conformal THE SHAPE OF STROKE PREVENTION	**CONFORM mRS** ☐ Source ☐ Data Transfer Tool
	Site Number: _____ Subject ID: _____

Was the mRS assessment completed?	☐ Yes ☐ No *(Complete protocol deviation form)*
Is this assessment performed because of a neurological event?	☐ Yes *If yes, assess for an adverse event* ☐ No
Date of mRS assessment	__ __ / __ __ __ / __ __ __ __ (DD/MMM/YYYY)

Level of Consciousness	**Response**
0 = No symptoms at all	☐
1 = No significant disability despite symptoms; able to carry out all usual duties and activities	☐
2 = Slight disability; unable to carry out all previous activities but able to look after own affairs without assistance	☐
3 = Moderate disability; requiring some help, but able to walk without assistance	☐
4 = Moderately severe disability; unable to walk without assistance, and unable to attend to own body needs without assistance	☐
5 = Severe disability; bedridden, incontinent, and requiring constant nursing care and attention	☐
Score	

_____ **Site Personnel Signature**

__ __ / __ __ __ / __ __ __ __ **Date (DD/MMM/YYYY)**