

COMMENTS <i>To be completed by CCC Adjudicator:</i> Date Completed: <input type="text"/> - <input type="text"/> - <input type="text"/> (M/D/Y) Adjudicator Code: <input type="text"/>	<p align="center">-Affix label here-</p> Clinical Center/ID: _____ First Name _____ M.I. _____ Last Name _____
	<i>To be completed by the CCC:</i> Central Adjudication Case No. <input type="text"/> Copy No. <input type="text"/>

Yes ₁ No ₀ 1.

Stroke requiring and/or occurring during hospitalization: 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: -- (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 (nontraumatic epidural hemorrhage or non-traumatic subdural hemorrhage)

Ischemic Stroke (If selected, complete questions 1.4 – Oxfordshire and 1.5 - 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

RV _____ KE _____

1.4 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)

1.5 Trial of Org 10172 in Acute Stroke Treatment (TOAST) Classification *(Mark the one category that applies best.)*

	Probable	Possible
Large artery atherosclerosis (embolus/thrombosis)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₅
Cardioembolism (high-risk/medium risk)	<input type="checkbox"/> ₂	<input type="checkbox"/> ₆
Small vessel occlusion (lacune)	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇
Stroke of other determined etiology	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁₀
Stroke of undetermined etiology		
<input type="checkbox"/> ₁₁ Two or more causes identified		
<input type="checkbox"/> ₁₂ Negative evaluation		
<input type="checkbox"/> ₁₃ Incomplete evaluation		

1.6 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 or intra-parenchymal 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)

1.7 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

1.8 Participant's functional status at the time of hospital discharge (Glasgow Outcome Scale):
(Mark the one category that applies best.)

- 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

Yes ₁ No ₀

2. **Transient ischemic attack requiring and/or occurring during hospitalization:** 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 - - (M/D/Y)

Responsible Adjudicator Signature