Surgical or Therapeutic Procedures Data Table

| Surgical or Therapeutic Procedure | Inpatient or Outpatient? | Start Date | End Date |
| --- | --- | --- | --- |
| (data to be entered by site) | [ ]  Inpatient[ ]  Outpatient | (mm/dd/yyyy) | (mm/dd/yyyy) |
| (data to be entered by site) | [ ]  Inpatient[ ]  Outpatient | (mm/dd/yyyy) | (mm/dd/yyyy) |
| (data to be entered by site) | [ ]  Inpatient[ ]  Outpatient | (mm/dd/yyyy) | (mm/dd/yyyy) |
| (data to be entered by site) | [ ]  Inpatient[ ]  Outpatient | (mm/dd/yyyy) | (mm/dd/yyyy) |
| (data to be entered by site) | [ ]  Inpatient[ ]  Outpatient | (mm/dd/yyyy) | (mm/dd/yyyy) |
| (data to be entered by site) | [ ]  Inpatient[ ]  Outpatient | (mm/dd/yyyy) | (mm/dd/yyyy) |
| (data to be entered by site) | [ ]  Inpatient[ ]  Outpatient | (mm/dd/yyyy) | (mm/dd/yyyy) |
| (data to be entered by site) | [ ]  Inpatient[ ]  Outpatient | (mm/dd/yyyy) | (mm/dd/yyyy) |
| (data to be entered by site) | [ ]  Inpatient[ ]  Outpatient | (mm/dd/yyyy) | (mm/dd/yyyy) |
| (data to be entered by site) | [ ]  Inpatient[ ]  Outpatient | (mm/dd/yyyy) | (mm/dd/yyyy) |
| (data to be entered by site) | [ ]  Inpatient[ ]  Outpatient | (mm/dd/yyyy) | (mm/dd/yyyy) |
| (data to be entered by site) | [ ]  Inpatient[ ]  Outpatient | (mm/dd/yyyy) | (mm/dd/yyyy) |
| (data to be entered by site) | [ ]  Inpatient[ ]  Outpatient | (mm/dd/yyyy) | (mm/dd/yyyy) |
| (data to be entered by site) | [ ]  Inpatient[ ]  Outpatient | (mm/dd/yyyy) | (mm/dd/yyyy) |
| (data to be entered by site) | [ ]  Inpatient[ ]  Outpatient | (mm/dd/yyyy) | (mm/dd/yyyy) |
| (data to be entered by site) | [ ]  Inpatient[ ]  Outpatient | (mm/dd/yyyy) | (mm/dd/yyyy) |
| (data to be entered by site) | [ ]  Inpatient[ ]  Outpatient | (mm/dd/yyyy) | (mm/dd/yyyy) |
| (data to be entered by site) | [ ]  Inpatient[ ]  Outpatient | (mm/dd/yyyy) | (mm/dd/yyyy) |
| (data to be entered by site) | [ ]  Inpatient[ ]  Outpatient | (mm/dd/yyyy) | (mm/dd/yyyy) |
| (data to be entered by site) | [ ]  Inpatient[ ]  Outpatient | (mm/dd/yyyy) | (mm/dd/yyyy) |

The interview questions that follow are provided to make certain all important surgical/procedural interventions are recorded in the preceding table.

## In-Hospital Surgeries/ Procedures

Indicate whether or not the participant/ subject received any of the following interventions while being treated in the hospital for the index stroke event.

1. Intubated and placed on a mechanical ventilator: [ ]  Yes [ ]  No
2. Cervical carotid revascularization: [ ]  Yes [ ]  No

IF YES, type(s) of carotid revascularization: (choose all that apply)

[ ]  Carotid endarterectomy (CEA)

[ ]  Carotid artery stenting (CAS)

[ ]  Other, specify:

1. Vertebral artery revascularization: [ ]  Yes [ ]  No

IF YES, type(s) of vertebral artery revascularization: (choose all that apply)

[ ]  Angioplasty

[ ]  Stenting

[ ]  Surgical reimplantation

[ ]  Other, specify:

1. Intracranial revascularization: [ ]  Yes [ ]  No

IF YES, type(s) of intracranial revascularization: (choose all that apply)

[ ]  Angioplasty

[ ]  Stenting

[ ]  Bypass

[ ]  Other, specify:

1. Ventricular drainage placed: [ ]  Yes [ ]  No

IF YES, type(s) of ventricular drainage placed: (choose all that apply)

[ ]  Temporary extraventricular drain

[ ]  Permanent shunt

[ ]  Other, specify:

1. Therapy for increased intracranial pressure: [ ]  Yes [ ]  No

IF YES, type(s) of therapy for increased intracranial pressure: (choose all that apply)

[ ]  Hemicraniectomy

[ ]  Osmotic therapy

[ ]  Decompressive craniectomy

[ ]  Hypothermia

[ ]  Shunt placement

[ ]  Inter ventricular catheter

[ ]  Other, specify:

## Surgeries/ Procedures after Initial Discharge

Indicate whether or not the participant/ subject received or was evaluated and scheduled for a surgical/ operative procedure as a preventative therapy for stroke after initial hospital discharge for the index stroke/ TIA.

1. Surgical/ Operative preventive treatment: [ ]  Yes [ ]  No [ ]  Unknown

IF YES, type(s) of surgical/ operative preventive treatment: (choose all that apply)

[ ]  Cardiac, specify:

## **Neurosurgical**:

[ ]  Encephaloduroarteriosynangiosis (EDAS)

[ ]  Obliteration of vascular malformation

[ ]  Other, specify:

## General Instructions

This case report form (CRF) contains data elements related to surgical and other procedure interventions the participant/ subject is treated with while in the hospital for the index stroke event or after initial discharge from the hospital.

Important note: None of the data elements included on this CRF Module is considered Core (i.e., strongly recommended for all stroke clinical studies to collect). Rather, all of the data elements are supplemental and should only be collected if the research team considers them appropriate for their study.

## Specific Instructions

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

* Surgical or therapeutic procedure – Choose all that apply. Recommend collection during acute hospital care. In previous studies, information on surgical procedures has typically been documented in free text format, thus often precluding any meaningful analysis. We therefore propose the use of ICD-10 coding
* Inpatient or outpatient status - Choose one.
* Surgical or therapeutic procedure start date and time – Record the date/time according to the ISO 8601, the [International Standard for the representation of dates and times](http://www.iso.org/iso/home/search.htm?qt=ISO+8601&sort=rel&type=simple&published=on). The date/time should be recorded to the level of granularity known (e.g., year, year and month, complete date plus hours and minutes, etc.).
* Surgical or therapeutic procedure end date and time - Record the date/time according to the ISO 8601, the [International Standard for the representation of dates and times](http://www.iso.org/iso/home/search.htm?qt=ISO+8601&sort=rel&type=simple&published=on). The date/time should be recorded to the level of granularity known (e.g., year, year and month, complete date plus hours and minutes, etc.).