

SPEECH VISION DOUBLE VISION NUMBNESS WEAKNESS DIZZINESS (Circle one)

1. Please describe this event: _____

2. Did you see a physician for your problem? If NO, skip to question 2b.
Yes No

a. What was the diagnosis?
TIA Stroke Unk Other: Specify _____

b. What is your explanation for this event? _____

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Date of data collection:
month day year

Code of person completing this worksheet: