RES-Q Data for Life

Standard Data Collection Form

Acute Ischemic stroke (AIS)
Transient Ischemic Attack (TIA)

Denotes mandatory fields*

ADMISSION DATA

Case ID*	Auto Generated (in the online form)

Age at stroke onset *	Years	Sex*	☐	Male	☐	Female	☐ Unknown

Stroke while already hospitalized (select one)	☐	Yes	Wake up stroke*	☐	Yes	If yes, date and time when patient went to sleep*	YYYY-MM-DD HH:MM
	☐	No		☐	No		

Where was the patient first attended to at your hospital?*	☐	Direct to CT/MR imaging suite	Arrival time to hospital* (if unknown then kindly put the best estimate time)	HH:MM	
	☐	Emergency department/casualty	Date & time of stroke onset* (last seen well)	YYYY-MM-DD	HH:MM
	☐	Outpatient clinic/facility			
	☐	Other department			

Patient admitted under which department?	☐	Neurology	Patient hospitalized in* (day 1)	☐	ICU/Stroke unit
	☐	Neurosurgery		☐	Other monitored bed with telemetry
	☐	Critical care		☐	Standard bed
	☐	Internal medicine			
	☐	Other			

Patient arrived to your hospital from*	☐	From home/scene by EMS/ambulance	→ Was the hospital pre-notified by EMS /ambulance	☐	Yes
	☐	From home/scene by private transportation		☐	No
	☐	From another stroke treating centre	→ Name of the first hospital of admission		
	☐	GP or outpatient office or community service by EMS/ambulance			
	☐	GP or outpatient office or community service by private transportation			
	☐	From any other hospital			

BASELINE DATA

Medical history* (select all that apply)

- ☐ Hypertension
- ☐ Diabetes
- ☐ Hyperlipidemia
- ☐ Smoker
- ☐ Previous Ischemic/ TIA stroke leading to hospitalization
- ☐ Previous haemorrhagic stroke leading to hospitalization
- ☐ Atrial fibrillation or flutter (paroxysmal/persistent/permanent)
- ☐ Coronary artery disease/ previous myocardial infarction
- ☐ Congestive heart failure
- ☐ Venous thromboembolism(VTE)
- ☐ HIV
- ☐ COVID positive in last 6 months
- ☐ Other
- ☐ Unknown
- ☐ None

Treatment before admission/event* (select all that apply)

- ☐ Anti-diabetics
- ☐ Anti-hypertensives
- ☐ Aspirin (ASA)
- ☐ Cilostazol
- ☐ Clopidogrel
- ☐ Ticagrelol
- ☐ Ticlopidine
- ☐ Prasugrel
- ☐ Dipyridamol, slow release
- ☐ Other Antiplatelet
- ☐ Statin
- ☐ Vitamin K antagonist, e.g. Warfarin
- ☐ Low molecular weight Heparin/Heparin
- ☐ Dabigatran
- ☐ Rivoroxaban
- ☐ Apixaban
- ☐ Edoxaban
- ☐ Other Anticoagulant
- ☐ Hormonal contraception
- ☐ Other
- ☐ None
- ☐ Unknown

Glucose* [mg/dl or mmol/l] (first measurement in hospital; enter no with or without decimal point)
number
☐ Not measured

LDL cholesterol* [mg/dl or mmol/l] (first measurement in hospital; enter no with or without decimal point)
number
☐ Not measured

Systolic Blood Pressure (first measurement in hospital)*
mmHg

Diastolic Blood Pressure* (first measurement in hospital)
mmHg

NIHSS score*
number (0-42)
☐ Not assessed

Modified Rankin Scale (mRS) before stroke*
0 | 1 | 2 | 3 | 4 | 5
☐ not assessed

First INR testing done?*
- ☐ Yes, with point of care device
- ☐ Yes, sample sent to lab
- ☐ Not done

Glasgow coma scale(GCS)
Value 3-15

INR level
Number

IMAGING, DIAGNOSIS AND TREATMENT

Brain imaging*
- ☐ Non-Contrast CT
- ☐ Non-Contrast CT + CT Angiography
- ☐ Non-Contrast CT + CT Angiography + CT Perfusion
- ☐ MR DWI / Flair
- ☐ MR DWI / Flair + MR Angiography
- ☐ MR DWI / Flair + MR Angiography + MR Perfusion
- ☐ Imaging done in another hospital
- ☐ Imaging not done

CT/ MR Perfusion deficit
- ☐ Medial
- ☐ Anterior
- ☐ Posterior
- ☐ Carotid
- ☐ No, analysis not reliable due to bilateral stenosis
- ☐ No deficit

CT/MR perfusion deficit core volume specification: ml

CT/MR perfusion deficit hyperfusion volume specification: ml

Date of imaging*: YYYY-MM-DD HH:MM

Old infarcts seen on the imaging* (select all that apply)
- ☐ Cortical
- ☐ Subcortical (basal ganglia, internal capsule)
- ☐ Brainstem
- ☐ None

Stroke type*
- ☐ Ischemic stroke
- ☐ Transient Ischemic Attack (TIA)

ISCHEMIC STROKE

Was arterial occlusion detected on CTA/MRA?
- ☐ Yes
- ☐ No

ASPECT score (number):

If arterial occlusion is present then select location (select all that apply)

Occlusion Location (Left)	Occlusion Location (Right)
☐ MCA M1 - Middle cerebral artery M1	☐ MCA M1 - Middle cerebral artery M1
☐ MCA M2 - Middle cerebral artery M2	☐ MCA M2 - Middle cerebral artery M2
☐ MCA M3 - Middle cerebral artery M3	☐ MCA M3 - Middle cerebral artery M3
☐ Anterior cerebral artery	☐ Anterior cerebral artery
☐ PCA P1 - Arteria cerebri posterior P1	☐ PCA P1 - Arteria cerebri posterior P1
☐ PCA P2 - Arteria cerebri posterior P2	☐ PCA P2 - Arteria cerebri posterior P2
☐ Carotid artery extracranial	☐ Carotid artery extracranial
☐ Carotid artery intracranial	☐ Carotid artery intracranial
☐ Basilar artery	☐ Basilar artery
☐ Vertebral artery	☐ Vertebral artery

Was the patient treated with IV Thrombolysis in your hospital?*
- ☐ Yes
- ☐ No

Drug used (select one)*
- ☐ Alteplase
- ☐ Tenecteplase
- ☐ Streptokinase
- ☐ Staphylokinase

Treatment dose (in mg)*: number

Bolus time (time at which first IV shot given)*: HH:MM

Please select main reason for not doing thrombolysis*
- ☐ Already received IV Thrombolysis in other hospital
- ☐ Out of time window
- ☐ Mild deficit
- ☐ Consent not given
- ☐ Cost of treatment
- ☐ Transferred to other hospital for IV Thrombolysis
- ☐ Only Mechanical thrombectomy required
- ☐ Thrombolytic drug not available
- ☐ Other

Transfer start time (door out)*: YYYY-MM-DD HH:MM

ISCHEMIC STROKE CONTINUED

IV thrombolysis given in*
- ☐ CT/MRI room
- ☐ Stroke unit or ICU
- ☐ Emergency room
- ☐ Other

Anticoagulant reversal administered?
- ☐ Yes
- ☐ No

Was the patient treated with thrombectomy in your hospital?*
- ☐ Yes
- ☐ No

Groin puncture time* YYYY-MM-DD HH:MM

Please select main reason for not doing thrombolysis*
- ☐ Already received IV Thrombolysis in other hospital
- ☐ Out of time window
- ☐ Mild deficit
- ☐ Consent not given
- ☐ Cost of treatment
- ☐ Transferred to other hospital for IV Thrombolysis
- ☐ Only Mechanical thrombectomy required
- ☐ Thrombolytic drug not available
- ☐ Other

Transfer start time (door out)* YYYY-MM-DD HH:MM

mTICI score*
- ☐ 0
- ☐ 1
- ☐ 2A
- ☐ 2B
- ☐ 2C
- ☐ 3
- ☐ Occlusion was not confirmed

Procedure complications in thrombectomy (select all that apply)
- ☐ None
- ☐ Vessel perforation
- ☐ Dissection
- ☐ Embolization to different vascular territory
- ☐ Haematoma at arterial access requiring transfusion
- ☐ Other

Reperfusion time* YYYY-MM-DD HH:MM

TRANSIENT ISCHEMIC ATTACK (TIA)

Clinical symptoms of the TIA
- ☐ Unilateral weakness
- ☐ Speech disturbance without weakness
- ☐ Other Symptoms

Duration of symptoms
- ☐ <10 minutes
- ☐ 10-59 minutes
- ☐ ≥ 60 minutes
- ☐ Unknown

POST ACUTE CARE

PATIENT HOSPITALIZED FOR MORE THAN 24 HOURS

- ☐ **Yes** — Complete the form
- ☐ **No, Patient transferred** — Complete the form on page 6
- ☐ **No, Patient expired** — Enter discharge details on page 6
- ☐ **No, Patient was discharged home or social care facility** — Enter discharge date on page 6

Was CT/MR performed after IVT/MT?
- ☐ Yes, CT
- ☐ Yes, MR
- ☐ No

Patient ventilated
- ☐ Yes
- ☐ No

Was decompressive craniectomy performed
- ☐ Yes
- ☐ No

Findings on CT/MRI after IVT/MT (select all that apply)
- ☐ Brain infarct
- ☐ wŜY2ΰŜ ōfŜŜŘλyƎ
- ☐ I ŜY2ⅣⅣKI-ƎλÕ ΰⅣI·yãŦ2ⅣY I·ΰΰ2y

Atrial fibrillation/ flutter (AF)*
- ☐ Detected during hospitalization
- ☐ No AF detected
- ☐ Not screened

Carotid arteries imaging done:
- ☐ Yes → **Carotid stenosis**
- ☐ No

Carotid stenosis
- ☐ Not reported
- ☐ No stenosis (0%)
- ☐ Below 50% (mild)
- ☐ 50-70% (moderate) →
- ☐ 70 - 99% (severe) →
- ☐ Occlusion (100%)

Carotid endarterectomy performed or stenting within 2 weeks after stroke
- ☐ 24 hours to 2 weeks
- ☐ Yes, in 24 hours
- ☐ No
- ☐ Yes after 2 weeks

Any post stroke complications* (select all that apply)
- ☐ Pneumonia
- ☐ Deep vein thrombosis (DVT)
- ☐ Pulmonary embolism
- ☐ Urinary tract infection
- ☐ Pressure sores
- ☐ Drip site sepsis
- ☐ Recurrence/Extension of stroke
- ☐ Falling
- ☐ Other

Was any thromboembolism (VTE) intervention done?* (select all that apply)
- ☐ Low dose unfractionated heparin (UFH)
- ☐ Low molecular weight heparin (LMWH)
- ☐ Intermittent pneumatic compression devices (IPC)
- ☐ Graduated compression stockings (GCS)
- ☐ Warfarin prescribed for VTE only
- ☐ Venous foot pumps (VFP)
- ☐ Oral factor Xa inhibitor prescribed for VTE only
- ☐ Other

POST ACUTE CARE : PATIENT HOSPITALIZED FOR MORE THAN 24 HOURS

Stroke etiology (select all that apply)

- ☐ Large Artery Atherosclerosis (e.g., Carotid, or basilar stenosis)
- ☐ Cardioembolism (e.g., AF/flutter/ prosthetic heart valve)
- ☐ Stroke of other determined etiology (dissection, vasculopathy or hematologic disorder)
- ☐ Cryptogenic Stroke (Stroke of undetermined etiology including ESUS)
- ☐ Small Vessel Disease /Lacuna

Temp checks (No. of times)	0	1	2	3	4+
Day 1	☐	☐	☐	☐	☐
Day 2	☐	☐	☐	☐	☐
Day 3	☐	☐	☐	☐	☐

In the first 48 hours following admission did patient develop fever of ≥ 37.5° C (99.5° F)?*

☐ Yes ☐ No ☐ Unknown

Was paracetamol or (other antipyretic) administered for the first elevated temperature?*

- ☐ Yes, within 1 hour of first elevated temperature
- ☐ Yes, after 1 hour of first elevated temperature
- ☐ No
- ☐ Contraindicated

Blood glucose level checks (no. of times)	0	1	2	3	4+
Day 1	☐	☐	☐	☐	☐
Day 2	☐	☐	☐	☐	☐
Day 3	☐	☐	☐	☐	☐

What was the highest glucose level within 48 hrs after admission including first measurement* [mg/dl or mmol/l] ?

☐ number ☐ unknown

Was insulin administered for the first elevated glucose?* (only if level is >7mmol/L or 126 mg/dl)

- ☐ Yes, within 1 hour of the first elevated glucose level
- ☐ Yes, after 1 hour of the first elevated glucose level
- ☐ No
- ☐ Unknown

Swallow screening performed*

- ☐ Yes, within the 4 hrs
- ☐ Yes, later than 4 hrs but before 24 hrs
- ☐ Yes, later than 24 hrs
- ☐ Not done
- ☐ Not applicable (Patient intubated, NGS, etc.)

Which swallowing screening test performed

- ☐ Guss test
- ☐ Assist test
- ☐ Drinking water test
- ☐ Other (gag reflex not to be considered)

Who performed swallowing screening?

- ☐ Nurse
- ☐ Physician
- ☐ Speech therapist
- ☐ Other

Patient received physiotherapy?*

- ☐ Yes
- ☐ No
- ☐ Not required

Patient received ergotherapy/ occupational therapy?

- ☐ Yes
- ☐ No
- ☐ Not required

Patient received speech therapy?

- ☐ Yes
- ☐ No
- ☐ Not required

DISCHARGE INFORMATION & TREATMENT

Discharge date*	YYYY-MM-DD

Modified Rankin Scale (MRS) score on discharge*	0	1	2	3	4	5
	not assessed					

NIHSS Score on discharge*	number (0-42)
	not assessed

Discharge destination*	Home
	Transferred within the same centre
	Transferred to another centre
	Social care facility
	Patient died

Treatment presecribed at discharge* (select all that apply)	Anti-diabetics
	Anti-hypertensives
	ASA (aspirin)
	Cilostazol
	Clopidogrel
	Ticagrelol
	Ticlopidine
	Prasugrel
	Dipyridamol, slow release
	Other antiplatelet
	Vitamin K antagonist, e.g. Warfarin

	Low molecular weight Heparin/Heparin
	Dabigatran
	Rivoroxaban
	Apixaban
	Edoxaban
	Other anticoagulant
	Statin
	None
	Other

Follow up appointment scheduled in your hospital for stroke management	Yes
	No, but recommended to schedule
	No

Was a smoking cessation program recommended (if the patient had a history of smoking)	Yes
	No

FOLLOW UP AFTER 3 MONTHS

(Only for patients getting discharged from hospital and not transferred patients)

Contact date	YYYY-MM-DD

Mode of Contact	Telephone/video (patient or caregiver)
	Visiting the outpatient clinic
	Mobile application
	Web application
	Patient or care giver didn't respond
	Not contacted

3 Months Modified Ranking Scale (mRS)	0	1	2	3	4	5	6