Updated April 2020

Patient ID:		Bold Question = Required

DEMOGRAPHICS *Demographics Tab*

Gender	Male	Female	Unknown
Date of Birth: _____/_____/_____		**Age:**	_____
Zip Code: _____ - _____	Homeless		
Payment Source	Medicare Title 18 Medicaid – Private/ HMO/ PPO/ Other Self Pay/ No Insurance	Medicaid Title 19 Private/ HMO/ PPO/ Other Other/ Not Documented/ UTD	Medicare – Private/ HMO/ PPO/ Other VA/ CHAMPVA/ Tricare

RACE AND ETHNICITY

Race (Select all that apply):	American Indian/Alaska Native	Black or African American
	Asian	Native Hawaiian or Pacific Islander
	[if Asian selected]	
	Asian Indian	[if native Hawaiian or pacific islander selected]
	Chinese	Native Hawaiian
	Filipino	Guamanian or Chamorro
	Japanese	Samoan
	Korean	Other Pacific Islander
	Vietnamese	White
	Other Asian	UTD
Hispanic Ethnicity:	Yes	No/UTD
If Yes,	Mexican, Mexican American, Chicano/a	Puerto Rican / Cuban
	Another Hispanic, Latino or Spanish Origin	

Stroke

Subarachnoid Hemorrhage

ICD-9CM or ICD-10-CM Principal Diagnosis Code ICD-9CM or ICD-10-CM Other Diagnosis Codes	_____
ICD-9-CM or ICD-10-PCS Principal Procedure Code ICD-9-CM or ICD-10-PCS Other Procedure Codes	_____
ICD-9-CM Discharge Diagnosis Related to Stroke ICD-10-CM Discharge Diagnosis Related to Stroke	_____
No Stroke or TIA Related ICD-9-CM Code Present No Stroke or TIA Related ICD-10-CM Code Present	

ARRIVAL AND ADMISSION INFORMATION		***Admission Tab***
During this hospital stay, was the patient enrolled in a clinical trial in which patients with the same condition as the measure set were being studied (i.e. STK,VTE)?	Yes	No

	< 5 years 5 - < 10 years 10 - < 20 years >= 20 years Unknown E-Cigarette Use (Vaping) HF Migraine Previous TIA Renal Insufficiency – Chronic Smoker ICH SAH Not Specified PVD Sleep Apnea
Ambulatory status prior to current event	Able to ambulate independently (no help from another person) w/ or w/o device With assistance (from person) Unable to ambulate ND

DIAGNOSIS & EVALUATION

Symptom Duration if diagnosis of Transient Ischemic Attack (less than 24 hours)	Less than 10 minutes 10 – 59 minutes > = 60 minutes ND
Had stroke symptoms resolved at time of presentation?	Yes No ND
Initial NIH Stroke Scale	Yes No/ND
If yes:	Actual Estimate from record ND
Total Score:	_____ (refer to web program for questions)
NIHSS score obtained from transferring facility:	_____ ND
Initial exam findings (Select all that apply)	Weakness/Paresis Altered Level of Consciousness Disturbance Aphasia/Language Other neurological signs/symptoms No neurological signs/symptoms ND
[redacted]	Able to ambulate independently (no help from another person) w/ or w/o device [redacted] Unable

Antidepressant medication	Yes	No/ND

SYMPTOM TIMELINE ***Hospitalization Tab***

Date/Time Patient last known to be well?

Select one option

Date/Time Chest X-ray Ordered:

____/____/_____ ____:_____

W2: IV or IA thrombolysis/thrombectomy at an outside

MEASUREMENTS (first measurement upon presentation to your hospital)			
Total Chol: _____ mg/dl	Triglycerides: _____ mg/dl	HDL: _____ mg/dl	**LDL:** _____ **mg/dl**

	If NC, documented contraindications	Allergy to or complications r/t antithrombotic Patient/Family refused Risk for bleeding or discontinued due to bleeding	Serious side effect to medication Terminal illness/Comfort Measures Only Other
Other Antithrombotic(s)	Prescribed?	Yes No	
	If yes,		

Medication:
- Desirudin (Iprivask)
- Ticagrelor (Brilinta)

Hypercoagulability testing Performed during this admission or in the 3 months prior Planned post discharge Not performed or planned	Carotid revascularization Performed during this admission or in the 3 months prior Planned post discharge Not performed or planned	Extended surface cardiac rhythm monitoring > 7 days Performed during this admission or in the 3 months prior Planned post discharge Not performed or planned
Intracranial vascular imaging Performed during this admission or in the 3 months prior Planned post discharge Not performed or planned	Short-term cardiac rhythm monitoring <= 7 days Performed during this admission or in the 3 months prior Planned post discharge Not performed or planned	