



# HCHS/SOL STROKE DIAGNOSIS FORM

ID NUMBER:

FORM CODE: STD  
VERSION: 1 04/17/2020

Contact Occasion

SEQ #

## ADMINISTRATIVE INFORMATION

0A. Completion Date:   /   /      
Month Day Year

0B. Staff ID:

0C. Event ID:

0D. Event Date:   /   /

**Instructions:** Answers are derived from the medical records or death certificate received. Complete this form once the physician summary packet including designated pages chosen from medical record is provided.

## A. PRIMARY DIAGNOSIS

1. Diagnosis (choose one):

- (1) Not a TIA or stroke (**skip to Item 12.**)
- (2) TIA (see QxQ for definition and **skip to Item 12.**)
- (3) Stroke

## B. STROKE TYPE – (for Item # 2 use codes (1) – (5) below)

2. Type

### CODES:

- (1) Brain Infarction (**skip to Item C3**)
- (2) Subarachnoid Hemorrhage (**skip to Item D5**)
- (3) Intracerebral Hemorrhage (**skip to Item D8**)
- (4) Other Stroke Type (**skip to 2A and specify**)
- (5) Unknown Stroke Type (**skip to 2B and specify**)

2A. Other Stroke Type Specify: \_\_\_\_\_

2B. Unknown Stroke Type Specify: \_\_\_\_\_

## C. BRAIN INFARCT SUBTYPES – (for Item # 3 use codes (0) – (8) below.)

3. Choice of Subtype

### CODES:

- (0) N/A (not applicable)
- (1) Large vessel extracranial atheroembolic
- (2) Large vessel intracranial atheroembolic
- (3) Cardioembolic
- (4) Lacunar Infarction
- (5) Acute ischemic stroke of other known etiology (**specify below in 3A**)
- (6) Ischemic stroke of unknown cause (no probable etiology despite complete workup)
- (7) Ischemic stroke of unknown cause (more than one etiology, **specify below in 3B**)
- (8) Ischemic stroke of unknown cause (workup is incomplete)

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3A. Acute ischemic stroke of other known etiology specify: \_\_\_\_\_  
(Skip to item 4.)

3B. Ischemic stroke of unknown cause (more than one etiology) specify: \_\_\_\_\_

4. Was the Brain Infarction Procedure-Related? Record No (0), Yes (1), or Unknown (9)   
(If No (0) or Unknown (9) and event is only a brain infarction Skip to Item 12)

4A. If yes, please specify the procedure involved: \_\_\_\_\_  
(If event is only a brain infarction Skip to Item 12.)

#### D. HEMORRHAGIC SUBTYPES

5. If the event was a Subarachnoid Hemorrhage, what was the subtype?   
(record using the codes below)

#### CODES:

- (0) N/A (not applicable) (Skip to Item 11)
- (1) Aneurysmal
- (2) Sulcal
- (3) Perimesencephalic
- (4) Other (complete Item 5a. below)
- (9) Unknown

5A. If Code 4, 'Other' is chosen, please specify: \_\_\_\_\_

6. If the event was a Subarachnoid Hemorrhage, was there an intraventricular extension?   
Record No(0), Yes (1), Unknown (9)

7. If the event was a Subarachnoid Hemorrhage, was there an intraparenchymal extension?   
Record No(0), Yes (1), Unknown (9)  
(If only SAH, Skip to Item 11)

8. If the event was an Intracerebral Hemorrhage, what subtype?  (Choose from the codes below)

#### CODES:

- (0) N/A (not applicable) (Skip to Item 11)
- (1) Small Vessel Hypertensive Vasculopathy
- (2) Cerebral Amyloid
- (3) Vascular Malformation Arteriovenous
- (4) Vascular Malformation Cavernous
- (5) Endocarditis
- (6) Primary Intraventricular Hemorrhage
- (7) Other (complete Item 8a below)
- (9) Unknown

8A. If Code 7, 'Other' is chosen, please specify: \_\_\_\_\_

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9. If the event was an Intracerebral Hemorrhage, was there an intraventricular extension?   
No(0), Yes (1), or Unknown (9)

10. Was the core of the hemorrhage best described as:  (Choose from the codes below)

**CODES:**

- (1) Lobar
- (2) Deep
- (3) Cerebellar
- (9) Unknown

11. Is the Hemorrhagic Stroke Procedure-related? No or N/A (0), Yes (1), or Unknown (9)   
**(If No, skip to Item 12. If Yes, complete Item 11a.)**

11A. Please specify the procedure involved: \_\_\_\_\_

12. Reviewer Comments:

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