Cerebrovascular Disease Elements

Principal Investigator Responsible for Accuracy of Data (Name):_____ **Subject ID Number:_____**

Is this data Longitudinal (Follow-Up) Data? Yes ☐ No ☐

Subject Zip Code (1st 3 digits): _____ Country of Residence _____

Family Member Samples in Repository? Yes ☐ No ☐ Unknown (subject adopted) ☐ If Yes, list subject ID/s: _____

Year of birth: _____ **Gender**: Male ☐ Female ☐

Ethnic Category (as reported by subject)-Check one: Hispanic or Latino ☐ Not Hispanic or Latino ☐

Racial Categories (as reported by subject) Check One:

American Indian/Alaska Native ☐ Asian ☐ Native Hawaiian/ Other Pacific Islander ☐

Black/African American ☐ White/Caucasian ☐ More than One Race ☐ Other ☐ Unknown ☐

Additional Racial and Ethnicity Information: ☐Other: _____

Diagnosed By: Neurosurgeon ☐ Neurologist ☐ Pediatric Neurologist ☐ Pediatrician ☐ Other ☐

Primary Care Physician☐ Psychiatrist ☐ Psychologist ☐ Does Not Apply (Population or Family-Based Control) ☐

Data Collected By: Neurosurgeon ☐ Neurologist ☐ Pediatric Neurologist ☐ Primary Care Physician ☐ Pediatrician ☐

Psychiatrist ☐ Psychologist ☐ Research Coordinator ☐ Registered Nurse ☐ Research Coordinator/ RN ☐

Smoking History Never ☐ Previous ☐ Current ☐ Years Smoking, if Applicable_____

Family History of Cerebrovascular Disease: Present ☐ Absent ☐ Unknown (Subject is adopted) ☐

If Present, List Affected Family Members and Indicate Specific Disease for each: _____

Family History of Aneurysm: Present ☐ Absent ☐ Unknown (Subject is adopted) ☐

If Present, List Affected Family Members: _____

Specific Diagnosis	**Present**	**Absent**		**Present**	**Absent**
Silent cerebral infarction	☐	☐	Aneurysmal subarachnoid hemorrhage	☐	☐
Transient ischemic attack	☐	☐	Vascular cognitive impairment	☐	☐
Unruptured intracranial aneurysm	☐	☐	Arteriovenous malformations (AVM)	☐	☐
Symptomic Ischemic stroke	☐	☐	Cerebral Cavernous Malformation (CCM)	☐	☐
Intracerebral hemorrhage	☐	☐	Hereditary Hemorrhagic Telangiectasia (HHT)	☐	☐

Other (specify): _____

Age at symptom onset _____ Age of Diagnosis _____ Did a neurologist confirm the diagnosis? Yes ☐ No ☐

Prior Medical History	**Present**	**Absent**		**Present**	**Absent**	**Not Applicable**
Pre-existing history of dementia	☐	☐	**Pre-hemorrhage history of ischemic stroke**	☐	☐	☐

Ischemic Stroke Sybtype Based on TOAST Criteria (select one):

Large-vessel	☐	Other	☐
Small-vessel	☐	unknown	☐
Cardioembolic	☐	not applicable	☐

AVM Subtype Criteria:

AVM type: ruptured ☐ unruptured ☐ not applicable ☐ Spetzler-Martin score: _____

Size: <30 mm ☐ 30 – 60 mm ☐ >60 mm ☐ AVM Location: Eloquent ☐ Non-eloquent ☐

Venous drainage: superficial ☐ deep ☐ both ☐ Drainage Location: Cortical ☐ subcortical/deep ☐ posterior fossa ☐

Medical History	**Present**	**Absent**
Hypertension	☐	☐
Diabetes mellitus	☐	☐
Atrial fibrillation	☐	☐
Myocardial infarction	☐	☐

Known mutation/s in subject's DNA: Present ☐ Absent ☐ Unknown ☐

If known mutation/s present or absent, describe:_____

Hypertension treated with medication Yes ☐ No ☐

Blood pressure (at time of blood draw) _____/_____

Other Risk Factors: _____

Other Diagnoses:	**Present**	**Absent**		**Present**	**Absent**
Parkinson's disease	☐	☐	Epilepsy	☐	☐
Alzheimer's Disease	☐	☐	ALS	☐	☐
Dementia	☐	☐			

Optional Data:

Mini-Mental status score _____ Neurological exam completed Yes ☐ No ☐

Handedness Left ☐ Right ☐ Ambidextrous ☐