Medical Records Abstract
Stroke

FORMID:NEWSSTROKE

ID number: IDNO

If the event occurred in a non-IHS facility, review the IHS chart for Questions 15-25.

1. A. Hospital code number STROI

B. Hospital name STROK2

C. Hospital location STROK3

D. Medical record number STROK4

2. Date of ADMISSION to this hospital:

   mo day yr STROK5

3. Date of discharge:

   mo day yr STROK6

4. Was the patient transferred to or from another acute care hospital? (1=yes, 2=no)

   If no, go to Question 6.

   □ STROK7
5. Hospitalizations.

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Town</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>STROK9</td>
<td></td>
<td>STROK8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Record number</th>
<th>Admission Date</th>
<th>Discharge Date or Date of Death</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>mo - day - yr</td>
<td>mo - day - yr</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Town</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>STROI3</td>
<td></td>
<td>STROI2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Record number</th>
<th>Admission Date</th>
<th>Discharge Date or Date of Death</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>mo - day - yr</td>
<td>mo - day - yr</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Town</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>STROI7</td>
<td></td>
<td>STROI6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Record number</th>
<th>Admission Date</th>
<th>Discharge Date or Date of Death</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>mo - day - yr</td>
<td>mo - day - yr</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Town</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>STROI21</td>
<td></td>
<td>STROI20</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Record number</th>
<th>Admission Date</th>
<th>Discharge Date or Date of Death</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>mo - day - yr</td>
<td>mo - day - yr</td>
</tr>
</tbody>
</table>
6. Enter the ICD-9 code numbers for hospital discharge diagnoses and procedure codes exactly as they appear on the front sheet of the medical record and/or on the discharge summaries. Be sure they are ICD-9 codes. Record diagnoses if no codes are available.

<p>| | | | | | | | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. Photocopy the discharge diagnoses as they appear on face sheet of medical records and/or discharge summaries for this admission. Attach copies.

************ If there is mention in the chart that the patient subsequently died prior to 1989, ************
**************************** DON'T forget to FILL OUT the mortality survey form ********************
****************************

8. Was the primary diagnosis:

1. Subarachnoid hemorrhage
2. Intraparenchymal hemorrhage
3. Lacunar infarction
4. Embolic infarction
5. Atherosclerotic infarction
6. Other, unknown infarction
7. Unknown type stroke
8. Transient Ischemic Attack (TIA)

8. Was the primary diagnosis: □ STROK36

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

9. A focal (localized) neurological deficit that lasted more than 24 hours? (1=yes; 2=no) □ STROK37
10. Change in state of consciousness that lasted more than 24 hours. (1=yes, 2=no )

11. Rapid (sudden) onset of localizing neurological deficit and/or change in state of consciousness
(approximately less than 48 hours from onset to time of admission or maximum acute neurologic
deficit) (1=yes, 2=no )

12. Time from onset of symptoms to admission or maximum neurologic deficit and/or change in state of
consciousness. Choose shortest time, in hours. 1=less than or equal to one hour, 99=unknown.

13. Which (if any) of the following physical findings were present? (1=yes, 2=no, 9=not mentioned)
   a. Abnormal gait
   b. Romberg
   c. Weakness or drift
   d. Asymmetry of reflexes
   e. Babinski (positive)
   f. Loss of visual fields
   g. Aphasia or apraxia
   h. Change in mental status
   i. Headache
   j. Loss of consciousness
   k. Other: ________________________________

14. Lumbar puncture (LP) evidence of hemorrhage? (1=yes, 2=no, 3=not done, 9=unknown)
15. Is there a history of a prior myocardial infarction?  ( 1=yes, 2=no )

If yes, date of most recent event:

16. Is there any history of angina pectoris or coronary insufficiency?  
   ( 1=yes, 2=no, 8=uncertain, 9=not mentioned )

17. Is there any history of any other chronic ischemic heart disease?  
   ( 1=yes, 2=no, 8=uncertain, 9=not mentioned )

18. Is there a history of valvular disease or cardiomyopathy?  
   ( 1=yes, 2=no, 8=uncertain, 9=not mentioned )

19. Is there a history of coronary bypass surgery?  
   ( 1=yes, 2=no, 8=uncertain, 9=not mentioned )

20. Is there a history of coronary angioplasty?  
   ( 1=yes, 2=no, 8=uncertain, 9=not mentioned )

21. Is there a history of hypertension (high blood pressure)?  
   ( 1=yes, 2=no, 8=uncertain, 9=not mentioned )

22. Is there a history of prior stroke?  
   ( 1=yes, 2=no, 8=uncertain, 9=not mentioned )

If yes, DATE of most recent previous event:

23. Is there a history of transient ischemic attack (TIA)?  
   ( 1=yes, 2=no, 8=uncertain, 9=not mentioned )

24. Is there a history of congestive heart failure?  
   ( 1=yes, 2=no, 8=uncertain, 9=not mentioned )

25. Is there a history of diabetes?  
   ( 1=yes, 2=no, 8=uncertain, 9=not mentioned )
26. Which (if any) of the following diagnostic tests were performed?
   ( 1=yes, 2=no, 9=not mentioned )

   ( If yes, please attach copies of interpretation )
   a. Computerized Axial Tomography (CAT) of the head  
      □ STROK66
   b. Magnetic Resonance Image (MRI) of the head  
      □ STROK67
   c. Carotid ultrasound/doppler  
      □ STROK68
   d. Electrocardiogram  
      □ STROK69
   e. Angiography  
      □ STROK70
   f. Other  
      □ STROK71

   Specify: ________________________________

27. Was there evidence from computerized axial tomography (CAT) scan of either cerebral infarction or hemorrhage without evidence of other disease process or event?
   ( 1=yes, 2=no, 3=not done, 9=unknown )

   □ STROK72

   If yes,
   a. did scan show a focal area of decreased or normal attenuation consistent with cerebral infarct?
      ( 1=yes, 2=no, 3=not done, 9=unknown )

      □ STROK73
   b. did scan show focal increased attenuation consistent with intracerebral hemorrhage?
      ( 1=yes, 2=no, 3=not done, 9=unknown )

      □ STROK74
28. Has the patient been diagnosed or treated for:  (1=yes, 2=no, 9=unknown)  
   a. Atrial fibrillation  
      [ ] STROK75  
   b. Other arrhythmias  
      [ ] STROK76  
   c. Claudication in the lower limbs  
      [ ] STROK77  
   d. Brain tumor  
      [ ] STROK78  
   e. Subdural hematoma  
      [ ] STROK79  
   f. Metabolic disorder  
      [ ] STROK80  
   Specify: ___________________________________________________ 
   g. Other neurological disorder(s)  
      [ ] STROK81  
   Specify: ___________________________________________________ 

29. Narrative (Attach photocopies of Discharge summary, Admitting History, and Physical examination.) 

30. Abstractor Code  
      [ ] [ ] CODE  

31. Date abstract completed  
      mo   day   yr  
      [ ] [ ] [ ] DOC