



Element	Allowable Values	GWTG	Special
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Patient ID:		All	All
DEMOGRAPHICS			
Sex:	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Unknown	Stroke, Stroke Limited	Coverdell, OH, MI, PSS, ME, LAEMS
Patient Gender Identity:	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Female-to-Male (FTM)/Transgender Male/Trans Manf <input type="radio"/> Male-to-Female (MTF)/Transgender Female/Trans Woman <input type="radio"/> Genderqueer, neither exclusively male nor female <input type="radio"/> Additional gender category or other: _____ <input type="radio"/> Did not disclose	Stroke, Stroke Limited	Coverdell, OH, MI, PSS, LAEMS
Patient-Identified Sexual Orientation:	<input type="radio"/> Straight or heterosexual <input type="radio"/> Lesbian or gay <input type="radio"/> Bisexual <input type="radio"/> Queer, pansexual, and/or questioning <input type="radio"/> Something else, please specify: _____ <input type="radio"/> Don't know <input type="radio"/> Declined to answer	Stroke, Stroke Limited	Coverdell, OH, MI, PSS, LAEMS
Date of Birth:	_____/_____/_____	Stroke, Stroke Limited	ME, LAEMS, Canada, Mexico
Age:	_____	Stroke, Stroke Limited,	Coverdell, OH, MI, ME, LAEMS, WestRural, Canada, Mexico
Zip Code	_____ <input type="checkbox"/> Homeless	Stroke	AR, MDCHIA
Payment Source:	<input type="checkbox"/> Medicare Title 18 <input type="checkbox"/> Medicaid Title 19 <input type="checkbox"/> Medicare - Private/HMO/PPO/Other <input type="checkbox"/> Medicaid - Private/HMO/PPO/Other <input type="checkbox"/> Private/HMO/PPO/Other <input type="checkbox"/> VA/CHAMPVA/Tricare <input type="checkbox"/> Self-Pay/No Insurance <input type="checkbox"/> Other/Not Documented/UTD	Stroke	Coverdell, OH, MI, MDCHIA
Race and/or Ethnicity:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> UTD	Stroke, Stroke Limited	Coverdell OH, MI PSS, LAEMS

If Asian:	<input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian	Stroke, Stroke Limited	Coverdell OH, MI PSS, LAEMS
If Native Hawaiian or Pacific Islander	<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander	Stroke, Stroke Limited	Coverdell OH, MI PSS, LAEMS
Stroke Band ID	<input type="checkbox"/> ND		AR
ADMIN			
Final clinical diagnosis related to stroke:	<input type="radio"/> Ischemic Stroke <input type="radio"/> Transient Ischemic Attack (<24 hours) <input type="radio"/> Subarachnoid Hemorrhage <input type="radio"/> Intracerebral Hemorrhage <input type="radio"/> Stroke not otherwise specified <input type="radio"/> No stroke related diagnosis <input type="radio"/> Elective Carotid Intervention only	Stroke, Stroke Limited	Coverdell, OH, MI, PSS, ME, LAEMS, WestRural, Canada, Mexico
If No Stroke Related Diagnosis:	<input type="radio"/> Migraine <input type="radio"/> Seizure <input type="radio"/> Delirium <input type="radio"/> Electrolyte or metabolic imbalance <input type="radio"/> Functional disorder <input type="radio"/> Other <input type="radio"/> Uncertain	Stroke	Canada, Mexico
Was the stroke etiology documented in the patient medical record:	<input type="radio"/> Yes <input type="radio"/> No	Stroke	ME, Canada, Mexico
Select documented stroke etiology:	<input type="radio"/> 1: Large-artery atherosclerosis (e.g., carotid or basilar stenosis) <input type="radio"/> 2: Cardioembolism (e.g., atrial fibrillation/flutter, prosthetic heart valve, recent MI) <input type="radio"/> 3: Small-vessel occlusion (e.g., subcortical or brain stem lacunar infarction <1.5 cm) <input type="radio"/> 4: Stroke of other determined etiology (e.g., dissection, vasculopathy, hypercoagulable or hematologic disorders. <input type="radio"/> Dissection <input type="radio"/> Hypercoagulability <input type="radio"/> Other <input type="radio"/> 5: Cryptogenic stroke (stroke of undetermined etiology) <input type="radio"/> Multiple potential etiologies identified <input type="radio"/> Stroke of undetermined etiology <input type="radio"/> Unspecified	Stroke	ME, Canada, Mexico
When is the earliest physician/APN/PA documentation of comfort measures only?	<input type="radio"/> 1 - Day 0 or 1 <input type="radio"/> 2 - Day 2 or after <input type="radio"/> 3 - Timing Unclear <input type="radio"/> 4 - Not Documented / UTD	Stroke, Stroke Limited	Coverdell, OH, MI, PSS, ME, Canada, Mexico

Arrival Date/Time:	_____/_____/_____ ____:____	Stroke, Stroke Limited	Coverdell, OH, MI, PSS, ME, WestRural, Canada, Mexico
Was this patient a Stroke alert (Code Stroke) at your facility?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ND	Stroke, Stroke Limited	
Location of Stroke alert (Code Stroke)	<input type="radio"/> Emergency Department <input type="radio"/> EMS <input type="radio"/> Inpatient <input type="radio"/> MSU <input type="radio"/> Outpatient Procedure <input type="radio"/> Other	Stroke, Stroke Limited	
Date/Time Stroke alert (Code Stroke) received	_____/_____/_____ ____:____ <input type="checkbox"/> MM/DD/YYYY only <input type="checkbox"/> Unknown	Stroke, Stroke Limited	
Not Admitted:	<input type="radio"/> Yes, not admitted <input type="radio"/> No, patient admitted as inpatient	Stroke, Stroke Limited	Coverdell, OH, MI, ME, WestRural, Canada, Mexico
Reason Not Admitted:	<input type="radio"/> Transferred from your ED to another acute care hospital <input type="radio"/> Discharged directly from ED to home or other location that is not an acute care hospital <input type="radio"/> Left from ED AMA <input type="radio"/> Died in ED <input type="radio"/> Discharged from observation status without an inpatient admission <input type="radio"/> Other	Stroke Stroke Limited	ME, WestRural, Canada, Mexico
Admission Date:	_____/_____/_____ ____:____ <input type="checkbox"/> MM/DD/YYYY only <input type="checkbox"/> Unknown	Stroke Stroke Limited	Coverdell, OH, MI, ME, Canada, Mexico
If patient transferred from your ED to another hospital, specify hospital name:	_____ <input type="checkbox"/> Transfer to Hospital Not on the List <input type="checkbox"/> Transfer to Hospital Not Documented	Stroke	Canada, Mexico
Select reason(s) for why patient transferred:	<input type="checkbox"/> Evaluation for IV Thrombolytics up to 4.5 hours <input type="checkbox"/> Post Management of IV Thrombolytics (e.g. Drip and Ship) <input type="checkbox"/> Evaluation for Endovascular thrombectomy <input type="checkbox"/> Advanced stroke care (e.g., Neurocritical care, surgical or other time critical therapy) <input type="checkbox"/> Advanced Stroke care (non-time critical therapy) <input type="checkbox"/> Patient/family request <input type="checkbox"/> Other advanced care (not stroke related) <input type="checkbox"/> Administrative (insurance, bed availability) <input type="checkbox"/> Not documented	Stroke Stroke Limited	WestRural, ME, Canada, Mexico
EMS Agency Transporting Patient from Referring Hospital	<input type="checkbox"/> ND		AR
Discharge Date/Time	_____/_____/_____ ____:____ <input type="checkbox"/> MM/DD/YYYY only <input type="checkbox"/> Unknown	Stroke Stroke Limited	Coverdell, OH, MI, ME, PSS, Canada, Mexico

Documented reason for delay in transfer to referral facility?	<input type="radio"/> Yes <input type="radio"/> No/ND	Stroke Stroke Limited	WestRural, Canada, Mexico
Specific reason for delay documented in transfer patient (check all that apply):	<input type="checkbox"/> Social/religious <input type="checkbox"/> Initial refusal <input type="checkbox"/> Care team unable to determine eligibility <input type="checkbox"/> Management of concomitant emergent/acute conditions such as cardiopulmonary arrest, respiratory failure (requiring intubation) <input type="checkbox"/> Investigational or experimental protocol for reperfusion <input type="checkbox"/> Bed availability at receiving center* <input type="checkbox"/> Delay in stroke diagnosis * <input type="checkbox"/> Delay in transport arrival* <input type="checkbox"/> In-hospital time delay * <input type="checkbox"/> Equipment-related delay * <input type="checkbox"/> Need for additional imaging * <input type="checkbox"/> Catheter lab not available * <input type="checkbox"/> Other *	Stroke Stroke Limited	WestRural, Canada, Mexico
What was the patient's discharge disposition on the day of discharge?	<input type="checkbox"/> 1 – Home <input type="checkbox"/> 2 – Hospice – Home <input type="checkbox"/> 3 – Hospice – Health Care Facility <input type="checkbox"/> 4 – Acute Care Facility <input type="checkbox"/> 5 – Other Health Care Facility <input type="checkbox"/> 6 – Expired <input type="checkbox"/> 7 – Left Against Medical Advice / AMA <input type="checkbox"/> 8 – Not Documented or Unable to Determine (UTD)	Stroke Stroke Limited	Coverdell, OH, MI, ME, PSS, Canada, Mexico
If Discharged to Other Health Care Facility:	<input type="radio"/> Skilled Nursing Facility (SNF) <input type="radio"/> Inpatient Rehabilitation Facility (IRF) <input type="radio"/> Long Term Care Hospital (LTCH) <input type="radio"/> Intermediate Care facility (ICF) <input type="radio"/> Other	Stroke Stroke Limited	ME, Canada, Mexico
CLINICAL CODES			
ICD-10-CM Principal Diagnosis Code:		Stroke Stroke Limited	Coverdell, OH, MI, LAEMS, AR, ME, ASR, Canada, Mexico
ICD-10-CM Other Diagnosis Codes		Stroke	ME, Canada, Mexico
ICD-10-CM Discharge Diagnosis Related to Stroke:		Stroke Stroke Limited	Coverdell, OH, MI, ME, Canada, Mexico
No Stroke or TIA Related ICD-10-CM Code Present		Stroke Stroke Limited,	Coverdell, OH, MI, ME, Canada, Mexico
ADMISSION			
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)?	<input type="radio"/> Yes <input type="radio"/> No	Stroke Stroke Limited, EVT, Telestroke EMS	Coverdell, OH, MI, PSS, NYSDOH, LAEMS, PTSN, CMS: OP-23, AZ, FLPR, GA, ME, WestRural, Canada, Mexico

If Yes, Type of Clinical Trial(s) (select all that apply):	<input type="checkbox"/> Antithrombotics <input type="checkbox"/> VTE Prophylaxis <input type="checkbox"/> Anticoagulation for AFib/Aflutter <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Intensive Statin Therapy <input type="checkbox"/> Thrombolytic administration <input type="checkbox"/> Endovascular Therapy <input type="checkbox"/> Other	Stroke Stroke Limited, EVT, Telestroke EMS	Coverdell, OH, MI, PSS, NYSDOH, LAEMS, PTSN, CMS: OP-23, AZ, FLPR, GA, ME, WestRural, Canada, Mexico
Was this patient admitted for the sole purpose of performance of elective carotid intervention?	<input type="radio"/> Yes <input type="radio"/> No	Stroke Stroke Limited EVT, Telestroke, EMS	Coverdell, OH, MI, PSS, NYSDOH, MJ, LAEMS, PTSN, CMS: OP-23, AZ, FLPR, GA, ME, WestRural, Canada, Mexico
Point of Origin for Admission or Visit	<input type="radio"/> Clinic <input type="radio"/> Court/Law Enforcement <input type="radio"/> Emergency Room <input type="radio"/> Non-health care facility point of origin <input type="radio"/> Transfer from a hospital (different facility) <input type="radio"/> Transfer from a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF) <input type="radio"/> Transfer from ambulatory surgery center <input type="radio"/> Transfer from another health care facility <input type="radio"/> Transfer from Hospice and is under a hospital Plan of Care or enrolled in Hospice program <input type="radio"/> Transfer from one distinct unit of the hospital to another distinct unit of the same hospital resulting in a separate claim to the payer <input type="radio"/> Information not available <input type="radio"/> HMO referral <input type="radio"/> Transfer from a Critical Access Hospital	Stroke	LAEMS
Patient location when stroke symptoms discovered:	<input type="radio"/> Not in a healthcare setting <input type="radio"/> Another acute care facility <input type="radio"/> Chronic health care facility <input type="radio"/> Outpatient healthcare setting <input type="radio"/> Stroke occurred after hospital arrival (in ED/Obs/inpatient) <input type="radio"/> ND or Cannot be determined	Stroke Stroke Limited	Coverdell, OH, MI, PSS, ME, WestRural, Canada, Mexico
How patient arrived at your hospital	<input type="radio"/> EMS from home/scene <input type="radio"/> Mobile Stroke Unit <input type="radio"/> Private transport/taxi/other from home/scene <input type="radio"/> Transfer from other hospital <input type="radio"/> ND or Unknown	Stroke Stroke Limited	Coverdell, OH, MI, PSS, ME, WestRural, Canada, Mexico
Referring hospital discharge Date/ Time	_____/_____/_____ ____:____ <input type="checkbox"/> MM/DD/YYYY only <input type="checkbox"/> Unknown	Stroke	ME, Canada, Mexico
If transfer from another hospital, specify hospital name:	_____ <input type="checkbox"/> Transfer from Hospital Not on the List <input type="checkbox"/> Transfer from Hospital Not Documented	Stroke	Canada, Mexico

Referring Hospital Arrival Date/Time	_____/_____/_____ ____:____ <input type="checkbox"/> MM/DD/YYYY only <input type="checkbox"/> Unknown	Stroke	ME, Canada, Mexico
If patient transferred to your hospital, select transfer reason(s)	<input type="checkbox"/> Evaluation for IV alteplase up to 4.5 hours <input type="checkbox"/> Post Management of IV alteplase (e.g. Drip and Ship) <input type="checkbox"/> Evaluation for Endovascular thrombectomy <input type="checkbox"/> Advanced stroke care (e.g., Neurocritical care, surgical or other time critical therapy) <input type="checkbox"/> Patient/family request <input type="checkbox"/> Other advanced care (not stroke related) <input type="checkbox"/> Not documented	Stroke	ME, Canada, Mexico
EMS Agency Transporting Patient to Receiving Hospital	<input type="checkbox"/> ND		AR
Where patient first received care at your hospital:	<input type="checkbox"/> Emergency Department/Urgent Care <input type="checkbox"/> Direct Admit, not through ED <input type="checkbox"/> Imaging suite <input type="checkbox"/> ND or Cannot be determined	Stroke	Coverdell, OH, MI, PSS, ME, Canada, Mexico
Did a stroke-capable Provider consult in decision-making during the acute phase of treatment?	<input type="radio"/> Yes <input type="radio"/> No/ND	Stroke Stroke Limited	
Stroke-capable Provider(s) (specify)	<input type="checkbox"/> Emergency Provider <input type="checkbox"/> TeleEmergency Provider <input type="checkbox"/> Neurospecialist <input type="checkbox"/> Telestroke Provider <input type="checkbox"/> Medical Hospitalist <input type="checkbox"/> Advanced Practice Provider	Stroke Stroke Limited	
Advanced notification by EMS or MSU?	<input type="radio"/> Yes <input type="radio"/> No/ND	Stroke Stroke Limited	PSS, LAEMS, ME, WestRural, Canada, Mexico
Initial Admitting Service	<input type="checkbox"/> Medicine <input type="checkbox"/> Neurology <input type="checkbox"/> Neurosurgery <input type="checkbox"/> Surgery <input type="checkbox"/> Neurocritical care <input type="checkbox"/> Other (please specify)	Stroke ICH	ME, Canada, Mexico
In which settings were care delivered? Select all that apply.	<input type="checkbox"/> Neuro/Neurosurgery ICU <input type="checkbox"/> General care floor <input type="checkbox"/> Other ICU <input type="checkbox"/> Observation <input type="checkbox"/> Stroke unit (non-ICU) <input type="checkbox"/> Other	Stroke ICH	ME, Canada, Mexico
If the patient was not cared for in a dedicated stroke unit, was a formal inpatient consultation from a stroke expert obtained?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ND	Stroke ICH	ME, Canada, Mexico
ED Physician		Stroke Stroke Limited	OH, MI, PSS, Canada, Mexico
Stroke NP/ PA			
Admitting Physician			
Attending Physician			
Neurologist			
Neurosurgeon			
Interventionalist			
Discharging Provider			

Other Provider			
Telestroke			
Was telestroke consultation performed?	<input type="radio"/> Yes, the patient received telestroke consultation from my hospital staff when the patient was located at another hospital <input type="radio"/> Yes, the patient received telestroke consultation from someone other than my hospital staff when the patient was at another hospital <input type="radio"/> Yes, the patient received telestroke consultation from a remotely located expert when the patient was located at my hospital <input type="radio"/> No telestroke consult performed <input type="radio"/> Not Documented	Stroke Stroke Limited, Telestroke,	Coverdell, ME, Rural, Canada, Mexico
Medical History			
No Previous Medical History	<input type="checkbox"/>	Stroke Stroke Limited	Coverdell, OH, MI, ME, Canada, Mexico
Previously known medical history of:	<input type="checkbox"/> Atrial Fib/Flutter <input type="checkbox"/> CAD/ Prior M <input type="checkbox"/> Cancer <input type="checkbox"/> Carotid Stenosis <input type="checkbox"/> Chronic Kidney Disease (CKD) <input type="checkbox"/> Current Pregnancy (up to 6 weeks postpartum) <input type="checkbox"/> DVT/PE <input type="checkbox"/> Dementia <input type="checkbox"/> Depression <input type="checkbox"/> Diabetes Mellitus <input type="checkbox"/> Diabetes Type <input type="checkbox"/> Drugs/Alcohol Abuse <input type="checkbox"/> Dyslipidemia <input type="checkbox"/> E-Cigarette Use (Vaping) <input type="checkbox"/> Familial Hypercholesterolemia <input type="checkbox"/> Family History of Stroke <input type="checkbox"/> HF <input type="checkbox"/> HRT <input type="checkbox"/> Hx of Emerging Infectious Disease <input type="checkbox"/> Hypertension <input type="checkbox"/> Hypertriglyceridemia <input type="checkbox"/> Migraine <input type="checkbox"/> Obesity/Overweight <input type="checkbox"/> Postpartum (6 weeks to 12 months postpartum) <input type="checkbox"/> Previous Stroke <input type="checkbox"/> Previous TIA <input type="checkbox"/> Prosthetic Heart Valve <input type="checkbox"/> PVD <input type="checkbox"/> Renal Insufficiency – Chronic <input type="checkbox"/> Sickle Cell <input type="checkbox"/> Sleep Apnea <input type="checkbox"/> Smoker	Stroke Stroke Limited	Coverdell, OH, MI, ME, Canada, Mexico
Currently pregnant?	<input type="radio"/> Yes, currently pregnant <input type="radio"/> No, postpartum up to 6 weeks	Stroke Stroke Limited	
Diabetes Type	<input type="radio"/> Type I <input type="radio"/> Type II <input type="radio"/> ND	Stroke Stroke Limited, Diabetes	ME, Canada, Mexico
Diabetes Duration	<input type="radio"/> <5 years <input type="radio"/> 5- < 10 years <input type="radio"/> 10- < 20 years <input type="radio"/> >=20 years <input type="radio"/> Unknown	Stroke Stroke Limited, Diabetes	ME, Canada, Mexico

Emerging Infectious Disease	<input type="checkbox"/> MERS <input type="checkbox"/> SARS-COV-1 <input type="checkbox"/> SARS-COV-2 (COVID-19) <input type="checkbox"/> Other infectious respiratory pathogen	Stroke Stroke Limited, Diabetes	ME, Canada, Mexico
Previous Stroke	<input type="checkbox"/> Ischemic stroke <input type="checkbox"/> ICH <input type="checkbox"/> SAH <input type="checkbox"/> Not Specified	Stroke Stroke Limited, Diabetes	ME, Canada, Mexico
Ambulatory status prior to the current event?	<input type="radio"/> Able to ambulate independently (no help from another person) w/ or w/o device <input type="radio"/> With assistance (from person) <input type="radio"/> Unable to ambulate <input type="radio"/> ND	Stroke	Coverdell, OH, MI, LAEMS, ME, Canada, Mexico
Pre-stroke Modified Rankin Score	<input type="radio"/> 0 – No symptoms as all <input type="radio"/> 1 – No significant disability despite symptoms: Able to carry out all usual activities <input type="radio"/> 2 – Slight disability <input type="radio"/> 3 – Moderate disability: Requiring some help but able to walk without assistance <input type="radio"/> 4 – Moderate to severe disability: Unable to walk without assistance and unable to attend to own bodily needs without assistance <input type="radio"/> 5 – Severe disability; Bedridden, incontinent and requiring constant nursing care and attention <input type="radio"/> 8 – Modified Rankin Score not performed, OR unable to determine (UTD) from the medical record documentation	Stroke	ME, Canada, Mexico
Pre-stroke Modified Rankin Score Group	<input type="radio"/> A score value of 0, 1, or 2 was documented in the medical record, OR physician/ APN/PA documentation that the patient was able to look after self without daily help prior to this acute stroke episode. <input type="radio"/> A score value of 3, 4, or 5 was documented in the medical record, OR physician/ APN/ PA documentation that the present could NOT look after self without daily help prior to this acute stroke episode. <input type="radio"/> A score value was not documented, OR unable to determine (UTD) from the medical record documentation	Stroke	ME, Canada, Mexico
Diagnosis & Evaluation			
Symptom Duration if diagnosis of Transient Ischemic Attack (less than 24 hours)	<input type="radio"/> Less than 10 minutes <input type="radio"/> 10-59 minutes <input type="radio"/> ≥ 60 minutes <input type="radio"/> ND	Stroke	OH, MI, ME, Canada, Mexico
Had stroke symptoms resolved at time of presentation?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ND	Stroke Stroke Limited	Coverdell, OH, MI, PSS, ME, WestRural, Canada, Mexico
^Is there documentation that an initial NIHSS score was done at this hospital?	<input type="radio"/> Yes <input type="radio"/> No	Stroke Stroke Limited	PSS, Canada, Mexico
^What is the date and time that the NIHSS score was first performed at this hospital?	_____/_____/_____ ____:____ <input type="checkbox"/> MM/DD/YYYY only <input type="checkbox"/> Unknown	Stroke Stroke Limited	PSS, Canada, Mexico
NIHSS Total Score	_____	Stroke Stroke Limited	Coverdell, OH, MI, PSS, ME, LAEMS, WestRural, Canada, Mexico

NIHSS score obtained from transferring facility:	_____ <input type="checkbox"/> ND	Stroke	Coverdell, OH, MI, ME, Canada, Mexico
Initial exam findings (Select all that apply):	<input type="checkbox"/> Weakness/Paresis <input type="checkbox"/> Altered Level of Consciousness <input type="checkbox"/> Aphasia/ Language Disturbance <input type="checkbox"/> Other Neurological Signs/ Symptoms <input type="checkbox"/> No Neurological Signs/ Symptoms <input type="checkbox"/> ND	Stroke	Coverdell, OH, MI, ME, Canada, Mexico
Ambulatory status on admission:	<input type="radio"/> Able to ambulate independently (no help from another person) w/ or w/o device <input type="radio"/> With assistance (from person) <input type="radio"/> Unable to ambulate <input type="radio"/> ND	Stroke	Coverdell, OH, MI, ME, Canada, Mexico
Subarachnoid Hemorrhage			
^Is there documentation any time during the hospital stay that the hemorrhage was non-aneurysmal or due to head trauma?	<input type="radio"/> Yes <input type="radio"/> No	Stroke Stroke Limited	
Medications Prior to Admission			
No medications prior to admission	<input type="checkbox"/>	Stroke	ME, Canada, Mexico
Antiplatelet or Anticoagulant Medication(s) prior to admission:	<input type="radio"/> Yes <input type="radio"/> No/ND	Stroke ICH	ME, Canada, Mexico
Prior Antithrombotic Class	<input type="checkbox"/> Antiplatelet <input type="checkbox"/> Anticoagulant	Stroke ICH	ME, Canada, Mexico
Prior Antithrombotic Medication	Antiplatelet: <input type="radio"/> aspirin <input type="radio"/> aspirin/dipyridamole (Aggrenox) <input type="radio"/> clopidogrel (Plavix) <input type="radio"/> prasugrel (Effient) <input type="radio"/> ticagrelor (Brilinta) <input type="radio"/> ticlopidine (Ticlid) <input type="radio"/> Other Antiplatelet Anticoagulant: <input type="radio"/> apixaban (Eliquis) <input type="radio"/> argatroban <input type="radio"/> dabigatran (Pradaxa) <input type="radio"/> desirudin (Iprivask) <input type="radio"/> endoxaban (Savaysa) <input type="radio"/> fondaparinux (Arixtra) <input type="radio"/> full dose LMW heparin <input type="radio"/> lepirudin (Refludan) <input type="radio"/> rivaroxaban (Xarelto) <input type="radio"/> unfractionated heparin IV <input type="radio"/> warfarin (Coumadin) <input type="radio"/> other Anticoagulant	Stroke	ME, Canada, Mexico
Date/Time of last anticoagulant dose prior to admission	_____/_____/_____ ____:____ <input type="checkbox"/> MM/DD/YYYY only <input type="checkbox"/> Unknown	Stroke ICH	
Date/Time of last antiplatelet dose prior to admission	_____/_____/_____ ____:____ <input type="checkbox"/> MM/DD/YYYY only <input type="checkbox"/> Unknown	Stroke	
Antihypertensive Medication prior to admission:	<input type="radio"/> Yes <input type="radio"/> No/ND	Stroke	Coverdell, OH, MI, ME, Canada, Mexico

Cholesterol reducer prior to admission:	<input type="radio"/> Yes <input type="radio"/> No/ND	Stroke Stroke Limited	Coverdell, OH, MI, ME, Canada Mexico
Cholesterol-Reducer type prior to admission (select all that apply):	<input type="checkbox"/> Statin <input type="checkbox"/> Fibrate <input type="checkbox"/> Niacin <input type="checkbox"/> Absorption Inhibitor <input type="checkbox"/> PCSK9 Inhibitor <input type="checkbox"/> Other cholesterol reducer type <input type="checkbox"/> Not Documented	Stroke ICH	
Anti-hyperglycemic medications prior to admission:	<input type="radio"/> Yes <input type="radio"/> No/ND	Stroke Stroke Limited	OH, MI, ME, Canada, Mexico
If yes, select Anti-hyperglycemic medications (select all that apply)	<input type="checkbox"/> DPP-4 Inhibitors <input type="checkbox"/> GLP-1 receptor agonist <input type="checkbox"/> Insulin <input type="checkbox"/> Metformin <input type="checkbox"/> SGLT2 Inhibitor <input type="checkbox"/> Sulfonyurea <input type="checkbox"/> Thiazolidinedione <input type="checkbox"/> Other oral agents <input type="checkbox"/> Other injectable/subcutaneous agents	Stroke Stroke Limited Diabetes	ME, Canada, Mexico
Antidepressant medication prior to admission:	<input type="radio"/> Yes <input type="radio"/> No/ND	Stroke	ME, Canada, Mexico
Antidepressant type, prior to admission:	<input type="radio"/> SSRI <input type="radio"/> Other antidepressant <input type="radio"/> Not documented	Stroke ICH	
Vaccinations & Testing			
COVID-19 Vaccination:	<input type="radio"/> COVID-19 vaccine was given during this hospitalization <input type="radio"/> COVID-19 vaccine was received prior to admission, not during this hospitalization <input type="radio"/> Documentation of patient's refusal of COVID-19 vaccine <input type="radio"/> Allergy/sensitivity to COVID-19 vaccine or if medically contraindicated <input type="radio"/> Vaccine not available <input type="radio"/> None of the above/Not documented/UTD	Stroke Stroke Limited	ME, Canada, Mexico
COVID-19 Vaccination Date:	_____ / _____ / _____ ____:____ <input type="checkbox"/> MM/DD/YYYY only <input type="checkbox"/> Unknown	Stroke Stroke Limited	ME, Canada, Mexico
COVID-19 Vaccine Manufacturer:	<input type="radio"/> AstraZeneca <input type="radio"/> Johnson & Johnson's / Janssen <input type="radio"/> Moderna <input type="radio"/> Novavax <input type="radio"/> Pfizer <input type="radio"/> Other <input type="radio"/> Not Documented	Stroke Stroke Limited	ME, Canada, Mexico
Did the patient receive both doses of vaccine? (if applicable)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable	Stroke Stroke Limited	ME, Canada, Mexico
Is there documentation that this patient was included in a COVID-19 vaccine trial?	<input type="radio"/> Yes <input type="radio"/> No/ND	Stroke Stroke Limited	ME, Canada, Mexico

Influenza Vaccination:	<input type="radio"/> Influenza vaccine was given during this hospitalization during the current flu season <input type="radio"/> Influenza vaccine was received prior to admission during the current flu season, not during this hospitalization <input type="radio"/> Documentation of patient's refusal of influenza vaccine <input type="radio"/> Allergy/sensitivity to influenza vaccine or if medically contraindicated <input type="radio"/> Vaccine not available <input type="radio"/> None of the above/Not documented/UTD	Stroke Stroke Limited	Canada, Mexico
Pre-Hospital Care			
Source used to obtain prehospital care data:	<input type="radio"/> Copy of ePCR in Hospital Medical Record <input type="radio"/> ePCR in EMS Data System <input type="radio"/> EMS Record not Available <input type="radio"/> Other	EMS	Coverdell
Patient care record available at time of patient arrival?	<input type="radio"/> Yes <input type="radio"/> No/ND	EMS	ME
Patient care record available at a later time during hospitalization?	<input type="radio"/> Yes <input type="radio"/> No/ND	EMS	ME
EMS Agency List	_____	EMS	ME, WestReg
EMS Agency Unknown	<input type="checkbox"/>	EMS	ME, WestReg
Run/Sequence number	_____	EMS	ME, WestReg
Run/Sequence number Unknown	<input type="checkbox"/>	EMS	ME, WestReg
Date/Time Brain Imaging initiated by MSU:	_____/_____/_____ ____:____ <input type="checkbox"/> MM/DD/YYYY only <input type="checkbox"/> Unknown	EMS	ME
Date/ Time IV alteplase administered by MSU:	_____/_____/_____ ____:____ <input type="checkbox"/> MM/DD/YYYY only <input type="checkbox"/> Unknown	EMS	ME
EMS Unit Notified by Dispatch:	_____/_____/_____ ____:____ <input type="checkbox"/> MM/DD/YYYY only <input type="checkbox"/> Unknown	EMS	ME, WestReg
Dispatched as suspected stroke?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Documented	EMS	ME, WestReg
EMS Unit Arrived on Scene:	_____/_____/_____ ____:____ <input type="checkbox"/> MM/DD/YYYY only <input type="checkbox"/> Unknown	EMS	ME, WestReg Coverdell
EMS Arrived at Patient:	_____/_____/_____ ____:____ <input type="checkbox"/> MM/DD/YYYY only <input type="checkbox"/> Unknown	EMS	ME, WestReg
EMS Unit Left Scene:	_____/_____/_____ ____:____ <input type="checkbox"/> MM/DD/YYYY only <input type="checkbox"/> Unknown	EMS	ME, WestReg Coverdell
Last Known Well as Documented by EMS:	_____/_____/_____ ____:____ <input type="checkbox"/> MM/DD/YYYY only <input type="checkbox"/> Unknown	EMS	ME, WestReg
LKW by EMS Unknowable	<input type="checkbox"/>	EMS	ME, WestReg

Discovery of Stroke symptoms by EMS:	_____/_____/_____ ____:____ <input type="checkbox"/> MM/DD/YYYY only <input type="checkbox"/> Unknown	EMS	ME, WestReg
Discovery of Stroke symptoms by EMS Unknowable	<input type="checkbox"/>	EMS	ME, WestReg
Date/Time Pre-Notification provided to Hospital:	_____/_____/_____ ____:____ <input type="checkbox"/> MM/DD/YYYY only <input type="checkbox"/> Unknown	EMS	ME, WestReg
Additional Information provided as part of pre-notification?	<input type="checkbox"/> Blood Glucose value <input type="checkbox"/> Blood Pressure <input type="checkbox"/> Result of Stroke Screen/Severity Score <input type="checkbox"/> LKW time per EMS <input type="checkbox"/> Seizure Activity	EMS	ME, WestReg
Blood Glucose level (mg/dL):	_____	EMS	AZ, ME, WestReg
Blood Glucose level ND	<input type="checkbox"/>	EMS	AZ, ME, WestReg
Blood Glucose value	<input type="radio"/> Too High <input type="radio"/> Too Low	EMS	AZ, ME, WestReg
Initial Blood Pressure by EMS - Systolic:		EMS	ME, WestReg
Initial Blood Pressure by EMS - Diastolic		EMS	ME, WestReg
Initial Blood Pressure by EMS Not Documented	<input type="checkbox"/>	EMS	ME, WestReg
EMS Suspected stroke? (Primary or Secondary Impression)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not documented	EMS	ME, WestReg
Indicate the stroke screen tool used:	<input type="radio"/> BE FAST <input type="radio"/> CPSS <input type="radio"/> DPSS <input type="radio"/> FAST <input type="radio"/> LAPSS <input type="radio"/> MASS <input type="radio"/> Med PACS <input type="radio"/> MEND <input type="radio"/> mLAPSS <input type="radio"/> OPSST <input type="radio"/> ROSIER <input type="radio"/> Stroke screen tool used, but tool used is unknown <input type="radio"/> No stroke screen tool used <input type="radio"/> Not documented <input type="radio"/> Other	EMS	AZ, ME, WestReg
If Other stroke screen used, specify:	_____	EMS	ME, WestReg
Stroke Screen Outcome:	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not documented	EMS	ME, WestReg
Indicate the Severity Scale used:	<input type="radio"/> CPSSS/CSTAT <input type="radio"/> FAST ED <input type="radio"/> LAMS <input type="radio"/> MPSS <input type="radio"/> RACE <input type="radio"/> VAN <input type="radio"/> Other _____ <input type="radio"/> Severity scale used, but tool used is unknown <input type="radio"/> No severity scale used <input type="radio"/> Not Documented	EMS	ME, WestReg
If Other severity scale used, specify:	_____	EMS	ME

Severity Scale Positive for LVO?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ND	EMS	ME, WestReg
If Severity Scale assessment completed, enter total score:	_____	EMS	ME, WestReg
Severity Scale score Not Documented:	<input type="checkbox"/>	EMS	ME, WestReg
How was destination decision made?	<input type="radio"/> Directed to designated stroke center by protocol <input type="radio"/> Directed to nearest facility by protocol <input type="radio"/> Patient/Family choice <input type="radio"/> Online Medical Direction <input type="radio"/> Closest facility <input type="radio"/> Other _____ <input type="radio"/> Unknown/ND	EMS	ME, WestReg
If Other destination decision, specify:	_____	EMS	ME, WestReg
Was a Thrombolytic Checklist used?	<input type="radio"/> Yes <input type="radio"/> No/ND	EMS	ME, WestReg
If severity scale used, did result alter hospital destination (e.g. CSC vs.)?	<input type="radio"/> Yes <input type="radio"/> No/ND	EMS	ME, WestReg
EMS Additional Comments		EMS	ME, WestReg
Hospitalization			
When was the patient last known to be well?	_____/_____/_____ ____:____ <input type="checkbox"/> MM/DD/YYYY only <input type="checkbox"/> Unknown	Stroke Stroke Limited	Coverdell, OH, MI, PSS, LAEMS, ME, WestRural, Canada, Mexico
Date/Time of discovery of stroke symptoms?	_____/_____/_____ ____:____ <input type="checkbox"/> MM/DD/YYYY only <input type="checkbox"/> Unknown <input type="checkbox"/> Same as Time Last Known Well	Stroke Stroke Limited	Coverdell, OH, MI, PSS, ME, WestRural, Canada, Mexico
Brain Imaging			
Brain imaging completed at your hospital for this episode of care?	<input type="radio"/> Yes <input type="radio"/> No/ND <input type="radio"/> NC	Stroke Stroke Limited	Coverdell, OH, MI, PSS, ME, WestRural, Canada, Mexico
Type of brain imaging completed at your hospital for this episode of care	<input type="checkbox"/> CT <input type="checkbox"/> MRI	Stroke Stroke Limited	Coverdell, Canada, Mexico
Date/Time Brain Imaging First Initiated at your hospital:	_____/_____/_____ ____:____ <input type="checkbox"/> MM/DD/YYYY only <input type="checkbox"/> Unknown	Stroke Stroke Limited	Coverdell, OH, MI, PSS, LAEMS, ME, WestRural, Canada, Mexico
Documented reason for delay in initial brain imaging at your hospital?	<input type="radio"/> Yes <input type="radio"/> No/ND	Stroke Stroke Limited	
Specify reason for delay in initial brain imaging at this hospital (select all that apply)	<input type="checkbox"/> Management of concomitant emergent/acute conditions such as cardiopulmonary arrest, respiratory failure (requiring intubation) <input type="checkbox"/> Delay in stroke diagnosis <input type="checkbox"/> In-hospital time delay <input type="checkbox"/> Equipment-related delay <input type="checkbox"/> Other (specify) _____	Stroke Stroke Limited	

Date/Time Brain Imaging Reported:	<p>____/____/____ ____:____</p> <input type="checkbox"/> MM/DD/YYYY only <input type="checkbox"/> Unknown	Stroke Stroke Limited	LAEMS, ME, WestRural, Rural, Canada, Mexico
Interpretation of first brain image after symptom onset, done at any facility:	<input type="radio"/> Acute Hemorrhage <input type="radio"/> No Acute Hemorrhage <input type="radio"/> Not Available	Stroke	Coverdell, OH, MI, ME, Canada, Mexico
Vascular imaging (e.g., CTA, MRA, DSA) performed?	<input type="radio"/> Yes <input type="radio"/> No	Stroke Stroke Limited, EVT	Coverdell, ME, Canada, Mexico
Date/Time 1st vessel or perfusion imaging initiated at your hospital	<p>____/____/____ ____:____</p> <input type="checkbox"/> MM/DD/YYYY only <input type="checkbox"/> Unknown	Stroke Stroke Limited	ME, Canada, Mexico
Vascular or perfusion imaging performed at your hospital (select all that apply)	<input type="checkbox"/> CTA <input type="checkbox"/> CT Perfusion <input type="checkbox"/> MRA <input type="checkbox"/> MR Perfusion <input type="checkbox"/> DSA (catheter angiography) <input type="checkbox"/> ND	Stroke Stroke Limited	ME, Canada, Mexico
Target lesion visualized?	<input type="radio"/> Yes <input type="radio"/> No/ND	Stroke Stroke Limited EVT	ME, Canada, Mexico
Site of occlusion:	<input type="radio"/> ICA <input type="radio"/> MCA <input type="radio"/> Basilar Artery <input type="radio"/> Other Cerebral Artery Branch <input type="radio"/> Vertebral Artery	Stroke Stroke Limited EVT	ME, Canada, Mexico
ICA segment	<input type="checkbox"/> Intracranial ICA <input type="checkbox"/> Cervical ICA <input type="checkbox"/> Other/UTD	Stroke Stroke Limited EVT	ME, Canada, Mexico
MCA segment	<input type="checkbox"/> M1 <input type="checkbox"/> M2 <input type="checkbox"/> Other/UTD	Stroke Stroke Limited EVT	ME, Canada, Mexico
IV Thrombolytic Therapy			
IV thrombolytic initiated at this hospital?	<input type="radio"/> Yes <input type="radio"/> No	Stroke Stroke Limited	Coverdell, OH, MI, PSS, LAEMS, ME, WestRural, Canada, Mexico
IV Thrombolytic Initiation Date/Time	<p>____/____/____ ____:____</p> <input type="checkbox"/> MM/DD/YYYY only <input type="checkbox"/> Unknown	Stroke Stroke Limited	Coverdell, OH, MI, PSS, LAEMS, ME, WestRural, Canada, Mexico
Thrombolytic used	<input type="radio"/> Alteplase (Class 1 evidence) <input type="radio"/> Tenecteplase (Class 2b evidence)	Stroke Stroke Limited	Coverdell, OH, MI, PSS, LAEMS, ME, Canda, Mexico
Alteplase total dose (mg):	<p>_____</p> <input type="checkbox"/> ND	Stroke Stroke Limited	Coverdell, OH, MI, PSS, LAEMS, ME, Canada, Mexico
Tenecteplase total dose (mg):	<p>_____</p> <input type="checkbox"/> ND	Stroke Stroke Limited	Coverdell, OH, MI, PSS, LAEMS, ME, Canada, Mexico

Reason for selecting tenecteplase instead of alteplase	<input type="radio"/> Large Vessel Occlusion (LVO) with potential thrombectomy <input type="radio"/> Mild Stroke <input type="radio"/> Other	Stroke Stroke Limited	Coverdell, OH, MI, PSS, LAEMS, ME, Canada, Mexico
If IV thrombolytic administered beyond 4.5-hour, was imaging used to identify eligibility?	<input type="radio"/> Yes, Diffusion-FLAIR mismatch <input type="radio"/> Yes, Core-Perfusion mismatch <input type="radio"/> None <input type="radio"/> Other _____	Stroke Stroke Limited	Coverdell, OH, MI, PSS, LAEMS, ME, Canada, Mexico
Documented exclusions or relative exclusions (contraindications or warnings) for not initiating IV thrombolytic in the 0-3 hr treatment window?	<input type="radio"/> Yes <input type="radio"/> No	Stroke Stroke Limited	Coverdell, OH, MI, PSS, LAEMS, ME, WestRural, Canada, Mexico
Documented exclusions or relative exclusions (contraindications or warnings) for not initiating IV thrombolytic in the 3-4.5 hr treatment window?	<input type="radio"/> Yes <input type="radio"/> No	Stroke Stroke Limited	LAEMS, ME, WestRural, Canada, Mexico
Exclusion Criteria (contraindications) 0-3 hr treatment window. Select all that apply:	<input type="checkbox"/> C1: Elevated blood pressure (systolic > 185 mm Hg or diastolic > 110 mm Hg) despite treatment <input type="checkbox"/> C2: Recent intracranial or spinal surgery or significant head trauma, or prior stroke in previous 3 months <input type="checkbox"/> C3: History of previous intracranial hemorrhage, intracranial neoplasm, arteriovenous malformation, or aneurysm <input type="checkbox"/> C4: Active internal bleeding <input type="checkbox"/> C5: Acute bleeding diathesis (low platelet count, increased PTT, INR >= 1.7 or use of NOAC) <input type="checkbox"/> C6: Symptoms suggest subarachnoid hemorrhage <input type="checkbox"/> C7: CT demonstrates multi-lobar infarction (hypodensity >1/3 cerebral hemisphere) <input type="checkbox"/> C8: Arterial puncture at non-compressible site in previous 7 days <input type="checkbox"/> C9: Blood glucose concentration <50 mg/dL (2.7 mmol/L)	Stroke Stroke Limited	Coverdell, OH, MI, PSS, LAEMS, ME, WestRural, Canada, Mexico
Relative Exclusion Criteria (Warnings) 0-3 hr treatment window. Select all that apply:	<input type="checkbox"/> W1: Care-team unable to determine eligibility <input type="checkbox"/> W2: IV or IA thrombolysis/thrombectomy at an outside hospital prior to arrival <input type="checkbox"/> W3: Life expectancy < 1 year or severe co-morbid illness or CMO on admission <input type="checkbox"/> W4: Pregnancy <input type="checkbox"/> W5: Patient/family refusal <input type="checkbox"/> W7: Stroke severity too mild (non-disabling) <input type="checkbox"/> W8: Recent acute myocardial infarction (within previous 3 months) <input type="checkbox"/> W9: Seizure at onset with postictal residual neurological impairments <input type="checkbox"/> W10: Major surgery or serious trauma within previous 14 days <input type="checkbox"/> W11: Recent gastrointestinal or urinary tract hemorrhage (within previous 21 days)	Stroke Stroke Limited	Coverdell, OH, MI, PSS, LAEMS, ME, WestRural, Canada, Mexico
Exclusion Criteria (contraindications) 3-4.5 hr treatment window. Select all that apply:	<input type="checkbox"/> C1: Elevated blood pressure (systolic > 185 mm Hg or diastolic > 110 mm Hg) despite treatment <input type="checkbox"/> C2: Recent intracranial or spinal surgery or significant head trauma, or prior stroke in previous 3 months <input type="checkbox"/> C3: History of previous intracranial hemorrhage, intracranial neoplasm, arteriovenous malformation, or aneurysm <input type="checkbox"/> C4: Active internal bleeding <input type="checkbox"/> C5: Acute bleeding diathesis (low platelet count, increased PTT, INR ≥ 1.7 or use of NOAC)	Stroke Stroke Limited	Coverdell, OH, MI, PSS, LAEMS, ME, WestRural, Canada, Mexico

	<input type="checkbox"/> C6: Symptoms suggest subarachnoid hemorrhage <input type="checkbox"/> C7: CT demonstrates multi-lobar infarction (hypodensity >1/3 cerebral hemisphere) <input type="checkbox"/> C8: Arterial puncture at non-compressible site in previous 7 days <input type="checkbox"/> C9: Blood glucose concentration <50 mg/dL (2.7 mmol/L)		
Relative Exclusion Criteria (Warnings) 3-4.5 hr treatment window. Select all that apply:	<input type="checkbox"/> W1: Care-team unable to determine eligibility <input type="checkbox"/> W2: IV or IA thrombolysis/thrombectomy at an outside hospital prior to arrival <input type="checkbox"/> W3: Life expectancy < 1 year or severe co-morbid illness or CMO on admission <input type="checkbox"/> W4: Pregnancy <input type="checkbox"/> W5: Patient/family refusal <input type="checkbox"/> W7: Stroke severity too mild (non-disabling) <input type="checkbox"/> W8: Recent acute myocardial infarction (within previous 3 months) <input type="checkbox"/> W9: Seizure at onset with postictal residual neurological impairments <input type="checkbox"/> W10: Major surgery or serious trauma within previous 14 days <input type="checkbox"/> W11: Recent gastrointestinal or urinary tract hemorrhage (within previous 21 days)	Stroke Stroke Limited	Coverdell, OH, MI, PSS, LAEMS, ME, WestRural, Canda, Mexico
Additional Relative Exclusion Criteria 3-4.5 hr treatment window. Select all that apply:	<input type="checkbox"/> AW1: Age > 80 <input type="checkbox"/> AW2: History of both diabetes and prior ischemic stroke <input type="checkbox"/> AW3: Taking an oral anticoagulant regardless of INR <input type="checkbox"/> AW4: Severe Stroke (NIHSS > 25)	Stroke Stroke Limited	Coverdell, OH, MI, PSS, LAEMS, ME, WestRural, Canda, Mexico
Other Reasons (Hospital-related or other factors) 0-3 hr treatment window. Select all that apply:	<input type="checkbox"/> Delay in Patient Arrival <input type="checkbox"/> In-hospital Time Delay <input type="checkbox"/> Delay in Stroke diagnosis <input type="checkbox"/> No IV access <input type="checkbox"/> Rapid or Early Improvement <input type="checkbox"/> Advanced Age <input type="checkbox"/> Stroke too severe <input type="checkbox"/> Other _____	Stroke Stroke Limited Coverdell,	
Other Reasons (Hospital-related or other factors) 3-4.5 hr treatment window. Select all that apply:	<input type="checkbox"/> Delay in Patient Arrival <input type="checkbox"/> In-hospital Time Delay <input type="checkbox"/> Delay in Stroke diagnosis <input type="checkbox"/> No IV access <input type="checkbox"/> Rapid or Early Improvement <input type="checkbox"/> Other _____	Stroke Stroke Limited	Coverdell, OH, MI, PSS, LAEMS, ME, Canada, Mexico
If IV thrombolytic was initiated greater than 60 minutes after hospital arrival, were Eligibility or Medical reason(s) documented as the cause for delay:	<input type="radio"/> Yes <input type="radio"/> No	Stroke Stroke Limited	LAEMS, ME, WestRural, Canada, Mexico
If IV thrombolytic was initiated greater than 45 minutes after hospital arrival, were Eligibility or Medical reason(s) documented as the cause for delay:	<input type="radio"/> Yes <input type="radio"/> No	Stroke Stroke Limited	LAEMS, ME, Canada, Mexico
If IV thrombolytic was initiated greater than 30 minutes after hospital arrival, were Eligibility or Medical reason(s) documented as the cause for delay:	<input type="radio"/> Yes <input type="radio"/> No	Stroke Stroke Limited	LAEMS, ME, Canada, Mexico
Cause for IV thrombolytic delay, Eligibility Reason(s):	<input type="checkbox"/> Social/Religious <input type="checkbox"/> Initial refusal <input type="checkbox"/> Care-team unable to determine eligibility <input type="checkbox"/> Specify eligibility reason for delay in IV thrombolytic _____	Stroke Stroke Limited	LAEMS, ME, WestRural, Canada, Mexico

Cause for IV thrombolytic delay, Medical Reason(s):	<input type="checkbox"/> Hypertension requiring aggressive control with IV medications <input type="checkbox"/> Further diagnostic evaluation to confirm stroke for patients with hypoglycemia (blood glucose < 50), seizures, or major metabolic disorders <input type="checkbox"/> Management of concomitant emergent/acute conditions such as cardiopulmonary arrest, respiratory failure (requiring intubation) <input type="checkbox"/> Investigational or experimental protocol for thrombolysis <input type="checkbox"/> Need for additional PPE for suspected/confirmed infectious disease <input type="checkbox"/> Specify medical reason for delay in IV thrombolytic _____	Stroke Stroke Limited	Coverdell, LAEMS, ME, WestRural, Canada, Mexico
Cause for IV thrombolytic delay, Hospital Related or Other Reason(s):	<input type="checkbox"/> Need for additional imaging <input type="checkbox"/> Delay in stroke diagnosis <input type="checkbox"/> In-hospital time delay <input type="checkbox"/> Equipment-related delay <input type="checkbox"/> Other _____	Stroke Stroke Limited	LAEMS, ME, Canada, Mexico
IV thrombolytic at an outside hospital or EMS / Mobile Stroke Unit?	<input type="radio"/> Yes <input type="radio"/> No	Stroke Stroke Limited	Coverdell, OH, MI, PSS, ME, WestRural, Canada, Mexico
Thrombolytic administered at outside hospital or Mobile Stroke Unit	<input type="radio"/> Alteplase <input type="radio"/> Tenecteplase	Stroke Stroke Limited,	Coverdell, OH, MI, PSS, ME, Canada, Mexico
Investigational or experimental protocol for thrombolysis?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Specify investigational or experimental protocol for thrombolysis: _____	Stroke	ME, Canada, Mexico
Additional Comments Related to Thrombolytics:		Stroke ICH,	OH, MI, ME, Canada, Mexico
Endovascular Therapy			
Catheter-based stroke treatment at this hospital?	<input type="radio"/> Yes <input type="radio"/> No	Stroke Stroke Limited	Coverdell, OH, MI, PSS, LAEMS, ME, Canada, Mexico
IA alteplase or MER Initiation Date/Time	_____/_____/_____ ____:____ <input type="checkbox"/> MM/DD/YYYY only <input type="checkbox"/> Unknown	Stroke Stroke Limited	Coverdell, OH, MI, PSS, ME, Canada, Mexico
Catheter-based stroke treatment at outside hospital?	<input type="radio"/> Yes <input type="radio"/> No	Stroke Stroke Limited	PSS, ME, Canada, Mexico
Complications of Reperfusion Therapy			
Complications of IV Thrombolytic Therapy	<input type="checkbox"/> Symptomatic intracranial hemorrhage <36 hours <input type="checkbox"/> Other serious complication <input type="checkbox"/> Life threatening, serious systemic hemorrhage <36 hours <input type="checkbox"/> No serious complications <input type="checkbox"/> UTD	Stroke Stroke Limited	Coverdell, OH, MI, PSS, LAEMS, ME, Canada, Mexico
Complications of IA Thrombolytic Therapy or MER	<input type="checkbox"/> Symptomatic intracranial hemorrhage with >= 4 point increase in NIHSS < 36 hours since the onset of treatment <input type="checkbox"/> Access site complication <input type="checkbox"/> Other serious complication <input type="checkbox"/> No serious complications <input type="checkbox"/> UTD	Stroke Stroke Limited	Coverdell, OH, MI, PSS, LAEMS, ME, Canada, Mexico

If bleeding complications occur in patient transferred after IV thrombolytic	<input type="radio"/> Symptomatic hemorrhage detected prior to patient transfer <input type="radio"/> Symptomatic hemorrhage detected only after patient transfer <input type="radio"/> Unable to determine <input type="radio"/> N/A	Stroke	Coverdell, OH, MI, PSS, ME, Canada, Mexico
Other In-Hospital Treatment and Screening			
Patient NPO throughout the entire hospital stay?	<input type="radio"/> Yes <input type="radio"/> No/ND	Stroke Stroke Limited	Coverdell, OH, MI, ME, Canada, Mexico
Was patient screened for dysphagia prior to any oral intake including water or medications?	<input type="radio"/> Yes <input type="radio"/> No/ND <input type="radio"/> NC	Stroke Stroke Limited	Coverdell, OH, MI, ME, Canada, Mexico
If yes, Dysphagia screening results:	<input type="radio"/> Pass <input type="radio"/> Fail <input type="radio"/> ND	Stroke	Coverdell, OH, MI, ME, Canada, Mexico
Treatment for Hospital-Acquired Pneumonia:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NC	Stroke	Coverdell, OH, MI, ME, Canada, Mexico
VTE Interventions			
1: Low dose unfractionated heparin (LDUH)	<input type="checkbox"/>	Stroke Stroke Limited	Coverdell, OH, MI, ME, Canada, Mexico
2: Low molecular weight heparin (LMWH)	<input type="checkbox"/>		
3: Intermittent pneumatic compression devices (IPC)	<input type="checkbox"/>		
4: GCS	<input type="checkbox"/>		
5: Factor Xa Inhibitor	<input type="checkbox"/>		
6: Warfarin	<input type="checkbox"/>		
7: Venous foot pumps	<input type="checkbox"/>		
8: Oral Factor Xa Inhibitor	<input type="checkbox"/>		
9: Aspirin	<input type="checkbox"/>		
A- None of the above or not documented or unable to determine from medical record documentation	<input type="checkbox"/>		
What date was the VTE prophylaxis administered after hospital admission?	_____ / _____ / _____ <input type="checkbox"/> Unknown	Stroke Stroke Limited	Coverdell, ME, Canada, Mexico
Is there physician/APN/PA or pharmacist documentation why VTE prophylaxis was not administered at hospital admission?	<input type="radio"/> Yes <input type="radio"/> No	Stroke Stroke Limited	Coverdell, ME, Canada, Mexico
Is there physician/APN/PA documentation why Oral Factor Xa Inhibitor was administered for VTE prophylaxis?	<input type="radio"/> Yes <input type="radio"/> No	Stroke Stroke Limited	ME, Canada, Mexico
Other Therapeutic Anticoagulation	<input type="checkbox"/> apixaban (Eliquis) <input type="checkbox"/> Argatroban <input type="checkbox"/> Dabigatran (Pradaxa) <input type="checkbox"/> Desirudin (Iprivask) <input type="checkbox"/> Edoxaban (Savaysa) <input type="checkbox"/> Lepirudin (Refludan) <input type="checkbox"/> Rivaroxaban (Xarelto) <input type="checkbox"/> Unfractionated heparin IV <input type="checkbox"/> Other Anticoagulant	Stroke	Coverdell, ME, Canada, Mexico

Was DVT or PE documented?	<input type="radio"/> Yes <input type="radio"/> No	Stroke	Coverdell, OH, MI, ME, Canada, Mexico
Was antithrombotic therapy administered by the end of hospital day 2?	<input type="radio"/> Yes <input type="radio"/> No/ND <input type="radio"/> NC	Stroke Stroke Limited	OH, MI, ME, Canada, Mexico
Select type(s) of antithrombotic therapy administered by the end of hospital day 2?	<input type="radio"/> Antiplatelet <input type="radio"/> Anticoagulation	Stroke	Coverdell, OH, MI, ME, Canada, Mexico
Is there documentation by a physician/advanced practice nurse/physician assistant (physician/APN/PA) or pharmacist in the medical record of a reason for not administering antithrombotic therapy by end of hospital day 2?	<input type="radio"/> Yes <input type="radio"/> No		Coverdell
Was patient treated for a urinary tract infection (UTI) during this admission?	<input type="radio"/> Yes <input type="radio"/> No/ND		Coverdell,
If patient was treated for a UTI, did the patient have a Foley catheter during this admission?	<input type="radio"/> Yes, patient had catheter in place on arrival <input type="radio"/> No <input type="radio"/> Yes, but only after admission <input type="radio"/> Unable to determine		Coverdell,
Active bacterial or viral infection at admission or during hospitalization:	<input type="checkbox"/> None/ND <input type="checkbox"/> Bacterial Infection <input type="checkbox"/> Emerging Infectious Disease <input type="checkbox"/> Influenza <input type="checkbox"/> Seasonal Cold <input type="checkbox"/> Other Viral Infection	Stroke Stroke Limited	Coverdell, ME, Canada, Mexico
Measurements			
Total Cholesterol:	_____	Stroke Stroke Limited	Coverdell, OH, MI, ME, Canada, Mexico
Triglycerides:	_____	Stroke Stroke Limited	ME, Canada, Mexico
HDL:	_____	Stroke Stroke Limited	ME, Canada, Mexico
LDL:	_____	Stroke Stroke Limited ASCVD	Coverdell, OH, MI, ME, Canada, Mexico
Lipids: ND	<input type="checkbox"/>	Stroke Stroke Limited	Coverdell, OH, MI, ME, Canada, Mexico
Lipids: NC	<input type="checkbox"/>	Stroke Stroke Limited	Coverdell, OH, MI, ME, Canada, Mexico
LP(a) measurement obtained	<input type="radio"/> This hospitalization <input type="radio"/> Prior to this hospitalization <input type="radio"/> Planned after discharge <input type="radio"/> No measurement documented	Stroke Stroke Limited ASCVD	
LP(a) Value:	_____	Stroke Stroke Limited	
LP(a) Unit:	_____	Stroke	

		Stroke Limited	
LP(a): ND	<input type="checkbox"/>	Stroke Stroke Limited	
A1C:	_____ <input type="checkbox"/> ND	Stroke	ME, Canada, Mexico
^What is the first blood glucose value obtained prior to or after hospital arrival? (mg/dL)	_____ <input type="checkbox"/> ND	Stroke	OH, MI, ME, Canada, Mexico
Serum Creatinine	_____ <input type="checkbox"/> ND	Stroke	OH, MI, ME, Canada, Mexico
INR	_____ <input type="checkbox"/> ND <input type="checkbox"/> NC	Stroke, ICH	OH, MI, ME, Canada, Mexico
Heart Rate (beats per minute):	_____	Stroke	OH, MI, ME, Canada, Mexico
^What is the first blood pressure obtained prior to or after hospital arrival?	Blood Pressure (Systolic) - Initial: _____ Blood Pressure (Diastolic) - Initial: _____	Stroke, ICH	OH, MI, ME, Canada, Mexico
Vital Signs: UTD	<input type="checkbox"/>	Stroke, ICH	OH, MI, ME, Canada, Mexico
Height:	_____ <input type="radio"/> lb <input type="radio"/> kg <input type="checkbox"/> ND	Stroke Stroke Limited	OH, MI, ME, Canada, Mexico
Weight:	_____ <input type="radio"/> in <input type="radio"/> cm <input type="checkbox"/> ND	Stroke Stroke Limited	OH, MI, ME, Canada, Mexico
Waist Circumference	_____ <input type="radio"/> in <input type="radio"/> cm <input type="checkbox"/> ND	Stroke	OH, MI, ME, Canada, Mexico
BMI:	_____ <input type="checkbox"/> ND	Stroke Stroke Limited	OH, MI, ME, Canada, Mexico
Time Tracker			
Additional Time Tracker			
Date/Time Stroke Team Activated:	____/____/____ ____:____ <input type="checkbox"/> MM/DD/YYYY only <input type="checkbox"/> N/A	Stroke Stroke Limited	ME, Canada, Mexico
Date/Time Stroke Team Arrived:	____/____/____ ____:____ <input type="checkbox"/> MM/DD/YYYY only <input type="checkbox"/> N/A	Stroke Stroke Limited	ME, Canada, Mexico
Date/Time ED Provider Assessment:	____/____/____ ____:____ <input type="checkbox"/> MM/DD/YYYY only <input type="checkbox"/> N/A	Stroke Stroke Limited	ME, Canada, Mexico
Date/Time Neurosurgical Services Consulted:	____/____/____ ____:____ <input type="checkbox"/> MM/DD/YYYY only <input type="checkbox"/> N/A	Stroke Stroke Limited	ME, Canada, Mexico

Date/Time Brain Imaging Ordered:	_____/_____/_____ ____:____ <input type="checkbox"/> MM/DD/YYYY only <input type="checkbox"/> N/A	Stroke Stroke Limited	LAEMS, ME, Canada, Mexico
Date/Time IV Thrombolytic Ordered:	_____/_____/_____ ____:____ <input type="checkbox"/> MM/DD/YYYY only <input type="checkbox"/> N/A	Stroke Stroke Limited	ME, Canada, Mexico
Date/Time Lab Tests Ordered:	_____/_____/_____ ____:____ <input type="checkbox"/> MM/DD/YYYY only <input type="checkbox"/> N/A	Stroke Stroke Limited	ME, Canada, Mexico
Date/Time Lab Tests Completed:	_____/_____/_____ ____:____ <input type="checkbox"/> MM/DD/YYYY only <input type="checkbox"/> N/A	Stroke Stroke Limited	ME, Canada, Mexico
Date/Time ECG Ordered:	_____/_____/_____ ____:____ <input type="checkbox"/> MM/DD/YYYY only <input type="checkbox"/> N/A	Stroke Stroke Limited	ME, Canada, Mexico
Date/Time ECG Completed:	_____/_____/_____ ____:____ <input type="checkbox"/> MM/DD/YYYY only <input type="checkbox"/> N/A	Stroke Stroke Limited	ME, Canada, Mexico
Date/Time Chest X-ray Ordered:	_____/_____/_____ ____:____ <input type="checkbox"/> MM/DD/YYYY only <input type="checkbox"/> N/A	Stroke Stroke Limited	ME, Canada, Mexico
Date/Time Chest X-ray Completed:	_____/_____/_____ ____:____ <input type="checkbox"/> MM/DD/YYYY only <input type="checkbox"/> N/A	Stroke Stroke Limited	ME, Canada, Mexico
Endovascular Care Time Tracker			
Date/Time Neurointerventional Team Activation:	_____/_____/_____ ____:____ <input type="checkbox"/> MM/DD/YYYY only <input type="checkbox"/> Unknown	Stroke Stroke Limited	ME, Canada, Mexico
Date/Time Patient Arrival in Neurointerventional Suite:	_____/_____/_____ ____:____ <input type="checkbox"/> MM/DD/YYYY only <input type="checkbox"/> Unknown	Stroke Stroke Limited	ME, Canada, Mexico
Advanced Stroke Care			
Discharge			
Get With The Guidelines® - Ischemic Stroke-Only Estimated Mortality Rate	[Calculated in the IRP]	Stroke Stroke Limited	ME, Canada, Mexico
Get With The Guidelines® - Global Stroke Estimated Mortality Rate (Ischemic Stroke, SAH, ICH, Stroke not otherwise specified)	[Calculated in the IRP]	Stroke Stroke Limited	ME, Canada, Mexico
Was a Modified Rankin Scale (mRS) performed at discharge?	<input type="radio"/> Yes <input type="radio"/> No/ND	Stroke	LAEMS, PTSN, ME, Canada, Mexico
Method used to obtain Modified Rankin Scale at Discharge:	<input type="radio"/> Actual <input type="radio"/> Estimated from the record <input type="radio"/> ND	Stroke	LAEMS, ME, Canada, Mexico
Modified Rankin at Discharge, Total Score:	_____	Stroke	Coverdell, LAEMS, ME, Canada, Mexico

Modified Rankin Scale at Discharge	<ul style="list-style-type: none"> <input type="radio"/> 0 - No symptoms at all <input type="radio"/> 1 - No significant disability despite symptoms: Able to carry out all usual activities <input type="radio"/> 2 - Slight disability <input type="radio"/> 3 - Moderate disability: Requiring some help but able to walk without assistance <input type="radio"/> 4 - Moderate to severe disability: Unable to walk without assistance and unable to attend to own bodily needs without assistance <input type="radio"/> 5 - Severe disability: Bedridden, incontinent and requiring constant nursing care and attention <input type="radio"/> 6 - Death 	Stroke	LAEMS, PTSN, ME, Canada, Mexico
Ambulatory status at discharge?	<ul style="list-style-type: none"> <input type="radio"/> Able to ambulate independently (no help from another person) w/ or w/o device <input type="radio"/> With assistance (from person) <input type="radio"/> Unable to ambulate <input type="radio"/> ND 	Stroke	Coverdell, OH, MI, LAEMS, ME, Canada, Mexico
Discharge Blood Pressure (Measurement closest to discharge)	<p>Blood Pressure (Systolic) - Discharge: _____</p> <p>Blood Pressure (Diastolic) - Discharge: _____</p> <p><input type="checkbox"/> ND</p>	Stroke, ICH	OH, MI, ME, Canada, Mexico
Discharge Treatments			
Antithrombotic Medication(s) Prescribed at Discharge:	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No/ND <input type="radio"/> NC 	Stroke Stroke Limited	Coverdell, OH, MI, ME, Canada, Mexico
Antithrombotic Class	<ul style="list-style-type: none"> <input type="checkbox"/> Antiplatelet <input type="checkbox"/> Anticoagulation 	Stroke Stroke Limited	Coverdell, OH, MI, ME, Canada, Mexico
Antithrombotics Medication	<p>Antiplatelet:</p> <ul style="list-style-type: none"> <input type="checkbox"/> aspirin <input type="checkbox"/> aspirin/dipyridamole (Aggrenox) <input type="checkbox"/> clopidogrel (Plavix) <input type="checkbox"/> prasugrel (Effient) <input type="checkbox"/> ticagrelor (Brilinta) <input type="checkbox"/> ticlopidine (Ticlid) <input type="checkbox"/> Other Antiplatelet <p>Anticoagulation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> apixaban (Eliquis) <input type="checkbox"/> argatroban <input type="checkbox"/> dabigatran (Pradaxa) <input type="checkbox"/> desirudin (Iprivask) <input type="checkbox"/> endoxaban (Savaysa) <input type="checkbox"/> fondaparinux (Arixtra) <input type="checkbox"/> full dose LMW heparin <input type="checkbox"/> lepirudin (Refludan) <input type="checkbox"/> rivaroxaban (Xarelto) <input type="checkbox"/> unfractionated heparin IV <input type="checkbox"/> warfarin (Coumadin) <input type="checkbox"/> other Anticoagulant 	Stroke Stroke Limited	Coverdell, OH, MI, ME, Canada, Mexico
Antithrombotic Dosage	_____	Stroke	Coverdell, OH, MI, ME, Canada, Mexico
Antithrombotic Frequency	_____	Stroke	Coverdell, OH, MI, ME, Canada, Mexico

Select documented contraindications for antithrombotics at discharge:	<input type="checkbox"/> Allergy to or complications r/t antithrombotic <input type="checkbox"/> Patient/Family refused <input type="checkbox"/> Risk for bleeding or discontinued due to bleeding <input type="checkbox"/> Serious side effect to medication <input type="checkbox"/> Terminal illness/Comfort Measures Only <input type="checkbox"/> Other	Stroke	Coverdell, OH, MI, ME, Canada, Mexico
Persistent or Paroxysmal Atrial Fibrillation/Flutter:	<input type="radio"/> Yes <input type="radio"/> No	Stroke Stroke Limited	Coverdell, OH, MI, ME, Canada, Mexico
If Atrial Fibrillation/Flutter or history of PAF documented, was patient discharged on anticoagulation?	<input type="radio"/> Yes <input type="radio"/> No/ND <input type="radio"/> NC	Stroke Stroke Limited	Coverdell, OH, MI, ME, Canada, Mexico
Documented reason for no anticoagulation with history of AF (Select all that apply):	<input type="checkbox"/> Allergy to or complicated r/t warfarin or heparins (hx or current) <input type="checkbox"/> Mental status <input type="checkbox"/> Patient refused <input type="checkbox"/> Risk for bleeding or discontinued due to bleeding <input type="checkbox"/> Risk for falls <input type="checkbox"/> Serious side effect to medication <input type="checkbox"/> Terminal illness/Comfort Measures Only	Stroke	Coverdell, OH, MI, ME, Canada, Mexico
Antihypertensive Prescribed at Discharge (Select all that apply):	<input type="checkbox"/> None prescribed/ND <input type="checkbox"/> None - contraindicated <input type="checkbox"/> ACE Inhibitor <input type="checkbox"/> ARB <input checked="" type="checkbox"/> ARNi <input type="checkbox"/> Beta Blocker <input type="checkbox"/> Ca++ Channel Blocker <input type="checkbox"/> Diuretic <input type="checkbox"/> Other anti-hypertensive med	Stroke, ICH	Coverdell, OH, MI, ME, Canada, Mexico
Cholesterol Reducer Prescribed at Discharge (Select all that apply):	<input type="checkbox"/> None prescribed/ND <input type="checkbox"/> None - contraindicated <input type="checkbox"/> Absorption inhibitor <input type="checkbox"/> Fibrate <input type="checkbox"/> Niacin <input type="checkbox"/> PCSK 9 inhibitor <input type="checkbox"/> Statin <input type="checkbox"/> Other med	Stroke Stroke Limited	Coverdell, OH, MI, ME, Canada, Mexico
Statin Medication	<input type="checkbox"/> Amlodipine + Atorvastatin (Caduet) <input type="checkbox"/> Atorvastatin (Lipitor) <input type="checkbox"/> Ezetimibe + Simvastatin (Vytorin) <input type="checkbox"/> Fluvastatin (Lescol) <input type="checkbox"/> Fluvastatin XL (Lescol XL) <input type="checkbox"/> Lovastatin (Altoprev) <input type="checkbox"/> Lovastatin (Mevacor) <input type="checkbox"/> Lovastatin + Niacin (Advicor) <input type="checkbox"/> Pitavastatin (Livalo) <input type="checkbox"/> Pravastatin (Pravachol) <input type="checkbox"/> Rosuvastatin (Crestor) <input type="checkbox"/> Simvastatin (Zocor) <input type="checkbox"/> Simvastatin + Niacin (Simcor)	Stroke Stroke Limited	Coverdell, ME, Canada, Mexico
Statin Total Daily Dose	_____	Stroke Stroke Limited	Coverdell, ME, Canada, Mexico

Documented reason for not prescribing guideline recommended statin dose?	<input type="checkbox"/> Intolerant to moderate (>75yr) or high (<=75yr) intensity statin <input type="checkbox"/> No evidence of atherosclerosis (cerebral, coronary, or peripheral vascular disease) <input type="checkbox"/> Other documented reason <input type="checkbox"/> Unknown/ND	Stroke Stroke Limited	Coverdell, ME, Canada, Mexico
Documented reason for not prescribing a statin medication at discharge?	<input type="radio"/> Yes <input type="radio"/> No	Stroke Stroke Limited	Coverdell, OH, MI, ME, Canada, Mexico
LP(a) treatment plan	<input type="checkbox"/> None <input type="checkbox"/> Lipoprotein apheresis <input type="checkbox"/> Patient education on LP(a) <input type="checkbox"/> Referred to lipid management <input type="checkbox"/> Risk factor management <input type="checkbox"/> Other _____	Stroke Stroke Limited ASCVD	
New Diagnosis of Diabetes	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ND	Stroke Stroke Limited	OH, MI, ME, Canada, Mexico
Basis for Diabetes Diagnosis (Select all that apply):	<input type="checkbox"/> HbA1c <input type="checkbox"/> Oral Glucose Tolerance <input type="checkbox"/> Fasting Blood Sugar <input type="checkbox"/> Test Other	Stroke Stroke Limited	OH, MI, ME, Canada, Mexico
Antihyperglycemic Medication(s) Prescribed at Discharge:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NC	Stroke Stroke Limited Diabetes	ME, Canada, Mexico
Antihyperglycemic Class	<input type="checkbox"/> Biguanide <input type="checkbox"/> DPP-4 Inhibitor <input type="checkbox"/> GLP-1 receptor agonist <input type="checkbox"/> Insulin <input type="checkbox"/> SGLT2 Inhibitor <input type="checkbox"/> Sulfonylurea <input type="checkbox"/> Thiazolidinedione <input type="checkbox"/> Other subcutaneous/injectable agents <input type="checkbox"/> Other oral agents	Stroke Stroke Limited Diabetes	ME, Canada, Mexico
Antihyperglycemic Medication	_____	Stroke Stroke Limited Diabetes	ME, Canada, Mexico
Was there a documented reason for not prescribing a medication with proven CVD benefit?	<input type="radio"/> Yes <input type="radio"/> No/ND	Stroke Stroke Limited Diabetes	ME, Canada, Mexico
Follow-up appointment scheduled for diabetes management?	<input type="radio"/> Yes <input type="radio"/> No/ND <input type="radio"/> NC	Stroke Stroke Limited Diabetes	Canada, Mexico
Date of diabetes management follow-up visit:	_____/_____/_____ ____:____ <input type="checkbox"/> MM/DD/YYYY only <input type="checkbox"/> Unknown	Stroke Stroke Limited Diabetes	ME, Canada, Mexico
Anti-Smoking Treatment:	<input type="radio"/> Yes <input type="radio"/> No/ND <input type="radio"/> NC	Stroke Stroke Limited	Coverdell, OH, MI, ME, Canada, Mexico

Smoking Cessation Therapies Prescribed	<input type="checkbox"/> Counseling <input type="checkbox"/> Over the Counter Nicotine Replacement Therapy <input type="checkbox"/> Prescription Medications <input type="checkbox"/> Other <input type="checkbox"/> Treatment not specified	Stroke	Canada, Mexico
Was the patient prescribed any antidepressant class of medication at discharge?	<input type="radio"/> Yes, SSRI <input type="radio"/> Yes, any other antidepressant class <input type="radio"/> No/ND	Stroke	Canada, Mexico
Other Lifestyle Interventions			
Reducing weight and/or increasing activity recommendations:	<input type="radio"/> Yes <input type="radio"/> No/ND <input type="radio"/> NC	Stroke Stroke Limited	OH, MI, ME, Canada, Mexico
TLC Diet or Equivalent:	<input type="radio"/> Yes <input type="radio"/> No/ND <input type="radio"/> NC	Stroke Stroke Limited	OH, MI, ME, Canada, Mexico
Anti-hypertensive Diet:	<input type="radio"/> Yes <input type="radio"/> No/ND <input type="radio"/> NC	Stroke	OH, MI, ME, Canada, Mexico
Was Diabetes Teaching Provided?	<input type="radio"/> Yes <input type="radio"/> No/ND <input type="radio"/> NC	Stroke	OH, MI, ME, Canada, Mexico
Stroke Education			
Check all Stroke Education as Yes:	<input type="checkbox"/>	Stroke Stroke Limited	Coverdell, OH, MI, ME, Canada, Mexico
Risk Factors for Stroke	<input type="radio"/> Yes <input type="radio"/> No	Stroke Stroke Limited	Coverdell, OH, MI, ME, Canada, Mexico
Stroke Warning Signs and Symptoms	<input type="radio"/> Yes <input type="radio"/> No	Stroke Stroke Limited	Coverdell, OH, MI, ME, Canada, Mexico
How to Activate EMS for Stroke	<input type="radio"/> Yes <input type="radio"/> No	Stroke Stroke Limited	Coverdell, OH, MI, ME, Canada, Mexico
Need for Follow-Up After Discharge	<input type="radio"/> Yes <input type="radio"/> No	Stroke Stroke Limited	Coverdell, OH, MI, ME, Canada, Mexico
Their Prescribed Medications	<input type="radio"/> Yes <input type="radio"/> No	Stroke Stroke Limited	Coverdell, OH, MI, ME, Canada, Mexico
Stroke Rehabilitation			
Patient assessed for and/or received rehabilitation services during this hospitalization?	<input type="radio"/> Yes <input type="radio"/> No	Stroke Stroke Limited	Coverdell, OH, MI, ME, Canada, Mexico
Check all rehabilitation services that patient received or was assessed for:	<input type="checkbox"/> Patient received rehabilitation services during hospitalization <input type="checkbox"/> Patient transferred to rehabilitation facility <input type="checkbox"/> Patient referred to rehabilitation services following discharge <input type="checkbox"/> Patient ineligible to receive rehabilitation services because symptoms resolved <input type="checkbox"/> Patient ineligible to receive rehabilitation services due to impairment (i.e. poor prognosis, patient	Stroke	Coverdell, ME, Canada, Mexico

	unable to tolerate rehabilitation therapeutic regimen)		
Health Related Social Needs Assessment			
During this admission, was a standardized health related social needs form or assessment completed?	<input type="radio"/> Yes <input type="radio"/> No/ND	Stroke Stroke Limited	MDCHIA, Canada, Mexico
If yes, identify the areas of unmet social need. (select all that apply)	<input type="checkbox"/> None of the areas of unmet social needs listed <input type="checkbox"/> Education <input type="checkbox"/> Employment <input type="checkbox"/> Financial Strain <input type="checkbox"/> Food <input type="checkbox"/> Living Situation/Housing <input type="checkbox"/> Mental Health <input type="checkbox"/> Personal Safety <input type="checkbox"/> Substance Use Disorder <input type="checkbox"/> Transportation Barriers <input type="checkbox"/> Utilities	Stroke Stroke Limited	MDCHIA, Canada, Mexico
Stroke Diagnostic Tests and Interventions			
Cardiac ultrasound/echocardiography	<input type="radio"/> Performed during this admission or in the 3 months prior <input type="radio"/> Planned post discharge <input type="radio"/> Not performed or planned	Stroke	ME, Canada, Mexico
Extended implantable cardiac rhythm monitoring	<input type="radio"/> Performed during this admission or in the 3 months prior <input type="radio"/> Planned post discharge <input type="radio"/> Not performed or planned	Stroke	ME, Canada, Mexico
Carotid imaging	<input type="radio"/> Performed during this admission or in the 3 months prior <input type="radio"/> Planned post discharge <input type="radio"/> Not performed or planned	Stroke	ME, Canada, Mexico
Hypercoagulability testing	<input type="radio"/> Performed during this admission or in the 3 months prior <input type="radio"/> Planned post discharge <input type="radio"/> Not performed or planned	Stroke	ME, Canada, Mexico
Carotid revascularization	<input type="radio"/> Performed during this admission or in the 3 months prior <input type="radio"/> Planned post discharge <input type="radio"/> Not performed or planned	Stroke	ME, Canada, Mexico
Intracranial vascular imaging	<input type="radio"/> Performed during this admission or in the 3 months prior <input type="radio"/> Planned post discharge <input type="radio"/> Not performed or planned	Stroke	ME, Canada, Mexico
Extended surface cardiac rhythm monitoring > 7 days	<input type="radio"/> Performed during this admission or in the 3 months prior <input type="radio"/> Planned post discharge <input type="radio"/> Not performed or planned	Stroke	ME, Canada, Mexico
Short-term cardiac rhythm monitoring <= 7 days	<input type="radio"/> Performed during this admission or in the 3 months prior <input type="radio"/> Planned post discharge <input type="radio"/> Not performed or planned	Stroke	ME, Canada, Mexico
Optional			

PMT used concurrently or retrospectively or combination?	<input type="radio"/> Concurrently <input type="radio"/> Retrospectively <input type="radio"/> Combination	Stroke	OH, MI, ME, Canada, Mexico
Was a stroke admission order set used in this patient?	<input type="radio"/> Yes <input type="radio"/> No	Stroke	OH, MI, ME, Canada, Mexico
Was a stroke discharge checklist used in this patient?	<input type="radio"/> Yes <input type="radio"/> No	Stroke,	OH, MI, ME, Canada, Mexico
Patient adherence contract/compact used?	<input type="radio"/> Yes <input type="radio"/> No	Stroke	OH, MI, ME, Canada, Mexico

Certification

Thrombolytics

Is there documentation on the day of or day after hospital arrival of a reason for extending the initiation of IV alteplase to 3 to 4.5 hours of Time Last Known Well?	<input type="radio"/> Yes <input type="radio"/> No		Coverdell
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Special Initiatives

Was a mobile communications app used to manage this patient? AR

Yes
 No
 ND

Mobile communications app that was used AR

Pulsara
 Other _____

What was the indication for use of a mobile communications app? AR

To pre-notify Stroke team
 Interfacility transfer
 Transmit CT/neuro image
 Neurology consult
 To contact sending or “drip and ship” facility
 Other _____

Who created the patient channel using the mobile communications app? AR

EMS (prior to arrival)
 ED
 Other _____

What time was the patient channel opened? AR

_____:_____
 Unknown

What time was the communication sent through the mobile communications app? AR

_____:_____
 Unknown

End of Form