

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 >= 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

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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?		
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:

	Diabt
	Right
	02
	04
	06
Insular-operculum	08
Occipital lobe	10
Temporal lobe	12
Basal ganglion	14
Thalamus	16
Internal capsule / corona radiata / centrum semiovale	18
Cerebellum	20
Fronto-parietal lobe	22
Parietal-occipital lobe	24
Temporo-parietal lobe	26
Temporo-occipital lobe	28
Fronto-temporo-parietal lobe	30
Basal ganglia and capsule	32
Retina	42
Midline (third ventricular callosum)
Intracranial (not further specified)	
Brain stem	
Midbrain	
	Temporal lobe Basal ganglion Thalamus Internal capsule / corona radiata / centrum semiovale Cerebellum Fronto-parietal lobe Parietal-occipital lobe Temporo-parietal lobe Temporo-occipital lobe Fronto-temporo-parietal lobe Basal ganglia and capsule Retina Midline (third ventricular callosum Intracranial (not further specified) Brain stem

- 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:

Left		Right
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	
21	Racilar	

- 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.				
to reduce the number of cases Third choice of Subtype (e (allows for some loos classified as "Unknow to be completed only if	sening of the criteria and is an attempt		
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: Reviewer Comments:	Date:	Data Entry ID:		