30-32 (1) FORM NUMBER

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40 (518) SEQUENCE

33 (2) VERSION

FINAL REPORT OF MORBID EVENT

SPECIAL INSTRUCTIONS

This form, together with attached documents and other forms, should be completed and forwarded to the Coordinating Center no later than six weeks after submitting Form SH20.

1. SHEP ID: (3) 22 23 (4) 24 25 26 27 - 28 29 (5) 2. Acrostic: (6) 41-46

3. Date this form completed: (7) 49 50 Month 51 52 Day 47 48 Year

4. Date of onset of morbid event: (8) 36 37 Month 38 39 Day 34 35 Year

5. a. Was participant hospitalized? Yes ☐ 1 No ☐ 2 Unknown ☐ 3 (9) 53

b. Date of admission (if hospitalized): 56 57 Month 58 59 Day 54 55 (10) Year

c. Date of discharge (if applicable): 62 63 Month 64 65 Day 60 61 (11) Year

(30) 85

RECORD TYPE (31) 86-91

DATE RECEIVED (32) 92-94

UPDATE NUMBER

DATE LAST PROCESSED (33)

PAPER COPY (34) 101 95-100

6. The following records are enclosed:

102 (35) Cross-Forms Edit Status

	Does Not Exist	Enclosed	Not Enclosed	→ Reason
a. Hospital records				
(1) Discharge summary	66 (12) ☐ 1	67 ☐ 2	☐ 3	
(2) Discharge diagnosis	☐ 1 (13)	☐ 2	☐ 3	
(3) ECGs	68 (14) ☐ 1	69 ☐ 2	☐ 3	
(4) Laboratory reports	☐ 1 (15)	☐ 2	☐ 3	
(5) Non-SHEP CT scan	70 (16) ☐ 1	☐ 2	☐ 3	
(6) X-ray or angiography result	☐ 1 (17)	71 ☐ 2	☐ 3	
(7) Surgical pathology results	72 (18) ☐ 1	☐ 2	☐ 3	
b. SHEP Neurologic Exam for Stroke (SH27)	☐ 1 (19)	73 ☐ 2	☐ 3	
c. SHEP CT scan	74 (20) ☐ 1	☐ 2	☐ 3	
d. SHEP Neurologic Exam for TIA (SH28)	☐ 1 (21)	75 ☐ 2	☐ 3	
e. Emergency room records	76 (22) ☐ 1	77 ☐ 2	☐ 3	
f. Ambulance records	☐ 1 (23)	☐ 2	☐ 3	
g. Nursing home records	78 (24) ☐ 1	☐ 2	☐ 3	
h. Records from usual source of care	☐ 1 (25)	79 ☐ 2	☐ 3	
i. Interviews (SH24)				
(1) Participant	80 (26) ☐ 1	81 ☐ 2	☐ 3	
(2) Participant's physician	☐ 1 (27)	☐ 2	☐ 3	
(3) Next-of kin	82 (28) ☐ 1	☐ 2	☐ 3	

7. Signature of person completing this form: _____ Signature 83 84 (29) Code

8. Signature of PI, who has reviewed this form and attached records for completeness and accuracy: _____ Signature

3-8 (514) BATCH DATE

11-16 (515) DATE MODIFIED

17-20 (516) TIME MODIFIED

21 (517) EDIT STATUS

SH21/1

30-32 (1) FORM NUMBER

33 (2) VERISON

40 (518) SEQUENCE

FINAL REPORT OF MORBID EVENT

SPECIAL INSTRUCTIONS

This form, together with attached documents and other forms, should be completed and forwarded to the Coordinating Center no later than six weeks after submitting Form SH20.

1. SHEP ID: (3) 22 23 - (4) 24 25 26 27 - 28 29 (5) 2. Acrostic: (6) 41-46

3. Date this form completed: (7) 49 50 Month 51 52 Day 47 48 Year

4. Date of onset of morbid event: (8) 36 37 Month 38 39 Day 34 35 Year

RECORD TYPE (30) 85

DATE RECEIVED (31) 86-91

UPDATE NO. (32) 92-94

5. a. Was participant hospitalized or admitted to a skilled or intermediate care nursing home? Yes □ 1 No □ 2 Unknown □ 3 (9) 53

b. Date of admission (if hospitalized): 56 57 Month 58 59 Day 54 55 Year (10)

c. Date of discharge (if applicable): 62 63 Month 64 65 Day 60 61 Year (11)

(33) 95-100 DATE LAST PROCESSED

PAPER COPY (34) 101

CROSS-FORMS EDIT STATUS (35) 102

6. The following records are enclosed:

	Does Not Exist	Enclosed	Not Enclosed →	Reason
a. Hospital records (66) (12)	□ 1	(67) □ 2	□ 3	
(1) Discharge summary	□ 1	(13) □ 2	□ 3	
(2) Discharge diagnosis	□ 1	□ 2	□ 3	
(3) ECGs (68) (14)	□ 1	(15) □ 2	□ 3	
(4) Laboratory reports	□ 1	□ 2	□ 3	
(5) Non-SHEP CT scan (70) (16)	□ 1	(69) □ 2	□ 3	
(6) X-ray or angiography result	□ 1	(71) (17) □ 2	□ 3	
(7) Surgical pathology results (72) (18)	□ 1	(73) □ 2	□ 3	
b. SHEP Neurologic Exam for Stroke (SH27)	□ 1	(19) □ 2	□ 3	
c. SHEP CT scan (74) (20)	□ 1	□ 2	□ 3	
d. SHEP Neurologic Exam for TIA (SH28)	□ 1	(75) (21) □ 2	□ 3	
e. Emergency room records (76) (22)	□ 1	□ 2	□ 3	
f. Ambulance records	□ 1	(23) □ 2	□ 3	
g. Nursing home records (78) (24)	□ 1	(77) □ 2	□ 3	
h. Records from usual source of care	□ 1	(25) □ 2	□ 3	
i. Interviews (SH24) (80)		(79)		
(1) Participant (26)	□ 1	□ 2	□ 3	
(2) Participant's physician	□ 1	(27) □ 2	□ 3	
(3) Next-of kin (82) (28)	□ 1	(81) □ 2	□ 3	

7. Signature of person completing this form: _____ Signature 83 84 Code (29)

8. Signature of PI, who has reviewed this form and attached records for completeness and accuracy: _____ Signature

Version 2 - 8/85

3-8 (514) BATCH DATE

11-16 (515) DATE MODIFIED

17-20 (516) TIME MODIFIED

21 (517) EDIT STATUS

SH21/1