

A		B1 DIAGNOSTIC TESTS/MRI	
A1 HISTORY/EMBOLI (Circle one or more response)		B1 DIAGNOSTIC TESTS/MRI (Circle one or more response)	
1.	High-Risk Sources for Emboli	1.	Infarct Characteristics
<input type="checkbox"/>	a Mechanical Prosthetic Heart Valve	<input type="checkbox"/>	a Single Subcortical Infarct or a Infarct in the Territory of a Small Penetrating Artery that is $\leq 1.5$ cm in its Greatest Diameter
<input type="checkbox"/>	b Mitral Stenosis with Atrial Fibrillation	<input type="checkbox"/>	b Multiple Acute and Subacute Ischemic Lesions in either Right and Left Anterior or Anterior and Posterior Circulations or both
<input type="checkbox"/>	c Atrial Fibrillation (other than lone atrial fibrillation)	<input type="checkbox"/>	c Acute Unilateral Internal Watershed Infarcts
<input type="checkbox"/>	d Left Atrial / Atrial Appendage Thrombus	<input type="checkbox"/>	d Multiple Temporally Separate Infarcts Exclusively within the Territory of the Clinically Relevant Artery
<input type="checkbox"/>	e Sick Sinus Syndrome	<input type="checkbox"/>	e Negative for Acute Infarct(s)
<input type="checkbox"/>	f Recent Myocardial Infarction (MI) (within 4 Weeks)	<input type="checkbox"/>	f Not Done
<input type="checkbox"/>	g Left Ventricular Thrombus		
<input type="checkbox"/>	h Dilated Cardiomyopathy		
<input type="checkbox"/>	i Akinetic Left Ventricular Segment		
<input type="checkbox"/>	j Atrial Myxoma		
<input type="checkbox"/>	k Infective Endocarditis		
2.	Medium-Risk Source for Emboli		B2 DIAGNOSTIC TESTS/INTRACRANIAL ARTERY EVALUATION (Circle one or more response)
<input type="checkbox"/>	a Mitral Valve Prolapse	1.	TESTS
<input type="checkbox"/>	b Mitral Annulus Calcification	<input type="checkbox"/>	a MRA
<input type="checkbox"/>	c Mitral Stenosis without Atrial Fibrillation	<input type="checkbox"/>	b CTA
<input type="checkbox"/>	d Atrial Septal Aneurysm	<input type="checkbox"/>	c DSA
<input type="checkbox"/>	e Patent Foramen Ovale	2.	RESULTS
<input type="checkbox"/>	f Atrial Flutter	<input type="checkbox"/>	a $\geq 50\%$ Stenosis or Occlusion of Clinically Relevant Artery/Arteries
<input type="checkbox"/>	g Lone Atrial Fibrillation	<input type="checkbox"/>	b Non or $<50\%$ Stenosis of Clinically Relevant Artery/Arteries
<input type="checkbox"/>	h Bioprosthetic Heart Valve		
<input type="checkbox"/>	i Nonbacterial Thrombotic Endocarditis		
<input type="checkbox"/>	j Congestive Heart Failure		
<input type="checkbox"/>	k MI $> 4$ weeks ago but $<6$ months ago		
	A2 HISTORY/LARGE VESSEL DISEASE (Circle one or more response)		B3 DIAGNOSTIC TESTS/EXTRACRANIAL ARTERY EVALUATION (Circle one or more response)
1.	Known Extracranial Large Vessel Disease	1.	TESTS
<input type="checkbox"/>	a Appropriate for Symptoms	<input type="checkbox"/>	a Carotid Doppler
<input type="checkbox"/>	b Not Appropriate for Symptoms	<input type="checkbox"/>	b CTA
2.	Known Intracranial Large Vessel Disease	<input type="checkbox"/>	c CE-MRA
<input type="checkbox"/>	a Appropriate for Symptoms	<input type="checkbox"/>	d DSA
<input type="checkbox"/>	b Not Appropriate for Symptoms	2.	RESULTS
3.	Prior Extra/Intracranial Imaging Completed	<input type="checkbox"/>	a $\geq 50\%$ Stenosis or Occlusion of Clinically Relevant Artery/Arteries
<input type="checkbox"/>	a No Prior Extra/Intracranial Imaging Completed	<input type="checkbox"/>	b Non or $<50\%$ Stenosis of Clinically Relevant Artery/Arteries
<input type="checkbox"/>	b Negative Prior Extra/Intracranial Imaging Findings		
	A3 HISTORY/PRIOR SPECIALIZED TESTS (Circle one or more response)		B4 DIAGNOSTIC TESTS/ECHOCARDIOGRAPHY (Circle one or more response)
1.	Intrinsic Disorder with Arterial Wall Abnormality	1.	TESTS
<input type="checkbox"/>	a Moyamoya Disease	<input type="checkbox"/>	a TTE
<input type="checkbox"/>	b Nonatherosclerotic vasculopathy	<input type="checkbox"/>	b TEE
<input type="checkbox"/>	c Dissection	2.	RESULTS/HIGH-RISK SOURCE(S) for EMBOLI
2.	Iatrogenic Injury	<input type="checkbox"/>	a Mechanical Prosthetic Heart Valve
<input type="checkbox"/>	a Injury Caused by Endovascular Treatment to Clinically Relevant Artery	<input type="checkbox"/>	b Mitral Stenosis with Atrial Fibrillation*
3.	Disorders of Blood Composition	<input type="checkbox"/>	c Left Atrial / Atrial Appendage Thrombus
<input type="checkbox"/>	a Disorder of Hemostatic System	<input type="checkbox"/>	d Left Ventricular Thrombus
4.	Other Suggestive Underlying Cause	<input type="checkbox"/>	e Dilated Cardiomyopathy
<input type="checkbox"/>	a Evidence of Other Suggestive Underlying Cause	<input type="checkbox"/>	f Akinetic Left Ventricular Segment
5.	Prior Specialized Tests	<input type="checkbox"/>	g Atrial Myxoma
<input type="checkbox"/>	a No Prior Specialized Tests	<input type="checkbox"/>	h Infective Endocarditis
<input type="checkbox"/>	b Negative Prior Specialized Tests	3.	RESULTS/MEDIUM-RISK SOURCE(S) for EMBOLI
	C C1 SPECIALIZED TESTS (Circle one or more response)	<input type="checkbox"/>	a Mitral Valve Prolapse
1.	Intrinsic Disorder with Arterial Wall Abnormality†	<input type="checkbox"/>	b Mitral Annular Calcification
<input type="checkbox"/>	a Moyamoya Disease	<input type="checkbox"/>	c Mitral Stenosis without Atrial Fibrillation*
<input type="checkbox"/>	b Nonatherosclerotic vasculopathy	<input type="checkbox"/>	d Left Atrial Turbulence (Smoke)
<input type="checkbox"/>	c Dissection	<input type="checkbox"/>	e Atrial Septal Aneurysm
2.	Iatrogenic Injury‡	<input type="checkbox"/>	f Patent Foramen Ovale
<input type="checkbox"/>	a Injury Caused by Endovascular Treatment to Clinically Relevant Artery	<input type="checkbox"/>	g Bioprosthetic Cardiac Valve
3.	Disorders of Blood Composition‡	<input type="checkbox"/>	h Nonbacterial Thrombotic Endocarditis
<input type="checkbox"/>	a Disorder of Hemostatic System	<input type="checkbox"/>	i Congestive Heart Failure
4.	Other Suggestive Underlying Cause	<input type="checkbox"/>	j Hypokinetic Left Ventricular Segment
<input type="checkbox"/>	a Evidence of Other Suggestive Underlying Cause	4.	RESULTS/COMPLETENESS of WORK-UP
5.	Specialized Tests During Hospitalization	<input type="checkbox"/>	a RESULTS/INCOMPLETE WORK-UP or NOT DONE
<input type="checkbox"/>	a Not Done		
<input type="checkbox"/>	b Negative Specialized Tests		
			B5 DIAGNOSTIC TESTS/CARDIAC RHYTHM (Circle one or more response)
		1.	TESTS/HOLTER
		<input type="checkbox"/>	a TESTS/ECG
		2.	HOLTER
		<input type="checkbox"/>	a ECG
		2.	RESULTS/HIGH-RISK SOURCE(S) for EMBOLI
		<input type="checkbox"/>	a RESULTS/HIGH-RISK SOURCE(S) for EMBOLI
		<input type="checkbox"/>	a Atrial Fibrillation† (other than lone atrial fibrillation)
		<input type="checkbox"/>	b Sick Sinus Syndrome†
		3.	RESULTS/MEDIUM-RISK SOURCE(S) for EMBOLI
		<input type="checkbox"/>	a RESULTS/MEDIUM-RISK SOURCE(S) for EMBOLI
		<input type="checkbox"/>	a Atrial Flutter†
		<input type="checkbox"/>	b Lone Atrial Fibrillation†
		4.	RESULTS/COMPLETENESS of WORK-UP
		<input type="checkbox"/>	a RESULTS/COMPLETENESS of WORK-UP
		<input type="checkbox"/>	a RESULTS/INCOMPLETE WORK-UP or NOT DONE

\* Discovered in A.History and/or B.Diagnostic Tests  
† Demonstrated at any Time During Hospitalization  
‡ During Hospitalization