

ASSESSMENT OF THE PROPOSED CANADIAN TIA SCORE**DR. JEFF PERRY, UNIVERSITY OF OTTAWA**

Are you currently practicing emergency medicine AND treating adult patients? Yes No

If No, please return the questionnaire in the postage paid envelope.

If Yes, please complete and return the questionnaire in the postage paid envelope.

A. Professional Status and Practice Settings

1. Are you: Male Female

2. Year of Birth: 19_____

3. How many years have you been practicing medicine? _____ years

4. How many years of residency training have you had in total? _____ years

5. In what setting do you perform MOST of your clinical activities?

Teaching Hospital

Community / District General Hospital: Teaching

Community / District General Hospital: Non-Teaching

Other (specify): _____

6. On average how many patients do you see per week? _____ # patients/week

B. Components of the Proposed Canadian TIA Score

1. The following variables comprise the proposed Canadian TIA Score. Please provide your opinion on the importance of each of the following variables in the proposed score to determine which patients are at risk for a subsequent stroke within 7 days of their TIA diagnosis.

CLINICAL FINDINGS	Very Important	Important	Less Important	Never Important
a. First ever TIA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Symptoms of first TIA lasted ≥ 10 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Past medical history of carotid stenosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Already on any antiplatelet therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. History of gait disturbance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. History of unilateral weakness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. History of vertigo (as a negative predictor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. History or exam finding of dysarthria or aphasia (i.e. slurred speech or word finding problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Initial diastolic blood pressure at triage ≥ 110 mmHg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Atrial fibrillation on ECG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Infarction (old or new) on CT head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Platelets $\geq 400 \times 10^9/L$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Glucose ≥ 15 mmol/L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. If the proposed Canadian TIA Score is validated to accurately predict risk of stroke within 7 days, will you incorporate this tool in your clinical practice? Yes Likely Unlikely No

C. Management for TIA Patients at Each Strata of Risk for Subsequent Stroke within 7 Days

1. Please indicate which management should be given to patients for each stroke risk stratum. Assume the patient is able to be transferred to a tertiary care centre (if you work in the community) and resources are available if you request them (i.e. appropriate management for each risk stratum without considering local access problems). Check all that apply.

	Minimal Risk	Low Risk	High Risk	Critical Risk
a. Obtain an ECG today	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Obtain brain CT imaging today	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Obtain brain CT imaging as an outpatient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Image the carotid arteries today If so, which modality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Doppler U/S <input type="checkbox"/>			
	CTA <input type="checkbox"/>			
	MRA <input type="checkbox"/>			
e. Image the carotid arteries as an outpatient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Obtain echocardiogram today	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Obtain echocardiogram as an outpatient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Start ASA (assume no warfarin or alternative anticoagulant)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Continue existing antiplatelet agent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Start or switch antiplatelet agent to clopidogrel or dipyridamole + ASA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Start warfarin (or alternative anticoagulant) for patients in atrial fibrillation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Start/optimize dosage of statin class medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Start/optimize control of hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Report patient to the ministry of transportation to temporarily suspend drivers license	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Admit patient to hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Place the patient on a cardiac monitor for ≥ 2 hours today	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Order outpatient holter cardiac monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Refer patient to rapid outpatient assessment with neurologist (or appropriate local stroke specialist)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Refer patient to neurology (or appropriate local stroke specialist) today	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Optimal Cutpoint for Risk Strata

1. Based on an individual patient’s risk score, we would like to classify the patient as “minimal”, “low”, “high” or “critical” risk. Which cut-points would you choose to create these risk strata for subsequent stroke within the 7 days following diagnosis with TIA?
- a. Minimal Risk 0 % to |__|%
- b. Low Risk |__|% to |__|%
- c. High Risk |__|% to |__|%
- d. Critical Risk over |__|%

2. Comments:

Thank you for taking the time to complete this questionnaire. Your feedback is appreciated.