

C TIA/STROKE FORM

ID NUMBER: 1	0 FORM CODE: T I A VERSION: E 12/01/95
LAST NAME:	INITIALS:
Public reporting burden for this collection of information is time for reviewing instructions, searching existing data source and reviewing the collection of information. Send comments recollection of information, including suggestions for reducing Humphrey Building, 200 Independence Ave., SW, Washington, D.C. form to this address.	es, gathering and maintaining the data needed, and completing garding this burden estimate or any other aspect of this this burden, to: PHS Reports Clearance Officer, Rm. 737-F,
Year, and Name must be entered above. so that the last digit appears in the all boxes. If a number is entered incomit an "X". Code the correct entry of "yes/no" type questions, circle the lo	erview portion of the participant's visit. ID Number, Contact Whenever numerical responses are required, enter the number rightmost box. Enter leading zeroes where necessary to fill orrectly on the paper form, mark through the incorrect entry clearly above the incorrect entry. For "multiple choice" and etter corresponding to the most appropriate response. If a hrough it with an "X" and circle the correct response.
TIA STROKE FORM (T	IAE screen 1 of 14)
A. MEDICAL HISTORY 1. Since the last ARIC visit, have you been told by a physician that you had a stroke, slight stroke, transient ischemic attack or TIA?	B. SUDDEN LOSS OR CHANGE OF SPEECH 3. Since the last ARIC visit, have you had any sudden loss or changes in speech? Yes
Go to Item 3. No N	Go to Item 10, Don't know D
During this time, when did the (first) stroke or TIA occur?	Screen 6
a. month, b. year	

4. During this time, how many episodes of loss or changes in speech have you had?	5. During this same time period, when did the earliest occur?
1 A	Within the last 6 months A
2 В	Greater than 6 months, but less than 1 year ago B
3 C	Greater than 1 year, but less than 2 years ago C
5 E	Greater than 2 years, but less than 3 years ago D
6-20 F	3 or more years ago E
More than 20, or frequent, intermittent events, too numerous to count	ins for reviewing the reflections, magnetical expension of accurate the second of the second reference to the residence reference of instances; and the second of the seco

a M. sanagara	suppositing to the ownt supposprinte		programme and the programme of the control of the c	
. How long did it episode) last?	(the longest		7. Did the (worst) episode come on suddenly?	Υ
	Less than 30 seconds	Α	No	N
	At least 30 seconds, but less than 1 minute	В	a. How long did it take for the symptoms to get as bad as they were going to get?	
	At least 1 minute, but less than 3 minutes	С	0-2 seconds (instantly)	A
	At least 3 minutes, but less than 1 hour	D	At least 3 seconds, but less than 1 minute	В
	At least 1 hour, but less than 6 hours	E	At least 1 minute, but less than 1 hour	С
a until their	At least 6 hours, but less than 12 hours	F	At least 1 hour, but less than 2 hours	D
	At least 12 hours, but less than 24 hours	G	At least 2 hours, but less than 24 hours	E
	At least 24 hours	н	At least 24 hours	F

8. Do any of the following describe your change in speech?

{READ ALL CHOICES}

	Yes	No	Don't Know
a. Slurred speech like you were drunk.	Υ	N	D
 Could talk but the wrong words came out. 	Y	N	D
c. 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)

b. Did you have difficulty on:

(READ ALL CHOICES) The right side only R

The left side only

Both sides B

L

TIA/STROKE FORM (TIAE screen 5 of 14

P.c. Paralysis or weakness Yes	Υ	9.f. Blackouts or fainting	Yes	Y
Go to Item 9.e. No	N		No	N
		g. Seizures or convulsions	Yes	Y
d. Did you have difficulty on:			No	N
{READ ALL CHOICES} The right side only	R	h. Headache	Yes	Y
	Lar	in time, how dainy apisoden of vision have you had?	No	N
Both sides	В			
e. Lightheadedness or dizzy spells	Υ	6,000,000,000,000,000,000		
No I	N			

TIA/STROKE FORM (TIAE screen 6 of 14)

Go to Ite	m 10. No	N	had an	the last ARIC vising sudden loss of ete or partial?	vision,
<pre>j. Did you have: {READ ALL CHOICES UNT RESPONSE IS GIVEN}</pre>	IL A POSITIVE	W an	9	Go to Item 17, Screen 10	Don't Know
	Double vision Vision loss in	A			
	right eye only Vision loss in left eye only	С			
P	Total loss of vision in both eyes	D			
	Trouble in both eyes seeing to the right	E			
x = -	Trouble in both eyes seeing to the left	F		\$\frac{1}{2}	
	Other	G			
If "Other," spe	cify:	Service 1			
7 281	Lockout's or fullithing area	0 -149			

TIA/STROKE FORM (TIAE screen 7 of 14)

	During this same time period,
of loss of vision have you had?	when did the earliest occur?
1 A	Within the last 6 months
2 B	Greater than 6 months, but
	less than 1 year ago
3 C	Greater than 1 year, but
4 D	less than 2 years ago
5 E	Greater than 2 years, but
	less than 3 years ago
6-20 F	7
	3 or more years ago
More than 20, or frequent, intermittent events, too	
numerous to count G	

TIA/STROKE FORM (TIAE screen 8 of 14)

s. now long and it	(the longest episode) last?	- 1	14. Did the (worst) episode	
		1	come on suddenly? Yes	
	Less than 30 seconds	A	En rolling to a to the total	
			No	
	At least 30 seconds,			
	but less than 1 minute	В	a contract of the contract of	
			a. How long did it take for the symptoms	
	At least 1 minute,	- 1	to get as bad as they were going to get?	
	but less than 3 minutes	c	S TO THE LABOUR SECTION OF THE PROPERTY OF THE	
		1	0-2 seconds (instantly)	
	At least 3 minutes,	4900 0	a substantial and the subs	
	but less than 1 hour	D	At least 3 seconds,	
		0.00	but less than 1 minute	
	At least 1 hour,			
	but less than 6 hours	E	At least 1 minute,	
			but less than 1 hour	
	At least 6 hours,	1		
	but less than 12 hours	F	At least 1 hour,	
		1	but less than 2 hours	
	At least 12 hours,	1		
	but less than 24 hours	G	At least 2 hours,	
		- 1	but less than 24 hours	
	At least 24 hours	н		
			At least 24 hours	

TIA/STROKE FORM (TIAE screen 9 of 14) 16. While you were having your (worst episode of) loss of vision, did any of the following occur? 15. During the (worst) episode, which of the following parts of your vision were affected? {READ ALL CHOICES} (INCLUDE ALL THAT APPLY) - Only the right eye a. Speech disturbance Y Go to Item 16. Only the left eye No N Both eyes B a. Did you have: b. Numbness or tingling Yes Y (READ ALL CHOICES UNTIL N A POSITIVE RESPONSE Go to Item 16.d, IS GIVEN) Total loss of vision В Screen 10 Trouble seeing to the right R c. Did you have difficulty on: Trouble seeing to the left (READ ALL CHOICES) The right side only R Other vision The left side only L difficulties 0 Both sides В

TIA/STROKE FORM (TIAE screen 10 of 14)

.d. Paralysis or weakness Yes	Y	16.h. Seizures or convulsions	Υ
Go to Item 16.f	N	A shows an all and and No.	N
		official DE Tales / 7A	
e. Did you have difficulty on:		i. Headache Yes	Υ
e. Did you have difficulty on:		No	N
(READ ALL CHOICES) The right side only	R	D. Berneriki E holds went dreit	
The left side only	L	D. DOUBLE VISION	
Both sides	В	17. Since the last ARIC visit, have you had a sudden	γ
f. Lightheadedness or		spell of double vision? Yes	1
dizzy spells Yes	Y	a cool o Fans / 14	0.00
No.	N	Go to Item 22j., No	N
		Screen 14.	
prised S. toos I 7A	Υ	L Don't Know	D
g. Blackouts or fainting Yes	1	H angel distant to	
No	N	a. If you closed one eye, did the double vision go away? Yes	Υ
		Go to Item 22j., No	N
		Screen 14.	
		Don't Know	D

TIA/STROKE FORM (TIAE screen 11 of 14)

3. During this time, how many episodes of double vision have you had?	19. During the same time period, when did the earliest occur?	
1 A	Within the last 6 months	A
2 B	Greater than 6 months, but less than 1 year ago	E
3 C	Greater than 1 year, but less than 2 years ago	
5 E	Greater than 2 years, but less than 3 years ago	
6-20 F	3 or more years ago	E
More than 20, or frequent, intermittent events, too numerous to count	Molecular molecular	
	O seafr. Day 134 Hz	

TIA/STROKE FORM (TIAE screen 12 of 14)

O. How long did it (the longest episode) last?		21. Did the (worst) episode	-
1 M1 and a company of the contract of the cont	2	come on suddenly? Yes	
Less than 30 seconds	Α	1.25 to 1 ton 22.1	
		No	
At least 30 seconds, but			
but less than 1 minute	В		
		a. How long did it take for the symptoms	
At least 1 minute,		to get as bad as they were going to get?	
but less than 3 minutes	С	O Table Materials and Company of Company	
		0-2 seconds (instantly)	
At least 3 minutes,		To plan alide where all the	
but less than 1 hour	D	At least 3 seconds,	
		but less than 1 minute	
At least 1 hour,			
but less than 6 hours	E	At least 1 minute,	
		but less than 1 hour	
At least 6 hours,		The second of th	
but less than 12 hours	F	At least 1 hour,	
		but less than 2 hours	
At least 12 hours,			
but less than 24 hours	G	At least 2 hours,	
		but less than 24 hours	
At least 24 hours	В		
		At least 24 hours	9

TIA/STROKE FORM (TIAE screen 13 of 14) 22. While you were having your (worst episode of) double vision, did any of the following occur? 22.b. Numbness or tingling Yes Υ (INCLUDE ALL THAT APPLY) Go to Item 22.d, Screen 14 a. Speech disturbances Yes Y No N 22.c. Did you have difficulty on: (READ ALL CHOICES) The right side only R The left side only L Both sides В TIA/STROKE FORM (TIAE screen 14 of 14)

Go to Item 22.f	N	22.h. Seizures or convulsions
		No education I month goest tom
e. Did you have difficulty on:		i. Headache Yes
(READ ALL CHOICES) The right side only	R	No.
The left side only	L	E. ADMINISTRATIVE INFORMATION
Both sides	В	j. Date of data
f. Lightheadedness or dizzy spells	Y N	collection: / / / / Month Day Year
g. Blackouts or fainting Yes	Y	k. Method of data collection Computer
enumed 45 annual 2A . No	N	Paper form
		l. Code number of person completing this form:

. SUDDEN NUMBNESS OR TINGLING			25. During this time, how many episodes
 Since the last ARIC visit, have had any sudden numbness, tingli 	ng,		of numbness, tingling, or loss of sensation have you had?
or loss of feeling on one side	of	8558	1
your body?	Yes	Y	2 2
Go to Item 32,	_ No	N	A 3 3 3 3
Screen 6.	Don't Know	D	4
	A STATE OF STREET		5
24. Did the feeling of numbness or tingling occur only when			6-20
you kept your arms or legs in a certain position?			More than 20, or frequent, intermittent events, too numerous to count
Go to Item 32, Screen 6.	— Yes	Y	
sereen s.	No	N	
	Don't Know	D	

During this same time period, when did the earliest occur?		27. How long did it (the longest episode) last?	
		Less than 30 seconds	Α
Within the last 6 months	Α	NAME OF THE PERSON OF THE PERS	
		At least 30 seconds,	
Greater than 6 months, but less than 1 year ago	В	but less than 1 minute	В
CLARM 1881 ANG BOOKHIL		At least 1 minute,	
Greater than 1 year, but		but less than 3 minutes	C
less than 2 years ago	С		
		At least 3 minutes,	
Greater than 2 years, but		but less than 1 hour	D
less than 3 years ago	D		
	Harry Market	At least 1 hour,	
3 or more years ago	E	but less than 6 hours	E
		At least 6 hours,	
		but less than 12 hours	F
			35
		At least 12 hours,	
		but less than 24 hours	G
		At least 24 hours	Н

TIA/STROKE FORM (TIBE screen 3 of 16)

29. During the (worst) ep			
of your body were af	fected?		es alegadesta proces
(READ ALL CHOICES)			
	Yes	No	Don't Know
a. Left arm or hand	Υ	N	D
b. Left leg or foot	Υ	N	D
c. Left side of face	Y	N	D
d. Right arm or hand	Υ	N	D
e. Right foot or leg	Υ	N	D
f. Right side of face	Υ	N	D
g. Other	Υ	N	D
			7 00 1
	 a. Left arm or hand b. Left leg or foot c. Left side of face d. Right arm or hand e. Right foot or leg f. Right side of face 	a. Left arm or hand Y b. Left leg or foot Y c. Left side of face Y d. Right arm or hand Y e. Right foot or leg Y f. Right side of face Y g. Other Y	a. Left arm or hand Y N b. Left leg or foot Y N c. Left side of face Y N d. Right arm or hand Y N e. Right foot or leg Y N f. Right side of face Y N g. Other Y N

TIA/STROKE FORM (TIBE screen 4 of 16)

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?	31. While you were having your (worst) episode of numbness, tingling or loss of sensation, did any of the following occur?
In one part and spread to another	(INCLUDE ALL THAT APPLY) a. Speech disturbance

TIA/STROKE FORM (TIBE screen 5 of 16)

31.b. Paralysis or weakness	N	31.f. Seizures or convulsions		
Go to Item 31.d.			No	N
		Representation areas as a	8.	
c. Did you have difficulty on:		g. Headache	Yes	Υ
(READ ALL CHOICES) The right side only	R		No	N
The left side only	L	h. Pain in the numb or		
Both sides	В	tingling arm, leg or face	Yes	Y
d. Lightheadedness or			NO	N
dizzy spells	Y			
No	N			
e. Blackouts or fainting Yes	Y			
No	N			

	.0 3.0	
.i. Visual Disturbances	Y	G. SUDDEN PARALYSIS OR WEAKNESS
Go to Item 32.	N	32. Since the last ARIC visit, have you had any sudden episodes of paralysis or weakness on one side of your body? Yes
j. Did you have:		Go to Item 40,
{READ ALL CHOICES UNTIL A POSITIVE RESPONSE IS GIVEN}		Screen 11. Don't Know
Double vision	Α	31 milled a metr cont cost
Vision loss in right eye only	В	Luncou St. mort s hours . 1. hours . 1.
Vision loss in left eye only	С	A Track of much and high
Total loss of vision in both eyes	D	Market We french VA
Trouble in both eyes seeing to the right	E	
Trouble in both eyes seeing to the left	F	
Other	G	
If "Other," specify:		
		9

TIA/STROKE FORM (TIBE screen 7 of 16)

33. During this time, how many episodes of paralysis or weakness have you had?	34. During this same time period, when did the earliest occur?
1A	Within the last 6 months
2 B	Greater than 6 months, but less than 1 year ago

Greater than 1 year, but
less than 2 years ago C

Greater than 2 years, but
less than 3 years ago D

В

E

TIA/STROKE FORM (TIBE screen 8 of 16)

		IT EST DEFRIATE	
35. How long did it (the longest episode) last?		36. Did the (worst) episode	
	en grant	come on suddenly? Yes	Υ
Less than 30 seconds	Α		
ding 2004 and all ton		No	N
At least 30 seconds,		- - - - - - - - - -	
but less than 1 minute	В	20 20 20 20 20 20 20 20 20 20 20 20 20 2	
		a. How long did it take for the symptoms	
At least 1 minute,		to get as bad as they were going to get?	
but less than 3 minutes	C	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		0-2 seconds (instantly)	Α
At least 3 minutes,			
but less than 1 hour	D	At least 3 seconds,	
		but less than 1 minute	В
At least 1 hour,			
but less than 6 hours	Ε .	At least 1 minute,	
* * * * * * * * * * * * * * * * * * *		but less than 1 hour	C
At least 6 hours,			
but less than 12 hours	F	At least 1 hour,	
		but less than 2 hours	D
At least 12 hours,			
but less than 24 hours	G	At least 2 hours,	
	27.0		Е
At least 24 hours	Н		_
HE COMOE ET HOMES	20	At least 24 hours	F
		The tease E4 mours	•

37. During this episode, which part or parts of your body were affected?

(READ ALL CHOICES)

	Yes	No	Don't Know
a. Left arm or hand	Υ	N	D
b. Left leg or foot	Υ	N	D
c. Left side of face	Υ	N	D
d. Right arm or hand	Υ	N	D
e. Right foot or leg	Υ	N	D
f. Right side of face	Υ	N	D
g. Other	Υ	N	D

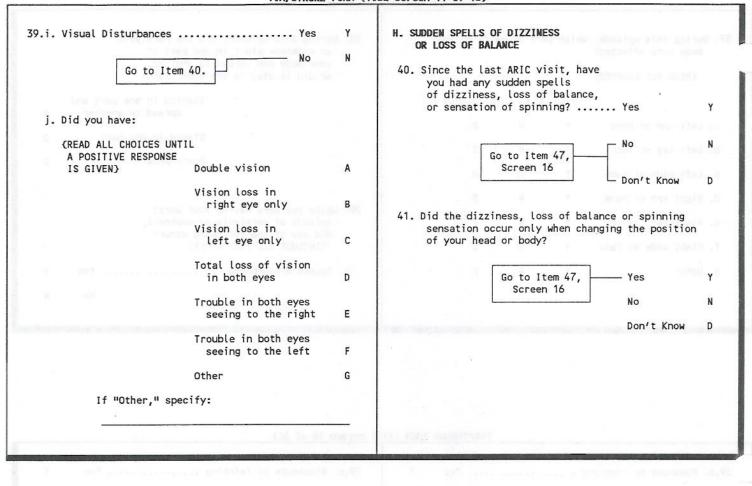
38. During this episode, did the paralysis or weakness start in one part of your body and spread to another, or did it stay in the same place?

	or dru it stay in the same prace:		
	Started in one part and spread to another	s	
	Stayed in one part	0	
	Don't Know	D	
39.	While you were having your worst episode of paralysis or weakness, did any of the following occur? {INCLUDE ALL THAT APPLY}		
а	. Speech disturbances Yes	Y	

No

TIA/STROKE FORM (TIBE screen 10 of 16)

9.b. Numbness or tingling	Yes	Υ	39.e. Blackouts or fainting	Yes	Y
Go to I	tem 39.d. No	N		No	N
	(S) Au ST		f. Seizures or convulsions	Yes	Y
c. Did you have difficul	ty on:			No	N
(READ ALL CHOICES)	The right side only	R	to was leaved to the second of the second se		
	The left side only	L	g. Headache	Yes	Y
	Both sides	В	CETARN ANG TIVE	No	N
d. Lightheadedness or			h. Pain in the		
dizzy spells	Yes	Y	weak arm, leg or face	Yes	Y
	No	N		No	N



42. 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}	42.b. Paralysis or weakness Go to It	No	Y N
a. Speech disturbances	c. Did you have difficul	ty on:	
	(READ ALL CHOICES)	The right side only	R
		The left side only	L
		Both sides	В

TIA/STROKE FORM (TIBE screen 13 of 16)

42.d. Numbness or tingling		42.g. Seizures or convulsions	Yes	Υ
	N		No	N
			×	
		h. Headache	Yes	Υ
e. Did you have difficulty on:			No	N
(READ ALL CHOICES) The right side only The left side only	R			
	L			
Both sides	В	S ogs energy and to S		
f. Blackouts or fainting Yes	Υ			
a count of most and the	N			

TIA/STROKE FORM (TIBE screen 14 of 16) 42.i. Visual Disturbances Yes 43. During this time, how many episodes of dizziness, loss of balance or spinning sensation have you had? - No Go to Item 43. 1 A 2 B j. Did you have: 3 c (READ ALL CHOICES UNTIL A POSITIVE 4 D RESPONSE IS GIVEN) Double vision 5 E 6-20 F Vision loss in right eye only В More than 20, or frequent, intermittent events, too Vision loss in left eye only C numerous to count G Total loss of vision in both eyes D Trouble in both eyes seeing to the right Trouble in both eyes seeing to the left F Other G If "Other," specify:

TIA/STROKE FORM (TIBE screen 15 of 16)

occur?			Less than 30 seconds	Α
	Within 6 months	Α	Constitution Const	
			At least 30 seconds, but	
	Greater than 6 months, but		but less than 1 minute	В
	less than 1 year ago	В	STATE OF THE STATE	
			At least 1 minute,	
	Greater than 1 year, but		but less than 3 minutes	C
	less than 2 years ago	С	1000 700 100 100 100 100 100 100 100 100	
			At least 3 minutes,	
	Greater than 2 years, but		but less than 1 hour	D
	less than 3 years ago	D		
			At least 1 hour,	
	3 or more years ago	E	but less than 6 hours	E
	,		1901 6 7000	
			At least 6 hours,	
			but less than 12 hours	F

At least 12 hours, but less than 24 hours

At least 24 hours

G

TIA/STROKE FORM (TIBE screen 16 of 16)

6. Did the (worst) episode come on suddenly?	Y N	I. ADMINSITRATIVE INFORMATION 47. Date of data collection: / / /
a. How long did it take for the symptoms to get as bad as they were going to get?		Month Day Year
0-2 seconds (instantly)		48. Method of data collection Computer C
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	В	Paper form P
	С	49. Code number of person completing this form:
	D	3 fagin will be groupe
At least 2 hours,		The last or united
but less than 24 hours At least 24 hours	E F	0 9990