

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

1

12,13,14,15,16,17
Coordinating Center

FORM NUMBER 1,2

ACROSTIC

1. Program Number:

3,4	5,6,7,8,9	10,11
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2. Name:

2	18,19,20,21,22,23,24,25	BATCH NUMBER
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(Mr., Mrs., Miss, Ms.) Last First Middle

3. Date of HP27:

3	26,27	28,29	19	30,31
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Month Day Year

Section A

In the last 5 years, have you had a stroke or a cerebral (brain) hemorrhage?

4	Yes	32	No
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
	Complete Section B only		Complete Section C only

5

Interviewer: _____

33,34

Section B

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

6 suddenly? (or) gradually?
 35

2. Did you have a severe headache with the onset of the stroke?

7 Yes No DK
 36

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

8 Yes No
 37

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

9 No Yes

10 a. Which part(s)?
 39 left arm
 40 left leg
 41 left side of face
 11 right arm
 12 right leg
 13 right side of face
 14 42
 15 43
 15 44

b. How long did this weakness or paralysis last?

16 Hours 17 Days 18 Weeks 19 Months 20 Years

45, 46 47, 48 49, 50 51, 52 53, 54

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

21 Yes No
 55

Section B (cont.)

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

(22) 56 No

Yes

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

(23) 57 Yes No

b. Was there trouble with understanding what people said?

(24) 58 Yes No

c. Was your speech mushy or slurred or unclear?

(25) 59 Yes No

d. Was there other trouble with your speech?

(26) 60 No Yes

Specify: _____

FLAG 61 (27)

e. How long did your speech trouble last?

(28) 62,63 Days (29) 64,65 Weeks (30) 66,67 Months (31) 68,69 Years

f. Do you still have some leftover speech trouble?

(32) 70 Yes No

6. Are you still disabled from the stroke?

(33) 71 No

Yes

a. Do you need help in walking (stick, walker)?

(34) 72 Yes No

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

(35) 73 Yes No

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

(36) 74 Yes No

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

(37) 75 Yes No

Section B (cont.)

9. Were you hospitalized for the stroke?

(38) ⁷⁶ No
Yes
a. What year were you hospitalized? 19 (39)

(40) Days (41) Months
b. How long were you hospitalized?

(42) ⁸³ No Skip to bottom of page
Yes
c. Did you have an operation for the stroke?

i. Was it done on your neck? (84) Yes No (43)

ii. Was it done on your head? (85) Yes No (44)

iii. Was it done to open a blocked blood vessel?
(45) Yes (86) No DK (3)

iv. Was it done to remove a blood clot?
(46) Yes (87) No DK (3)

(47) ⁸⁸ No
Yes
e. Were you confined to bed with the stroke?

(48) Days (49) Weeks (50) Months
For how long?

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?

(51) 95 No Yes

(52) Days (53) Weeks (54) Months (55) Years

a. How long did it last?

104 (56) b. Which side was weak? Left Right = Both

c. Did a doctor say what caused it?

(57) 105 No Yes → What did he or she say was the cause? FLAG 106 (58)

d. Did a head injury or accident cause it? Yes No 107 (59)

2. Have you had a weakness or paralysis of one arm or one or both legs which lasted for more than one day?

(60) 108 No Yes

(61) Days (62) Weeks (63) Months (64) Years

a. How long did it last?

b. Which arm or leg was affected? left arm (65) right arm (67) left leg (118) right leg (120)

c. Did a doctor say what caused it? (66) (68)

(69) 121 No Yes → What did he or she say was the cause? FLAG 122 (70)

d. Did a head injury or accident cause it? Yes No 123 (71)

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?

72 ¹²⁴ No Yes

73 Days 74 Weeks 75 Months 76 Years

a. How long did it last? 125,126 127,128 129,130 131,132

b. Which side was affected? left right 133 77
3 = Both

c. Did a doctor say what caused it?

78 No 134 Yes → What did he or she say was the cause? FLAG 135 79

d. Did a head injury or accident cause it? Yes No 136 80

4. Have you had a sudden trouble with your speech that lasted for more than one day?

81 No 137 Yes

82 Days 83 Weeks 84 Months 85 Years

a. How long did it last? 138,139 140,141 142,143 144,145

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

86 Yes 146 No

c. Was the trouble with understanding what people said, even though you could hear them?

87 Yes 147 No

d. Was your speech mushy or slurred or unclear? Yes 148 No 88

e. Did a doctor say what caused it?

89 No 149 Yes → What did he or she say was the cause? FLAG 150 90

f. Did a head injury or accident cause it? Yes No 151 91

Section C (cont.)

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

152 No
 92 Yes

93 Days 94 Weeks 95 Months 96 Years

a. How long did it last?

153,154 155,156 157,158 159,160

b. Did a doctor say what caused it?

97 No Yes

161 → What did he or she say was the cause?

FLAG 162

c. Did a head injury or accident cause it? Yes No 163

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?

100 No 164 Yes

101 Days 102 Weeks 103 Months 104 Years

a. How long did it last?

165,166 167,168 169,170 171,172

b. Did a doctor say what caused it?

105 No Yes

173 → What did he or she say was the cause?

FLAG 174

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

107 Yes No

175

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

Section C (cont.)

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

108 No 176
 Yes
 109 No 177
 Yes

Is it disabling to you?
 i.) Do you need help in walking (stick, walker)?

110 Yes 178
 No

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

111 Yes 179
 No

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

112 No 180
 Yes
 113 i.) Had you had convulsions or seizures before? Yes 181
 ii.) Have you had convulsions or seizures since? Yes 182

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

8. Did your (1-6) all come on together, or were there several separate episodes?

115 came on together
 183 came on separately
 other, specify: _____
 FLAG 184

INTERVIEWER: Check form for completeness.
Thank respondent.

Stroke Confirmation Response

Probably

117 Yes 185
 No

A blank value implies the stroke questionnaire was not reviewed.