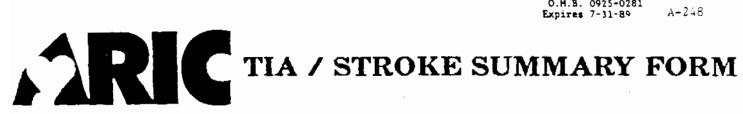
O.M.B. 0925-0281 Expires 7-31-89 A+248



D NUMBER:	CONTACT YEAR:	FORM CODE: T	S R VERSION: A 9/14/87				
AST NAME:	:	INITIALS: DATE OF REVIEW:	Month Day Year				
INSTRUCTIONS: This form is completed during the Medical Data Review after all clinical exams 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) corresponds to a TIA/Stroke.							
	TIA/STROKE SUM (a)	MARY FORM (b)	(c)				
Symptoms from TLA/Stroke Form	POSITIVE SYMPTOM MEDICAL DATA REVIEWER (Check Yes or No) (Check Yes, No, or Unsure)		ARIC PHYSICIAN {Check Yes, No or Unsure}				
Questions from TLA/Stroke Form		IS THERE A NON-CVD CAUSE?	IS THERE A NON-CVD CAUSE?				
B. Sudden loss of speech. Question 3 is Yes.	Yes No	Yes No Unsure	Yes No Unsure				
C. Sudden loss of vision. Question 10 is Yes.		2.	10.				
D. Sudden double vision. Question 17æ is Yes or Don't Know.		,	n. 🗆 🗆 🗆				
E. Sudden mumbness, tingling or loss of feeling. Question 24 is No or Don't Know.			12.				
F. Sudden paralysis or weakness. Question 32 is Yes.		s. D D	13.				
G. Sudden dizziness, loss of balance or sensation of spinning. Question 41 is No or Don't Know.		6. DDD	14.				
WAS THIS A TIA/STROKE?		7.	15.				
H. Code Number		B. (Reviewer)	16. (Reviewer)				

	2	4	9
		7	

ARIC ID LABEL:

LAST NAME

		TIA/STROKE SYMPT				
SPRECH	VISION	DOUBLE VISION	NUMBNESS	Weakness	DIZZINESS	(Circle one)
Please	describe	this event:		<del> </del>		
Did you	see a ph	ysician for your	_	If No	NO, skip to qu	estion 2b.
a. Wha	t was the	diagnosis? TIA	Stroke Unk	Other: Spe	ecify	
b. Wha	t is your	explanation for	this event?	?	<u></u>	
		DOUBLE VISION				
Please	describe	this event:			-	
<del></del>					<del></del>	<del> </del>
Did you	see a ph	ysician for your	problem?		NO, skip to q	uestion 2b.
		diagnosis?	`	es No		
a. mila	c was the	TIA	Stroke Unk	Other: Spe	ecify	
b. Wha	t is your	explanation for	this event?	<u> </u>		
SPKECH	VISION	DOUBLE VISION				(Circle one)
Please	describe	this event:		·		
<u>-</u>						
Did you	see a ph	ysician for your	problem?	If	NO, skip to q	uestion 2b.
a. Wha	t was the	diagnosis? TIA	Stroke Unk	Other: Spe	ecify	
		tidiagnosis? TIA :				

	SPEECH VISION DOUBLE VISION NUMBRESS WRAKNESS DIZZINESS (Circle one)
١.	Please describe this event:
2.	Did you see a physician for your problem?
	a. What was the diagnosis? TIA Stroke Unk Other: Specify
	b. What is your explanation for this event?
	SPEECH VISION DOUBLE VISION NUMBRESS WEAKNESS DIZZINESS (Circle one)
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?
	SPEECH VISION DOUBLE VISION NUMBNESS WEAKNESS DIZZINESS (Circle one)
1.	Please describe this event:
2.	Did you see a physician for your problem?
	a. What was the diagnosis? TIA Stroke Unk Other: Specify
	b. What is your explanation for this event?

ມate	of	data co	ollection:	day	
Code	of	person	completing	•	<u>-</u>