## **VALIDATION FORM: STROKE**

Study No:	
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Name:	
Name.	REGIONAL
Address:	HEART I WE
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DOB:	
NHS:	_

Dear Doctor,

Thank you for supplying information on the above patient who took part in the British Regional Heart Study. We note that he has had a major CVA event recently and would be most grateful if you could complete the following brief enquiry to provide documentation for our record, **OR send us a photocopy of the hospital letter or discharge summary.** This information is critical for the validation of our case criteria.

RE: STROKE Date of Even		ent			
1. 2. 2.1	Did signs/symptoms last for longer than 24 hours?  Did he have definite hemiparesis or hemiplegia?  (weakness affecting one side on the boll f No, how did he present?	dy)	Yes 1 1	No	Don't Know
3. 3.1	Did he have a CT/MRI scan?  If Yes, what was the CT/MRI Scan results the street of the control o	oke oke can oke	Yes	No 🔲	Don't Know
4.	What was the final diagnosis?  Ischaemic stroke of the control of	oke age /pe : all oke ack ion ntia	1 2 3 4 5 6 6 7 8 8 9 10 11		
5.	Was he admitted to hospital?		Yes	No	Don't Know

We are extremely grateful for the co-operation we have received from so many GPs and hope to provide valuable information for the treatment and prevention of strokes in the future.

Yours sincerely

Paruns

Prof Peter H Whincup Professor of cardiovascular Epidemiology