Form flow by stroke type (every sublevel is a conditional field or dropdown values)

Last updated: August 15th, 2016

Fields displayed for any stroke type:

1. Age
2. Sex
3. Last seen normal date and time
4. Admission to the first hospital date and time
5. Stroke in the hospital [Yes/No]
6. The patient was hospitalized to the Stroke Unit/ICU [yes/no]
7. The patient was assessed for rehabilitation needs by PT/OT/S< within the first 72 hours after the admission to the hospital: [Yes/No]
8. Was antihypertensive medication prescribed to the patient before discharge from the hospital? [Yes/No]
9. If the patient is a smoker, was he given advice to quit? [Yes/No]
10. At discharge, could the patient walk 10 meters unassisted? [Yes/No]
11. Discharge destination: home, rehabilitation facility, long-term care facility/nursing home, other hospital, dead

Subarachnoid hemorrhage has no extra fields.

Ischemic stroke:

12. Level of consciousness on admission: alert, drowsy, comatose, not applicable
13. NIHSS on admission
   - Not performed
   - Performed
      - Score
   - Not applicable
14. Head CT/MRI
   - Not performed
   - Performed
15. Recanalization procedures

- Not done
- IV tPa
  - Door to needle
    - Door to needle time
  - Bolus time
    - Admission Time
    - Bolus Time
- IV tPa + endovascular treatment
  - Door to needle
    - Door to needle time
    - Door to groin puncture time
  - Bolus time
    - Admission Time
    - Bolus Time
    - Groin Puncture Time
- Endovascular treatment alone
  - Door to groin puncture time

16. Dysphagia screening

- Not performed
- Performed
  - Time performed: [within first 24 hours after admission to the hospital/after the first 24 hours after admission to the hospital]
    - Not applicable

17. Atrial fibrillation/flutter

- Known aFib
o Screened
  ▪ Holter-type monitoring for: [24 hours/more than 24 hours]
  ▪ AFib detected [Yes / No / N/A]
  o Not screened

18. Carotid arteries imaging within 7 calendar days after admission to the hospital: [Yes/No]
19. Was hemicraniectomy performed? [Yes/No/ N/A]
20. Which antithrombotic medication was prescribed on discharge?
   [antiplatelets/VKA/dabigatran/rivaroxaban/apixaban/other oral anticoagulants/nothing]
21. Was the patient discharged on a statin? [Yes/No]
22. Symptomatic carotid stenosis more than 70%? [Yes/No]
   o Was carotid endarterectomy or angioplasty/stenting done within first two weeks after
     the stroke onset? [Yes/No/No, but planned later on]

**Intracerebral hemorrhage:**

11. Level of consciousness on admission: alert, drowsy, comatose, not applicable
12. NIHSS on admission
   o Not performed
   o Performed
     ▪ Score
   o Not applicable
13. Head CT/MRI
   o Not performed
   o Performed
     ▪ Time performed [within 1 hour after admission/later than 1 hour after
       admission]
   o Not applicable
14. Dysphagia screening
   o Not performed
   o Performed
     ▪ Time performed: [within first 24 hours after admission to the hospital/after the
       first 24 hours after admission to the hospital]
15. Date of discharge

16. Clot removal surgery performed: [Yes/No]