

Standard Data Collection Form

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

Denotes mandatory fields*

ADMISSION DATA

Case ID* Auto G	enerate	d (in the onl	ine form)							
Age at stroke Years onset *		S	ex*	Male		Female		Unknown		
itroke while already hospitalized select one)		Yes No	Wake up s	troke*	Yes	tim	es, date ne wher nt to sle	patient	YYYY-MM-DD	HH:MM
Where was the patient ttended to at your ho	: first spital?*	Emer		nent/casualty		ho unk put	rival tim spital* mown the the best mate tim	(if en kindly	нн:мм	
			atient clinic/fa department	cility				ne of stroke	YYYY-MM-DD	HH:MM
Patient admitted under which department?	N	eurology eurosurgery ritical care	,	Patient in* (day	hospita 1)	lized		Other n	,	vith
		ternal med	cine					Standar	d bed	
		From	home/scene	by EMS/ambula	ance		→	Was the ho	ospital d by EMS	Yes
atient arrived to your ospital from*		From	From home/scene by private transportation From another stroke treating centre GP or outpatient office or community					/ambulance		No
		GP or				Tiospital of autiliss				
		GP or	e by EMS/am outpatient of e by private to	fice or commur	nity					
			From any other hospital							

qualityregistry.org Page 1 of 6



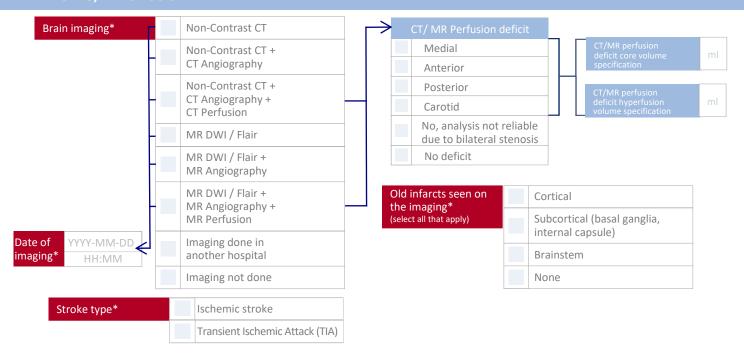
BASELINE DATA

Medical history*	Hypertension		Coronary artery disease/ previous		
(select all that apply)	Diabetes		myocardial infarction Congestive heart failure		
	Hyperlipidemia				
	Smoker		Venous thromboembolism(VTE)		
	Previous Ischemic/ TIA stro leading to hospitalization	ke	HIV COVID positive in last 6 months		
	Previous haemorrhagic strolleading to hospitalization	ke	Other		
	Atrial fibrillation or flutter (paroxysmal/persistent/per	manent)	Unknown None		
Treatment before	Anti-diabetics	Vitamin K antag	onist, e.g. Warfarin		
admission/event* (select all that apply)	Anti-hypertensives	Low molecular v	weight Heparin/Heparin		
	Aspirin (ASA)	Dabigatran			
	Cilostazol	Rivoroxaban			
	Clopidogrel	Apixaban			
	Ticagrelol	Edoxaban			
	Ticlopidine	Other Anticoagu	ulant		
	Prasugrel	Hormonal contr	raception		
	Dipyridamol, slow release	Other			
	Other Antiplatelet	None			
	Statin	Unknown			
Glucose* [mg/dl or mmol/l]	number		esterol* [mg/dl or mmol/l] number		
(first measurement in hospital; ent or without decimal point)	Not measured	· ·	urement in hospital; enter no with decimal point) Not measure	ed	
Systolic Blood Pressure (first measurement in hospital)*	mmHg		Blood Pressure* rement in hospital) mmHg		
NIHSS score* number (0-42)		Modified			
	Not assessed	Scale (mR before str			
First INR testing done?*	Yes, with point of care device Yes, sample sent to lab	Glasgow	coma scale(GCS) Value 3-15		
	Not done				
INR level	Number				

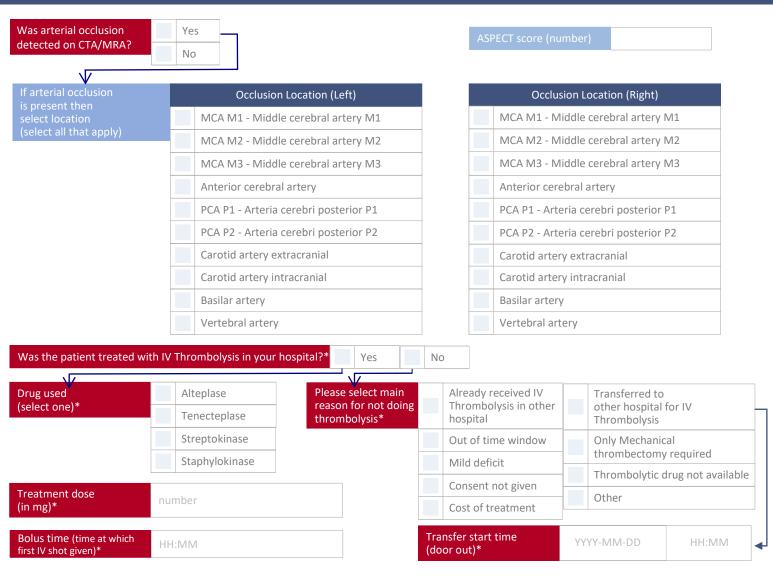
qualityregistry.org Page 2 of 6



IMAGING, DIAGNOSIS AND TREATMENT



ISCHEMIC STROKE

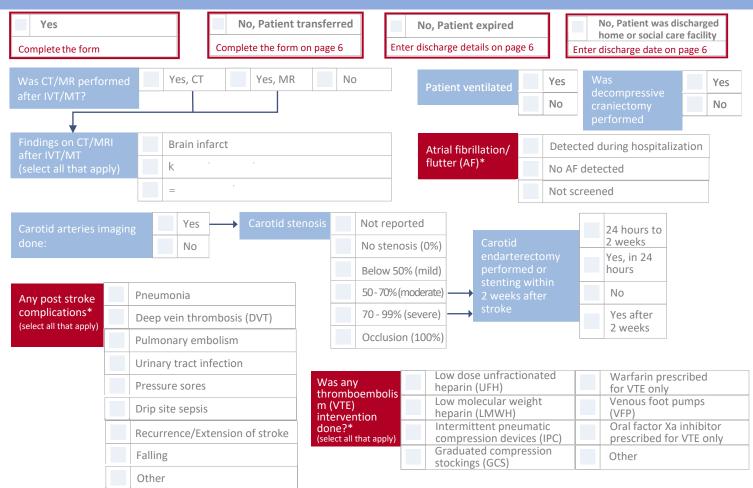


ISCHEMIC STROKE CONTINUED

IV thrombolysis given in*	CT/MRI room Stroke unit or ICU	Anticoagulant reversal administered?	Yes No			
	Emergency room Other					
Was the patient treated v	with thrombectomy in your hospital?	* Yes No				
Groin puncture time*	rea	ason for not doing Thr	eady received IV ombolysis in other pital	Transferred to other hospital for IV Thrombolysis		
		Out	of time window	Only Mechanical thrombectomy required		
mTICI score*	Procedure complications in thrombectomy (select all that ap	Mil Mil	d deficit	Thrombolytic drug not availab		
0	None		sent not given	, ,		
1	Vessel perforation	Cos	t of treatment	Other		
2A	Dissection		start time (door	YYYY-MM-DD HH:MM		
2B	Embolization to different	out)*		TTTT-IVIIVI-DD HH.IVIIVI		
2C	vascular territory	TRANS	SIENT ISCHEMIC	ATTACK (TIA)		
3	Haematoma at arterial access requiring transfusion	Clinical sy	ymptoms of the TIA	Duration of symptoms		
Occlusion was not confirmed	Other	Uni	lateral weakness	<10 minutes		
			ech disturbance	10-59 minutes		
Reperfusion time*	YYYY-MM-DD HH:MM	with	nout weakness	≥ 60 minutes		
		Oth	er Symptoms	Unknown		

POST ACUTE CARE

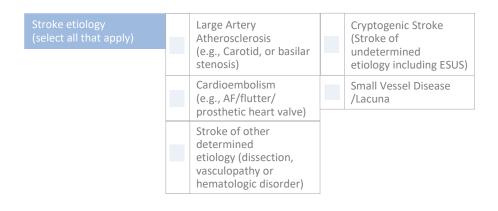
PATIENT HOSPITALIZED FOR MORE THAN 24 HOURS



qualityregistry.org Page 4 of 6



POST ACUTE CARE: PATIENT HOSPITALIZED FOR MORE THAN 24 HOURS



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

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

Swallow screening performed*	Yes, within the 4 hrs			
performed	Yes, later than 4 hrs but before 24 hrs			
	Yes, later than 24 hrs			
	Not done			
	Not applicable (Patient intubated, NGS, etc.)			

Patient received		Yes
physiotherapy?*		No
		Not required
Patient received		Yes
ergotherapy/ occupational therapy?		No
occupational tirerapy.		

Not required

In the first 48 hours for (99.5° F)?*	llow	ing admission did patient	devel	op fever of ≥ 37.5° C		
Yes		No		Unknown		
—						
Was paracetamol		Yes, within 1 hour of first elevated temperature				
or (other antipyretic)		Yes, after 1 hour of first elevated temperature				
administered for the first elevated		No				
temperature?*		Contraindicated				

	t glucose level within 48 hrs after irst measurement* [mg/dl or mmol/l] ?					
number	unknown					
<u> </u>						
Was insulin administered for	Yes, within 1 hour of the first elevated glucose level					
the first elevated glucose?* (only if level is >7mmol/L or	Yes, after 1 hour of the first elevated glucose level					
126 mg/dl)	No					
	Unknown					
Which swallowing	Guss test					
screening test	Assist test					
performed	Drinking water test					
	Other (gag reflex not to be considered)					
Who performed	Nurse					
swallowing screening?	Physician					
	Speech therapist					
	Other					
	,					
Patient received	Yes					
speech therapy?	No					
	Not required					

qualityregistry.org Page 5 of 6



DISCHARGE INFORMATION & TREATMENT

Discharge date*		Discharge	Home		
		estination*	Transferred within the same centre		
Modified Rankin Scale (MRS) score on discharge*	0 1 2 3 4 5		Transferred to another centre		
(6) 556.5 51. 4.551.4.85	not assessed		Social care facility		
NULICO Carrier and disabarran	number (0-42)		Patient died		
NIHSS Score on discharge*	not assessed				
Treatment presecribed at discharge*	Anti-diabetics		Low molecular weight Heparin/Heparin		
(select all that apply)	Anti-hypertensives		Dabigatran		
	ASA (aspirin)		Rivoroxaban		
	Cilostazol		Apixaban		
	Clopidogrel		Edoxaban		
	Ticagrelol		Other anticoagulant		
	Ticlopidine		Statin		
	Prasugrel		None		
	Dipyridamol, slow release		Other		
	Other antiplatelet				
	Vitamin K antagonist, e.g. Warfarin				
Follow up		Vas a smoking essation program	Yes		
appointment scheduled in your hospital for stroke management	No, but recommended to schedule	ecommended (if the atlent had a history of	No		
	No	noking)			

FOLLOW UP AFTER 3 MONTHS (Only for patients getting discharged from hospital and not transferred patients) Contact date YYYY-MM-DD Telephone/video (patient or caregiver) Visiting the outpatient clinic Mobile application Web application Patient or care giver didn't respond Not contacted

qualityregistry.org Page 6 of 6