British Women's Heart and Health Study

Name:

Address:

Date of birth:

NHS Number:

Postcode:

Practice ID:

Please attach a photocopy of the hospital letter or discharge summary
Or fill in this whole form, for the event on this date

Stroke Validation Form

1.1 Date of event: «w1rr_source_derived_date_event»

2.1 Did she have definite hemiparesis or hemiplegia?   Yes ☐1
                                                         No ☐2
                                                         Uncertain ☐3

3.1 If not, how did she present? _____

4.1 Did signs/symptoms last for longer than 24 hours?   Yes ☐1
                                                          No ☐2
                                                          Uncertain ☐3

5.1 Did she have a CT/MRI scan?   Yes, ischaemic stroke ☐1
                                    Yes, haemorrhagic stroke ☐2
                                    Yes, normal scan ☐3
                                    Yes, other pathology, not a stroke ☐4
                                    No CT/MRI scan done ☐5

6.1 What was the final diagnosis?   Ischaemic stroke ☐1
                                      Haemorrhagic stroke ☐2
                                      Subarachnoid haemorrhage ☐3
                                      Stroke of uncertain pathological type ☐4
                                      Not a stroke at all ☐5
                                      Transient ischemic attack (TIA) ☐6
                                      Other please specify……………………… ☐7

7.1 Was she admitted to hospital?   Yes ☐1
                                      No ☐2

7.2 If yes, which hospital _____

8.1 Do you have a hospital letter confirming a diagnosis of stroke?   Yes ☐1
                                                                        No ☐2

9.1 If Yes, does the letter give full details of investigations?   Yes ☐1
                                                                     No ☐2

10.1 Comments:

Reviewers Name: …………………………………………………..Date: ..../......./...........

Please return to:
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