

# Stroke History Core

Collection date for stroke information:

(DD-MM-YYYY)

## STROKE HISTORY

Was the participant ever told by a doctor or healthcare worker he/she had a stroke?

- ☐ Yes  
☐ No

Was the participant ever told by a doctor or healthcare worker he/she had a TIA, ministroke, or transient ischemic attack?

- ☐ Yes  
☐ No

If yes, how long did the weakness last?

- ☐ A few minutes  
☐ Less than 15 minutes  
☐ Less than an hour  
☐ A few hours  
☐ More than a day

Has the participant ever had a sudden painless weakness on one side of his/her body?

- ☐ Yes  
☐ No

Has the participant ever had a sudden numbness or a dead feeling on one side of his/her body?

- ☐ Yes  
☐ No

Has the participant ever had a sudden painless loss of vision in one or both eyes?

- ☐ Yes  
☐ No

Has the participant ever suddenly lost one half of his/her vision?

- ☐ Yes  
☐ No

Has the participant ever suddenly lost the ability to understand what people are saying?

- ☐ Yes  
☐ No

Has the participant ever suddenly lost the ability to express himself/herself verbally or in writing?

- ☐ Yes  
☐ No

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H3ABioNet & H3Africa Phenotype Standards