

Illicit Cocaine Use and Risk of Ischemic Stroke in Young adults

SUPPLEMENTAL MATERIAL CONTENTS

Supplemental Table I. Clinical characteristics of 26 IS patients with symptoms occurring within 24 hours of cocaine use. Grouped by probable stroke mechanism.

Illicit Drug Use Questionnaire

Supplemental Table I. Clinical characteristics of 26 IS patients with symptoms occurring within 24 hours of cocaine use. Grouped by probable stroke mechanism.

<u>Subject</u>	<u>Age</u>	<u>Sex</u>	<u>Race</u>	<u>Cocaine Administration</u>			<u>Risk Factor</u>	<u>Embolic Source</u>
				<u>Route</u>	<u>Frequency</u>	<u>Use prior to stroke (hr)</u>		
<u>Cardioembolic with confirmed source</u>								
A ^a	44	M	black	smoke	4x/day	14	tobacco, HTN, dyslipidemia, diabetes	Afib, Poor ventricular function
B	39	F	black	smoke	1x/day	2	tobacco, HTN, dyslipidemia	Poor ventricular function
C ^a	37	F	black	smoke	3x/week	1	HTN, dyslipidemia, diabetes	Poor ventricular function
D	38	M	black	smoke	3x/day	4	tobacco, HTN, dyslipidemia, diabetes	Acute MI
E ^a	49	M	black	inhale	1x/week	<1	tobacco	Mobile aortic mass
F ^a	35	F	black	inject	1x/day	<24	tobacco	Prosthetic mitral valve, Endocarditis
G ^a	41	F	black	inject	3x/day	3	tobacco, HTN, AIDS	Endocarditis
<u>Cryptogenic strokes in multiple vascular territories</u>								
H	38	M	black	smoke	5x/day	6	tobacco, HTN	
I	40	F	white	inject	8x/day	1	tobacco, HTN	
J ^a	31	F	black	smoke	12x/day	15	tobacco	
<u>Cryptogenic stroke(s) in a single vascular territory</u>								
K	37	F	white	inhale	6x/year	20	tobacco	
L ^a	37	F	black	inhale	>1x/day	1	tobacco	
M	41	F	black	smoke	1x/week	<24	tobacco	
N ^a	34	F	black	smoke	1x/day	16	tobacco	
O	46	M	black	smoke	2x/day	22	tobacco	
P ^a	46	M	black	inhale & smoke	4x/year	1	tobacco, diabetes	
Q	38	F	white	smoke	1x/day	4	tobacco, HTN	
R ^b	39	F	black	smoke	3x/month	6	tobacco	
S	30	F	black	smoke	5x/week	7	tobacco, HTN, AIDS,	

Lacunar

T ^a	36	M	black	smoke	1x/week	13	tobacco, HTN, AIDS
U ^b	42	M	black	inhale	2x/year	23	tobacco, dyslipidemia
V	44	M	white	inhale	3x/week	18	tobacco, HTN, dyslipidemia
W	48	M	black	smoke	2x/day	10	tobacco, dyslipidemia
X	49	M	black	inhale	1x/year	1	tobacco, HTN
Y	36	F	black	smoke	1x/day	4	tobacco, HTN, diabetes

Dissection

Z	42	F	white	inhale	2x/week	1	tobacco
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Abbreviations: HTN: hypertension; Afib: atrial fibrillation

^a Heroin use within 24 hours

^b Marijuana use within 24 hour



28882

Respondent ID

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107. DRUG USE

EVALUATOR SCRIPT: I would like to ask you some questions about your use of drugs for other purposes. For your protection, we have obtained a confidentiality certificate from the federal government which completely protects this information from being released to anyone.

107A. Have you ever used drugs, pills, or medicines for non-medical or recreational reasons or to "get high"? Your answer is completely confidential. SHOW CARD A AND ASK NUMBER

- Yes No (Go to Q109) Refused (Go to Q109) Don't know (Go to Q109)

108. DRUG UTILIZATION

EVALUATOR SCRIPT: I would like you to look at this table (see card B) and try to remember if you used any of these drugs, the route by which it was taken and when you last used it. I will point to the drug on the card. Tell me if you used the drug and if so by what route(s) and the interval last used prior to your stroke. Again, your answers are completely confidential.

108A Record your responses in columns provided. Show card B and ask number. Use code numbers from Card B

Table with 6 columns: Drug Code#, Name of Drug Used, Route Code #, Route, Duration Code#, How Many. Contains 12 rows of empty boxes for data entry.

DRUG

- 01 = Cocaine "Coke, powder, blow"
02 = Crack "Rock, crack"
03 = Heroin
04 = Marijuana "Weed, pot, grass, bud, herb"
05 = PCP
06 = Speed
07 = Hashish "Hash, cubes"
08 = Ecstasy "E", "X"
09 = Ice "Crystal meth"
10 = LSD "Acid"
11 = Can't recall name
12 = Other, specify:

CARD B FOR EVALUATOR

ROUTE

- 01 = Eat
02 = Inhale
03 = Smoke
04 = Inject through skin
05 = Can't recall

DURATION

- 01 = Years prior to stroke date
02 = Months prior to stroke date
03 = 1 to 30 days prior to stroke date
04 = Within 24 hours prior to stroke date
96 = Not applicable
97 = Refused
98 = Don't know



108B During the year prior to your stroke, how often do you/did you usually use _____?
Not Applicable = 96 Refused = 97 Don't know = 98

ASK FOR EACH DRUG IDENTIFIED AS USED IN Q108A REGARDLESS OF ROUTE.

DRUG	#/DAY	#/WEEK	#/MONTH	#/YEAR
1 Cocaine coke, powder, blow	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
2 Crack rock, crack	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
3 Heroin	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
4 Marijuana weed, pot, grass, bud, herb	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
5 PCP	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
6 Speed	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
7 Hashish hash, cubes	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
8 Ecstasy "E", "X"	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
9 Ice crystal meth	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
10 LSD acid	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
11 Can't recall name	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
12 Other, specify <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>