

**STOP II TRIAL  
QUASI-ADJUDICATION CONSENSUS**

**\*\*AFFIX PATIENT LABEL HERE\*\***

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)     1. NO  2. YES  
2. Reviewer #2 \_\_\_\_\_ (Initials)     1. NO  2. YES  
3. Reviewer #3 \_\_\_\_\_ (Initials)     1. NO  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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