HP27: Cerebrovascular Event Questionnaire

Purpose

The HP27 form was administered to both Stepped and Referred Care participants at home during the fifth year home follow-up visit. (Refer to **Section 6.8.7** of the *Manual of Operations* for details).

The *Cerebrovascular Event Questionnaire* (HP27) was designed to provide a definitive index of the occurrence of such events by documenting participant reported strokes experienced for the duration of the study. The questionnaire was to be administered to all Stepped and Referred Care participants in the home in conjunction with the *Five-Year Follow-up Home Visit* (HP25). If a home visit was not possible, it was to be completed in the clinic as an adjunct to the *Five-Year Follow-up Clinic Visit* (HP26). However, it was emphasized that the *Cerebrovascular Event Questionnaire* (HP27) had to be completed prior to the clinic exam (HP26).

CEREBROVASCULAR EVENT QUESTIONNAIRE

Supplemental Clinic Information

(1) 12 13 14 15 16 17
Coordinating Center

FORM NUMBER 1 2

ACROSTIC

1. Program Number: 3 4 | 5 6 7 8 9 | 10 11

(2) 18 19 20 21 22 23 24 25 BATCH NUMBER

2. Name: _____
(Mr., Mrs., Miss, Ms.) Last First Middle

(3)

3. Date of HP27: 26 27 | 28 29 | 19 30 31
Month Day Year

Section A

In the last 5 years, have you had a stroke or a cerebral (brain) hemorrhage?

(4) Yes ☐ → Complete Section B only

32

No ☒ → Complete Section C only

(5)

Interviewer: _____ 33 34

Section B

1. Did the stroke (or hemorrhage) come on:

6 35 suddenly? [1] (or) gradually? [2]

2. Did you have a severe headache with the onset of the stroke?

7 36 Yes [1] No [2] DK [3]

3. Did you become unconscious or go into a coma as a result of the stroke?

8 37 Yes [1] No [2]

4. Was a part of your body weak or paralyzed from the stroke?

9 38 No [2] Yes [1]

39 40 41 a. Which part(s)? 10 [1] left arm 11 [1] left leg 12 [1] left side of face 13 [1] right arm 14 [1] right leg 15 [1] right side of face 42 43 44

b. How long did this weakness or paralysis last?

16 Hours	17 Days	18 Weeks	19 Months	20 Years
45,46	47,48	49,50	51,52	53,54

c. Is there still some weakness present from it now?

21 55 Yes [1] No [2]

Section B (cont.)

5. Did you have trouble with your speech from the stroke?

22 56 No [2] Yes [1]

a. Was the trouble with finding words or saying the wrong words?

23 57 Yes [1] No [2]

b. Was there trouble with understanding what people said?

24 58 Yes [1] No [2]

c. Was your speech mushy or slurred or unclear?

25 59 Yes [1] No [2]

d. Was there other trouble with your speech?

26 60 No [2] Yes [1] → Specify: _____

FLAG 61 27

e. How long did your speech trouble last?

28

Days	Weeks	Months	Years
29	30	31	
62,63	64,65	66,67	68,69

f. Do you still have some leftover speech trouble?

32 70 Yes [1] No [2]

6. Are you still disabled from the stroke?

33 71 No [2] Yes [1]

a. Do you need help in walking (stick, walker)?

34 72 Yes [1] No [2]

b. Are you forced to stay in a wheelchair or in bed?

35 73 Yes [1] No [2]

7. Did you have an injury to your head just before this stroke?

36 74 Yes [1] No [2]

8. Has a doctor said that you had a growth or tumor of the head (inside)?

37 75 Yes [1] No [2]

9. Were you hospitalized for the stroke?

38 76 No [2] Yes [1]

a. What year were you hospitalized? 39 19 77,78

b. How long were you hospitalized? 40 Days 79,80 41 Months 81,82

c. Did you have an *operation* for the stroke?

42 83 No [2] Yes [1]

Skip to bottom of page

i. Was it done on your neck? 84 Yes [1] No [2] 43

ii. Was it done on your head? 85 Yes [1] No [2] 44

iii. Was it done to open a blocked blood vessel?

45 86 Yes [1] No [2] DK [3]

iv. Was it done to remove a blood clot?

46 87 Yes [1] No [2] DK [3]

e. Were you confined to bed with the stroke?

47 88 No [2] Yes [1]

For how long? 48 Days 89,90 49 Weeks 91,92 50 Months 93,94

INTERVIEWER: Check form for completeness.
Thank respondent.

Section C

The following questions pertain only to conditions or events that may have occurred within the last five years, that is, since _____ _____, 19 _____.

1. Have you had a weakness or paralysis of one side of your body which lasted for more than one day?

51 No 95 [2] Yes [1]

a. How long did it last? 52 Days 96 97 | 53 Weeks 98 99 | 54 Months 100 101 | 55 Years 102 103

104 56 b. Which side was weak? [1] Left [2] Right 3 = Both

c. Did a doctor say what caused it?

57 No 105 [2] Yes [1] → What did he or she say was the cause? FLAG 106 58

d. Did a head injury or accident cause it? Yes [1] No [2] 107 59

2. Have you had a weakness or paralysis of one arm or one or both legs which lasted for more than one day?

60 No 108 [2] Yes [1]

a. How long did it last? 61 Days 109 110 | 62 Weeks 111 112 | 63 Months 113 114 | 64 Years 115 116

b. Which arm or leg was affected? 65 [1] 117 left arm [1] 119 right arm 67 [1] 118 left leg [1] right leg 120

c. Did a doctor say what caused it? 66 68

69 No 121 [2] Yes [1] → What did he or she say was the cause? FLAG 122 70

d. Did a head injury or accident cause it? Yes [1] No [2] 123

71

3. Have you lost the feeling or had numbness over one side of your body which lasted for more than one day?

72 124 No ☐2 Yes ☐1

73 Days 74 Weeks 75 Months 76 Years

a. How long did it last? 125,126 127,128 129,130 131,132

b. Which side was affected? ☐1 left ☐2 right 133 77

3 = Both

c. Did a doctor say what caused it?

78 No ☐2 134 Yes ☐1 → What did he or she say was the cause? FLAG 135 79

d. Did a head injury or accident cause it? Yes ☐1 No ☐2 136 80

4. Have you had a sudden trouble with your speech that lasted for more than one day?

81 No ☐2 137 Yes ☐1

82 Days 83 Weeks 84 Months 85 Years

a. How long did it last? 138,139 140,141 142,143 144,145

b. Was the trouble with finding words or saying wrong words?

86 Yes ☐1 146 No ☐2

c. Was the trouble with understanding what people said, even though you could hear them?

87 Yes ☐1 147 No ☐2

d. Was your speech mushy or slurred or unclear? ☐1 Yes 148 ☐2 No 88

e. Did a doctor say what caused it?

89 No ☐2 149 Yes ☐1 → What did he or she say was the cause? FLAG 150 90

f. Did a head injury or accident cause it? Yes ☐1 No ☐2 151 91

Section C (cont.)

5. Have you had trouble keeping your balance or staggering which came on suddenly and lasted for more than one day?

152 92 No ☐2 Yes ☐1

a. How long did it last? 93 Days 153,154 94 Weeks 155,156 95 Months 157,158 96 Years 159,160

b. Did a doctor say what caused it?

97 161 No ☐2 Yes ☐1 → What did he or she say was the cause? 98 FLAG 162

c. Did a head injury or accident cause it? Yes ☐1 No ☐2 163 99

6. Have you had trouble with double vision or complete loss of vision in one or both eyes that came on suddenly and lasted for more than one day?

100 164 No ☐2 Yes ☐1

a. How long did it last? 101 Days 165,166 102 Weeks 167,168 103 Months 169,170 104 Years 171,172

b. Did a doctor say what caused it?

105 173 No ☐2 Yes ☐1 → What did he or she say was the cause? 106 FLAG 174

c. Was it casued by an accident or injury to the eye(s)?

107 175 Yes ☐1 No ☐2

INTERVIEWER: If any of Items 1-6 in Section C were answered "Yes," go on to Items 7 and 8, otherwise, conclude the interview.

Section C (cont.)

7a. Do you still have leftover troubles from your (1-6)?

108 No 2 176 Yes 1 → Is it disabling to you?

109 177 No 2 Yes 1

i.) Do you need help in walking (stick, walker)?

110 178 Yes 1 No 2

ii.) Are you required to stay in a wheelchair or in bed?

111 179 Yes 1 No 2

7b. Did you have a convulsion or seizure with your (1-6) when it started?

112 180 No 2 Yes 1 → i.) Had you had convulsions or seizures before? 113 1 Yes 2 No 181

ii.) Have you had convulsions or seizures since? 114 1 Yes 2 No 182

INTERVIEWER: If two or more of Items 1-6 were answered "Yes," go on to Item 8, otherwise conclude the interview.

8. Did your (1-6) all come on together, or were there several separate episodes?

115 183
1 came on together
2 came on separately
3 other, specify: _____

FLAG 184 116

INTERVIEWER: Check form for completeness.
Thank respondent.

Stroke Confirmation Response

Probably

117 185 Yes [1]

No [2]

A blank value implies the stroke questionnaire was not reviewed.