Sickle Cell DB Version 7	
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Medical	History	Stroke
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Research Subject ID Research ID	
History of stroke, ischemic infarction and hemor	rhage (PX130301 unless otherwise stated)
Have you ever been told by a physician that you had a stroke?	○ Yes ○ No
What date did the first stroke occur?	
Have you ever had any sudden loss or changes in	⊖ Yes
speech lasting 24 hours or longer?	 ○ No ○ Don't know
Did the episode come on suddenly?	○ Yes
Do any of the following describe your change in	speech?

be any of the following account your change in specen			
	Yes	No	Don't know
Slurred speech like you were drunk?	0	0	0
Could talk but the wrong words came out?	0	0	0
Knew what you wanted to say, but the words would not come out?	0	0	Ο
Could not think of the right words?	0	0	0

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 ○ No
6b. Did you have difficulty on	 The right side only The left side only Both sides
6c. Paralysis or weakness?	○ Yes ○ No
6d. Did you have difficulty on	 The right side only The left side only Both sides
6e. Lightheadedness, dizziness, or loss of balance?	○ Yes ○ No



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6f. Blackouts or fainting?	○ Yes ○ No
6g. Seizures or convulsions?	○ Yes ○ No
6h. Headache?	○ Yes ○ No
6i. Visual disturbances?	○ Yes ○ No
6j. Did you have	 Double vision Vision loss in right eye only Vision loss in left eye only Total loss of vision in both eyes Trouble in both eyes seeing to the right Trouble in both eyes seeing to the left Trouble in both eyes seeing to both sides or straight ahead
7. Have you ever had any sudden loss of vision, or blurring, lasting 24 hours or longer?	 ○ Yes ○ No ○ Don't know
8. Did the episode come on suddenly?	○ Yes ○ No
9. During the episode, which of the following parts of your vision were affected?	 Only the right eye Only the left eye Both eyes
9a. Did you have	 Trouble seeing to the right, but not to left Trouble seeing to the left, but not to right Trouble seeing both sides or straight ahead
10. While you were having your loss of vision, did any of the	e following occur?
10a. Speech disturbance?	○ Yes ○ No
10b. Numbness or tingling?	○ Yes ○ No
10c. Did you have difficulty on	 The right side only The left side only Both sides
10d. While you were having your loss of vision, did any of the following occur? Paralysis or weakness?	○ Yes ○ No
10e. Did you have difficulty on	 The right side only The left side only Both sides
10f. Lightheadedness, dizziness, or loss of balance?	○ Yes ○ No



10g. Blackouts or fainting?	○ Yes ○ No
10h. Seizures or convulsions?	○ Yes ○ No
10i. Headache?	○ Yes ○ No
10j. Flashing lights?	○ Yes ○ No
11. Have you ever had a sudden spell of double vision, which lasted 24 hours or longer?	 ○ Yes ○ No ○ Don't know
11a. If you closed one eye, did the double vision go away?	 Yes No ○ Don't know
12. Did the episode come on suddenly?	○ Yes ○ No
13. While you were having your double vision did any of the	following occur?
13a. Speech disturbance?	○ Yes ○ No
13b. Numbness or tingling?	○ Yes ○ No
13c. Did you have difficulty on	 The right side only The left side only Both sides
13d. While you were having your double vision did any of the following occur? Paralysis or weakness?	○ Yes ○ No
13e. Did you have difficulty on	 The right side only The left side only Both sides
13f. Lightheadedness, dizziness, or loss of balance?	○ Yes ○ No
13g. Blackouts or fainting?	○ Yes ○ No
13h. Seizures or convulsions?	○ Yes ○ No
13i. Headache?	○ Yes ○ No



14. 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 ○ No ○ Don't know
15. Did the feeling of numbness or tingling occur only when you kept your arms or legs in a certain position?	 ○ Yes ○ No ○ Don't know
16. Did the episode come on suddenly?	○ Yes ○ No
17. During the episode of sudden numbness or tingling, which	part or parts of your body were affected?
17a. Left arm or hand?	 ○ Yes ○ No ○ Don't know
17b. Left leg or foot?	 ○ Yes ○ No ○ Don't know
17c. Left side of face?	 ○ Yes ○ No ○ Don't know
17d. Right arm or hand?	 ○ Yes ○ No ○ Don't know
17e. Right leg or foot?	 ○ Yes ○ No ○ Don't know
17f. Right side of face?	 ○ Yes ○ No ○ Don't know
17g. Other?	 ○ Yes ○ No ○ Don't know
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 spread to another Stayed in one part Don't know
19. While you were having your episode of numbness, tingling	or loss of sensation, did any of the following occur?
19a. Speech disturbance?	○ Yes ○ No
19b. Paralysis or weakness?	○ Yes ○ No



19c. Did you have difficulty on	 The right side only The left side only Both sides
19d. Lightheadedness, dizziness, or loss of balance?	○ Yes ○ No
19e. Blackouts or fainting?	○ Yes ○ No
19f. Seizures or convulsions?	○ Yes ○ No
19g. Headache?	○ Yes ○ No
19h. Pain in the numb or tingling arm, leg or face?	○ Yes ○ No
19i. Visual disturbances?	○ Yes ○ No
19j. Did you have	 Double vision Vision loss in right eye only Vision loss in left eye only Total loss of vision in both eyes Trouble in both eyes seeing to the right Trouble in both eyes seeing to the left Trouble in both eyes seeing to both sides or straight ahead
20. Have you ever 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 ○ No ○ Don't know
21. Did the episode come on suddenly?	○ Yes ○ No
22. During this episode, which part or parts of your body were	affected?
22a. Left arm or hand?	 ○ Yes ○ No ○ Don't know
22b. Left leg or foot?	 ○ Yes ○ No ○ Don't know
22c. Left side of face?	 ○ Yes ○ No ○ Don't know
22d. Right arm or hand?	 ○ Yes ○ No ○ Don't know



22e. Right leg or foot?	 ○ Yes ○ No ○ Don't know
22f. Right side of face?	 ○ Yes ○ No ○ Don't know
22g. Other?	 ○ Yes ○ No ○ Don't know
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 Stayed in one part Don't know
24. While you were having your episode of paralysis or wea	akness, did any of the following occur?
24a. Speech disturbances?	○ Yes ○ No
24b. Numbness or tingling?	○ Yes ○ No
24c. Did you have difficulty on	 The right side only The left side only Both sides
24d. Lightheadedness, dizziness, or loss of balance?	○ Yes ○ No
24e. Blackouts or fainting?	○ Yes ○ No
24f. Seizures or convulsions?	○ Yes ○ No
24g. Headache?	○ Yes ○ No
24h. Pain in the weak arm, leg or face?	○ Yes ○ No
24i. Visual disturbances?	○ Yes ○ No
24j. Did you have	 Double vision Vision loss in right eye only Vision loss in left eye only Total loss of vision in both eyes Trouble in both eyes seeing to the right Trouble in both eyes seeing to the left Trouble in both eyes seeing to both sides or straight ahead



25. Have you had any sudden spells of dizziness, loss of balance, or sensation of spinning which lasted 24 hours or longer?	 ○ Yes ○ No ○ Don't know
26. Did the dizziness, loss of balance or spinning sensation occur only when changing the position of your head or body?	 ○ Yes ○ No ○ Don't know
27. While you were having your episode of dizziness, loss o occur?	of balance or spinning sensation, did any of the following
27a. Speech disturbances?	○ Yes ○ No
27b. Paralysis or weakness?	○ Yes ○ No
27c. Did you have difficulty on	 The right side only The left side only Both sides
27d. Numbness or tingling?	○ Yes ○ No
27e. Did you have difficulty on	 The right side only The left side only Both sides
27f. Blackouts or fainting?	○ Yes ○ No
27g. Seizures or convulsions?	○ Yes ○ No
27h. Headache?	○ Yes ○ No
27i. Visual disturbances?	○ Yes ○ No
27j. Did you have	 Double vision Vision loss in right eye only Vision loss in left eye only Total loss of vision in both eyes Trouble in both eyes seeing to the right Trouble in both eyes seeing to the left Trouble in both eyes seeing to both sides or straight ahead
28. Did the episode of dizziness, loss of balance, or spinning sensation come on suddenly?	○ Yes ○ No

