

Cohort, Exam 4

TIA/Stroke Form: FORM CODE=TIA VERSION=E

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.

ID		ARIC Participant ID
N	Value	Description
11656	Present	Text suppressed

A. MEDICAL HISTORY

TIAE1		Since the last ARIC visit, have you been told by a physician that you had a stroke, slight stroke, transient ischemic attack or TIA? Q1
N	Value	Description
227	Y	Yes
11336	N	No [skip to Item 3]
93		Missing

TIAE2A		Month Of First Stroke-TIA Q2a
N	Value	Description
203	Range	1 - 12 (median=6 mean=5.9 std=3.3)
11453		Missing

TIAE2B		Year Of First Stroke-TIA Q2b
N	Value	Description
1	3	
1	91	
1	92	
7	93	
32	94	
52	95	
58	96	
43	97	
17	98	
11444		Missing

Cohort, Exam 4**B. SUDDEN LOSS OR CHANGE OF SPEECH**

<i>TIAE3</i>		<i>Since the last ARIC visit, have you had any sudden loss or changes in speech?</i> Q3
<i>N</i>	<i>Value</i>	<i>Description</i>
151	Y	Yes
11417	N	No [<i>skip to Item 10</i>]
1	D	Don't Know [<i>skip to Item 10</i>]
87		Missing

<i>TIAE4</i>		<i>During this time, how many episodes of loss or changes in speech have you had?</i> Q4
<i>N</i>	<i>Value</i>	<i>Description</i>
95	A	1
20	B	2
5	C	3
4	D	4
2	E	5
11	F	6-20
14	G	More than 20, or frequent, intermittent events, too numerous to count
11505		Missing

<i>TIAE5</i>		<i>During this same time period, when did the earliest occur?</i> Q5
<i>N</i>	<i>Value</i>	<i>Description</i>
22	A	Within the last 6 months
27	B	Greater than 6 months, but less than 1 year ago
43	C	Greater than 1 year, but less than 2 years ago
43	D	Greater than 2 years, but less than 3 years ago
15	E	3 or more years ago
11506		Missing

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<i>TIAE6</i>		<i>How long did it (the longest episode) last? Q6</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
8	A	Less than 30 seconds
3	B	At least 30 seconds, but less than 1 minute
7	C	At least 1 minute, but less than 3 minutes
33	D	At least 3 minutes, but less than 1 hour
16	E	At least 1 hour, but less than 6 hours
5	F	At least 6 hours, but less than 12 hours
2	G	At least 12 hours, but less than 24 hours
74	H	At least 24 hours
11508		Missing

<i>TIAE7</i>		<i>Did the (worst) episode come on suddenly? Q7</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
138	Y	Yes
12	N	No
11506		Missing

<i>TIAE7A</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>
71	A	0-2 seconds (instantly)
6	B	At least 3 seconds, but less than 1 minute
25	C	At least 1 minute, but less than 1 hour
4	D	At least 1 hour, but less than 2 hours
12	E	At least 2 hours, but less than 24 hours
28	F	At least 24 hours
11510		Missing

<i>TIAE8A</i>		<i>Slurred speech like you were drunk. Q8a</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
101	Y	Yes
49	N	No
1	D	Don't Know
11505		Missing

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TIAE8B		Could talk but the wrong words came out. Q8b
N	Value	Description
74	Y	Yes
77	N	No
11505		Missing

TIAE8C		Knew what you wanted to say, but the words would not come out. Q8c
N	Value	Description
112	Y	Yes
39	N	No
11505		Missing

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

TIAE9A		Numbness or tingling Q9a
N	Value	Description
56	Y	Yes
95	N	No [skip to Item 9.c.]
11505		Missing

TIAE9B		Did you have difficulty on: Q9b
N	Value	Description
25	R	The right side only
20	L	The left side only
11	B	Both sides
11600		Missing

TIAE9C		Paralysis or weakness Q9c
N	Value	Description
63	Y	Yes
88	N	No [skip to Item 9.e.]
11505		Missing

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<i>TIAE9D</i>		<i>Did you have difficulty on: Q9d</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
27	R	The right side only
24	L	The left side only
11	B	Both sides
11594		Missing

<i>TIAE9E</i>		<i>Lightheadedness or dizzy spells Q9e</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
57	Y	Yes
93	N	No
11506		Missing

<i>TIAE9F</i>		<i>Blackouts or fainting Q9f</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
12	Y	Yes
139	N	No
11505		Missing

<i>TIAE9G</i>		<i>Seizures or convulsions Q9g</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
5	Y	Yes
146	N	No
11505		Missing

<i>TIAE9H</i>		<i>Headache Q9h</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
42	Y	Yes
109	N	No
11505		Missing

<i>TIAE9I</i>		<i>Visual Disturbances Q9i</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
50	Y	Yes
101	N	No [<i>skip to Item 10</i>]
11505		Missing

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TIAE9J		Did you have: Q9j
N	Value	Description
6	A	Double vision
5	B	Vision loss in right eye only
6	C	Vision loss in left eye only
5	D	Total loss of vision in both eyes
2	E	Trouble in both eyes seeing to the right
25	G	Other
11607		Missing

C. SUDDEN LOSS OF VISION

TIAE10		Since the last ARIC visit, have you had any sudden loss of vision, complete or partial? Q10
N	Value	Description
288	Y	Yes
11273	N	No [skip to Item 17]
8	D	Don't Know [skip to Item 17]
87		Missing

TIAE11		During this time, how many episodes of loss of vision have you had? Q11
N	Value	Description
131	A	1
37	B	2
30	C	3
7	D	4
12	E	5
52	F	6-20
18	G	More than 20, or frequent, intermittent events, too numerous to count
11369		Missing

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<i>TIAE12</i>		<i>During this same time period, when did the earliest occur? Q12</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
60	A	Within the last 6 months
38	B	Greater than 6 months, but less than 1 year ago
75	C	Greater than 1 year, but less than 2 years ago
78	D	Greater than 2 years, but less than 3 years ago
31	E	3 or more years ago
11374		Missing

<i>TIAE13</i>		<i>How long did it (the longest episode) last? Q13</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
27	A	Less than 30 seconds
14	B	At least 30 seconds, but less than 1 minute
36	C	At least 1 minute, but less than 3 minutes
92	D	At least 3 minutes, but less than 1 hour
21	E	At least 1 hour, but less than 6 hours
5	F	At least 6 hours, but less than 12 hours
2	G	At least 12 hours, but less than 24 hours
89	H	At least 24 hours
11370		Missing

<i>TIAE14</i>		<i>Did the (worst) episode come on suddenly? Q14</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
257	Y	Yes
31	N	No
11368		Missing

<i>TIAE14A</i>		<i>How long did it take for the symptoms to get as bad as they were going to get? Q14a</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
126	A	0-2 seconds (instantly)
32	B	At least 3 seconds, but less than 1 minute
71	C	At least 1 minute, but less than 1 hour
7	D	At least 1 hour, but less than 2 hours
10	E	At least 2 hours, but less than 24 hours
37	F	At least 24 hours
11373		Missing

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TIAE15		During the (worst) episode, which of the following parts of your vision were affected? Q15
N	Value	Description
73	R	Only the right eye [skip to Item 16]
73	L	Only the left eye [skip to Item 16]
138	B	Both eyes
11372		Missing

TIAE15A		Did you have: Q15a
N	Value	Description
27	B	Total loss of vision
7	R	Trouble seeing to the right
7	L	Trouble seeing to the left
100	O	Other vision difficulties
11515		Missing

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

TIAE16A		Speech disturbance Q16a
N	Value	Description
27	Y	Yes
261	N	No
11368		Missing

TIAE16B		Numbness or tingling Q16b
N	Value	Description
36	Y	Yes
252	N	No [skip to Item 16.d.]
11368		Missing

TIAE16C		Did you have difficulty on: Q16c
N	Value	Description
11	R	The right side only
10	L	The left side only
14	B	Both sides
11621		Missing

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<i>TIAE16D</i>		<i>Paralysis or weakness</i> Q16d
<i>N</i>	<i>Value</i>	<i>Description</i>
29	Y	Yes
259	N	No [skip to Item 16.f.]
11368		Missing

<i>TIAE16E</i>		<i>Did you have difficulty on:</i> Q16e
<i>N</i>	<i>Value</i>	<i>Description</i>
6	R	The right side only
8	L	The left side only
15	B	Both sides
11627		Missing

<i>TIAE16F</i>		<i>Lightheadedness or dizzy spells</i> Q16f
<i>N</i>	<i>Value</i>	<i>Description</i>
102	Y	Yes
185	N	No
11369		Missing

<i>TIAE16G</i>		<i>Blackouts or fainting</i> Q16g
<i>N</i>	<i>Value</i>	<i>Description</i>
10	Y	Yes
278	N	No
11368		Missing

<i>TIAE16H</i>		<i>Seizures or convulsions</i> Q16h
<i>N</i>	<i>Value</i>	<i>Description</i>
3	Y	Yes
285	N	No
11368		Missing

<i>TIAE16I</i>		<i>Headache</i> Q16i
<i>N</i>	<i>Value</i>	<i>Description</i>
81	Y	Yes
207	N	No
11368		Missing

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<i>TIAE17</i>		<i>Since the last ARIC visit, have you had a sudden spell of double vision?</i> Q17
<i>N</i>	<i>Value</i>	<i>Description</i>
230	Y	Yes
11335	N	No [skip to Item 22.j.]
4	D	Don't Know [skip to Item 22.j.]
87		Missing

<i>TIAE17A</i>		<i>If you closed one eye, did the double vision go away?</i> Q17a
<i>N</i>	<i>Value</i>	<i>Description</i>
89	Y	Yes
77	N	No [skip to Item 22.j.]
64	D	Don't Know
11426		Missing

<i>TIAE18</i>		<i>During this time, how many episodes of double vision have you had?</i> Q18
<i>N</i>	<i>Value</i>	<i>Description</i>
51	A	1
17	B	2
16	C	3
11	D	4
6	E	5
32	F	6-20
19	G	More than 20, or frequent, intermittent events, too numerous to count
11504		Missing

<i>TIAE19</i>		<i>During the same time period, when did the earliest occur?</i> Q19
<i>N</i>	<i>Value</i>	<i>Description</i>
30	A	Within the last 6 months
24	B	Greater than 6 months, but less than 1 year ago
35	C	Greater than 1 year, but less than 2 years ago
44	D	Greater than 2 years, but less than 3 years ago
17	E	3 or more years ago
11506		Missing

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<i>TIAE20</i>		<i>How long did it (the longest episode) last? Q20</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
31	A	Less than 30 seconds
17	B	At least 30 seconds, but less than 1 minute
30	C	At least 1 minute, but less than 3 minutes
35	D	At least 3 minutes, but less than 1 hour
9	E	At least 1 hour, but less than 6 hours
1	F	At least 6 hours, but less than 12 hours
29	H	At least 24 hours
11504		Missing

<i>TIAE21</i>		<i>Did the (worst) episode come on suddenly? Q21</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
135	Y	Yes
18	N	No
11503		Missing

<i>TIAE21A</i>		<i>How long did it take for the symptoms to get as bad as they were going to get? Q21a</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
92	A	0-2 seconds (instantly)
15	B	At least 3 seconds, but less than 1 minute
27	C	At least 1 minute, but less than 1 hour
3	D	At least 1 hour, but less than 2 hours
4	E	At least 2 hours, but less than 24 hours
8	F	At least 24 hours
11507		Missing

<i>TIAE22A</i>		<i>Speech disturbances Q22a</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
9	Y	Yes
143	N	No
11504		Missing

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<i>TIAE22B</i>		<i>Numbness or tingling Q22b</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
17	Y	Yes
135	N	No [<i>skip to Item 22.d.</i>]
11504		Missing

<i>TIAE22C</i>		<i>Did you have difficulty on: Q22c</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
8	R	The right side only
4	L	The left side only
4	B	Both sides
11640		Missing

<i>TIAE22D</i>		<i>Paralysis or weakness Q22d</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
16	Y	Yes
136	N	No
11504		Missing

<i>TIAE22E</i>		<i>Did you have difficulty on: Q22e</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
8	R	The right side only
4	L	The left side only
3	B	Both sides
11641		Missing

<i>TIAE22F</i>		<i>Lightheadedness or dizzy spells Q22f</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
65	Y	Yes
87	N	No
11504		Missing

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<i>TIAE22G</i>		<i>Blackouts or fainting Q22g</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
5	Y	Yes
147	N	No
11504		Missing

<i>TIAE22H</i>		<i>Seizures or convulsions Q22h</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
3	Y	Yes
149	N	No
11504		Missing

<i>TIAE22I</i>		<i>Headache Q22i</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
34	Y	Yes
118	N	No
11504		Missing

<i>TIAE22J</i>		<i>Date Of Collection Q22j</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
11569	Range	09/12/1995 - 01/30/1999
87		Missing

<i>TIAE22K</i>		<i>Method Of Collection Q22k</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
11460	C	Computer
107	P	Paper form
89		Missing

<i>TIAE22L</i>		<i>Code number of person completing this form: Q22l</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
11569	Present	Text suppressed
87		Missing

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<i>TIAECY</i>		<i>Contact Year</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
11656	10	

<i>TIAEFLAG</i>		<i>Indicator For Presence Of Form</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
11656	1	