Stroke requiring and/or occurring during hospitalization: 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.

1. Date of Admission: [ ]-[ ]-[ ] (M/D/Y)

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

Hemorrhagic Stroke
- [ ] Subarachnoid hemorrhage
- [ ] Intraparenchymal hemorrhage
- [ ] Other or unspecified intracranial hemorrhage (nontraumatic epidural hemorrhage or non-traumatic subdural hemorrhage)

Ischemic Stroke (If selected, complete questions 1.4 – Oxfordshire and 1.5 - TOAST Classification on the next page.)
- [ ] Occlusion of cerebral or pre-cerebral arteries with infarction (cerebral thrombosis, cerebral embolism, lacunar infarction)

Other
- [ ] 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.)
- [ ] No
- [ ] Yes
- [ ] Unknown

RV ________ KE ________
1.4 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)

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

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

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

- □ 1 Rapid onset of neurological deficit and CT or MRI scan 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 CT or MRI scan was done early and shows no acute lesion consistent with the neurologic deficit
- □ 4 Surgical evidence of ischemic infarction of brain
- □ 5 CT or MRI findings of blood in subarachnoid space or intra-parenchymal hemorrhage, consistent with neurological signs or symptoms
- □ 6 Positive lumbar puncture (for subarachnoid hemorrhage)
- □ 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 CT/MRI does not show lesion consistent with the neurologic deficit)
1.7 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

1.8 Participant’s functional status at the time of hospital discharge (Glasgow Outcome Scale): *(Mark the one category that applies best.)*

- □ 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

Yes  No  2.  Transient ischemic attack requiring and/or occurring during hospitalization: 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  [ ] . [ ] . [ ] (M/D/Y)

Signature of Responsible Adjudicator