

Risk Assessment Form for High-Risk Stroke Population Screening and Intervention Projects in 2013

(Applicable to cluster sampling screening of people over 40 years old

in urban communities and rural towns)




<On-site investigation paper version>

I. File information

1.1 Basic information		
Medical institution name: _____	File creation date: <input type="text"/> year <input type="text"/> month <input type="text"/> day	community: <input type="checkbox"/> city <input type="checkbox"/> countryside
Screener: _____ (Telephone: _____)	Quality controller: _____ (Telephone: _____)	
1.2 Demographic information		
name: _____	sex: <input type="checkbox"/> male <input type="checkbox"/> female	Nationality: _____
ID number: <input type="text"/>		
marital status: <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorce <input type="checkbox"/> Other	Education level: <input type="checkbox"/> Elementary school and below <input type="checkbox"/> Junior high school <input type="checkbox"/> Technical secondary school/high school <input type="checkbox"/> Junior college/undergraduate <input type="checkbox"/> Master's degree and above	
Occupation (pre-retirement occupation): <input type="checkbox"/> National civil servant <input type="checkbox"/> Professional and technical personnel <input type="checkbox"/> Staff <input type="checkbox"/> Business manager <input type="checkbox"/> Worker <input type="checkbox"/> Farmer <input type="checkbox"/> Student <input type="checkbox"/> Active army <input type="checkbox"/> Freelancers <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Others, please give details _____		
Individual average monthly medical expenses (excluding health insurance expenses): <input type="checkbox"/> Under 500 yuan <input type="checkbox"/> 500-1000 yuan <input type="checkbox"/> 1001-3000 yuan <input type="checkbox"/> 3001-5000 <input type="checkbox"/> 5001-10000 yuan <input type="checkbox"/> above 10,000 yuan <input type="checkbox"/> Unknown		
Main medical payment methods: <input type="checkbox"/> Urban employee basic medical insurance <input type="checkbox"/> New urban residents' basic medical insurance <input type="checkbox"/> New rural cooperative medical care <input type="checkbox"/> Poverty relief <input type="checkbox"/> Commercial medical insurance <input type="checkbox"/> Full public expense <input type="checkbox"/> Full self-finance <input type="checkbox"/> Other social insurance <input type="checkbox"/> Other		
1.3 Communication and contact information		
Household registration address: _____ Province city _____ district/county _____ street/village	Postcode: <input type="text"/>	
current residing address: _____ Province _____ City district/county _____ Street/village	Postcode: <input type="text"/>	
phone number: <input type="text"/>	Cell phone: <input type="text"/>	E-mail (optional):

Primary contact name: _____	Relationship to the applicant: <input type="checkbox"/> Parents <input type="checkbox"/> Children <input type="checkbox"/> Brothers and Sisters <input type="checkbox"/> Spouse <input type="checkbox"/> Others	Contact phone: _____
------------------------------------	---	-----------------------------

II. Primary screening information

1	Hypertension (blood pressure $\geq 140/90$ mmHg or taking antihypertensive drugs): <input type="checkbox"/> have Current blood pressure (<input type="checkbox"/> left <input type="checkbox"/> right): Systolic blood pressure SBP <input type="text"/> <input type="text"/> <input type="text"/> (mmHg) / Diastolic blood pressure DBP <input type="text"/> <input type="text"/> <input type="text"/> (mmHg)	<input type="checkbox"/> don't have
2	Dyslipidemia (triglycerides ≥ 2.26 mmol/L, or total cholesterol ≥ 6.22 mmol/L, or low-density lipoprotein cholesterol LDL ≥ 4.14 mmol/L, or high-density lipoprotein cholesterol HDL < 1.04 mmol/L): <input type="checkbox"/> Yes	<input type="checkbox"/> Don't have <input type="checkbox"/> Unknown
3	Diabetes: <input type="checkbox"/> Have	<input type="checkbox"/> Don't have
4	Atrial fibrillation (Atrial fibrillation): <input type="checkbox"/> Have <input type="checkbox"/> Don't have	
5	Smoking history: <input type="checkbox"/> Have	<input type="checkbox"/> Don't have
6	Significantly overweight or obese (BMI ≥ 26 kg/m²): <input type="checkbox"/> Yes Height: <input type="text"/> <input type="text"/> <input type="text"/> cm Weight: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kg BMI: <input type="text"/> <input type="text"/> <input type="text"/> kg/m ² (BMI= height / weight ²)	<input type="checkbox"/> No
7	Lack of exercise or light physical labor (exercise frequency < 3 times/week and < 30 minutes/time; participation in industrial and agricultural labor is deemed to have exercise): <input type="checkbox"/> Yes <input type="checkbox"/> No	
8	Family history of stroke	<input type="checkbox"/> Have <input type="checkbox"/> Don't have
I	Past stroke: <input type="checkbox"/> have	<input type="checkbox"/> Don't have
II	Past transient ischemic attack (TIA) <input type="checkbox"/> have	<input type="checkbox"/> Don't have
Preliminary screening results (generated by the system)	Risk classification	<input type="checkbox"/> Stroke <input type="checkbox"/> TIA <input type="checkbox"/> n ≥ 3 high risk <input type="checkbox"/> Medium risk <input type="checkbox"/> Low risk
	Hazard sign	  
	Management classification	Strengthen management <input type="checkbox"/> Standardized management <input type="checkbox"/> Health management <input type="checkbox"/>

III. Re-screening information

(For the population at high risk of stroke according to the preliminary screening score, fill in the relevant medical history in detail according to the preliminary screening results, including patients with previous strokes, TIA patients, and people with risk factors $n \geq 3$)

3.1 Other important medical history		
3.1.3	hypertension	<input type="checkbox"/> Have <input type="checkbox"/> Don't have Years of diagnosis: <input type="checkbox"/> Within half a year <input type="checkbox"/> About 1 year (6-12 months) <input type="checkbox"/> About <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> year (in whole numbers) Whether to take antihypertensive drugs: <input type="checkbox"/> Yes <input type="checkbox"/> No
3.1.3	Dyslipidemia	<input type="checkbox"/> Have <input type="checkbox"/> Don't have Years of diagnosis: <input type="checkbox"/> Within half a year <input type="checkbox"/> About 1 year (6-12 months) <input type="checkbox"/> About <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> year (in whole numbers) Abnormal type (multiple choices available): <input type="checkbox"/> High total cholesterol <input type="checkbox"/> High triglycerides <input type="checkbox"/>

National Health and Family Planning Commission's "12th Five Year Plan" Health Care Reform Project -- Screening and Intervention Project for High-Risk Groups of Stroke

		High low-density lipoprotein cholesterol <input type="checkbox"/> Low high-density lipoprotein cholesterol Whether to take lipid-lowering drugs: <input type="checkbox"/> Yes <input type="checkbox"/> No
3.1.3	diabetes	<input type="checkbox"/> Have <input type="checkbox"/> Don' t have Years of diagnosis: <input type="checkbox"/> Within half a year <input type="checkbox"/> About 1 year (6-12 months) <input type="checkbox"/> About <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> year (in whole numbers) Whether to take hypoglycemic drugs: <input type="checkbox"/> Yes <input type="checkbox"/> No
3.1.4	Other heart diseases (multiple choices available)	<input type="checkbox"/> Have <input type="checkbox"/> Don' t have <input type="checkbox"/> Coronary heart disease <input type="checkbox"/> Rheumatic heart disease (including valvular disease) <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Other types of heart disease

3.2 Family history

3.2.1	Stroke (multiple choices available)	<input type="checkbox"/> Have <input type="checkbox"/> Don' t have Relationship to the applicant: <input type="checkbox"/> parents <input type="checkbox"/> children <input type="checkbox"/> brothers and sisters <input type="checkbox"/> other relatives
3.2.2	Coronary heart disease (multiple choices available)	<input type="checkbox"/> Have <input type="checkbox"/> Don' t have Relationship to the applicant: <input type="checkbox"/> parents <input type="checkbox"/> children <input type="checkbox"/> brothers and sisters <input type="checkbox"/> other relatives
3.2.3	Hypertension (multiple choices available)	<input type="checkbox"/> Have <input type="checkbox"/> Don' t have Relationship to the applicant: <input type="checkbox"/> parents <input type="checkbox"/> children <input type="checkbox"/> brothers and sisters <input type="checkbox"/> other relatives
3.2.4	Diabetes (multiple choices available)	<input type="checkbox"/> Have <input type="checkbox"/> Don' t have Relationship to the applicant: <input type="checkbox"/> parents <input type="checkbox"/> children <input type="checkbox"/> brothers and sisters <input type="checkbox"/> other relatives
3.2.5	Hyperlipidemia (multiple choices available)	<input type="checkbox"/> Have <input type="checkbox"/> Don' t have Relationship to the applicant: <input type="checkbox"/> parents <input type="checkbox"/> children <input type="checkbox"/> brothers and sisters <input type="checkbox"/> other relatives

3.3 lifestyle

3.3.1	Smoking	<input type="checkbox"/> Have <input type="checkbox"/> Don' t have If you are smoking, smoking history <input type="checkbox"/> <input type="checkbox"/> years (in whole numbers), the current average smoking is ___ cigarettes/day If you have quit smoking, quit smoking history <input type="checkbox"/> <input type="checkbox"/> years (in whole numbers), used to smoke <input type="checkbox"/> <input type="checkbox"/> years, average smoking ___ cigarettes/day
3.3.2	Drinking	<input type="checkbox"/> Have <input type="checkbox"/> Don' t have Drinking history: Approximately <input type="checkbox"/> <input type="checkbox"/> years (calculated in whole years) <input type="checkbox"/> Drinking frequently (high liquor>50 degrees, ≥3 times/week, ≥2 twice/time) <input type="checkbox"/> Occasionally drinking
3.3.3	Exercise habits	<input type="checkbox"/> Regular exercise or heavy physical labor (including industrial and agricultural workers) <input type="checkbox"/> lack of exercise or light physical labor (exercise frequency <3 times/week and <30 minutes/time)
3.3.4	Dietary	<input type="checkbox"/> taste too salty <input type="checkbox"/> taste too oily

National Health and Family Planning Commission's "12th Five Year Plan" Health Care Reform Project --
Screening and Intervention Project for High-Risk Groups of Stroke

habits	Eat vegetables (<input type="checkbox"/> ≥5 days/week <input type="checkbox"/> ≤2 days/week) Eat fruits (<input type="checkbox"/> ≥3 days/week <input type="checkbox"/> rarely or occasionally) Drink milk or yogurt (<input type="checkbox"/> ≥200ml/day And <input type="checkbox"/> ≥5 days/week <input type="checkbox"/> drink rarely or occasionally)
--------	---

IV. Medication information in the past 2 weeks

Medication use		Drug type or name	
4.1	<input type="checkbox"/> Antihypertensive	<input type="checkbox"/> Diuretics <input type="checkbox"/> Calcium antagonists <input type="checkbox"/> β-blockers <input type="checkbox"/> ACEI <input type="checkbox"/> ARB <input type="checkbox"/> Others	
4.2	<input type="checkbox"/> Hypoglycemic	<input type="checkbox"/> Glinides <input type="checkbox"/> α-glycosidase inhibitors <input type="checkbox"/> biguanides <input type="checkbox"/> glitazones <input type="checkbox"/> insulin <input type="checkbox"/> others	
4.3	<input type="checkbox"/> Lipid-lowering	<input type="checkbox"/> Statins <input type="checkbox"/> Fibrates <input type="checkbox"/> Niacins <input type="checkbox"/> Resins <input type="checkbox"/> Cholesterol absorption inhibitors <input type="checkbox"/> Others	
4.4	<input type="checkbox"/> Anticoagulant	<input type="checkbox"/> Vitamin K antagonists	<input type="checkbox"/> Warfarin
		<input type="checkbox"/> Increase antithrombin activity	<input type="checkbox"/> Unfractionated heparin <input type="checkbox"/> Hirudin <input type="checkbox"/> Low molecular weight heparin
		<input type="checkbox"/> Coagulation factor inhibitor	<input type="checkbox"/> Dabigatran
		<input type="checkbox"/> Other	
4.5	<input type="checkbox"/> Antiplatelet	<input type="checkbox"/> Cyclooxygenase 1 inhibitor	<input type="checkbox"/> Aspirin
		<input type="checkbox"/> ADP receptor antagonist	<input type="checkbox"/> Clopidogrel
		<input type="checkbox"/> Inhibit platelet phosphodiesterase	<input type="checkbox"/> Dipyridamole <input type="checkbox"/> Cilostazol
		<input type="checkbox"/> Other	
4.6	<input type="checkbox"/> Homocysteine-lowering	<input type="checkbox"/> Folic acid <input type="checkbox"/> VitB12 <input type="checkbox"/> VitB6	
4.7	<input type="checkbox"/> Chinese medicine treatment	<input type="checkbox"/> Proprietary Chinese medicine <input type="checkbox"/> Decoction	
4.8	<input type="checkbox"/> Other drugs		

V. physical examination information

Waist: ___ cm Hip: ___ cm Pulse: ___ (times/min)	
Heart auscultation:	<input type="checkbox"/> Have (Heart Rhythm: <input type="checkbox"/> Regular <input type="checkbox"/> Uneven) <input type="checkbox"/> Don't have

VI. Laboratory inspection information

Check time: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> year <input type="checkbox"/> <input type="checkbox"/> month <input type="checkbox"/> <input type="checkbox"/> day		Inspection organization: <input type="checkbox"/> Base hospital <input type="checkbox"/> Community or township hospital		
Type	Inspection Index	Value	Unit	Identification
6.1 blood sugar	6.1.1 Fasting blood glucose GLU	_____	mmol/L	<input type="checkbox"/> ↑ / <input type="checkbox"/> normal / <input type="checkbox"/> ↓
	6.1.2 Glycated hemoglobin HbA1c (must do for diabetic patients)	_____	%	<input type="checkbox"/> ↑ / <input type="checkbox"/> normal / <input type="checkbox"/> ↓
6.2 Blood lipids	6.2.1 Triglyceride TG	_____	mmol/L	<input type="checkbox"/> ↑ / <input type="checkbox"/> normal / <input type="checkbox"/> ↓
	6.2.2 Total Cholesterol TCHO	_____	mmol/L	<input type="checkbox"/> ↑ / <input type="checkbox"/> normal / <input type="checkbox"/> ↓
	6.2.3 Low-density lipoprotein cholesterol LDL-C	_____	mmol/L	<input type="checkbox"/> ↑ / <input type="checkbox"/> normal / <input type="checkbox"/> ↓
	6.2.4 High Density Lipoprotein Cholesterol HDL-C	_____	mmol/L	<input type="checkbox"/> ↑ / <input type="checkbox"/> normal / <input type="checkbox"/> ↓
6.3 Homocysteine HCY (development in regions with conditions)		_____	μmol/L	<input type="checkbox"/> ↑ / <input type="checkbox"/> normal / <input type="checkbox"/> ↓

VII. Check information

7.1 Electrocardiogram (auscultation heart arrhythmias who must do the project)		
Check time: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> year <input type="text"/> <input type="text"/> month <input type="text"/> <input type="text"/> day	Inspection organization: <input type="checkbox"/> Base hospital <input type="checkbox"/> Community or township hospital	
Check result:	<input type="checkbox"/> abnormal	<input type="checkbox"/> No abnormality
	<input type="checkbox"/> Atrial fibrillation <input type="checkbox"/> Ischemia changes <input type="checkbox"/> Left ventricular hypertrophy <input type="checkbox"/> Other diagnosis, please give details	

7.2 Neck vascular ultrasound											
Check time: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> year <input type="text"/> <input type="text"/> month <input type="text"/> <input type="text"/> day				Inspection organization: <input type="checkbox"/> Base hospital <input type="checkbox"/> Community or township hospital							
Check result: <input type="checkbox"/> All normal <input type="checkbox"/> There is an abnormality in any part (multiple choices are available)											
Exception type		Abnormal items	Responsibility lesion site								
			Left side			Right side					
			Common carotid	Sinus	Internal carotid	Common carotid	Sinus	Internal carotid			
7.2.1	Intima IMT	Thicken (IMT \geq 1.0mm) (0=no,1=yes)	<input type="checkbox"/>				<input type="checkbox"/>				
7.2.2	Plaque	Quantity	<input type="checkbox"/> don't have (n=0) <input type="checkbox"/> Single shot (n=1) <input type="checkbox"/> Multi shots (n \geq 2)								
		Morphology (1=irregular, 0=regular)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Ulcers (1=Yes, 0=No)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Echo (1=strong, 2=medium, 3=low, 4=mixed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.2.3	Stenosis or occlusion	Stenosis rate (0=no stenosis; 1=1-49%; 2=50-69%; 3=70-99%; 4=occlusion)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.2.4	Carotid artery stenting (CAS)	Postoperative: <input type="text"/> <input type="text"/> year <input type="text"/> <input type="text"/> month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.2.5	Restenosis after stent	Stenosis rate (0=no stenosis; 1=1-49%; 2=50-69%; 3=70-99%; 4=occlusion)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.2.6	Carotid endarterectomy (CEA)	Postoperative: <input type="text"/> <input type="text"/> year <input type="text"/> <input type="text"/> month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.2.7	Restenosis after CEA	Stenosis rate (0=no stenosis; 1=1-49%; 2=50-69%; 3=70-99%; 4=occlusion)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

VIII. mRS score (modified Rankin scale, only required for stroke patients)

National Health and Family Planning Commission's "12th Five Year Plan" Health Care Reform Project --
 Screening and Intervention Project for High-Risk Groups of Stroke

Evaluation time: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> year <input type="text"/> <input type="text"/> month <input type="text"/> <input type="text"/> day	<input type="text"/> <input type="text"/> Rating	Inspection organization: <input type="checkbox"/> base hospital <input type="checkbox"/> community or township hospital
option		Score value
<input type="checkbox"/> Completely asymptomatic		0
<input type="checkbox"/> Although there are symptoms, there is no obvious dysfunction, able to complete all daily work and life		1
<input type="checkbox"/> Slightly disabled, unable to complete all activities before the illness, but can take care of one's daily life without help		2
<input type="checkbox"/> Moderately disabled, needs partial assistance, but can walk independently		3
<input type="checkbox"/> Severe disability, unable to walk independently, unable to meet their daily needs without the help of others		4
<input type="checkbox"/> Severe disability, continuous bedridden, incontinence of the second bowel, requiring continuous care and attention, completely dependent on others for daily life		5
mRS Score		