

ARIC SHORT QUESTIONNAIRE

ID# _____

Date: _____

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

_____ Yes _____ No (If no, skip to 3.)

2. **If yes**, when did the first stroke or TIA occur? _____ Month/Year

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

_____ Yes _____ No _____ Don't know

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

_____ Yes _____ No _____ Don't know

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

_____ Yes _____ No _____ Don't know

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

_____ Yes _____ No _____ Don't know

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

_____ Yes _____ No _____ Don't know

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

_____ Yes (If yes, continue to 41.) _____ No _____ Don't know

41. 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

Technician instructions: Complete appropriate section of full questionnaire for "yes" responses to questions 3, 10, 17, 23, 32. If "no" to question 41. continue to long form question 42.