

BSRBR Event of Special Interest (ESI) Report  
CVA

Patient Name:	Date of Birth:
BSRBR ID:	HRN:
Biologic at time of event:	Date of Event:

**Event Details** (please annotate with any additional information)

Was the stroke haemorrhagic  YES  NO  DON'T KNOW  
 Or ischaemic  YES  NO  DON'T KNOW

Was the patient thrombolised?  YES  NO  DON'T KNOW

Does the patient have atrial fibrillation?  YES  NO  DON'T KNOW  
 Or paroxysmal atrial fibrillation?  YES  NO  DON'T KNOW

Was a CT/MRI done?  YES  NO  DON'T KNOW  
 (If yes, please attach report)

Did signs/symptoms fully resolve?  YES  NO  DON'T KNOW  
 If so, did they resolve within:  24 hours  1 week  More than one week

What was the outcome?  Resolved  Not Resolved  
 Resolved with sequelae  Fatal

Has a yellow card been submitted?  YES  NO  UNKNOWN

Form completed

By: \_\_\_\_\_  
 On: \_\_\_\_/\_\_\_\_/\_\_\_\_

Return to: BSRBR, Arthritis Research UK Epidemiology Unit, The University of Manchester, Rutherford House, 40 Pencroft Way, Manchester. M15 6SZ, or fax to 0161 275 1640.

**Thank you for your help!**