1. From whom/ what were the medical history data obtained? (Choose all that apply.)

[ ]  Participant/ subject

[ ]  Spouse

[ ]  Mother

[ ]  Father

[ ]  Sister

[ ]  Brother

[ ]  Son

[ ]  Daughter

[ ]  Friend

[ ]  Physician

[ ]  Chart/Medical record

[ ]  Unknown

[ ]  Other, specify:

1. If the medical history data were NOT obtained from the participant/ subject, indicate the reason(s) why:

(Choose all that apply. All permissible values describe the participant/ subject.)

[ ]  Dementia

[ ]  Other cognitive impairment

[ ]  Poor historian

[ ]  Too young

[ ]  Aphasia

[ ]  Not fluent in examiner's language

[ ]  Other, specify:

1. Overall assessment of the reliability of the medical history data obtained:

[ ]  Definitely reliable [ ]  Probably reliable [ ]  Not reliable

## General Instructions

This case report form (CRF) contains data elements related to the data source and reliability of the responses and should be used to collect history data source information for each of the relevant study CRFs.

None of the data elements included on this CRF Module is considered Core (i.e., strongly recommended for all stroke clinical studies to collect). Rather, all of the data elements are Supplemental and should only be collected if the research team considers them appropriate for their study.

## Specific Instructions

Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.

The CRF includes all instructions available for the data elements at this time.