tongue deviation ..... Yes Y

No N

Go to Item 41.

b. What was the duration?

Less than 24 hours L

24 hours or more M

Unknown U

41.a. Weakness, paresis or paralysis affecting the face .... Yes Y

No N

Go to Item 42, Screen 15.

b. Indicate affected side(s):

Right side R

Left side L

Both sides B

Unknown U

c. What was the duration?

Less than 24 hours L

24 hours or more M

Unknown U

Cohort Stroke Abstraction Form (STRD Screen 15 of 27)

42.a. Weakness, paresis or paralysis affecting the extremities ..... Yes Y

No N

Go to Item 43, Screen 16.

b. Arm: (Circle one)

Affected, side unspecified U

Right Only R

Left Only L

Both B

Neither N

42.c. Leg: (Circle one)

Affected, side unspecified U

Right Only 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

43.a. Loss of sensation, tingling, paresthesias, hemianesthesia affecting the face .... Yes Y

No N

Go to Item 44.

b. Indicate affected side(s):

Right side R

Left side L

Both sides B

Unknown U

c. What was the duration?

Less than 24 hours L

24 hours or more M

Unknown U

44.a. Loss of sensation, tingling, paresthesias, hemianesthesia affecting the extremities

Yes Y

Go to Item 45, Screen 17.

No N

b. Arm: (Circle one)

Affected, side unspecified U

Right Only R

Left Only L

Both B

Neither N

44.c. Leg: (Circle one)

Affected, side unspecified U

Right Only R

Left Only L

Both B

Neither N

d. What was the total duration of the loss of sensation, tingling, paresthesias, hemianesthesia affecting the extremities?

Less than 24 hours L

24 hours or more M

Unknown U

45.a. Gait disturbance ..... Yes Y

No N

Go to Item 46.

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

Cohort Stroke Abstraction Form (STRD Screen 18 of 27)

46.b. Other neurologic symptom: ..... Yes Y

No N

If yes, specify: _____

_____

_____

_____

_____

_____

_____

c. Did any neurologic sign/symptom last ≥ 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, Screen 20. — No 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? ..... Yes Y

No N

Cohort Stroke Abstraction Form (STRD Screen 19 of 27)

47.d. Appearance: .. Clear fluid C

Xanthochromic X

Gross blood B

Unknown U

e. Microscopic RBCs (Tube 1):

Zero RBCs cu.mm. Z

1-999 RBC cu.mm. L

1000+ RBC cu.mm. G

Unknown U

47.f. Microscopic RBCs (Tube 2):

No tube N

Zero RBCs cu.mm. Z

1-999 RBC cu.mm. L

1000+ RBC 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

No N

Go to Item 49, Screen 21.

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. ☐☐☐ %

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

No N

Go to Item 51, Screen 23.

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)

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

No N

Go to Item 51, Screen 24.

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

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

m m / d d / y y y y

50.d. Last 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 23 of 27)

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

Go to Item 52, Screen 24.

b. What was approximate 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

51.c. Date of pre-admission CT scan:

m m / d d / y y y y

d. Pre-admission 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

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)

54.c. Craniotomy diagnosis

No pathology	A
Exclusionary pathology	B
Unrelated pathology	C
Ruptured aneurysm	D
Intracerebral hematoma	E
Infarction	F

55.a. Was an autopsy performed? ..... Yes Y

No N

Go to Item 56, Screen 27.

C. Autopsy diagnosis

b. Recent bleeding of saccular aneurysm ..... Yes Y

No N

c. Intracerebral hemorrhage ..... Yes Y

No N

d. Recent nonhemorrhagic infarction of brain ... Yes Y

No N

Cohort Stroke Abstraction Form (STRD Screen 27 of 27)

55.e. Recent infarcted area (bland or hemorrhagic) ..... Yes Y

No N

f. Source of emboli in a vessel of any organ, or an embolus in the brain ..... Yes Y

No N

D. ADMINISTRATIVE INFORMATION:

56. Abstractor Number: ..... ☐☐☐

57. Date Abstracted: ☐☐/☐☐/☐☐☐☐

m m d d y y y y

E. ADDITIONAL FORMS TO BE FILLED OUT:

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

	Report	No	N
62. CFD	Item 2 = Y ...	Yes	Y
		No	N