## ARIC

## STROKE FINAL DIAGNOSIS FORM

Atherosclerosis Risk in Communities					
EVENT_ID NUMBER : SEQUENCE NUMBE	R: FORM CODE: S D X VERSION: D DATE: 07/11/20.				
Instructions: Please complete the Stroke Final Diagnosis Form using the attached record data to a circle the appropriate response.	assign a stroke diagnosis. If you mark an answer in error, mark an "X" through the incorrect answer and				
PART A: ADMINISTRATIVE INFORMATION	<ol> <li>Assign a Stroke Diagnosis: (See Diagnostic Criteria for Stroke in section 3.3.2)</li> </ol>				
0. Date Assigned  M M D D Y Y	Definite Subarachnoid Hemorrhage (SAH) A				
1.a. Batch Number: S	Definite Brain Hemorrhage (IPH)				
b. Type of Review:	Definite Brain Infarction, Thrombotic (TIB)				
	Definite Brain Infarction, Non-cartoid Embolic (EIB)				
c. Date of SDX completion:  M M D D Y Y	Probable Subarachnoid Hemorrhage E				
2. Code number of person completing this form:	Probable Brain Hemorrhage F				
Initials of person completing this form:	Probable Brain Infarction, Thrombotic				
PART B: REVIEW OF COMPUTER'S MI DIAGNOSIS	Probable Brain Infarction, Non-carotid Embolic				
3. Were any of the exclusionary conditions for diagnostic criteria met? (see Part D for exclusionary conditions)	Possible Stroke of Undetermined Type I				
Yes	Other (specify below)				
4. For which exclusionary condition(s) did you find evidence in the clinical record? (Specify all up to three that apply from list in Part D)					
STOP					

Definite Subarachnoid Hemorrhage (SAH)	1	
Definite Brain Hemorrhage (IPH)	3	
Definite Brain Infarction, Thrombotic (TIB)	C <b>←</b>	Go to 6
Definite Brain Infarction, Non-cartoid Embolic (EIB)	D	
Probable Subarachnoid Hemorrhage	3	
Probable Brain Hemorrhage 1	7	
Probable Brain Infarction, Thrombotic	g ◆	Go to 7
Probable Brain Infarction, Non-carotid Embolic	Н	
Possible Stroke of Undetermined Type	I	
Other (specify below)	J	

DATE: 07/11/2017

## PART C: STROKE CLASSIFICATION

Diagnosis in Item 5,

6. If you assigned C (Definite Brain Infarction, Thrombotic) as a

Do you think the infarction was lacunar? (SEE GRID)

	LESION SIZE					
Neuroimaging Report(s)	≤ 2 cm		> 2 cm		Unknown	
	Typical Location*	Atypical Location	Typical Location*	Atypical Location	Typical Location*	Atypical Location
"Lacunar" mentioned	YES	NO	NO	NO	YES	NO
"Lacunar" NOT mentioned	YES	NO	NO	NO	YES	NO
"Lacunar" excluded**	NO	NO	NO	NO	NO	NO
cerebra	al white matter t statement in or G (Definite n 5, infarction wa	the neuroimate or Probable as caused by a		that lesion(s)	are <u>not</u> lacuna	г
		Ye	es		Y	

## PART D: EXCLUSIONARY CONDITIONS FOR DIAGNOSTIC CRITERIA FOR STROKE\*\*\*

Cases are not considered a stroke if there is evidence in the patient's clinical record that the neurologic symptoms were the result of any of the following:

- 1. Major head (brain) trauma; e.g. epidural hematoma, subdural hematoma, skull fracture
- 2. Neoplasm; e.g., primary or metastatic brain/CNS neopalsia (malignant or benign)
- 3. Coma due to metabolic disorders or disorders of fluid or electrolyte balance; e.g., due to diabetes, hypoglycemia, epilepsy, hypovolemia, poisoning, drug overdose, uremia, or liver disease
- 4. Vasculitis involving the brain; e.g., SLE, radiation, etc.
- 5. Peripheral neuropathy
- 6. Hematologic abnormalities (considered exclusionary if present prior to event under consideration); e.g., thrombogenic conditions (e.g. DIC) are exclusionary for thrombotic or embolic strokes, hemorrhagic conditions (e.g. DIC, anticoagulant or thrombolytic therapy, thrombocytopenia) are exclusionary for brain hemorrhage or subarachnoid hemorrhage
- 7. CNS infection: brain abscess, granulomas, meningitis, encephalitis, or any specific infection involving the brain or meninges

\*\*\*Abstracted from Manual 2. Event classification for Cohort Component, section 3.3.2.11