

Form 015

BHAT  
STROKE

1

1, 2, 3

Complete if an event has occurred and was reported as DEFINITE or SUSPECT stroke including those associated with a fatal event. If one or more events were reported, this form should be completed for each.  
Signs and symptoms of a stroke which meet BHAT criteria are found in the Manual of Procedures.

6 EDIT STATUS 19,20

7 BATCH NUMBER 21-28

8 DATE RECEIVED 29-34

1. Patient ID 4, 5 6, 7, 8, 9, 10 11, 12

2. Acrostic 13, 14, 15, 16, 17, 18

3. Date form completed ..... 11 44, 45 46, 47 48, 49  
month day year

9 UPDATE NUMBER 35-37

4. Date of onset of the event ..... 12 50, 51 52, 53 54, 55  
month day year

10 DATE LAST PROCESSED 38-43

5. Was the patient hospitalized for or during the event? ..... 13  Yes 56  No

If yes, date of admission to hospital ..... 14 57, 58 59, 60 61, 62  
month day year

If yes, Hospitalization Form must be completed

6. Were any of the following objective neurological deficits observed during the event?

	Yes, persisted more than 24 hours	Yes, did not persist 24 hours	No	Don't Know
	1	2	3	4
A. Motor weakness .....	<span style="border: 1px solid black; padding: 2px;">15</span> <input type="checkbox"/> 63	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Speech defect .....	<span style="border: 1px solid black; padding: 2px;">16</span> <input type="checkbox"/> 64	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Amaurosis or field defect .....	<span style="border: 1px solid black; padding: 2px;">17</span> <input type="checkbox"/> 65	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Sensory symptoms .....	<span style="border: 1px solid black; padding: 2px;">18</span> <input type="checkbox"/> 66	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Gait disturbance .....	<span style="border: 1px solid black; padding: 2px;">19</span> <input type="checkbox"/> 67	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Alterations of consciousness .....	<span style="border: 1px solid black; padding: 2px;">20</span> <input type="checkbox"/> 68	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Vertigo or dysequilibrium .....	<span style="border: 1px solid black; padding: 2px;">21</span> <input type="checkbox"/> 69	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Bilateral blurred vision, diplopia .....	<span style="border: 1px solid black; padding: 2px;">22</span> <input type="checkbox"/> 70	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Did cerebral arteriography demonstrate a lesion consistent with the observed neurological deficit(s)? ..... 23  71 1 YES 2 NO 3 NOT PERFORMED

8. Did lumbar puncture show evidence of bleeding? ..... 24  72

9. Was the brain scan supportive of the diagnosis of stroke? .. 25  73

10. Was the CAT scan supportive of the diagnosis of stroke? .. 26  74

11. The event was diagnosed as:  
75 27  Definite stroke     Probable stroke     Suspect but unconfirmed stroke     TIA  
 Other \_\_\_\_\_

12. Was the most probable primary cause of the stroke:  
76 28  Cerebral thrombosis     Embolism     Cerebral hemorrhage     Not determined  
 Does not apply

13. Person completing form \_\_\_\_\_ 29 77, 78  
BHAT code

79 30 Computer algorithm classification:  
 Definite stroke     Probable stroke  
 Suspect stroke     No event