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.

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.)*

<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>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stroke of undetermined etiology</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Two or more causes identified</td>
<td>☐ 11</td>
</tr>
<tr>
<td>Negative evaluation</td>
<td>☐ 12</td>
</tr>
<tr>
<td>Incomplete evaluation</td>
<td>☐ 13</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 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, intra-parenchymal, or intraventricular 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)
1.8. 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.

- [ ] 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 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, or Doppler flow study
- [ ] 3 Vascular or surgical procedure to improve flow to the ipsilateral brain

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Responsible Adjudicator Signature

Yes  No 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)

Yes  No 3. Carotid artery disease requiring and/or occurring during hospitalization. Disease 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, or Doppler flow study
- [ ] 3 Vascular or surgical procedure to improve flow to the ipsilateral brain

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Responsible Adjudicator Signature