1. Stroke symptoms:

Assessment of Transient Signs or Symptoms Prior to Presentation

| Stroke symptom | Experienced? | Duration | Timing in relation to stroke onset |
| --- | --- | --- | --- |
| Sudden sensory symptoms of the face, arm or leg | Yes  No  Unknown | < 10 minutes  10 – 59 minutes  ≥ 60 minutes  Unknown | Preceded stroke onset by > 7 days  Preceded stroke onset by ≥ 24 hrs to 7 days  Preceded stroke onset by ≥ 6 but < 24 hrs  Preceded stroke onset by < 6 hrs  Unknown |
| Sudden weakness of the face, arm or leg | Yes  No  Unknown | < 10 minutes  10 – 59 minutes  ≥ 60 minutes  Unknown | Preceded stroke onset by > 7 days  Preceded stroke onset by ≥ 24 hrs to 7 days  Preceded stroke onset by ≥ 6 but < 24 hrs  Preceded stroke onset by < 6 hrs  Unknown |
| Sudden confusion, trouble speaking or understanding | Yes  No  Unknown | < 10 minutes  10 – 59 minutes  ≥ 60 minutes  Unknown | Preceded stroke onset by > 7 days  Preceded stroke onset by ≥ 24 hrs to 7 days  Preceded stroke onset by ≥ 6 but < 24 hrs  Preceded stroke onset by < 6 hrs  Unknown |
| Sudden trouble seeing in one or both eyes | Yes  No  Unknown | < 10 minutes  10 – 59 minutes  ≥ 60 minutes  Unknown | Preceded stroke onset by > 7 days  Preceded stroke onset by ≥ 24 hrs to 7 days  Preceded stroke onset by ≥ 6 but < 24 hrs  Preceded stroke onset by < 6 hrs  Unknown |
| Sudden trouble walking, dizziness, loss of balance or coordination | Yes  No  Unknown | < 10 minutes  10 – 59 minutes  ≥ 60 minutes  Unknown | Preceded stroke onset by > 7 days  Preceded stroke onset by ≥ 24 hrs to 7 days  Preceded stroke onset by ≥ 6 but < 24 hrs  Preceded stroke onset by < 6 hrs  Unknown |
| Other, specify: | Yes  No  Unknown | < 10 minutes  10 – 59 minutes  ≥ 60 minutes  Unknown | Preceded stroke onset by > 7 days  Preceded stroke onset by ≥ 24 hrs to 7 days  Preceded stroke onset by ≥ 6 but < 24 hrs  Preceded stroke onset by < 6 hrs  Unknown |

1. Pediatric-specific stroke symptoms:

Pediatric-Specific Stroke Symptoms Experienced and Resolved at the Time of Presentation

| Stroke symptom | Experienced? | Date and Time of resolution | Duration | Timing in relation to stroke onset |
| --- | --- | --- | --- | --- |
| Neonatal respiratory abnormalities | Yes  No  Unknown | //20 (MM/DD/YYYY)  : HH:MM  AM  PM  24-hr clock  Unknown date/time | < 10 minutes  10 – 59 minutes  ≥ 60 minutes  Unknown | Preceded stroke onset by > 7 days  Preceded stroke onset by ≥ 24 hrs to 7 days  Preceded stroke onset by ≥ 6 but < 24 hrs  Preceded stroke onset by < 6 hrs  Unknown |
| Neonatal poor feeding | Yes  No  Unknown | //20 (MM/DD/YYYY)  : HH:MM  AM  PM  24-hr clock  Unknown date/time | < 10 minutes  10 – 59 minutes  ≥ 60 minutes  Unknown | Preceded stroke onset by > 7 days  Preceded stroke onset by ≥ 24 hrs to 7 days  Preceded stroke onset by ≥ 6 but < 24 hrs  Preceded stroke onset by < 6 hrs  Unknown |
| Neonatal hypotonia | Yes  No  Unknown | //20 (MM/DD/YYYY)  : HH:MM  AM  PM  24-hr clock  Unknown date/time | < 10 minutes  10 – 59 minutes  ≥ 60 minutes  Unknown | Preceded stroke onset by > 7 days  Preceded stroke onset by ≥ 24 hrs to 7 days  Preceded stroke onset by ≥ 6 but < 24 hrs  Preceded stroke onset by < 6 hrs  Unknown |
| Neonatal abnormal level of consciousness | Yes  No  Unknown | //20 (MM/DD/YYYY)  : HH:MM  AM  PM  24-hr clock  Unknown date/time | < 10 minutes  10 – 59 minutes  ≥ 60 minutes  Unknown | Preceded stroke onset by > 7 days  Preceded stroke onset by ≥ 24 hrs to 7 days  Preceded stroke onset by ≥ 6 but < 24 hrs  Preceded stroke onset by < 6 hrs  Unknown |
| Neonatal encephalopathy | Yes  No  Unknown | //20 (MM/DD/YYYY)  : HH:MM  AM  PM  24-hr clock  Unknown date/time | < 10 minutes  10 – 59 minutes  ≥ 60 minutes  Unknown | Preceded stroke onset by > 7 days  Preceded stroke onset by ≥ 24 hrs to 7 days  Preceded stroke onset by ≥ 6 but < 24 hrs  Preceded stroke onset by < 6 hrs  Unknown |
| Neonatal seizure (clinical or subclinical) | Yes  No  Unknown | //20 (MM/DD/YYYY)  : HH:MM  AM  PM  24-hr clock  Unknown date/time | < 10 minutes  10 – 59 minutes  ≥ 60 minutes  Unknown | Preceded stroke onset by > 7 days  Preceded stroke onset by ≥ 24 hrs to 7 days  Preceded stroke onset by ≥ 6 but < 24 hrs  Preceded stroke onset by < 6 hrs  Unknown |
| Other, specify: | Yes  No  Unknown | //20 (MM/DD/YYYY)  : HH:MM  AM  PM  24-hr clock  Unknown date/time | < 10 minutes  10 – 59 minutes  ≥ 60 minutes  Unknown | Preceded stroke onset by > 7 days  Preceded stroke onset by ≥ 24 hrs to 7 days  Preceded stroke onset by ≥ 6 but < 24 hrs  Preceded stroke onset by < 6 hrs  Unknown |

1. IF neonatal abnormal level of consciousness was a symptom, describe level of consciousness:

Hyperalert

Lethargic

Stuporous/ Comatose

1. IF neonatal encephalopathy was a symptom, describe level of encephalopathy:

Mild Encephalopathy (Stage 1)

Moderate Encephalopathy (Stage 2)

Severe Encephalopathy (Stage 3)

## General Instructions

This CRF collects data about transient signs or symptoms that the participant/ subject experienced prior to the stroke event. It is assumed these data would be collected at stroke presentation.

Important note: None of the data elements included on this CRF is considered Core (i.e., strongly recommended for all stroke clinical studies to collect). Rather, all of the data elements are Supplemental and should only be collected if the research team considers them appropriate for their study.

## Specific Instructions

Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.

* Stroke symptom type – *No additional instructions*
* Stroke symptom experienced – If answered NO or UNKNOWN then 'Duration' and ‘Timing in relation to stroke onset’ should be left blank for the stroke symptom.
* Stroke symptom duration – Estimate the time of symptom duration for patients with transient neurological symptoms that are felt to be due to cerebral ischemia. When a range of time duration is provided in the record, choose the upper most limit. For example, if it states, “symptoms lasted between 5-20 minutes”, then select "10-59 minutes" since 20 minutes would fall into the “10-59 minutes” range.
* Stroke symptom timing in relation to stroke onset – *No additional instructions*
* Stroke symptom pediatric-specific type – *No additional instructions*
* Pediatric stroke symptom date and time of resolution – The preferred format for recording date and time is MM/DD/YYYY HH:MM (24-hour clock). 99/99/9999 can be used to indicate an unknown date. Similarly, 99:99 can be used to indicate an unknown time.
* Neonatal level of consciousness – Answer only if neonatal abnormal level of consciousness was reported as a stroke symptom for the neonate.
* Neonatal encephalopathy level – Answer based on the Sarnat Scoring System only if neonatal encephalopathy was reported as a stroke symptom for the neonate.