1. Stroke symptoms/ Comorbid events:

Table for Recording Stroke Symptoms and Cormorbid Events Experienced and Resolved at the Time of Presentation

| Stroke symptom/ Comorbid event | Experienced? | Resolved at time of presentation? | Date and Time of resolution | Duration | Timing in relation to stroke onset |
| --- | --- | --- | --- | --- | --- |
| Numbness or weakness of the face, arm or leg | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | //20 (M M/DD/YYYY): HH:MM[ ]  AM [ ]  PM [ ]  24-hr clock[ ]  Unknown date/time | [ ]  < 10 minutes[ ]  10 – 59 minutes[ ]  ≥ 60 minutes[ ]  Unknown | [ ]  Preceded stroke onset by ≥ 24 hrs[ ]  Preceded stroke onset by ≥ 6 but < 24 hrs[ ]  Preceded stroke onset by <6 hrs[ ]  Onset coincident with stroke onset[ ]  Followed stroke onset by < 6 hr[ ]  Unknown |
| Confusion, trouble speaking or understanding | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | //20 (M M/DD/YYYY): HH:MM[ ]  AM [ ]  PM [ ]  24-hr clock[ ]  Unknown date/time | [ ]  < 10 minutes[ ]  10 – 59 minutes[ ]  ≥ 60 minutes[ ]  Unknown | [ ]  Preceded stroke onset by ≥ 24 hrs[ ]  Preceded stroke onset by ≥ 6 but < 24 hrs[ ]  Preceded stroke onset by <6 hrs[ ]  Onset coincident with stroke onset[ ]  Followed stroke onset by < 6 hr[ ]  Unknown |
| Trouble seeing in one or both eyes | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | //20 (M M/DD/YYYY): HH:MM[ ]  AM [ ]  PM [ ]  24-hr clock[ ]  Unknown date/time | [ ]  < 10 minutes[ ]  10 – 59 minutes[ ]  ≥ 60 minutes[ ]  Unknown | [ ]  Preceded stroke onset by ≥ 24 hrs[ ]  Preceded stroke onset by ≥ 6 but < 24 hrs[ ]  Preceded stroke onset by <6 hrs[ ]  Onset coincident with stroke onset[ ]  Followed stroke onset by < 6 hr[ ]  Unknown |
| Trouble walking, dizziness, loss of balance or coordination | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | //20 (M M/DD/YYYY): HH:MM[ ]  AM [ ]  PM [ ]  24-hr clock[ ]  Unknown date/time | [ ]  < 10 minutes[ ]  10 – 59 minutes[ ]  ≥ 60 minutes[ ]  Unknown | [ ]  Preceded stroke onset by ≥ 24 hrs[ ]  Preceded stroke onset by ≥ 6 but < 24 hrs[ ]  Preceded stroke onset by <6 hrs[ ]  Onset coincident with stroke onset[ ]  Followed stroke onset by < 6 hr[ ]  Unknown |
| Headache | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | //20 (M M/DD/YYYY): HH:MM[ ]  AM [ ]  PM [ ]  24-hr clock[ ]  Unknown date/time | [ ]  < 10 minutes[ ]  10 – 59 minutes[ ]  ≥ 60 minutes[ ]  Unknown | [ ]  Preceded stroke onset by ≥ 24 hrs[ ]  Preceded stroke onset by ≥ 6 but < 24 hrs[ ]  Preceded stroke onset by <6 hrs[ ]  Onset coincident with stroke onset[ ]  Followed stroke onset by < 6 hr[ ]  Unknown |
| Seizure or convulsion | [ ]  Yes (Answer #2)[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | //20 (M M/DD/YYYY): HH:MM[ ]  AM [ ]  PM [ ]  24-hr clock[ ]  Unknown date/time | [ ]  < 10 minutes[ ]  10 – 59 minutes[ ]  ≥ 60 minutes[ ]  Unknown | [ ]  Preceded stroke onset by ≥ 24 hrs[ ]  Preceded stroke onset by ≥ 6 but < 24 hrs[ ]  Preceded stroke onset by <6 hrs[ ]  Onset coincident with stroke onset[ ]  Followed stroke onset by < 6 hr[ ]  Unknown |
| Vomiting | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | //20 (M M/DD/YYYY): HH:MM[ ]  AM [ ]  PM [ ]  24-hr clock[ ]  Unknown date/time | [ ]  < 10 minutes[ ]  10 – 59 minutes[ ]  ≥ 60 minutes[ ]  Unknown | [ ]  Preceded stroke onset by ≥ 24 hrs[ ]  Preceded stroke onset by ≥ 6 but < 24 hrs[ ]  Preceded stroke onset by <6 hrs[ ]  Onset coincident with stroke onset[ ]  Followed stroke onset by < 6 hr[ ]  Unknown |
| Other, specify: | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | //20 (M M/DD/YYYY): HH:MM[ ]  AM [ ]  PM [ ]  24-hr clock[ ]  Unknown date/time | [ ]  < 10 minutes[ ]  10 – 59 minutes[ ]  ≥ 60 minutes[ ]  Unknown | [ ]  Preceded stroke onset by ≥ 24 hrs[ ]  Preceded stroke onset by ≥ 6 but < 24 hrs[ ]  Preceded stroke onset by <6 hrs[ ]  Onset coincident with stroke onset[ ]  Followed stroke onset by < 6 hr[ ]  Unknown |

1. IF seizure was a symptom/ comorbid event:
2. Type of seizure:

[ ]  Focal

[ ]  Generalized

[ ]  Epileptic Spasm

[ ]  Unclassified seizure type

[ ]  Unknown

1. How was the diagnosis of seizure established? (Choose all that apply)

[ ]  Clinical manifestations

[ ]  EEG

[ ]  Unknown

1. Pregnant / Postpartum state:
2. IF FEMALE, is she pregnant or in the postpartum period?

[ ]  Yes

[ ]  No

[ ]  Unknown

1. IF YES, specify current state:

[ ]  Pre-partum 1st trimester

[ ]  Pre-partum 2nd trimester

[ ]  Pre-partum 3rd trimester

[ ]  Postpartum first 24 hrs

[ ]  Postpartum first week

[ ]  Postpartum > 1 week

[ ]  Active labor

1. Pediatric-specific stroke symptoms/ comorbid events:

Table for Recording Pediatric-Specific Stroke Symptoms and Comorbid Events Experienced and Resolved at the Time of Presentation

| Stroke symptom/ Comorbid event | Experienced? | Resolved at time of presentation? | Date and Time of resolution | Duration | Timing in relation to stroke onset |
| --- | --- | --- | --- | --- | --- |
| Neonatal respiratory abnormalities | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | //20 (M M/DD/YYYY): HH:MM[ ]  AM [ ]  PM [ ]  24-hr clock[ ]  Unknown date/time | [ ]  < 10 minutes[ ]  10 – 59 minutes[ ]  ≥ 60 minutes[ ]  Unknown | [ ]  Preceded stroke onset by ≥ 24 hrs[ ]  Preceded stroke onset by ≥ 6 but < 24 hrs[ ]  Preceded stroke onset by <6 hrs[ ]  Onset coincident with stroke onset[ ]  Followed stroke onset by < 6 hr[ ]  Unknown |
| Neonatal poor feeding | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | //20 (M M/DD/YYYY): HH:MM[ ]  AM [ ]  PM [ ]  24-hr clock[ ]  Unknown date/time | [ ]  < 10 minutes[ ]  10 – 59 minutes[ ]  ≥ 60 minutes[ ]  Unknown | [ ]  Preceded stroke onset by ≥ 24 hrs[ ]  Preceded stroke onset by ≥ 6 but < 24 hrs[ ]  Preceded stroke onset by <6 hrs[ ]  Onset coincident with stroke onset[ ]  Followed stroke onset by < 6 hr[ ]  Unknown |
| Neonatal hypotonia | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | //20 (M M/DD/YYYY): HH:MM[ ]  AM [ ]  PM [ ]  24-hr clock[ ]  Unknown date/time | [ ]  < 10 minutes[ ]  10 – 59 minutes[ ]  ≥ 60 minutes[ ]  Unknown | [ ]  Preceded stroke onset by ≥ 24 hrs[ ]  Preceded stroke onset by ≥ 6 but < 24 hrs[ ]  Preceded stroke onset by <6 hrs[ ]  Onset coincident with stroke onset[ ]  Followed stroke onset by < 6 hr[ ]  Unknown |
| Neonatal abnormal level of consciousness | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | //20 (M M/DD/YYYY): HH:MM[ ]  AM [ ]  PM [ ]  24-hr clock[ ]  Unknown date/time | [ ]  < 10 minutes[ ]  10 – 59 minutes[ ]  ≥ 60 minutes[ ]  Unknown | [ ]  Preceded stroke onset by ≥ 24 hrs[ ]  Preceded stroke onset by ≥ 6 but < 24 hrs[ ]  Preceded stroke onset by <6 hrs[ ]  Onset coincident with stroke onset[ ]  Followed stroke onset by < 6 hr[ ]  Unknown |
| Neonatal encephalopathy | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | //20 (M M/DD/YYYY): HH:MM[ ]  AM [ ]  PM [ ]  24-hr clock[ ]  Unknown date/time | [ ]  < 10 minutes[ ]  10 – 59 minutes[ ]  ≥ 60 minutes[ ]  Unknown | [ ]  Preceded stroke onset by ≥ 24 hrs[ ]  Preceded stroke onset by ≥ 6 but < 24 hrs[ ]  Preceded stroke onset by <6 hrs[ ]  Onset coincident with stroke onset[ ]  Followed stroke onset by < 6 hr[ ]  Unknown |
| Neonatal clinical seizure | [ ]  Yes (Answer #2)[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | //20 (M M/DD/YYYY): HH:MM[ ]  AM [ ]  PM [ ]  24-hr clock[ ]  Unknown date/time | [ ]  < 10 minutes[ ]  10 – 59 minutes[ ]  ≥ 60 minutes[ ]  Unknown | [ ]  Preceded stroke onset by ≥ 24 hrs[ ]  Preceded stroke onset by ≥ 6 but < 24 hrs[ ]  Preceded stroke onset by <6 hrs[ ]  Onset coincident with stroke onset[ ]  Followed stroke onset by < 6 hr[ ]  Unknown |
| Neonatal subclinical seizure | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | //20 (M M/DD/YYYY): HH:MM[ ]  AM [ ]  PM [ ]  24-hr clock[ ]  Unknown date/time | [ ]  < 10 minutes[ ]  10 – 59 minutes[ ]  ≥ 60 minutes[ ]  Unknown | [ ]  Preceded stroke onset by ≥ 24 hrs[ ]  Preceded stroke onset by ≥ 6 but < 24 hrs[ ]  Preceded stroke onset by <6 hrs[ ]  Onset coincident with stroke onset[ ]  Followed stroke onset by < 6 hr[ ]  Unknown |
| Other, specify: | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | //20 (M M/DD/YYYY): HH:MM[ ]  AM [ ]  PM [ ]  24-hr clock[ ]  Unknown date/time | [ ]  < 10 minutes[ ]  10 – 59 minutes[ ]  ≥ 60 minutes[ ]  Unknown | [ ]  Preceded stroke onset by ≥ 24 hrs[ ]  Preceded stroke onset by ≥ 6 but < 24 hrs[ ]  Preceded stroke onset by <6 hrs[ ]  Onset coincident with stroke onset[ ]  Followed stroke onset by < 6 hr[ ]  Unknown |

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

[ ]  Hyperalert

[ ]  Lethargic

[ ]  Stuporous/ Comatose

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

[ ]  Mild Encephalopathy

[ ]  Moderate Encephalopathy

[ ]  Severe Encephalopathy

## General Instructions

This CRF collects data about symptoms and comorbid events that the participant/ subject experienced around the time of 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/ comorbid event type – *No additional instructions*
* Stroke symptom/ comorbid event experienced – If answered NO or UNKNOWN then 'Resolved at time of presentation', 'Date and time of resolution', 'Duration', and 'Timing in relation to stroke onset' should be left blank for the stroke symptom/ comorbid event.
* Stroke symptom/ comorbid event resolved at the time of presentation – *No additional instructions*
* Stroke symptom/ comorbid event 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.
* Stroke symptom/ comorbid event 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/ comorbid event timing in relation to stroke onset – *No additional instructions*
* Type of seizure – Answer only if seizure was reported as a stroke symptom/ comorbid event.
* Seizure diagnosis method – Answer only if seizure was reported as a stroke symptom/ comorbid event. Check all that apply.
* Pregnant or in postpartum period – *No additional instructions*
* Pregnant or in postpartum period current state – Answer only if female participant/ subject is pregnant or in postpartum state.
* Stroke symptom/ comorbid event pediatric-specific type – *No additional instructions*
* Neonatal level of consciousness – Answer only if neonatal abnormal level of consciousness was reported as a stroke symptom/ comorbid event for the neonate.
* Neonatal encephalopathy level – Answer only if neonatal encephalopathy was reported as a stroke symptom/ comorbid event for the neonate.