COMMENTS

-To be completed by Physician Adjudicator:

Date Completed: [ ]-[ ]-[ ] (M/D/Y)

Adjudicator Code:

Yes  No  1.  Stroke: Rapid onset of a persistent neurologic deficit attributable to an obstruction or rupture of the arterial system (including stroke occurring during or resulting from a procedure).* Deficit is not known to be secondary to brain trauma, tumor, infection, or other cause. Deficit must last more than 24 hours, unless death supervenes or there is a demonstrable lesion compatible with acute stroke on CT or MRI scan.

* A stroke is defined as procedure-related if it occurs within 24 hours after any procedure or within 30 days after a cardioversion or invasive cardiovascular procedure, or cerebrovascular procedure (e.g., any surgical intervention, heart catheterization, open heart surgery, PFO closure, pacemaker insertion, CEA, carotid stent).

1.1. Date of Admission or diagnosis: [ ]-[ ]-[ ] (M/D/Y)

1.2. Diagnosis: (Mark the one category that applies best.)

- Hemorrhagic Stroke
  - 1 Subarachnoid hemorrhage
  - 2 Intraparenchymal hemorrhage
  - 3 Other or unspecified intracranial hemorrhage (e.g., isolated intraventricular hemorrhage)

- Ischemic Stroke (If selected, complete questions 1.5 – Oxfordshire and 1.6 - TOAST Classification on the next page.)
  - 4 Occlusion of cerebral or pre-cerebral arteries with infarction (cerebral thrombosis, cerebral embolism, lacunar infarction)

- Other
  - 5 Acute, but ill-defined, cerebrovascular disease (select this option only if unable to code as hemorrhagic or ischemic)

1.3. Stroke occurred during or resulted from a procedure (defined above*). (Mark one.)

  - 0 No
  - 1 Yes
  - 9 Unknown

1.4. Was the stroke diagnosed or managed as an outpatient?*

  - 0 No
  - 1 Yes

* The outpatient setting includes any emergency department or observation unit, short hospital stays of less than 24 hours duration or a direct admission to a rehab facility without an associated admission to an acute care hospital.
1.5. Oxfordshire Classification  *(Mark the one category that applies best.)*

- [ ] 1 Total anterior circulation infarct (TACI)
- [ ] 2 Partial anterior circulation infarct (PACI)
- [ ] 3 Lacunar infarction (LACI)
- [ ] 4 Posterior circulation infarct (POCI)

1.6. Trial of Org 10172 in Acute Stroke Treatment (TOAST) Classification  *(Mark the one category that applies best.)*

**Large artery atherosclerosis follow-up question:**

- [ ] Mark all that apply.
- [ ] Intracranial atherosclerosis
- [ ] Extracranial atherosclerosis

<table>
<thead>
<tr>
<th>Category</th>
<th>Probable</th>
<th>Possible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Large artery atherosclerosis (embolus/thrombosis)</td>
<td>[ ] 1</td>
<td>[ ] 5</td>
</tr>
<tr>
<td>Cardioembolism (high-risk/medium risk)</td>
<td>[ ] 2</td>
<td>[ ] 6</td>
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<tr>
<td>Small vessel occlusion (lacune)</td>
<td>[ ] 3</td>
<td>[ ] 7</td>
</tr>
<tr>
<td>Stroke of other determined etiology</td>
<td>[ ] 4</td>
<td>[ ] 10</td>
</tr>
<tr>
<td>Stroke of undetermined etiology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two or more causes identified</td>
<td>[ ] 11</td>
<td></td>
</tr>
<tr>
<td>Negative evaluation</td>
<td>[ ] 12</td>
<td></td>
</tr>
<tr>
<td>Incomplete evaluation</td>
<td>[ ] 13</td>
<td></td>
</tr>
</tbody>
</table>

**Cardioembolic follow-up question:**

Was the only reason for coding cardioembolic based on either mitral valve prolapse or mitral valve calcification?

- [ ] Yes
- [ ] No (9/30/11 edit)

1.7 Stroke diagnosis based on:  *(Mark the one category that applies best.)*

- [ ] 1 Rapid onset of neurological deficit and imaging shows acute focal brain lesion consistent with neurological deficit and without evidence of blood (except mottled cerebral pattern)
- [ ] 2 Rapid onset of localizing neurological deficit with duration ≥ 24 hours but imaging studies are not available
- [ ] 3 Rapid onset of neurological deficit with duration ≥ 24 hours and the only available imaging was done early and shows no acute lesion consistent with the neurologic deficit
- [ ] 4 Surgical evidence of ischemic infarction of brain
- [ ] 5 Imaging findings of blood in subarachnoid space, intra-parenchymal, or intraventricular hemorrhage consistent with neurological signs or symptoms
- [ ] 7 Surgical evidence of subarachnoid or intra-parenchymal hemorrhage as the cause of a clinical syndrome consistent with stroke
- [ ] 8 None of the above (e.g., fatal strokes where no imaging studies or clinical evidence are available; or imaging does not show lesion consistent with the neurologic deficit)
1.8. If stroke fatal: *(Mark all that apply.)*
- ☐ 1 Hospitalized stroke within 28 days of death
- ☐ 2 Previous stroke and no known potentially lethal non-cerebrovascular disease process
- ☐ 3 Stroke diagnosed as cause of death at post-mortem examination
- ☐ 4 Stroke listed as underlying cause of death on death certificate

1.9 Participant’s functional status at the time of discharge* (Glasgow Outcome Scale): *(Mark the one category that applies best.)*
*Participant may be discharged from the Emergency Department, hospital, or physician’s office, home, or chronic facility.
- ☐ 1 Good recovery – Patient can lead a full and independent life with or without minimal neurological deficit
- ☐ 2 Moderately disabled – Patient has neurological or intellectual impairment but is independent
- ☐ 3 Severely disabled – Patient conscious but dependent on others to get through daily activities
- ☐ 4 Vegetative survival – Has no obvious cortical functioning
- ☐ 5 Dead
- ☐ 6 Unable to categorize stroke based on available case packet documentation (for limited use only when adjudicator is unable to categorize above).

2. Transient ischemic attack: One or more episodes of a focal neurologic deficit lasting more than 30 seconds and no longer than 24 hours. Rapid evolution of the symptoms to the maximal deficit in less than 5 minutes, with subsequent complete resolution. No head trauma occurring immediately before the onset of the neurological event.

2.1. Date of Admission or diagnosis: ____________________ - ____________________ - ____________________ (M/D/Y)

3. Carotid artery disease requiring and/or occurring during hospitalization. Disease (atherosclerotic or dissection) must be **symptomatic and/or requiring intervention** (i.e., vascular or surgical procedure).

3.1. Date of Admission: ____________________ - ____________________ - ____________________ (M/D/Y)

3.2. Diagnosis: *(Mark one.)*
- ☐ 1 Carotid artery occlusion and stenosis without documentation of cerebral infarction
- ☐ 2 Carotid artery occlusion and stenosis with written documentation of cerebral infarction

3.3. Carotid artery disease based on (Hospitalization plus one or more of the following): *(Mark all that apply.)*
- ☐ 1 Symptomatic disease with carotid artery disease listed on the hospital discharge summary
- ☐ 2 Symptomatic disease with abnormal findings (≥ 50% stenosis) on carotid angiogram, MRA, CTA, or Doppler flow study
- ☐ 3 Vascular or surgical procedure to improve flow to the ipsilateral brain

_________________________
Responsible Adjudicator Signature