

**STOP II TRIAL
ENDPOINT ADJUDICATION DECISION**

A1. Patient ID #

 - -

A2. ACROSTIC

A3 Date of neurological event (Month/Day/Year):

___ / ___ / _____

B. SUMMARY AND CONSENSUS FOR NEW STROKE

Individual assessments:

Did patient have a new stroke?

- | | | | |
|---------------------------------|--|--------------------------------|---------------------------------|
| 1. Reviewer #1 _____ (Initials) | <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> | <input type="checkbox"/> 1. NO | <input type="checkbox"/> 2. YES |
| 2. Reviewer #2 _____ (Initials) | <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> | <input type="checkbox"/> 1. NO | <input type="checkbox"/> 2. YES |
| 3. Reviewer #3 _____ (Initials) | <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> | <input type="checkbox"/> 1. NO | <input type="checkbox"/> 2. YES |

C. SUMMARY OF TELECONFERENCE (If applicable):

D. GROUP CONSENSUS FOR NEW STROKE

D1. Is the group consensus that the patient had a new stroke?

1. NO

2. YES

D1.a If NO, type of event:

- 1. TIA
- 2. Seizure
- 3. Migraine
- 4. Non-CNS event:
Specify _____
- 5. Other:
Specify _____
- 6. Cannot determine

D1.b If YES, type:

- 1. Infarction
- 2. Intraparenchymal Hemorrhage
- 3. Subarachnoid Hemorrhage
- 4. Intraventricular Hemorrhage

Signature of Endpoint Adjudication Panel Chair: _____ Date ___ / ___ / _____

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