

COHORT STROKE ABSTRACTION FORM

Atherosclerosis Risk in Communities

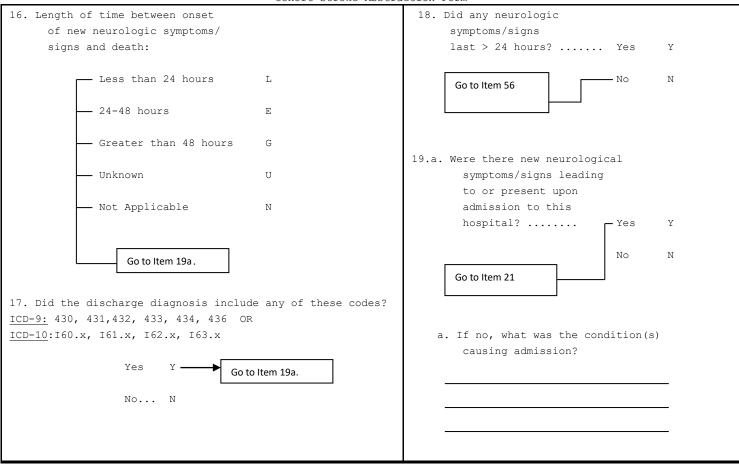
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ID NUMBER :				FORM CODE :	S	T	R	Version: G	Date: 10/08/2021

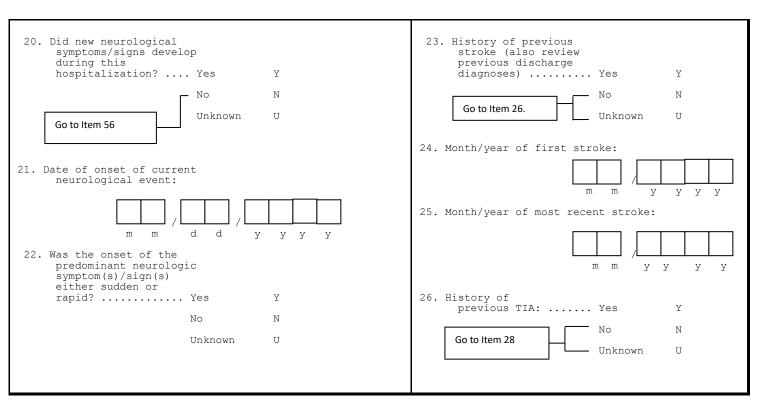
Instructions: The Stroke Form is completed for each eligible Cohort hospitalization for stroke as determined by the Cohort Eligibility Form. Event ID must be entered above. NOTE: In this version Questions 3a-13 are deleted. For ICD diagnoses and procedure codes, demographics, date and time of arrival at hospital, or transfer information please see the CHI form

Cohort Stroke Abstraction Form

A. HOSPITAL INFORMATION 1.a. Hospital number:	**Question 3-13 deleted.For ICD codes, demographics, date and time of arrival at this hospital, transfer information see the CHI form.**
1.b. Medical record number:	14. Date of discharge or death:
2. Has the hospital chart for this event been located?	m m d d y y y y 15. Discharged Alive A Go to Item 17 Dead D

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

29.c. Atrial fibrillation		29.g.1. Hematologic abnormality:
or flutter Y	Yes Y	hypercoagulable state
N	10 N	e.g., DIC Yes Y
	10	No N
d. Rheumatic heart		
d. Rhedmark heart disease, valvular heart disease (e.g., mitral stenosis, artificial heart		<pre>g.2. Hematologic abnormality: hemorrhagic e.g., leukemia, thrombocytopenia,</pre>
valve) Y	Yes Y	DIC Yes Y
N	NO N	No N
e. Subacute bacterial endocarditis	res Y	h. Brain tumor (benign or malignant, primary
	-	or metastatic) Yes Y
N	lo N	
		No N
<pre>f. Systemic embolus (including angiographically</pre>		
identified embolus) Ye	Yes Y	
N	10 N	

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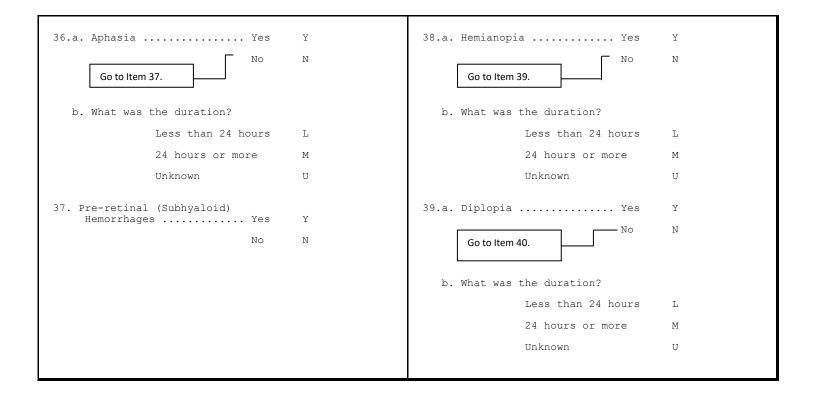
29.i. Major head trauma, e.g., subdural hematoma, epidural hematoma, skull fracture Yes Y	30. Were any of the following performed or present in the week prior to the onset of acute neurologic symptoms?
No N	a. Cardiac catheterization Yes Y
j. Another nonstroke disease process	No N
which likely caused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

Cohort Stroke Abstraction Form

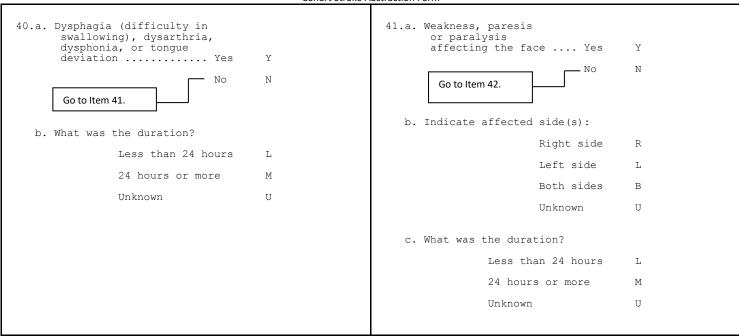
	27 270102			
30.e. Therapy with anticoagulants (Heparin, Warfarin		31.b. Indicate severity:		
	Y	Severe	S	
No	N	Mild/moderate	М	
f. Therapy with thrombolytic agents		Unspecified	U	
(streptokinase, TPA, urokinase) Yes	Υ	c. What was the duration?		
No	N	Less than 24 hours	L	
NO	IA	24 hours or more	М	
B. PHYSICIAN DOCUMENTATION OF NEW		Unknown	U	
SYMPTOMS OR SIGNS PRESENT ON OR LEADING TO THIS ADMISSION, OR OCCURRING DURING HOSPITALIZATION:		32.a. Vertigo Yes	Y	
31.a. Headache at onset or admission Yes	Y	Go to Item 33 No	N	
1 1	N	b. What was the duration?		
Go to Item 32a.		Less than 24 hours	L	
		24 hours or more	M	
		Unknown	U	

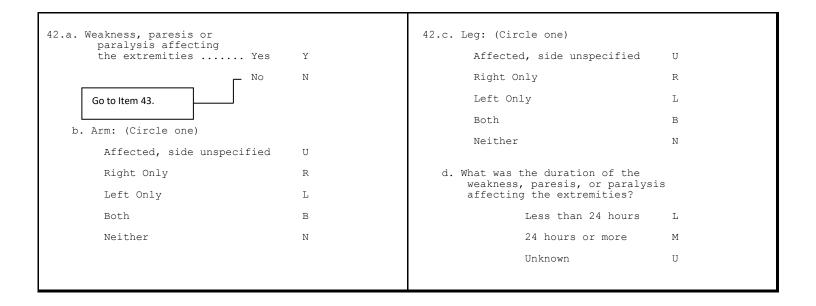
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33.a. Convulsions Yes Go to Item 34.	Y N	35.a. Coma, unconsciousness, stupor occurring within 12 hours after onset of the neurologic event Yes	Y N
b. Was this the first neurologic symptom? YesNo	Y N	b. What was the duration?	
34. Meningeal signs: Stiff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



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

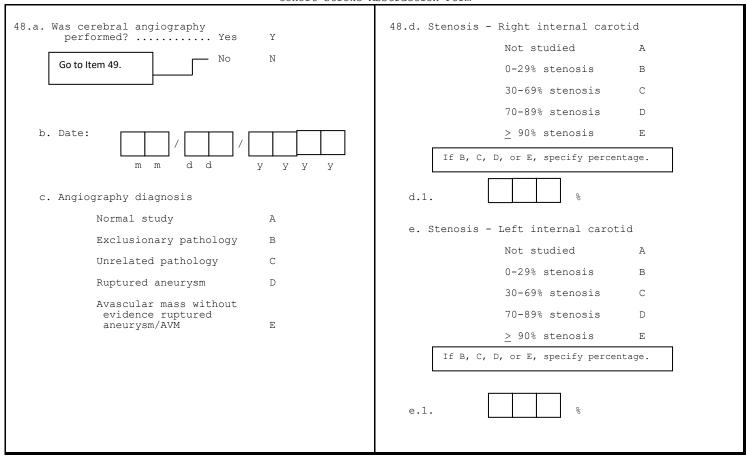
44.c. Leg: (Circle one)	45.a. Gait disturbance Yes Y
Affected, side unspecified U	No N
Right Only R	Go to Item 46.
Left Only	b. What was the duration?
Both	Less than 24 hours L
Neither N	24 hours or more M
d. What was the total duration of the loss of sensation, tingling, paresthesias, hemianesthesia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

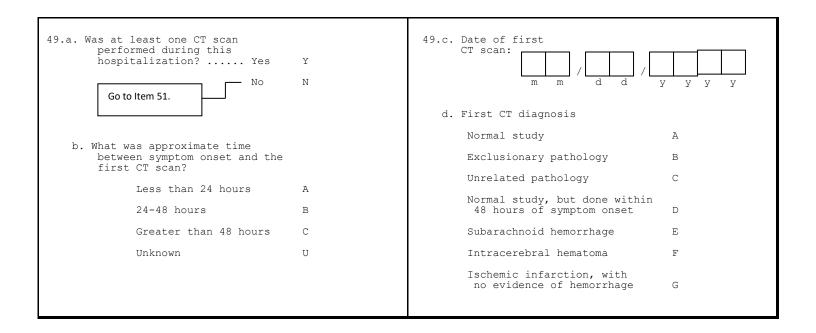
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46.b.	Other neurologic symptom:	No	N	C. LABORATORY TESTS PERFORMED THIS ADMISSION: 47.a. Was lumbar puncture performed?
c.	Did any neurologic sign/symptom last > 24 hours or did death occur < 24 hours after onset of new sign/symptom?	Yes No	Y N	Record 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 y c. Traumatic?

47.d. Appearance	: Clear fluid	С	47.f. Microscopic RBCs (Tube 2):		
11	Xanthochromic	X		No tube	N
	Gross blood	В		Zero RBCs cu.mm.	Z
	Unknown	U		1-999 RBC cu.mm.	L
251	DDG (F. 1 1)			1000+ RBC cu.mm.	G
e. Microscopio	c RBCs (Tube 1):	_	Unknown		U
	Zero RBCs cu.mm.	Z			
	1-999 RBC cu.mm.	L	g. Lumbar pun	cture diagnosis:	
	1000+ RBC cu.mm.	G	Norm	al Study	А
	Unknown	U	Excl	usionary pathology	В
				elated pathology or umatic tap	С
				ody (non-traumatic) xanthochromic	D

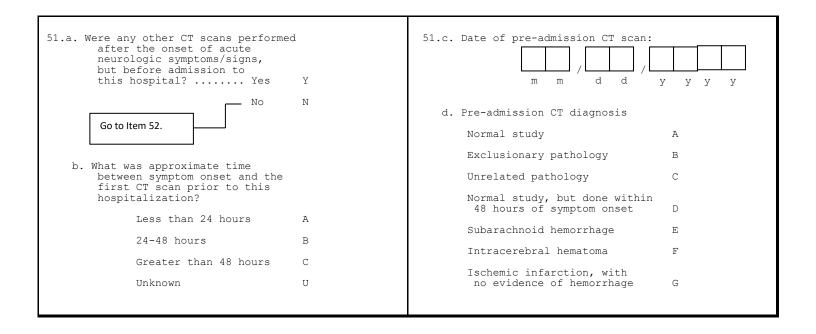
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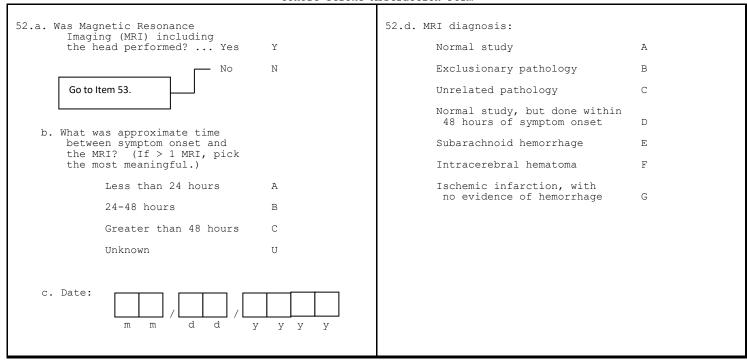


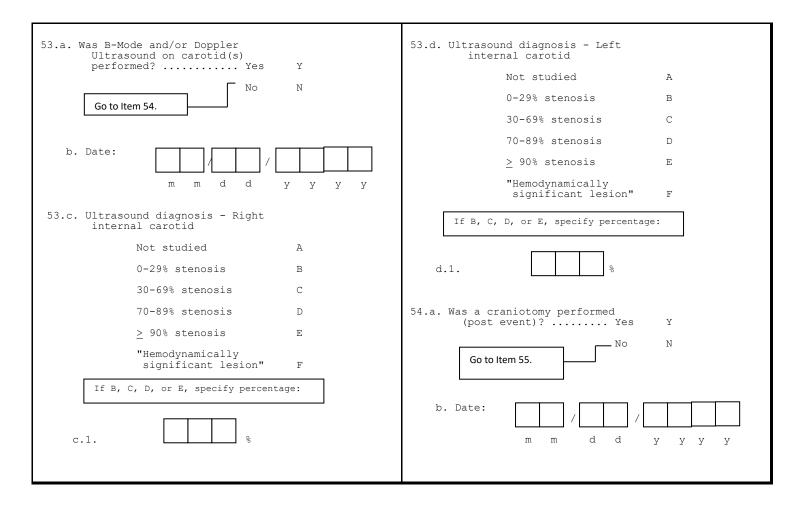
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50.a. Were two or more CT scans performed during this hospitalization? Yes 50.c. Date of last CT scan during this hospitalization: Υ Ν No d d У У У У Go to Item 51. 50.d. Last CT diagnosis b. What was approximate time between symptom onset and the Normal study Α last CT scan? Exclusionary pathology В Less than 24 hours Α Unrelated pathology С 24-48 hours В Normal study, but done within 48 hours of symptom onset Greater than 48 hours D Unknown Subarachnoid hemorrhage Ε Intracerebral hematoma F Ischemic infarction, with no evidence of hemorrhage



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54.c. Craniotomy diagnosis		55.a. Was an autopsy
No pathology Exclusionary pathology Unrelated pathology	A B C	performed? Yes Y No N Go to Item 56.
Ruptured aneurysm Intracerebral hematoma Infarction	D E F	C. Autopsy diagnosis b. Recent bleeding of saccular aneurysm Yes Y No N
		c. Intracerebral hemorrhage Yes Y
		<pre>d. Recent nonhemorrhagic infarction of brain Yes Y No N</pre>

55.e. Recent infarcted area (bland or hemorrhagic) Yes Y	E. ADDITIONAL FORMS TO BE FILLED OUT: Autofilled by DMS
	Criteria based Form on this form
f. Source of emboli in a vessel of any organ, or an embolus in	*Question 58 Removed. (See CHI8).
the brain Yes Y	59. DTH Item 15 = D Yes Y
No N	No N
D. ADMINISTRATIVE INFORMATION:	
	60. HRA Item 29a = Y Yes Y
56. Abstractor Number:	No N
	61. Xerox
57. Date	Report No N
Abstracted: // //	62. CFD Item 2 = Y No N
mmdd yyyy	*Items 63, 63a.1-63a.6 deleted and captured on the CEL form*

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