

ARIC QUESTIONNAIRE

ID# _____

Sudden loss or change of speech

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

_____ Yes (If yes, complete 4. thru 9.)

_____ No (If no, skip to 10.)

_____ Don't know (Skip to 10.)

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

_____ 1

_____ 2

_____ 3

_____ 4

_____ 5

_____ 6-20

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

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

_____ Within the last 6 months

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

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

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

_____ 3 or more years ago

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

_____ Less than 30 seconds

_____ At least 30 seconds, but less than 1 minute

_____ At least 1 minute, but less than 3 minutes

_____ At least 3 minutes, but less than 1 hour

_____ At least 1 hour, but less than 6 hours

_____ At least 6 hours, but less than 12 hours

_____ At least 12 hours, but less than 24 hours

_____ At least 24 hours

7. Did the worst episode come on suddenly? _____ Yes _____ No

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

_____ 0-2 seconds (instantly)

_____ At least 3 seconds, but less than 1 minute

_____ At least 1 minute, but less than 1 hour

_____ At least 1 hour, but less than 2 hours

_____ At least 2 hours, but less than 24 hours

_____ At least 24 hours

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

a. Slurred speech like you were drunk. _____ Yes _____ No _____ Don't know

b. Could talk but the wrong words came out. _____ Yes _____ No _____ Don't know

c. Knew what you wanted to say, but the words would not come out. Yes No 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? Yes No (If no, skip to 9.c.)

b. Did you have difficulty on: Right side only Left side only Both sides

c. Paralysis or weakness? Yes No (If no, skip to 9.e.)

d. Did you have difficulty on: Right side only Left side only Both sides

e. Lightheadedness or dizzy spells? Yes No

f. Blackouts or fainting? Yes No

g. Seizures or convulsions? Yes No

h. Headache? Yes No

i. Visual disturbances? Yes No (If no, skip to 10.)

j. 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
 Other: _____

Sudden loss of vision

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

Yes (If yes, complete 11. thru 16.)

No (If no, skip to 17.)

Don't know (Skip to 17.)

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

1

2

3

4

5

6-20

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

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

Within the last 6 months

Greater than 6 months, but less than 1 year ago

- Greater than 1 year, but less than 2 years ago
- Greater than 2 years, but less than 3 years ago
- 3 or more years ago

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

- Less than 30 seconds
- At least 30 seconds, but less than 1 minute
- At least 1 minute, but less than 3 minutes
- At least 3 minutes, but less than 1 hour
- At least 1 hour, but less than 6 hours
- At least 6 hours, but less than 12 hours
- At least 12 hours, but less than 24 hours
- At least 24 hours

14. Did the worst episode come on suddenly? Yes No

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

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

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

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

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

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

- a. Speech disturbance? Yes No
- b. Numbness or tingling? Yes No (If no, skip to 16d.)
- c. Did you have difficulty on: Right side only Left side only Both sides
- d. Paralysis or weakness? Yes No (If no, skip to 16.f.)
- e. Did you have difficulty on: Right side only Left side only Both sides
- f. Lightheadedness or dizzy spells? Yes No
- g. Blackouts or fainting? Yes No
- h. Seizures or convulsions? Yes No
- i. Headache? Yes No

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Double vision

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

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

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

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

Yes No (If no, skip to 23.) Don't know

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

1

2

3

4

5

6-20

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

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

Within the last 6 months

Greater than 6 months, but less than 1 year ago

Greater than 1 year, but less than 2 years ago

Greater than 2 years, but less than 3 years ago

3 or more years ago

20. How long did the longest episode last?

Less than 30 seconds

At least 30 seconds, but less than 1 minute

At least 1 minute, but less than 3 minutes

At least 3 minutes, but less than 1 hour

At least 1 hour, but less than 6 hours

At least 6 hours, but less than 12 hours

At least 12 hours, but less than 24 hours

At least 24 hours

21. Did the worst episode come on suddenly? Yes No

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

0-2 seconds (instantly)

At least 3 seconds, but less than 1 minute

At least 1 minute, but less than 1 hour

At least 1 hour, but less than 2 hours

At least 2 hours, but less than 24 hours

At least 24 hours

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

a. Speech disturbance? Yes No

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

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

- d. Paralysis or weakness? Yes No (If no, skip to 22.f.)
- e. Did you have difficulty on: Right side only Left side only Both sides
- f. Lightheadedness or dizzy spells? Yes No
- g. Blackouts or fainting? Yes No
- h. Seizures or convulsions? Yes No
- i. Headache? Yes No

Sudden numbness or tingling

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

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

No (If no, skip to 32.)

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?

Yes (If yes, skip to 32.)

No

Don't know

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

1

2

3

4

5

6-20

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

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

Within the last 6 months

Greater than 6 months, but less than 1 year ago

Greater than 1 year, but less than 2 years ago

Greater than 2 years, but less than 3 years ago

3 or more years ago

27. How long did the longest episode last?

Less than 30 seconds

At least 30 seconds, but less than 1 minute

At least 1 minute, but less than 3 minutes

At least 3 minutes, but less than 1 hour

At least 1 hour, but less than 6 hours

At least 6 hours, but less than 12 hours

At least 12 hours, but less than 24 hours

___ At least 24 hours

28. Did the worst episode come on suddenly? ___ Yes ___ No

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

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

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

- a. Left arm or hand? ___ Yes ___ No ___ Don't know
- b. Left leg or foot? ___ Yes ___ No ___ Don't know
- c. Left side of face? ___ Yes ___ No ___ Don't know
- d. Right arm or hand? ___ Yes ___ No ___ Don't know
- e. Right foot or leg? ___ Yes ___ No ___ Don't know
- f. Right side of face? ___ Yes ___ No ___ Don't know
- g. Other? ___ Yes ___ No ___ 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*)

___ Started in one part and spread to another

___ Stayed in one part

___ 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? ___ Yes ___ No

b. Paralysis or weakness? ___ Yes ___ No (If no, skip to 31.d.)

c. Did you have difficulty on: ___ Right side only ___ Left side only ___ Both sides

d. Lightheadedness or dizzy spells? ___ Yes ___ No

e. Blackouts or fainting? ___ Yes ___ No

f. Seizures or convulsions? ___ Yes ___ No

g. Headache? ___ Yes ___ No

h. Pain in the numb or tingling arm, leg, or face? ___ Yes ___ No

i. Visual disturbances? ___ Yes ___ No (If no, skip to 32.)

- j. 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

Other: _____

Sudden paralysis or weakness

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

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

_____ No (If no, skip to 40.)

_____ Don't know (Skip to 40.)

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

_____ 1

_____ 2

_____ 3

_____ 4

_____ 5

_____ 6-20

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

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

_____ Within the last 6 months

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

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

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

_____ 3 or more years ago

35. How long did the longest episode last?

_____ Less than 30 seconds

_____ At least 30 seconds, but less than 1 minute

_____ At least 1 minute, but less than 3 minutes

_____ At least 3 minutes, but less than 1 hour

_____ At least 1 hour, but less than 6 hours

_____ At least 6 hours, but less than 12 hours

_____ At least 12 hours, but less than 24 hours

_____ At least 24 hours

36. Did the worst episode come on suddenly? _____ Yes _____ No

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

_____ 0-2 seconds (instantly)

_____ At least 3 seconds, but less than 1 minute

_____ At least 1 minute, but less than 1 hour

_____ At least 1 hour, but less than 2 hours

_____ At least 2 hours, but less than 24 hours

_____ At least 24 hours

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

a. Left arm or hand? _____ Yes _____ No _____ Don't know

- b. Left leg or foot? Yes No Don't know
- c. Left side of face? Yes No Don't know
- d. Right arm or hand? Yes No Don't know
- e. Right foot or leg? Yes No Don't know
- f. Right side of face? Yes No Don't know
- g. Other? Yes No 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*)

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

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

- a. Speech disturbance? Yes No
- b. Numbness or tingling? Yes No (If no, skip to 39.d.)
- c. Did you have difficulty on: Right side only Left side only Both sides
- d. Lightheadedness or dizzy spells? Yes No
- e. Blackouts or fainting? Yes No
- f. Seizures or convulsions? Yes No
- g. Headache? Yes No
- h. Pain in the weak arm, leg, or face? Yes No
- i. Visual disturbances? Yes No (If no, skip to 40.)
- j. 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
 - Other: _____

-
-
-
-

Sudden spells of dizziness or loss of balance

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

- Yes (If yes, complete 41. thru 46.)
- No (If no, stop here.)
- 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?

_____ Yes (If yes, stop here.)

_____ No

_____ Don't know

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

a. Speech disturbance? _____ Yes _____ No

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

c. Did you have difficulty on: _____ Right side only _____ Left side only _____ Both sides

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

e. Did you have difficulty on: _____ Right side only _____ Left side only _____ Both sides

f. Blackouts or fainting? _____ Yes _____ No

g. Seizures or convulsions? _____ Yes _____ No

h. Headache? _____ Yes _____ No

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

j. 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 left

_____ Other: _____

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

_____ 1

_____ 2

_____ 3

_____ 4

_____ 5

_____ 6-20

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

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

_____ Within the last 6 months

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

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

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

_____ 3 or more years ago

45. How long did the longest episode last?

- Less than 30 seconds
- At least 30 seconds, but less than 1 minute
- At least 1 minute, but less than 3 minutes
- At least 3 minutes, but less than 1 hour
- At least 1 hour, but less than 6 hours
- At least 6 hours, but less than 12 hours
- At least 12 hours, but less than 24 hours
- At least 24 hours

46. Did the worst episode come on suddenly? Yes No

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

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

Date: _____

Sleep Technician: _____