

| Legend | |
|-------------------------|---|
| Bold Text | Field Name |
| [Red text] | SAS variable name |
| (Purple text) | Question or answer ID |
| Yellow-Highlighted Text | Change from previous CRF version |
| | Automatic calculation |
| | Reference question (read-only - no data entry required) |
| Blue Text | Blue underlined text indicates a response which triggers a nested field. Blue-shaded field denotes the conditional or nested field (e.g. if yes then appear) |

Demographic Information

Test case: [testcase] No Yes

Patient's medical record number: [mrn] _____

Last name: [lastname] _____

First name: [firstname] _____

Date of birth (dd/mm/yyyy): [dateofbirth] _____

Home postal code: [postalcode] _____ Out of country Not available (N/A)

| | |
|---|--|
| Are you entering an Ontario health card number (HCN)? [nohip] <input type="radio"/> No | If "No", Type of other coverage: [othercoverage] <input type="radio"/> Not available (N/A) <input type="radio"/> Non-resident <input type="radio"/> Prisoner <input type="radio"/> Aboriginal <input type="radio"/> Homeless <input type="radio"/> Refugee <input type="radio"/> Military/Veteran/RCMP |
| <input type="radio"/> Yes | If "Yes", Health card number and version code: [ohip] _____ |

Province: [province]
 Alberta (AB) New Brunswick (NB) Northwest Territories (NT) Prince Edward Island (PE) Yukon (YT)
 British Columbia (BC) Newfoundland (NL) Nunavut (NU) Québec (QC) Not applicable
 Manitoba (MB) Nova Scotia (NS) Ontario (ON) Saskatchewan (SK)

Sex: [gender] Male Female

Preferred language: [preferredlanguage] English French Other UTD

Ethnic origin (select all that apply): [ethnicity]
 Aboriginal Chinese Black Latin American Arab Korean Other
 White South Asian Filipino Southeast Asian West Asian Japanese UTD

Study number (automatically created by the application): [patid] _____

SECTION 1. Event Onset and Exclusions

How was the patient identified at this site? [DM_Screening](31814)
 CIHI case list sent to the site (31816) Prospective screening at the site (31817) Both (31818)

Did the patient arrive at this hospital > 72 hours after initially receiving treatment for this stroke/TIA event at an out-of-province or out-of-country hospital? [SE_IneligibleHospOutofProv] (31819)
 No (ELIGIBLE EVENT) (31821) Yes (INELIGIBLE EVENT) (31822)

Based on documentation available in the chart, a stroke/TIA was NOT suspected at ANY time by a health care professional during this patient's visit: [SE_IneligibleEvent] (31823)
 A stroke/TIA WAS suspected (ELIGIBLE EVENT) (31825) A stroke/TIA WAS NOT suspected (INELIGIBLE EVENT) (31826)

| | | | |
|--|--|--|---|
| Date and time of event onset (last seen normal): (31827) (dd/mm/yyyy): _____ <input type="checkbox"/> UTD (N/A) (24hr:min): _____ <input type="checkbox"/> UTD (N/A) [SE_LSNDateTime] (31829) | Estimated Times to Use if Exact Time is Not Documented | | |
| | - The middle of the night = 03:00 - Breakfast = 08:00 - Early morning = 08:00 - Morning = 09:00 - Late morning = 10:00 | - Lunch = 12:00 - Midday = 12 Noon = 12:00 - Early afternoon = 14:00 - Afternoon or mid-afternoon = 15:00 - Late afternoon = 16:00 | - Dinner/Supper = 18:00 - Early evening = 19:00 - Evening = 21:00 - Late evening = 22:00 - Midnight = 23:59 |

Date and time of arrival at this hospital: (31830)
 (dd/mm/yyyy): _____ UTD (N/A)
 (24hr:min): _____ UTD (N/A) [ER_AFRHDateTime] (31832)

Event onset to hospital arrival (minutes): (31833) _____ (calculation) [ER_HospArrival] (31835)

If onset to arrival is ≤ 20,160 minutes,
 ≤ 14 days? [SE_EligibleOnset] (31900) No (INELIGIBLE EVENT) (31903) Yes (ELIGIBLE EVENT) (*default answer*) (31904)

If onset to arrival is > 20,160 minutes,
 > 14 days? [SE_IneligibleOnset] (31901) No (ELIGIBLE EVENT) (31906) Yes (INELIGIBLE EVENT) (*default answer*) (31907)

SECTION 2a. Eligibility (Eligible patients only based on Section 1 information)

Eligibility: [SE_Eligible] (26774) Eligible (*default answer*) (26876) Ineligible - no further data entry required for this patient (26877)

SECTION 2b. Ineligibility (Ineligible patients only based on Section 1 information)

Ineligibility: [SE_Ineligible] (31913) Eligible (31915) Ineligible - no further data entry required for this patient (*default answer*) (31916)

SECTION 3. Event Details (Eligible patients only)

Event onset (LSN): _____ (26807)

Hospital arrival: _____ (26808)

Patient age at event onset (years): (27683) _____ (calculation) [SE_Age] (27685)

Is the time of event onset (last seen normal): [SE_LSNTimeEst] (22295)
 Exact (e.g. 08:45) (22297) Estimated (e.g. morning) (22298) Not documented in chart (e.g. only the date is documented) (22299)

Symptoms discovered on awakening or unwitnessed event onset? [SE_Discovered] (22300) No (22302) Yes (22303) UTD (22304)

| | |
|---|---|
| <p>Did the patient have an acute stroke or TIA AFTER ED arrival or AFTER admission to this hospital for a non-stroke/non-TIA related diagnosis? [SE_InHospitalStroke] (22272) <input type="radio"/> No (22274) <input type="radio"/> Yes (22275)</p> | <p>Patient type: [SE_InHospitalType] (22278) <input type="radio"/> Medical (22280) <input type="radio"/> Surgical - cardiac (22281) <input type="radio"/> Surgical - other (22282) <input type="radio"/> Cardiac catheterization (including coronary angiography) (22283) <input type="radio"/> Neuro angiography (22284) <input type="radio"/> Other angiography (including body) (22285) <input type="radio"/> Obstetrical (22286) <input type="radio"/> Other (22287) <input type="radio"/> UTD (22288)</p> |
|---|---|

SECTION 4. Initial Symptoms (Eligible patients only)

| Record the patient's initial symptoms from time of event onset to time first assessed at this hospital: | No | Yes | UTD |
|---|-------------------------------|-------------------------------|-------------------------------|
| Weakness: [SD_Weakness] (22318) | <input type="radio"/> (22320) | <input type="radio"/> (22321) | <input type="radio"/> (22322) |
| Speech disturbance (including aphasia or dysarthria): [SD_Speech] (22324) | <input type="radio"/> (22326) | <input type="radio"/> (22327) | <input type="radio"/> (22328) |
| Sensory symptoms: [SD_SensSymp] (22329) | <input type="radio"/> (22331) | <input type="radio"/> (22332) | <input type="radio"/> (22333) |
| Dysphagia: [SD_Dysphagia] (22334) | <input type="radio"/> (22336) | <input type="radio"/> (22337) | <input type="radio"/> (22338) |
| Monocular blindness: [SD_MonocBlind] (22339) | <input type="radio"/> (22341) | <input type="radio"/> (22342) | <input type="radio"/> (22343) |
| Field defect: [SD_FieldDefect] (22344) | <input type="radio"/> (22346) | <input type="radio"/> (22347) | <input type="radio"/> (22348) |
| Other cognitive symptoms (e.g. confusion, memory impairment): [SD_Cognitive] (22349) | <input type="radio"/> (22351) | <input type="radio"/> (22352) | <input type="radio"/> (22353) |
| Brainstem or cerebellar signs: [SD_Brainstem] (22354) | <input type="radio"/> (22356) | <input type="radio"/> (22357) | <input type="radio"/> (22358) |
| Seizure: [SD_Seizure] (22359) | <input type="radio"/> (22361) | <input type="radio"/> (22362) | <input type="radio"/> (22363) |
| Headache: [SD_Headache] (22364) | <input type="radio"/> (22366) | <input type="radio"/> (22367) | <input type="radio"/> (22368) |

Side of symptoms: [SD_SympSide] (22311)
 Left (26619) Right (26620) Bilateral (26621) UTD (26622) Not applicable (no neurological deficit) (26623)

SECTION 5. First Brain Scan (Eligible patients only)

| | | |
|--|---|---|
| Event onset (LSN): _____ (30489) | | |
| Hospital arrival: _____ (30490) | | |
| First brain scan - Was neuroimaging (e.g. CT/MRI scan) completed since the onset of this event? This includes scans done prior to arrival at this hospital. [IV1_Scan] (22371) <input type="radio"/> No (22373) <input type="radio"/> Yes (22374) | Location of patient's first scan: [IV1_Location] (22375) <input type="radio"/> First scan performed prior to arrival at this hospital (22377) <input type="radio"/> Patient sent to another hospital for scan (22378) <input type="radio"/> Scan performed at this hospital (22379) <input type="radio"/> Performed post-discharge (22380) | |
| | Date and time of first scan: (22381) (dd/mm/yyyy): _____ <input type="checkbox"/> UTD (N/A) (24hr:min): _____ <input type="checkbox"/> UTD (N/A) [IV1_ScanDateTime] (22383) | |
| | Time from hospital arrival to first brain scan (minutes): _____ (calculation) [IV1_HospArrivalToScanTime] (22386) | |
| | First scan study type: [IV1_ScanType] (22387) <input type="radio"/> CT scan (22389) <input type="radio"/> MRI (22390) <input type="radio"/> Ultrasound (newborns only) (25954) | |
| | First scan results: [IV1_ScanResults] (22391) <input type="radio"/> Normal (no evidence of old or new stroke) (22393) <input type="radio"/> Abnormal (evidence of old or new stroke) (22394) <input type="radio"/> No report (22395) <input type="radio"/> UTD (22396) | If " Abnormal ", Evidence of an old infarction or hemorrhage? [IV1_OldStroke] (22397) <input type="radio"/> No (22399) <input type="radio"/> Infarction (22400) <input type="radio"/> Hemorrhage (22401) <input type="radio"/> Both infarction and hemorrhage (22402) <input type="radio"/> UTD (22403) |
| | If " Abnormal ", Evidence of a new infarction or hemorrhage? [IV1_StrokeType] (22404) <input type="radio"/> No (22406) <input type="radio"/> Infarction (22407) <input type="radio"/> Hemorrhage (22408) | If " Infarction " or " Hemorrhage ", Side: [IV1_AbnormalLocation] (22409) <input type="radio"/> Left (22411) <input type="radio"/> Right (22412) <input type="radio"/> Both (22413) <input type="radio"/> UTD (22414) |
| | If " Infarction ", Secondary hemorrhage present? [IV1_Secondary] (22415) <input type="radio"/> No (22417) <input type="radio"/> Yes (22418) | If " Hemorrhage " or " Secondary Hemorrhage ", Hemorrhage location (select all that apply): (26888) <input type="checkbox"/> Intracerebral hemorrhage (ICH) [IV1_HemorrhageLocICH] (26890) <input type="checkbox"/> Subarachnoid hemorrhage (SAH) [IV1_HemorrhageLocSAH] (26891) <input type="checkbox"/> Intraventricular hemorrhage (IVH) [IV1_HemorrhageLocIVH] (26892) |
| Was subsequent neuroimaging performed for this event at this hospital? [IV1_Scan] (28270) <input type="radio"/> No (28272) <input type="radio"/> Yes (28273) <input type="radio"/> Yes, but no report(s) (28274) | | |

SECTION 6. Subsequent Neuroimaging (only if subsequent neuroimaging was performed)

If First brain scan = "**CT scan**" or "**Ultrasound**",
Did any of the subsequent neuroimaging include a MRI scan? [IV2_MRImaging] (22434) No (22436) Yes (22437)

| | |
|--|--|
| If first brain scan = " Normal ", " No report " or " UTD ", If the first scan showed no acute lesions, did any subsequent scan show a new infarct or new hemorrhage? [IV2_NewLesion] (22438) <input type="radio"/> Subsequent scans showed no changes (22440) <input type="radio"/> New infarct (22441) <input type="radio"/> New infarct with secondary hemorrhage (22442) <input type="radio"/> New hemorrhage (22443) | If " New infarct ", " New infarct with secondary hemorrhage " or " New hemorrhage ", New lesion side: [IV2_ScanResultsSide] (22444) <input type="radio"/> Right (22446) <input type="radio"/> Left (22447) <input type="radio"/> Both (22448) <input type="radio"/> UTD (22449) |
| If first brain scan = " Infarction ", If the first scan showed an acute infarct, did any subsequent scan show a change? Select all that apply: (22450) <input type="checkbox"/> New infarct [IV2_InfarctionNewInfarct] (31793) <input type="checkbox"/> Extension of the infarct [IV2_InfarctionExtension] (31794) <input type="checkbox"/> Secondary hemorrhage [IV2_InfarctionSecondary] (31795) <input type="checkbox"/> No change [IV2_InfarctionNoChange] (31796) | |
| If first brain scan = " Hemorrhage ", If the first scan showed an acute hemorrhage, did any subsequent scan show a change? Select all that apply: (22456) <input type="checkbox"/> Expansion of the hemorrhage WITHOUT intraventricular extension [IV2_HemorrhageNoExtension] (31798) <input type="checkbox"/> Expansion of the hemorrhage WITH intraventricular extension [IV2_HemorrhageExtension] (31799) <input type="checkbox"/> New infarct [IV2_HemorrhageNewInfarct] (31800) <input type="checkbox"/> No change [IV2_HemorrhageNoChange] (31801) | |

SECTION 7. Discharge Diagnosis (Eligible patients only)

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|--|---|---|--|---|
| <p>Discharge diagnosis: [FD_DCDiagnosis] (22538) <input type="radio"/> Stroke (22540) <input type="radio"/> TIA (22541) <input type="radio"/> UTD (22542) <input type="radio"/> Non-stroke (22543) (specify non-stroke diagnosis): (26823) _____ [FD_DCDiagnosisTxt] (26827)</p> | <p>If "Stroke", Stroke type: [FD_StrokeYes] (22549) <input type="radio"/> Ischemic (22551) <input type="radio"/> Hemorrhagic (22552) (confirmed by neuroimaging or lumbar puncture) <input type="radio"/> UTD (i.e. neuroimaging and lumbar puncture were not performed) (22553)</p> | <p>If "Ischemic" or "TIA", Was there evidence of ischemic stroke/TIA etiology documented in the discharge summary, clinical notes or radiology reports? [FD_IschemicEtiology] (22559) <input type="radio"/> No (22561) <input type="radio"/> Yes (22562)</p> | <p>If "Yes", Select all documented ischemic etiology type(s): (22563) <input type="checkbox"/> Large artery atherosclerosis [FD_EtiologyLargeArt] (22565) <input type="checkbox"/> Cardioembolic [FD_EtiologyCardio] (22566) <input type="checkbox"/> Lacunar [FD_EtiologyLacunar] (22567) <input type="checkbox"/> Dissection [FD_IschemicDissection] (22568) <input type="checkbox"/> Prothrombotic state [FD_IschemicProthrombic] (22569) <input type="checkbox"/> Vasculitis [FD_IschemicVasculitis] (22570) <input type="checkbox"/> Moyamoya [FD_IschemicMoyamoya] (22571) <input type="checkbox"/> Cortical vein/sinus thrombosis [FD_IschemicCortical] (22572) (specify vein/sinus): (26837) _____ [FD_IschemicCorticalTxt] (26839) <input type="checkbox"/> Other named arteriopathy (e.g. fibromuscular dysplasia, vasospasm) [FD_IschemicOtherArteriopathy] (22573) (specify): (26840) _____ [FD_IschemicOtherArteriopathyTxt] (26842) <input type="checkbox"/> Any other arterial abnormality listed on the vascular imaging report [FD_IschemicOtherArtAbnorm] (22574) <input type="checkbox"/> Other [FD_IschemicOther] (22575) (specify): (26828) _____ [FD_IschemicOtherTxt] (26830)</p> | <p>If patient <= 18 years and "Any other arterial abnormality listed on the vascular imaging report", Select all that apply: <input type="checkbox"/> Occlusion [FD_IschemicArtOcclusion] (24802) <input type="checkbox"/> Stenosis/narrowing [FD_IschemicArtStenosis] (24805) <input type="checkbox"/> Tapering [FD_IschemicArtTapering] (24806) <input type="checkbox"/> Beading [FD_IschemicArtBeading] (24807) <input type="checkbox"/> Irregularity [FD_IschemicArtIrregular] (24808) <input type="checkbox"/> Other [FD_IschemicArtOther] (24809)</p> |
| | <p>If "Hemorrhagic", Hemorrhagic type: [FD_HemorrhagicYes] (22554) <input type="radio"/> Intracerebral hemorrhage (ICH) (22556) <input type="radio"/> Subarachnoid hemorrhage (SAH) (22557) <input type="radio"/> Isolated intraventricular hemorrhage (IVH) (22558)</p> | | <p>If "Hemorrhagic", Was there evidence of hemorrhagic stroke etiology documented in the discharge summary, clinical notes or radiology reports? [FD_HemorrhagicEtiology] (26809) <input type="radio"/> No (26815) <input type="radio"/> Yes (26816)</p> | <p>If "Yes", Type documented: [FD_HemorrhagicCause] (22586) <input type="radio"/> Hypertensive intracerebral hemorrhage (ICH) (22588) <input type="radio"/> Cavernoma (22589) <input type="radio"/> Tumor (22590) <input type="radio"/> Amyloid (22591) <input type="radio"/> Arteriovenous malformation (AVM) (22592) <input type="radio"/> Aneurysm (22593) <input type="radio"/> Bleeding diathesis (22594) <input type="radio"/> Cortical vein/sinus thrombosis (22595) (specify vein/sinus): (26834) _____ [FD_HemorrhagicCorticalTxt] (26836) <input type="checkbox"/> Other (22596) (specify): (26831) _____ [FD_HemorrhagicOtherTxt] (26833)</p> |
| | <p>If "Stroke" or "TIA", Was this a query stroke/TIA diagnosis? [FD_QueryDiagnosis] (31802) <input type="radio"/> No (31804) <input type="radio"/> Yes (31805)</p> | | | |

SECTION 8. EMS/ED Data (All eligible patients - stroke/TIA/non-stroke/UTD)

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|---|---|
| <p>Event onset (LSN): _____ (30491)</p> | |
| <p>Hospital arrival: _____ (30492)</p> | |
| <p>If "Stroke" or "TIA", Patient's residence prior to seeking medical attention: [ER_ResidenceArrFrom] (22599) <input type="radio"/> Home (22601) <input type="radio"/> Long-term care/nursing home (22602) <input type="radio"/> Inpatient rehabilitation facility (22603) <input type="radio"/> Complex continuing care (22604) <input type="radio"/> Retirement home (22605) <input type="radio"/> Other residential facility (e.g. palliative care facility, psychiatric facility, prison) (22606) <input type="radio"/> Other (e.g. homeless) (22607) <input type="radio"/> UTD (22608)</p> | |
| <p>If "Stroke" or "TIA", Was the patient transferred from another hospital? [ER_Transfer] (22609) <input type="radio"/> No (22611) <input type="radio"/> Transferred from another emergency department (22612) <input type="radio"/> Transferred from an acute hospital inpatient unit (22613) <input type="radio"/> UTD (22614)</p> | <p>First hospital name: (22615) _____ [ER_OtherHospitalED] (28694) (29131 to 29313)</p> <p>Transported to first hospital by ambulance? [ER_FirstTransported] (22802) <input type="radio"/> No (22804) <input type="radio"/> Yes (22805) <input type="radio"/> UTD (22806)</p> <p>Date and time of arrival at first hospital: (22807) (dd/mm/yyyy): _____ <input type="checkbox"/> UTD (N/A) (24hr:min): _____ <input type="checkbox"/> UTD (N/A) [ER_ArrivalFirstDateTime] (22810)</p> <p>Event onset to first hospital arrival (minutes): (28290) _____ (calculation) [ER_LSNFirstHospArrival] (28292)</p> |

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| <p>Was the patient transported to this hospital by ambulance? This includes transport by land or air ambulance. [ER_Transported] (22811)</p> <p><input type="radio"/> No (22813)</p> <p><input type="radio"/> Yes (22814)</p> <p><input type="radio"/> UTD (22815)</p> | <p>Did the patient meet EMS Acute Stroke Protocol criteria (declared by EMS personnel on EMS and/or ED records)? [ER_EMSCodeStroke] (22816)</p> <p><input type="radio"/> No (22818)</p> <p><input type="radio"/> Yes (22819)</p> <p><input type="radio"/> UTD (22820)</p> | <p>Was a closer hospital bypassed to get to this hospital? [ER_Bypass] (22821)</p> <p><input type="radio"/> No (22823)</p> <p><input type="radio"/> Yes (22824)</p> <p><input type="radio"/> UTD (22825)</p> |
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| <p>If "Stroke" or "TIA", Was the patient admitted to this hospital? [D_AdmitSame] (30757)</p> <p><input type="radio"/> No (30759)</p> <p><input type="radio"/> Yes (30760)</p> | <p>Date of admission to this hospital (dd/mm/yyyy): (30761) _____ <input type="checkbox"/> UTD (N/A)</p> <p>[HC_AdmitDate] (30763)</p> |
|--|--|

SECTION 9. Medical History 1 of 3 (Stroke/TIA patients, excluding SAH)

Based on documentation available in the chart, which of the following options best describes the patient's level of independence prior to stroke/TIA onset? [PMH_PreEventIndepend] (22833)

Independence: Patient is fully independent in all ADLs and IADLs (22835)

Slight Disability: Patient is fully independent in all ADLs but is unable to carry out all IADLs (22836)

Moderate Disability: Patient requires help for some ADLs but remains ambulatory (with or without a cane or walker) without the assistance of another person (22837)

Moderately Severe Disability: Patient is unable to perform some of their ADLs, is unable to walk but can be left alone for several hours without supervision (22838)

Severe Disability: Patient is bedridden, incontinent and requires constant nursing care (22839)

No documentation in the chart (22840)

| | |
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| <p>Does the patient have a documented prior history of any of the following risk factors (including conditions identified during hospitalization)?</p> | <p>Diabetes (excluding gestational diabetes): [PMH_Diabetes] (26895)</p> <p><input type="radio"/> No (26897) <input type="radio"/> Yes (26898)</p> |
| | <p>Hypertension: [PMH_Hypertension] (26893)</p> <p><input type="radio"/> No (26900) <input type="radio"/> Yes (26901)</p> |
| | <p>Hyperlipidemia (dyslipidemia) [PMH_Hyperlipidemia] (26894)</p> <p><input type="radio"/> No (26903) <input type="radio"/> Yes (26904)</p> |
| | <p>Cigarette smoking history: [PMH_SmokerType] (22853)</p> <p><input type="radio"/> Current smoker (22855) <i>If "Current smoker" show the smoking cessation program question in the Final Disposition section</i></p> <p><input type="radio"/> Former smoker (22856)</p> <p><input type="radio"/> Current non-smoker (previous smoking history not documented) (22857)</p> <p><input type="radio"/> Lifelong non-smoker (22858)</p> <p><input type="radio"/> UTD (22859)</p> |

| | | |
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| <p>Has the patient previously experienced any of the following cerebrovascular events? If the event that prompted the visit to this hospital was a stroke, include any TIAs that immediately preceded it.</p> | <p>Previous TIA: [PMH_TIA] (22861)</p> <p><input type="radio"/> No (22863)</p> <p><input type="radio"/> Yes (22864)</p> | <p>When did the most recent TIA occur? [PMH_TIATime](22866)</p> <p><input type="radio"/> <=3 months ago (22868) <input type="radio"/> > 3 months ago (22869) <input type="radio"/> UTD (22870)</p> |
| | <p>Previous stroke: [PMH_Stroke](22916)</p> <p><input type="radio"/> No (22918)</p> <p><input type="radio"/> Yes (22919)</p> | <p>When did the most recent stroke occur? [PMH_StrokeTime] (22928)</p> <p><input type="radio"/> <=3 months ago (22930) <input type="radio"/> > 3 months ago (22931) <input type="radio"/> UTD (22932)</p> <p>Indicate ALL stroke types that the patient has PREVIOUSLY experienced: (22920)</p> <p><input type="checkbox"/> Ischemic [PMH_Ischemic] (26191)</p> <p><input type="checkbox"/> ICH [PMH_ICH] (26192)</p> <p><input type="checkbox"/> SAH [PMH_SAHBleed] (26193)</p> <p><input type="checkbox"/> IVH [PMH_IVHBleed] (26194)</p> <p><input type="checkbox"/> UTD [PMH_UTDStrokeType] (26195)</p> |

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| <p>If "Female", Is the patient currently pregnant or has she delivered within six weeks of symptom onset? [PMH_Pregnancy] (22933)</p> <p><input type="radio"/> No (22935)</p> <p><input type="radio"/> Yes (22936)</p> | <p>Trimester: [PMH_Trimester] (22937)</p> <p><input type="radio"/> First (22939)</p> <p><input type="radio"/> Second (22940)</p> <p><input type="radio"/> Third (22941)</p> <p><input type="radio"/> Postpartum (< six weeks) (22942)</p> |
|--|---|

SECTION 10. Medical History 2 of 3 (Stroke/TIA patients, excluding SAH)

| Does the patient have a prior history of any of the following cardiac/vascular diseases or interventions? | No | Yes |
|---|-------------------------------|-------------------------------|
| Congestive heart failure (CHF)/pulmonary edema: [PMH_PulmEdema] (22945) | <input type="radio"/> (22947) | <input type="radio"/> (22948) |
| Peripheral vascular disease (PVD): [PMH_PeripheralDisease] (22949) | <input type="radio"/> (22951) | <input type="radio"/> (22952) |
| Atrial fibrillation or flutter: [PMH_AtrialFib] (22953) | <input type="radio"/> (22955) | <input type="radio"/> (22956) |
| Valvular heart disease: [PMH_Valvular] (22957) | <input type="radio"/> (22959) | <input type="radio"/> (22960) |
| Valve replacement: [PMH_Valve] (22961) | <input type="radio"/> (22963) | <input type="radio"/> (22964) |
| Deep vein thrombosis/pulmonary embolus: [PMH_DeepVein] (22965) | <input type="radio"/> (22967) | <input type="radio"/> (22968) |

| | |
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| <p>Carotid endarterectomy (CEA) or stenting: [PMH_Carotid] (22969)</p> <p><input type="radio"/> No (22971)</p> <p><input type="radio"/> Yes (22972)</p> | <p>CEA or stent side: [PMH_CarotidYes] (22973)</p> <p><input type="radio"/> Left only (22975)</p> <p><input type="radio"/> Right only (22976)</p> <p><input type="radio"/> Both (22977)</p> <p><input type="radio"/> UTD (22978)</p> |
| <p>Coronary artery disease (CAD) (including myocardial infarction, angina, or coronary interventions): [PMH_CAD] (22979)</p> <p><input type="radio"/> No (22981)</p> <p><input type="radio"/> Yes (22982)</p> | <p>CAD - Select all that apply: (22983)</p> <p><input type="checkbox"/> Angina [PMH_Angina] (26197)</p> <p><input type="checkbox"/> Myocardial infarction [PMH_PreviousMI] (26198)</p> <p><input type="checkbox"/> Percutaneous coronary intervention (PCI)/percutaneous transluminal coronary angioplasty (PTCA) [PMH_PreviousPCI] (26199)</p> <p><input type="checkbox"/> Coronary artery bypass graft (CABG) [PMH_PreviousCABG] (26200)</p> <p><input type="checkbox"/> UTD [PMH_CADUTD] (26201)</p> |

If patient is <= 18 years of age at time of event onset, Other cardiac disease (select all that apply): (22991)

Isolated patent foramen ovale (PFO) [PMH_PFO] (26203)

Congenital heart disease [PMH_CongenitalHD] (26204)

Any percutaneous coronary intervention < 7 days preceding stroke [PMH_CoronaryIntervention] (26205)

Other acquired heart disease (e.g. bacterial endocarditis, cardiomyopathy) [PMH_OtherHeartDisease] (26206) (specify): (27688) _____ [PMH_OtherHeartDiseaseTxt] (27690)

None of the above [PMH_OtherCardiacNone] (26207)

SECTION 11. Medical History 3 of 3 (Stroke/TIA patients, excluding SAH)

| Does the patient have a prior history of any of the other following conditions? | No | Yes |
|--|-------------------------------|-------------------------------|
| Active cancer (excluding skin cancers, except melanoma) [PMH_Cancer] (23032) | <input type="radio"/> (23203) | <input type="radio"/> (23204) |
| <i>If "Active cancer", Does the patient have metastatic cancer?</i> [PMH_Metastatic] (23033) | <input type="radio"/> (23206) | <input type="radio"/> (23207) |
| Asthma or chronic obstructive pulmonary disease (COPD): [PMH_Asthma] (23036) | <input type="radio"/> (23209) | <input type="radio"/> (23210) |
| Dementia/Alzheimer's: [PMH_Dementia] (23037) | <input type="radio"/> (23212) | <input type="radio"/> (23213) |
| Cirrhosis: [PMH_Cirrhosis] (23038) | <input type="radio"/> (23215) | <input type="radio"/> (23216) |
| GI bleed: [PMH_GIBleed] (23039) | <input type="radio"/> (23218) | <input type="radio"/> (23219) |
| Peptic ulcer disease: [PMH_PepticUlcer] (23040) | <input type="radio"/> (23221) | <input type="radio"/> (23222) |
| Renal disease: [PMH_Renal] (23041) | <input type="radio"/> (23224) | <input type="radio"/> (23225) |
| <i>If "Renal disease", Dialysis:</i> [PMH_Dialysis] (23042) | <input type="radio"/> (23227) | <input type="radio"/> (23228) |
| Depression: [PMH_Depression] (23043) | <input type="radio"/> (23230) | <input type="radio"/> (23231) |
| HIV/AIDS: [PMH_HIV_AIDS] (23044) | <input type="radio"/> (23233) | <input type="radio"/> (23234) |
| Existing hemiplegia or paraplegia: [PMH_HEMI_Paraplegia] (23045) | <input type="radio"/> (23236) | <input type="radio"/> (23237) |

If patient is <= 18 years of age at time of event onset, Other conditions (select all that apply): (23046)

Acute head and neck infection [PMH_AcuteInfection] (26217)

Acute head and neck trauma [PMH_AcuteTrauma] (26218)

Acute systemic illness (within 7 days of stroke onset, e.g. sepsis) [PMH_AcuteSystemicIllness] (26219)

Genetic syndrome [PMH_GeneticSyndrome] (26220)

Chronic systemic disorder [PMH_ChronicSystemicDisorder] (26221) (specify): (26905) _____ [PMH_ChronicSystemicDisorderTxt] (26908)

Other pediatric risk factor(s) [PMH_OtherPedRF] (26222) (specify): (26906) _____ [PMH_OtherPedRFTxt] (26910)

None of the above [PMH_PedNoOtherCondition] (26223)

SECTION 12. Initial Neurological Assessments 1 of 2 (Stroke/TIA patients, excluding SAH)

| | | |
|---|---|---|
| <p>Was there a persistent focal neurological deficit upon arrival to this hospital? [SD_PersistDeficit] (23000)</p> <p><input type="radio"/> No (23002)</p> <p><input type="radio"/> Yes (23003)</p> <p><input type="radio"/> Patient presented with no focal neurological symptoms (e.g. headache only) (23004)</p> | <p><i>If "No", Duration of symptoms before they resolved:</i> [SD_PersistDeficitTiming] (23005)</p> <p><input type="radio"/> <10 minutes (23249)</p> <p><input type="radio"/> 10-59 minutes (23250)</p> <p><input type="radio"/> =>60 minutes (23251)</p> <p><input type="radio"/> UTD (23252)</p> | <p><i>If "Yes" to persistent focal neurological deficit or symptoms "=> 60 minutes", Did the symptoms resolve within 24 hours of event onset?</i> [SD_Symptoms24Hours] (23247)</p> <p><input type="radio"/> No (23254)</p> <p><input type="radio"/> Yes (23255)</p> <p><input type="radio"/> UTD (23256)</p> |
|---|---|---|

SECTION 13. Initial Neurological Assessments 2 of 2 (Stroke/TIA patients only)

Level of consciousness at the time of initial assessment at this hospital: [SD_LOCAssess] (26004)
 Alert (show the CNS and NIHSS) (26006) **Drowsy** (show the CNS, NIHSS and GCS) (26007) **Unconscious** (show the GCS) (26008)

| | | | |
|---|---|--|--|
| Was an initial CNS documented in the chart? [SD_CNSDocument] (26009) <input type="radio"/> No (26011) <input type="radio"/> Yes (26012) | | | |
| If "Alert" or "Drowsy", Canadian Neurological Scale (CNS): Scale: [SD_CNStatus] (24915) <input type="radio"/> Calculate (24917) | If "Calculate", Level of consciousness: [SD_CNLOC] (24921) <input type="radio"/> Alert (3) (24923) <input type="radio"/> Drowsy (1.5) (24924) <input type="radio"/> UTD (3) (24926) | | |
| | If "Calculate", Orientation: [SD_CNORientation] (24927) <input type="radio"/> Oriented (1) (24929) <input type="radio"/> Disoriented (0) (24930) <input type="radio"/> UTD (1) (24931) | | |
| | If "Calculate", Speech: [SD_CNSSpeech] (24932) <input type="radio"/> Normal (1) (24934) <input type="radio"/> Expressive Deficit (0.5) (24935) <input type="radio"/> Receptive Deficit (0) (24936) <input type="radio"/> UTD (1) (24937) | | |
| | If "Calculate", Was a comprehension deficit present? [SD_CNDeficit] (24938) <input type="radio"/> No (24940) | If "No", Weakness - Face: [SD_CNFace] (24942) <input type="radio"/> None (0.5) (24944) <input type="radio"/> Present (0) (24945) <input type="radio"/> UTD (0.5) (24946) | |
| | | If "No", Weakness - Arm, proximal: [SD_CNArmProximal] (24947) <input type="radio"/> None (1.5) (24949) <input type="radio"/> Mild (1) (24950) <input type="radio"/> Significant (0.5) (24951) <input type="radio"/> Total (0) (24952) <input type="radio"/> UTD (1.5) (24953) | |
| | | If "No", Weakness - Arm, distal: [SD_CNArmDistal] (24954) <input type="radio"/> None (1.5) (24956) <input type="radio"/> Mild (1) (24957) <input type="radio"/> Significant (0.5) (24958) <input type="radio"/> Total (0) (24959) <input type="radio"/> UTD (1.5) (24960) | |
| | | If "No", Weakness - Leg, proximal: [SD_CNLegProximal] (24961) <input type="radio"/> None (1.5) (24963) <input type="radio"/> Mild (1) (24964) <input type="radio"/> Significant (0.5) (24965) <input type="radio"/> Total (0) (24966) <input type="radio"/> UTD (1.5) (24967) | |
| | | If "No", Weakness - Leg, distal: [SD_CNLegDistal] (24968) <input type="radio"/> None (1.5) (24970) <input type="radio"/> Mild (1) (24971) <input type="radio"/> Significant (0.5) (24972) <input type="radio"/> Total (0) (24973) <input type="radio"/> UTD (1.5) (24974) | |
| | | If "Yes", Weakness - Face: [SD_CNBMRFace] (24975) <input type="radio"/> Symmetrical (0.5) (24977) <input type="radio"/> Asymmetrical (0) (24978) <input type="radio"/> UTD (0.5) (24979) | |
| | If "Yes", Weakness - Arms: [SD_CNBMRArms] (24980) <input type="radio"/> Equal (1.5) (24982) <input type="radio"/> Unequal (0) (24983) <input type="radio"/> UTD (1.5) (24984) | | |
| If "Yes", Weakness - Legs: [SD_CNBMRLeg] (24985) <input type="radio"/> Equal (1.5) (24987) <input type="radio"/> Unequal (0) (24988) <input type="radio"/> UTD (1.5) (24989) | | | |
| Calculated score (0 to 11.5): (32014) _____ <input type="checkbox"/> UTD (N/A) [SD_CNSScoreCalc] (32016) | | | |
| <input type="radio"/> CNS = 11.5 (max score) (24918) | | | |
| Maximum score (11.5): (32010) _____ <input type="checkbox"/> UTD (N/A) [SD_CNSScoreMax] (32013) | | | |
| <input type="radio"/> Enter (24919) | | | |
| <input type="radio"/> UTD (24920) | | | |
| Enter score (0 to 11.5): (29499) _____ <input type="checkbox"/> UTD (N/A) [SD_CNSScoreEnter] (29501) | | | |
| If "Alert" or "Drowsy", National Institutes of Health Stroke Scale (NIHSS): If the patient received tPA, enter the NIHSS that was done just prior to tPA administration. | Was an initial NIHSS documented in the chart? [SD_NIHDocument] (26013) <input type="radio"/> No (26018) <input type="radio"/> Yes (26019) | Total NIHSS (0 to 42): (26014) _____ <input type="checkbox"/> UTD (N/A) [SD_NIHScore] (26025) | |
| If "Drowsy" or "Unconscious", Glasgow Coma Scale (GCS): | Was an initial GCS documented in the chart? [SD_GCSDocument] (26015) <input type="radio"/> No (26021) <input type="radio"/> Yes (26022) | Total GCS (3 to 15): (26016) _____ <input type="checkbox"/> UTD (N/A) [SD_GCSScore] (26027) | |

SECTION 14. ED Interventions and Tests (Stroke/TIA patients only)

Did the first electrocardiogram (ECG) within the first 24 hours of seeking acute care treatment show atrial fibrillation or flutter? [EI_ECG] (23341)
 No (23361) Yes (23362) No report (23363) ECG not done (23364)

| | |
|--|---|
| Vital signs on hospital arrival (first available within the first 24 hours of seeking acute care treatment): | Systolic blood pressure (SBP) (30 to 350 mmHG): (23342) _____ <input type="checkbox"/> UTD (N/A) [EI_SBP] (23366) |
| | Diastolic blood pressure (DBP) (0 to 250 mmHG): (23343) _____ <input type="checkbox"/> UTD (N/A) [EI_DBP] (23368) |

| | |
|--|---|
| Lab work on hospital arrival (first available within the first 24 hours of seeking acute care treatment, EXCLUDING EMS RESULTS): | INR (0.5 to 20): (23344) _____ <input type="checkbox"/> UTD (N/A) [EI_INR] (23372) |
| | Creatinine (20 to 2000 umol/L): (23345) _____ <input type="checkbox"/> UTD (N/A) [EI_Creat] (23374) |
| | Glucose (0 to 60 mmol/L): (23346) _____ <input type="checkbox"/> UTD (N/A) [EI_Glucose] (23376) |

SECTION 15. Thrombolysis (Stroke/TIA patients, excluding hemorrhagic stroke)

Event onset (LSN): _____ (30493)

Hospital arrival: _____ (30494)

| | |
|---|---|
| Was thrombolysis (tPA) given for this presenting stroke event? [EL_Thrombolysis] (23377) <input type="radio"/> No (23393) <input type="radio"/> Given prior to arrival at this hospital (23394) | <p>If "No", Documented reason tPA not given (select all that apply): (23378)</p> <input type="checkbox"/> Patient arrived too late (>4 hours) [EL_NoTpaReasonSymptoms4_5h] (26225) <input type="checkbox"/> Contraindication to thrombolysis [EL_NoTpaReasonContraindication] (26226) <input type="checkbox"/> Age ≤ 18 years [EL_NoTpaReasonPediatric] (26227) <input type="checkbox"/> Patient too mild [EL_NoTpaReasonTooMild] (26228) <input type="checkbox"/> Patient too severe [EL_NoTpaReasonTooSevere] (26229) <input type="checkbox"/> MD decision [EL_NoTpaReasonMDDecision] (26230) <input type="checkbox"/> Delay in decision to treat (despite ED arrival < 4 hours) [EL_NoTpaReasonDelayedDecision] (26231) <input type="checkbox"/> Not ischemic stroke [EL_NoTpaReasonNotIschemic] (26232) <input type="checkbox"/> No reason documented [EL_NoTpaReasonNoDocument] (26233) |
|---|---|

| | |
|--|---|
| <input type="radio"/> Given at this hospital (23395) | Date and time thrombolysis (tPA) administration started: (23379) (dd/mm/yyyy): _____ <input type="checkbox"/> UTD (N/A) (24hr:min): _____ <input type="checkbox"/> UTD (N/A) [EI_DateTimeStarted] (23407) |
|--|---|

Hospital arrival to tPA administration (minutes): (23380) _____ (calculation) [EI_DoorToNeedle] (23409)

| | |
|---|--|
| Route: [EL_Route] (23381) <input type="radio"/> IV (23411) <input type="radio"/> IA (23412) <input type="radio"/> Both (23413) | <p>If "IV" or "Both", IV dose (total of bolus and infusion dose) (0 to 100 mg): (23382) _____ <input type="checkbox"/> UTD (N/A) [EI_IVDose]</p> <p>If "IA" or "Both", IA dose (total of bolus and infusion dose) (0 to 30 mg): (23383) _____ <input type="checkbox"/> UTD (N/A) [EI_IADose]</p> |
|---|--|

Hypertension treatment before tPA? [EI_Hypertension] (23384)
 No (23419)
 Yes (23420)

Pre-tPA systolic blood pressure (SBP) (30 to 350 mmHG): (23385) _____ UTD (N/A) [EI_PreSBP] (23422)

Pre-tPA diastolic blood pressure (DBP) (0 to 250 mmHG): (23386) _____ UTD (N/A) [EI_PreDBP] (23424)

Was there neurological worsening within the first 36 hours after tPA administration? [EI_NeuroWorse] (23387)
 No (23426)
 Yes (23427)
 UTD (23428)

| | |
|---|--|
| Complicated by intracranial hemorrhage within the first 36 hours of tPA administration? [EI_HemTransformType] (23388) <input type="radio"/> No (23430) <input type="radio"/> Yes (23431) <input type="radio"/> UTD (23432) | <p>Symptomatic secondary intracerebral hemorrhage (ICH)? [EI_HemTransformSymp] (23389) <input type="radio"/> No (23434) <input type="radio"/> Yes (23435) <input type="radio"/> UTD (23436)</p> <p>Type of hemorrhage: [EI_SecondaryType] (23390) <input type="radio"/> Petechial (small or scattered without mention of hematoma, mass effect or shift) (23438) <input type="radio"/> Parenchymatous (large hemorrhage or hematoma often with mass effect or shift) (23439) <input type="radio"/> UTD (23440)</p> |
|---|--|

Was there a complication of serious systemic hemorrhage within the first 36 hours of tPA administration? [EI_SystemicBleed] (23391)
 No (23442)
 Yes (23443)
 UTD (23444)

SECTION 16. Investigations (Stroke/TIA patients, excluding SAH)

| Were any of the following investigations performed at any time while the patient was at this hospital? | No | Yes | | | | |
|---|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Echocardiography (includes transthoracic or transesophageal): [IV3_DoneEcho] (23446) | <input type="radio"/> (23458) | <input type="radio"/> (23459) | | | | |
| Holter monitor: [IV4_DoneHolter] (23447) | <input type="radio"/> (23461) | <input type="radio"/> (23462) | | | | |
| Carotid doppler: [IV4_DoneCarotid] (23448) (If "Yes", only show left and right carotid stenosis in table below) | <input type="radio"/> (23464) | <input type="radio"/> (23465) | | | | |
| MR angiography: [IV3_DoneMRA] (23449) (If "Yes", show entire table below) | <input type="radio"/> (23467) | <input type="radio"/> (23468) | | | | |
| CT angiography: [IV3_DoneAngiogram] (23450) (If "Yes", show entire table below) | <input type="radio"/> (23470) | <input type="radio"/> (23471) | | | | |
| Catheter cerebral angiography: [IV3_DoneCatheter] (23451) (If "Yes", show entire table below) | <input type="radio"/> (23473) | <input type="radio"/> (23474) | | | | |
| Stenosis | 0-Trace | Mild | Moderate | Severe | Occluded | UTD |
| Right carotid: [IV4_Rcarotid] (23452) | <input type="radio"/> (23476) | <input type="radio"/> (23477) | <input type="radio"/> (23478) | <input type="radio"/> (23479) | <input type="radio"/> (23480) | <input type="radio"/> (23481) |
| Left carotid: [IV4_Lcarotid] (23453) | <input type="radio"/> (23483) | <input type="radio"/> (23484) | <input type="radio"/> (23485) | <input type="radio"/> (23486) | <input type="radio"/> (23487) | <input type="radio"/> (23488) |
| Right intracranial anterior circulation: [IV4_RIntracranial] (23454) | <input type="radio"/> (23490) | <input type="radio"/> (23491) | <input type="radio"/> (23492) | <input type="radio"/> (23493) | <input type="radio"/> (23494) | <input type="radio"/> (23495) |
| Left intracranial anterior circulation: [IV4_LIntracranial] (23455) | <input type="radio"/> (23497) | <input type="radio"/> (23498) | <input type="radio"/> (23499) | <input type="radio"/> (23500) | <input type="radio"/> (23501) | <input type="radio"/> (23502) |
| Vertebrobasilar: [IV4_VB] (23456) | <input type="radio"/> (23504) | <input type="radio"/> (23505) | <input type="radio"/> (23506) | <input type="radio"/> (23507) | <input type="radio"/> (23508) | <input type="radio"/> (23509) |

SECTION 17. Telestroke Consultation (Eligible patients only)

Event onset (LSN): _____ (30495)

Hospital arrival: _____ (30496)

| | |
|--|---|
| <p>Was a Telestroke consultation initiated at this hospital? [EI_TeleConsult] (23510)</p> <p><input type="radio"/> No (23518)</p> <p><input type="radio"/> Yes (23519)</p> <p><input type="radio"/> UTD (23520)</p> | <p>Was a Telestroke consultation form found in the chart? [EI_TeleConsultForm] (23511)</p> <p><input type="radio"/> No (23522) <input type="radio"/> Yes (23523)</p> |
| | <p>Date and time call placed to CritiCall: (23512)</p> <p>(dd/mm/yyyy): _____ <input type="checkbox"/> UTD (N/A)</p> <p>(24hr:min): _____ <input type="checkbox"/> UTD (N/A) [EI_TeleCriticalDateTime] (23525)</p> |
| | <p>Hospital arrival to CritiCall (minutes): (23513) _____ (calculation) [EI_DoorToCritical] (23527)</p> |
| | <p>Type of Telestroke consultation: [EI_TeleConsultType] (23514)</p> <p><input type="radio"/> Telephone consultation only (23529)</p> <p><input type="radio"/> Telephone consultation with imaging review (23530)</p> <p><input type="radio"/> Telephone consultation with videoconferencing (23531)</p> <p><input type="radio"/> Telephone consultation with both imaging review and videoconference (23532)</p> <p><input type="radio"/> UTD (23533)</p> |
| | <p>Was IV tPA recommended by the consulting neurologist? [EI_TeleIVtPARecommend] (23515)</p> <p><input type="radio"/> No (23535) <input type="radio"/> Yes (23536) <input type="radio"/> UTD (23537)</p> |
| | <p>Was patient transferred to a Regional or Enhanced Stroke Centre/District Stroke Centre following the Telestroke consultation? [EI_TeleFollowupTransfer] (23516) <input type="radio"/> No (23539) <input type="radio"/> Yes (23540) <input type="radio"/> UTD (23541)</p> |

SECTION 18. Consults and Assessments (Stroke/TIA patients only)

Was a hospital-approved standard stroke order form used at any time during the patient's hospital visit (either in the ED or while admitted)?
[HC_StandardOrders] (23542) No (23549) Yes (23550) UTD (23551)

| | |
|--|--|
| <p>Was there an order or consult note for palliative/comfort measures only? [HC_Palliative] (23543) <input type="radio"/> No (23553) <input type="radio"/> Yes (23554) <input type="radio"/> UTD (23555)</p> | <p>Was this part of the initial treatment plan? [HC_PalliativeInitial] (23544) <input type="radio"/> No (23557) <input type="radio"/> Yes (23558) <input type="radio"/> UTD (23559)</p> |
| <p>Was a speech language pathology (SLP) assessment or swallowing screen performed within 72 hours of the patient arriving at this hospital? This includes bedside assessments done by health care providers (e.g. nurses) or standardized swallowing screen tests (e.g. TOR-BSST). [HC_Swallowing] (23545)</p> <p><input type="radio"/> No (23561)</p> <p><input type="radio"/> Yes (23562)</p> <p><input type="radio"/> Not applicable (e.g. no neurological deficit or patient was intubated) (23563)</p> <p><input type="radio"/> UTD (23564)</p> | <p>If a SLP assessment or standardized swallowing screen test (e.g. TOR-BSST) was performed, what was the result? [HC_SwallowingScreen] (23546)</p> <p><input type="radio"/> Pass/normal (23566)</p> <p><input type="radio"/> Fail/dietary modification (including NPO) (23567)</p> <p><input type="radio"/> No SLP assessment or standardized swallowing screen test was performed (e.g. only a bedside assessment was performed) (23568)</p> <p><input type="radio"/> UTD (23569)</p> |

Consultations and Assessments (select all that apply). You may also include teleconsults (e.g. videoconferencing done via OTN). (23547)

| | | |
|--|--|---|
| <input type="checkbox"/> Neurology [HC_Neurology] (26235) | <input type="checkbox"/> Occupational Therapy [HC_OT] (26239) | <input type="checkbox"/> Nutrition [HC_Nutrition] (26242) |
| <input type="checkbox"/> Neurosurgery [HC_Neurosurg] (26236) | <input type="checkbox"/> Speech Therapy [HC_SpeechTherapy] (26240) | <input type="checkbox"/> Social Work [HC_SocialWork] (26243) |
| <input type="checkbox"/> Vascular Surgery [HC_Vascular] (26237) | <input type="checkbox"/> Physiotherapy [HC_Physiotherapy] (26241) | <input type="checkbox"/> None of the above [HC_NoConsult] (26244) |
| <input type="checkbox"/> Rehab Medicine/Physiatry [HC_Rehab] (26238) | | |

| SECTION 19. Complications (Stroke/TIA patients only) | | | | |
|--|--|---|---|-------------------------------|
| Complications within the first 30 days at this hospital (either in the ED or while admitted): | | No | Yes | |
| Did patient's neurological status deteriorate such that a physician's assessment was required? [HCP_Worsening] (23584) | | <input type="radio"/> (23602) | <input type="radio"/> (23603) | |
| If no prior atrial fib, Did atrial fibrillation or flutter develop at any time during hospitalization? [HCP_AtrialFib] (23583) | | <input type="radio"/> (23599) | <input type="radio"/> (23600) | |
| Seizure: [HCP_Seizure] (23588) | | <input type="radio"/> (23611) | <input type="radio"/> (23612) | |
| Cardiac or respiratory arrest: [HCP_CardiacArrest] (23589) | | <input type="radio"/> (23614) | <input type="radio"/> (23615) | |
| Decubitus ulcer: [HCP_DecubitusUlcer] (23590) | | <input type="radio"/> (23617) | <input type="radio"/> (23618) | |
| Pneumonia: [HCP_Pneumonia] (27700) | | <input type="radio"/> (27702) | <input type="radio"/> (27703) | |
| Depression (based on clinical documentation): [HCP_Depression] (23591) | | <input type="radio"/> (23620) | <input type="radio"/> (23621) | |
| Deep vein thrombosis: [HCP_DVT] (23594) | | <input type="radio"/> (23629) | <input type="radio"/> (23630) | |
| Pulmonary embolism: [HCP_EMBOLISM] (23595) | | <input type="radio"/> (23632) | <input type="radio"/> (23633) | |
| Myocardial infarct: [HCP_MI] (23596) | | <input type="radio"/> (23635) | <input type="radio"/> (23636) | |
| Fall with injury: [HCP_Fall] (23597) | | <input type="radio"/> (23638) | <input type="radio"/> (23639) | |
| GI hemorrhage: [HCP_Hemorrhage] (23592) | | <input type="radio"/> (23623) | <input type="radio"/> (23624) | |
| If " <u>GI hemorrhage</u> ", Was a transfusion required? [HCP_Transfusion] (23593) | | <input type="radio"/> (23626) | <input type="radio"/> (23627) | |
| Excluding the presenting event, did a new <u>stroke</u> occur in the first 30 days at this hospital? [HCP_NewStroke] (23585) | | <input type="radio"/> (23605) | <input type="radio"/> (23606) | |
| If " <u>New stroke</u> ", Type of stroke: [HCP_StrokeType] (23586) <input type="radio"/> Ischemic (23641) <input type="radio"/> Hemorrhagic (23642) | | Was tPA given for this new stroke? [HCP_IschemictPA] (23587) <input type="radio"/> No (23608) <input type="radio"/> Yes (23609) | | |
| SECTION 20. Interventions (Admitted stroke/TIA patients only) | | | | |
| Did the patient have any surgical/ neurovascular/ endovascular procedures at this hospital? [HI_Surgery] (23643) <input type="radio"/> No (23645) <input type="radio"/> Yes (23646) | Ventriculostomy: [HI_Ventriculostomy] (23651) | | <input type="radio"/> (23668) | <input type="radio"/> (23669) |
| | Aneurysm coiling (e.g. GDC coiling): [HI_GDCCoil] (23657) | | <input type="radio"/> (23677) | <input type="radio"/> (23678) |
| | Aneurysm clipping: [HI_AneurysmClipping] (23658) | | <input type="radio"/> (23680) | <input type="radio"/> (23681) |
| | Extracranial to intracranial (EC-IC) bypass: [HI_ECICBypass] (23659) | | <input type="radio"/> (23683) | <input type="radio"/> (23684) |
| | Mechanical thrombectomy (clot removal): [HI_CRDevice] (23660) | | <input type="radio"/> (23686) | <input type="radio"/> (23687) |
| | Other endovascular procedure: [HI_OtherEndovascular] (23661) | | <input type="radio"/> (23689) | <input type="radio"/> (23690) |
| | Craniotomy: [HI_Craniotomy] (23655) | | <input type="radio"/> (23674) | <input type="radio"/> (23675) |
| | If " <u>Craniotomy</u> ", Craniotomy reason: [HI_CraniotomyReason] (23656) <input type="radio"/> Hematoma extraction (23713) <input type="radio"/> Malignant edema post-ischemic stroke (23714) <input type="radio"/> Other (23715) | | | |
| | Carotid endarterectomy (CEA): [HI_Endarterectomy] (23648) <input type="radio"/> No (23665) <input type="radio"/> Yes (23666) | | CEA side: [HI_EndarterectomySide] (23650) <input type="radio"/> Left (23700) <input type="radio"/> Right (23701) <input type="radio"/> Both (23702) <input type="radio"/> UTD (23703) CEA date (dd/mm/yyyy): (23649) _____ <input type="checkbox"/> UTD (N/A) [IV4_EndarterectomyDate] (23698) | |
| | Cerebral artery angioplasty (including carotid artery): [HI_Angioplasty] (23652) <input type="radio"/> No (23671) <input type="radio"/> Yes (23672) | | Cerebral artery stent: [HI_Stent] (23653) <input type="radio"/> No (23705) <input type="radio"/> Yes (23706) | |
| | | Stent side: [HI_StentSide] (23654) <input type="radio"/> Left (23708) <input type="radio"/> Right (23709) <input type="radio"/> Both (23710) <input type="radio"/> UTD (23711) | | |
| NG tube (for feeding purposes): [HI_NG] (23662) <input type="radio"/> No (23692) <input type="radio"/> Yes (23693) | | | | |
| Permanent feeding tube insertion: [HI_FeedingTube] (23663) <input type="radio"/> No (23695) <input type="radio"/> Yes (23696) | | | | |

SECTION 21. In-Hospital Care (Admitted stroke/TIA patients only)

Most responsible physician in the first 72 hours: [HC_Physician] (23734)
 Neurology (23741)
 Neurosurgery (23742)
 Internal Medicine (23743)
 Family Physician (23744)
 Other (e.g. hospitalist) (23745)
 UTD (23746)

| | | |
|---|--|--|
| <p>Admitted to: [HC_Admitted] (23735) <input type="radio"/> Stroke unit (23748) <input type="radio"/> Medical ward (23749) <input type="radio"/> Neurology or neurosurgical ward (23750) <input type="radio"/> Neuro ICU (23751) <input type="radio"/> ICU (23752) <input type="radio"/> Step-down unit (23753) <input type="radio"/> Admitted but remained in the ED for the entire duration (23754) <input type="radio"/> Other (23755) <input type="radio"/> UTD (23756)</p> | <p><i>If any option other than "Stroke unit", Did the patient spend any part of their hospital stay on a stroke unit?</i> [D_StrokeUnit] (23736) <input type="radio"/> No (23758) <input type="radio"/> Yes (23759) <input type="radio"/> UTD (23760)</p> | <p><i>If "No" or "UTD", Was there documentation (e.g. in orders, progress notes or consult notes) that the patient was managed by a designated stroke team or stroke service?</i> [HC_StrokeTeam] (23737) <input type="radio"/> No (23762) <input type="radio"/> Yes (23763) <input type="radio"/> UTD (23764)</p> |
|---|--|--|

Was an indwelling urethral catheter inserted at any time after the patient was admitted to hospital? [HC_Catheter] (23738)
 No (23766)
 Yes (23767)
 UTD (23768)

Designated NPO on admission? [HC_NPO] (23739)
 No (23770)
 Yes (23771)
 UTD (23772)

SECTION 22. AlphaFIM (Admitted stroke/TIA patients only)

Event onset (LSN): _____ (30498)

Hospital arrival: _____ (30497)

Hospital admission: _____ (30764)

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| <p>Was an AlphaFIM assessment documented in the patient's chart? [D_AlphaFIM] (23773) <input type="radio"/> No (23782) <input type="radio"/> Yes (23783)</p> | <p>If an AlphaFIM assessment was performed at this hospital, enter the date it was performed. If multiple assessments were done, enter the assessment that was performed closest to the admission date.</p> |
| | <p>AlphaFIM assessment date (dd/mm/yyyy): (23774) _____ <input type="checkbox"/> UTD (N/A) [D_AlphaFIMDate] (23785)</p> |
| | <p>Hospital admission to AlphaFIM assessment (days): (28296) _____ (calculation) [D_AlphaFIMAdmitAssess] (28298)</p> |
| | <p>Can the patient walk 150 feet? [D_AlphaFIMWalk] (23776) <input type="radio"/> No (23787) <input type="radio"/> Yes (23788) <input type="radio"/> Not documented in the chart (23789)</p> |
| | <p>Projected raw motor score (13 to 91): (23777) _____ <input type="checkbox"/> UTD (N/A) [D_AlphaFIMRawMotorScore] (23791)</p> |
| | <p>Projected raw cognition score (5 to 35): (23778) _____ <input type="checkbox"/> UTD (N/A) [D_AlphaFIMRawCognitionScore] (23793)</p> <p>Help needed (hours): [D_AlphaFIMHelpHours] (23779) <input type="radio"/> None (23795) <input type="radio"/> 4 to 5 hours (23800) <input type="radio"/> Under 1 hour (23796) <input type="radio"/> 5 to 6 hours (23801) <input type="radio"/> 1 to 2 hours (23797) <input type="radio"/> 6 to 7 hours (23802) <input type="radio"/> 2 to 3 hours (23798) <input type="radio"/> 7 to 8 hours (23803) <input type="radio"/> 3 to 4 hours (23799) <input type="radio"/> Not documented (23804)</p> |

SECTION 23. Final Disposition (Stroke/TIA patients only)

Event onset (LSN): _____ (30499)

Hospital arrival: _____ (30500)

Hospital admission: _____ (30795)

Date of discharge from this hospital (dd/mm/yyyy): (23805) _____ UTD (N/A) [D_DischDate] (23817)

Length of stay (LOS)(days): (23806) _____ (calculation) [D_LengthofStay] (23819)

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|--|---|--|
| Discharge status: [D_Status] (23807) <input type="radio"/> Dead (23821) <input type="radio"/> Alive (23822) | Rankin Score at discharge: [D_Rankin] (23808) <input type="radio"/> 0 - No symptoms at all (23824) <input type="radio"/> 1 - No significant disability despite symptoms: able to carry out all usual duties and activities (23825) <input type="radio"/> 2 - Slight disability: unable to carry out all previous activities, but able to look after own affairs without assistance (23826) <input type="radio"/> 3 - Moderate disability: requiring some help, but able to walk without assistance (23827) <input type="radio"/> 4 - Moderate to severe disability: unable to walk without assistance and unable to attend to own bodily needs without assistance (23828) <input type="radio"/> 5 - Severe disability: bedridden, incontinent, and requiring constant nursing care and attention (23829) <input type="radio"/> Not enough data available in the chart to calculate the Rankin score (23830) | |
| | Was the patient referred for any stroke prevention services? [D_SPServices] (23809) <input type="radio"/> No (23832) <input type="radio"/> Yes (23833) <input type="radio"/> Not applicable (e.g. patient transferred to another acute care institution or patient is palliative) (23834) | Stroke prevention services include referrals to any of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Stroke prevention clinic <input type="checkbox"/> Secondary stroke prevention clinic <input type="checkbox"/> Stroke clinic <input type="checkbox"/> TIA clinic/rapid assessment clinic <input type="checkbox"/> Cardiovascular clinic <input type="checkbox"/> Vascular clinic <input type="checkbox"/> Cardiac clinic <input type="checkbox"/> Prevention clinic <input type="checkbox"/> Atherosclerosis clinic <input type="checkbox"/> Neurology clinic <input type="checkbox"/> Neurologist <input type="checkbox"/> General internist |
| | If " Current smoker ", Was the patient referred to or enrolled in a smoking cessation program? [D_SmokingCessation] (23810) <input type="radio"/> No (23836) <input type="radio"/> Yes (23837) <input type="radio"/> UTD (23838) | |
| | Was post-discharge vascular imaging arranged? [D_BookedVascularImaging] (23811) <input type="radio"/> No (23840) <input type="radio"/> Yes (23841) <input type="radio"/> UTD (23842) | Vascular imaging includes: <ul style="list-style-type: none"> <input type="checkbox"/> CT angiography <input type="checkbox"/> MR angiography <input type="checkbox"/> Carotid doppler <input type="checkbox"/> Catheter cerebral angiography |
| | Was patient booked to see a surgeon or interventionalist for carotid revascularization? [D_BookedRevascularization] (23812) <input type="radio"/> No (23844) <input type="radio"/> Yes (23845) <input type="radio"/> UTD (23846) | This includes endarterectomy or stenting by: <ul style="list-style-type: none"> <input type="checkbox"/> Vascular surgeon <input type="checkbox"/> Neurosurgeon <input type="checkbox"/> Neuroradiologist |
| | Discharged to: [D_DischargeTo] (23813) <input type="radio"/> Home (23848) <input type="radio"/> Other acute care hospital (23849) <input type="radio"/> Long-term care/nursing home (23850) <input type="radio"/> Inpatient rehabilitation program or facility (23851) <input type="radio"/> Complex continuing care (23852) <input type="radio"/> Retirement home (23853) <input type="radio"/> Other (e.g. psychiatric facility, palliative care facility) (23854) | If " Home ", Home services (select all that apply): (23814) <input type="checkbox"/> Home with CCAC [D_HomeCareCCAC] (26246) <input type="checkbox"/> Home with outpatient rehabilitation [D_HomeCareRehab] (26247) <input type="checkbox"/> Home without services [D_HomeCareNone] (26248) <input type="checkbox"/> UTD [D_HomeCareUTD] (26249) If " Other acute care hospital ", Receiving hospital name: (23815) _____ [D_AcuteCareHosp] (29315 to 29497) |

SECTION 24. Medications (Stroke/TIA patients only)

Event onset (LSN): _____ (30501)

Hospital arrival: _____ (30502)

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| Was the patient on an antithrombotic agent (antiplatelet or anticoagulant) prior to this event? [EI_PriorAntithrombotic] (28302) <input type="radio"/> No (28304) <input type="radio"/> Yes (28305) <input type="radio"/> UTD (28306) | Antithrombotic agent (select all that apply): (28307) <input type="checkbox"/> ASA (Aspirin®) [EI_PriorASA] (28309) <input type="checkbox"/> Clopidogrel (Plavix®) [EI_PriorClopidogrel] (28310) <input type="checkbox"/> Dipyridamole-ASA (Aggrenox®) [EI_PriorDipyridamole] (28311) <input type="checkbox"/> Warfarin (Coumadin®) [EI_PriorWarfarin] (28312) <input type="checkbox"/> Dabigatran (Pradax®) [EI_PriorDabigatran] (28313) <input checked="" type="checkbox"/> Rivaroxaban (Xarelto®) [EI_PriorRivaroxaban] (31806) <input checked="" type="checkbox"/> Apixaban (Eliquis®) [EI_PriorApixaban] (31807) <input type="checkbox"/> Other antithrombotic [EI_PriorAntithromboticOther] (28314) (specify): _____ [EI_PriorAntithromboticOtherTxt] (28317) |
| Did the patient take or receive an antiplatelet agent between stroke onset (LSN) and prior to arrival at this hospital? [HI_AntiplateletPrior] (23862) <input type="radio"/> No (23871) <input type="radio"/> Yes (23872) <input type="radio"/> UTD (23873) | Date and time antiplatelet agent first taken or received: (23863) (dd/mm/yyyy): _____ <input type="checkbox"/> UTD (N/A) (24hr:min): _____ <input type="checkbox"/> UTD (N/A) [HI_AntiplateletPriorDateTime] (23875) |
| | Event onset to first pre-hospital antiplatelet (minutes): (23864) _____ (calculation) [HI_PriorAntiplateletTime] (23877) |
| Did the patient receive an antiplatelet agent after arrival at this hospital? [HI_AntiplateletHospital] (23865) <input type="radio"/> No (23879) <input type="radio"/> No - Contraindicated or patient currently anticoagulated (23880) <input type="radio"/> Yes (23881) <input type="radio"/> UTD (23882) | Date and time antiplatelet agent first received in-hospital: (23866) (dd/mm/yyyy): _____ <input type="checkbox"/> UTD (N/A) (24hr:min): _____ <input type="checkbox"/> UTD (N/A) [HI_AntiplateletHospitalDateTime] (23947) |
| | Event onset to first hospital antiplatelet (minutes): (23867) _____ (calculation) [HI_HospitalAntiplateletTime] (23949) |

| | |
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| <p>If "Admitted", Was the patient given an anticoagulant for venous thromboembolism (VTE) prophylaxis during his or her hospital stay? [HI_Anticoagulant] (23868)</p> <p><input type="radio"/> No (23951)</p> <p><input type="radio"/> Yes (23952)</p> <p><input type="radio"/> UTD (23953)</p> | <p>Anticoagulant (select all that apply): (23869)</p> <p><input type="checkbox"/> Low molecular weight heparin (LMWH) [HI_AnticoagulantLMWH] (26251)</p> <p><input type="checkbox"/> Intravenous (IV) unfractionated heparin (UH) [HI_AnticoagulantIVUH] (26252)</p> <p><input type="checkbox"/> Subcutaneous (SC) unfractionated heparin (UH) [HI_AnticoagulantSCUH] (26253)</p> <p><input type="checkbox"/> Warfarin (Coumadin®) [HI_AnticoagulantWarfarin] (26254)</p> <p><input type="checkbox"/> Other anticoagulant (e.g. dabigatran) [HI_AnticoagulantOther] (26255)</p> <p><input type="checkbox"/> UTD [HI_AnticoagulantUTD] (26256)</p> |
|--|--|

SECTION 25. Discharge Medications (Stroke/TIA patients discharged alive)

Discharge Medications – this applies to:

- Any medications the patient was taking prior to arrival at this hospital and not discontinued during hospitalization or at discharge
- Any medications taken/given at any point during hospitalization and not discontinued with an order at discharge
- Any medications prescribed on discharge

NOTE: If the patient is on a combination drug, all medications in that combination should be entered. For example, if the patient is on a combined ACE inhibitor/diuretic, that medication should be recorded under "Discharged on an antihypertensive agent" as both "Angiotensin-converting enzyme agent (ACE) agent" for the ACE inhibitor component AND "Other antihypertensive agent" for the diuretic component.

| | |
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| <p>Discharged on an antiplatelet agent (select all that apply): (23888)</p> <p><input type="checkbox"/> No [D_NoAntiplatelet] (26258)</p> <p><input checked="" type="checkbox"/> No - Patient is already on an anticoagulant [MDS_NoASAAnticoagulant] (31803)</p> <p><input type="checkbox"/> ASA (Aspirin®) [D_ASA] (26259)</p> <p><input type="checkbox"/> Clopidogrel (Plavix®) [D_Clopidogrel] (26260)</p> <p><input type="checkbox"/> Dipyridamole-ASA (Aggrenox®) [D_Dipyridamole] (26261)</p> <p><input type="checkbox"/> Other antiplatelet agent [D_OtherAntiplatelet] (26262)</p> <p><input type="checkbox"/> UTD [D_UTDAntiplatelet] (26263)</p> | <p>Reason antiplatelet not prescribed (select all that apply): (23890)</p> <p><input type="checkbox"/> Allergy [MDS_NoASAAllergy] (26265)</p> <p><input type="checkbox"/> Contraindication [MDS_NoASAContraindication] (26266)</p> <p><input type="checkbox"/> Patient unwilling [MDS_NoASAUnwilling] (26268)</p> <p><input type="checkbox"/> Palliative care only [MDS_NoASAPalliative] (26269)</p> <p><input type="checkbox"/> Not ischemic stroke [MDS_NoASAIschemic] (26270)</p> <p><input type="checkbox"/> Other documented reason [MDS_NoASAOther] (26271)</p> <p>(specify): (28264) _____ [MDS_NoASAOtherTxt] (28266)</p> <p><input type="checkbox"/> UTD [MDS_NoASAUTD] (26272)</p> |
|--|---|

Discharged on an antihypertensive agent (select all that apply): (23889)

No [D_NoAntiHTN] (26274)

Angiotensin-converting enzyme (ACE) agent [D_ACEAntiHTN] (26275)

Angiotensin Receptor Blocker (ARB) [D_ARBAntiHTN] (26276)

Other antihypertensive agent [D_OtherAntiHTN] (26277)

UTD [D_UTDAntiHTN] (26278)

Discharged on a lipid lowering agent (select all that apply): (23891)

No [D_NoLipidLowering] (26280)

Statin [D_Statin] (26281)

Other lipid lowering agent [D_OtherLipidLowering] (26282)

UTD [D_UTDLipidLowering] (26283)

| | |
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| <p>Was an anticoagulant prescribed at discharge? This excludes subcutaneous unfractionated heparin. Select all that apply: (23892)</p> <p><input type="checkbox"/> No [D_NoAnticoagulant] (26285)</p> <p><input checked="" type="checkbox"/> No - Not indicated [D_NoAnticoagulantNI] (31809)</p> <p><input type="checkbox"/> Recommended but not prescribed (e.g. to be initiated as an outpatient or at another hospital) [D_AnticoagulantRecNotRx] (26286)</p> <p><input type="checkbox"/> Warfarin (Coumadin®) [D_Warfarin] (26287)</p> <p><input type="checkbox"/> Low molecular weight heparin (LMWH), e.g. dalteparin (Fragmin®), enoxaparin (Lovenox®), tinzaparin (Innohep®) [D_LMWH] (26288)</p> <p><input type="checkbox"/> Dabigatran (Pradax®) [D_Dabigatran] (26289)</p> <p><input checked="" type="checkbox"/> Rivaroxaban (Xarelto®) [D_Rivaroxaban] (31810)</p> <p><input checked="" type="checkbox"/> Apixaban (Eliquis®) [D_Apixaban] (31811)</p> <p><input type="checkbox"/> Other anticoagulant (e.g. other thrombin/Xa inhibitor) [D_OtherAnticoagulant] (26290)</p> <p><input type="checkbox"/> UTD [D_UTDAnticoagulant] (26291)</p> | <p>Reason anticoagulant not prescribed (select all that apply): (24776)</p> <p><input type="checkbox"/> No MD available to monitor INRs [MDS_NoWarfarinNoMDINRMonitor] (26293)</p> <p><input type="checkbox"/> Risk of bleeding [MDS_NoWarfarinBleed] (26294)</p> <p><input type="checkbox"/> Risk of falls [MDS_NoWarfarinFalls] (26295)</p> <p><input type="checkbox"/> Liver disease [MDS_NoWarfarinLiver] (26296)</p> <p><input type="checkbox"/> Terminal illness/palliative care only [MDS_NoWarfarinIllness] (26297)</p> <p><input type="checkbox"/> Patient refused, reason not specified [MDS_NoWarfarinRefuse] (26298)</p> <p><input type="checkbox"/> Discontinued due to bleeding [MDS_NoWarfarinDiscontinued] (26299)</p> <p><input type="checkbox"/> Hemorrhagic stroke [MDS_NoWarfarinHemorrhage] (26300)</p> <p><input type="checkbox"/> Other documented reason [MDS_NoWarfarinOther] (26301)</p> <p>(specify): (28267) _____ [MDS_NoWarfarinOtherTxt] (28269)</p> <p><input type="checkbox"/> No reason documented [MDS_NoWarfarinNoDocument] (26302)</p> |
|--|--|

Mark Acute Form Complete (All patients)

Is this acute event form complete? [D_ChartComplete] (28283)

No (28287)

Yes (28288)