

Affix Event ID label here or write it in:

A. HOSPITAL INFORMATION

1.a. Hospital number:
 [If code 96-99, specify name and location]:

1.b. Medical record number:

2. Has the hospital chart for this event been located?
 Yes Y
 No N **Go to Item 56**

14. Date of discharge or death:
 / /
 m m d d y y y y

15. Discharged
 Alive A **Go to Item 17**
 Dead D

23. History of previous stroke (also review previous discharge diagnoses)
 Yes Y
 No N **Go to Item 26.**
 Unknown U

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 **Go to Item 28**
 Unknown U

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

55.a. Was an autopsy performed?
 Yes Y
 No N **Go to Item 56**