



Data Collection Worksheet

Please Note: The Data Collection Worksheet (DCW) is a tool to aid integration of a PhenX protocol into a study. The PhenX DCW is not designed to be a data collection instrument. Investigators will need to decide the best way to collect data for the PhenX protocol in their study. Variables captured in the DCW, along with variable names and unique PhenX variable identifiers, are included in the PhenX Data Dictionary (DD) files.

A. STROKE HISTORY

1. Have you ever been told by a physician that you had a stroke?

Yes

No [Go to Item 3]

2. When did the first stroke occur?

__ / ____

m m y y

B. SUDDEN LOSS OR CHANGE OF SPEECH

3. Have you ever had any sudden loss or changes in speech lasting 24 hours or longer?

Yes

No [Go to Item 7]

Dont know [Go to Item 7]

4. Did the episode come on suddenly?

Yes

No

5. Do any of the following describe your change in speech?

[READ ALL CHOICES]

5a. Slurred speech like you were drunk?

Yes

No

Dont know

5b. Could talk but the wrong words came out?

Yes

No

Dont know

5c. Knew what you wanted to say, but the words would not come out?

Yes

No

Dont know

5d. Could not think of the right words?

Yes

No

Dont know

5e. [IF MORE THAN ONE OF ITEMS 5a-5d INDICATED, ASK "WHICH OF THESE MOST CLOSELY DESCRIBES THE PROBLEM?"]

Slurred speech

Wrong words came out

Words would not come out

Could not think of the right words

6. While you were having your episode of change in speech, did any of the following occur? [INCLUDE ALL THAT APPLY]

6a. Numbness or tingling?

Yes

No [Go to Item 6c]

6b. Did you have difficulty on:

[READ ALL CHOICES]

The right side only

The left side only

Both sides

6c. Paralysis or weakness?

Yes

No [Go to Item 6e]

6d. Did you have difficulty on:

[READ ALL CHOICES]

The right side only

The left side only

Both sides

6e. Lightheadedness, dizziness, or loss of balance?

Yes

No

6f. Blackouts or fainting?

Yes

No

6g. Seizures or convulsions?

Yes

No

6h. Headache?

Yes

No

6i. Visual disturbances?

Yes

No [Go to Item 7]

6j. Did you have:

[READ ALL CHOICES UNTIL A POSITIVE RESPONSE IS GIVEN]

Double vision

Vision loss in right eye only

Vision loss in left eye only

Total loss of vision in both eyes

Trouble in both eyes seeing to the right

Trouble in both eyes seeing to the left

Trouble in both eyes seeing to both sides or straight ahead

C. SUDDEN LOSS OF VISION

7. Have you ever had any sudden loss of vision, or blurring, lasting 24 hours or longer?

Yes

No [Go to Item 11]

Dont know [Go to Item 11]

8. Did the episode come on suddenly?

Yes

No

9. During the episode, which of the following parts of your vision were affected?

[READ ALL CHOICES]

Only the right eye [Go to Item 10a]

Only the left eye [Go to Item 10a]

Both eyes

9a. Did you have:

[READ ALL CHOICES UNTIL A POSITIVE RESPONSE IS GIVEN]

Trouble seeing to the right, but not to left

Trouble seeing to the left, but not to right

Trouble seeing both sides or straight ahead

10. While you were having your loss of vision, did any of the following occur?
[INCLUDE ALL THAT APPLY]

10a. Speech disturbance?

Yes

No

10b. Numbness or tingling?

Yes

No [Go to Item 10d]

10c. Did you have difficulty on:

[READ ALL CHOICES]

The right side only

The left side only

Both sides

10d. Paralysis or weakness?

Yes

No [Go to Item 10f]

10e. Did you have difficulty on:

[READ ALL CHOICES]

The right side only

The left side only

Both sides

10f. Lightheadedness, dizziness, or loss of balance?

Yes

No

10g. Blackouts or fainting?

Yes

No

10h. Seizures or convulsions?

Yes

No

10i. Headache?

Yes

No

10j. Flashing lights?

Yes

No

D. DOUBLE VISION

11. Have you ever had a sudden spell of double vision, which lasted 24 hours or longer?

Yes

No [Go to Item 14]

Dont know [Go to Item 14]

11a. If you closed one eye, did the double vision go away?

Yes

No [Go to Item 14]

Dont know

12. Did the episode come on suddenly?

Yes

No

13. While you were having your double vision did any of the following occur?
[INCLUDE ALL THAT APPLY]

13a. Speech disturbance?

Yes

No

13b. Numbness or tingling?

Yes

No [Go to Item 13d]

13c. Did you have difficulty on:

[READ ALL CHOICES]

The right side only

The left side only

Both sides

13d. Paralysis or weakness?

Yes

No [Go to Item 13f]

13e. Did you have difficulty on:

[READ ALL CHOICES]

The right side only

The left side only

Both sides

13f. Lightheadedness, dizziness, or loss of balance?

Yes

No

13g. Blackouts or fainting?

Yes

No

13h. Seizures or convulsions?

Yes

No

13i. Headache?

Yes

No

E. SUDDEN NUMBNESS OR TINGLING

14. Have you ever had sudden numbness, tingling, or loss of feeling on one side of your body, including your face, arm, or leg which lasted 24 hours or longer?

Yes

No [Go to Item 20]

Dont know [Go to Item 20]

15. Did the feeling of numbness or tingling occur only when you kept your arms or legs in a certain position?

Yes [Go to Item 20]

No

Dont know

16. Did the episode come on suddenly?

Yes

No

17. During the episode of sudden numbness or tingling, which part or parts of your body were affected?

[READ ALL CHOICES]

17a. Left arm or hand?

Yes

No

Dont know

17b. Left leg or foot?

Yes

No

Dont know

17c. Left side of face?

Yes

No

Dont know

17d. Right arm or hand?

Yes

No

Dont know

17e. Right leg or foot?

Yes

No

Dont know

17f. Right side of face?

Yes

No

Dont know

17g. Other?

Yes

No

Dont know

18. During this episode, did the abnormal sensation start in one part of your body and spread to another, or did it stay in the same place?

Started in one part and spread to another

Stayed in one part

Dont know

19. While you were having your episode of numbness, tingling or loss of sensation, did any of the following occur?

[INCLUDE ALL THAT APPLY]

19a. Speech disturbance?

Yes

No

19b. Paralysis or weakness?

Yes

No [Go to Item 19d]

19c. Did you have difficulty on:

[READ ALL CHOICES]

The right side only

The left side only

Both sides

19d. Lightheadedness, dizziness, or loss of balance?

Yes

No

19e. Blackouts or fainting?

Yes

No

19f. Seizures or convulsions?

Yes

No

19g. Headache?

Yes

No

19h. Pain in the numb or tingling arm, leg or face?

Yes

No

19i. Visual disturbances?

Yes

No [Go to Item 20]

19j. Did you have:

[READ ALL CHOICES UNTIL A POSITIVE RESPONSE IS GIVEN]

Double vision

Vision loss in right eye only

Vision loss in left eye only

Total loss of vision in both eyes

Trouble in both eyes seeing to the right

Trouble in both eyes seeing to the left

Trouble in both eyes seeing to both sides or straight ahead

F. SUDDEN PARALYSIS OR WEAKNESS

20. Have you ever had any sudden episode of paralysis or weakness on one side of your body, including your face, arm, or leg which lasted at least 24 hours?

Yes

No [Go to Item 25]

Dont know [Go to Item 25]

21. Did the episode come on suddenly?

Yes

No

22. During this episode, which part or parts of your body were affected? [READ ALL CHOICES]

22a. Left arm or hand?

Yes

No

Dont know

22b. Left leg or foot?

Yes

No

Dont know

22c. Left side of face?

Yes

No

Dont know

22d. Right arm or hand?

Yes

No

Dont know

22e. Right leg or foot?

Yes

No

Dont know

22f. Right side of face?

Yes

No

Dont know

22g. Other?

Yes

No

Dont know

23. During this episode, did the paralysis or weakness start in one part of your body and spread to another, or did it stay in the same place?

Started in one part and spread to another

Stayed in one part

Dont know

24. While you were having your episode of paralysis or weakness, did any of the following occur?

[INCLUDE ALL THAT APPLY]

24a. Speech disturbances?

Yes

No

24b. Numbness or tingling?

Yes

No [Go to Item 24d]

24c. Did you have difficulty on:

[READ ALL CHOICES]

The right side only

The left side only

Both sides

24d. Lightheadedness, dizziness, or loss of balance?

Yes

No

24e. Blackouts or fainting?

Yes

No

24f. Seizures or convulsions?

Yes

No

24g. Headache?

Yes

No

24h. Pain in the weak arm, leg or face?

Yes

No

24i. Visual disturbances?

Yes

No [Go to Item 25]

24j. Did you have:

[READ ALL CHOICES UNTIL A POSITIVE RESPONSE IS GIVEN]

Double vision

Vision loss in right eye only

Vision loss in left eye only

Total loss of vision in both eyes

Trouble in both eyes seeing to the right

Trouble in both eyes seeing to the left

Trouble in both eyes seeing to both sides or straight ahead

G. SUDDEN SPELLS OF DIZZINESS OR LOSS OF BALANCE

25. Have you had any sudden spells of dizziness, loss of balance, or sensation of spinning which lasted 24 hours or longer?

Yes

No [Go to Item 29]

Don't know [Go to Item 29]

26. Did the dizziness, loss of balance or spinning sensation occur only when changing the position of your head or body?

Yes [Go to Item 29]

No

Don't know

27. While you were having your episode of dizziness, loss of balance or spinning sensation, did any of the following occur? [INCLUDE ALL THAT APPLY]

27a. Speech disturbances?

Yes

No

27b. Paralysis or weakness?

Yes

No [Go to Item 27d]

27c. Did you have difficulty on:

[READ ALL CHOICES]

The right side only

The left side only

Both sides

27d. Numbness or tingling?

Yes

No [Go to Item 27f]

27e. Did you have difficulty on:

[READ ALL CHOICES]

The right side only

The left side only

Both sides

27f. Blackouts or fainting?

Yes

No

27g. Seizures or convulsions?

Yes

No

27h. Headache?

Yes

No

27i. Visual disturbances?

Yes

No [Go to Item 28]

27j. Did you have:

[READ ALL CHOICES UNTIL A POSITIVE RESPONSE IS GIVEN]

Double vision

Vision loss in right eye only

Vision loss in left eye only

Total loss of vision in both eyes

Trouble in both eyes seeing to the right

Trouble in both eyes seeing to the left

Trouble in both eyes seeing to both sides or straight ahead

28. Did the episode of dizziness, loss of balance, or spinning sensation come on suddenly?

Yes

No