

CSSCD Phases 2 and 3
3.2: Cerebrovascular Accident Event Form – Form CVA

QUESTION-BY-QUESTION SPECIFICATIONS FOR THE CVA EVENT FORM

Question 1. Person completing form: The person completing the CEREBROVASCULAR ACCIDENT EVENT FORM should enter his/her name on the line and initials in the three boxes to the right of the line.

Question 2. CSSCD code number of person completing form: The code number of the person completing the CVA Event Form is to be assigned by the Data Coordinator at each clinic.

Question 3. Date of CVA: The date the CVA occurred should be entered in the MM/DDIYY date format (e.g., October24, 1994, would be entered 10/24/94).

Question 5. Type of CVA: Place a check mark in the box that corresponds to the type of OVA that the patient experienced (1. TIA, 2. Occlusive stroke, 3. Hemorrhagic stroke)

Question 6. Was patient hospitalized for this event? Place a check mark in the appropriate 1. NO or 2. YES box. If the response to Question 6 is 2. YES, questions 6.1 and 6.2 MUST be answered.

Question 6.1. Date of hospital admission: The date the of the hospital admission should be entered in the MM/DD/YY date format (e.g., October 24, 1994, would be entered 10/24/94).

Question 6.2. Date of hospital discharge: The date the of the hospital discharge should be entered in the MM/DD/YY date format (e.g., October 24, 1994, would be entered 10/24/94).

Question 7. Was the patient transfused within the 6 months preceding this event? Place a check mark in the appropriate 1. NO or 2. YES box. If the response to Question 7 is 2.YES, questions 7.1 and 7.2 MUST be answered.

Question 7.1. %A immediately prior to the first transfusion for this CVA?: If the patient was transfused within 3 months preceding the date of the CVA (i.e., the response

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to Question 7 is 2. YES), a blood sample should be drawn to measure the patient's percentage of hemoglobin A BEFORE (s)he receives the first transfusion for the CVA recorded on this form. Record the percentage of hemoglobin A in the boxes to the right of Question 7.1 and hemoglobin in the boxes to the right of Question 7.2.

Question 8. Did any of the following occur during the week prior to the CVA?: Ask the person being interviewed about each one of the following conditions listed in Question 8 A - I. A. Loss of consciousness, B. Change in mental status, C. Loss of or difficulty with speech, D. Paralysis or weakness, E. Difficulty with swallowing, F. Difficulty with vision, G. Loss of balance or dizziness, H. Seizure, I. Headache. For example: "In the week prior to her CVA, did Karen experience a loss of consciousness?", "In the week prior to her CVA, did Karen experience a loss of or difficulty with speech?" etc. Place a check mark in the appropriate 1. NO or 2. YES box. Be sure to answer 1. NO or 2. YES to each of A - I for Question 8.

Question 9. Did any of the following occur the week prior to the CVA?: Ask the person being interviewed about each one of the conditions listed in Question 9 A - F: A. Acute febrile illness, B. Painful event, C. Acute Chest Syndrome, D. Acute anemia, E. General anesthesia, F. Priapism. For example: "In the week prior to her CVA, did Karen experience an acute febrile event?" "In the week prior to her CVA, did Karen experience a painful event?" etc. Place a check mark in the appropriate 1. NO or 2. YES box. Be sure to answer 1. NO or 2. YES to each of A - F for Question 9. For Question 9.F. Priapism, if the patient is female, DO NOT place a check mark in either response box. Instead, write "N/A -female" to the left of the response boxes. If the response to ANY of 9. A - F is 2. YES, be sure to complete a NON-CVA Event Form for each corresponding 2. YES response for which the patient was seen by medical personnel.

Question 10. RESULTS OF IMAGING TESTS: Place a check mark in the appropriate 1. NORMAL, 2. ABNORMAL or 3. NOT DONE box for each test listed: A. MRI of brain, B. CT scan of brain, C. PET scan of brain, D. MRA of brain, E. Transcranial Doppler, F. Arteriogram. Attach copies of ALL institutional reports for ALL imaging tests performed to the CVA Event Form.

Question 11. Was a CSSCD Neurological Evaluation Form completed?: Place a

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check mark in the appropriate 1. NO or 2. YES box. If the response to Question 11 is 2. YES, be sure to submit the NEUROLOGICAL EVALUATION FORM(S) to the SCC along with the CEREBROVASCULAR EVENT FORM.

Question 12. Were there other events associated with this CVA?: Place a check mark in the appropriate 1. NO or 2. YES box. If the response to Question 12 is 2. YES, a SEPARATE NON-CVA EVENT FORM MUST be completed for EACH unique associated event.

Question 13. Was the patient transfused for this event?: Place a check mark in the appropriate 1. NO or 2. YES box. If the response to Question 13 is 2. YES, a TRANSFUSION FORM MUST be completed for EACH transfusion given in association with this event.

Question 14. Did the patient die as a complication of this event?: Place a check mark in the appropriate 1. NO or 2. YES box. If the response to Question 14 is 2. YES, a CAUSE OF DEATH FORM MUST be completed.

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CEREBROVASCULAR ACCIDENT (CVA) EVENT FORM
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27	CVPETSCN	Num	8	201	2.	2.	10C RESULTS OF PET SCAN OF BRAIN
24	CVPRIAP	Num	8	177	2.	2.	9F HAD PRIAPISM IN WEEK PRIOR TO CVA
17	CVSEIZ	Num	8	121	2.	2.	8H HAD SEIZURE IN WEEK PRIOR TO CVA
12	CVSPDIF	Num	8	81	2.	2.	8C LOSS/DIFFICULTY W/SPEECH WK PRIOR TO
14	CVSWDIF	Num	8	97	2.	2.	8E DIFFICULTY W/SWALLOWING WEEK PRIOR TO
30	CVTCD	Num	8	225	2.	2.	10F RESULTS OF TRANSCRANIAL DOPPLER
7	CVTRANS	Num	8	41	2.	2.	7 PT TRANSFUSED W/IN 3 MOS BEFORE EVENT
33	CVTRANSN	Num	8	249	2.	2.	13 WAS PATIENT TRANSFUSED FOR THIS CVA
35	CVTRNSC	Num	8	265	2.	2.	DATA TRANSCRIBED FROM OLDER VERSION
5	CVTYPE	Num	8	25	2.	2.	5 TYPE OF CVA
2	CVVERS	Char	1	8			FORM VERSION
15	CVVISDIF	Num	8	105	2.	2.	8F DIFFICULTY W/VISION WEEK PRIOR TO CVA
4	CVWHERE	Num	8	17	2.	2.	4 WHERE WAS PT SEEN FOR THIS EVENT

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* CVAN.FMT contains value labels for numerical codes assigned *
* to categorical variables in the SAS dataset CVA_PUBN.SD2 *
*****;

PROC FORMAT;

VALUE CVWHERE 1='CSSCD CENTER'
2='OTHER';

VALUE CVTYPE 1='TIA'
2='INFARCTIVE STROKE'
3='CEREBRAL HEMORRHAGE';

*Format NO_YES used for the following variables: ADJUDIC CVHOSP CVTRANS CVCONS
CVCMENT CVSPDIF CVPARAL CVSWDIF CVVISDIF CVDIZZ CVSEIZ
CVHACHE CVACFEV CVPAINEV CVACCHSY CVACANEM CVGENANT
CVPRIAP CVNEUEVL CVEVENT CVTRANSN CVTRNSC CVDIE;

VALUE NO_YES 1='NO'
2='YES';

*Format IMAGING used for the following variables: CVMRI CVCTSCN CVPETSCN CVMRA
CVART CVTCD;

VALUE IMAGING 1='NORMAL'
2='ABNORMAL'
3='NOT DONE';

FORMAT CVWHERE CVWHERE. CVTYPE CVTYPE. ADJUDIC CVHOSP CVTRANS
CVCONS CVCMENT CVSPDIF CVPARAL CVSWDIF CVVISDIF CVDIZZ CVSEIZ
CVHACHE CVACFEV CVPAINEV CVACCHSY CVACANEM CVGENANT CVPRIAP CVNEUEVL
CVEVENT CVTRANSN CVDIE CVTRNSC NO_YES.
CVMRI CVCTSCN CVPETSCN CVMRA CVART CVTCD IMAGING.;

RUN;
QUIT;

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CVVERS ----- FORM VERSION

type: string (str1)

unique values: 1 coded missing: 0 / 25

tabulation: Freq. Value
 25 "C"

CVWHERE ----- 4 WHERE WAS PT SEEN FOR THIS EVENT

type: numeric (float)

label: CVWHERE

range: [1,2] units: 1

unique values: 2 coded missing: 0 / 25

tabulation:	Freq.	Numeric	Label
	20	1	CSSCD CENTER
	5	2	OTHER

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CVTYPE ----- 5 TYPE OF CVA

type: numeric (float)
label: CVTYPE

range: [1,3] units: 1
unique values: 3 coded missing: 0 / 25

tabulation: Freq. Numeric Label

9	1	TIA
12	2	INFARCTIVE STROKE
4	3	CEREBRAL HEMORRHAGE

CVTYPE:

1. Local diagnosis
2. See section B3.3 for adjudication decision

ADJUDIC ----- ADJUDICATED EVENT?

type: numeric (float)
label: ADJUDIC

range: [1,2] units: 1
unique values: 2 coded missing: 0 / 25

tabulation: Freq. Numeric Label

4	1	NO
21	2	YES

ADJUDIC:

1. See section B3.3 for adjudication decision

CVHOSP ----- 6 WAS PT HOSPITALIZED FOR THIS EVENT

type: numeric (float)
label: CVHOSP

range: [1,2] units: 1
unique values: 2 coded missing: 0 / 25

tabulation: Freq. Numeric Label

6	1	NO
19	2	YES

CVTRANS ----- 7 PT TRANSFUSED W/IN 3 MOS BEFORE EVENT

type: numeric (float)
label: CVTRANS

range: [1,2] units: 1
unique values: 2 coded missing: 1 / 25

tabulation: Freq. Numeric Label

16	1	NO
8	2	YES

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CVHBA ----- 71 %A IMMED PRIOR TO 1ST TX FOR THIS CVA
 type: numeric (float)

range: [33,46] units: 1
 unique values: 2 coded missing: 23 / 25

tabulation: Freq. Value
 1 33
 1 46

CVCBCHB ----- 72 HB IMMED PRIOR TO 1ST TX FOR THIS CVA
 type: numeric (float)

range: [8.5,14] units: .1
 unique values: 6 coded missing: 18 / 25

mean: 10.8143
 std. dev: 1.8587

percentiles: 10% 25% 50% 75% 90%
 8.5 9.8 10.4 12.6 14

CVCONS ----- 8A LOST CONSCIOUSNESS WEEK PRIOR TO CVA
 type: numeric (float)
 label: CVCONS

range: [1,2] units: 1
 unique values: 2 coded missing: 0 / 25

tabulation: Freq. Numeric Label
 24 1 NO
 1 2 YES

CVCMENT ----- 8B CHANGE IN MENTAL STATUS WEEK PRIOR TO
 type: numeric (float)
 label: CVCMENT

range: [1,2] units: 1
 unique values: 2 coded missing: 0 / 25

tabulation: Freq. Numeric Label
 20 1 NO
 5 2 YES

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CVSPDIF ----- 8C LOSS/DIFFICULTY W/SPEECH WK PRIOR TO

type: numeric (float)

label: CVSPDIF

range: [1,2]

units: 1

unique values: 2

coded missing: 0 / 25

tabulation:	Freq.	Numeric	Label
	20	1	NO
	5	2	YES

CVPARAL ----- 8D PARALYSIS/WEAKNESS WEEK PRIOR TO CVA

type: numeric (float)

label: CVPARAL

range: [1,2]

units: 1

unique values: 2

coded missing: 0 / 25

tabulation:	Freq.	Numeric	Label
	15	1	NO
	10	2	YES

CVSWDIF ----- 8E DIFFICULTY W/SWALLOWING WEEK PRIOR TO

type: numeric (float)

label: CVSWDIF

range: [1,1]

units: 1

unique values: 1

coded missing: 0 / 25

tabulation:	Freq.	Numeric	Label
	25	1	NO

CVVISDIF ----- 8F DIFFICULTY W/VISION WEEK PRIOR TO CVA

type: numeric (float)

label: CVVISDIF

range: [1,2]

units: 1

unique values: 2

coded missing: 0 / 25

tabulation:	Freq.	Numeric	Label
	23	1	NO
	2	2	YES

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CVDIZZ ----- 8G LOST BALANCE/WAS DIZZY WEEK PRIOR TO

type: numeric (float)

label: CVDIZZ

range: [1,2]

units: 1

unique values: 2

coded missing: 0 / 25

tabulation:	Freq.	Numeric	Label
	17	1	NO
	8	2	YES

CVSEIZ ----- 8H HAD SEIZURE IN WEEK PRIOR TO CVA

type: numeric (float)

label: CVSEIZ

range: [1,2]

units: 1

unique values: 2

coded missing: 0 / 25

tabulation:	Freq.	Numeric	Label
	22	1	NO
	3	2	YES

CVHACHE ----- 8I HAD HEADACHE IN WEEK PRIOR TO CVA

type: numeric (float)

label: CVHACHE

range: [1,2]

units: 1

unique values: 2

coded missing: 0 / 25

tabulation:	Freq.	Numeric	Label
	16	1	NO
	9	2	YES

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CVGENANT ----- 9E HAD GENERAL ANESTHESIA WEEK PRIOR TO

type: numeric (float)
 label: CVGENANT

range: [1,1] units: 1

unique values: 1 coded missing: 0 / 25

tabulation:	Freq.	Numeric	Label
	25	1	NO

CVPRIAP ----- 9F HAD PRIAPISM IN WEEK PRIOR TO CVA

type: numeric (float)
 label: CVPRIAP

range: [1,2] units: 1

unique values: 2 coded missing: 0 / 25

tabulation:	Freq.	Numeric	Label
	24	1	NO
	1	2	YES

CVMRI ----- 10A RESULTS OF MRI OF BRAIN

type: numeric (float)
 label: CVMRI

range: [2,3] units: 1

unique values: 2 coded missing: 0 / 25

tabulation:	Freq.	Numeric	Label
	21	2	ABNORMAL
	4	3	NOT DONE

CVCTSCN ----- 10B RESULTS OF CT SCAN OF BRAIN

type: numeric (float)
 label: CVCTSCN

range: [1,3] units: 1

unique values: 3 coded missing: 1 / 25

tabulation:	Freq.	Numeric	Label
	6	1	NORMAL
	8	2	ABNORMAL
	10	3	NOT DONE

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CVPETSCN ----- 10C RESULTS OF PET SCAN OF BRAIN

type: numeric (float)
label: CVPETSCN

range: [1,3] units: 1
unique values: 3 coded missing: 0 / 25

tabulation:	Freq.	Numeric	Label
	1	1	NORMAL
	1	2	ABNORMAL
	23	3	NOT DONE

CVMRA ----- 10D RESULTS OF MRA OF BRAIN

type: numeric (float)
label: CVMRA

range: [1,3] units: 1
unique values: 3 coded missing: 0 / 25

tabulation:	Freq.	Numeric	Label
	2	1	NORMAL
	13	2	ABNORMAL
	10	3	NOT DONE

CVART ----- 10E RESULTS OF ARTERIOGRAM

type: numeric (float)
label: CVART

range: [2,3] units: 1
unique values: 2 coded missing: 1 / 25

tabulation:	Freq.	Numeric	Label
	2	2	ABNORMAL
	22	3	NOT DONE

CVTCD ----- 10F RESULTS OF TRANSCRANIAL DOPPLER

type: numeric (float)
label: CVTCD

range: [1,3] units: 1
unique values: 3 coded missing: 0 / 25

tabulation:	Freq.	Numeric	Label
	1	1	NORMAL
	1	2	ABNORMAL
	23	3	NOT DONE

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CVNEUEVL ----- 11 WAS CSSCD NEURO EVAL FORM COMPLETED

type: numeric (float)
label: CVNEUEVL

range: [1,2] units: 1
unique values: 2 coded missing: 0 / 25

tabulation:	Freq.	Numeric	Label
	21	1	NO
	4	2	YES

CVEVENT ----- 12 OTHER EVENTS ASSOCIATED W/THIS CVA

type: numeric (float)
label: CVEVENT

range: [1,2] units: 1
unique values: 2 coded missing: 0 / 25

tabulation:	Freq.	Numeric	Label
	20	1	NO
	5	2	YES

CVTRANSN ----- 13 WAS PATIENT TRANSFUSED FOR THIS CVA

type: numeric (float)
label: CVTRANSN

range: [1,2] units: 1
unique values: 2 coded missing: 0 / 25

tabulation:	Freq.	Numeric	Label
	7	1	NO
	18	2	YES

CVDIE ----- 14 DIE AS RESULT OF COMPLICATION OF CVA

type: numeric (float)
label: CVDIE

range: [1,2] units: 1
unique values: 2 coded missing: 0 / 25

tabulation:	Freq.	Numeric	Label
	23	1	NO
	2	2	YES

