



TIA / STROKE FORM

NUMBER: CONTACT YEAR: FORM CODE: T I A VERSION: C 01/24/

NAME: INITIALS:

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed for completing and reviewing the collection of information including suggestions for reducing this burden to Reports Clearance Officer, PHS, 721-H Hubert H. Humphrey Bldg., 200 Independence Ave. SW, Washington, D.C. 20201, Attn. PRA; and to the Office of Management and Budget, Paperwork Reduction Project (OMB 0925-0281, Washington, D.C. 20503.

INSTRUCTIONS:

This form is completed during the interview portion of the participant's visit. ID Number, Name and Contact Year must be entered above. 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. If a number is entered incorrectly, on the paper form, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

TIA/STROKE FORM (TIAC screen 1 of 30)

MEDICAL HISTORY

Since the last ARIC visit, have you been told by a physician that you had a stroke, slight stroke, transient ischemic attack or TIA? Yes Y
No N

Go to Item 3, Screen 1

During this time, when did the (first) stroke or TIA occur?

a. Month b. Year

B. SUDDEN LOSS OR CHANGE OF SPEECH

3. Since the last ARIC visit, have you had any sudden loss or changes in speech? Yes

No
Don't Know
Go to Item 10, Screen 6

TIA/STROKE FORM (TIAC screen 2 of 30)

During this time, how many episodes of loss or changes in speech have you had?

- 1 A
- 2 B
- 3 C
- 4 D
- 5 E
- 6-20 F
- More than 20, or frequent, intermittent events, too numerous to count. G

5. During this same time period when did the earliest occur? ...

- Within the last 6 months
- Greater than 6 months, but less than 1 year ago
- Greater than 1 year, but less than 2 years ago
- Greater than 2 years, but less than 3 years ago

TIA/STROKE FORM (TIAC screen 3 of 30)

How long did it (the longest episode) last?

- Less than 30 seconds A
- At least 30 seconds, but less than 1 minute B
- At least 1 minute, but less than 3 minutes C
- At least 3 minutes, but less than 1 hour D
- At least 1 hour, but less than 6 hours E
- At least 6 hours, but less than 12 hours F
- At least 12 hours, but less than 24 hours G
- At least 24 hours H

7. Did the (worst) episode come on suddenly? Yes No

a. How long did it take for the symptoms to get as bad as they were going to get?

- 0-2 seconds (instantly)
- At least 3 seconds, but less than 1 minute
- At least 1 minute, but less than 1 hour
- At least 1 hour, but less than 2 hours
- At least 2 hours, but less than 24 hours
- At least 24 hours

TIA/STROKE FORM (TIAC screen 4 of 30)

any of the following describe your change in speech?

{READ ALL CHOICES}

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
Slurred speech like you were drunk	Y	N	D
Could talk but the wrong words came out	Y	N	D
Knew what you wanted to say, but the words would not come out	Y	N	D

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

{INCLUDE ALL THAT APPLY}

a. Numbness or tingling Yes Y
 No N

Go to Item 9.c
Screen 5

b. Did you have difficulty on:

{READ ALL CHOICES}

The right side only R
 The left side only L
 Both sides B

TIA/STROKE FORM (TIAC screen 5 of 30)

Paralysis or weakness Yes Y
 No N

Go to Item 9.e
Screen 5

Did you have difficulty on:

{READ ALL CHOICES}

The right side only R
 The left side only L
 Both sides B

Lightheadedness or dizzy spells Yes Y
 No N

9.f. Blackouts or fainting Yes Y
 No N

g. Seizures or convulsions Yes Y
 No N

h. Headache Yes Y
 No N

TIA/STROKE FORM (TIAC screen 6 of 30)

Visual Disturbances Yes Y
 No N

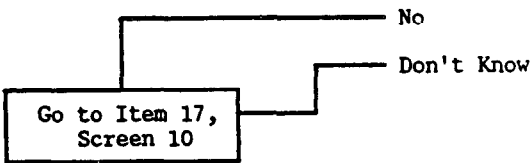
Go to Item 10,
 Screen 6

Did you have:
 READ ALL CHOICES UNTIL A POSITIVE RESPONSE IS GIVEN}

- Double vision A
- Vision loss in right eye only B
- Vision loss in left eye only C
- Total loss of vision in both eyes D
- Trouble in both eyes seeing to the right E
- Trouble in both eyes seeing to the left F
- Other G
 If "Other," specify ...

C. SUDDEN LOSS OF VISION

10. Since the last ARIC visit, have you ever had any sudden loss of vision, complete or partial?..... Yes



TIA/STROKE FORM (TIAC screen 7 of 30)

During this time, how many episodes of loss of vision have you had?

- 1 A
- 2 B
- 3 C
- 4 D
- 5 E
- 6-20 F
- More than 20, or frequent, intermittent events, too numerous to count. G

12. During this same time period, when did the earliest occur? ...

- Within the last 6 months
- Greater than 6 months, but less than 1 year ago
- Greater than 1 year, but less than 2 years ago
- Greater than 2 years, but less than 3 years ago

TIA/STROKE FORM (TIAC screen 6 of 30)

Visual Disturbances Yes Y
 No N

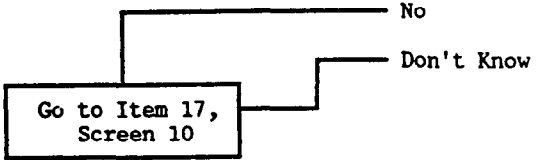
Go to Item 10,
Screen 6

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 If "Other," specify ...

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10. Since the last ARIC visit, have you ever had any sudden loss of vision, complete or partial?..... Yes



TIA/STROKE FORM (TIAC screen 7 of 30)

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- Within the last 6 months
- Greater than 6 months, but less than 1 year ago
- Greater than 1 year, but less than 2 years ago
- Greater than 2 years, but less than 3 years ago

TIA/STROKE FORM (TIAC screen 8 of 30)

How long did it (the longest episode) last?

Less than 30 seconds A

At least 30 seconds, but less than 1 minute B

At least 1 minute, but less than 3 minutes C

At least 3 minutes, but less than 1 hour D

At least 1 hour, but less than 6 hours E

At least 6 hours, but less than 12 hours F

At least 12 hours, but less than 24 hours G

At least 24 hours H

14. Did the (worst) episode come on suddenly? Yes Y
No N

a. How long did it take for the symptoms to get as bad as they were going to get?

0-2 seconds (instantly) A

At least 3 seconds, but less than 1 minute B

At least 1 minute, but less than 1 hour C

At least 1 hour, but less than 2 hours D

At least 2 hours, but less than 24 hours E

At least 24 hours F

TIA/STROKE FORM (TIAC screen 9 of 30)

During the (worst) episode, which of the following parts of your vision were affected?

{READ ALL CHOICES}

Only the right eye R

Only the left eye L

Both eyes B

Go to Item 16, Screen 9

Did you have:

{READ ALL CHOICES UNTIL A POSITIVE RESPONSE IS GIVEN}

Total loss of vision B

Trouble seeing to the right R

Trouble seeing to the left L

Other vision difficulties O

16. While you were having your (worst episode of) loss of vision, did any of the following occur?

{INCLUDE ALL THAT APPLY}

a. Speech disturbance Yes Y
No N

b. Numbness or tingling Yes Y
No N

Go to Item 16.d, Screen 10

c. Did you have difficulty on:

{READ ALL CHOICES}

The right side only 1

The left side only 1

Both sides 1

TIA/STROKE FORM (TIAC screen 10 of 30)

1. Paralysis or weakness Yes Y
 No N

Go to Item 16.f,
Screen 10

e. Did you have difficulty on:

{READ ALL CHOICES}

The right side only R
 The left side only L
 Both sides B

f. Lightheadedness or dizzy spells Yes Y
 No N

g. Blackouts or fainting Yes Y
 No N

16.h. Seizures or convulsions Yes
 No

i. Headache Yes
 No

D. DOUBLE VISION

17. Since the last ARIC visit, have you had a sudden spell of double vision?..Yes

No
 Don't Know

Go to Item 23,
Screen 15

a. If you closed one eye, did the double vision go away?

No
 Don't Know

Go to Item 23,
Screen 15

TIA/STROKE FORM (TIAC screen 11 of 30)

18. During this time, how many episodes of double vision have you had?

1 A
 2 B
 3 C
 4 D
 5 E
 6-20 F

More than 20, or frequent, intermittent events, too numerous to count. G

19. During the same time period, when did the earliest occur? ...

Within in the last 6 months
 Greater than 6 months, but less than 1 year ago
 Greater than 1 year, but less than 2 years ago
 Greater than 2 years, but less than 3 years ago

TIA/STROKE FORM (TIAC screen 12 of 30)

<p>How long did it (the longest episode) last?</p> <p>Less than 30 seconds A</p> <p>At least 30 seconds, but less than 1 minute B</p> <p>At least 1 minute, but less than 3 minutes C</p> <p>At least 3 minutes, but less than 1 hour D</p> <p>At least 1 hour, but less than 6 hours E</p> <p>At least 6 hours, but less than 12 hours F</p> <p>At least 12 hours, but less than 24 hours G</p> <p>At least 24 hours H</p>	<p>21. Did the (worst) episode come on suddenly? Yes Y No N</p> <p>a. How long did it take for the symptoms to get as bad as they were going to get?</p> <p>0-2 seconds (instantly) A</p> <p>At least 3 seconds, but less than 1 minute B</p> <p>At least 1 minute, but less than 1 hour C</p> <p>At least 1 hour, but less than 2 hours D</p> <p>At least 2 hours, but less than 24 hours E</p> <p>At least 24 hours F</p>
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TIA/STROKE FORM (TIAC screen 13 of 30)

<p>While you were having your (worst episode of) double vision, did any of the following occur? {INCLUDE ALL THAT APPLY}</p> <p>Speech disturbances Yes Y No N</p>	<p>22.b. Numbness or tingling Yes Y No N</p> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> <p>Go to Item 22.d, Screen 14</p> </div> <p>c. Did you have difficulty on:</p> <p>{READ ALL CHOICES}</p> <p>The right side only</p> <p>The left side only</p> <p>Both sides</p>
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TIA/STROKE FORM (TIAC screen 14 of 30)

analysis or weakness Yes Y No N <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px 0;"> Go to Item 22.f, Screen 14 </div> Did you have difficulty on: {READ ALL CHOICES} The right side only R The left side only L Both sides B Lightheadedness or dizzy spells Yes Y No N	g. Blackouts or fainting Yes Y No N h. Seizures or convulsions Yes Y No N i. Headache Yes Y No N
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TIA/STROKE FORM (TIAC screen 15 of 30)

SUDDEN NUMBNESS OR TINGLING Since the last ARIC visit, have you had sudden numbness, tingling, or loss of feeling on one side of your body? ... Yes Y No N Don't Know D <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px 0;"> Go to Item 32, Screen 20 </div> Did the feeling of numbness or tingling occur only when you kept your arms or legs in a certain position? Yes Y No N Don't Know D <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px 0;"> Go to Item 32, Screen 20 </div>	25. During this time, how many episodes of numbness, tingling, or loss of sensation have you had? 1 2 3 4 5 6-20 More than 20, or frequent, intermittent events, too numerous to count. G
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TIA/STROKE FORM (TIAC screen 16 of 30)

<p>During this same time period, when did the earliest occur? ...</p> <p>Within the last 6 months A</p> <p>Greater than 6 months, but less than 1 year ago B</p> <p>Greater than 1 year, but less than 2 years ago C</p> <p>Greater than 2 years, but less than 3 years ago D</p>	<p>27. How long did it (the longest episode) last?</p> <p>Less than 30 seconds /</p> <p>At least 30 seconds, but less than 1 minute </p> <p>At least 1 minute, but less than 3 minutes (</p> <p>At least 3 minutes, but less than 1 hour </p> <p>At least 1 hour, but less than 6 hours </p> <p>At least 6 hours, but less than 12 hours </p> <p>At least 12 hours, but less than 24 hours (</p> <p>At least 24 hours </p>
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TIA/STROKE FORM (TIAC screen 17 of 30)

<p>Did the (worst) episode come on suddenly? Yes Y</p> <p style="padding-left: 150px;">No N</p> <p>How long did it take for the symptoms to get as bad as they were going to get?</p> <p>0-2 seconds (instantly) A</p> <p>At least 3 seconds, but less than 1 minute B</p> <p>At least 1 minute, but less than 1 hour C</p> <p>At least 1 hour, but less than 2 hours D</p> <p>At least 2 hours, but less than 24 hours E</p> <p>At least 24 hours F</p>	<p>29. During the (worst) episode, which part or parts of your body were affected?</p> <p style="text-align: center;">{READ ALL CHOICES}</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="text-align: center; border-bottom: 1px solid black;">Yes</th> <th style="text-align: center; border-bottom: 1px solid black;">No</th> <th style="text-align: center; border-bottom: 1px solid black;">Don't Know</th> </tr> </thead> <tbody> <tr> <td>a. Left arm or hand</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">D</td> </tr> <tr> <td>b. Left leg or foot</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">D</td> </tr> <tr> <td>c. Left side of face</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">D</td> </tr> <tr> <td>d. Right arm or hand</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">D</td> </tr> <tr> <td>e. Right foot or leg</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">D</td> </tr> <tr> <td>f. Right side of face</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">D</td> </tr> <tr> <td>g. Other</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">D</td> </tr> </tbody> </table>		Yes	No	Don't Know	a. Left arm or hand	Y	N	D	b. Left leg or foot	Y	N	D	c. Left side of face	Y	N	D	d. Right arm or hand	Y	N	D	e. Right foot or leg	Y	N	D	f. Right side of face	Y	N	D	g. Other	Y	N	D
	Yes	No	Don't Know																														
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b. Left leg or foot	Y	N	D																														
c. Left side of face	Y	N	D																														
d. Right arm or hand	Y	N	D																														
e. Right foot or leg	Y	N	D																														
f. Right side of face	Y	N	D																														
g. Other	Y	N	D																														

TIA/STROKE FORM (TIAC screen 18 of 30)

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?

- In one part and spread to another S
- Stayed in one part O
- Don't Know D

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

{INCLUDE ALL THAT APPLY}

- a. Speech disturbance Yes
- No

TIA/STROKE FORM (TIAC screen 19 of 30)

- Paralysis or weakness Yes Y
- No N

Go to Item 31.d,
Screen 19

Did you have difficulty on:
{READ ALL CHOICES}

- The right side only R
- The left side only L
- Both sides B

- Lightheadedness or dizzy spells Yes Y
- No N

- Blackouts or fainting Yes Y
- No N

- f. Seizures or convulsions Yes
- No

- g. Headache Yes
- No

- h. Pain in the numb or tingling arm, leg or face..... Yes
- No

TIA/STROKE FORM (TIAC screen 20 of 30)

Visual disturbances Yes Y
 No N

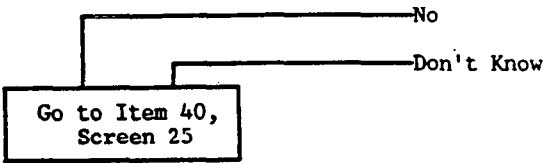
Go to Item 32,
 Screen 20

Did you have:
 {READ ALL CHOICES UNTIL A POSITIVE RESPONSE IS GIVEN

- Double vision A
- Vision loss in right eye only B
- Vision loss in left eye only C
- Total loss of vision in both eyes D
- Trouble in both eyes seeing to the right E
- Trouble in both eyes seeing to the left F
- Other G
 If "Other," specify ...

F. SUDDEN PARALYSIS OR WEAKNESS

32. Since the last ARIC visit, have you had any sudden episodes of paralysis or weakness on one side of your body? .. Yes



TIA/STROKE FORM (TIAC screen 21 of 30)

During this time, how many episodes of paralysis or weakness have you had?

- 1 A
- 2 B
- 3 C
- 4 D
- 5 E
- 6-20 F
- More than 20, or frequent, intermittent events, too numerous to count. G

34. During this same time period when did the earliest occur? ...

- Within the last 6 months
- Greater than 6 months, but less than 1 year ago
- Greater than 1 year, but less than 2 years ago
- Greater than 2 years, but less than 3 years ago

TIA/STROKE FORM (TIAC screen 22 of 30)

<p>How long did it (the longest episode) last?</p> <p>Less than 30 seconds A</p> <p>At least 30 seconds, but less than 1 minute B</p> <p>At least 1 minute, but less than 3 minutes C</p> <p>At least 3 minutes, but less than 1 hour D</p> <p>At least 1 hour, but less than 6 hours E</p> <p>At least 6 hours, but less than 12 hours F</p> <p>At least 12 hours, but less than 24 hours G</p> <p>At least 24 hours H</p>	<p>36. Did the (worst) episode come on suddenly? Yes</p> <p style="text-align: right;">No</p> <p>a. How long did it take for the symptoms to get as bad as they were going to get?</p> <p style="padding-left: 40px;">0-2 seconds (instantly)</p> <p style="padding-left: 40px;">At least 3 seconds, but less than 1 minute</p> <p style="padding-left: 40px;">At least 1 minute, but less than 1 hour</p> <p style="padding-left: 40px;">At least 1 hour, but less than 2 hours</p> <p style="padding-left: 40px;">At least 2 hours, but less than 24 hours</p> <p style="padding-left: 40px;">At least 24 hours</p>
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TIA/STROKE FORM (TIAC screen 23 of 30)

<p>During this episode, what part or parts of your body were affected? {READ ALL CHOICES}</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;"><u>Yes</u></th> <th style="width: 10%; text-align: center;"><u>No</u></th> <th style="width: 20%; text-align: center;"><u>Don't Know</u></th> </tr> </thead> <tbody> <tr> <td>Left arm or hand</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">D</td> </tr> <tr> <td>Left leg or foot</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">D</td> </tr> <tr> <td>Left side of face</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">D</td> </tr> <tr> <td>Right arm or hand</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">D</td> </tr> <tr> <td>Right foot or leg</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">D</td> </tr> <tr> <td>Right side of face</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">D</td> </tr> <tr> <td>Other</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">D</td> </tr> </tbody> </table>		<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	Left arm or hand	Y	N	D	Left leg or foot	Y	N	D	Left side of face	Y	N	D	Right arm or hand	Y	N	D	Right foot or leg	Y	N	D	Right side of face	Y	N	D	Other	Y	N	D	<p>38. 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?</p> <p style="padding-left: 40px;">Started in one part and spread to another</p> <p style="padding-left: 40px;">Stayed in one part</p> <p style="padding-left: 40px;">Don't know</p> <p>39. While you were having your worst episode of paralysis or weakness did any of the following occur? {INCLUDE ALL THAT APPLY}</p> <p>a. Speech disturbances Yes</p> <p style="text-align: right;">No</p>
	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>																														
Left arm or hand	Y	N	D																														
Left leg or foot	Y	N	D																														
Left side of face	Y	N	D																														
Right arm or hand	Y	N	D																														
Right foot or leg	Y	N	D																														
Right side of face	Y	N	D																														
Other	Y	N	D																														

TIA/STROKE FORM (TIAC screen 24 of 30)

Numbness or tingling Yes Y
 No N

Go to Item 39.d,
 Screen 24

Did you have difficulty on:
 {READ ALL CHOICES}

The right side only R
 The left side only L
 Both sides B

Lightheadedness or
 dizzy spells Yes Y
 No N

39.e. Blackouts or fainting Yes
 No

f. Seizures or convulsions Yes
 No

g. Headache Yes
 No

h. Pain in the weak
 arm, leg or face Yes
 No

TIA/STROKE FORM (TIAC screen 25 of 30)

Visual Disturbances Yes Y
 No N

Go to Item 40,
 Screen 25

Did you have:
 {READ ALL CHOICES UNTIL A POSITIVE RESPONSE IS GIVEN}

Double vision A
 Vision loss in
 right eye only B
 Vision loss in
 left eye only C
 Total loss of vision
 in both eyes D
 Trouble in both eyes
 seeing to the right E
 Trouble in both eyes
 seeing to the left F
 Other G
 If "Other," specify ...

G. SUDDEN SPELLS OF DIZZINESS
 OR LOSS OF BALANCE

40. Since the last ARIC visit, have you had
 any sudden spells of dizziness, loss of
 balance, or sensation of spinning? .. Yes

No
 Don't Know
 Go to Item 47,
 Screen 30

41. Did the dizziness, loss of
 balance or spinning sensation
 occur only when changing the
 position of your head or body? Yes

No
 Don't Know
 Go to Item 47,
 Screen 30

TIA/STROKE FORM (TIAC screen 26 of 30)

<p>While you were having your (worst) episode of dizziness, loss of balance or spinning sensation, did any of the following occur? {INCLUDE ALL THAT APPLY}</p> <p>Speech disturbances Yes Y No N</p>	<p>42.b. Paralysis or weakness Yes No</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p>Go to Item 42.d, Screen 27</p> </div> <p>c. Did you have difficulty on: {READ ALL CHOICES}</p> <p style="padding-left: 150px;">The right side only</p> <p style="padding-left: 150px;">The left side only</p> <p style="padding-left: 150px;">Both sides</p>
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TIA/STROKE FORM (TIAC screen 27 of 30)

<p>Numbness or tingling Yes Y No N</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p>Go to Item 42.f, Screen 27</p> </div> <p>Did you have difficulty on: {READ ALL CHOICES}</p> <p style="padding-left: 150px;">The right side only R</p> <p style="padding-left: 150px;">The left side only L</p> <p style="padding-left: 150px;">Both sides B</p>	<p>42.f. Blackouts or fainting Yes No</p> <p>g. Seizures or convulsions Yes No</p> <p>h. Headache Yes No</p>
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TIA/STROKE FORM (TIAC screen 28 of 30)

Visual disturbances Yes Y
 No N

Go to Item 43,
Screen 28

Did you have:
 {READ ALL CHOICES UNTIL A POSITIVE RESPONSE IS GIVEN}

- Double vision A
- Vision loss in right eye only B
- Vision loss in left eye only C
- Total loss of vision in both eyes D
- Trouble in both eyes seeing to the right E
- Trouble in both eyes seeing to the left F
- Other G
 If "Other," specify ...

43. During this time, how many episodes of dizziness, loss of balance or spinning sensation have you had?

- 1
- 2
- 3
- 4
- 5
- 6-20
- More than 20, or frequent, intermittent events, too numerous to count.

TIA/STROKE FORM (TIAC screen 29 of 30)

During this time period, when did the earliest occur? ...

- Within 6 months A
- Greater than 6 months, but less than 1 year ago B
- Greater than 1 year, but less than 2 years ago C
- Greater than 2 years, but less than 3 years ago D

45. How long did it (the longest episode) last?

- Less than 30 seconds
- At least 30 seconds, but less than 1 minute
- At least 1 minute, but less than 3 minutes
- At least 3 minutes, but less than 1 hour
- At least 1 hour, but less than 6 hours
- At least 6 hours, but less than 12 hours
- At least 12 hours, but less than 24 hours
- At least 24 hours

TIA/STROKE FORM (TIAC screen 30 of 30)

6. Did the (worst) episode
come on suddenly? Yes Y

No N

a. How long did it take for the
symptoms to get as bad as
they were going to get?

0-2 seconds (instantly) A

At least 3 seconds,
but less than 1 minute B

At least 1 minute,
but less than 1 hour C

At least 1 hour,
but less than 2 hours D

At least 2 hours,
but less than 24 hours E

At least 24 hours F

H. ADMINISTRATIVE INFORMATION

47. Date of data
collection: ...

		/			/		
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Month Day Year

48. Method of data
collection: Computer
Paper form

49. Code number of person
completing this form: ...

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INSTRUCTIONS FOR THE TIA/STROKE FORM
TIA/STROKE, VERSION C, 1/24/90
PREPARED 1/24/90

I. GENERAL INSTRUCTIONS

The TIA/Stroke form is completed during the participant's baseline visit and subsequent clinic exams. The interviewer must be certified and understand the "General Instructions for Completing Paper Forms" and the "DES Training Manual" prior to administering the form. Participant ID number, Contact Year and Name are completed as described in these documents. The interview is conducted using direct data entry unless there is a system failure, in which case data are initially recorded on the paper form for delayed data entry.

II. GENERAL DEFINITIONS

This set of questions is designed to help determine whether the participant has had a physician-diagnosed or undiagnosed stroke or transient ischemic attack (TIA) since the baseline exam (Visit 1). The reference period for an event during the baseline visit was anytime in the past, e.g., "have you ever had ...?". During subsequent exams, beginning with Visit 2, the reference period is the interim between the previous and current exam, generally about 3 years. The lead-in question to each section is now worded "Since the last ARIC visit". Throughout the questions, the words "sudden" and "suddenly" should be taken to mean what the participant perceives suddenly to be.

A stroke generally includes one or more of the following symptoms which begin suddenly: (1) loss or change of speech, (2) loss of vision, (3) double vision, (4) numbness or tingling on one side of the body, (5) paralysis or weakness on one side of the body, or (6) spells of dizziness or loss of balance. A series of questions is asked for each symptom to determine whether an event took place, its duration, and its location, e.g., right carotid, left carotid or vertebrobasilar (VBI).

TIA is considered to be a slight (light) stroke where the same patterns occur as in a stroke; the major difference being the duration of the symptoms, i.e., less than 24 hours.

III. DETAILED INSTRUCTIONS

SECTION A: MEDICAL HISTORY

1. Emphasize to the participant that the stroke/TIA must have been diagnosed by a physician since the last ARIC visit. Light (minor or small) stroke is a synonym for TIA.
2. Emphasize "During this time" which refers to the period since the last ARIC visit. Use standard date format. Enter "==" for unknown month or year.

SECTION B: LOSS OR CHANGE IN SPEECH.

3. Emphasize "Since the last ARIC Visit" and sudden onset of loss or changes of speech. Enter Y, N or D. If NO or DON'T KNOW, skip to SECTION C, Item 10.
4. DO NOT READ RESPONSES. PROBE to select the appropriate category for a response of more than one episode.
5. This question replaces the question in the Visit 1 form, "When did the most recent event occur?" (It is asked again later during the Medical Data Review.) The objective for this new question is to begin collecting incidence data by documenting when the first (or only) episode occurred since the previous ARIC visit. READ THE QUESTION BUT DO NOT READ THE RESPONSES. Select the response category using the current visit as the reference point and counting backwards.
6. Replace "it" with the parenthetical phrase if more than one episode was previously reported. DO NOT READ THE RESPONSE CATEGORIES; however, probes, such as "a few seconds" or "several hours", may be given to identify the category.
7. Use the parenthetical phrase if more than one episode was previously reported. If asked, WORST can be defined in terms of severity, intensity or association with other symptoms.
- 7a. READ QUESTION. DO NOT READ RESPONSES. Probe to select duration category.
8. READ THE QUESTION AND ALL RESPONSE CATEGORIES. Enter Y, N or D for each response.
9. READ THE QUESTION AND ALL RESPONSES. Responses are not mutually exclusive. Stress that the symptoms must have occurred at the same time as the (worst) episode described in Item 7. Note the skip patterns for responses (a,c and i). FOR POSITIVE RESPONSES to (a and c), READ ALL THE CATEGORIES FOR RESPONSES (b and d). FOR A POSITIVE RESPONSE TO (i), READ THE CATEGORIES FOR (j) UNTIL THERE IS A POSITIVE RESPONSE, THEN STOP.

SECTION C: SUDDEN LOSS OF VISION.

10. Emphasize "Since the last ARIC Visit" and sudden onset of loss of vision. Enter Y, N or D. If NO or DON'T KNOW, skip to SECTION D, Item 17.
11. DO NOT READ RESPONSES. PROBE to select the category for a response of more than one episode.
12. DO NOT READ RESPONSES. Select the response category using the current visit as the reference point and counting backwards.
13. Use parenthetical phrase if multiple events were reported. DO NOT READ RESPONSES, but probe to select appropriate category.
14. Use parenthetical phrase if multiple events were reported. WORST is defined by the respondent in terms of severity, intensity or association with other symptoms. Enter Y or N.
- 14a. READ QUESTION. DO NOT READ RESPONSES. Probe to select duration category.
15. READ QUESTION using parenthetical expression if multiple events were reported. READ ALL 3 CHOICES before eliciting a response. The key word in the responses is ONLY. If R or L, go to Item 16.
- 15a. READ QUESTION AND EACH CATEGORY UNTIL THERE IS A POSITIVE RESPONSE, THEN STOP.
16. READ THE QUESTION AND ALL RESPONSES. Responses are not mutually exclusive. Stress that the symptoms must have occurred at the same time as the (worst) episode described in item 14. Note the skip patterns for (b and d). For positive responses to (b and d), READ ALL THE CATEGORIES FOR RESPONSES TO (c and e).

SECTION D: SUDDEN ONSET OF DOUBLE VISION

17. Emphasize "Since the last ARIC Visit" and sudden onset of double vision. Enter Y, N or D. If NO or DON'T KNOW, skip to SECTION E, Item 23.
- 17a. READ QUESTION AND ENTER Y, N, OR D.
18. DO NOT READ RESPONSES. PROBE to select the category for a response of more than one episode.
19. DO NOT READ RESPONSES. Select the response category using the current visit as the reference point and counting backwards.
20. Use parenthetical phrase if multiple events were reported. DO NOT READ RESPONSES, but probe to select appropriate category.
21. Use parenthetical phrase if multiple events were reported. WORST is defined by the respondent in terms of severity, intensity or association with other symptoms. Enter Y or N.
- 21a. READ QUESTION. DO NOT READ RESPONSES. Probe to select duration category.
22. READ THE QUESTION AND ALL RESPONSES. Responses are not mutually exclusive. Stress that the symptoms must have occurred at the same time as the (worst) episode described in Item 21. Note the skip patterns for responses (b, and d). FOR POSITIVE RESPONSES to (b and d), READ ALL THE CATEGORIES FOR RESPONSES (c and e).

SECTION E: SUDDEN NUMBNESS OR TINGLING

23. Emphasize "Since the last ARIC Visit" and sudden onset of numbness or tingling. Enter Y, N or D. If NO or DON'T KNOW, skip to SECTION F, Item 32.
24. READ QUESTION AND ENTER Y, N, OR D. If Y, skip to SECTION F, Item 32.
25. DO NOT READ RESPONSES. PROBE to select the category for a response of more than one episode.
26. DO NOT READ RESPONSES. Select the response category using the current visit as the reference point and counting backwards.
27. Use parenthetical phrase if multiple events were reported. DO NOT READ RESPONSES, but probe to select appropriate category.
28. Use parenthetical phrase if multiple events were reported. WORST is defined by the respondent in terms of severity, intensity or association with other symptoms. Enter Y or N.
- 28a. READ QUESTION. DO NOT READ RESPONSES. Probe to select duration category.
29. READ THE QUESTION AND ALL RESPONSES. This episode should be the same one described in the previous question, item 28. Responses are not mutually exclusive. Enter Y, N, or D for each response (a-g).
30. Referring to the previous episode (items 28 and 29), READ QUESTION. SELECT one category based on the response.
31. READ THE QUESTION AND ALL RESPONSES. Responses are not mutually exclusive. Stress that the symptoms must have occurred at the same time as the (worst) episode described in Items (28-30). Note the skip patterns for responses (b and i). FOR POSITIVE RESPONSES to (b), READ ALL THE CATEGORIES FOR RESPONSES (c). FOR A POSITIVE RESPONSE TO (i), READ THE CATEGORIES FOR (j) UNTIL THERE IS A POSITIVE RESPONSE, THEN STOP.

SECTION F: SUDDEN PARALYSIS AND WEAKNESS

32. Emphasize "Since the last ARIC Visit" and sudden onset of paralysis and weakness. Enter Y, N or D. If NO or DON'T KNOW, skip to SECTION G, Item 40.
33. DO NOT READ RESPONSES. PROBE to select the category for a response of more than one episode.
34. DO NOT READ RESPONSES. Select the response category using the current visit as the reference point and counting backwards.
35. Use parenthetical phrase if multiple events were reported. DO NOT READ RESPONSES, but probe to select appropriate category.
36. Use parenthetical phrase if multiple events were reported. WORST is defined by the respondent in terms of severity, intensity or association with other symptoms. Enter Y or N.
- 36a. READ QUESTION. DO NOT READ RESPONSES. Probe to select duration category.
37. READ THE QUESTION AND ALL RESPONSES. This episode should be the same one described in the previous question, item 36. Responses are not mutually exclusive. Enter Y, N, or D for each response (a-g).
38. Referring to the previous episode (items 36 and 37), READ QUESTION. SELECT one category based on the response.
39. READ THE QUESTION AND ALL RESPONSES. Responses are not mutually exclusive. Stress that the symptoms must have occurred at the same time as the (worst) episode described in Items (36-38). Note the skip patterns for responses (b and i). FOR A POSITIVE RESPONSE to (b), READ ALL THE CATEGORIES FOR RESPONSE (c). FOR A POSITIVE RESPONSE TO (i), READ THE CATEGORIES FOR (j) UNTIL THERE IS A POSITIVE RESPONSE, THEN STOP.

SECTION G: SUDDEN SPELLS OF DIZZINESS OR LOSS OF BALANCE

40. Emphasize "Since the last ARIC Visit" and sudden onset of dizziness or loss of balance. Enter Y, N or D. If NO or DON'T KNOW, skip to SECTION H, Item 47.
41. READ QUESTION AND ENTER Y, N, OR D. If Y, skip to SECTION H, Item 47.
42. READ THE QUESTION AND ALL RESPONSES. Responses are not mutually exclusive. Stress that the symptoms must have occurred at the same time as the (worst) episode described in Item 40. Note the skip patterns for responses (b, d and i). FOR POSITIVE RESPONSES to (b and d), READ ALL THE CATEGORIES FOR RESPONSES (c and e). FOR A POSITIVE RESPONSE TO (i), READ THE CATEGORIES FOR (j) UNTIL THERE IS A POSITIVE RESPONSE, THEN STOP.
43. DO NOT READ RESPONSES. PROBE to select the category for a response of more than one episode.
44. DO NOT READ RESPONSES. Select the response category using the current visit as the reference point and counting backwards.
45. Use parenthetical phrase if multiple events were reported. DO NOT READ RESPONSES, but probe to select appropriate category.
46. Use parenthetical phrase if multiple events were reported. WORST is defined by the respondent in terms of severity, intensity or association with other symptoms. Enter Y or N.
- 46a. READ QUESTION. DO NOT READ RESPONSES. Probe to select duration category.

SECTION H: ADMINISTRATIVE INFORMATION

47. Enter date using standard date format.
48. Enter C for data collected using computer; P for data collected on a paper form.
49. Enter three digit ARIC code number.