1. Patient location when stroke symptoms discovered:

[ ]  Not in a healthcare setting (e.g. at place of residence and not in a hospital or clinic)

[ ]  Chronic healthcare facility (e.g. skilled nursing facility)

[ ]  Outpatient healthcare setting (e.g. clinic)

[ ]  Another acute care facility (e.g. outside hospital)

[ ]  Stroke occurred while patient was an inpatient in your hospital

[ ]  Unknown

1. Date and Time patient last known to be well (or at pre-stroke baseline)\*\*: // (m m/dd/yyyy) : (hh:m m, 24 hr clock)
2. Date and Time of discovery of stroke symptoms: // (mm/dd/yyyy) : (hh:mm, 24 hr clock)
3. Symptom discovery on awakening:

[ ]  Yes

[ ]  No

[ ]  Unknown

1. Type of transport to hospital:

[ ]  EMS from home/scene

[ ]  Transfer from another hospital

[ ]  Private transportation/taxi/other from home/scene

[ ]  Mobile stroke unit

[ ]  Unknown

[ ]  Other, specify:

1. Date and Time of hospital arrival\*\*: // (mm/dd/yyyy) : (hh:mm, 24 hr clock)
2. Was patient evaluated in the Emergency Department (ED) for acute Stroke or TIA and subsequently transferred to another acute care hospital rather than being admitted to your hospital?

[ ]  Yes

[ ]  No

[ ]  Unknown

1. Date of admission to your hospital\*\*: // (m m/dd/yyyy)

[ ]  N/A – not admitted

1. Point of origin for admission/visit:

[ ]  Not in a healthcare facility

[ ]  Another acute care facility

[ ]  Chronic healthcare facility

[ ]  Outpatient healthcare facility

[ ]  Stroke occurred after hospital arrival (in ED/observation unit/inpatient)

[ ]  Unknown

1. Location patient first received care at hospital:

[ ]  Emergency Department/ Urgent Care

[ ]  Imaging suite

[ ]  Direct Admit, not through ED (emergency department)

[ ]  Unknown

1. Patient care upon admission: (Choose all that apply)

[ ]  Neurology Admission

[ ]  Stroke Consult

[ ]  No Stroke Consult

[ ]  In Stroke Unit

[ ]  Not in Stroke Unit

1. Presumptive diagnosis at time of hospital admission:

[ ]  Ischemic Arterial Stroke

[ ]  Ischemic Venous Stroke

[ ]  Intracranial Hemorrhage

[ ]  Intracerebral Hemorrhage

[ ]  Transient Ischemic Attack

[ ]  Not stroke related diagnosis

[ ]  Subarachnoid Hemorrhage

[ ]  Unknown

1. Was stroke a complication of a recent medical or surgical procedure or therapy (i.e. less than 30 days)?\*\*\*

[ ]  Definitely

[ ]  Possibly

[ ]  Probably

[ ]  Unlikely

[ ]  Not applicable

## General Instructions

This CRF includes data typically collected upon arrival and admission to a hospital for a stroke event. Many of the data elements are taken from the Get With The Guidelines® Stroke Patient Management Tool and/or the Paul Coverdell National Acute Stroke Registry.

Some of the CDEs are Supplemental- Highly Recommended based on study type, disease stage and disease type. Supplemental-Highly Recommended CDEs are indicated by two asterisks (\*\*). Exploratory CDEs are indicated by three asterisks (\*\*\*). Please refer to [Start-Up](https://www.commondataelements.ninds.nih.gov/sites/nindscde/files/Doc/Stroke/CDEStartupResource_Stroke.pdf) document for additional details.

## Specific Instructions

Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.

Patient location when stroke symptoms discovered – If the patient was a resident of a nursing home, but was out with family for the day and suffered a stroke and the family/EMS brought the patient to your hospital, choose "Not in a healthcare setting". If the patient was at home, at work or even a visitor in your hospital and had stroke symptoms, then choose "Not in a healthcare setting". If the patient was transferred to your hospital from another hospital's ED or inpatient unit but was outside of a healthcare facility when the stroke occurred, choose "Not in a healthcare setting". If the patient was a resident of a nursing home and the stroke occurred at the NH, choose "Chronic healthcare facility". A chronic care facility would include nursing home, long-term care facility, inpatient rehab facility, and assisted-living facility. If the patient is at a clinic or physician office visit, or at your hospital but receiving outpatient procedure or service that did not require the patient to be admitted as an inpatient, select "Outpatient healthcare setting". If the patient was an inpatient in your hospital choose "Stroke occurred while patient was an inpatient at your hospital". If the patient was already within your ED or hospital and experienced new onset of stroke symptoms, then this is considered an inpatient stroke or TIA. Only those hospitals that are interested in collecting information regarding inpatient stroke care should enter these patients. Patients who have transient symptoms that are present on arrival to the ED but resolve, and then later return during the hospitalization and meet criteria for ischemic stroke should all be entered as inpatient strokes. The answer to this question is independent of the answer for Point of Origin for Admission or Visit. That question asks where the patient was located prior to arriving at your hospital, not where the patient was when they first developed stroke symptoms.

* Date and Time patient last known to be well – The purpose of this data element is to identify the earliest possible time that stroke symptoms began. This is sometimes known as "Onset Time" although the use of this term has been confusing to many in the past. If a patient experiences the onset of their symptoms in the company of another individual who can verify that the patient was functioning normally up until the time of start of symptoms, then in this patient the time "last known well" is also the time of symptom discovery. In many cases, however, no one is present at the exact start of symptoms. In this situation, we need to document the time when symptoms were first discovered (time of symptom discovery) as well as the time that the patient was last known to be well or at their baseline (time last known well), and record both of these. The time last known well should be the time closest to the time of discovery for which we have clear evidence that the patient was at their previous baseline. Depending on the type of stroke symptoms, this might be established by a telephone or in person conversation. Family members, EMS personnel, and others, often mistakenly record the time of symptom discovery as the time the patient was last known well. It is imperative to distinguish these two times to avoid inappropriate use of IV t-PA (Intravenous Tissue Plasminogen Activator) in patients who are recently discovered to have symptoms but are many hours (>3 hrs.) from their time of last being well.
* Date and Time of discovery of stroke symptoms – This date and time should generally not vary between observers unless a witness noticed the onset of symptoms but did not alert anyone else, and a different individual is the one who contacted EMS or sought medical attention. If the event was witnessed, then the last known well date and time and the discovery date and time will be identical. Record both, even if identical. (To within 15 minutes of exact time of discovery is acceptable.)
* Symptom discovery on awakening – No additional instructions
* Type of transport to hospital – This refers to the method of transport to your hospital, not to the method of initial transport to another facility if the patient was subsequently transferred to your hospital.
* Date and Time of hospital arrival – No additional instructions
* Was the patient placed on a 24 hour observation status rather than formally admitted? – No additional instructions
* Was patient evaluated in the Emergency Department (ED) for acute Stroke or TIA and subsequently transferred to another acute care hospital rather than being admitted to your hospital? – No additional instructions
* Date of admission to your hospital – The dates of Emergency Department (ED) triage or an observation admission are not included. Hospital arrival date and admission date are usually the same for direct admissions but frequently differ for ED admissions. If the patient arrives through the ED and is held in observation for a day or two, use the actual date of admission to the hospital for the admission date, not the arrival date to the ED.
* Point of origin for admission/visit – The answer to this question is independent of the answer for Patient Location When Stroke Symptoms Discovered. This question asks where the patient was located prior to arriving at your hospital, not where the patient was when they first developed stroke symptoms. This element is intended to capture data about patients who are admitted to the hospital because of stroke events and is not for use with inpatient strokes (i.e., inpatient stroke = stroke that occurs while a patient is an inpatient in the hospital).
	+ If the patient was a resident of a nursing home, but was out with family for the day and suffered a stroke and the family/EMS brought the patient to your hospital, choose "Not in a healthcare setting".
	+ If the patient was at home, at work, or even a visitor in your hospital and had stroke symptoms, then choose "Not in a healthcare setting".
	+ If the patient was transferred to your hospital from another hospital’s ED or inpatient unit but was outside of a healthcare facility when the stroke occurred, choose "Not in a healthcare setting".
	+ If the patient was a resident of a nursing home and the stroke occurred at the NH, choose "Chronic healthcare facility".
	+ A chronic care facility would include nursing home, long-term care facility, inpatient rehab facility, psychiatric hospital, and transitional care unit. This is in alignment with the designation of this type of facility as Value 5-Other Healthcare Facility for the Discharge Disposition data element.
	+ If the patient was a resident of an assisted living facility, and the stroke occurred at the assisted living facility, choose "Not in a healthcare setting." This is in alignment with the designation of an assisted living facility as Value 1- Home for the Discharge Disposition data element.
	+ If the patient is at a clinic or physician office visit, or at your hospital but receiving outpatient procedure or service that did not require the patient to be admitted as an inpatient, select "Outpatient healthcare setting".
	+ If the patient was already admitted as an inpatient in your hospital when stroke symptoms were first discovered choose "Stroke occurred after hospital arrival (in ED/Obs/inpatient)".
	+ If the patient was already within your hospital ED, radiology suite, or observation unit and experienced a new onset of stroke symptoms, then choose "Stroke occurred after hospital arrival (in ED/Obs/inpatient)".
	+ Only those hospitals that are interested in collecting information regarding inpatient stroke care should enter these patients. Patients who have transient symptoms that are present on arrival to the ED but resolve, and then later return during the hospitalization and meet criteria for ischemic stroke should all be entered as inpatient strokes.
* Location patient first received care at hospital – A patient presenting to the emergency department with stroke symptoms would have first received care in the Emergency Department (ED). However, for patients who are transferred from an outside hospital and directly admitted, then the place of first care would be the service where they were admitted (e.g., neurology inpatient service, intensive care unit). Select imaging for patients with suspected acute stroke who are taken directly to the imaging area prior to the ED registration. This data element is not applicable to strokes that occur after a patient has already been admitted or receiving care in the ED for another condition.
* Patient care upon admission – Choose all that apply. To track the service on which care was rendered upon admission, select from the available options to indicate type of admission, whether a stroke consult was available, and whether this was in a stroke unit or not. First indicate if the patient was admitted by a neurologist or other service. Then indicate if the patient had a stroke consult. Finally indicate if the patient was cared for in a stroke unit.
* Presumptive diagnosis at time of hospital admission – This field is useful in understanding why certain therapies were performed or omitted, and to understand the nature of missed or delayed diagnosis.
* Was stroke a complication of medical or surgical procedure or therapy? – No additional instructions