Case Record Form

by Research Nurse

- Translated from Dutch to English -

Completed by: _____

Details participant:

- Patient ID ☐☐☐☐☐☐
- Date of birth: ☐☐-☐☐-☐☐☐☐
- Sex: ☐ Male ☐ Female

Time of blood sample collection:

- Date: ☐☐-☐☐-☐☐☐☐
- Time: ☐☐ h ☐☐ m

Start sample preparation: ☐☐ h ☐☐ m

Sample storage: ☐☐ h ☐☐ m

Label Biobank:

History taking

Cardiovascular risk factors

- Height: ☐☐☐ cm

  Weight: ☐☐☐ kg
- Smoking: ☐ Current smoker ☐ Ex-smoker (quitted >6mnth ago) ☐ Never smoked

  If current/ever; years: ☐☐ sig. p/d: ☐☐
- Alcohol use ☐☐ units per week

Family history

First-degree relatives < 65 yr with myocardial infarction/ischemic stroke/peripheral artery disease?

☐ 0
☐ 1
☐ 2

Medication

Current medication, i.e. *before* the event suspected of a TIA:

Name:	Dose:	☐ NONE
________________________________	☐ x ☐☐☐☐	mg / µg / gr / ml
________________________________	☐ x ☐☐☐☐	mg / µg / gr / ml
________________________________	☐ x ☐☐☐☐	mg / µg / gr / ml
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________________________________	☐ x ☐☐☐☐	mg / µg / gr / ml
________________________________	☐ x ☐☐☐☐	mg / µg / gr / ml

Patient's narrative of signs and symptoms

'Can you describe in your own words the symptoms for which you consulted the GP?'

--- The response to (only) this question will be recorded ---

Course of symptoms

- The start of symptoms was: ☐ sudden ☐ gradually
- Total duration of symptoms: ☐☐ h ☐☐ min

- Did the participant feel the symptoms coming or did they come unexpectedly?
  ☐ He/she felt symptoms coming
  ☐ Symptoms came unexpectedly

- Were there any signs or symptoms preceding the (possible) neurological deficits?
  ☐ No
  ☐ Yes,namely:_____
  _____
  _____
  _____

- Were symptoms immediately there in full intensity or did they get worse over time?
  ☐ Onset of symptoms in full intensity
  ☐ Symptoms got worse over time

- Does the participant fully remember the signs and symptoms?
  ☐ YES ☐ NO

- Had the participant experienced the symptoms (suspected of a TIA) before?
  ☐ YES ☐ NO

  If yes, when?_____
  _____
  _____

  How many times? ☐☐☐

Were the following signs and symptoms present?

Total or partial loss of strength (motor deficit) in arm/hand, leg/foot or face If yes: Unilateral Bilateral	☐ Yes ☐ No ☐ ☐
Numbness/tingling sensation (sensory deficit) in arm/hand, leg/foot, or face If yes: Unilateral Bilateral	☐ Yes ☐ No ☐ ☐
Vision problem/impaired vision If yes; this concerned: • Diplopia • Blurred vision (both eyes) • Loss of vision/blindness in one part of visual field (both eyes) • Loss of vision/blindness in one eye (amaurosis fugax); as a shade coming down over the eye	☐ Yes ☐ No ☐ ☐ ☐ ☐
Seeing flashes, sparkles, stars or other visual phenomena	☐ Yes ☐ No
Communication problem If yes; this concerned: • Incoherent language, trouble finding words, strange sentences or words, trouble understanding language (dysphasia) • Problems with articulation and pronouncing words (dysarthria)	☐ Yes ☐ No ☐ ☐
Spinning sensation/true vertigo	☐ Yes ☐ No
Lightheadedness	☐ Yes ☐ No
Feeling like one might black-out/faint (presyncope)	☐ Yes ☐ No
Loss of consciousness	☐ Yes ☐ No
Loss of short-term memory, without loss of consciousness	☐ Yes ☐ No
Being adrift, unsteady gait, disturbed coordination (ataxia)	☐ Yes ☐ No
Swallowing problem/choking Needs to be distinguished from: Globus sensation	☐ Yes ☐ No ☐ Yes ☐ No
Muscle contractions or spasms	☐ Yes ☐ No
Sudden fall to the ground (drop attack)	☐ Yes ☐ No
Headache	☐ Yes ☐ No
Nausea and/or vomiting	☐ Yes ☐ No
Pain or tightness on the chest	☐ Yes ☐ No
Shortness of breath	☐ Yes ☐ No
Palpitations, irregular heartbeat	☐ Yes ☐ No
Other relevant symptoms? _____ _____ _____ _____	☐ Yes ☐ No

Questions regarding time delay

Determining time delay

- Onset of symptoms: date ☐☐-☐☐-☐☐☐☐

  time ☐☐:☐☐ h

- Participant first reported symptoms to:
  - ☐ Relative/friend
  - ☐ Relative/friend with medical knowledge
  - ☐ General Practitioner (GP)
  - ☐ GP out of hours service
  - ☐ Emergency Department (ED)

  This was at: date ☐☐-☐☐-☐☐☐☐

  time ☐☐:☐☐ h

- The first contact with a medical service was with:
  - ☐ GP
  - ☐ GP out of hours service
  - ☐ ED

  This was at: date ☐☐-☐☐-☐☐☐☐

  time ☐☐:☐☐ h

- The moment the participant made an appointment with the GP (making the appointment) was: date ☐☐-☐☐-☐☐☐☐

  time ☐☐:☐☐ h

Factors that might influence delay

- Living situation?
  - ☐ Alone
  - ☐ With partner/relatives
  - ☐ In a nursing home

- Highest level of education (*the original version includes Dutch levels of education*):
  - ☐ Primary education
  - ☐ Lower secondary education
  - ☐ Upper secondary education
  - ☐ Post-secondary non-tertiary education
  - ☐ Tertiary education
  - ☐ Other, namely:_____
    _____

- At the time of symptom onset, was the participant alone or in company of others?
  - ☐ Alone
  - ☐ In company of: _____

- Did the participant have an idea what caused the symptoms?
  - ☐ No
  - ☐ Yes, namely: _____
    _____

- How severe did the participant consider these symptoms were?

  On a scale of 0-10: ☐☐

- Did the participant consider these symptoms to be an emergency?
  - ☐ No
  - ☐ Yes

- What was the participants' first response to symptoms?
  - ☐ Nothing specific because symptoms quickly resolved
  - ☐ Wait and see
  - ☐ Asked a relative or friend for advice
  - ☐ Self-treatment
  - ☐ Seeking medical attention
  - ☐ Other, namely: _____
    _____

- If a relative or friend was asked for advice, what was the advice?
  _____
  _____
  _____

- Did the participant contact a medical service within 1 hour from symptom onset?
  - ☐ Yes
  - ☐ No

  If NO, why? ☐ Not applicable
  - ☐ Symptoms resolved
  - ☐ Thought that the symptoms would resolve
  - ☐ Did not consider it severe enough
  - ☐ Others said it could wait
  - ☐ Unable because of the symptoms
  - ☐ Transportation issues
  - ☐ Because it happened outside office hours
  - ☐ Other, namely: _____
    _____
    _____

- Was the participant familiar with TIA (before this episode)?
  - ☐ Yes
  - ☐ No

  If YES, what are signs and symptoms of a TIA?
  - ☐ Doesn't know any
  - ☐ The following: _____
    _____
    _____
    _____

  If YES; a TIA can be a precursor of a certain disease. What disease?
  - ☐ Doesn't know
  - ☐ Precursor of: _____
    _____

- Did you think a TIA requires urgent medical treatment (within a day)?
  - ☐ Yes
  - ☐ No
  - ☐ Doesn't know