Rapidly Improving Stroke Symptoms (RISS) Study
CASE REPORT FORM

Study P.I.s
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Dr Steven R. Levine

HHC Medical Centers of Brooklyn
**Rapidly Improving Stroke Symptoms (RISS) Study**

**CASE REPORT FORM**

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**Cover Page**
Patient number/study-ID
Contacts
Demographics
Timing

**Enrollment**
Inclusion/Exclusion
Type of symptoms at presentation
Head CT
Medical history/Previous Medications
NIHSS prior to the event
mRS prior to the event
Vitals ECG
Labs
Baseline NIHSS

**Serial NIHSS assessment**
NIHSS every 20 minutes until the patient remains in the 4.5 hours and a treatment decision is made

**Treatment Decision**
NIHSS at the time of treatment decision

**2 hours**
NIHSS at 2 hours from time of treatment decision

**24 hours from symptom onset**
NIHSS at 24hrs

**Day 7 or Discharge**
NIHSS at Day 7th or Discharge
Modified Rankin Score at Day 7th or Discharge

**Day 90**
NIHSS at day 90
Modified Rankin Score at day 90

Form completed by (initials): 
Patient-ID: 

Page 2
**Rapidly Improving Stroke Symptoms (RISS) Study**

**CASE REPORT FORM**

**Date of qualifying event:**

- **d**  
- **m**  
- **y**

**Patient-ID:**

- **SU/KC** Initials: 0 0 1

**Full name:** .................................................................

**Phone number:** .................................................................

**Address:** .................................................................

**Date of birth:**

- **d**  
- **m**  
- **y**

**Gender:**

- Male  
- Female

**Race/Ethnicity:**

- White  
- African/American  
- Asian  
- Hispanic  
- Other

**Symptom onset time (24 hours):**

- **HH**

**Admission to ED time (24 hours):**

- **HH**

**Best estimates of time from symptoms onset to ED admission:**

- **HH** minutes

Form completed by (initials):  

Patient-ID:  

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Rapidly Improving Stroke Symptoms (RISS) Study
CASE REPORT FORM

INCLUSION CRITERIA:

Age 16 years or older

Clinical syndrome suggestive of acute ischemic stroke

Time from onset of symptoms less than 4.5 hours

Head CT scan negative for ICH
(or other conditions responsible for neurological deficit)

Able to give consent or surrogate consent

Life expectation more than 6 months

TYPE OF SYMPTOMS AT PRESENTATION:

Weakness

Visual Change

Dizziness/ Vertigo

Sensory change

Aphasia

Dysarthria

Form completed by (initials): [ ], [ ], [ ], [ ], [ ]

Patient-ID: [ ], [ ], [ ], [ ], [ ]
**Rapidly Improving Stroke Symptoms (RISS) Study**

**CASE REPORT FORM**

**HEAD CT SCAN**

Hemorrhage  

Non-stroke lesions

Acute Ischemic lesion

- Focal parenchymal hypodensity
- Cortical swelling with sulcal effacement and loss of gray-white matter differentiation
- Hyperdense MCA sign

Previous Infarctions

New event supposed hemispheric side: Right  Left

Form completed by (initials):  
Patient-ID:  

Page 5
MEDICAL HISTORY/ VASCULAR RISK FACTOR

Hypertension  YES ☐  NO ☐
Diabetes Mellitus  YES ☐  NO ☐
Smoking  YES ☐  NO ☐
Atrial Fibrillation  YES ☐  NO ☐
Dyslipidemia  YES ☐  NO ☐
Previous Stroke/TIA  YES ☐  NO ☐
Previous MI/CAD  YES ☐  NO ☐
Family History of Stroke/TIA  YES ☐  NO ☐
Family History of MI/CAD  YES ☐  NO ☐
Illicit Drugs  YES ☐  NO ☐
Alcohol  YES ☐  NO ☐
Obesity  YES ☐  NO ☐
Sleep Apnea  YES ☐  NO ☐
Other:  YES ☐  NO ☐

specify: ......................................................................................................................................................
.....................................................................................................................................................................
**Rapidly Improving Stroke Symptoms (RISS) Study**

**CASE REPORT FORM**

**PRIOR MEDICATIONS**

(List all medication patients was taking previous admission to hospital):

**Antiplatelet Drugs:**
- Aspirin
  - YES [ ]
  - NO [ ]
- Clopidogrel
  - YES [ ]
  - NO [ ]
- Aspirin + Dipyridamole
  - YES [ ]
  - NO [ ]

**Oral Anticoagulants:**
- Warfarin
  - YES [ ]
  - NO [ ]
- Dabigatran
  - YES [ ]
  - NO [ ]

**Antihypertensive Drugs:**
- Beta blockers
  - YES [ ]
  - NO [ ]
- Calcium Channel Blockers
  - YES [ ]
  - NO [ ]
- ACE Inhibitors
  - YES [ ]
  - NO [ ]
- Diuretics
  - YES [ ]
  - NO [ ]

**Antidiabetic Drugs:**
- Insulin
  - YES [ ]
  - NO [ ]
- Oral hypoglycemic agents
  - YES [ ]
  - NO [ ]

**Statins:**
- YES [ ]
- NO [ ]

**Other:**
- YES [ ]
- NO [ ]

*specify:* ........................................................................................................................................

.................................................................

.................................................................

Form completed by (initials): [ ] [ ] [ ]

Patient-ID: [ ] [ ] [ ] [ ] [ ] [ ]
# Rapidly Improving Stroke Symptoms (RISS) Study

**CASE REPORT FORM**

### NIHSS - Prior to the event -

1. Level of Consciousness (0-3)  
2. LOC Questions (0-2)  
3. LOC Commands (0-2)  
4. Best Gaze (0-2)  
5. Visual (0-3)  
6. Facial Palsy (0-3)  
7. Motor Arm and Leg:  
   - Motor Left Arm (0-4 or UN)  
   - Motor Right Arm (0-4 or UN)  
   - Motor Left Leg (0-4 or UN)  
8. Motor Left Leg (0-4 or UN)  
9. Limb Ataxia (0-2 or UN)  
10. Sensory (0-2)  
11. Best Language (0-3)  
12. Dysarthria (0-2 or UN)  
13. Extinction & Inattention (0-2)  

**TOTAL =** 

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Form completed by (initials):  
Patient-ID:  

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Rapidly Improving Stroke Symptoms (RISS) Study
CASE REPORT FORM

PRIOR mRS: 0 [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ]

VITALS at admission:

Systolic Blood pressure at admission (mm/Hg): __________
Diastolic Blood pressure at admission (mm/Hg): __________
Heart Rate at admission (beat per minute): __________
(Attach copy of ECG at admission)

<table>
<thead>
<tr>
<th>LABORATORY</th>
<th>Normal Values</th>
<th>Patient Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>White-cell count (per mm3)</td>
<td>4.000-10.000</td>
<td></td>
</tr>
<tr>
<td>Hemoglobin (g/dL)</td>
<td>12-16</td>
<td></td>
</tr>
<tr>
<td>Hematocrit (%)</td>
<td>36-48</td>
<td></td>
</tr>
<tr>
<td>Red Blood Cells (million per liter)</td>
<td>4.2-6.1</td>
<td></td>
</tr>
<tr>
<td>Platelets (per mm3)</td>
<td>150.000-450.000</td>
<td></td>
</tr>
<tr>
<td>INR</td>
<td>0.9-1.2</td>
<td></td>
</tr>
<tr>
<td>Prothrombin time, PT, (sec)</td>
<td>12.2-14.8</td>
<td></td>
</tr>
<tr>
<td>Activated partial thromboplastin time, aPTT, (sec)</td>
<td>23.8-33.6</td>
<td></td>
</tr>
<tr>
<td>BUN (mg/dl)</td>
<td>7-21</td>
<td></td>
</tr>
<tr>
<td>Creatinine (mg/dl)</td>
<td>0.7-1.3</td>
<td></td>
</tr>
<tr>
<td>Cardiac Troponin, Tn, (ng/ml)</td>
<td>0.00-0.04</td>
<td></td>
</tr>
<tr>
<td>Glucose (mg/dL)</td>
<td>54-118</td>
<td></td>
</tr>
<tr>
<td>Sodium (mEq/L)</td>
<td>135-145</td>
<td></td>
</tr>
<tr>
<td>Potassium (mEq/L)</td>
<td>3.5-5.0</td>
<td></td>
</tr>
<tr>
<td>Chloride (mEq/L)</td>
<td>98-108</td>
<td></td>
</tr>
<tr>
<td>Calcium (mEq/dl)</td>
<td>8.4-10.2</td>
<td></td>
</tr>
</tbody>
</table>

Form completed by (initials): [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Patient-ID: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Rapidly Improving Stroke Symptoms (RISS) Study
CASE REPORT FORM

NIHSS  Baseline time: _________

1a. Level of Consciousness (0-3) _______
1b. LOC Questions (0-2) _______
1c. LOC Commands (0-2) _______

2. Best Gaze (0-2) _______

3. Visual (0-3) _______

4. Facial Palsy (0-3) _______

5. & 6. Motor Arm and Leg:
   5a. Motor Left Arm (0-4 or UN) _______
   5b. Motor Right Arm (0-4 or UN) _______
   6a. Motor Left Leg (0-4 or UN) _______
   6b. Motor Right Leg (0-4 or UN) _______

7. Limb Ataxia (0-2 or UN) _______

8. Sensory (0-2) _______

9. Best Language (0-3) _______

10. Dysarthria (0-2 or UN) _______

11. Extinction & Inattention (0-2) _______

TOTAL = _______

Form completed by (initials): [ ] [ ] [ ]  Patient-ID: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
**Rapidly Improving Stroke Symptoms (RISS) Study**

**CASE REPORT FORM**

NIHSS-1  time __________:
*(repeat evaluation every 20 minutes until the patient remains within the 4.5 hours from symptom onset)*

| 1a. Level of Consciousness (0-3) |  
|----------------------------------|---|
| 1b. LOC Questions (0-2)         |   |
| 1c. LOC Commands (0-2)          |   |

| 2. Best Gaze (0-2)               |   |
| 3. Visual (0-3)                  |   |
| 4. Facial Palsy (0-3)            |   |

<table>
<thead>
<tr>
<th>5&amp;6. Motor Arm and Leg:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5a. Motor Left Arm (0-4 or UN)</td>
<td></td>
</tr>
<tr>
<td>5b. Motor Right Arm (0-4 or UN)</td>
<td></td>
</tr>
<tr>
<td>6a. Motor Left Leg (0-4 or UN)</td>
<td></td>
</tr>
<tr>
<td>6b. Motor Right Leg (0-4 or UN)</td>
<td></td>
</tr>
</tbody>
</table>

| 7. Limb Ataxia (0-2 or UN)      |   |
| 8. Sensory (0-2)                |   |
| 9. Best Language (0-3)          |   |
| 10. Dysarthria (0-2 or UN)      |   |
| 11. Extinction & Inattention (0-2) |   |

Form completed by (initials): [ ]

Patient-ID: [ ]
Rapidly Improving Stroke Symptoms (RISS) Study
CASE REPORT FORM

NIHSS-2 time _________:
(repeat evaluation every 20 minutes until the patient remains within the 4.5 hours from symptom onset)

1a. Level of Consciousness (0-3) ______
1b. LOC Questions (0-2) ______
1c. LOC Commands (0-2) ______

2. Best Gaze (0-2) ______

3. Visual (0-3) ______

4. Facial Palsy (0-3) ______

5. Motor Arm and Leg:
   5a. Motor Left Arm (0-4 or UN) ______
   5b. Motor Right Arm (0-4 or UN) ______
   6a. Motor Left Leg (0-4 or UN) ______
   6b. Motor Right Leg (0-4 or UN) ______

7. Limb Ataxia (0-2 or UN) ______

8. Sensory (0-2) ______

9. Best Language (0-3) ______

10. Dysarthria (0-2 or UN) ______

11. Extinction & Inattention (0-2) ______

TOTAL = _____

Form completed by (initials): ____________
Patient-ID: ____________________________

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NIHSS-3 time: __________
*(repeat evaluation every 20 minutes until the patients remains within the 4.5 hours from symptom onset)*

<table>
<thead>
<tr>
<th>Item</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Level of Consciousness (0-3)</td>
<td>_____</td>
</tr>
<tr>
<td>1b. LOC Questions (0-2)</td>
<td>_____</td>
</tr>
<tr>
<td>1c. LOC Commands (0-2)</td>
<td>_____</td>
</tr>
<tr>
<td>2. Best Gaze (0-2)</td>
<td>_____</td>
</tr>
<tr>
<td>3. Visual (0-3)</td>
<td>_____</td>
</tr>
<tr>
<td>4. Facial Palsy (0-3)</td>
<td>_____</td>
</tr>
<tr>
<td>5a. Motor Left Arm (0-4 or UN)</td>
<td>_____</td>
</tr>
<tr>
<td>5b. Motor Right Arm (0-4 or UN)</td>
<td>_____</td>
</tr>
<tr>
<td>6a. Motor Left Leg (0-4 or UN)</td>
<td>_____</td>
</tr>
<tr>
<td>6b. Motor Right Leg (0-4 or UN)</td>
<td>_____</td>
</tr>
<tr>
<td>7. Limb Ataxia (0-2 or UN)</td>
<td>_____</td>
</tr>
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<td>_____</td>
</tr>
<tr>
<td>9. Best Language (0-3)</td>
<td>_____</td>
</tr>
<tr>
<td>10. Dysarthria (0-2 or UN)</td>
<td>_____</td>
</tr>
<tr>
<td>11. Extinction &amp; Inattention (0-2)</td>
<td>_____</td>
</tr>
</tbody>
</table>

TOTAL = _____

Form completed by (initials): [ ] [ ] [ ]
Patient-ID: [ ] [ ] [ ] [ ] [ ]
### Rapidly Improving Stroke Symptoms (RISS) Study
### CASE REPORT FORM

**NIHSS-4 time __________:**
*(repeat evaluation every 20 minutes until the patient remains within the 4.5 hours from symptom onset)*

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>1a. Level of Consciousness (0-3)</td>
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<tr>
<td>1b. LOC Questions (0-2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c. LOC Commands (0-2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Best Gaze (0-2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Visual (0-3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Facial Palsy (0-3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a. Motor Left Arm (0-4 or UN)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5b. Motor Right Arm (0-4 or UN)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6a. Motor Left Leg (0-4 or UN)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6b. Motor Right Leg (0-4 or UN)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Limb Ataxia (0-2 or UN)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Sensory (0-2)</td>
<td></td>
<td></td>
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<tr>
<td>9. Best Language (0-3)</td>
<td></td>
<td></td>
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<tr>
<td>10. Dysarthria (0-2 or UN)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Extinction &amp; Inattention (0-2)</td>
<td></td>
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</tr>
</tbody>
</table>

**TOTAL = ___**

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Form completed by (initials): [ ] [ ] [ ]

Patient-ID: [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Rapidly Improving Stroke Symptoms (RISS) Study

CASE REPORT FORM

NIHSS at the time of Treatment Decision - time____

1a. Level of Consciousness (0-3) ____
1b. LOC Questions (0-2) ____
1c. LOC Commands (0-2) ____

2. Best Gaze (0-2) ____

3. Visual (0-3) ____

4. Facial Palsy (0-3) ____

5&6. Motor Arm and Leg:
   5a. Motor Left Arm (0-4 or UN) ____
   5b. Motor Right Arm (0-4 or UN) ____
   6a. Motor Left Leg (0-4 or UN) ____
   6b. Motor Right Leg (0-4 or UN) ____

7. Limb Ataxia (0-2 or UN) ____

8. Sensory (0-2) ____

9. Best Language (0-3) ____

10. Dysarthria (0-2 or UN) ____

11. Extinction & Inattention (0-2) ____

TOTAL = ____
**Rapidly Improving Stroke Symptoms (RISS) Study**

**CASE REPORT FORM**

**Treatment Decision - time_____**

Time from symptom onset (best estimate in minutes): [ ] [ ] [ ]

**IV rtPA:** YES [ ] NO [ ]

If NO, check the possible following reasons motivating the decision:

- NO measurable neurological deficit
- The neurological signs are clearing spontaneously.
- The neurological signs are minor and isolated
- Major deficits (NIHSS >25)
- The symptoms of stroke suggestive of subarachnoid hemorrhage.
- Onset of symptoms <3 hours before beginning treatment
- Head trauma or prior stroke in previous 3 months
- Myocardial infarction in the previous 3 months
- Gastrointestinal or urinary tract hemorrhagic in previous 21 days
- Arterial puncture at a non-compressible site in the previous 7 days
- Major surgery in the previous 14 days
- History of previous intracranial hemorrhage
- Blood pressure elevated (systolic > 185 mm Hg and diastolic > 110 mm Hg)
- Evidence of active bleeding or acute trauma (fracture) on examination
- Taking an oral anticoagulant or, if anticoagulant being taken, INR > or = 1.7
- Receiving heparin in previous 48 hours, aPTT not in normal range
- Platelet count < 100,000 mm3
- Blood glucose concentration < 50 mg/dL (2.7 mmol/L)
- Seizure with post-ictal residual neurological impairments
- Other (specify: …………………………………………………………………………...
NIHSS at 2 hours from treatment decision - time_____

1a. Level of Consciousness (0-3) ______
1b. LOC Questions (0-2) ______
1c. LOC Commands (0-2) ______

2. Best Gaze (0-2) ______

3. Visual (0-3) ______

4. Facial Palsy (0-3) ______

5.&6. Motor Arm and Leg:
   5a. Motor Left Arm (0-4 or UN) ______
   5b. Motor Right Arm (0-4 or UN) ______
   6a. Motor Left Leg (0-4 or UN) ______
   6b. Motor Right Leg (0-4 or UN) ______

7. Limb Ataxia (0-2 or UN) ______

8. Sensory (0-2) ______

9. Best Language (0-3) ______

10. Dysarthria (0-2 or UN) ______

11. Extinction & Inattention (0-2) ______

TOTAL = ______

Form completed by (initials): I I I
Patient-ID: I I I I I I I I I I
NIHSS at 24 hours from symptoms onset - time____

1a. Level of Consciousness (0-3) ____
1b. LOC Questions (0-2) ____
1c. LOC Commands (0-2) ____

2. Best Gaze (0-2) ____

3. Visual (0-3) ____

4. Facial Palsy (0-3) ____

5. & 6. Motor Arm and Leg:
   5a. Motor Left Arm (0-4 or UN) ____
   5b. Motor Right Arm (0-4 or UN) ____
   6a. Motor Left Leg (0-4 or UN) ____
   6b. Motor Right Leg (0-4 or UN) ____

7. Limb Ataxia (0-2 or UN) ____

8. Sensory (0-2) ____

9. Best Language (0-3) ____

10. Dysarthria (0-2 or UN) ____

11. Extinction & Inattention (0-2) ____

TOTAL = ____

Form completed by (initials): [ ] [ ] [ ]
Patient-ID: [ ] [ ] [ ] [ ] [ ]
**Rapidly Improving Stroke Symptoms (RISS) Study**

**CASE REPORT FORM**

NIHSS at Day 7\textsuperscript{th} or Discharge

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Level of Consciousness (0-3)</td>
<td></td>
</tr>
<tr>
<td>1b. LOC Questions (0-2)</td>
<td></td>
</tr>
<tr>
<td>1c. LOC Commands (0-2)</td>
<td></td>
</tr>
<tr>
<td>2. Best Gaze (0-2)</td>
<td></td>
</tr>
<tr>
<td>3. Visual (0-3)</td>
<td></td>
</tr>
<tr>
<td>4. Facial Palsy (0-3)</td>
<td></td>
</tr>
<tr>
<td>5. &amp; 6. Motor Arm and Leg:</td>
<td></td>
</tr>
<tr>
<td>5a. Motor Left Arm (0-4 or UN)</td>
<td></td>
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<td>8. Sensory (0-2)</td>
<td></td>
</tr>
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<td>9. Best Language (0-3)</td>
<td></td>
</tr>
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<td>10. Dysarthria (0-2 or UN)</td>
<td></td>
</tr>
<tr>
<td>11. Extinction &amp; Inattention (0-2)</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL =   

---

Form completed by (initials): [ ]

Patient-ID: [ ]

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Modified Rankin Score at Day 7th or Discharge

0 □ Asymptomatic.

1 □ Non-disabling symptoms which do not interfere with daily lifestyle.

2 □ Minor disability – symptoms which lead to some restriction in lifestyle but do not interfere with the patient’s capacity to look after themselves.

3 □ Moderate disability – symptoms which significantly interfere with lifestyle or prevent totally independent existence, but able to walk without assistance.

4 □ Moderately severe disability – symptoms which prevent independent existence unable to walk without assistance but do not need constant attention day and night.

5 □ Severely disabled – totally dependent requiring constant attention day and night.

6 □ Dead

Form completed by (initials): □□□□□□ Patient-ID: □□□□□□
Rapidly Improving Stroke Symptoms (RISS) Study

CASE REPORT FORM

NIHSS at Day 90

1a. Level of Consciousness (0-3) _____
1b. LOC Questions (0-2) _____
1c. LOC Commands (0-2) _____

2. Best Gaze (0-2) _____

3. Visual (0-3) _____

4. Facial Palsy (0-3) _____

5. & 6. Motor Arm and Leg:
   5a. Motor Left Arm (0-4 or UN) _____
   5b. Motor Right Arm (0-4 or UN) _____
   6a. Motor Left Leg (0-4 or UN) _____
   6b. Motor Right Leg (0-4 or UN) _____

7. Limb Ataxia (0-2 or UN) _____

8. Sensory (0-2) _____

9. Best Language (0-3) _____

10. Dysarthria (0-2 or UN) _____

11. Extinction & Inattention (0-2) _____

TOTAL = _____

Form completed by (initials): [Blank]

Patient-ID: [Blank]

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**Rapidly Improving Stroke Symptoms (RISS) Study**

**CASE REPORT FORM**

Modified Rankin Score at Day 90

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Asymptomatic.</td>
</tr>
<tr>
<td>1</td>
<td>Non-disabling symptoms which do not interfere with daily lifestyle.</td>
</tr>
<tr>
<td>2</td>
<td>Minor disability—symptoms which lead to some restriction in lifestyle but do not interfere with the patient’s capacity to look after themselves.</td>
</tr>
<tr>
<td>3</td>
<td>Moderate disability—symptoms which significantly interfere with lifestyle or prevent totally independent existence, but able to walk without assistance.</td>
</tr>
<tr>
<td>4</td>
<td>Moderately severe disability—symptoms which prevent independent existence unable to walk without assistance but do not need constant attention day and night.</td>
</tr>
<tr>
<td>5</td>
<td>Severely disabled—totally dependant requiring constant attention day and night.</td>
</tr>
<tr>
<td>6</td>
<td>Dead</td>
</tr>
</tbody>
</table>

Form completed by (initials):  
Patient-ID:  

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ADDITIONAL NOTES