

PARTICIPANT ID:

CO:

SEQ:

EPID: **Blind\_EPID**

EVENT TYPE AND NUMBER: **SAD0B**

EVENT DATE: **SAD0C**

NO

YES

1. Focal neurological deficit (resulting from a vascular cause involving the central nervous system) of sudden onset which is not due to a readily identifiable cause (i.e., brain tumor, trauma)? **SAD1**

NO

YES

2. Were symptoms reversible within 24 hours? **SAD2**

NO

YES

UNKNOWN

3. Was an imaging study performed? **SAD3**

3a. If Yes, Is there documentation of a hemorrhage? **SAD3A**

Yes  
 No

4. FAVORIT Stroke Criteria NOT Met **SAD4**

*SAD0D Date final adjudication received at Data Coordinating Center*

5. FAVORIT Stroke Criteria Met: **SAD5**

- A. Hemorrhagic Stroke
- B. Non-Hemorrhagic Stroke
- C. Unknown\*

\* when there is no clinical, radiological, or other substantial evidence to document either a hemorrhagic or non-hemorrhagic stroke but a stroke is believed to have occurred

Date of Event:

6a. SITE REPORTED DATE OF EVENT AS ABOVE **SAD6A**

6b. ADJUDICATED DATE OF EVENT \_\_\_ / \_\_\_ / \_\_\_  
day month year **SAD6B**

7. CEC Request for Additional Information: **SAD7**

8. Additional Information Rec'd **SAD8**

9. Comments: **SAD9 & SAD9A**

10. Initial review match final adj.?  YES  NO, explain : **SADB10**

11. Physician Reviewer Signature: **Blind\_MD\_ID**

12. Date: \_\_\_ / \_\_\_ / \_\_\_  
day month year **SAD11**

13. CEC Administrative Signature: **Blind\_staff\_ID**

14. Date: \_\_\_ / \_\_\_ / \_\_\_  
day month year **SAD13**

PARTICIPANT ID: <subjId>

CO: 0<co1>

SEQ: 0<seq1>

EPID: <EPID>

Blind\_EPID

EVENT TYPE AND NUMBER: <event1>

SAD0B

EVENT DATE: <date1>

SAD0C

\_\_ NO       \_\_ YES

1. Focal neurological deficit (resulting from a vascular cause involving the central nervous system) of sudden onset which is not due to a readily identifiable cause (i.e., brain tumor, trauma)?

SAD1

\_\_ NO       \_\_ YES

2. Were symptoms reversible within 24 hours?

SAD2

\_\_ NO       \_\_ YES       \_\_ UNKNOWN

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SAD3

3a. If Yes, Is there documentation of a hemorrhage?  
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 \_\_ No

SAD3A

\_\_ 4. FAVORIT Stroke Criteria NOT Met

SAD4

5. FAVORIT Stroke Criteria Met:  
 \_\_ A. Hemorrhagic Stroke  
 \_\_ B. Non-Hemorrhagic Stroke  
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\* when there is no clinical, radiological, or other substantial evidence to document either a hemorrhagic or non-hemorrhagic stroke but a stroke is believed to have occurred

SAD5

Date of Event:  
\_\_\_ 6a. SITE REPORTED DATE OF EVENT AS ABOVE  
\_\_\_ 6b. ADJUDICATED DATE OF EVENT \_\_\_ / \_\_\_ / \_\_\_  
  day month year

SAD6A

SAD6B

SAD0D Date final adjudication received at Data Coordinating Center

7. CEC Request for Additional Information:

SAD7

\_\_ 8. Additional Information Rec'd

SAD8

9. Comments:

SAD9 & SAD9A

10. Physician Reviewer Signature:

Blind\_MD\_ID

11. Date:

\_\_\_ / \_\_\_ / \_\_\_  
day month year

SAD11

12. CEC Administrative Signature:

Blind\_staff\_ID

13. Date:

\_\_\_ / \_\_\_ / \_\_\_  
day month year

SAD13