**RHD**

**RHDBank**

**Codes for Participant Demographics**

Please enter data for each field. Options are given for not applicable (NA), unavailable (U), and other (OTH).

Participant ID: \_\_\_\_\_\_\_\_\_\_

**holland01a**

last name of data contributor followed by 2-digit sequential participant number (starting at 01) followed by letter (starting with a) for first protocol administration to that participant (and b, c, etc. for subsequent administrations)

Test Date: \_\_\_\_\_\_\_\_\_\_

**##-Jan-###**

date-1st 3 letters of month-year

Informant relationship to participant:

**PA** participant

**PS** participant and spouse

**SP** spouse

**OF** other family member

**OC** other caregiver

**OS** other source (e.g., clinical file)

Date of birth: \_\_\_\_\_\_\_\_\_\_

**##-Jan-####**

**U** unavailable

Gender:

**M** male

**F** female

Race:

**WH** White

**AA** African American

**AI** American Indian/Alaska Native

**AS** Asian

**HL**  Hispanic/Latino

**NH** Native Hawaiian/Pacific Islander

**MI** Mixed

**OTH** other

**U** unavailable

Years of education: \_\_\_\_\_\_\_\_\_\_

**##**

**U** unavailable

Handedness (pre-morbid, by report from participant) for writing:

**R** right

**L** left

**A** ambidextrous

**U** unavailable

Handedness (pre-morbid, by participant report) for most other activities (e.g., opening a door, picking up a glass of water):

**R** all right or mostly right

**L** all left or mostly left

**A** ambidextrous

**U** unavailable

Vision – wears glasses for reading

**Y** yes

**N** no

Vision – adequate for reading newspapers, magazines, etc. (participant report and clinician judgment)

**Y** yes

**N** no

Occupation(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment status:

**R**  retired/not working

**W** working

**U** unavailable

Country of birth: \_\_\_\_\_\_\_\_\_\_

**See country code list**

<http://www.iso.org/iso/country_codes/iso_3166_code_lists/english_country_names_and_code_elements.htm>

**US** United States

**U** unavailable

Years in US (if country of birth is not US): \_\_\_\_\_\_\_\_\_\_

**##**

**U** unavailable

**NA** not applicable (born in US)

Language status:

**MON** monolingual -- English

**CHB** childhood bilingual (English plus 2nd language by 6 years old)

**LBI** late bilingual (English plus 2nd language after 6 years old)

**MUL** multilingual (speaks 3 or more languages fluently)

**OTH** other

**U** unavailable

For CHB and LBI list other language; for MUL list other languages in order learned; for all others enter NA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary language spoken at home: \_\_\_\_\_\_\_\_\_\_

**See Language Code list**

http://www.sil.org/iso639-3/codes.asp?order=639\_3&letter=%25

**eng** English

RHD etiology:

**STR** stroke(s)

**OTH** other

**U** unavailable

Other RHD etiology:

**ANX** anoxia

**PEN** post-encephalitic

**PPA** primary progressive aphasia

**SDM** semantic dementia

**CHI** closed head injury

**OHI** open head injury

**TNR** tumor, not resected

**TRE** tumor, resected

**NA** not applicable

**OTH** other

**U** unavailable

RHD duration: \_\_\_\_\_\_\_\_\_\_

**##.## (years.months, calculating months as fractions of a year – e.g., 1 year 6 months = 1.5)**

**U** unavailable

Apraxia of speech:

**Y** yes

**N** no

**U** unavailable

Dysarthria:

**Y** yes

**N** no

**U** unavailable

Depression:

**Y** yes

**N** no

**U** unavailable

Depression evidence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate the basis for a **YES** in depression or enter **NA**.

Motor status:

**RP** right hemiplegia

**LP** left hemiplegia

**RW** right hemiparesis

**LW** left hemiparesis

**NM** no motor involvement

**U** unavailable

Speech-language therapy occurred:

**A** acute phase (within 3 months post-stroke)

**C** chronic phase (greater than 3 months post-stroke)

**AC** both acute and chronic phases

**NA** not applicable, no speech-language therapy

**U** unavailable

Focus(es) of speech-language therapy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of most recent stroke: \_\_\_\_\_\_\_\_\_\_

**##-Jan-#### (2-digit date, 3 letter month, 4-digit year)**

(if exact date is unknown, substitute # for unknown parts of the date -- e.g., ##-###-2001)

**NA**  not applicable

**U** unavailable

Lesion side (most recent stroke):

**L** left

**R** right

**B** bilateral

**NA**  not applicable

**U** unavailable

Lesion etiology (most recent stroke):

**ISC** ischemic

**HEM** hemorrhagic

**MIX** mixed (ischemic and hemorrhagic)

**NA** not applicable

**U** unavailable

Lesion location (most recent stroke): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate site(s) of lesion (e.g., frontal, temporal, parietal, occipital, subcortical, cerebellar, brainstem), or enter **U** if unavailable, **NA** if not applicable

Lesion location basis (most recent stroke): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate CT, MRI, PET, autopsy, medical records, other, or enter **U** if unavailable, **NA** if not applicable

Lesion description (most recent stroke):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Include any additional lesion-related information (e.g., middle cerebral artery distribution) or enter **U** if unavailable, **NA** if not applicable

History of previous stroke:

**Y** yes

**N** no

**U** unavailable

Date of previous stroke: \_\_\_\_\_\_\_\_\_\_

**##-Jan-###** (if exact date unknown, give as much information as is available)

**NA** not applicable

**U** unavailable

Lesion side (previous stroke):

**L** left

**R** right

**B** bilateral

**NA**  not applicable

**U** unavailable

Date of other previous stroke (if multiple): \_\_\_\_\_\_\_\_\_\_

**##-Jan-###** (if exact date unknown, give as much information as is available)

**NA** not applicable

**U** unavailable

Lesion side (other previous stroke):

**L** left

**R** right

**B** bilateral

**NA**  not applicable

**U** unavailable

History/presence of other neurological condition(s) (Parkinsonʼs, Alzheimerʼs, head injury, etc.):

**Y** yes

**N** no

**U** unavailable

Specify neurological condition(s) or enter **NA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

History of learning disability:

**Y** yes

**N** no

**U** unavailable

General health: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate chronic conditions, major surgeries, etc. or enter **U** if unavailable

Examiner’s years of RHD experience: \_\_\_\_\_\_\_\_\_\_

**##**

Examiner’s relationship to participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duration of relationship between examiner and participant: \_\_\_\_\_\_\_\_\_\_

**##.## (years.months, calculating months as fractions of a year – e.g., 1 year 6 months = 1.5)**

Participant reported knowing Cinderella story:

**Y** yes

**N** no

**U** unavailable

Examiner’s comments – please include any information about the participant, his/her performance, and the testing session that may inform analysis of the data (e.g., known visual or auditory agnosia, reasons for incomplete data): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_