



**Participant + Investigation
ID:**

Type of Review:

- ☒ First review
- ☐ Final (consensus)

☐ Check here if no event or revascularization and skip to section 7.

1. Criteria

A. Symptoms and Signs

- ☐ Non-focal symptoms, such as headache
- ☐ Focal neurologic deficit lasting < 24 hours
- ☐ Focal neurological deficits lasting until death or \geq 24 hours
- ☐ Unknown

B. Clinically relevant lesion on brain imaging

- ☐ Subarachnoid Hemorrhage (SAH) (go to 1c)
- ☐ Intraparenchymal Hemorrhage (IPH) (go to 1c)
- ☐ Both SAH and IPH (go to 1c)
- ☐ Brain Infarction (bland or bloody) (skip to 2)
- ☐ No clinically relevant lesion (skip to 2)
- ☐ Results unknown or no brain imaging done (skip to 2)

C. If hemorrhage, please specify origin:

(If hypertensive hemorrhage suspected, mark "Unknown.")

- ☐ AVM
- ☐ Aneurysm
- ☐ Specify:
- ☐ Unknown

2. Primary Diagnosis

- ☐ Not a TIA or stroke (skip to 7)
- ☐ TIA (skip to 7)
- ☐ Stroke

3. Stroke Type

A. Type:

- ☐ Subarachnoid Hemorrhage
- ☐ Intraparenchymal Hemorrhage
- ☐ Other Hemorrhage
- ☐ Brain Infarction
- ☐ Other Stroke Type
- ☐ Unknown Stroke Type

B. Procedure-related?

- ☐ Yes ☐ No

If yes, please specify:

4. Location - record using 2 digit codes below:

A. Primary Location:

B. Other Locations:

C. Are more than five sites indicated?

- ☐ Yes ☐ No

Codes:

<u>Left</u>	<u>Right</u>
01 Cerebral Hemisphere	02
03 Frontal Lobe	04
05 Parietal	06
07 Insular-operculum	08
09 Occipital lobe	10
11 Temporal lobe	12
13 Basal ganglion	14
15 Thalamus	16
17 Internal capsule / corona radiata / centrum semiovale	18
19 Cerebellum	20
21 Fronto-parietal lobe	22
23 Parietal-occipital lobe	24
25 Temporo-parietal lobe	26
27 Temporo-occipital lobe	28
29 Fronto-temporo-parietal lobe	30
31 Basal ganglia and capsule	32
41 Retina	42
33 Midline (third ventricular callosum)	
34 Intracranial (not further specified)	
35 Brain stem	
36 Midbrain	
37 Pons	
38 Medulla	
39 Subarachnoid space	
40 Intraventricular space	
99 Unknown	

5. Vascular Territory - record using 2 digit codes below:

A. Primary Vascular Territory:

B. Other Vascular Territories:

C. Are more than five vascular territories indicated?

☐ Yes ☐ No

Codes:

<u>Left</u>	<u>Right</u>
20 Common Carotid	50
21 External Carotid	51
22 Internal Carotid	52
23 ...At bifurcation	53
24 ...Distal extracranial	54
25 ...Intracranial	55
26 ...Junction of posterior communicating	56
27 ...Other	57
28 Anterior cerebral	58
29 ...Junction of anterior communicating	59
30 ...Other	60
31 Middle cerebral	61
32 ...Penetrating or lenticulostriate	62
33 ...Stem	63
34 ...Upper branch	64
35 ...Lower branch	65
36 Posterior communicating	66
37 Posterior cerebral	67
38 ...Penetrating	68
39 ...Stem	69
40 ...Calcarine branch	70
41 Superior cerebellar	71
42 Posterior inferior cerebellar	72
43 Vertebral	73
44 Subclavian	74
45 Anterior choroidal	75
46 Ophthalmic	76
80 Anterior communicating	
81 Basilar	
82 ...Penetrating	
83 ...Full	
84 ...Upper branch	
85 ...Lower branch	
86 Innominate	
99 Unknown	

If Stroke Type is not Brain Infarction, skip to 7.

6. Brain infarct subtypes:

All three boxes need not be filled.

- ☐ First choice of Subtype (reflection of strict adherence to the algorithm)
- ☐ Second choice of Subtype (allows for some loosening of the criteria and is an attempt to reduce the number of cases classified as "Unknown")
- ☐ Third choice of Subtype (to be completed only if 'First choice of subtype' is '7: more than one etiology' – This box should contain the second of the two selected etiologies)

Choices:

- 1 - Large vessel extracranial atheroembolic
- 2 - Large vessel intracranial atheroembolic
- 3 - Cardioembolic
- 4 - Small vessel (lacunae)
- 5 - Acute ischemic stroke of other known etiology
- 6 - Ischemic stroke of unknown cause (no probable etiology despite complete workup)
- 7 - Ischemic stroke of unknown cause (more than one etiology)
- 8 - Ischemic stroke of unknown cause (workup is incomplete)

Complete question 7 for all diagnoses.

7. Did the patient die?

☐ Yes ☐ No

If the cause of death is stroke, the stroke reviewer(s) will fill out the Mortality Review Form. For all other causes of death, the cardiac reviewer(s) will fill out the Mortality Review Form. Is stroke the cause of death?

☐ Yes ☐ No ☐ Cancel

Reviewing Physician's ID:

Date:

Data Entry ID:

Reviewer Comments: