

Stroke v3 HRA Questions



Questions	Potential Answers
Age	
Sex	Male Female
Height	
Weight	
Ethnicity	White African American Hispanic Asian or Pacific Islander American Indian/Alaskan Native Other Unknown/no answer
Smoking	Never Smoked Quit smoking (more than 1 yr) Quit smoking (less than 1 yr) Smoked within 30 days
Weekly exercise	x minutes of moderate activity x minutes of vigorous activity
Primary care physician My last checkup was	I do not have a primary care physician I have a primary care physician Less than 1 year ago 1 to 2 years ago More than 2 years ago N/A (primaryCarePhysician_has = '0')
Have you experienced a transient ischemic attack (TIA or "mini-stroke")?	No Yes
Indicate if you have had any of these TIA or mini-stroke symptoms	Weak, numb, or drooping hand, tongue, cheek, face, arm or leg Difficulty speaking, garbled/slurred speech, or inability to speak

	Blurred, doubled, or decreased vision in one or both eyes None of these
Do you have atrial fibrillation?	Yes No I don't know
Indicate if you have had any of these heart or blood vessel disease conditions.	Heart disease Heart attack Heart failure Stroke Angina or chest pain Peripheral artery disease (PAD) None of these
Stroke in immediate family?	Yes No I don't know
Do you have diabetes?	No diabetes Prediabetes Diabetes (Type 1) Diabetes (Type 2)
Systolic blood pressure	I don't know
Diastolic blood pressure	I don't know
Total cholesterol	I don't know