

(TABLE: ARIC)

NOTE: The subjects are given the short questionnaire first. If they respond "yes" to questions 3, 10, 17, 23, or 32 they to answer the corresponding section or sections of the full questionnaire (follows). If the subject responds "no" to que 41, they are to continue to the long form question 42.

ARIC SHORT QUESTIONNAIRE

ID# subj_id

visit_number

1. Have you been **told by a physician** that you had a stroke, slight stroke, transient ischemic attack or TIA?

had_stroke Y Yes N No (If no, skip to 3.)

2. **If yes**, when did the first stroke or TIA occur? stroke_month_year Month/Year **mmyyyy (00 missing month)**

3. Have you ever had any sudden loss or changes in speech?

speech_change_sudden Y Yes N No D Don't know

10. Have you ever had any sudden loss of vision, complete or partial?

vision_loss_sudden Y Yes N No D Don't know

17. Have you ever had a sudden spell of double vision?

dbl_vision_sudden Y Yes N No D Don't know

23. Have you ever had any sudden numbness, tingling, or loss of feeling on one side of your body?

numb_sudden Y Yes N No D Don't know

32. Have you ever had any sudden episodes of paralysis or weakness on one side of your body?

weak_sudden Y Yes N No D Don't know

40. Have you ever had any spells of dizziness, loss of balance, or sensation of spinning?

dizzy_sudden Y Yes (If yes, continue to 41.) N No D Don't know

41. Did the dizziness, loss of balance, or spinning sensation occur only when changing the position of your head or body?

dizzy_when_move Y Yes N No D Don't know

Technician instructions: Complete appropriate section of full questionnaire for "yes" responses to questions 3, 10, 17, 23, or "no" to question 41. continue to long form question 42.

ARIC QUESTIONNAIRE

ID# subj_id, visit_number

(TABLE: ARIC)

Sudden loss or change of speech

3. Have you ever had any sudden loss or changes in speech?

speech_change_sudden **Y** Yes (If yes, complete 4. thru 9.)

N No (If no, skip to 10.)

D Don't know (Skip to 10.)

4. How many episodes of loss or changes in speech have you had? (*check one*)

speech_episodes

1 1

2 2

3 3

4 4

5 5

6 6-20

7 More than 20, or frequent, intermittent events, too numerous to count

5. When did the earliest occur? (*check one*)

speech_earliest

1 Within the last 6 months

2 Greater than 6 months, but less than 1 year ago

3 Greater than 1 year, but less than 2 years ago

4 Greater than 2 years, but less than 3 years ago

5 3 or more years ago

6. How long did the longest episode last? (*check one*)

speech_longest

1 Less than 30 seconds

2 At least 30 seconds, but less than 1 minute

3 At least 1 minute, but less than 3 minutes

4 At least 3 minutes, but less than 1 hour

5 At least 1 hour, but less than 6 hours

6 At least 6 hours, but less than 12 hours

7 At least 12 hours, but less than 24 hours

8 At least 24 hours

7. Did the worst episode come on suddenly? **speech_worst_sudden** **Y** Yes **N** No

a. If yes, how long did it take for the symptoms to get as bad as they were going to get? (*check one*)

speech_onset

1 0-2 seconds (instantly)

2 At least 3 seconds, but less than 1 minute

3 At least 1 minute, but less than 1 hour

4 At least 1 hour, but less than 2 hours

5 At least 2 hours, but less than 24 hours

6 At least 24 hours

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

a. Slurred speech like you were drunk. **speech_slurred** **Y** Yes **N** No **D** Don't know

b. Could talk but the wrong words came out. **speech_wrong_words** **Y** Yes **N** No **D** Don't know

c. Knew what you wanted to say, but the words would not come out. **speech_no_words** **Y** Yes **N** No **D** Don't know

9. While you were having your worst episode of change in speech, did any of the following occur?

- a. Numbness or tingling? **speech_num** **Y** Yes **N** No (If no, skip to 9.c.)
- b. Did you have difficulty on: **speech_num_sides** **1** Right side only **2** Left side only **3** Both sides
- c. Paralysis or weakness? **speech_weak** **Y** Yes **N** No (If no, skip to 9.e.)
- d. Did you have difficulty on: **speech_weak_sides** **1** Right side only **2** Left side only **3** Both sides
- e. Lightheadedness or dizzy spells? **speech_dizzy** **Y** Yes **N** No
- f. Blackouts or fainting? **speech_faint** **Y** Yes **N** No
- g. Seizures or convulsions? **speech_seizure** **Y** Yes **N** No
- h. Headache? **speech_headache** **Y** Yes **N** No
- i. Visual disturbances? **speech_visual** **Y** Yes **N** No (If no, skip to 10.)
- j. Did you have: **speech_visual_extnt** **1** Double vision
 2 Vision loss in right eye only
 3 Vision loss in left eye only
 4 Total loss of vision in both eyes
 5 Trouble in both eyes seeing to the right
 6 Trouble in both eyes seeing to the left
 7 Other: **(not entered)** _____

Sudden loss of vision

10. Have you ever had any sudden loss of vision, complete or partial?

- vision_loss_sudden**
 Y Yes (If yes, complete 11. thru 16.)
 N No (If no, skip to 17.)
 D Don't know (Skip to 17.)

11. During this time, how many episodes of loss of vision have you had?

- vision_loss_episodes**
 1 1
 2 2
 3 3
 4 4
 5 5
 6 6-20
 7 More than 20, or frequent, intermittent events, too numerous to count

12. During this same time period, when did the earliest occur? (*Check one*)

- vision_loss_earliest**
 1 Within the last 6 months
 2 Greater than 6 months, but less than 1 year ago
 3 Greater than 1 year, but less than 2 years ago
 4 Greater than 2 years, but less than 3 years ago
 5 3 or more years ago

13. How long did the longest episode last? (*Check one*)

vision_loss_longest

- 1 Less than 30 seconds
- 2 At least 30 seconds, but less than 1 minute
- 3 At least 1 minute, but less than 3 minutes
- 4 At least 3 minutes, but less than 1 hour
- 5 At least 1 hour, but less than 6 hours
- 6 At least 6 hours, but less than 12 hours
- 7 At least 12 hours, but less than 24 hours
- 8 At least 24 hours

14. Did the worst episode come on suddenly? **vision_loss_worst_sudden** Y Yes N No

a. If yes, how long did it take for the symptoms to get as bad as they were going to get?

vision_loss_onset

- 1 0-2 seconds (instantly)
- 2 At least 3 seconds, but less than 1 minute
- 3 At least 1 minute, but less than 1 hour
- 4 At least 1 hour, but less than 2 hours
- 5 At least 2 hours, but less than 24 hours
- 6 At least 24 hours

15. During the worst episode, which of the following parts of your vision were affected?

vision_loss_eyes_affected (coding according to Linda 2/17/2005)

- 1 Only the right eye (Skip to 16.)
- 2 Only the left eye (Skip to 16.)
- 3 Both eyes (Please answer 15.a.)

a. Did you have (*check one*): **vision_loss_extent** 1 Total loss of vision
 2 Trouble seeing to the left
 3 Trouble seeing to the right
 4 Other vision difficulties

16. While you were having your worst episode of loss of vision, did any of the following occur?

- a. Speech disturbance? **vision_loss_speech_prob** Y Yes N No
- b. Numbness or tingling? **vision_loss_numb** Y Yes N No (If no, skip to 16d.)
- c. Did you have difficulty on: **vision_loss_numb_sides** 1 Right side only 2 Left side only 3 Both sides
- d. Paralysis or weakness? **vision_loss_weakness** Y Yes N No (If no, skip to 16.f.)
- e. Did you have difficulty on: **vision_loss_weakness_sides** 1 Right side only 2 Left side only 3 Both sides
- f. Lightheadedness or dizzy spells? **vision_loss_dizzy** Y Yes N No
- g. Blackouts or fainting? **vision_loss_faint** Y Yes N No
- h. Seizures or convulsions? **vision_loss_seizure** Y Yes N No
- i. Headache? **vision_loss_headache** Y Yes N No

Double vision

17. Have you ever had a sudden spell of double vision?

dbble_vision_sudden

- Y Yes (If yes, complete 17.a. thru 22.)

N No (If no, skip to 23.) **D** Don't know (Skip to 23.)

a. If **yes**, if you closed one eye, did the double vision go away?

dbled_vision_close_eye_fix

Y Yes **N** No (If no, skip to 23.) **D** Don't know

18. During this time, how many episodes of double vision have you had?

dbled_vision_episodes

1 1

2 2

3 3

4 4

5 5

6 6-20

7 More than 20, or frequent, intermittent events, too numerous to count

19. During the same time period, when did the earliest occur?

dbled_vision_earliest

1 Within the last 6 months

2 Greater than 6 months, but less than 1 year ago

3 Greater than 1 year, but less than 2 years ago

4 Greater than 2 years, but less than 3 years ago

5 3 or more years ago

20. How long did the longest episode last?

dbled_vision_longest

1 Less than 30 seconds

2 At least 30 seconds, but less than 1 minute

3 At least 1 minute, but less than 3 minutes

4 At least 3 minutes, but less than 1 hour

5 At least 1 hour, but less than 6 hours

6 At least 6 hours, but less than 12 hours

7 At least 12 hours, but less than 24 hours

8 At least 24 hours

21. Did the worst episode come on suddenly? **dbled_vision_worst_sudden** **Y** Yes **N** No

a. If yes, how long did it take for the symptoms to get as bad as they were going to get?

dbled_vision_onset

1 0-2 seconds (instantly)

2 At least 3 seconds, but less than 1 minute

3 At least 1 minute, but less than 1 hour

4 At least 1 hour, but less than 2 hours

5 At least 2 hours, but less than 24 hours

6 At least 24 hours

22. While you were having your worst episode of double vision, did any of the following occur?

a. Speech disturbance? **dbled_vision_speech_prob** **Y** Yes **N** No

b. Numbness or tingling? **dbled_vision_num** **Y** Yes **N** No (If no, skip to 22.d.)

c. Did you have difficulty on: **dbled_vision_num_sides** **1** Right side only **2** Left side only **3** Both sides

d. Paralysis or weakness? **dbled_vision_weakness** **Y** Yes **N** No (If no, skip to 22.f.)

e. Did you have difficulty on: **dbled_vision_weakness_sides** **1** Right side only **2** Left side only **3** Both sides

f. Lightheadedness or dizzy spells? **dbledvisiondizzy** Y Yes N No

g. Blackouts or fainting? **dbledvisionfaint** Y Yes N No

h. Seizures or convulsions? **dbledvisionseizure** Y Yes N No

i. Headache? **dbledvisionheadache** Y Yes N No

Sudden numbness or tingling

23. Have you had any sudden numbness, tingling, or loss of feeling on one side of your body?

numbsudden

Y Yes (If yes, complete 24. thru 31.)

N No (If no, skip to 32.)

D Don't know (Skip to 32.)

24. Did the feeling of numbness or tingling occur only when you kept your arms or legs in a certain position?

numbpositional

Y Yes (If yes, skip to 32.)

N No

D Don't know

25. During this time, how many episodes of numbness, tingling, or loss of sensation have you had?

numbepisodes

1 1

2 2

3 3

4 4

5 5

6 6-20

7 More than 20, or frequent, intermittent events, too numerous to count

26. During this same time period, when did the earliest occur?

numbearliest

1 Within the last 6 months

2 Greater than 6 months, but less than 1 year ago

3 Greater than 1 year, but less than 2 years ago

4 Greater than 2 years, but less than 3 years ago

5 3 or more years ago

27. How long did the longest episode last?

numblongest

1 Less than 30 seconds

2 At least 30 seconds, but less than 1 minute

3 At least 1 minute, but less than 3 minutes

4 At least 3 minutes, but less than 1 hour

5 At least 1 hour, but less than 6 hours

6 At least 6 hours, but less than 12 hours

7 At least 12 hours, but less than 24 hours

8 At least 24 hours

28. Did the worst episode come on suddenly? **numbworst_sudden** Y Yes N No

a. If yes, how long did it take for the symptoms to get as bad as they were going to get?

numb_onset

- 1 0-2 seconds (instantly)
 2 At least 3 seconds, but less than 1 minute
 3 At least 1 minute, but less than 1 hour
 4 At least 1 hour, but less than 2 hours
 5 At least 2 hours, but less than 24 hours
 6 At least 24 hours

29. During the worst episode, which part or parts of your body were affected?

- a. Left arm or hand? **num_left_arm_hand** Y Yes N No D Don't know
b. Left leg or foot? **num_left_leg_foot** Y Yes N No D Don't know
c. Left side of face? **num_left_face** Y Yes N No D Don't know
d. Right arm or hand? **num_right_arm_hand** Y Yes N No D Don't know
e. Right foot or leg? **num_right_foot_leg** Y Yes N No D Don't know
f. Right side of face? **num_right_face** Y Yes N No D Don't know
g. Other? **num_other** Y Yes N No D Don't know

30. 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? (Check one)

numb_spread

- 1 Started in one part and spread to another
 2 Stayed in one part
 3 Don't know

31. While you were having your worst episode of numbness, tingling, or loss of sensation, did any of the following occur?

- a. Speech disturbance? **numb_speech_prob** Y Yes N No
b. Paralysis or weakness? **numb_weak** Y Yes N No (If no, skip to 31.d.)
c. Did you have difficulty on: **numb_weak_sides** 1 Right side only 2 Left side only 3 Both sides
d. Lightheadedness or dizzy spells? **numb_dizzy** Y Yes N No
e. Blackouts or fainting? **numb_faint** Y Yes N No
f. Seizures or convulsions? **numb_seizure** Y Yes N No
g. Headache? **numb_headache** Y Yes N No
h. Pain in the numb or tingling arm, leg, or face? **numb_pain** Y Yes N No
i. Visual disturbances? **numb_visual_prob** Y Yes N No (If no, skip to 32.)
numb_visual_symptoms
j. Did you have:
 1 Double vision
 2 Vision loss in right eye only
 3 Vision loss in left eye only
 4 Total loss of vision in both eyes
 5 Trouble in both eyes seeing to the right
 6 Trouble in both eyes seeing to the left
 7 Other: **not entered**

Sudden paralysis or weakness

32. Have you ever had any sudden episodes of paralysis or weakness on one side of your body?

weak_sudden

Y Yes (If yes, complete 33. thru 39.)

N No (If no, skip to 40.)

D Don't know (Skip to 40.)

33. During this time, how many episodes of paralysis or weakness have you had?

weak_episodes

1 1

2 2

3 3

4 4

5 5

6 6-20

7 More than 20, or frequent, intermittent events, too numerous to count

34. During this same time period, when did the earliest occur?

weak_earliest

1 Within the last 6 months

2 Greater than 6 months, but less than 1 year ago

3 Greater than 1 year, but less than 2 years ago

4 Greater than 2 years, but less than 3 years ago

5 3 or more years ago

35. How long did the longest episode last?

weak_longest

1 Less than 30 seconds

2 At least 30 seconds, but less than 1 minute

3 At least 1 minute, but less than 3 minutes

4 At least 3 minutes, but less than 1 hour

5 At least 1 hour, but less than 6 hours

6 At least 6 hours, but less than 12 hours

7 At least 12 hours, but less than 24 hours

8 At least 24 hours

36. Did the worst episode come on suddenly? **weak_worst_sudden** **Y** Yes **N** No

a. If yes, how long did it take for the symptoms to get as bad as they were going to get?

weak_onset

1 0-2 seconds (instantly)

2 At least 3 seconds, but less than 1 minute

3 At least 1 minute, but less than 1 hour

4 At least 1 hour, but less than 2 hours

5 At least 2 hours, but less than 24 hours

6 At least 24 hours

37. During this episode, which part or parts of your body were affected?

a. Left arm or hand? **weak_left_arm_hand** **Y** Yes **N** No **D** Don't know

b. Left leg or foot? **weak_left_leg_foot** **Y** Yes **N** No **D** Don't know

c. Left side of face? **weak_left_face** **Y** Yes **N** No **D** Don't know

d. Right arm or hand? **weak_right_arm_hand** **Y** Yes **N** No **D** Don't know

e. Right foot or leg? **weak_right_foot_leg** **Y** Yes **N** No **D** Don't know

f. Right side of face? **weak_right_face** **Y** Yes **N** No **D** Don't know

g. Other?

weak_other

Y Yes N No D Don't know

38. 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? (Check one)

weak_spread

1 Started in one part and spread to another

2 Stayed in one part

3 Don't know

39. While you were having your worst episode of paralysis or weakness, did any of the following occur?

weak_speech_prob

a. Speech disturbance? Y Yes N No

weak_numb

b. Numbness or tingling? Y Yes N No (If no, skip to 39.d.)

weak_numb_sides

c. Did you have difficulty on: 1 Right side only 2 Left side only 3 Both sides

weak_dizzy

d. Lightheadedness or dizzy spells? Y Yes N No

weak_faint

e. Blackouts or fainting? Y Yes N No

weak_seizure

f. Seizures or convulsions? Y Yes N No

weak_headache

g. Headache? Y Yes N No

weak_pain_arm_leg_face

h. Pain in the weak arm, leg, or face? Y Yes N No

weak_visual_prob

i. Visual disturbances? Y Yes N No (If no, skip to 40.)

weak_visual_extent

j. Did you have: 1 Double vision

2 Vision loss in right eye only

3 Vision loss in left eye only

4 Total loss of vision in both eyes

5 Trouble in both eyes seeing to the right

6 Trouble in both eyes seeing to the left

7 Other: **(not entered)** _____

Sudden spells of dizziness or loss of balance

40. Have you ever had any spells of dizziness, loss of balance, or sensation or spinning?

dizzy_sudden

Y Yes (If yes, complete 41. thru 46.)

N No (If no, stop here.)

D Don't know (Stop here.)

41. Did the dizziness, loss of balance, or spinning sensation occur only when changing the position of your head or body?

dizzy_when_move

Y Yes (If yes, stop here.)

N No

D Don't know

42. While you were having your worst episode of dizziness, loss of balance or spinning sensation, did any of the following o

dizzy_speech_prob

a. Speech disturbance? Y Yes N No

dizzy_weak

b. Paralysis or weakness? Y Yes N No (If no, skip to 42.d.)

dizzy_weak_sides

c. Did you have difficulty on: 1 Right side only 2 Left side only 3 Both sides

dizzy_numb

d. Numbness or tingling? Y Yes N No (If no, skip to 42.f.)

dizzy_numb_sides

e. Did you have difficulty on: 1 Right side only 2 Left side only 3 Both sides

dizzy_faint

f. Blackouts or fainting? Y Yes N No

dizzy_seizure

g. Seizures or convulsions? Y Yes N No

dizzy_headache

h. Headache? Y Yes N No

dizzy_visual_prob

i. Visual disturbances? Y Yes N No (If no, skip to 43.)

dizzy_visual_extent

j. Did you have: 1 Double vision
 2 Vision loss in right eye only
 3 Vision loss in left eye only
 4 Total loss of vision in both eyes
 5 Trouble in both eyes seeing to the left
 6 Other: (not entered)

43. During this time, how many episodes of dizziness, loss of balance or spinning sensation have you had?

dizzy_episodes

 1 1

 2 2

 3 3

 4 4

 5 5

 6 6-20

 7 More than 20, or frequent, intermittent events, too numerous to count

44. During this time period, when did the earliest occur?

dizzy_earliest

 1 Within the last 6 months

 2 Greater than 6 months, but less than 1 year ago

 3 Greater than 1 year, but less than 2 years ago

 4 Greater than 2 years, but less than 3 years ago

 5 3 or more years ago

45. How long did the longest episode last?

dizzy_longest

 1 Less than 30 seconds

 2 At least 30 seconds, but less than 1 minute

 3 At least 1 minute, but less than 3 minutes

 4 At least 3 minutes, but less than 1 hour

 5 At least 1 hour, but less than 6 hours

- 6** At least 6 hours, but less than 12 hours
- 7** At least 12 hours, but less than 24 hours
- 8** At least 24 hours

46. Did the worst episode come on suddenly? **dizzy_worst_sudden** **Y** Yes **N** No

a. If yes, how long did it take for the symptoms to get as bad as they were going to get?

dizzy_worst_onset

- 1** 0-2 seconds (instantly)
- 2** At least 3 seconds, but less than 1 minute
- 3** At least 1 minute, but less than 1 hour
- 4** At least 1 hour, but less than 2 hours
- 5** At least 2 hours, but less than 24 hours
- 6** At least 24 hours

Date: **interview_date**

Sleep Technician: **(not entered)**