Related AE #: _____	Related AE Term: _____		
Neurological deficit *(Check all that apply)*	☐ Altered mental status ☐ Coordination ☐ Decreased level of consciousness ☐ Memory ☐ Motor ☐ Sensory ☐ Speech ☐ Swallowing ☐ Visual deficit ☐ Other, specify: _____		
Location of neurological deficit *(Check all that apply)*	☐ Cranial nerves/face ☐ Arm ☐ Leg ☐ Trunk		
Side of neurological deficit	☐ Left ☐ Right ☐ Bilateral		
Was a neurological consult performed?	☐ Yes ☐ No		
Were neurological assessments performed?	☐ Yes ☐ No	If yes, specify *(Select all that apply)*	☐ Neuro exam and evaluation ☐ mRS *(Enter mRS CRF)* ☐ NIHSS *(Enter NIHSS CRF)* ☐ QVSFS *(Enter QVSFS CRF)*

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Site Personnel Signature **Date (DD/MMM/YYYY)**