

Multi-Ethnic Study of Atherosclerosis



Hospital Abstraction: Stroke/TIA

Participant ID:

Hospital Code:

Four empty boxes for Hospital Code

History and Hospital Record

1. Was the participant hospitalized as an immediate consequence of this event?

- Yes No Unknown

2. Did the stroke/TIA occur during a hospitalization for a different reason?

- Yes No Unknown

3. Please answer the following for the hospital admission abstracted on this form:

Date of admission: Unknown

Month / Day / Year boxes

Date of discharge or death: Unknown

Month / Day / Year boxes

4. Was the participant transferred to this hospital from another hospital, or from this hospital to another?

- Yes No Unknown

Obtain hospital records from other hospital and complete relevant abstraction form(s) Continue to Question 5

If "No" or "Unknown," continue to Question 5.

5. Handedness:

- Left Ambidexterous Right Unknown

6. Did the event occur in the setting of a procedure?

- Yes No Unknown

If "No" or "Unknown," skip to Question 8.

7. If "Yes," what procedure?

- Cardiac surgery Angiogram Carotid endarterectomy Other

Please specify:

Empty box for specifying procedure

8. Is the time of onset of symptoms known?

- Yes No, patient awoke from sleep with deficits No, patient found with deficits

9. When was the patient last known to be free of deficits?

Unknown

Month / Day / Year boxes

At hr : min am/pm

10. Has the participant ever had a TIA before this event?

- Yes No Unknown

If "No" or "Unknown," skip to Question 11.

How long before the current event?

- Within the last 30 days (inclusive) More than 30 days prior Unknown

Prior TIA in same territory as present neurologic signs and symptoms?

- Yes No Unknown

11. Has the participant ever had a stroke before this event?

- Yes No Unknown
If "No" or "Unknown," skip to Question 12.

How long before the current event?

- Within the last 30 days (inclusive)
 More than 30 days prior
 Unknown

Approximate date of old stroke, if known:

Unknown

		/			/				
Month			Day			Year			

Types of stroke (check any that apply):

	Yes	No	Unknown
Ischemic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intracerebral hemorrhage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Subarachnoid hemorrhage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unknown type	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If hemorrhagic stroke only, skip to Question 12.

Prior stroke(s) in same territory as the present neurologic signs and symptoms?

- Yes No Unknown

Stroke/TIA symptoms related to this event

12. At the time of onset of this event, was there:

	Yes	No	Unknown
Severe headache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vomiting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seizures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Focal deficit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decreased consciousness or coma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Is duration of this event known to be:

- Unknown
 More than 24 hours
 Until death within 24 hours
 Resolved within 24 hours (specify below)

		Hours			Minutes
--	--	-------	--	--	---------

14. Did the patient have any of the following symptoms:

	Yes	No	Unknown
Loss or change of speech	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If "Yes,"			
Dysarthria	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aphasia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loss or blurring of vision, complete or partial	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If "Yes,"			
Diplopia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Monocular vision loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visual field deficit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Numbness, tingling or loss of feeling in the face, arm or leg	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paralysis or weakness in the face, arm or leg	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dizziness, vertigo, loss of balance, or ataxia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Was the patient diagnosed with a typical "lacunar syndrome" (i.e., pure motor, pure sensory, ataxic hemiparesis, clumsy hand dysarthria, sensori motor)?

- Yes No Unknown

Answers to questions 16-33 should be based on the neurologic exam done at or around the time of admission or, for strokes occurring during the hospitalization, after the stroke.

Neurologic Examination

16. Was some or all of a neurologic examination done?

- Yes No Unknown
If "No" or "Unknown," skip to Question 34.

17. Nuchal rigidity

- Absent
 Present
 Unknown

18. Cervical bruit:

- Yes No Unknown
If "No" or "Unknown," skip to Question 20.

19. Cervical bruit - Fill in the appropriate bubble.

	Absent	Present	Unknown
Left carotid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Right carotid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. Degree of alertness during exam

- Alert
 Lethargic, drowsy or stupor
 Coma
 Unknown

21. Verbal Response

Choose all that apply (aphasics are untestable).

- Oriented and converses
 Disoriented
 Inappropriate words
 Incomprehensible sounds
 None
 Untestable
 Unknown

22. Remainder of neurologic exam

- Normal
 Abnormal *If "Normal" or "Unknown," skip to Question 34.*
 Unknown

23. Visual fields

- Normal
 Abnormal
 Untested *If "Normal", "Untested," or "Unknown," skip to Question 25.*
 Unknown

24. Visual fields - Fill in the appropriate bubbles.

Check "N.R." if an abnormality is not related to the present event.

	Absent	Left	Right	Both	N.R.	Unknown
Monocular	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quadrant anopia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hemianopia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hemineglect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. Aphasia

- Absent
 Present
 Present, not related
 Unknown

26. Dysarthria

- Absent
 Present
 Present, not related
 Unknown

27. Other hemispherical signs (apraxia, neglect)

- None
 Present
 Present, not related
 Unknown

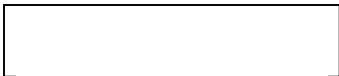
If present, please specify:

28. Weakness

- Normal
 Left Side (face, arm, and/or leg)
 Right Side (face, arm, and/or leg)
 Paraparesis
 Quadriparesis
 Unknown *If "Normal" or "Unknown," skip to Question 30.*

29. Complete the following related to weakness:

	Normal	Some Weakness	No Movement	Not Related	Unknown
Left: Face	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leg	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Right: Face	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leg	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



30. Ataxia

- Absent ("Normal")
- Present
- Present, not related
- Unknown

If present:

	Yes	No	Unknown
Left side	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Right side	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gait ataxia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. Extraocular movements:

- Normal
- Abnormal
- Untested
- Unknown

If "Normal," "Untested" or "Unknown," skip to Question 33.

32. Extraocular movements - Fill in the appropriate bubbles. Check "N.R." if an abnormality is not related to the present event.

Horizontal Gaze palsy

Absent	Left	Right	Both	N.R.	Unknown
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Cranial Nerve (III, IV, or VI)

Absent	Left	Right	Both	N.R.	Unknown
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33. Sensory deficits:

- Normal
- Abnormal left
- Abnormal right
- Crossed
- Both sides
- Untested
- Unknown

Diagnostic Procedures

34. Were any of the following diagnostic procedures done during this hospitalization? If Yes, please indicate specific result.

	Yes	No	Unknown		
34A. CT scan of head	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
<i>If "Yes": (otherwise go to 34B)</i>					
Done within 48 hours of event onset	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Done after 48 hours of event onset	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
	Yes, new	Yes, old	Yes, both old & new	No	Unknown
Subarachnoid hemorrhage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intraparenchymal hemorrhage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infarct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If "Yes":(otherwise go to 34B)

Hemorrhagic infarction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cerebral cortical infarct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Small deep infarct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brain stem infarct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cerebellar infarct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No	Unknown
34B. MRI scan of head	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If "Yes": (otherwise go to 34C)

	Yes, new	Yes, old	Yes, both old & new	No	Unknown
Subarachnoid hemorrhage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intraparenchymal hemorrhage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infarct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

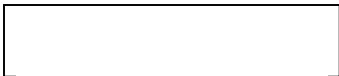
If "Yes":(otherwise go to 34C)

Hemorrhagic infarction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cerebral cortical infarct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Small deep infarct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brain stem infarct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cerebellar infarct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No	Unknown
34C. Lumbar Puncture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>If "Yes":(otherwise go to 34D)</i>			
Evidence of hemorrhage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34D. Carotid Doppler done	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>If "Yes":(otherwise go to transcranial doppler question below)</i>			
Carotid Doppler indicating normal or less than 50% stenosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carotid Doppler indicating greater than or equal to 50% stenosis or occlusion on the			
- Right side	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Left side	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carotid Doppler indicating vertebral artery abnormality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transcranial Doppler done	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>If "Yes":(otherwise go to 34E)</i>			
Transcranial Doppler indicating intracranial artery abnormality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transcranial Doppler indicating extracranial artery abnormality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34E. Angiogram done (magnetic resonance angiogram, CT angram, or conventional angiogram)	Yes	No	Unknown
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>If "Yes":(otherwise go to 34F)</i>			
Greater than or equal to 50% stenosis or occlusion of:			
- Extracranial arteries			
- Right carotid artery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Left carotid artery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Vertebral artery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Intracranial arteries			
- Major cerebral stem artery (MCA, ICA, ACA, PCA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Vertebral artery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Basilar artery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
AVM	<input type="radio"/>	<input type="radio"/>	
Intracranial aneurysm	<input type="radio"/>	<input type="radio"/>	
Dissection	<input type="radio"/>	<input type="radio"/>	
Arteritis or vasculitis	<input type="radio"/>	<input type="radio"/>	

	Yes	No	Unknown
34F. Echocardiography (transthoracic or transesophageal)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>If "Yes":(otherwise go to 34G)</i>			
Intracardiac thrombus	<input type="radio"/>	<input type="radio"/>	
Valvular heart disease	<input type="radio"/>	<input type="radio"/>	
Dilated ventricle or poor ventricular function	<input type="radio"/>	<input type="radio"/>	
Aortic arch atheroma	<input type="radio"/>	<input type="radio"/>	
Atrioseptal aneurysm	<input type="radio"/>	<input type="radio"/>	
Patent foramen ovale (PFO)	<input type="radio"/>	<input type="radio"/>	
Valve vegetations	<input type="radio"/>	<input type="radio"/>	
Spontaneous echo contrast	<input type="radio"/>	<input type="radio"/>	
Artificial valve (if yes, specify)	<input type="radio"/>	<input type="radio"/>	
Specify:	<input style="width: 200px; height: 20px;" type="text"/>		
34G. Initial EKG	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>If "Yes":(otherwise go to 34H)</i>			
Atrial fibrillation or flutter	<input type="radio"/>	<input type="radio"/>	
Acute myocardial infarction	<input type="radio"/>	<input type="radio"/>	
34H. Surgical or autopsy evidence of stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>If "Yes":(otherwise go to 35)</i>			
Subarachnoid hemorrhage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intraparenchymal hemorrhage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ischemic stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>If "Yes":</i>			
Lacunae	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Embolic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Atherosclerotic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continue with next question on page 5.



Outcome

35. Did the patient receive thrombolytic treatment for stroke?

- Yes No Unknown

36. Are any of the following conditions documented as having been present within four weeks prior to or during this hospitalization?

	Yes	No	Unknown
Myocardial infarction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Atrial fibrillation or flutter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rheumatic heart disease or any valvular heart disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intracardiac thrombus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Systemic or pulmonary embolus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hematologic abnormality: hypercoagulable state	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other evidence of cause of stroke (e.g., tumor, trauma, infection, or hemorrhagic state)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Specify:

Another non-stroke disease process which likely caused a focal neurological deficit

Specify:

37. Did the patient die during this hospitalization?

- Yes No Unknown

38. At the time of discharge, had the patient made a complete recovery from this event?

- Yes No Unknown

39. At the time of discharge, did the patient require more help from another person for everyday activities compared to state prior to event?

- Yes No Unknown

Abstractor ID: Data Entry ID:

Date: / /
 Month Day Year