# TIA / STROKE SUMMARY FORM

**ID NUMBER:** [Redacted]  
**DATE OF REVIEW:** [Redacted]

**INSTRUCTIONS:** This form is completed during the Medical Data Review after all clinical names are completed. For every positive symptom checked in column (a), check either Yes, No or Unsure in columns (b) and/or (c). In addition, indicate in column (b) and/or (c) your opinion whether the event(s) correspond to a TIA/Stroke.

## Symptoms from TIA/stroke Form

<table>
<thead>
<tr>
<th>Questions from TIA/Stroke Form</th>
<th>(a) Positive Symptoms (Check Yes or No)</th>
<th>(b) Medical Data Review (Check Yes, No, or Unsure)</th>
<th>(c) ARIC Physician (Check Yes, No or Unsure)</th>
<th>Is There a Non-VD Case?</th>
<th>Is There a Non-VD Cause?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sudden loss of speech, Question 5 in Yes.</td>
<td>Yes [ ] No [ ]</td>
<td>Yes [ ] No [ ] Unsure [ ]</td>
<td>Yes [ ] No [ ] Unsure [ ]</td>
<td>Yes [ ] No [ ] Unsure [ ]</td>
<td>Yes [ ] No [ ] Unsure [ ]</td>
</tr>
<tr>
<td>2. Sudden loss of vision, Question 20 in Yes.</td>
<td>Yes [ ] No [ ]</td>
<td>Yes [ ] No [ ] Unsure [ ]</td>
<td>Yes [ ] No [ ] Unsure [ ]</td>
<td>Yes [ ] No [ ] Unsure [ ]</td>
<td>Yes [ ] No [ ] Unsure [ ]</td>
</tr>
<tr>
<td>3. Sudden double vision, Question 17a in Yes or Don't Know.</td>
<td>Yes [ ] No [ ]</td>
<td>Yes [ ] No [ ] Unsure [ ]</td>
<td>Yes [ ] No [ ] Unsure [ ]</td>
<td>Yes [ ] No [ ] Unsure [ ]</td>
<td>Yes [ ] No [ ] Unsure [ ]</td>
</tr>
<tr>
<td>4. Sudden numbness, tingling or loss of feeling, Question 24 in Yes or Don't Know.</td>
<td>Yes [ ] No [ ]</td>
<td>Yes [ ] No [ ] Unsure [ ]</td>
<td>Yes [ ] No [ ] Unsure [ ]</td>
<td>Yes [ ] No [ ] Unsure [ ]</td>
<td>Yes [ ] No [ ] Unsure [ ]</td>
</tr>
<tr>
<td>5. Sudden paralysis or weakness, Question 33 in Yes.</td>
<td>Yes [ ] No [ ]</td>
<td>Yes [ ] No [ ] Unsure [ ]</td>
<td>Yes [ ] No [ ] Unsure [ ]</td>
<td>Yes [ ] No [ ] Unsure [ ]</td>
<td>Yes [ ] No [ ] Unsure [ ]</td>
</tr>
<tr>
<td>6. Sudden dizziness, loss of balance or sensation of spinning, Question 34 in Yes or Don't Know.</td>
<td>Yes [ ] No [ ]</td>
<td>Yes [ ] No [ ] Unsure [ ]</td>
<td>Yes [ ] No [ ] Unsure [ ]</td>
<td>Yes [ ] No [ ] Unsure [ ]</td>
<td>Yes [ ] No [ ] Unsure [ ]</td>
</tr>
</tbody>
</table>

**Was This a TIA/Stroke?**

1. [ ] 2. [ ] 3. [ ]

**ARIC Code Number**

8. [Redacted] (Reviewer) [ ] 18. [Redacted] (Reviewer) [ ]
TIA/STROKE SYMPTOMS MEDICAL DATA REVIEW WORKSHEET:

1. Please describe this event:

2. Did you see a physician for your problem? ☐ ☐ If NO, skip to question 2b.
   Yes ☐ No ☐
   a. What was the diagnosis? ☐ ☐ ☐ ☐ TIA Stroke Unk Other: Specify ________________
   b. What is your explanation for this event?

1. Please describe this event:

2. Did you see a physician for your problem? ☐ ☐ If NO, skip to question 2b.
   Yes ☐ No ☐
   a. What was the diagnosis? ☐ ☐ ☐ ☐ TIA Stroke Unk Other: Specify ________________
   b. What is your explanation for this event?

1. Please describe this event:

2. Did you see a physician for your problem? ☐ ☐ If NO, skip to question 2b.
   Yes ☐ No ☐
   a. What was the diagnosis? ☐ ☐ ☐ ☐ TIA Stroke Unk Other: Specify ________________
   b. What is your explanation for this event?

(turn over)
1. Please describe this event: ________________________________

2. Did you see a physician for your problem? [ ] [ ] If NO, skip to question 2b.
   Yes No
   a. What was the diagnosis? [ ] [ ] [ ]
      TIA Stroke Unk Other: Specify ________________________________
   b. What is your explanation for this event? ________________________________

1. Please describe this event: ________________________________

2. Did you see a physician for your problem? [ ] [ ] If NO, skip to question 2b.
   Yes No
   a. What was the diagnosis? [ ] [ ] [ ]
      TIA Stroke Unk Other: Specify ________________________________
   b. What is your explanation for this event? ________________________________

Date of data collection:   [ ] [ ] [ ]
  month   day   year

Code of person completing this worksheet: [ ] [ ] [ ]