

# Stroke Symptoms Form

FORM CODE: SSF

VERSION C 10/22/2008

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ID NUMBER: CONTACT YEAR:

LAST NAME: INITIALS:

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| --- |
| INSTRUCTIONS: This form should be completed during the participant’s visit. ID Number, Contact Year, and Name must be entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response. |

## A. STROKE HISTORY

1. Since your last Jackson Heart Study exam in (mm/dd /yyyy),

have you been told by a physician that you had a stroke? Yes 1

No 2

Go to Item 3

Don’t know 7

Refused 8

Missing 9

/

2. When did this stroke occur? ………

m m y y y y

# B. SUDDEN LOSS OR CHANGE OF SPEECH

1. In the past 5 years, since your last Jackson Heart Study exams,

have you had any sudden loss or changes

in speech lasting 24 hours or longer? Yes 1

No 2

Go to Item 7

Don’t know 7

Refused 8

Missing 9

4. Did the episode come on suddenly? Yes 1

No 2

Don’t know 7

Refused 8

Missing 9

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

[READ ALL CHOICES]

**Yes No Don’t Know Refused Missing**

5a. Slurred speech like you were drunk? 1 2 7 8 9

5b. Could talk but the wrong words came

out? 1 2 7 8 9

5c. Know what you wanted to say, but the

words would not come out? ………………… 1 2 7 8 9

5d. Could not think of the right words? ……… 1 2 7 8 9

5e. [IF MORE THAN ONE OF ITEMS A-D INDICATED,

ASK “WHICH OF THESE MOST CLOSELY DESCRIBES

THE PROBLEMS?”] Slurred speech 1

Wrong words came out 2

Words would not come out 3

Could not think of the right 4

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 1

No 2

Go to Item 6c

Don’t know 7

Refused 8

Missing 9

6b. Did you have difficulty on: The right side only 1

[READ ALL CHOICES]

The left side only 2

Both sides 3

Don’t know 7

Refused 8

Missing 9

6c. Paralysis or weakness? ……………………………………………………. Yes 1

No 2

Go to Item 6e

Don’t know 7

Refused 8

Missing 9

6d. Did you have difficult on: The right side only 1

[READ ALL CHOICES]

**[Don't know = 7, Refused = 8, Missing = 9]** The lift side only 2

Both sides 3

6e. Lightheadedness, dizziness,

or loss of balance? ………………………………………………………….Yes 1

**[Don't know = 7, Refused = 8, Missing = 9]**

No 2

6f. Blackouts or fainting? …………………………………………………….. Yes 1

**[Don't know = 7, Refused = 8, Missing = 9]**

No 2

6g. Seizures or convulsions? …………………………………………………. Yes 1

**[Don't know = 7, Refused = 8, Missing = 9]**

No 2

6h. Headache? …………………………………………………………………… Yes 1

**[Don't know = 7, Refused = 8, Missing = 9]**

No 2

6i. Visual disturbances? ………………………………………………………. Yes 1

Go to Item 7

No 2

Don’t know 7

Refused 8

Missing 9

6j. Did you have: [READ ALL CHOICES UNTIL A POSITIVE RESPONSE IS GIVEN]

Double vision 01

Vision loss in right eye only 02

Vision loss in left eye only 03

Total loss of vision in both eyes 04

Trouble in both eyes seeing to the right 05

Trouble in both eyes seeing to the left 06

Trouble in both eyes seeing to

both sides or straight ahead 07

Don’t know 77

Refused 88

Missing 99

# C. SUDDEN LOSS OF VISION

7. In the past 5 years, since your last Jackson Heart Study exam,

have you had any sudden loss of vision, or

blurring, lasting 24 hours or longer? Yes 1

No 2

Go to Item 11a

Don't know 7

Refused 8

Missing 9

8. Did the episode come on suddenly?…………………………………………… Yes 1

No 2

Don’t know 7

Refused 8

Missing 9

9a. During the episode, which of the following parts

of your vision were affected? Only the right eye 1

[READ ALL CHOICES]

Go to Item 10a

Only the left eye 2

Both eyes 3

Don’t know 7

Refused 8

Missing 9

9b. Did you have: …………………………….. Trouble seeing to the right, but not the left 1

[READ ALL CHOICES UNTIL A

POSITIVE RESPONSE IS GIVEN] Trouble seeing to the left, but not the right 2

Trouble seeing both sides or straight ahead 3

Don’t know 7

Refused 8

Missing 9

10. While you were having your loss of vision, did

any of the following occur? [INCLUDE ALL THAT APPLY]

10a. Speech disturbance? ……………………………………………………. Yes 1

No 2

Don’t know 7

Refused 8

Missing 9

10b. Numbness or tingling? …………………………………………………. Yes 1

Go to Item 10d

No 2

Don’t know 7

Refused 8

Missing 9

10c. Did you have difficulty on: The right side only 1 [READ ALL CHOICES]

**[Don't know = 7, Refused = 8, Missing = 9]** The left side only 2

Both sides 3

10d. Paralysis or weakness? ………….………………………………………… Yes 1

Go to Item 10f

No 2

Don’t know 7

Refused 8

Missing 9

10e. Did you have difficulty on: The right side only 1

[READ ALL CHOICES]

The left side only 2

Both sides 3

Don’t know 7

Refused 8

Missing 9  
  
  
 10f. Lightheadedness, dizziness, or

loss of balance? ……………………………………………………………. Yes 1

**[Don't know = 7, Refused = 8, Missing = 9]**

No 2

10g. Blackouts or fainting? …………………………………………………….. Yes 1

**[Don't know = 7, Refused = 8, Missing = 9]**

No 2

10h. Seizures or convulsions? Yes 1

**[Don't know = 7, Refused = 8, Missing = 9]**

No 2

10i. Headache? …………………………………………………………………… Yes 1

**[Don't know = 7, Refused = 8, Missing = 9]**

No 2

10j. Flashing lights? …………………………………………………………….. Yes 1

**[Don't know = 7, Refused = 8, Missing = 9]**

No 2

#### D. DOUBLE VISION

11a. In the past 5 years, since your last Jackson Heart Study visit,

have you had a sudden spell of double vision,

which lasted 24 hours or longer? Yes 1

No 2

Go to Item 14

Don't know 7

Refused 8

Missing 9

11b. If you closed one eye, did the double vision go

away? Yes 1

Go to Item 14

No 2

Don't know 7

Refused 8

Missing 9

12. Did the episode come on suddenly? …………………………………………. Yes 1

**[Don't know = 7, Refused = 8, Missing = 9]**

No 2  
  
  
13. While you were having your double vision did any

of the following occur? [INCLUDE ALL THAT APPLY]

13a. Speech disturbance? ……………………………………………………… Yes 1

**[Don't know = 7, Refused = 8, Missing = 9]**

No 2

13b. Numbness or tingling? ………………………………………………….. Yes 1

Go to Item 13d

No 2

Don’t know 7

Refused 8

Missing 9

13c. Did you have difficulty on: The right side only 1

[READ ALL CHOICES]

**[Don't know = 7, Refused = 8, Missing = 9]** The left side only 2

Both sides 3  
  
  
 13d. Paralysis or weakness? …………………………………………………… Yes 1

Go to Item 13f

No 2

Don’t know 7

Refused 8

Missing 9

13e. Did you have difficulty on The right side only 1

[READ ALL CHOICES]

**[Don't know = 7, Refused = 8, Missing = 9]** The left side only 2

Both sides 3  
   
  
 13f. Lightheadedness, dizziness, or

loss of balance? …………………………………………………………… Yes 1

No 2

13g. Blackouts or fainting? ……………………………………………………. Yes 1

**[Don't know = 7, Refused = 8, Missing = 9]**

No 2

13h. Seizures or convulsions? ………………………………………………… Yes 1

**[Don't know = 7, Refused = 8, Missing = 9]**

No 2  
  
  
 13i. Headache? ………………………………………………………………….. Yes 1

**[Don't know = 7, Refused = 8, Missing = 9]**

No 2  
 **E. SUDDEN NUMBNESS OR TINGLING**

1. In the past 5 years, since your last Jackson Heart Study exam,

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 1

No 2

Go to Item 20

Don't know 7

Refused 8

Missing 9

1. Did the feeling of numbness or tingling occur

only when you kept your arms or legs in a

Go to Item 20

certain position? Yes 1

**[Don't know = 7, Refused = 8, Missing = 9]**

No 2

16. Did the episode come on suddenly? …………………………………………. Yes 1

**[Don't know = 7, Refused = 8, Missing = 9]**

No 2

17. During the episode of sudden numbness or tingling,

which part or parts of your body were affected?

[READ ALL CHOICES]

**Yes No Don't Know Refused Missing**

17a. Left arm or hand? 1 2 7 8 9

17b. Left leg or foot? 1 2 7 8 9

17c. Left side of face? 1 2 7 8 9

17d. Right arm or hand? 1 2 7 8 9

17e. Right leg or foot? 1 2 7 8 9

17f. Right side of face? 1 2 7 8 9

17g. Other? 1 2 7 8 9

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

**[Don't know = 7, Refused = 8, Missing = 9]** spread to another 1

Stayed in one part 2

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 1

**[Don't know = 7, Refused = 8, Missing = 9]**

No 2

19b. Paralysis or weakness? Yes 1

**[Don't know = 7, Refused = 8, Missing = 9]**

Go to Item 19d

No 2

19c. Did you have difficulty on: The right side only 1

[READ ALL CHOICES]

**[Don't know = 7, Refused = 8, Missing = 9]** The left side only 2

Both sides 3  
  
  
 19d. Lightheadedness, dizziness,

or loss of balance? ………………………………………………………….Yes 1

**[Don't know = 7, Refused = 8, Missing = 9]**

No 2  
  
  
 19e. Blackouts or fainting? …………………………………………………….. Yes 1

**[Don't know = 7, Refused = 8, Missing = 9]**

No 2

19f. Seizures or convulsions? …………………………………………………. Yes 1

**[Don't know = 7, Refused = 8, Missing = 9]**

No 2

19g. Headache? …………………………………………………………………… Yes 1

**[Don't know = 7, Refused = 8, Missing = 9]**

No 2  
  
  
 19h. Pain in the numb or tingling arm,

leg or face? ………………………………………………………………….. Yes 1

**[Don't know = 7, Refused = 8, Missing = 9]**

No 2

19i. Visual disturbances? ………………………………………………………. Yes 1

Go to Item 20

No 2

Don’t know 7

Refused 8

Missing 9

19j. Did you have: [READ ALL CHOICES UNTIL A POSITIVE RESPONSE IS GIVEN]

Double vision 01

Vision loss in right eye only 02

Vision loss in left eye only 03

Total loss of vision in both eyes 04

Trouble in both eyes seeing to

the right 05

Trouble in both eyes seeing to

the left 06

Trouble in both eyes seeing to

both sides or straight ahead 07

Don’t know 77

Refused 88

Missing 99

#### F. SUDDEN PARALYSIS OR WEAKNESS

20. In the past 5 years, since your last Jackson Heart Study exam,

have you 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 1

No 2

Go to Item 25

Don’t know 7

Refused 8

Missing 9

21. Did the episode come on suddenly? ………………………………………… Yes 1

No 2

22. During this episode, which part or parts of your

body were affected? [READ ALL CHOICES]

**Yes No Don't Know Refused Missing**

22a. Left arm or hand? 1 2 7 8 9

22b. Left leg or foot? 1 2 7 8 9

22c. Left side of face? 1 2 7 8 9

22d. Right arm or hand? 1 2 7 8 9

22e. Right leg or foot? 1 2 7 8 9

22f. Right side of face? 1 2 7 8 9

22g. Other? 1 2 7 8 9

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 1

Stayed in one part 2

Don't know 7

Refused 8

Missing 9

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 1

**[Don't know = 7, Refused = 8, Missing = 9]**

No 2

24b. Numbness or tingling? Yes 1

Go to Item 24d

No 2

Don’t know 7

Refused 8

Missing 9

24c. Did you have difficulty on: ……………………………… The right side only 1

[READ ALL CHOICES]

The left side only 2

Both sides 3

Don’t know 7

Refused 8

Missing 9

24d. Lightheadedness, dizziness, or loss of

balance?……………………………………………………………………… Yes 1

**[Don't know = 7, Refused = 8, Missing = 9]**

No 2

24e. Blackouts or fainting? ……………………………………………………. Yes 1

**[Don't know = 7, Refused = 8, Missing = 9]**

No 2  
  
  
 24f. Seizures or convulsions? ………………………………………………… Yes 1

**[Don't know = 7, Refused = 8, Missing = 9]**

No 2

24g. Headache? ………………………………………………………………….. Yes 1

**[Don't know = 7, Refused = 8, Missing = 9]**

No 2

24h. Pain in the weak arm, leg or face? …………………………………….. Yes 1

**[Don't know = 7, Refused = 8, Missing = 9]**

No 2

24i. Visual disturbances? ……………………………………………………… Yes 1

Go to Item 25

No 2

Don’t know 7

Refused 8

Missing 9

24j. Did you have:

[READ ALL CHOICES UNTIL A POSITIVE RESPONSE IS GIVEN]

Double vision 01

Vision loss in right eye only 02

Vision loss in left eye only 03

Total loss of vision in both eyes 04

Trouble in both eyes seeing to

the right 05

Trouble in both eyes seeing to

the left 06

Trouble in both eyes seeing to

both sides or straight ahead 07

Don’t know 77

Refused 88

Missing 99

#### G. SUDDEN SPELLS OF DIZZINESS OR LOSS OF BALANCE

25. In the past 5 years, since your last Jackson Heart Study exam,

have you had any sudden spells of dizziness,

loss of balance, or sensation of spinning which

lasted 24 hours or longer? ………………………………………….. Yes 1

No 2

Go to Item 29

Don't know 7

Refused 8

Missing 9

1. Did the dizziness, loss of balance or spinning

sensation occur only when changing the position

Go to Item 29

of your head or body? Yes 1

**[Don't know = 7, Refused = 8, Missing = 9]**

No 2

1. 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 1

**[Don't know = 7, Refused = 8, Missing = 9]**

No 2

27b. Paralysis or weakness? …………………………………………………… Yes 1

No 2

Go to Item 27d

Don’t know 7

Refused 8

Missing 9

27c. Did you have difficulty on: ……………………… The right side only 1

[READ ALL CHOICES]

The left side only 2

Both sides 3

Don’t know 7

Refused 8

Missing 9

27d. Numbness or tingling? ………………………………………………….. Yes 1

Go to Item 27f

No 2

Don’t know 7

Refused 8

Missing 9

27e. Did you have difficulty on: The right side only 1

[READ ALL CHOICES]

**[Don't know = 7, Refused = 8, Missing = 9]** The left side only 2

Both sides 3

27f. Blackouts or fainting? ……………………………………………………. Yes 1

**[Don't know = 7, Refused = 8, Missing = 9]**

No 2

27g. Seizures or convulsions? ………………………………………………… Yes 1

**[Don't know = 7, Refused = 8, Missing = 9]**

No 2  
  
  
 27h. Headache? ………………………………………………………………….. Yes 1

**[Don't know = 7, Refused = 8, Missing = 9]**

No 2

27i. Visual disturbances? ……………………………………………………… Yes 1

No 2

Go to Item 28

Don’t know 7

Refused 8

Missing 9

27j. Did you have:

[READ ALL CHOICES UNTIL A POSITIVE RESPONSE IS GIVEN]

Double vision 01

Vision loss in right eye only 02

Vision loss in left eye only 03

Total loss of vision in both eyes 04

Trouble in both eyes seeing to the right 05

Trouble in both eyes seeing to the left 06

Trouble in both eyes seeing to both

sides or straight ahead 07

Don’t know 77

Refused 88

Missing 99

1. Did the episode of dizziness, loss of balance,

or spinning sensation come on suddenly? …………………………………… Yes 1

No 2

Don’t know 7

Refused 8

Missing 9

##### H. ADMINISTRATIVE INFORMATION

/

/

29. Date of data collection: ………………….

m m d d y y y y

30. Method of data collection: ……………………………………………… Computer 1

Paper orm 2

31. Data Collected: In clinic 1

Off site 2

32. Code number of person completing this interview: ………………………..