30-32 (1) Form Number

33 (2) Version Number

40 (518) Sequence Number

SHEP NEUROLOGICAL EVALUATION FOR TIA

1. SHEP ID: (3) 22 23 - (4) 24 25 26 27 - (5) 28 29

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

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

		Yes	No	Unknown
4.	One event or events:			
47 (8)	a. lasting less than 24 hours?	☐ 1	☐ 2	☐ 3
	b. (9) lasting more than 30 seconds?	☐ 1	☐ 2	☐ 3
49 (10)	c. 48 maximal deficit was attained in less than 5 minutes?	☐ 1	☐ 2	☐ 3
5.	History of proceeding head trauma? 50 (11)	☐ 1	☐ 2	☐ 3
6.	History of clonic jerking? (12) 51	☐ 1	☐ 2	☐ 3
7.	History of conjugate eye deviation? 52 (13)	☐ 1	☐ 2	☐ 3
8.	History of scintillating scotoma? (14) 53	☐ 1	☐ 2	☐ 3
9.	History of headache with nausea and vomiting? (15) 54	☐ 1	☐ 2	☐ 3
10.	Other evidence for seizures? (16) 55	☐ 1	☐ 2	☐ 3
11.	Other evidence for hypoglycemia? (17) 56	☐ 1	☐ 2	☐ 3
12.	Other evidence for migraine? (18) 57	☐ 1	☐ 2	☐ 3
13.	Other evidence for drug intoxication? (19) 58	☐ 1	☐ 2	☐ 3
14.	Other evidence for orthostatic hypotension? (20) 59	☐ 1	☐ 2	☐ 3
15.	Other evidence for brain tumor? (21) 60	☐ 1	☐ 2	☐ 3
16.	Other evidence for generalized cerebral ischemia? 61 (22)	☐ 1	☐ 2	☐ 3

SYMPTOMS DURING THE ATTACK

		Yes	No	Unknown
17.	Visual loss: (23) 62			
	a. left eye? (24) 63	☐ 1	☐ 2	☐ 3
	b. right eye? (25) 64	☐ 1	☐ 2	☐ 3
	c. left visual field? (26) 65	☐ 1	☐ 2	☐ 3
	d. right visual field? (27) 66	☐ 1	☐ 2	☐ 3
	e. both simultaneously?	☐ 1	☐ 2	☐ 3

	Left			Right		
	Yes	No	Unknown	Yes	No	Unknown
18. Weakness or paralysis or clumsiness of:						
a. face	(28) 67 □ 1	69 □ 2	□ 3	(29) 68 □ 1	70 □ 2	□ 3
b. arm	□ 1 (30)	□ 2	□ 3	□ 1 (31)	□ 2	□ 3
c. leg	(32) □ 1 71	□ 2	□ 3	(33) □ 1 72	□ 2	□ 3
19. Loss of feeling:						
a. face	73 (34) □ 1	75 □ 2	□ 3	74 (35) □ 1	76 □ 2	□ 3
b. arm	□ 1 (36)	□ 2	□ 3	□ 1 (37)	□ 2	□ 3
c. leg	(38) □ 1 77	□ 2	□ 3	(39) □ 1 78	□ 2	□ 3
20. Numbness paresthesias:						
a. face	79 (40) □ 1	81 □ 2	□ 3	80 (41) □ 1	82 □ 2	□ 3
b. arm	□ 1 (42)	□ 2	□ 3	□ 1 (43)	□ 2	□ 3
c. leg	(44) □ 1 83	□ 2	□ 3	(45) □ 1 84	□ 2	□ 3

	Yes	No	Unknown
21. Dysarthria (46) 85	□ 1	□ 2	□ 3
22. Aphasia (47) 86	□ 1	□ 2	□ 3
23. Ataxia (48) 87	□ 1	□ 2	□ 3
24. Loss of balance (49) 88	□ 1	□ 2	□ 3
25. Vertigo (50) 89	□ 1	□ 2	□ 3
26. Diplopia (51) 90	□ 1	□ 2	□ 3
27. Dysphagia (52) 91	□ 1	□ 2	□ 3
28. Attacks are sterotyped (53) 92	□ 1	□ 2	□ 3

29. Number of attacks: (54) 93

One □ 1
2-5 □ 2
6-10 □ 3
>10 □ 4

30. Description of the event(s): 94 (55) R Y

31. a. In your opinion, do these attacks represent TIAs? (56) 95

Probably yes □ 1
Possibly □ 2
Probably not □ 3

b. If "Probably yes," location:

	Yes	No	Unknown
(1) Left carotid? (57) 96	□ 1	□ 2	□ 3
(2) Right carotid? (58) 97	□ 1	□ 2	□ 3
(3) Vertebrobasilar? (59) 98	□ 1	□ 2	□ 3
(2) Multifocal? (60) 99	□ 1	□ 2	□ 3

32. SHEP Neurologist: _____ (61) 100-101 Code

Signature

(62) DATE OF ONSET 102-107

RECORD TYPE (63) 108

DATE RECEIVED (64) 109-114

UPDATE NUMBER (65) 115-117

DATE LAST PROCESSED (66) 118-123

PAPER COPY (67) 124

(68) **CROSS-FORMS EDIT STATUS**
125

3-8 (514) BATCH DATE

11-16 (515) DATE MODIFIED

17-20 (516) TIME MODIFIED

(517) EDIT STATUS
21