

Patient ID:				Bold Question = Required	
DEMOGRAPHICS <i>Demographics Tab</i>					
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 Asian [if Asian selected]		Black or African American Native Hawaiian or Pacific Islander [if native Hawaiian or Pacific Islander selected]		
	Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian		Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander White UTD		
Hispanic Ethnicity:	Yes No/UTD				
If Yes,	Mexican, Mexican American, Chicano/a Another Hispanic, Latino or Spanish Origin		Puerto Rican		Cuban
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 Able to ambulate independently (no help from another person) w/ or w/o device _____ Unable			

Antidepressant medication	Yes	No/ND
SYMPTOM TIMELINE		Hospitalization Tab

Date/Time Patient last known to be well?

Date/Time Chest X-ray Ordered:

Select one option

____/____/____

____:____

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	

