

30-32 (1) Form Number

33 (2) Version Number

40 (58) Seq. # SHEP NEUROLOGICAL EVALUATION FOR STROKE

(3) SHEP ID: (22|23) - (24|25|26|27) - (28|29)

(6) 41-46 Acrostic: [][][][][][][]

(7) Date of Evaluation: (36|37) (38|39) (34|35)
Month Day Year

HISTORY, HOSPITAL RECORD, INTERVIEW

4. Handedness:

(8) 1 Left 2 Right 3 Ambidextrous or switched 4 Unknown

5. Previous or simultaneous myocardial infarction:

(9) 1 Yes, most recent more than 6 months ago
48 2 Yes, indeterminate age (e.g., ECG only)
3 Yes, less than 6 months ago
4 No
5 Unknown

(10) Date of most recent myocardial infarction: (49|50) (51|52) (53|54)
Month Day Year

7. Evidence of valvular heart disease:

(11) 1 Yes 2 No 3 Unknown

55 Which valves? _____

	<u>Yes</u>	<u>No</u>	<u>Unknown</u>
8. Has the patient been diagnosed or treated for:			
a. Atrial fibrillation (12) 56	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Other arrhythmias (13) 57	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Angina (14) 58	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Congestive failure (15) 59	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Claudication in the lower limbs (16) 60	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Echocardiogram or cardiac CT shows mural thrombus or source of emboli (17) 61	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Systemic emboli (18) 62	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. Other source for emboli (19) 63	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

9. Has the patient ever been diagnosed or treated for diabetes?

(20) 1 Yes, no treatment or diet only
67 2 Yes, oral agents
3 Yes, insulin
4 No
5 Unknown

10. Has the patient ever been diagnosed or treated for cancer?

(21) 1 Yes 2 No 3 Unknown

68 Type of cancer: _____

11. Is there evidence for intracranial infectious disease, brain tumor, trauma or metabolic cause (such as uremic coma) for the neurologic symptoms or signs?

66 ⁽²²⁾ 1 Yes 2 No

↓
Explain: _____

12. Evidence for past history of migraines?

67 ⁽²³⁾ 1 Yes 2 No 3 Unknown

13. Evidence for past history of seizures?

68 ⁽²⁴⁾ 1 Yes 2 No 3 Unknown

14. Date and time (hour) of onset of these neurologic signs or symptoms?

69-74 ⁽²⁵⁾ at ⁽²⁶⁾ ⁽²⁷⁾ ¹ am
 pm
Month Day Year Hour 77

15. a. Has the patient ever had a TIA?

78 ⁽²⁸⁾ 1 Yes 2 No 3 Unknown

b. How long ago?

79 ⁽²⁹⁾ 1 1-7 days ago 2 8-30 days ago 3 1-6 months ago 4 Over 6 months ago 5 Unknown

GO TO 16

80 c. ⁽³⁰⁾ Number of TIAs? 1 One 2 2-5 3 6-50 4 >50 5 Unknown

d. Vascular territory of past TIAs:

81 ⁽³¹⁾ 1 Right carotid 2 Left carotid 3 Vertebral-basilar 4 Multiple territories 5 Unknown

e. Prior TIA in same territory as present neurologic signs and symptoms?

82 ⁽³²⁾ 1 Yes 2 No 3 Unknown

16. a. Has the patient ever had a stroke before this event?

83 ⁽³³⁾ 1 Yes 2 No 3 Unknown

b. How long ago?

84 ⁽³⁴⁾ 1 1-7 days ago 2 8-30 days ago 3 1-6 months ago 4 Over 6 months ago 5 Unknown

GO TO 17

85 c. ⁽³⁵⁾ Number of strokes? 1 One 2 2-5 3 >5 4 Unknown

d. Types of strokes (check all that apply):

86 ⁽³⁶⁾ 1 Ischemic 1 Intracerebral hemorrhage (ICH) ⁽³⁷⁾ 87
1 Subarachnoid hemorrhage (SAH) ⁽³⁸⁾ 88
1 Unknown ⁽³⁹⁾ 89

e. Vascular territory:

- (40) 1 Right carotid
90 2 Left carotid
3 Vertebral-basilar
4 Multiple territories
5 SAH
6 Unknown

ONSET

17. Deficit present on awakening?

- 91 (41) 1 Yes 2 No 3 Unknown

18. At the time of onset, was there:

Yes No Unknown

- | | | | |
|-------------------------------------------------------------------------------------------|--------------------------------|-------------------------------|------------------------------------|
| a. 93 Severe headache (42) 92 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| b. (43) Vomiting | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| c. Seizures (44) 94 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 95 d. (45) Focal deficit | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| e. Decreased consciousness (46) 96 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| f. (47) Coma 97 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 19. (48) Sudden onset with maximum deficit within 10 minutes? 98 | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 3 <input type="checkbox"/> Unknown |
| 20. (49) Worsening was steplike? 99 | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 3 <input type="checkbox"/> Unknown |
| 21. (50) Worsening was gradual? 100 | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 3 <input type="checkbox"/> Unknown |
| 22. (51) Deficit reached maximum within one week of onset? 101 | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 3 <input type="checkbox"/> Unknown |
| 23. (52) Improvement occurred even temporarily within the first 24 hours after onset? 102 | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 3 <input type="checkbox"/> Unknown |
| 24. (53) Was documented hypotension a possible precipitator of this event? 103 | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 3 <input type="checkbox"/> Unknown |
| 25. (54) Were anticoagulants (heparin, coumadin) being used at the time of the event? 104 | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 3 <input type="checkbox"/> Unknown |
| 26. (55) Were antiplatelet drugs being used at the time of the event? 105 | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 3 <input type="checkbox"/> Unknown |

EXAMINATION

106 (56) Not Done

27. Verbal response (aphasics are untestable):

- (57) 1 Oriented and converses 4 Incomprehensible sounds
107 2 Disoriented 5 None
3 Inappropriate words 6 Untestable

28. Eye opening:

- (58) 1 Spontaneous 4 None
108 2 To speech 5 Untestable
3 To pain

34. a. Ataxia:
139 ⁽⁸⁹⁾ 1 Absent 2 Left 3 Right 4 Both
↓

GO TO 35

b. ⁽⁹⁰⁾ Related to present event? 1 Yes 2 No 3 Unknown
140

35. a. Extraocular movements:
141 ⁽⁹¹⁾ 1 Normal 2 Abnormal 3 Untestable
↓

GO TO 36

GO TO 36

Check if not related
to present event:

b. ⁽⁹²⁾ Horizontal gaze palsy:
142 1 Absent 2 Left 3 Right 4 Both 5 Unknown ⁽⁹³⁾ 1 Not Related 143

c. ⁽⁹⁴⁾ Vertical gaze palsy:
144 1 Absent 2 Up 3 Down 4 Both 5 Unknown ⁽⁹⁵⁾ 1 Not Related 145

d. ⁽⁹⁶⁾ Internuc ophthalmoplegia:
146 1 Absent 2 Present 3 Unknown ⁽⁹⁷⁾ 1 Not Related 147

e. ⁽⁹⁸⁾ CN III palsy:
148 1 Absent 2 Left 3 Right 4 Both 5 Unknown ⁽⁹⁹⁾ 1 Not Related 149

f. ⁽¹⁰⁰⁾ CN VI palsy:
150 1 Absent 2 Left 3 Right 4 Both 5 Unknown ⁽¹⁰¹⁾ 1 Not Related 151

g. Skew deviation:
152 ⁽¹⁰²⁾ 1 Absent 2 Present 3 Unknown ⁽¹⁰³⁾ 1 Not Related 153

h. ⁽¹⁰⁴⁾ Vertical nystagmus:
154 1 Absent 2 Present 3 Unknown ⁽¹⁰⁵⁾ 1 Not Related 155

i. ⁽¹⁰⁶⁾ Horizontal nystagmus:
156 1 Absent 2 Left 3 Right 4 Both 5 Unknown ⁽¹⁰⁷⁾ 1 Not Related 157

j. ⁽¹⁰⁸⁾ Fixed pupils:
158 1 Absent 2 Left 3 Right 4 Both 5 Unknown ⁽¹⁰⁹⁾ 1 Not Related 159

k. ⁽¹¹⁰⁾ Subhyaloid hemorrhage:
160 1 Absent 2 Left 3 Right 4 Both 5 Unknown ⁽¹¹¹⁾ 1 Not Related 161

36. a. Sensory deficits (pin test)
162 ⁽¹¹²⁾ 1 None 2 Left 3 Right 4 Both 5 Untestable
↓

GO TO 37

GO TO 37

45. Cerebral site codes:

	<u>Left</u>	<u>Right</u>		
Cerebral hemisphere (not further specified)	01	02	Midline (third ventricular callosum)	33
Frontal lobe	03	04	Intracranial (not further specified)	34
Parietal lobe	05	06	Brain stem	35
Insular-operculum	07	08	Midbrain	36
Occipital lobe	09	10	Pons	37
Temporal lobe	11	12	Medulla	38
Putamen	13	14	Subarachnoid space	39
Thalamus	15	16	Intraventricular space	40
Internal capsule	17	18		
Cerebellum	19	20		
Fronto-parietal lobe	21	22		
Parieto-occipital lobe	23	24		
Temporo-parietal lobe	25	26		
Temporo-occipital lobe	27	28		
Fronto-temporo-parietal lobe	29	30		
Basal ganglia and capsule	31	32		

- a. Two-digit code for primary cerebral site: 165 **215-216**
- b. Other cerebral sites: 166 167 168 169
217-218 219-220 221-222 223-224
- c. Are more than five cerebral sites indicated? 170 1 Yes 2 No
225

46. Vascular territory codes:

	<u>Left</u>	<u>Right</u>		
Common carotid	01	02	Anterior communicating	51
External carotid	03	04	Basilar	52
Internal carotid	05	06	Penetrating	53
At bifurcation	07	08	Full	54
Distal extracranial	09	10	Upper branch	55
Intracranial	11	12	Lower branch	56
Junction of posterior communicating	13	14	Innominate	57
Other	15	16	Unknown	58
Anterior cerebral	17	18		
Junction of anterior communicating	19	20		
Other	21	22		
Middle cerebral	23	24		
Penetrating or lenticulostriate	25	26		
Stem	27	28		
Upper branch	29	30		
Lower branch	31	32		
Posterior communicating	33	34		
Posterior cerebral	35	36		
Penetrating	37	38		
Stem	39	40		
Calcarine branch	41	42		
Superior cerebellar	43	44		
Posterior inferior cerebellar	45	46		
Vertebral	47	48		
Subclavian	49	50		

- a. Two-digit code for primary vascular territory: (171) 226-227
- b. Two-digit codes for other vascular territories: (172) (173) (174) (175)
228-229 230-231 232-233 234-235
- c. Are more than five vascular territories indicated? (176) 1 Yes 2 No

FINAL ASSESSMENT

Taking into account all of the available information, is there evidence of:

	<u>Yes</u>	<u>No</u>	<u>Unknown</u>
237 47. (177) A deficit that lasted more than 24 hours or until death intervenes?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
48. Rapid onset? (178) 238	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
49. Loss of consciousness? (179) 239	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
50. Focal brain deficit due to this event? (180) 240	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
		↓	↓
		GO TO 51	
a. (181) Lacunar in type? 241	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
		↓	↓
		GO TO 50b	
242 (182) (1) pure motor hemiparesis	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
243 (183) (2) pure sensory	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
244 (184) (3) dysarthria clumsy hand	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
245 (185) (4) ataxic hemiparesis	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. (186) sensory motor only? 246	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. hemichorea? (187) 247	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. aphasia only? (188) 248	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. visual field defect only? (189) 249	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. (190) other hemisphere deficit? Specify: _____ 250	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. (191) 251 bilateral brainstem-cerebellar?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h. (192) 252 unilateral brainstem-cerebellar (not under 50a)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
i. (193) other? Specify: _____ 253	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

		<u>Yes</u>	<u>No</u>	<u>Unknown</u>	<u>Not Done</u>
194	254				
51.	LP evidence of hemorrhage?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
195	255				
52.	CT scan evidence of a lesion compatible with this event?	1 <input type="checkbox"/>	2 <input type="checkbox"/> ↓	3 <input type="checkbox"/> ↓	4 <input type="checkbox"/> ↓
GO TO 53					
196	256				
	a. deep lacunar infarction <2 cm	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
257	197 b. cortical infarction <1/2 lobe	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
258	198 c. larger infarction	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
259	199 d. mottled hemorrhagic infarction	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
260	200 e. subarachnoid hemorrhage	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
261	201 f. intraparenchymal hemorrhage	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
262	202 g. watershed area infarction	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
263	203 h. more than 1 infarction, old or new	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
204	264				
53.	a. EEG abnormal?	1 <input type="checkbox"/>	2 <input type="checkbox"/> ↓	3 <input type="checkbox"/> ↓	4 <input type="checkbox"/> ↓
GO TO 54					
205	265				
	b. EEG shows focal slowing compatible with stroke?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
206	266				
54.	Noninvasive testing shows evidence of severe stenosis or occlusion of relevant carotid?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
207	267				
55.	Angiographic (including DSA) evidence of a cause or source of event?	1 <input type="checkbox"/>	2 <input type="checkbox"/> ↓	3 <input type="checkbox"/> ↓	4 <input type="checkbox"/> ↓
GO TO 56					
208	268				
	a. AVM	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
209	269				
	b. Aneurysm	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
210	270				
	c. Mass effect	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
211	271				
	d. Source for embolus-- ulcerated plaque or free clot	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	

- | | | <u>Yes</u> | <u>No</u> | <u>Unknown</u> | <u>Not Done</u> |
|---------------------------------------|---------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| e. Stenosis $\geq 70\%$ or occlusion: | | | | | |
| 272 | (212) (1) Relevant extracranial artery | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | |
| 273 | (213) (2) Relevant major cerebral stem or basilar | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | |
| 274 | (214) (3) Relevant branch occlusion | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | |
| 275 | (215) f. Arteritis | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | |
| 276 | (216) g. Dissection of the arterial wall | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | |
| 277 | (217) h. Other Specify: _____ | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | |
| | _____ | | | | |
| 56 | (218) 278 Surgical evidence of stroke? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 57 | (219) 279 For deaths, autopsy evidence of stroke? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

If neither of 56 or 57 is "Yes,", go to 59.

58. Evidence is for:
- | | | | | | |
|-----|--------------------------------------|----------------------------|----------------------------|----------------------------|--|
| 280 | (220) a. Subarachnoid hemorrhage | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | |
| 281 | (221) b. Intraparenchymal hemorrhage | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | |
| 282 | (222) c. Ischemic stroke | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | |

GO TO 59

- | | | | | | |
|-----|---------------------------|----------------------------|----------------------------|----------------------------|--|
| 283 | (223) (1) Lacune | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | |
| 284 | (224) (2) Embolic | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | |
| 285 | (225) (3) Atherosclerotic | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | |
| 286 | (226) (4) Other | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | |
59. Death occurred within 24 hours of event?
- | | | | | | |
|-----|-------|----------------------------|----------------------------|----------------------------|--|
| 287 | (227) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | |
|-----|-------|----------------------------|----------------------------|----------------------------|--|

60. Comments:

(228) p 5/1

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61. SHEP Neurologist:

Signature

(229) 289-290

Code

308 (235) CROSS-FORMS EDIT STATUS