

**Cohort, Exam 2**

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

**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 ID (Cir)
N	Value	Description
14347	Present	Text suppressed

**A. MEDICAL HISTORY**

TIAC01		Since The Last ARIC Visit, Have You Been Told By A Physician That You Had A Stroke, Slight Stroke, Transient Ischemic Attac Or TIA? Q1
N	Value	Description
14167	N	No [skip to Q3]
166	Y	Yes
14		Missing

TIAC02		During This Time, When Did The (first) Stroke Or TIA Occur? Q2
N	Value	Description
160	Present	Text suppressed
14187		Missing

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

TIAC03		Since The Last ARIC Visit, Have You Had Any Sudden Loss Or Changes In Speech? Q3
N	Value	Description
1	D	Don't Know [skip to Q10]
14174	N	No [skip to Q10]
159	Y	Yes
13		Missing

**Cohort, Exam 2**

<i>TIAC04</i>		<i>During This Time, How Many Episodes Of Loss Or Changes In Speech Have You Had? Q4</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
84	A	1
13	B	2
11	C	3
5	D	4
5	E	5
27	F	6 to 20
13	G	More than 20, or frequent, intermittent events, too numerous to count
14189		Missing

<i>TIAC05</i>		<i>During This Same Time Period When Did The Earliest Occur? Q5</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
24	A	Within The Last 6 Months
35	B	Greater Than 6 Months, But Less Than 1 Year
45	C	Greater Than 1 Year, but Less Than 2 Years
54	D	Greater Than 2 Years, but Less Than 3 Years Ago
14189		Missing

<i>TIAC06</i>		<i>How Long Did It (the longest episode) Last? Q6</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
15	A	Less Than 30 Seconds
7	B	At Least 30 Seconds, But Less Than 1 Minute
13	C	At Least 1 Minute, But Less Than 3 Minutes
28	D	At Least 3 Minutes, But Less Than 1 Hour
9	E	At Least 1 Hour, But Less Than 6 Hours
5	F	At Least 6 Hours, But Less Than 12 Hours
80	H	At Least 24 Hours
14190		Missing

<i>TIAC07</i>		<i>Did The (worst) Episode Come On Suddenly? Q7</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
14	N	No
144	Y	Yes
14189		Missing

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<i>TIAC07A</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>
88	A	0-2 Seconds (instantly)
14	B	At Least 3 Seconds, But Less Than A Minute
19	C	At Least 1 Minute, But Less Than 1 Hour
7	D	At Least 1 Hour, But Less Than 2 Hours
9	E	At Least 2 Hours, But Less Than 24 Hours
18	F	At Least 24 Hours
14192		Missing

**Do Any Of The Following Describe Your Change In Speech? Q8**

<i>TIAC08A</i>		<i>Slurred Speech Like You Were Drunk Q8A</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
62	N	No
96	Y	Yes
14189		Missing

<i>TIAC08B</i>		<i>Could Talk But The Wrong Words Came Out Q8B</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
96	N	No
61	Y	Yes
14190		Missing

<i>TIAC08C</i>		<i>Knew What You Wanted To Say, But The Words Would Not Come Out Q8C</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
60	N	No
97	Y	Yes
14190		Missing

**While You Were Having Your (worst) Episode Of Change In Speech, Did Any Of The Following Occur? Q09**

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<i>TIAC09A</i>		<i>Numbness Or Tingling Q9A</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
97	N	No [skip to Q9C]
61	Y	Yes
14189		Missing

<i>TIAC09B</i>		<i>Did You Have Difficulty On Q9B</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
10	B	Both Sides
25	L	Left Side Only
26	R	Righth Side Only
14286		Missing

<i>TIAC09C</i>		<i>Paralysis Or Weakness? Q9C</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
99	N	No [skip to Q9E]
59	Y	Yes
14189		Missing

<i>TIAC09D</i>		<i>Did You Have Difficulty On Q9D</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
11	B	Both Sides
22	L	Left Side Only
26	R	Righth Side Only
14288		Missing

<i>TIAC09E</i>		<i>Lightheaded Or Dizzy Spells? Q9E</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
81	N	No
77	Y	Yes
14189		Missing

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<i>TIAC09F</i>		<i>Blackouts Or Fainting? Q9F</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
138	N	No
19	Y	Yes
14190		Missing

<i>TIAC09G</i>		<i>Seizures Or Convulsions? Q9G</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
153	N	No
5	Y	Yes
14189		Missing

<i>TIAC09H</i>		<i>Headache? Q9H</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
110	N	No
47	Y	Yes
14190		Missing

<i>TIAC09I</i>		<i>Visual Disturbances? Q9I</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
103	N	No [skip to Q10]
55	Y	Yes
14189		Missing

<i>TIAC09J</i>		<i>Did You Have Q9J</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
9	A	Double Vision
3	B	Vision Loss In Right Eye Only
1	C	Vision Loss In Left Eye Only
4	D	Total Loss Of Vision In Both Eyes
2	E	Trouble In Both Eyes Seeing To The Right
1	F	Trouble In Both Eyes Seeing To The Left
35	G	Other
14292		Missing

**C. SUDDEN LOSS OF VISION**

**Cohort, Exam 2**

TIAC10		Since The Last ARIC Visit, Have You Ever Had Any Sudden Loss Of Vision, Complete Or Partial? Q10
N	Value	Description
2	D	Don't Know [skip to Q17]
14021	N	No [skip to Q17]
310	Y	Yes
14		Missing

TIAC11		During This Time, How Many Episodes Of Loss Of Vision Have You Had? Q11
N	Value	Description
125	A	1
33	B	2
32	C	3
25	D	4
15	E	5
57	F	6 to 20
23	G	More than 20, or frequent, intermittent events, too numerous to count
14037		Missing

TIAC12		During This Same Time Period When Did The Earliest Occur? Q12
N	Value	Description
63	A	Within The Last 6 Months
43	B	Greater Than 6 Months, But Less Than 1 Year
76	C	Greater Than 1 Year, but Less Than 2 Years
126	D	Greater Than 2 Years, but Less Than 3 Years Ago
14039		Missing

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<i>TIAC13</i>		<i>How Long Did It (the longest episode) Last? Q13</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
37	A	Less Than 30 Seconds
13	B	At Least 30 Seconds, But Less Than 1 Minute
36	C	At Least 1 Minute, But Less Than 3 Minutes
115	D	At Least 3 Minutes, But Less Than 1 Hour
28	E	At Least 1 Hour, But Less Than 6 Hours
3	F	At Least 6 Hours, But Less Than 12 Hours
2	G	At Least 12 Hours, But Less Than 24 Hours
73	H	At Least 24 Hours
14040		Missing

<i>TIAC14</i>		<i>Did The (worst) Episode Come On Suddenly? Q14</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
22	N	No
287	Y	Yes
14038		Missing

<i>TIAC14A</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>
166	A	0-2 Seconds (instantly)
30	B	At Least 3 Seconds, But Less Than A Minute
75	C	At Least 1 Minute, But Less Than 1 Hour
5	D	At Least 1 Hour, But Less Than 2 Hours
5	E	At Least 2 Hours, But Less Than 24 Hours
27	F	At Least 24 Hours
14039		Missing

<i>TIAC15</i>		<i>During The (worst) Episode, Which Of The Following Parts Of Your Vision Were Affected? Q15</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
181	B	Both Sides
64	L	Only The Left Side
64	R	Only The Righth Side
14038		Missing

**Cohort, Exam 2**

TIAC15A		Did You Have Q15A
N	Value	Description
44	B	Total Loss Of Vision In Both Eyes
4	L	Trouble Seeing To The Left
125	O	Other Vision Difficulties
9	R	Trouble Seeing To The Right
14165		Missing

**While You Were Having Your (worst episode of) Loss Of Vision, Did Any Of The Following Occur? Q16**

TIAC16A		Speech Disturbance Q16A
N	Value	Description
278	N	No
29	Y	Yes
14040		Missing

TIAC16B		Numbness Or Tingling Q16B
N	Value	Description
257	N	No [skip to Q16D]
50	Y	Yes
14040		Missing

TIAC16C		Did You Have Difficulty On Q16C
N	Value	Description
16	B	Both Sides
21	L	The Left Side Only
14	R	The Right Side Only
14296		Missing

TIAC16D		Paralysis Or Weakness
N	Value	Description
254	N	No [skip to Q16F]
55	Y	Yes
14038		Missing



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<i>TIAC16E</i>		<i>Did You Have Difficulty On Q16E</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
27	B	Both Sides
17	L	The Left Side Only
12	R	The Right Side Only
14291		Missing

<i>TIAC16F</i>		<i>Lightheadedness Or Dizzy Spells Q16F</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
169	N	No
141	Y	Yes
14037		Missing

<i>TIAC16G</i>		<i>Blackouts Or Fainting Q16G</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
286	N	No
24	Y	Yes
14037		Missing

<i>TIAC16H</i>		<i>Seizures Or Convulsions Q16H</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
305	N	No
5	Y	Yes
14037		Missing

<i>TIAC16I</i>		<i>Headache Q16I</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
195	N	No
115	Y	Yes
14037		Missing

**D. DOUBLE VISION**

**Cohort, Exam 2**

<i>TIAC17</i>		<i>Since The Last ARIC Visit, Have You Had A Sudden Spell Of Double Vision? Q17</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
1	D	Don't Know
14098	N	No [ <i>skip to Q23</i> ]
234	Y	Yes
14		Missing

<i>TIAC17A</i>		<i>If You Closed One Eye, Did The Double Vision Go Away? Q17A</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
73	D	Don't Know
65	N	No [ <i>skip to Q23</i> ]
96	Y	Yes
14113		Missing

<i>TIAC18</i>		<i>During This Time, How Many Episodes Of Double Vision Have You Had? Q18</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
48	A	1
26	B	2
27	C	3
5	D	4
10	E	5
31	F	6 to 20
21	G	More than 20, or frequent, intermittent events, too numerous to count
14179		Missing

<i>TIAC19</i>		<i>During The Same Time Period, When Did The Earliest Occur? Q19</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
31	A	Within The Last 6 Months
31	B	Greater Than 6 Months, But Less Than 1 Year
47	C	Greater Than 1 Year, but Less Than 2 Years
57	D	Greater Than 2 Years, but Less Than 3 Years Ago
14181		Missing

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<i>TIAC20</i>		<i>How Long Did It (The Longest Episode) Last? Q20</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
47	A	Less Than 30 Seconds
20	B	At Least 30 Seconds, But Less Than 1 Minute
26	C	At Least 1 Minute, But Less Than 3 Minutes
35	D	At Least 3 Minutes, But Less Than 1 Hour
10	E	At Least 1 Hour, But Less Than 6 Hours
4	F	At Least 6 Hours, But Less Than 12 Hours
1	G	At Least 12 Hours, But Less Than 24 Hours
23	H	At Least 24 Hours
14181		Missing

<i>TIAC21</i>		<i>Did The (Worst) Episode Come On Suddenly? Q21</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
10	N	No
158	Y	Yes
14179		Missing

<i>TIAC21A</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>
113	A	0-2 Seconds (instantly)
22	B	At Least 3 Seconds, But Less Than A Minute
25	C	At Least 1 Minute, But Less Than 1 Hour
2	D	At Least 1 Hour, But Less Than 2 Hours
1	E	At Least 2 Hours, But Less Than 24 Hours
4	F	At Least 24 Hours
14180		Missing

<i>TIAC22A</i>		<i>Speech Disturbances Q22A</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
159	N	No
9	Y	Yes
14179		Missing

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<i>TIAC22B</i>		<i>Numbness Or Tingling Q22B</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
152	N	No [ <i>skip to 22D</i> ]
16	Y	Yes
14179		Missing

<i>TIAC22C</i>		<i>Did You Have Difficulty On Q22C</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
5	B	Both Sides
5	L	The Left Side Only
6	R	The Right Side Only
14331		Missing

<i>TIAC22D</i>		<i>Paralysis Or Weakness Q22D</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
144	N	No [ <i>skip to Q22F</i> ]
24	Y	Yes
14179		Missing

<i>TIAC22E</i>		<i>Did You Have Difficulty On Q22E</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
14	B	Both Sides
5	L	The Left Side Only
5	R	The Right Side Only
14323		Missing

<i>TIAC22F</i>		<i>Lightheadedness Or Dizzy Spells Q22F</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
93	N	No
75	Y	Yes
14179		Missing

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<i>TIAC22G</i>		<i>Blackouts Or Fainting Q22G</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
163	N	No
5	Y	Yes
14179		Missing

<i>TIAC22H</i>		<i>Seizures Or Convulsions Q22H</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
168	N	No
14179		Missing

<i>TIAC22I</i>		<i>Headache Q22I</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
124	N	No
44	Y	Yes
14179		Missing

**E. SUDDEN NUMBNESS OR TINGLING**

<i>TIAC23</i>		<i>Since The Last ARIC Visit, Have You Had Sudden Numbness, Tingling, Or Loss Of Feeling On One Side Of Your Body? Q23</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
5	D	Don't Know [skip to Q32]
13284	N	No [skip to Q32]
1045	Y	Yes
13		Missing

<i>TIAC24</i>		<i>Did The Feeling Of Numbness Or Tingling Occur Only When You Kept Your Arms Or Legs In A Certain Position? Q24</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
25	D	Don't Know
475	N	No
544	Y	Yes [skip to Q32]
13303		Missing

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TIAC25		<i>During This Time, How Many Episodes Of Numbness, Tingling, Or Loss Of Sensation Have You Had? Q25</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
122	A	1
40	B	2
30	C	3
17	D	4
21	E	5
133	F	6 to 20
135	G	More than 20, or frequent, intermittent events, too numerous to count
13849		Missing

TIAC26		<i>During This Same Time Period, When Did The Earliest Occur? Q26</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
141	A	Within The Last 6 Months
76	B	Greater Than 6 Months, But Less Than 1 Year
110	C	Greater Than 1 Year, but Less Than 2 Years
169	D	Greater Than 2 Years, but Less Than 3 Years Ago
13851		Missing

TIAC27		<i>How Long Did It (The Longest Episode) Last? Q27</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
36	A	Less Than 30 Seconds
25	B	At Least 30 Seconds, But Less Than 1 Minute
60	C	At Least 1 Minute, But Less Than 3 Minutes
160	D	At Least 3 Minutes, But Less Than 1 Hour
64	E	At Least 1 Hour, But Less Than 6 Hours
7	F	At Least 6 Hours, But Less Than 12 Hours
16	G	At Least 12 Hours, But Less Than 24 Hours
132	H	At Least 24 Hours
13847		Missing

TIAC28		<i>Did The (Worst) Episode Come On Suddenly? Q28</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
117	N	No
383	Y	Yes
13847		Missing

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<i>TIAC28A</i>		<i>How Long Did It Take For The Symptoms To Get As Bad As They Were Going To Get? Q28A</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
239	A	0-2 Seconds (instantly)
49	B	At Least 3 Seconds, But Less Than A Minute
128	C	At Least 1 Minute, But Less Than 1 Hour
12	D	At Least 1 Hour, But Less Than 2 Hours
20	E	At Least 2 Hours, But Less Than 24 Hours
47	F	At Least 24 Hours
13852		Missing

<i>TIAC29A</i>		<i>Left Arm Or Hand Q29A</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
3	D	Don't Know
253	N	No
243	Y	Yes
13848		Missing

<i>TIAC29B</i>		<i>Left Leg Or Foot Q29B</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
3	D	Don't Know
345	N	No
152	Y	Yes
13847		Missing

<i>TIAC29C</i>		<i>Left Side Of Face Q29C</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
2	D	Don't Know
417	N	No
80	Y	Yes
13848		Missing

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<i>TIAC29D</i>		<i>Right Arm Or Hand Q29D</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
1	D	Don't Know
311	N	No
187	Y	Yes
13848		Missing

<i>TIAC29E</i>		<i>Right Foot Or Leg Q29E</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
360	N	No
140	Y	Yes
13847		Missing

<i>TIAC29F</i>		<i>Right Side Of Face Q29F</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
432	N	No
67	Y	Yes
13848		Missing

<i>TIAC29G</i>		<i>Other Q29G</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
447	N	No
52	Y	Yes
13848		Missing

<i>TIAC30</i>		<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>
7	D	Don't Know
335	O	Stayed In One Part
158	S	In One Part And Spread To Another
13847		Missing



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<i>TIAC31A</i>		<i>Speech Disturbance Q31A</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
446	N	No
54	Y	Yes
13847		Missing

<i>TIAC31B</i>		<i>Paralysis Or Weakness Q31B</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
362	N	No [ <i>skip to Q31D</i> ]
139	Y	Yes
13846		Missing

<i>TIAC31C</i>		<i>Did You Have Difficulty On Q31C</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
24	B	Both Sides
68	L	The Left Side Only
47	R	The Right Side Only
14208		Missing

<i>TIAC31D</i>		<i>Lightheadedness Or Dizzy Spells Q31D</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
370	N	No
131	Y	Yes
13846		Missing

<i>TIAC31E</i>		<i>Blackouts Or Fainting Q31E</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
480	N	No
21	Y	Yes
13846		Missing

<i>TIAC31F</i>		<i>Seizures Or Convulsions Q31F</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
496	N	No
5	Y	Yes
13846		Missing

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<i>TIAC31G</i>		<i>Headache Q31G</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
382	N	No
117	Y	Yes
13848		Missing

<i>TIAC31H</i>		<i>Pain In The Numb Or Tingling Arm, Leg, Or Face Q31H</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
295	N	No
206	Y	Yes
13846		Missing

<i>TIAC31I</i>		<i>Visual Disturbances Q31I</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
435	N	No [ <i>skip to Q32</i> ]
65	Y	Yes
13847		Missing

<i>TIAC31J</i>		<i>Did You Have Q31J</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
8	A	Double Vision
1	B	Vision Loss In Right Eye Only
4	C	Vision Loss In Left Eye Only
4	D	Total Loss Of Vision In Both Eyes
2	E	Trouble In Both Eyes Seeing To The Right
2	F	Trouble In Both Eyes Seeing To The Left
43	G	Other
14283		Missing

**F. SUDDEN PARALYSIS OR WEAKNESS**

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TIAC32		Since The Last ARIC Visit, Have You Had Any Sudden Episodes Of Paralysis Or Weakness On One Side Of Your Body? Q32
N	Value	Description
2	D	Don't Know [skip to Q40]
14138	N	No [skip to Q40]
194	Y	Yes
13		Missing

TIAC33		During This Time, How Many Episodes Of Paralysis Or Weakness Have You Had? Q33
N	Value	Description
78	A	1
18	B	2
13	C	3
6	D	4
6	E	5
38	F	6 to 20
35	G	More than 20, or frequent, intermittent events, too numerous to count
14153		Missing

TIAC34		During This Same Time Period, When Did The Earliest Occur? Q34
N	Value	Description
48	A	Within The Last 6 Months
32	B	Greater Than 6 Months, But Less Than 1 Year
49	C	Greater Than 1 Year, but Less Than 2 Years
65	D	Greater Than 2 Years, but Less Than 3 Years Ago
14153		Missing

**Cohort, Exam 2**

<i>TIAC35</i>		<i>How Long Did It (The Longest Episode) Last? Q35</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
7	A	Less Than 30 Seconds
10	B	At Least 30 Seconds, But Less Than 1 Minute
12	C	At Least 1 Minute, But Less Than 3 Minutes
52	D	At Least 3 Minutes, But Less Than 1 Hour
23	E	At Least 1 Hour, But Less Than 6 Hours
1	F	At Least 6 Hours, But Less Than 12 Hours
4	G	At Least 12 Hours, But Less Than 24 Hours
84	H	At Least 24 Hours
14154		Missing

<i>TIAC36</i>		<i>Did The (Worst) Episode Come On Suddenly? Q36</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
28	N	No
166	Y	Yes
14153		Missing

<i>TIAC36A</i>		<i>How Long Did It Take For The Symptoms To Get As Bad As They Were Going To Get? Q36A</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
86	A	0-2 Seconds (instantly)
19	B	At Least 3 Seconds, But Less Than A Minute
39	C	At Least 1 Minute, But Less Than 1 Hour
8	D	At Least 1 Hour, But Less Than 2 Hours
14	E	At Least 2 Hours, But Less Than 24 Hours
27	F	At Least 24 Hours
14154		Missing

<i>TIAC37A</i>		<i>Left Arm Or Hand Q37A</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
1	D	Don't Know
114	N	No
79	Y	Yes
14153		Missing

**Cohort, Exam 2**

<i>TIAC37B</i>		<i>Left Leg Or Foot Q37B</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
131	N	No
63	Y	Yes
14153		Missing

<i>TIAC37C</i>		<i>Left Side Of Face Q37C</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
150	N	No
44	Y	Yes
14153		Missing

<i>TIAC37D</i>		<i>Right Arm Or Hand Q37D</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
110	N	No
84	Y	Yes
14153		Missing

<i>TIAC37E</i>		<i>Right Leg Or Foot Q37E</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
118	N	No
76	Y	Yes
14153		Missing

<i>TIAC37F</i>		<i>Right Side Of Face Q37F</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
2	D	Don't Know
150	N	No
42	Y	Yes
14153		Missing

<i>TIAC37G</i>		<i>Other Q37G</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
160	N	No
34	Y	Yes
14153		Missing

**Cohort, Exam 2**

TIAC38		<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>
6	D	Don't Know
112	O	Stayed In One Part
76	S	Started In One Part And Spread To Another
14153		Missing

**While You Were Having Your Worst Episode Of Paralysis Or Weakness Did Any Of The Following Occur? Q39**

TIAC39A		<i>Speech Disturbances Q39A</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
139	N	No
54	Y	Yes
14154		Missing

TIAC39B		<i>Numbness Or Tingling Q39B</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
61	N	No [ <i>skip to Q39D</i> ]
133	Y	Yes
14153		Missing

TIAC39C		<i>Did You Have Any Difficulty On Q39C</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
24	B	Both Sides
54	L	The Left Side Only
55	R	The Right Side Only
14214		Missing

TIAC39D		<i>Lightheadedness Or Dizzy Spells Q39D</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
107	N	No
87	Y	Yes
14153		Missing

**Cohort, Exam 2**

<i>TIAC39E</i>		<i>Blackouts Or Fainting Q39E</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
173	N	No
21	Y	Yes
14153		Missing

<i>TIAC39F</i>		<i>Seizures Or Convulsions Q39F</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
189	N	No
5	Y	Yes
14153		Missing

<i>TIAC39G</i>		<i>Headache Q39G</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
125	N	No
68	Y	Yes
14154		Missing

<i>TIAC39H</i>		<i>Pain In The Weak Arm, Leg, Or Face Q39H</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
94	N	No
99	Y	Yes
14154		Missing

<i>TIAC39I</i>		<i>Visual Disturbance Q39I</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
145	N	No [ <i>skip to Q40</i> ]
49	Y	Yes
14153		Missing

**Cohort, Exam 2**

TIAC39J		Did You Have Q39J
N	Value	Description
6	A	Double Vision
1	B	Vision Loss In Right Eye Only
1	C	Vision Loss In Left Eye Only
4	D	Total Loss Of Vision In Both Eyes
2	E	Trouble In Both Eyes Seeing To The Right
3	F	Trouble In Both Eyes Seeing To The Left
31	G	Other
14299		Missing

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

TIAC40		Since The Last ARIC Visit, Have You Had Any Sudden Spells Of Dizziness, Loss Of Balance, Or Sensation Of Spinning?
N	Value	Description
3	D	Don't Know [skip to Q47]
12013	N	No [skip to Q47]
2316	Y	Yes
15		Missing

TIAC41		Did The Dizziness, Loss Of Balance, Or Spinning Sensation Occur Only When Changing The Position Of Your Head Or Body?
N	Value	Description
32	D	Don't Know
788	N	No
1496	Y	Yes [skip to Q47]
12031		Missing

TIAC42A		Speech Disturbance Q42A
N	Value	Description
792	N	No
28	Y	Yes
13527		Missing



**Cohort, Exam 2**

<i>TIAC42B</i>		<i>Paralysis Or Weakness Q42B</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
690	N	No [skip to Q42D]
130	Y	Yes
13527		Missing

<i>TIAC42C</i>		<i>Did You Have Difficulty On Q42C</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
97	B	Both Sides
10	L	The Left Side Only
21	R	The Right Side Only
14219		Missing

<i>TIAC42D</i>		<i>Numbness Or Tingling Q42D</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
732	N	No [skip to Q42F]
87	Y	Yes
13528		Missing

<i>TIAC42E</i>		<i>Did You Have Difficulty On Q42E</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
40	B	Both Sides
20	L	The Left Side Only
26	R	The Right Side Only
14261		Missing

<i>TIAC42F</i>		<i>Blackouts Or Fainting Q42F</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
717	N	No
103	Y	Yes
13527		Missing

**Cohort, Exam 2**

<i>TIAC42G</i>		<i>Seizures Or Convulsions Q42G</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
812	N	No
8	Y	Yes
13527		Missing

<i>TIAC42H</i>		<i>Headache Q42H</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
648	N	No
172	Y	Yes
13527		Missing

<i>TIAC42I</i>		<i>Visual Disturbances Q42I</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
610	N	No [ <i>skip to Q43</i> ]
209	Y	Yes
13528		Missing

<i>TIAC42J</i>		<i>Did You Have Q42J</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
22	A	Double Vision
2	B	Vision Loss In Right Eye Only
1	C	Vision Loss In Left Eye Only
16	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
162	G	Other
14139		Missing

**Cohort, Exam 2**

<i>TIAC43</i>		<i>During This Time, 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>
217	A	1
111	B	2
101	C	3
61	D	4
44	E	5
194	F	6 to 20
91	G	More than 20, or frequent, intermittent events, too numerous to count
13528		Missing

<i>TIAC44</i>		<i>During This Time Period, When Did The Earliest Occur? Q44</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
198	A	Within The Last 6 Months
114	B	Greater Than 6 Months, But Less Than 1 Year
209	C	Greater Than 1 Year, but Less Than 2 Years
292	D	Greater Than 2 Years, but Less Than 3 Years Ago
13534		Missing

<i>TIAC45</i>		<i>How Long Did It (The Longest Episode) Last? Q45</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
163	A	Less Than 30 Seconds
72	B	At Least 30 Seconds, But Less Than 1 Minute
119	C	At Least 1 Minute, But Less Than 3 Minutes
215	D	At Least 3 Minutes, But Less Than 1 Hour
75	E	At Least 1 Hour, But Less Than 6 Hours
21	F	At Least 6 Hours, But Less Than 12 Hours
18	G	At Least 12 Hours, But Less Than 24 Hours
134	H	At Least 24 Hours
13530		Missing

<i>TIAC46</i>		<i>Did The (Worst) Episode Come On Suddely? Q46</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
93	N	No
726	Y	Yes
13528		Missing

**Cohort, Exam 2**

<i>TIAC46A</i>		<i>How Long Did It Take For The Symptoms To Get As Bad As They Were Going To Get? Q46A</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
463	A	0-2 Seconds (instantly)
115	B	At Least 3 Seconds, But Less Than A Minute
168	C	At Least 1 Minute, But Less Than 1 Hour
22	D	At Least 1 Hour, But Less Than 2 Hours
18	E	At Least 2 Hours, But Less Than 24 Hours
30	F	At Least 24 Hours
13531		Missing

<i>TIAC47</i>		<i>Date Of Data Collection Q47</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
14334	Range	02/05/1990 - 03/15/1993
13		Missing

<i>TIAC48</i>		<i>Method Of Data Collection Q48</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
14156	C	Computer
178	P	Paper form
13		Missing

<i>TIAC49</i>		<i>Code Number Of Person Coding Q49</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
14334	Present	Text suppressed
13		Missing

<i>TIACCY</i>		<i>Contact Year</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
14347	4	

<i>TIACFLAG</i>		<i>=1 If Form Is Present</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
14347	1	