**CHART ABSTRACTIONSTUDY NO \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_**



**NOTE:** All DATES will be recorded as mo/day/yr, and all TIMES will be recorded as MILITARY TIME (24 hr clock).

If a date component is unknown, enter **88**. For example, for March 2011 with unknown day, enter 03 / 88 / 11.

**Please circle the responses for items with specified choices. Circle only one choice, unless otherwise specified.**

**PATIENT INFORMATION (1)**

(D1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Abstractor Code**

(D2) \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ **Date of Chart Completion**

(D6) \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ **Date of Admission**

(D7) \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ **Final Date of Discharge**

(D7a) \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ **Date of Death**

(D8) **Primary source of data** (D9) **Secondary source #1** (D10) **Secondary source #2**

1 = hospital 1 = hospital 1 = hospital

**Circle** 2 = autopsy 2 = autopsy 2 = autopsy

**type** 3 = outpatient clinic 3 = outpatient clinic 3 = outpatient clinic

**of** 4 = physician 4 = physician 4 = physician

**source** 5 = nursing home 5 = nursing home 5 = nursing home

6 = ED only 6 = ED only 6 = ED only

**Facility**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MRN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(D11) **ICD-9-CM CODE** (stroke related) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(D12) **ICD code, above, is** (circle) 1 = primary 2 = secondary

(D14) **NAME** Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle \_\_\_\_\_\_\_\_

(D15) **ADDRESS** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip

(D16) **PHONE** ( \_\_\_\_\_\_ ) \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_

(D17) **SOCIAL SECURITY #** \_\_ \_\_ \_\_ - \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_

(D18) **AGE \_\_\_\_\_\_**

(D19) **DATE OF BIRTH** \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_ (month/day/4-digit year)

(D20) **GENDER** (circle) M=male F=female

**PATIENT INFORMATION (2)**

(D21) **RACE** (circle)

W = White B = Black A = Asian

N = Native Hawaiian/Pacific Islander I = American Indian/Alaskan Native

(D21\_OTH) O = other (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ U = unknown

(D21a) **ETHNICITY** (circle) H = Hispanic N=non-Hispanic U=not documented in chart

(D21b) **If Hispanic, indicate region of ethnic origin, if available** (circle)**:**

1 = Dominican 2 = Central American 3 = Cuban

4 = Mexican 5 = Puerto-Rican 6 = South-American

(D21b\_OTH) 7 = other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8 = unknown

(D21c) **If BLACK NON-HISPANIC, indicate national origin, if available** (circle)**:**

1 = African-American 2 = Haiti 3 = Trinidad/Tobago

4 = Jamaica 5 = Bahamas 6 = Africa

(D21c\_OTH) 7 = other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8 = unknown/unspecified 9=Spain

(D22) **TYPE OF INSURANCE** (circle all that apply)

1 = Medicare 2 = Medicaid 3 = HMO

4 = other private /commercial 5 = self pay 6 = VA 8 = unk

(D23) **MARITAL STATUS**

1 = single 2 = married 3 = living with partner

4 = widowed 5 = divorced 6 = separated 8 = unk

(D24) **EMPLOYMENT STATUS**

1 = currently employed 2 = unemployed 4 = retired

5 = disabled 7 = homemaker 8 = unknown

(D25) **RESIDENCE AT TIME OF ADMISSION**

1 = home 2 = nursing home 3 = assisted living

7 = other (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8 = unknown

(D29) **Person determining status of case / not a case**

1 = abstractor 2 = physician 3 = study coordinator

(D30) **TYPE OF CASE per abstractor**

1 = ICH 2 = IVH 3 = ICH (primary) with SAH

7 = other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(D26) **SITE WHERE STROKE OCCURRED**

1 = residence 2 = work 3 = hospital

7 = other (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8 = unknown

(D41) **FIRST MEDICAL CONTACT** (circle)

1 = 911 2 = PMD 3 = NH

4 = hospital (floor, ICU, recovery, OR) 5 = ED 6 = coroner

(D41\_OTH) 7 = other (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8 = unknown

**PHYSICIAN SIGN-OFF STUDY NO \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_**

(PHY1) **CASE, PER PHYSICIAN REVIEW** (circle)

1 = yes 2 = no

(PHY1r) If no, **REASON NOT A CASE** (circle)

1 = hemorrhagic infarct 2 = no bleed 3 = tumor

4 = trauma 5 = SAH 6 structural lesion (if yes, complete PHY-8)

7 = other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(PHY8) if structural, cause

1 = AVM 2 = dural fistula 3 = cavernoma

4 = venous angioma 5 = aneurysm

7 = other (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8 = unknown

(PHY2) \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ **Date of Physician Review** (month/day/year)

(PHY3) \_\_\_\_\_\_\_ **Initials of MD**

(PHY4) **TYPE OF CASE** (circle)

1 = ICH 2 = IVH 3 = ICH (primary) with SAH

(PHY4\_OTH) 7 = other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If ICH, answer PHY-6 thru PHY-9**

(PHY6) **Location of symptomatic bleed** (circle)

1 =deep 2 = lobar 3 = brainstem 4 = cerebellum 8 = unk 9 = N/A

(PHY6a) **Side** (circle)

L = left R = right M = midline

(PHY9) **Incidental finding** (circle)

1 = AVM 2 = dural fistula 3 = cavernoma

4 = venous angioma 5 = aneurysm

(PHY9\_OTH) 7 = other (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8 = unknown

**QA STUDY NO \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_**

(QA1) **CASE, PER PHYSICIAN REVIEW** (circle)

1 = yes 2 = no

(QA1r) If no, **REASON NOT A CASE** (circle)

1 = hemorrhagic infarct 2 = no bleed 3 = tumor

4 = trauma 5 = SAH 6 structural lesion (if yes, complete PHY-8)

7 = other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(QA8) if structural, cause

1 = AVM 2 = dural fistula 3 = cavernoma

4 = venous angioma 5 = aneurysm

7 = other (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8 = unknown

(QA2) \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ **Date of Physician Review** (month/day/year)

(QA3) \_\_\_\_\_\_\_ **Initials of MD**

(QA4) **TYPE OF CASE** (circle)

1 = ICH 2 = IVH 3 = ICH (primary) with SAH

7 = other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If ICH, answer QA-6 thru QA-9**

(QA6) **Location of symptomatic bleed** (circle)

1 =deep 2 = lobar 3 = brainstem 4 = cerebellum 8 = unk 9 = N/A

(QA6a) **Side** (circle)

L = left R = right M = midline

(QA9) **Incidental finding** (circle)

1 = AVM 2 = dural fistula 3 = cavernoma

4 = venous angioma 5 = aneurysm

7 = other (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8 = unknown

##### EMS RECORD

(EMS2) **EMS RUN** (circle)

1 = yes 2 = no 3 = yes, but no record 4 = transport only 8 = unknown

(EMS6a) \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ **FIRST RECORDED EMS DATE**

mo day year

(EMS8) \_\_\_ \_\_\_ : \_\_\_ \_\_\_ **Time of first vital signs.** Use 24-hour clock.

hour min For example 6:00pm should be recorded as 18:00.

(EMS10) \_\_\_ \_\_\_ : \_\_\_ \_\_\_ **Time EMS arrived at hospital**

hour min Use 24-hour clock.

(EMS11) **CHIEF COMPLAINT** (circle)

1 = stroke/CVA 2 = MI 3 = seizure

4 = fall /found down / unresponsive 5 = weakness / numbness 6 = headache

(EMS11\_OTH) 7 = other (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8 = unknown

**VITAL SIGNS AT INITIAL EVALUATION**

\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_ **Blood pressure** (systolic / diastolic)

(EMS13) (EMS14)

(EMS15) **Pulse** \_\_\_\_\_\_\_\_\_

(EMS16) **Respirations** \_\_\_\_\_\_\_\_\_\_

(EMS17) **Temperature** (oF) \_\_\_\_\_\_\_\_\_\_

**LIFE SQUAD PROCEDURES**

(EMS25) **IV Fluid** (circle)

1 = NS 2 = D5W 3 = lactate ringers 4 = hep lock

(EMS25\_OTH) 7 = other (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8 = unknown 9 = none

(EMS26) **IV Fluid Rate (ml / hr)** \_\_\_\_\_\_\_\_\_

(EMS27) **Oxygen** (circle) 1 = yes 2 = no 8 = unknown

(EMS28) **L / min (# liters O2)** \_\_\_\_\_\_\_\_\_

(EMS29) **D50** (circle) 1 = yes 2 = no 8 = unknown

(EMS33) **Intubation** (circle) 1 = yes 2 = no 8 = unknown

(EMS34) **Glucose result** (mg/dL)\_\_\_\_\_\_\_\_\_

(EMS36) **Specify other life squad procedure, if any**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ED RECORD**

(ED1) **ED Department encounter?** (circle)

1 = yes 2 = no (in-hospital stroke) 3 = yes, but no record 4 = direct admit 8 = unknown

(ED2) **Hospital or ED facility** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(ED7) \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ **First recorded ED arrival date**  (month/day/year)

(ED8) \_\_\_ \_\_\_ : \_\_\_ \_\_\_ **Time** (hour /min, 24-hour clock)

(ED13) **Disposition from ED** (circle)

1 = admit 2 = discharged home

3 = transfer to another hospital 4 = coroner 5 = expired

7 = other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(ED14) \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ **Date of hospital admit / transfer from ED**  (month/day/year)

(ED15) \_\_\_ \_\_\_ : \_\_\_ \_\_\_ **Time** (hour /min, 24-hour clock)

**GLASGOW COMA SCORE**

(ED36) \_\_\_\_ **Eyes** (1 – 4)

(ED37) \_\_\_\_ **Motor** (1 – 6)

(ED38) \_\_\_\_ **Verbal** (1 – 5)

(ED39) \_\_\_\_ **Total** (3 – 15)

(ED41) **Is GCS an estimate?** (circle) 1 = yes 2 = no

**PROCEDURES**

(ED44) **Endotracheal intubation** (circle) 1 = yes 2 = no

(ED45a) **Temperature** (oF) \_\_\_\_\_\_\_\_\_. \_\_\_\_

**First recorded blood pressure** \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_

(ED47\_SYS) (ED47\_DIAS)

**ED RECORD—ANTIHYPERTENSIVE MEDICATIONS**

(ED46) **ANTIHYPERTENSIVE MEDICATION GIVEN?** (circle) 1 = yes 2 = no

(ED46a\_SYS / ED46a\_DIAS)  **\_\_\_\_\_\_ / \_\_\_\_\_\_ 1st Treated Blood Pressure**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(ED49) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **BP Medication**

(ED49a) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dose**

(ED50) \_\_\_ \_\_\_ : \_\_\_ \_\_\_ **Time dose administered** (hour /min, 24-hour clock)

(ED50a\_SYS / ED50a\_DIAS) \_\_\_\_\_\_ / \_\_\_\_\_\_ **Follow-up BP**

(ED50b) \_\_\_ \_\_\_ : \_\_\_ \_\_\_ **Time of follow-up BP** (hour /min, 24-hour clock)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(ED51) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **BP Medication**

(ED51a) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dose**

(ED52) \_\_\_ \_\_\_ : \_\_\_ \_\_\_ **Time dose administered** (hour /min, 24-hour clock)

(ED52a\_SYS / ED52a\_DIAS) \_\_\_\_\_\_ / \_\_\_\_\_\_ **Follow-up BP**

(ED52b) \_\_\_ \_\_\_ : \_\_\_ \_\_\_ **Time of follow-up BP** (hour /min, 24-hour clock)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(ED53) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **BP Medication**

(ED53a) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dose**

(ED54) \_\_\_ \_\_\_ : \_\_\_ \_\_\_ **Time dose administered** (hour /min, 24-hour clock)

(ED54a\_SYS / ED54a\_DIAS) \_\_\_\_\_\_ / \_\_\_\_\_\_ **Follow-up BP**

(ED54b) \_\_\_ \_\_\_ : \_\_\_ \_\_\_ **Time of follow-up BP** (hour /min, 24-hour clock)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(ED55) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **BP Medication**

(ED55a) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dose**

(ED56) \_\_\_ \_\_\_ : \_\_\_ \_\_\_ **Time dose administered** (hour /min, 24-hour clock)

(ED56a\_SYS / ED56a\_DIAS) \_\_\_\_\_\_ / \_\_\_\_\_\_ **Follow-up BP**

(ED56b) \_\_\_ \_\_\_ : \_\_\_ \_\_\_ **Time of follow-up BP** (hour /min, 24-hour clock)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(ED57) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **BP Medication**

(ED57a) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dose**

(ED58) \_\_\_ \_\_\_ : \_\_\_ \_\_\_ **Time dose administered** (hour /min, 24-hour clock)

(ED58a\_SYS / ED58a\_DIAS) \_\_\_\_\_\_ / \_\_\_\_\_\_ **Follow-up BP**

(ED58b) \_\_\_ \_\_\_ : \_\_\_ \_\_\_ **Time of follow-up BP** (hour /min, 24-hour clock)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(ED59) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **BP Medication**

(ED59a) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dose**

(ED59) \_\_\_ \_\_\_ : \_\_\_ \_\_\_ **Time dose administered** (hour /min, 24-hour clock)

(ED60a\_SYS / ED60a\_DIAS) \_\_\_\_\_\_ / \_\_\_\_\_\_ **Follow-up BP**

(ED60b) \_\_\_ \_\_\_ : \_\_\_ \_\_\_ **Time of follow-up BP** (hour /min, 24-hour clock)

**HISTORY** (1)

(MHX0\_WT) **\_\_\_\_\_\_\_\_\_ WEIGHT** (LBS) **\_\_\_\_ /\_\_\_\_\_\_ HEIGHT** (FEET / INCHES)

(MHX0\_FT) (MHX0\_IN)

(SH1) **PRIOR HISTORY OF STROKE** (circle) 1 = yes 2 = no 8 = unknown

***If NO, then draw a slash thru SH-2 to SH-7a.***

(SH2) \_\_\_\_\_ **Number of prior strokes** (enter 88, if unknown)

(SH3) **Describe significant impairment from prior strokes, if any:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle **type of prior stroke**, most recent first. **Date** (month/day/year)

(SH4) 1 = infarct 3 = ICH 4 =SAH 6 = IVH 8 = unk (SH4a) \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_

(SH5) 1 = infarct 3 = ICH 4 = SAH 6 = IVH 8 = unk (SH5a) \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_

(SH6) 1 = infarct 3 = ICH 4 = SAH 6 = IVH 8 = unk (SH6a) \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_

(SH7) 1 = infarct 3 = ICH 4 = SAH 6 = IVH 8 = unk (SH7a) \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_

**PRIOR HISTORY OF:**

(SH8) **CEREBRAL ANEURYSM** (circle) 1 = yes 2 = no 8 = unknown

(SH9) **AVM** (circle) 1 = yes 2 = no 8 = unknown

(SH10) **TIA** (circle) 1 = yes 2 = no 8 = unknown

(MHX1) **HYPERTENSION** (circle) 1 = yes 2 = no 8 = unknown

(MHX3) **DIABETES MELLITUS** (circle) 1 = yes 2 = no 8 = unknown

(MHX3a) If yes, **type** (circle) 1 = Type 1 2 = Type 2 8 = unknown/not recorded

(MHX6) **ELEVATED CHOLESTEROL** (circle) 1 = yes 2 = no 8 = unknown

(MHX8) **CORONARY ARTERY DISEASE** (circle) 1 = yes 2 = no 8 = unknown

(MHX9) **MYOCARDIAL INFARCTION** (circle) 1 = yes 2 = no 8 = unknown

(MHX10) If yes, **date of most recent MI** \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ (month/day/year)

(MHX11) **ATRIAL FIBRILLATION** (circle) 1 = yes 2 = no 8 = unknown

(MHX12) **ANGINA** (circle) 1 = yes 2 = no 8 = unknown

(MHX13) **CONGESTIVE HEART FAILURE** (circle) 1 = yes 2 = no 8 = unknown

(MHX13a) \_\_\_\_\_ % **BASELINE EJECTION FRACTION**

(MHX13a\_DOC) **If baseline ejection fraction not specified**, circle 🡪: 2 = not available 3 = documented as normal

**HISTORY** (2)

**PRIOR HISTORY OF:**

(MHX14) **HEART VALVE REPLACEMENT** (circle) 1 = yes 2 = no 8 = unknown

(MHX14a) If yes, **type** (circle) 1 = biological 2 = mechanical 8 = unknown

(MHX15) If yes, **site** (circle) 1 = mitral 2 = aortic 3 = both 4 = pulmonic 5 = tricuspid 8 = unk

(MHX16) **CARDIAC BYPASS SURGERY** (circle) 1 = yes 2 = no 8 = unknown

(MHX17) If yes, **date of most recent surgery** \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ (month/day/year)

(MHX18) **CARDIAC VESSEL ANGIOPLASTY/STENT** (circle) 1 = yes 2 = no 8 = unknown

(MHX19) If yes, **date of most recent angioplasty** \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ (month/day/year)

(MHX20) **CARDIAC PACEMAKER** (circle) 1 = yes 2 = no 8 = unknown

(MHX20a) If yes, **REASON FOR PACEMAKER** (circle)

1 = sick sinus syndrome 2 = 3o heart block

(MHX20a\_OTH) 7 = other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8 = unknown

(MHX20b) **AICD/ DEFRIBRILLATOR PLACED** (circle) 1 = yes 2 = no 8 = unknown

(MHX21) **CARDIOMYOPATHY** (circle) 1 = yes 2 = no 8 = unknown

(MHX22) **CAROTID ARTERY DISEASE** (circle) 1 = yes 2 = no 8 = unknown

(MHX23) **CAROTID ENDARTERECTOMY** (circle) 1 = yes 2 = no 8 = unknown

(MHX24) If yes, **date of most recent endarterectomy** \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ (month/day/year)

(MHX23a) **Side involved**  (circle)R = right L = left B = both 8 = unk

(MHX27c) **PERPHERAL VASCULAR DISEASE** (circle) 1 = yes 2 = no 8 = unknown

(MHX27d) **PULMONARY EMBOLUS** (circle) 1 = yes 2 = no 8 = unknown

(MHX28) **DEMENTIA** (circle) 1 = yes 2 = no 8 = unknown

(MHX28a) If yes, **type**

1=Alzheimer’s 2=multi-infarct

(MHX28a\_OTH) 7 = other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8 = unknown

(MHX29) **DEPRESSION** (circle) 1 = yes 2 = no 8 = unknown

(MHX30) **SICKLE CELL DISEASE** (circle) 1 = yes 2 = no 8 = unknown

**HISTORY** (3)

**PRIOR HISTORY OF:**

(MHX32) **HEMOPHILIA** (circle) 1 = yes 2 = no 8 = unknown

(MHX33) **HIV POSITIVE** (circle) 1 = yes 2 = no 8 = unknown

(MHX34) **BRAIN TUMOR** (circle) 1 = yes 2 = no 8 = unknown

(MHX35) If yes, **type** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(MHX36) **MALIGNANCY** (circle) 1 = yes 2 = no 8 = unknown

(MHX37) If yes, **type** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(MHX38) **SEIZURE** (circle) 1 = yes 2 = no 8 = unknown

(MHX38a) **MIGRAINE** (circle) 1 = yes 2 = no 8 = unknown

**LIST OTHER SIGNIFICANT MEDICAL CONDITIONS**

(MHX39\_OTH1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(MHX39\_OTH2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(MHX39\_OTH3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(MHX39\_OTH4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(MHX24e) **SURGERY /PROCEDURES**

**WITHIN THE LAST 30 DAYS** (circle) 1 = yes 2 = no 8 = unknown

**Type**  **Date** (month/day/year)

(MHX24g) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (MHX-24f) \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_

(MHX24i) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (MHX-24h) \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_

(MHX24k) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (MHX-24j) \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_

(MHX24m) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (MHX-24l) \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_

(MHX24o) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (MHX-24n) \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_

(MHX40) **NOTES**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SUBSTANCE ABUSE**

(SA1) **SMOKING USE EVER**,

***even if patient has quit*** (circle) 1 = yes 2 = no 8 = unknown

(SA4) **CURRENT SMOKER** (circle) 1 = yes 2 = no 8 = unknown

(SA5) \_\_\_\_\_\_\_ **If former smoker, how long has it been since patient last smoked, if known?**

(SA5a) **Circle time unit:** 1 = years 2 = months 3 = weeks

(SA6) **ALCOHOL USE** (circle) 1 = yes 2 = no 8 = unknown

(SA9) **Patient noted on medical record as heavy drinker,**

defined as more than 2 servings per day (circle)

1=yes 2=no 3=binge drinking

4=former alcoholic 8=unknown

**STREET DRUG USE**

(SA10) **Marijuana** (circle) 1 = yes 2 = no 8 = unknown

(SA12) **Cocaine / Crack** (circle) 1 = yes 2 = no 8 = unknown

(SA21) **Specify other street drugs used, if any:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(SA22) **ALCOHOL DETECTED**

**IN URINE OR BLOOD** (circle) 1 = yes 2 = no 8 = unknown

(SA23) **DRUGS *(other than alcohol)* DETECTED**

**IN URINE OR BLOOD** (circle) 1 = yes 2 = no 8 = unknown

(SA24) **STREET DRUG USE WITHIN 24**

**HOURS OF STROKE ONSET** (circle) 1 = yes 2 = no 8 = unknown

(SA25) **NOTES:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**MEDICATIONS**

**WITHIN TWO WEEKS**

Average daily frequency codes:

0=less than once per day 4=four times per day or every 6 hrs

1=daily 5=more than 4 times per day

2=twice per day or every 12 hrs 8=unknown

3=three times per day or every 8 hrs 9=as needed

**PRIOR TO ONSET**

**Obtain the medications the patient was taking at time of onset from the admission H&P.**

**Also check ED notes and EMS notes for supplemental information.**

**Please use the codes listed in the box at the top of this page to indicate the frequency for each drug.**

(MED0) □ Check here, if NO MEDICATIONS.

**Medication and Dosage Frequency Medication and Dosage Frequency**

(MED1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(MED2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(MED3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(MED4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(MED5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(MED6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(MED7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(MED8) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(MED9) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(MED10) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(MED11) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(MED12) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(MED13) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(MED14) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(MED15) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(MED16) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(MED17) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(MED18) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(MED19) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(MED20) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(MED21) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(MED22) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(MED23) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(MED24) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(MED25) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(MED26) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(MED27) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(MED28) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(MED29) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(MED30) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(MED31) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(MED32) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(MED33) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(MED34) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(MED35) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(MED36) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(MED37) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(MED38) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(MED39) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(MED40) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(MED41) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(MED42) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(MED43) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(MED44) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(MED45) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(MED46) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(MED47) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(MED48) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(MED49) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(MED50) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(MED51) NOTES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PRESENTING SIGNS / SYMPTOMS**

**What symptoms brought the patient in, or made the patient seek treatment?**

(SX1) **Weakness** (circle) 1 = yes 2 = no 3 = generalized

If yes, indicate laterality.

(SX1a) **Face** (circle) L = left R = right B = both

(SX1b) **Arm** (circle) L = left R = right B = both

(SX1c) **Leg** (circle) L = left R = right B = both

(SX2) **Numbness / Sensory Loss** (circle) 1 = yes 2 = no 3 = generalized

If yes, indicate laterality.

(SX2a) **Face** (circle) L = left R = right B = both

(SX2b) **Arm** (circle) L = left R = right B = both

(SX2c) **Leg** (circle) L = left R = right B = both

(SX3) **Headache** (circle) 1 = yes 2 = no 8 = unknown

(SX4) **Mental Status** (circle)

1 = alert and oriented 2 = drowsy / somnolent 3 = coma / unresponsive

4 = posturing 5 = alert but confused

(SX4\_OTH) 7 = other (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8 = unknown

(SX5) **Speech** (circle)

1 = normal /baseline 2 = slurred / dysarthric 3 = aphasic

4 = mute 5 = dysarthric & aphasic 6 = abnormal, unknown type

(SX5\_OTH) 7 = other (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8 = unknown

(SX6) **Fall / Cannot Walk** (circle) 1 = yes 2 = no

(SX7) **Vision** (circle)

1 = normal 2 = blurred 3 = double

4 = partial loss 5 = total blindness 6 = photophobia

(SX7\_OTH) 7 = other (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8 = unknown

(SX8) **Dizzy/Vertigo** (circle) 1 = yes 2 = no

(SX9) **Ataxia** (circle) 1 = yes 2 = no

(SX10) **Dysphagia / Drooling** (circle) 1 = yes 2 = no

(SX11) **Nausea / Vomiting** (circle) 1 = yes 2 = no

(SX12) **Seizure / Jerking** (circle) 1 = yes 2 = no

(SX13) **Specify other signs / symptoms, if any**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(SX16) **NOTES (SUMMARY OF CASE PRESENTATION AND COURSE)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**STROKE EVALUATION**

(SE1) \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ **DATE OF STROKE ONSET**  (month/day/year)

(SE2) \_\_\_ \_\_\_ : \_\_\_ \_\_\_ **TIME OF ONSET, if known** (hour /min, 24-hour clock)

(SE3) **If time of onset is not known, estimate the time window** (circle)**:**

1 = awoke with symptoms

2 = presented >24 hours after onset

3 = after midnight (00:01am—06:00am)

4 = morning (06:01am—12:00pm)

5 = afternoon (12:01pm—18:00pm)

6 = evening (18:01pm—midnight)

8 = unknown

\_\_\_\_\_ / \_\_\_\_\_ **BLOOD PRESSURE (first recorded)**

(SE7a\_SYS) (SE7a\_DIAS) (if no BP is recorded in ED-47 on p. 6)

(SE14) **SEIZURE IN ACUTE SETTING OF STROKE** (circle) 1 = yes 2 = no 8 = unknown

(SE15) **MODIFIED RANKIN SCALE PRIOR TO STROKE ONSET** (circle)

Note: If a patient uses a cane but is otherwise able to look after self, code the patient as a “2” rather than “4.”

0 = no symptoms

1 = no significant disability despite symptoms; able to carry out usual activities

2 = slight disabilities; unable to carry out all previous activities, but able to look after self without assistance

3 = moderate disabilities; requiring some help; able to walk without assistance

4 = moderately severe disabilities; unable to walk without assistance; unable to attend to body needs

5 = severe disability; bedridden; incontinent; requiring constant nursing care

9 = not available

(SE15b) **Did patient use a cane prior to onset?** (circle) 1 = yes 2 = no 8 = unknown

(SE15c) **Did patient use a walker prior to onset?** (circle) 1 = yes 2 = no 8 = unknown

(SE16) **EVALUATED BY A NEUROLOGIST** (circle) 1 = yes 2 = no 8 = unknown

(SE16b) **EVALUATED BY A NEUROSURGEON** (circle) 1 = yes 2 = no 8 = unknown

**NEUROIMAGING (1) Attach all reports.**

(DIA1) **CT OF HEAD DONE AFTER ONSET?** (circle) 1 = yes 2 = no 8 = unknown

If no or unknown, skip to next page.

(DIA1a) **REASON FOR CT** (circle)

1 = initial imaging 2 = routine follow up 3 = clinical decline

(DIA1a\_OTH) 7 = other (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8 = unk

(DIA3) \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ **Date of CT** (month/day/year)

(DIA4) \_\_\_ \_\_\_ : \_\_\_ \_\_\_ **Time** (hr /min, 24-hr clock)

(DIA5) **Findings** (circle all that apply)

1 = normal 2 = acute infarct 3 = ICH 4 = SAH 5 = AVM 6 = IVH

(DIA5\_OTH) 7 = other (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8 = unknown 10 = old infarct 11 = subacute infarct

12 = prior hemorrhage 13 = hemorrhagic conversion of acute infarct

(DIA7) **2nd CT OF HEAD DONE?** (circle) 1 = yes 2 = no 8 = unknown

If no or unknown, skip to next page.

(DIA7a) **REASON FOR CT** (circle) 2 = routine follow up 3 = clinical decline

(DIA7a\_OTH) 7 = other (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8 = unk

(DIA9) \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ **Date of CT** (month/day/year)

(DIA10) \_\_\_ \_\_\_ : \_\_\_ \_\_\_ **Time** (hr /min, 24-hr clock)

(DIA11) **Findings** (circle all that apply)

1 = normal 2 = acute infarct 3 = ICH 4 = SAH 5 = AVM 6 = IVH

(DIA11\_OTH) 7 = other (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8 = unknown 10 = old infarct 11 = subacute infarct

12 = prior hemorrhage 13 = hemorrhagic conversion of acute infarct

(DIA26) **3rd CT OF HEAD DONE?** (circle) 1 = yes 2 = no 8 = unknown

If no or unknown, skip to next page.

(DIA26a) **REASON FOR CT** (circle) 2 = routine follow up 3 = clinical decline

(DIA26a\_OTH) 7 = other (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8 = unk

(DIA28) \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ **Date of CT** (month/day/year)

(DIA29) \_\_\_ \_\_\_ : \_\_\_ \_\_\_ **Time** (hr /min, 24-hr clock)

(DIA30) **Findings** (circle all that apply)

1 = normal 2 = acute infarct 3 = ICH 4 = SAH 5 = AVM 6 = IVH

(DIA30\_OTH) 7 = other (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8 = unknown 10 = old infarct 11 = subacute infarct

12 = prior hemorrhage 13 = hemorrhagic conversion of acute infarct

**NEUROIMAGING (2) Attach all reports.**

(DIA13) **MR OF HEAD DONE AFTER ONSET?** (circle) 1 = yes 2 = no 8 = unknown

If no or unknown, skip to next page.

(DIA13a) **REASON FOR MR** (circle)

1 = initial imaging 2 = routine follow up 3 = clinical decline

(DIA13a\_OTH) 7 = other (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8 = unk

(DIA13b) **Diffusion-weighted imaging done?** (circle) 1 = yes 2 = no 8 = unknown

(DIA13c) **Positive for acute cerebral infarct?** (circle) 1 = yes 2 = no 8 = unknown

(DIA13d) **Gradient echo done?** (circle) 1 = yes 2 = no 8 = unknown

(DIA13e) **Positive for microbleed?** (circle) 1 = yes 2 = no 8 = unknown

(DIA15) \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ **Date of MR** (month/day/year)

(DIA16) \_\_\_ \_\_\_ : \_\_\_ \_\_\_ **Time** (hr /min, 24-hr clock)

**\_\_\_\_\_\_ / \_\_\_\_\_\_ Blood pressure (systolic & diastolic) with lowest systolic**

(DIA16a\_SYS) (DIA16a\_DIAS) **during hospital stay prior to first MRI**

**\_\_\_\_\_\_ / \_\_\_\_\_\_ Blood pressure (systolic & diastolic) with highest systolic**

(DIA16b\_SYS) (DIA16b\_DIAS) **during hospital stay prior to first MRI**

(DIA17) **Findings** (circle all that apply)

1 = normal 2 = acute infarct 3 = ICH 4 = SAH 5 = AVM 6 = IVH

(DIA17\_OTH) 7 = other (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8 = unknown 10 = old infarct 11 = subacute infarct

12 = prior hemorrhage 13 = hemorrhagic conversion of acute infarct

(DIA19) **MR OF HEAD DONE AFTER ONSET?** (circle) 1 = yes 2 = no 8 = unknown

If no or unknown, skip to next page.

(DIA19a) **REASON FOR MR** (circle) 2 = routine follow up 3 = clinical decline

(DIA19a\_OTH) 7 = other (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8 = unk

(DIA19b) **Diffusion-weighted imaging done?** (circle) 1 = yes 2 = no 8 = unknown

(DIA19c) **Positive for acute cerebral infarct?** (circle) 1 = yes 2 = no 8 = unknown

(DIA19d) **Gradient echo done?** (circle) 1 = yes 2 = no 8 = unknown

(DIA19e) **Positive for microbleed?** (circle) 1 = yes 2 = no 8 = unknown

(DIA21) \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ **Date of MR** (month/day/year)

(DIA22) \_\_\_ \_\_\_ : \_\_\_ \_\_\_ **Time** (hr /min, 24-hr clock)

(DIA23) **Findings** (circle all that apply)

1 = normal 2 = acute infarct 3 = ICH 4 = SAH 5 = AVM 6 = IVH

(DIA23\_OTH) 7 = other (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8 = unknown 10 = old infarct 11 = subacute infarct

12 = prior hemorrhage 13 = hemorrhagic conversion of acute infarct

(DIA24) **NOTES:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**DIAGNOSTIC ANGIOGRAPHY**

**Please draw a line through the page, if N/A.**

(MR31) **ANEURYSM seen on MRA** (circle) 1=yes 2=not seen 9=MRA not done

(MR41) **AVM seen on MRA** (circle) 1=yes 2=not seen 9=MRA not done

(CTA31) **ANEURYSM seen on CTA** (circle) 1=yes 2=not seen 9=CTA not done

(CTA41) **AVM seen on CTA** (circle) 1=yes 2=not seen 9=CTA not done

(CA31) **ANEURYSM**

**seen on cerebral angiogram** (circle) 1=yes 2=not seen 9=CA not done

(CA41) **AVM seen on cerebral angiogram** (circle) 1=yes 2=not seen 9=CA not done

(CA42) **ANGIOGRAPHY NOTES:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**FIRST EKG**

(EKG1) **EKG DONE** (circle) 1 = yes 2 = no 3 = yes, but no record 8 = unknown

(EKG1a\_DATE) \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ If yes, **Date of 1st EKG**  (month/day/year)

(EKG1a\_TIME) \_\_\_ \_\_\_ : \_\_\_ \_\_\_ **Time** (hr /min, 24-hr clock)

(EKG2) **EKG RESULT** (circle) 1=normal 2=abnormal 8=unknown

***If NORMAL, skip to NOTES (EKG-14).***

## Note: EKG can be abnormal, but not necessarily due to items listed below.

(EKG3a) **Pulse** \_\_\_\_\_\_\_

(EKG9) **LVH** (circle) 1 = yes 2 = no

(EKG11) **Acute MI** (circle) 1 = yes 2 = no

(Note: must list “acute MI,” not just ischemic changes)

(EKG14) NOTES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**LABORATORY (1)**

(LAB1) \_\_\_\_\_ **LABS DONE AT ADMISSION?** (circle)

***(or at time of event for in-hospital strokes)***

1 = yes 2 = no 3 = yes, but no record 8 = unknown

(LAB2) **LOCATION OF LAB** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(LAB3\_DATE) \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ **DATE DRAWN**  (month/day/year)

(LAB3\_TIME) \_\_\_ \_\_\_ : \_\_\_ \_\_\_ **Time** (hr /min, 24-hr clock)

#### ADMISSION LABS *(If a lab is not done, LEAVE BLANK.)*

(LAB4) \_\_\_\_\_\_ . \_\_\_ **White Blood Cell Count**

(LAB5) \_\_\_\_\_\_ . \_\_\_ **Hemoglobin**

(LAB6) \_\_\_\_\_\_ **Platelet Count** (in thousands)

(LAB7) \_\_\_\_\_\_ . \_\_\_ **Creatinine**

(LAB8) \_\_\_\_\_\_ **Serum Blood Sugar**

(LAB14) \_\_\_\_\_\_ . \_\_\_ **Protime**

(LAB16) \_\_\_\_\_\_ . \_\_\_ **Partial Thromboplastin Time**

**INR values DATE (month/day/year) Time (hr /min, 24-hr clock)**

(LAB15) \_\_\_\_\_\_ . \_\_\_ **Initial**  \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_ : \_\_\_ \_\_\_

(LAB15a) \_\_\_\_\_\_ . \_\_\_ Subsequent \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_ : \_\_\_ \_\_\_

(LAB15b) \_\_\_\_\_\_ . \_\_\_ \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_ : \_\_\_ \_\_\_

(LAB15c) \_\_\_\_\_\_ . \_\_\_ \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_ : \_\_\_ \_\_\_

(LAB15d) \_\_\_\_\_\_ . \_\_\_ \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_ : \_\_\_ \_\_\_

(LAB23a) **TROPONIN (initial)** \_\_\_\_\_\_ **DATE:** \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_

(LAB23c) **TROPONIN “I” or “T”?** (circle) **I T**

(LAB23b) **If value recorded, is it positive?** (circle) 1 = yes 2 = no 8 = unknown

(LAB23d) **TROPONIN (peak value)** \_\_\_\_\_\_ **DATE:** \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_

(LAB23f) **TROPONIN “I” or “T”?** (circle) **I T**

(LAB23e) **If value recorded, is it positive?** (circle) 1 = yes 2 = no 8 = unknown

**LABORATORY (2)**

#### LIPID PANEL DRAWN DURING HOSPITALIZATION

(LAB9a\_DATE) \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ **DATE DRAWN**  (month/day/year)

(LAB9a\_TIME) \_\_\_ \_\_\_ : \_\_\_ \_\_\_ **Time** (hr /min, 24-hr clock)

(LAB13) \_\_\_\_\_\_\_\_\_ **Total Cholesterol**

(LAB12) \_\_\_\_\_\_\_\_\_ **Triglycerides**

(LAB10) \_\_\_\_\_\_\_\_\_ **HDL**

(LAB9) \_\_\_\_\_\_\_\_\_ **LDL**

(LAB13a) **Fasting?** (circle) 1=yes 2=no

#### ADDITIONAL LABS DRAWN DURING HOSPITALIZATION

(LAB22) \_\_\_\_\_\_ **CK** (LAB22\_DATE) **DATE:** \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_

(LAB23) \_\_\_\_\_\_ **CKMB** (LAB23\_DATE) **DATE:** \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_

(LAB32) \_\_\_\_\_\_\_\_\_ **ESR** (mm/hr) (LAB32\_DATE) **DATE:** \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_

(LAB33) \_\_\_\_\_\_\_\_\_ **CRP** (mg/L) (LAB33\_DATE) **DATE:** \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_

(LAB28) \_\_\_\_\_\_\_\_\_ **Fasting Glucose** (LAB28\_DATE) **DATE:** \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_

(LAB29) \_\_\_\_\_\_\_\_\_ **Hemoglobin A1C** (LAB29\_DATE) **DATE:** \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_

(LAB30) \_\_\_\_\_\_\_\_\_ **BNP** (highest) (LAB30\_DATE) **DATE:** \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_

(LAB31) **NOTES:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**INTERVENTIONS (1)**

(IT2) **MAJOR PROCEDURES** (circle) 1 = yes 2 = no

**(following and related to neurological event)**

**If no, skip to IT-6.**

**If a major procedure was done more than once, please describe in IT-20 on next page.**

**Procedure** (Circle)  **DATE (month/day/year) Time (hr /min, 24-hr clock)**

**Craniotomy for**

(IT5d) **clot evacuation** 1=yes 2=no \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_ : \_\_\_ \_\_\_

**Stereotactic**

(IT5h) **clot aspiration** 1=yes 2=no \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_ : \_\_\_ \_\_\_

**Thrombolytic inject-**

(IT5i) **tion into ventricles** 1=yes 2=no \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_ : \_\_\_ \_\_\_

**Other surgery/**

(IT5f) **procedures** 1=yes 2=no \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_ : \_\_\_ \_\_\_

(IT5f\_SPEC) **Specify** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(IT6) **INTRACRANIAL PRESSURE MONITORING** (circle) 1 = yes 2 = no

(IT7) **INTUBATION** (circle) 1 = yes 2 = no

(IT8)  **INTRAVENTRICULAR DRAIN PLACED?** (circle) 1 = yes 2 = no

(IT8a\_OLD) \_\_\_\_\_\_ **Which day was DRAIN placed?**

(IT8a) \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ **Date IVC placed** (month/day/year)

(IT8b) **SHUNT PLACED?** (circle) 1 = yes 2 = no

(IT9) **IV GTT MEDICATION FOR HYPERTENSION CONTROL** (circle) 1 = yes 2 = no

(IT9a) If yes, **specify:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(IT10) **IV GTT MEDICATION FOR HYPOTENSION CONTROL** (circle) 1 = yes 2 = no

(IT11) If yes, **specify:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(IT12\_SYS / IT2\_DIAS) \_\_\_\_\_ / \_\_\_\_\_ **BLOOD PRESSURE (closest to 24 hours after admission)**

(IT12a\_SYS / IT2a\_DIAS) **\_\_\_\_\_ / \_\_\_\_\_ Blood pressure with lowest systolic during 1st 72 hrs of hospital stay**

(IT12b\_SYS / IT2b\_DIAS) **\_\_\_\_\_ / \_\_\_\_\_ Blood pressure with highest systolic during 1st 72 hrs of hospital stay**

(IT13) **MANNITOL FOR INCREASED ICP** (circle) 1 = yes 2 = no

(IT13a) **HYPERTONIC SALINE (7.5% or 23.4%) FOR INCREASED ICP** (circle) 1 = yes 2 = no

(IT29) **ANTIEPILEPTIC THERAPY FOR SEIZURE PROPHYLAXIS?** (circle) 1 = yes 2 = no

(IT29a) **ANTIEPILEPTIC THERAPY FOR CLINICAL SEIZURE?** (circle) 1 = yes 2 = no

**If antiepileptic therapy was not given, skip to IT-21 on the next page.**

(IT29b) \_\_\_\_\_\_\_ **HOW MANY DAYS WAS ANTIEPILEPTIC THERAPY GIVEN?**

**INTERVENTIONS (2)**

**ANTIEPILEPTIC MEDICATIONS GIVEN**

(IT30) **Name of medication**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(IT30a) Date \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ and Time \_\_\_ \_\_\_ : \_\_\_ \_\_\_ of START Dose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(IT30b) Date \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ and Time \_\_\_ \_\_\_ : \_\_\_ \_\_\_ of STOP Dose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(IT31) **Name of medication**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(IT31a) Date \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ and Time \_\_\_ \_\_\_ : \_\_\_ \_\_\_ of START Dose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(IT31b) Date \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ and Time \_\_\_ \_\_\_ : \_\_\_ \_\_\_ of STOP Dose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(IT32) **Name of medication**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(IT32a) Date \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ and Time \_\_\_ \_\_\_ : \_\_\_ \_\_\_ of START Dose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(IT32b) Date \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ and Time \_\_\_ \_\_\_ : \_\_\_ \_\_\_ of STOP Dose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(IT33) **Name of medication**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(IT33a) Date \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ and Time \_\_\_ \_\_\_ : \_\_\_ \_\_\_ of START Dose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(IT33b) Date \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ and Time \_\_\_ \_\_\_ : \_\_\_ \_\_\_ of STOP Dose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(IT34) **Name of medication**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(IT34a) Date \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ and Time \_\_\_ \_\_\_ : \_\_\_ \_\_\_ of START Dose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(IT34b) Date \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ and Time \_\_\_ \_\_\_ : \_\_\_ \_\_\_ of STOP Dose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(IT35) **Name of medication**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(IT35a) Date \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ and Time \_\_\_ \_\_\_ : \_\_\_ \_\_\_ of START Dose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(IT35b) Date \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ and Time \_\_\_ \_\_\_ : \_\_\_ \_\_\_ of STOP Dose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(IT21) \_\_\_ WAS **rFVIIa** ADMINISTERED FOLLOWING ONSET OF ICH within 48 hours of hospitalization (circle)

1 = yes (for stroke) 2 = no 3 = yes, other than stroke

(IT21a) Date \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ and Time \_\_\_ \_\_\_ : \_\_\_ \_\_\_ of start Dose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(IT21b) If no, reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER PRO-THROMBOTIC THERAPY GIVEN FOLLOWING ONSET (within 48 hours of hospitalization)

(IT22) **FFP** (circle) 1 = yes (for stroke) 2 = no 3 = yes, other than stroke

(IT22a) Date \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ and Time \_\_\_ \_\_\_ : \_\_\_ \_\_\_ of start TOTAL UNITS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(IT25) **Vitamin K** (circle) 1 = yes (for stroke) 2 = no 3 = yes, other than stroke

(IT25a) Date \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ and time \_\_\_ \_\_\_ : \_\_\_ \_\_\_ of start TOTAL UNITS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(IT23) **Cryoprecipitate** (circle) 1 = yes (for stroke) 2 = no 3 = yes, other than stroke

(IT23a) Date \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ and Time \_\_\_ \_\_\_ : \_\_\_ \_\_\_ of start TOTAL UNITS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(IT24) **Platelets** (circle) 1 = yes (for stroke) 2 = no 3 = yes, other than stroke

(IT24a) Date \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ and Time \_\_\_ \_\_\_ : \_\_\_ \_\_\_ of start TOTAL UNITS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(IT28) **Prothrombotic Complex** (circle) 1 = yes (for stroke) 2 = no 3 = yes, other than stroke

(IT28a) Date \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ and time \_\_\_ \_\_\_ : \_\_\_ \_\_\_ of start TOTAL UNITS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(IT20) **NOTES**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(CC16) **Was patient made DNR?** (circle) 1 = yes 2 = no 8 = unknown

(CC16\_DATE) \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ If yes, **Date**  (month/day/year)

(CC16\_TIME) \_\_\_ \_\_\_ : \_\_\_ \_\_\_ **Time** (hr /min, 24-hr clock)

(CC17) **Was patient made DNI?** (circle) 1 = yes 2 = no 8 = unknown

(CC17\_DATE) \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ If yes, **Date**  (month/day/year)

(CC17\_TIME) \_\_\_ \_\_\_ : \_\_\_ \_\_\_ **Time** (hr /min, 24-hr clock)

(CC18) **Was patient made comfort care measures only?** (circle) 1 = yes 2 = no 8 = unknown

(CC18\_DATE) \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ If yes, **Date**  (month/day/year)

(CC18\_TIME) \_\_\_ \_\_\_ : \_\_\_ \_\_\_ **Time** (hr /min, 24-hr clock)

(CC13a) **Was patient newly diagnosed with**

**HYPERTENSION *during* this hospitalization?** (circle) 1 = yes 2 = no 8 = unknown

(CC2) **SUBSEQUENT STROKE OR TIA** 1 = yes 2 = no 8 = unknown

***NOTE: If there are questions regarding whether a subsequent event is a new event***

***or a continuation of an old event, contact the study physician.***

(CC3) \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ **Date of subsequent event**

(CC4) **Type of subsequent event** (circle) 1 = infarct 2 = TIA 3 = ICH 4 = SAH 8 = unk

(CC12) **NOTES:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**COMPLICATIONS / NEW DIAGNOSES**

Circle all **significant** complications/new diagnoses documented during hospitalization.

(CX1) = a-fib developed during stay

(CX2) = anxiety

(CX3) = bowel/bladder dysfunction

(CX4) = brain edema

(CX5) = cardiac arrest

(CX6) = cellulitis

(CX8) = chest pain / angina

(CX9) = CHF / pulmonary edema

(CX10) = confusion / agitation

(CX11) = decubitus ulcer

(CX12) = dehydration

(CX13) = depression (newly diagnosed)

(CX14) = dizziness

(CX15) = DVT

(CX16) = dysphagia, not requiring peg / ng

(CX17) = dysphagia, requiring peg / ng

(CX18) = fall/injury

(CX19) = GI bleed

(CX20) = hallucinations

(CX21) = headaches

(CX22) = herniation

(CX23) = hyperglycemia

(CX24) = hypertensive crisis

(CX25) = hypoglycemia

(CX26) = hypotensive episode

(CX27) = MI

(CX28) = pneumonia

(CX29) = pulmonary edema

(CX30) = pulmonary embolus

(CX31) = seizure

(CX32) = sepsis

(CX33) = UTI

Specify complications / new diagnoses not listed above:

(CX7a) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(CX7b) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(CX7c) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(CX7d) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(CX7e) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(CX7f) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(CX7g) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(CX7h) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(CX7i) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(CX7j) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(CX13) NOTES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**DISCHARGE MEDICATIONS**

(DMED0) □ Check here, if NO MEDICATIONS, or if patient died or was discharged to hospice.

**Please use the codes listed in the box at the side of this page to indicate the frequency for each drug.**

**List all medications and dosages. Frequency**

(DMED1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(DMED2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(DMED3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(DMED4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(DMED5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

Average daily frequency codes:

0= less than once per day

1=daily

2=twice per day

or every 12 hrs

3= three times per day

or every 8 hrs

4= four times per day

or every 6 hrs

5=more than 4 times per day

8=unknown

9=as needed

(DMED6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(DMED7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(DMED8) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(DMED9) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(DMED10) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(DMED11) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(DMED12) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(DMED13) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(DMED14) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(DMED15) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(DMED16) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(DMED17) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(DMED18) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(DMED19) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(DMED20) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(DMED21) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(DMED22) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(DMED23) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(DMED24) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(DMED25) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(DMED26) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(DMED27) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(DMED28) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

**OUTCOME**

(O1) **VITAL STATUS AT FINAL DISCHARGE** (circle) 1 = dead 2 = alive

***If ALIVE, skip to Rankin (O-5).***

(O2\_DATE) \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ **Date of death**  (month/day/year)

(O2\_TIME) \_\_\_ \_\_\_ : \_\_\_ \_\_\_ **Time of death** (hour /min, 24-hour clock)

(O3) **Cause of Death** (circle)

1= brain death 2= withdrawal of care 3= cardiac arrest

(O3\_OTH) 7 = other (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8 = unknown

(O3a) **Place of death** (circle)

1 = acute setting 2 = rehab unit 3 = SNF 4 = hospice 5 = return to acute setting

***If DEAD, skip to NOTES (O-22).***

(O5) **Functional status: MODIFIED RANKIN SCALE at 30 days post stroke or final discharge** (circle)

Note: If a patient needs a cane but is otherwise able to look after self, code the patient as a “2” rather than “4.”

0 = no symptoms

1 = no significant disability despite SXs; able to carry out usual activities

2 = slight disabilities; unable to carry out all previous activities, but able to look after self without assistance

3 = moderate disabilities; requiring some help; able to walk without assistance

4 = moderately severe disabilities; unable to walk without assistance; unable to attend to body needs

5 = severe disability; bedridden; incontinent; requiring constant nursing care

9 = not available

(O4) \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ **DATE OF MODIFIED RANKIN** (month / day/ year)

(O7a) **Does patient need a cane?** (circle) 1 = yes 2 = no 8 = unknown

(O7b) **Does patient need a walker?** (circle) 1 = yes 2 = no 8 = unknown

(O19) \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ **DATE OF FINAL DISCHARGE FOR EVENT**  (month/day/year)

(O20) **DISPOSITION AT FINAL DISCHARGE** (circle)

1 = home 2 = relative or friend 3 = rehab

4 = SNF 5 = assisted living 6 = hospital / acute setting

(O20\_OTH) 7 = other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8 = unknown 10 = hospice

(O21) **Name of facility at final discharge:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(O22) **Notes** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**AUTOPSY STUDY NO \_\_ \_\_ — \_\_ \_\_ \_\_ \_\_ \_\_ \_\_**

(AU2) \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ **DATE OF DEATH** (month/day/year)

(AU3) **AUTOPSY DONE?** (circle) 1 = yes 2 = no 8 = unknown

***If YES, answer the following:***

(AU4) \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ **DATE OF AUTOPSY** (month/day/year)

(AU6) \_\_\_ **TYPE OF STROKE CAUSING DEATH** (circle)

1=infarct 3=ICH 4=SAH 5=SAH & ICH 6=IVH

7 = other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8 = unknown

(AU8) \_\_\_ **CAUSE OF ICH** (circle)

1 = small vessel hypertension 2 = amyloid 3 = AVM

4 = tumor 5 = aneurysm

(AU8\_OTH) 7 = other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8 = unknown

12=vasculitis 13=blood dyscrasia 14=anticoagulants 15=thrombolytic agents

(AU10) **OTHER PERTINENT FINDINGS**

(e.g., aneurysm, AVM, old strokes, atherosclerosis of intra- or extracranial vessels):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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