

**Cohort, Exam 1****TIA / Stroke Form: FORM CODE=TIA VERSION=B**

**Instructions:** This form should be completed during the interview portion of the participant's visit. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes.

<i>ID</i>		<i>Aric Subject ID (Cir)</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
15429	Present	Text suppressed

**A. MEDICAL HISTORY**

<i>TIAB01</i>		<i>Have you ever been told by a physician that you had a stroke, slight stroke, transient ischemic attack or TIA? Q1</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
15013	N	No [skip to Q.3]
347	Y	Yes
69		Missing

<i>TIAB02</i>		<i>When did the (first) stroke or TIA occur? Q2</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
329	Present	Text suppressed
15100		Missing

<i>TIAB02M</i>		<i>Month of first stroke Q2m</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
268	Range	0 - 12 ( median=7 mean=6.6 std=3.4 )
15161		Missing

<i>TIAB02Y</i>		<i>Year of first stroke Q2y</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
330	Range	25 - 89 ( median=82 mean=79.4 std=9.6 )
15099		Missing

**B. SUDDEN LOSS OR CHANGE OF SPEECH**

**Cohort, Exam 1**

<i>TIAB03</i>		<i>Had any sudden loss or changes in speech?</i> Q3
<i>N</i>	<i>Value</i>	<i>Description</i>
3	D	Don't know [ <i>skip to Q.10</i> ]
11932	N	No [ <i>skip to Q.10</i> ]
329	Y	Yes
3165		Missing

<i>TIAB04</i>		<i>How many episodes of loss or changes in speech?</i> Q4
<i>N</i>	<i>Value</i>	<i>Description</i>
181	A	1
28	B	2
17	C	3
16	D	4
10	E	5
41	F	6-20
30	G	More than 20, or frequent, intermittent events, too numerous to count
15106		Missing

<i>TIAB05</i>		<i>When was most recent speech loss?</i> Q5
<i>N</i>	<i>Value</i>	<i>Description</i>
13	A	In the past day
18	B	2-7 days ago
23	C	8-30 days ago
32	D	1-6 months ago
27	E	7-12 months ago
212	F	More than a year ago
15104		Missing

**Cohort, Exam 1**

<i>TIAB06</i>		<i>How long did it (the longest episode) last? Q6</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
24	A	Less than 30 seconds
17	B	At least 30 seconds, but less than 1 minute
15	C	At least 1 minute, but less than 3 minutes
59	D	At least 3 minutes, but less than 1 hour
38	E	At least 1 hour, but less than 6 hours
10	F	At least 6 hours, but less than 12 hours
7	G	At least 12 hours, but less than 24 hours
153	H	At least 24 hours
15106		Missing

<i>TIAB07</i>		<i>Did the (worst) episode come on suddenly? Q7</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
28	N	No
293	Y	Yes
15108		Missing

<i>TIAB07A</i>		<i>How long did it take for the symptoms to get as bad as they were going to get? Q7a</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
163	A	0-2 seconds (instantly)
23	B	At least 3 seconds, but less than 1 minute
58	C	At least 1 minute, but less than 1 hour
11	D	At least 1 hour, but less than 2 hours
20	E	At least 2 hours, but less than 24 hours
44	F	At least 24 hours
15110		Missing

<i>TIAB08A</i>		<i>Slurred speech? Q8a</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
4	D	Don't know
137	N	No
178	Y	Yes
15110		Missing

**Cohort, Exam 1**

<i>TIAB08B</i>		<i>Could talk but the wrong words came out?</i> <i>Q8b</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
3	D	Don't know
190	N	No
125	Y	Yes
15111		Missing

<i>TIAB08C</i>		<i>Know what you wanted to say, but the words would not come out?</i> <i>Q8c</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
4	D	Don't know
125	N	No
195	Y	Yes
15105		Missing

**While you were having your (worst) episode of change in speech, did any of the following occur? Q.9**

<i>TIAB09A</i>		<i>Numbness or tingling</i> <i>Q9a</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
183	N	No [ <i>skip to Q.9.c</i> ]
141	Y	Yes
15105		Missing

<i>TIAB09B</i>		<i>Did you have difficulty on:</i> <i>Q9b</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
35	B	Both sides
49	L	The left side only
49	R	The right side only
15296		Missing

<i>TIAB09C</i>		<i>Paralysis or weakness</i> <i>Q9c</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
186	N	No [ <i>skip to Q.9.c</i> ]
139	Y	Yes
15104		Missing

**Cohort, Exam 1**

<i>TIAB09D</i>		<i>Did you have difficulty on: Q9d</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
37	B	Both sides
39	L	The left side only
53	R	The right side only
15300		Missing

<i>TIAB09E</i>		<i>Lightheadedness or dizzy spells Q9e</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
166	N	No
158	Y	Yes
15105		Missing

<i>TIAB09F</i>		<i>Blackouts or fainting Q9f</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
274	N	No
53	Y	Yes
15102		Missing

<i>TIAB09G</i>		<i>Seizures or convulsions 9g</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
309	N	No
18	Y	Yes
15102		Missing

<i>TIAB09H</i>		<i>Headache Q9h</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
203	N	No
120	Y	Yes
15106		Missing

<i>TIAB09I</i>		<i>Visual disturbances Q9i</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
212	N	No [skip to Q.10]
113	Y	Yes
15104		Missing

**Cohort, Exam 1**

TIAB09J		Describe visual disturbances Q9j
N	Value	Description
28	A	Double vision
5	B	Vision loss in right eye only
8	C	Vision loss in left eye only
2	D	Total loss of vision in both eyes
4	E	Trouble in both eyes seeing to the right
64	G	Trouble in both eyes seeing to the left
15318		Missing

**C. SUDDEN LOSS OF VISION**

TIAB10		Have you ever had any sudden loss of vision, complete or partial? Q10
N	Value	Description
3	D	Don't know [skip to Q.17]
11487	N	No [skip to Q.17]
772	Y	Yes
3167		Missing

TIAB11		How many loss of vision episodes? Q11
N	Value	Description
301	A	1
108	B	2
60	C	3
37	D	4
33	E	5
121	F	6-20
108	G	More than 20, or frequent, intermittent events, too numerous to count
14661		Missing

**Cohort, Exam 1**

<i>TIAB12</i>		<i>When was most recent vision loss? Q12</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
19	A	In the past day
45	B	2-7 days ago
58	C	8-30 days ago
124	D	1-6 months ago
53	E	7-12 months ago
470	F	More than a year ago
14660		Missing

<i>TIAB13</i>		<i>How long did longest episode of vision loss last? Q13</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
120	A	Less than 30 seconds
45	B	At least 30 seconds, but less than 1 minute
82	C	At least 1 minute, but less than 3 minutes
290	D	At least 3 minutes, but less than 1 hour
60	E	At least 1 hour, but less than 6 hours
15	F	At least 6 hours, but less than 12 hours
6	G	At least 12 hours, but less than 24 hours
147	H	At least 24 hours
14664		Missing

<i>TIAB14</i>		<i>Did worst vision loss episode come on suddenly? Q14</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
72	N	No
694	Y	Yes
14663		Missing

**Cohort, Exam 1**

TIAB14A		How long did it take for the symptoms to get as bad as they were going to get? Q14a
N	Value	Description
437	A	0-2 seconds (instantly)
76	B	At least 3 seconds, but less than 1 minute
166	C	At least 1 minute, but less than 1 hour
19	D	At least 1 hour, but less than 2 hours
18	E	At least 2 hours, but less than 24 hours
43	F	At least 24 hours
14670		Missing

TIAB15		During the (worst) episode, which of the following parts of your vision were affected? Q15
N	Value	Description
542	B	Both eyes
115	L	Only the left eye [skip to Q.16]
105	R	Only the right eye [skip to Q.16]
14667		Missing

TIAB15A		Describe Vision Loss? Q15a
N	Value	Description
186	B	Total loss of vision
9	L	Trouble seeing to the left
329	O	Other vision difficulties
14	R	Trouble seeing to the right
14891		Missing

TIAB16A		Speech disturbance Q16a
N	Value	Description
723	N	No
44	Y	Yes
14662		Missing

TIAB16B		Numbness or tingling Q16b
N	Value	Description
656	N	No [skip to Q.16.d]
110	Y	Yes
14663		Missing



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<i>TIAB16C</i>		<i>Did you have difficulty on: Q16c</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
48	B	Both sides
36	L	The left side only
22	R	The right side only
15323		Missing

<i>TIAB16D</i>		<i>Paralysis or weakness Q16d</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
667	N	No [ <i>skip to Q. 16.f</i> ]
99	Y	Yes
14663		Missing

<i>TIAB16E</i>		<i>Did you have difficulty on: Q16e</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
56	B	Both sides
19	L	The left side only
19	R	The right side only
15335		Missing

<i>TIAB16F</i>		<i>Lightheadedness or dizzy spells Q16f</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
446	N	No
318	Y	Yes
14665		Missing

<i>TIAB16G</i>		<i>Blackouts or fainting Q16g</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
689	N	No
76	Y	Yes
14664		Missing

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<i>TIAB16H</i>		<i>Seizures or convulsions 16h</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
753	N	No
10	Y	Yes
14666		Missing

<i>TIAB16I</i>		<i>Headache Q16i</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
509	N	No
253	Y	Yes
14667		Missing

<i>TIAB17</i>		<i>Ever had sudden spell of double vision? Q17</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
14	D	Don't know [skip to Q.23]
11659	N	No [skip to Q.23]
575	Y	Yes
3181		Missing

<i>TIAB17A</i>		<i>One eye closed, did double vision do away? Q17a</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
190	D	Don't know [skip to Q.23]
180	N	No [skip to Q.23]
195	Y	Yes
14864		Missing

<i>TIAB18</i>		<i>How many episodes of double vision have you had? Q18</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
126	A	1
68	B	2
54	C	3
21	D	4
20	E	5
57	F	6-20
45	G	More than 20, or frequent, intermittent events, too numerous to count
15038		Missing

**Cohort, Exam 1**

<i>TIAB19</i>		<i>When was most recent double vision episode? Q19</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
13	A	In the past day
19	B	2-7 days ago
35	C	8-30 days ago
65	D	1-6 months ago
31	E	7-12 months ago
229	F	More than a year ago
15037		Missing

<i>TIAB20</i>		<i>How long did longest double vision episode last? Q20</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
104	A	Less than 30 seconds
40	B	At least 30 seconds, but less than 1 minute
65	C	At least 1 minute, but less than 3 minutes
91	D	At least 3 minutes, but less than 1 hour
32	E	At least 1 hour, but less than 6 hours
4	F	At least 6 hours, but less than 12 hours
3	G	At least 12 hours, but less than 24 hours
54	H	At least 24 hours
15036		Missing

<i>TIAB21</i>		<i>Did worst double vision come on suddenly? Q21</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
45	N	No
346	Y	Yes
15038		Missing

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TIAB21A		How long did it take for the symptoms to get as bad as they were going to get? Q21a
N	Value	Description
254	A	0-2 seconds (instantly)
46	B	At least 3 seconds, but less than 1 minute
57	C	At least 1 minute, but less than 1 hour
5	D	At least 1 hour, but less than 2 hours
14	E	At least 2 hours, but less than 24 hours
14	F	At least 24 hours
15039		Missing

**While you were having your (worst episode of) double vision, did any of the following occur? Q.22**

TIAB22A		Speech disturbances Q22a
N	Value	Description
375	N	No
16	Y	Yes
15038		Missing

TIAB22B		Numbness or tingling Q22b
N	Value	Description
352	N	No [skip to Q.22.d]
40	Y	Yes
15037		Missing

TIAB22C		Did you have difficulty on: Q22c
N	Value	Description
11	B	Both sides
15	L	The left side only
8	R	The right side only
15395		Missing

TIAB22D		Paralysis or weakness Q22d
N	Value	Description
357	N	No [skip to Q.22.f]
34	Y	Yes
15038		Missing

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<i>TIAB22E</i>		<i>Did you have difficulty on: Q22e</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
13	B	Both
11	L	The left side only
8	R	The right side only
15397		Missing

<i>TIAB22F</i>		<i>Lightheaded or dizzy spells Q22f</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
225	N	No
166	Y	Yes
15038		Missing

<i>TIAB22G</i>		<i>Blackouts or fainting Q22g</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
376	N	No
16	Y	Yes
15037		Missing

<i>TIAB22H</i>		<i>Seizures or convulsions q22h</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
389	N	No
3	Y	Yes
15037		Missing

<i>TIAB22I</i>		<i>Headache Q22i</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
267	N	No
125	Y	Yes
15037		Missing

<i>TIAB22J</i>		<i>Date of data collection Q22j</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
12269	Range	01/05/1987 - 03/29/1990
3160		Missing

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TIAB22K		Method of data collection Q22k
N	Value	Description
81	A	
6519	C	Computer
5669	P	Paper form
3160		Missing

TIAB22L		Tech Code for data collection Q22l
N	Value	Description
12268	Present	Text suppressed
3161		Missing

**E. SUDDEN NUMBNESS OR TINGLING**

TIAB23		Had sudden numbness, tingling, or loss of feeling on one side of body? Q23
N	Value	Description
7	D	Don't know [skip to Q.32]
10227	N	No [skip to Q.32]
2010	Y	Yes
3185		Missing

TIAB24		Numbness or tingling occur only when arms or legs in a certain position? Q24
N	Value	Description
57	D	Don't know
906	N	No
1046	Y	Yes [skip to Q.32]
13420		Missing

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<i>TIAB25</i>		<i>How many episodes numbness, tingling or loss of sensation? Q25</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
244	A	1
76	B	2
66	C	3
55	D	4
42	E	5
218	F	6-20
255	G	More than 20, or frequent, intermittent events, too numerous to count
14473		Missing

<i>TIAB26</i>		<i>When was most recent episode? Q26</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
133	A	In the past day
112	B	2-7 days ago
101	C	8-30 days ago
149	D	1-6 months ago
76	E	7-12 months ago
385	F	More than a year ago
14473		Missing

<i>TIAB27</i>		<i>How long did it (longest episode) last? Q27</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
28	A	Less than 30 seconds
46	B	At least 30 seconds, but less than 1 minute
111	C	At least 1 minute, but less than 3 minutes
315	D	At least 3 minutes, but less than 1 hour
102	E	At least 1 hour, but less than 6 hours
17	F	At least 6 hours, but less than 12 hours
19	G	At least 12 hours, but less than 24 hours
314	H	At least 24 hours
14477		Missing

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<i>TIAB28</i>		<i>Was worst episode sudden? Q28</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
222	N	No
732	Y	Yes
14475		Missing

<i>TIAB28A</i>		<i>How long for symptoms to get as bad as they were going to get? Q28a</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
409	A	0-2 seconds (instantly)
91	B	At least 3 seconds, but less than 1 minute
251	C	At least 1 minute, but less than 1 hour
35	D	At least 1 hour, but less than 2 hours
51	E	At least 2 hours, but less than 24 hours
108	F	At least 24 hours
14484		Missing

**During the (worst) episode, which of the following parts of your body were affected? Q29**

<i>TIAB29A</i>		<i>Left arm or hand Q29a</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
8	D	Don't know
420	N	No
529	Y	Yes
14472		Missing

<i>TIAB29B</i>		<i>Left leg or foot Q29b</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
10	D	Don't know
651	N	No
293	Y	Yes
14475		Missing



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<i>TIAB29C</i>		<i>Left side of face</i> <i>Q29c</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
10	D	Don't know
778	N	No
166	Y	Yes
14475		Missing

<i>TIAB29D</i>		<i>Right arm or hand</i> <i>Q29d</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
8	D	Don't know
584	N	No
365	Y	Yes
14472		Missing

<i>TIAB29E</i>		<i>Right foot or leg</i> <i>Q29e</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
4	D	Don't know
692	N	No
261	Y	Yes
14472		Missing

<i>TIAB29F</i>		<i>Right side of face</i> <i>Q29f</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
6	D	Don't know
822	N	No
127	Y	Yes
14474		Missing

<i>TIAB29G</i>		<i>Other</i> <i>Q29g</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
4	D	Don't know
850	N	No
96	Y	Yes
14479		Missing

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TIAB30		<i>During this episode, did the abnormal sensation start in one part of your body and spread to another, or did it stay in the same place? Q30</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
14	D	Don't know
685	O	Stayed in one part
261	S	In one part and spread to another
14469		Missing

**While you were having your (worst) episode of numbness, tingling or loss of sensation, did any of the following occur? Q.31**

TIAB31A		<i>Speech disturbance Q31a</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
851	N	No
107	Y	Yes
14471		Missing

TIAB31B		<i>Paralysis or weakness Q31b</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
704	N	No [ <i>skip to Q.32.d</i> ]
255	Y	Yes
14470		Missing

TIAB31C		<i>Did you have difficulty on: Q31c</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
40	B	Both sides
132	L	The left side only
76	R	The right side only
15181		Missing

TIAB31D		<i>Lightheaded or dizzy spells Q31d</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
683	N	No
271	Y	Yes
14475		Missing

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<i>TIAB31E</i>		<i>Blackouts or fainting Q31e</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
904	N	No
54	Y	Yes
14471		Missing

<i>TIAB31F</i>		<i>Seizures or convulsions Q31f</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
945	N	No
13	Y	Yes
14471		Missing

<i>TIAB31G</i>		<i>Headache Q31g</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
710	N	No
246	Y	Yes
14473		Missing

<i>TIAB31H</i>		<i>Pain in the numb or tingling arm, leg or face? Q31h</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
619	N	No
338	Y	Yes
14472		Missing

<i>TIAB31I</i>		<i>Visual disturbances Q31i</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
825	N	No [ <i>skip to Q.32</i> ]
129	Y	Yes
14475		Missing

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<i>TIAB31J</i>		<i>Describe visual disturbances Q31j</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
20	A	Double vision
8	B	Vision loss in right eye only
8	C	Vision loss in left eye only
6	D	Total loss of vision in both eyes
3	E	Trouble in both eyes seeing to the right
2	F	Trouble in both eyes seeing to the left
81	G	Other
15301		Missing

**F. SUDDEN PARALYSIS OR WEAKNESS**

<i>TIAB32</i>		<i>Had sudden episodes of paralysis or weakness on one side of body? Q32</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
3	D	Don't know [ <i>skip to Q.40</i> ]
11939	N	No [ <i>skip to Q.40</i> ]
301	Y	Yes
3186		Missing

<i>TIAB33</i>		<i>How many episodes of paralysis or weakness? Q33</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
152	A	1
24	B	2
20	C	3
10	D	4
10	E	5
52	F	6-20
32	G	More than 20, or frequent, intermittent events, too numerous to count
15129		Missing

**Cohort, Exam 1**

<i>TIAB34</i>		<i>When was most recent episode? Q34</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
15	A	In the past day
24	B	2-7 days ago
22	C	8-30 days ago
29	D	1-6 months ago
20	E	7-12 months ago
190	F	More than a year ago
15129		Missing

<i>TIAB35</i>		<i>How long did longest episode last? Q35</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
13	A	Less than 30 seconds
11	B	At least 30 seconds, but less than 1 minute
21	C	At least 1 minute, but less than 3 minutes
70	D	At least 3 minutes, but less than 1 hour
24	E	At least 1 hour, but less than 6 hours
6	F	At least 6 hours, but less than 12 hours
7	G	At least 12 hours, but less than 24 hours
147	H	At least 24 hours
15130		Missing

<i>TIAB36</i>		<i>Was worst episode sudden? Q36</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
37	N	No
262	Y	Yes
15130		Missing

**Cohort, Exam 1**

<i>TIAB36A</i>		<i>How long until symptoms got as bad as they were going to get? Q36a</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
125	A	0-2 seconds (instantly)
30	B	At least 3 seconds, but less than 1 minute
61	C	At least 1 minute, but less than 1 hour
13	D	At least 1 hour, but less than 2 hours
19	E	At least 2 hours, but less than 24 hours
45	F	At least 24 hours
15136		Missing

**During this episode, what part or parts of your body were affected? Q.37**

<i>TIAB37A</i>		<i>Left arm or hand Q37a</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
2	D	Don't Know
159	N	No
137	Y	Yes
15131		Missing

<i>TIAB37B</i>		<i>Left leg or foot Q37b</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
2	D	Don't Know
170	N	No
126	Y	Yes
15131		Missing

<i>TIAB37C</i>		<i>Left side of face Q37c</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
5	D	Don't Know
203	N	No
89	Y	Yes
15132		Missing

**Cohort, Exam 1**

<i>TIAB37D</i>		<i>Right arm or hand Q37d</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
2	D	Don't Know
187	N	No
109	Y	Yes
15131		Missing

<i>TIAB37E</i>		<i>Right foot or leg Q37e</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
2	D	Don't Know
190	N	No
106	Y	Yes
15131		Missing

<i>TIAB37F</i>		<i>Right side of face Q37f</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
3	D	Don't Know
229	N	No
64	Y	Yes
15133		Missing

<i>TIAB37G</i>		<i>Other Q37g</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
2	D	Don't Know
257	N	No
30	Y	Yes
15140		Missing

<i>TIAB38</i>		<i>During this episode, did the paralysis or weakness start in one part of your body and spread to another, or did it stay in the same place? Q38</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
11	D	Don't know
206	O	Stayed in one part
82	S	Started in one part and spread to another
15130		Missing

**Cohort, Exam 1**

While you were having your (worst) episode of paralysis or weakness did any of the following occur? Q.39

<i>TIAB39A</i>		<i>Speech disturbances Q39a</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
215	N	No
84	Y	Yes
15130		Missing

<i>TIAB39B</i>		<i>Numbness or tingling Q39b</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
98	N	No [ <i>skip to Q.39.d</i> ]
200	Y	Yes
15131		Missing

<i>TIAB39C</i>		<i>Did you have difficulty on: Q39c</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
28	B	Both sides
98	L	The left side only
69	R	The right side only
15234		Missing

<i>TIAB39D</i>		<i>Lightheaded or dizzy spells Q39d</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
189	N	No
108	Y	Yes
15132		Missing

<i>TIAB39E</i>		<i>Blackouts or fainting Q39e</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
268	N	No
30	Y	Yes
15131		Missing



**Cohort, Exam 1**

<i>TIAB39F</i>		<i>Seizures or convulsions Q39f</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
293	N	No
5	Y	Yes
15131		Missing

<i>TIAB39G</i>		<i>Headache Q39g</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
209	N	No
89	Y	Yes
15131		Missing

<i>TIAB39H</i>		<i>Pain in weak arm, leg, or face Q39h</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
180	N	No
118	Y	Yes
15131		Missing

<i>TIAB39I</i>		<i>Visual disturbances Q39i</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
226	N	No [skip to Q.40]
70	Y	Yes
15133		Missing

<i>TIAB39J</i>		<i>Describe visual disturbance Q39j</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
19	A	Double vision
5	B	Vision loss in right eye only
5	C	Vision loss in left eye only
2	D	Total loss of vision in both eyes
3	F	Trouble in both eyes seeing to the left
33	G	Other
15362		Missing

**G. SUDDEN SPELLS OF DIZZINESS OR LOSS OF BALANCE**

**Cohort, Exam 1**

TIAB40		Ever had sudden spells of dizziness, loss of balance, or sensation of spinning? Q40
N	Value	Description
5	D	Don't Know [skip to Q.47]
7757	N	No [skip to Q.47]
4473	Y	Yes
3194		Missing

TIAB41		Dizziness, loss of balance or spinning sensation only when changing the position of your head or body? Q41
N	Value	Description
54	D	Don't Know
1166	N	No
3249	Y	Yes [skip to Q.47]
10960		Missing

**While you were having your (worst) episode of dizziness, loss of balance or spinning sensation, did any of the following occur?  
Q42**

TIAB42A		Speech disturbances Q42a
N	Value	Description
1165	N	No
45	Y	Yes
14219		Missing

TIAB42B		Paralysis or weakness Q42b
N	Value	Description
1057	N	No [skip to Q.42.d]
155	Y	Yes
14217		Missing

TIAB42C		Did you have difficulty on: Q42c
N	Value	Description
116	B	Both sides
15	L	The left side only
12	R	The right side only
15286		Missing

**Cohort, Exam 1**

<i>TIAB42D</i>		<i>Numbness or tingling Q42d</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
1078	N	No [ <i>skip to Q.42.f</i> ]
131	Y	Yes
14220		Missing

<i>TIAB42E</i>		<i>Did you have difficulty on: Q42e</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
70	B	Both sides
31	L	The left side only
21	R	The right side only
15307		Missing

<i>TIAB42F</i>		<i>Blackouts or fainting Q42f</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
975	N	No
237	Y	Yes
14217		Missing

<i>TIAB42G</i>		<i>Seizures or convulsions Q42g</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
1194	N	No
15	Y	Yes
14220		Missing

<i>TIAB42H</i>		<i>Headache Q42h</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
955	N	No
256	Y	Yes
14218		Missing

<i>TIAB42I</i>		<i>Visual disturbances Q42i</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
913	N	No [ <i>skip to Q.43</i> ]
296	Y	Yes
14220		Missing

**Cohort, Exam 1**

<i>TIAB42J</i>		<i>Describe visual disturbances: Q42j</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
34	A	Double vision
1	B	Vision loss in right eye only
4	C	Vision loss in left eye only
25	D	Total loss of vision in both eyes
4	E	Trouble in both eyes seeing to the right
2	F	Trouble in both eyes seeing to the left
213	G	Other
15146		Missing

<i>TIAB43</i>		<i>How many episodes of dizziness, loss of balance or spinning sensation have you had? Q43</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
125	A	1
78	B	2
66	C	3
40	D	4
42	E	5
167	F	6-20
145	G	More than 20, or frequent, intermittent events, too numerous to count
14766		Missing

<i>TIAB44</i>		<i>When was the (most recent) episode? Q44</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
32	A	In the past day
76	B	2-7 days ago
65	C	8-30 days ago
123	D	1-6 months ago
57	E	7-12 months ago
311	F	More than a year ago
14765		Missing

**Cohort, Exam 1**

<i>TIAB45</i>		<i>How long did the longest episode last? Q45</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
95	A	Less than 30 seconds
63	B	At least 30 seconds, but less than 1 minute
110	C	At least 1 minute, but less than 3 minutes
189	D	At least 3 minutes, but less than 1 hour
79	E	At least 1 hour, but less than 6 hours
15	F	At least 6 hours, but less than 12 hours
18	G	At least 12 hours, but less than 24 hours
89	H	At least 24 hours
14771		Missing

<i>TIAB46</i>		<i>Didi the (worst) episode come on suddenly? Q46</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
84	N	No
575	Y	Yes
14770		Missing

<i>TIAB46A</i>		<i>How long did it take for the symptoms to get as bas as they were going to get? Q46a</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
320	A	0-2 seconds (instantly)
92	B	At least 3 seconds, but less than 1 minute
167	C	At least 1 minute, but less than 1 hour
25	D	At least 1 hour, but less than 2 hours
27	E	At least 2 hours, but less than 24 hours
22	F	At least 24 hours
14776		Missing

**H. ADMINISTRATIVE INFORMATION**

<i>TIAB47</i>		<i>Data collection date Q47</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
12250	Range	11/01/1987 - 03/29/1990
3179		Missing

**Cohort, Exam 1**

<i>TIAB48</i>		<i>Method of data collection</i> <i>Q48</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
78	A	
6509	C	Computer
5663	P	Paper form
3179		Missing

<i>TIAB49</i>		<i>Tech Code For Data Collection</i> <i>Q49</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
12249	Present	Text suppressed
3180		Missing

<i>TIABCY</i>		<i>Contact Year</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
15429	1	

<i>TIABFLAG</i>		<i>Flag Indicating Presence Of TIA</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
15429	1	