HP27: Cerebrovascular Event Questionnaire

Purpose

The HP27 form was administered to both Stepped and Referred Care participants at home during the fifth year home follow-up visit. (Refer to **Section 6.8.7** of the *Manual of Operations* for details).

The Cerebrovascular Event Questionnaire (HP27) was designed to provide a definitive index of the occurrence of such events by documenting participant reported strokes experienced for the duration of the study. The questionnaire was to be administered to all Stepped and Referred Care participants in the home in conjunction with the Five-Year Follow-up Home Visit (HP25). If a home visit was not possible, it was to be completed in the clinic as an adjunct to the Five-Year Follow-up Clinic Visit (HP26). However, it was emphasized that the Cerebrovascular Event Questionnaire (HP27) had to be completed prior to the clinic exam (HP26).

CEREBROVASCULAR EVENT QUESTIONNAIRE

Supplemental Clinic Information

		(12,13,14 Coordinati	
form number 1,2			L	ACROSTI	C
1. Program Number: 3, 4	5,6,7	18.9	10,11		
2. Name:) 118/119/20	121122123124	251 BA	TCH NUMBER	
(Mr., Mrs., Miss, Ms.)	Last		First		Middle
3. Date of HP27: 2627 Month	28 29 Day	19 <u>36 3</u>			
Section A In the last 5 years, have you had a stroke Yes Complete Section B only	No	in) hemorrhage?			

Section B

1. Did the stroke (or hemorrhage) come on:

		\
(6)
	O	

suddenly

- (or) gradually?
- 35 1

12.

2. Did you have a severe headache with the onset of the stroke? No

7



- Yes 36
- DK 3

3. Did you become unconscious or go into a coma as a result of the stroke?



	Yes
37	口

No

(1) Z

No

4. Was a part of your body weak or paralyzed from the stroke?



38



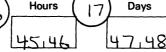
39 a. Which part(s)



💆 right arm right leg right side of face



b. How long did this weakness or paralysis last? Days Hours





Months Years

c. Is there still some weakness present from it now?

21)
5 5

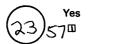
Section B (cont.)

5. Did you have trouble with your speech from the stroke?

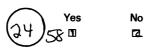


Yes

a. Was the trouble with finding words or saying the wrong words?



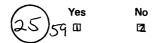
b. Was there trouble with understanding what people said?



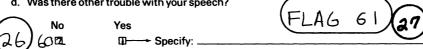
c. Was your speech mushy or slurred or unclear?

No

12

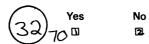


d. Was there other trouble with your speech?

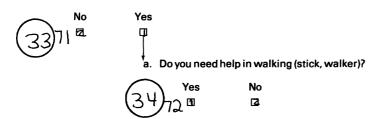




f. Do you still have some leftover speech trouble?

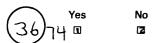


6. Are you still disabled from the stroke?

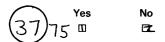


b. Are you forced to stay in a wheelchair or in bed?

7. Did you have an injury to your head just before this stroke?

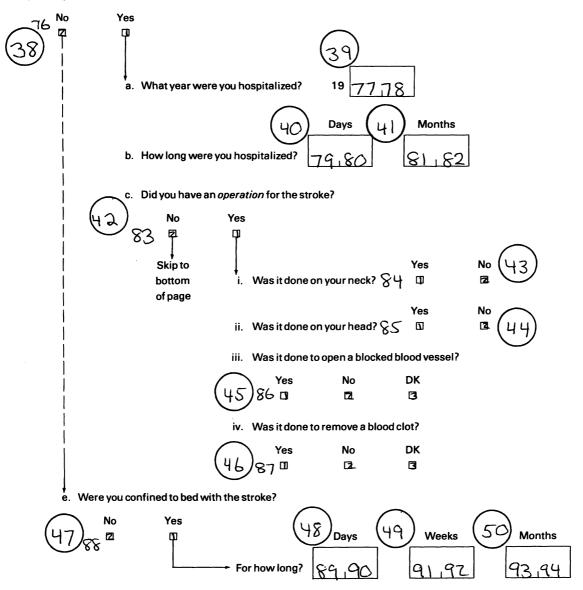


8. Has a doctor said that you had a growth or tumor of the head (inside)?



Section B (cont.)

9. Were you hospitalized for the stroke?



INTERVIEWER: Check form for completeness.

Thank respondent.

Section C

The following questions pertain only to conditions or events that may have occurred within the last five years, that is, since ____ __, 19 _____. 1. Have you had a weakness or paralysis of one side of your body which lasted for more than one day? Yes Days Weeks Months Years a. How long did it last? 102,103 b. Which side was weak? 3 = Both □ Left 2. Right c. Did a doctor say what caused it? AG 106 No Yes → What did he or she say was the cause? d. Did a head injury or accident cause it? Yes 🗓 2. Have you had a weakness or paralysis of one arm or one or both legs which lasted for more than one day? Yes 2 Weeks Months Years a. How long did it last? 109110 113,114 115116 t ()9 ⊈rightarm b. Which arm or leg was affe /∏ leftarm □ le<u>ft</u>leg 🗖 right leg c. Did a doctor say what caused it? Yes No → What did he or she say was the cause? d. Did a head injury or accident cause it? Yes 🗓

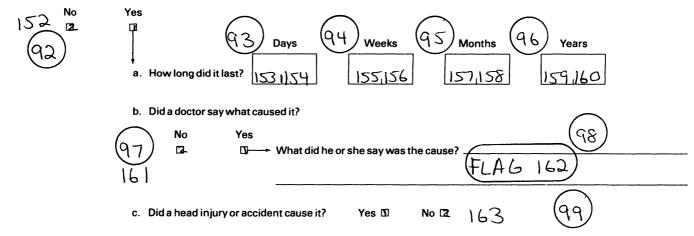
Section C (cont.)

3. Have you lost the feeling or had numbness over one side of your body which lasted for more than one day? No Yes 24 12 Days Weeks Months Years a. How long did it last? 129,130 b. Which side was affected? D left 12 right 133 3 = Both c. Did a doctor say what caused it? What did he or she say was the cause? d. Did a head injury or accident cause it? Yes D 4. Have you had a sudden trouble with your speech that lasted for more than one day? Months Years Weeks Days a. How long did it last? b. Was the trouble with finding words or saying wrong words? No B 146 c. Was the trouble with understanding what people said, even though you could hear them? Yes No 0147 12 d. Was your speech mushy or slurred or unclear? e. Did a doctor say what caused it? What did he or she say was the cause

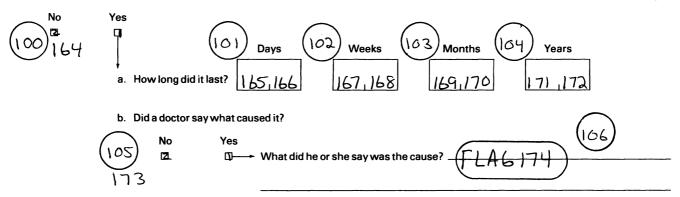
Yes 🗓

f. Did a head injury or accident cause it?

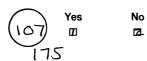
 $5. \ \ Have you had trouble keeping your balance or staggering which came on suddenly and lasted for more than one day?$



6. Have you had trouble with double vision or complete loss of vision in one or both eyes that came on suddenly and lasted for more than one day?



c. Was it casued by an accident or injury to the eye(s)?

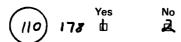


INTERVIEWER: If any of Items 1-6 in Section C were answered "Yes," go on to Items 7 and 8, otherwise, conclude the interview.

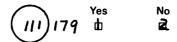
7a. Do you still have leftover troubles from your (1-6)?



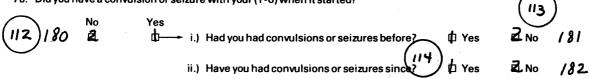
i.) Do you need rielp in walking (stick, walker)?



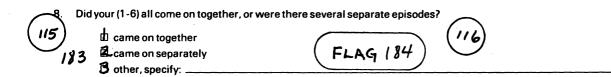
ii.) Are you required to stay in a wheelchair or in bed?



7b. Did you have a convulsion or seizure with your (1-6) when it started?



INTERVIEWER: If two or more of Items 1-6 were answered "Yes," go on to Item 8, otherwise conclude the interview.



INTERVIEWER: Check form for completeness.

Thank respondent.

Stroke Confirmation Response

A blank value implies the stroke questionnaire was not reviewed.

No 2