

Stroke Metrics for quAlity, Reporting, and Translation in the implementation of EndoVascular Thrombectomy: SMART-EVT

Case Record Form – Version October 20, 2021

LEGEND	
Bold text	Field label (reference question) included in full and minimal dataset
*Bold text	Field label (reference question) included in minimal dataset
[Red text]	SAS variable name – definition unchanged from previous stroke study
<i>Pink italics</i>	SAS variable that is either a) new or b) has a revised definition (wording of question is revised or options in questions have been revised) or c) prefix edited for consistency
(Green text)	Field validation - includes minimum and maximum values, ranges
Purple text	Field notes - instructions/guidance for abstractors
(Orange Text)	REDCap variable coding
Dark Red Text	REDCap branching logic
Grey field	Automatic calculation or read-only field
Light grey field	REDCap section header
<u>Blue text</u>	Blue underlined text indicates a response which triggers a nested field. Blue-shaded field denotes the conditional or nested field (e.g. <i>if yes then appear</i>)
Repeat field	Data will be repeated (piped) from another REDCap field REDCap
Pre-populated field	Data will be imported into REDCap from ICES administrative data

FORM 1 - DIRECT IDs (DPI)	
REDCap Record ID:	<div style="border: 1px solid black; padding: 5px; background-color: #fff9c4;"> <p>_____</p> <p><i>[record_id]</i></p> <p>NOTE: This field is the record ID field, which is the first field in the project. This field is used to store the names of the records in the project. Thus, the record ID field cannot be deleted or moved but only edited (the field label or even its variable name may be edited).</p> </div>
Medical Record Number:	<div style="border: 1px solid black; padding: 5px; background-color: #fff9c4;"> <p>_____</p> <p><i>[chartnum]</i></p> </div>
Date of Birth:	<div style="border: 1px solid black; padding: 5px; background-color: #fff9c4;"> <p>_____ (D-M-Y)</p> <p><i>[bdate]</i></p> </div>
Admission Date:	<div style="border: 1px solid black; padding: 5px; background-color: #fff9c4;"> <p>_____ (D-M-Y)</p> <p><i>[admdate]</i></p> </div>
Gender:	<div style="border: 1px solid black; padding: 5px; background-color: #fff9c4;"> <p><input type="radio"/> Male (1)</p> <p><input type="radio"/> Female (2)</p> <p><input type="radio"/> Non-binary (3)</p> <p><i>[sex]</i></p> </div>
Does the MRN, date of birth and gender and admission date on the chart match the record you are reviewing in REDCap?	<div style="border: 1px solid black; padding: 5px; background-color: #e1eef6;"> <p><input type="radio"/> Yes (1)</p> <p><input type="radio"/> <u>No</u> (2)</p> <p><i>[chart_verify]</i></p> <p><i>Text-only field: If no, please retrieve the correct chart.</i></p> <p><i>[chart_warning]</i></p> <p>Show if <i>[chart_verify]</i> = '2'</p> </div>
Form status	
Complete?	<div style="border: 1px solid black; padding: 5px;"> <p>REDCap specific variable (drop-down menu)</p> <ul style="list-style-type: none"> • Incomplete (0) • Unverified (1) • Complete (2) <p><i>[direct_ids_complete]</i></p> </div>

FORM 2 - STUDY IDs	
Ra_id:	_____ [ra_id]
Abstractor ID:	_____ [abstractor_id]
Institution Name:	_____ [sitename]
Institution Number:	_____ [sitenumbr]
Form status	
Complete?	REDCap specific variable (drop-down menu) <ul style="list-style-type: none"> • Incomplete (0) • Unverified (1) • Complete (2) [study_ids_complete]

FORM 3 - EVENT ONSET		
Is there ED visit at this hospital?	<input type="radio"/> Yes (1) <input type="radio"/> No (2) [er_verify]	Text-only field: ATTENTION: This patient did not have an ED visit at this hospital. Please find the best estimate of the date and time of arrival; however, note there is no ED visit nor an ED triage sheet. [er_warning] Show if [er_verify] = '2'
Date and time of arrival at this hospital (ED 1):	_____ (D-M-Y H:M) [er_afrhdatetime] As indicated on the ED triage sheet	
Date and time of event onset:	_____ (D-M-Y H:M) [se_lsndatetime] IF THE TIME IS <u>ESTIMATED</u> USE THE TIME ESTIMATES BELOW BASED ON WHAT IS AVAILABLE IN THE CHART: The middle of the night = 03:00 - Breakfast = 08:00 Early morning = 08:00 Morning = 09:00 Late morning = 10:00 Lunch = 12:00 Midday = 12 Noon = 12:00 Early afternoon = 14:00 Afternoon or mid-afternoon = 15:00 - Late afternoon = 16:00 - Dinner/Supper = 18:00 Early evening = 19:00 Evening = 21:00 Late evening = 22:00 Midnight = 23:59. IF ONLY THE DATE OF ONSET IS DOCUMENTED, enter 23:59 as the time of onset.	
Did the patient have an acute stroke while ALREADY ADMITTED to a hospital for a non-stroke related diagnosis?	<input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) [se_inhospitalstroke]	Patient type: <input type="radio"/> Medical (1) <input type="radio"/> Surgical – cardiac (2) <input type="radio"/> Surgical – other (3) <input type="radio"/> Cardiac catherization (including angiography) (4) <input type="radio"/> Neuro angiography (5) <input type="radio"/> Other angiography (including body) (6) <input type="radio"/> Obstetrical (7) <input type="radio"/> Other (8) <input type="radio"/> UTD (9) [se_inhospitaltype] Show if [se_inhospitalstroke] = '1'
Event onset to arrival to this hospital (ED 1) in hours:	Calculation: _____ hours REDCap equation: (datediff([se_lsndatetime],[er_afrhdatetime],"h","dmy",true)) [er_hosparrivalhours]	

	Warning negative time difference. Please ensure time of onset and time of hospital arrival are entered correctly. <i>[er_hosparrivaldays]</i>
	Show if $[er_hosparrivalhours] \leq -1$
Event onset to arrival to this hospital (ED 1) in days:	Calculation: _____ days REDCap equation: (datediff([se_lsndatetime],[er_afrhdatetime],"d","dmy",true)) <i>[er_hosparrivaldays]</i>
	Warning negative time difference. Please ensure time of onset and time of hospital arrival are entered correctly. <i>[er_hosparrivaldays]</i>
	Show if $[er_hosparrivaldays] \leq -1$
Form status	
Complete?	REDCap specific variable (drop-down menu) <ul style="list-style-type: none"> • Incomplete (0) • Unverified (1) • Complete (2) <i>[event_onset_complete]</i>

FORM 4 – ELIGIBILITY		
Overall Eligibility		
Event onset to hospital arrival = [er_hosparrivaldays] days	<input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Unknown (3) <i>[se_ineligible14days]</i>	Descriptive text: STOP IF PATIENT IS INELIGIBLE - NO FURTHER DATA COLLECTION ALLOWED <i>[se_ineligible]</i>
Was the onset of symptoms to hospital arrival > 14 days?		Show if $[se_ineligible14days] = '1'$
Did the patient receive initial stroke treatment outside of Ontario?	<input type="radio"/> Yes (1) <input type="radio"/> No (2) <i>[se_ineligiblehosoutopro]</i>	Descriptive text: STOP IF PATIENT IS INELIGIBLE - NO FURTHER DATA COLLECTION ALLOWED <i>[se_ineligible]</i>
Show if $[se_ineligible14days] = '2'$ or $[se_ineligible14days] = '3'$		Show if $[se_ineligiblehosoutopro] = '1'$
Based on documentation available in the chart, was a stroke suspected at ANY time by a health care professional during this patient's visit?	<input type="radio"/> A stroke WAS suspected (1) <input type="radio"/> A stroke WAS NOT suspected (2) <i>[se_ineligibleevent]</i>	Descriptive text: STOP IF PATIENT IS INELIGIBLE - NO FURTHER DATA COLLECTION ALLOWED <i>[se_ineligible]</i>
Show if $[se_ineligiblehosoutopro] = '2'$		Show if $[se_ineligibleevent] = '1'$
Short vs. Long Data Collection Form Eligibility		
Event onset to hospital arrival (in hours) = [er_hosparrivalhours]	<input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Unknown (3) <i>[se_ineligible24hours]</i>	If $[se_ineligible24hours] = '1'$ MINIMAL dataset Only those questions marked with an asterisk (*) will appear.
Did the patient arrive to hospital > 24 hours after event onset or last seen normal?		If $[se_ineligible24hours] = '2'$ or $[se_ineligible24hours] = '3'$ FULL DATASET All questions will appear.
Show if $([se_ineligible14days] = '2'$ or $[se_ineligible14days] = '3')$ and $[se_ineligiblehosoutopro] = '2'$ and $[se_ineligibleevent] = '1'$		
Form status		
Complete?	REDCap specific variable (drop-down menu) <ul style="list-style-type: none"> • Incomplete (0) • Unverified (1) • Complete (2) <i>[eligibility_complete]</i>	

FORM 5 – EVENT DETAILS

*Patient age at time of hospital arrival:	<i>Calculation:</i> _____ age REDCap equation: (datediff([bdate], [er_afrhdatetime], "y", "dmy", true)) <i>[se_age]</i>	
*Living situation	<input type="radio"/> Home - alone (1) <input type="radio"/> Home - with others (2) <input type="radio"/> Retirement home (3) <input type="radio"/> Long-term care/nursing home (4) <input type="radio"/> Inpatient rehabilitation facility (5) <input type="radio"/> Complex continuing care (6) <input type="radio"/> Other residential facility (e.g. palliative care facility, psychiatric facility, prison) (7) <input type="radio"/> Other (e.g. homeless) (8) <input type="radio"/> UTD (9) <i>[se_residencearrfrom]</i>	
*Was the symptom ONSET witnessed by the patient or a bystander?	<input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) <i>[se_symptomonset]</i>	Were the symptoms discovered upon awakening after sleep? <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) <i>[se_awakening]</i> Show if <i>[se_symptomonset]</i> = '2'
Form status		
Complete?	REDCap specific variable (drop-down menu) <ul style="list-style-type: none"> • Incomplete (0) • Unverified (1) • Complete (2) <i>[event_details_complete]</i>	

FORM 6 - INITIAL SYMPTOMS		
<b style="color: red;">This section is not applicable to this patient. Proceed to next section. <i>[sd_skip]</i>		
Show if <i>[se_ineligible24hours]</i> = '1'		
Record the patient's initial symptoms from the time of event onset to time first assessed in ED 1:		
WEAKNESS Show if <i>[se_ineligible24hours]</i> = '2' or <i>[se_ineligible24hours]</i> = '3'	<input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) <i>[sd_weakness]</i>	If yes, indicate side of weakness: <input type="radio"/> Left (1) <input type="radio"/> Right (2) <input type="radio"/> Bilateral (3) <input type="radio"/> UTD (4) <i>[sd_weaknesside]</i> Show if <i>[sd_weakness]</i> = '1'
SPEECH DISTURBANCE (including aphasia or dysarthria): Show if <i>[se_hospitalarrival24hrs]</i> = '2' or <i>[se_hospitalarrival24hrs]</i> = '3'	<input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) <i>[sd_speech]</i>	
SENSORY SYMPTOMS: Show if <i>[se_hospitalarrival24hrs]</i> = '2' or <i>[se_hospitalarrival24hrs]</i> = '3'	<input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) <i>[sd_senssymp]</i>	If yes, indicate side of sensory symptoms: <input type="radio"/> Left (1) <input type="radio"/> Right (2) <input type="radio"/> Bilateral (3) <input type="radio"/> UTD (4) <i>[sd_senssympside]</i> Show if <i>[se_senssymp]</i> = '1'
DYSPHAGIA: Show if <i>[se_hospitalarrival24hrs]</i> = '2' or <i>[se_hospitalarrival24hrs]</i> = '3'	<input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) <i>[sd_dysphagia]</i>	
MONOCULAR BLINDNESS:	<input type="radio"/> Yes (1)	If yes, indicate side of monocular blindness:

<p>Show if [se_hospitalarrival24hrs] = '2' or [se_hospitalarrival24hrs] = '3'</p>	<p><input type="radio"/> No (2) <input type="radio"/> UTD (3) <i>[sd_monocblind]</i></p>	<p><input type="radio"/> Left (1) <input type="radio"/> Right (2) <input type="radio"/> Bilateral (3) <input type="radio"/> UTD (4) <i>[sd_monocblindside]</i></p> <p>Show if [sd_monocblind] = '1'</p>
<p>VISUAL DEFECT:</p> <p>Show if [se_hospitalarrival24hrs] = '2' or [se_hospitalarrival24hrs] = '3'</p>	<p><input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) <i>[sd_fielddefect]</i></p>	<p>If yes, indicate side of monocular blindness:</p> <p><input type="radio"/> Left (1) <input type="radio"/> Right (2) <input type="radio"/> Bilateral (3) <input type="radio"/> UTD (4) <i>[sd_fielddefectside]</i></p> <p>Show if [sd_fielddefect] = '1'</p>
<p>GAZE DEVIATION:</p> <p>Show if [se_hospitalarrival24hrs] = '2' or [se_hospitalarrival24hrs] = '3'</p>	<p><input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) <i>[sd_gaze]</i></p>	<p>If yes, which side was the patient looking towards:</p> <p><input type="radio"/> Left (1) <input type="radio"/> Right (2) <input type="radio"/> UTD (3) <i>[sd_gazeside]</i></p> <p>Show if [sd_gaze] = '1'</p>
<p>BRAINSTEM or CEREBELLAR SIGNS:</p> <p>Show if [se_hospitalarrival24hrs] = '2' or [se_hospitalarrival24hrs] = '3'</p>	<p><input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) <i>[sd_brainstem]</i></p>	
<p>SEIZURES:</p> <p>Show if [se_hospitalarrival24hrs] = '2' or [se_hospitalarrival24hrs] = '3'</p>	<p><input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) <i>[sd_seizures]</i></p>	
<p>HEADACHES:</p> <p>Show if [se_hospitalarrival24hrs] = '2' or [se_hospitalarrival24hrs] = '3'</p>	<p><input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) <i>[sd_headache]</i></p>	
<p>OTHER COGNITIVE SYMPTOMS (e.g. confusion, memory impairment):</p> <p>Show if [se_hospitalarrival24hrs] = '2' or [se_hospitalarrival24hrs] = '3'</p>	<p><input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) <i>[sd_cognitive]</i></p>	
<p>Form status</p>		
<p>Complete?</p>	<p>REDCap specific variable (drop-down menu)</p> <ul style="list-style-type: none"> • Incomplete (0) • Unverified (1) • Complete (2) <p><i>[initial_symptoms_complete]</i></p>	

FORM 7 – INITIAL NEURO EXAM		
<p>*Was an initial NIHSS documented at this hospital</p>	<p><input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) <i>[sd_nihdocument]</i></p>	<p>Total NIHSS score: (range is 0 to 42) _____ <i>[sd_nihscore]</i></p> <p>Show if [sd_nihdocument] = '1'</p>
<p>*Was an initial CNS documented at this hospital?</p> <p>Show if [sd_nihdocument] = '2' [<i>sd_nihdocument</i>] = '3'</p>	<p><input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) <i>[sd_cnsdocument]</i></p>	<p>Total CNS score: (range is 0 to 11.5) _____ <i>[sd_cnsscore]</i></p> <p>Show if [sd_cnsdocument] = '1'</p>
	<p>*What was the level of consciousness at the time of the initial assessment at this hospital:</p> <p><input type="radio"/> Alert - 3 (1)</p>	

<input type="radio"/> Drowsy - 1.5 (2) <input type="radio"/> Unconscious - 0 (3) <input type="radio"/> UTD - 3 (4) [<i>sd_locassess</i>] Show if [<i>sd_cnsdocument</i>] = '2' or [<i>sd_cnsdocument</i>] = '3'		
*Select orientation: <input type="radio"/> Oriented - 1 (1) <input type="radio"/> Disoriented - 0 (2) <input type="radio"/> UTD - 1 (3) [<i>sd_cnsorientation</i>] Show if [<i>sd_locassess</i>] = '1' or [<i>sd_locassess</i>] = '2' or [<i>sd_locassess</i>] = '4'	*Select speech: <input type="radio"/> Normal - 1 (1) <input type="radio"/> Expressive deficit - 0.5 (2) <input type="radio"/> Receptive deficit - 0 (3) <input type="radio"/> UTD - 1 (4) [<i>sd_cnsspeech</i>] Show if [<i>sd_locassess</i>] = '1' or [<i>sd_locassess</i>] = '2' or [<i>sd_locassess</i>] = '4'	
*Weakness - Face <input type="radio"/> Normal - 0.5 (1) <input type="radio"/> Present - 0 (2) <input type="radio"/> UTD - 0.5 (3) [<i>sd_cnsface</i>] Show if [<i>sd_cnsspeech</i>] = '1' or [<i>sd_cnsspeech</i>] = '2' or [<i>sd_cnsspeech</i>] = '3' or [<i>sd_cnsspeech</i>] = '4'	*Weakness - Arms: <input type="radio"/> Equal - 1.5 (1) <input type="radio"/> Unequal - 0 (2) <input type="radio"/> UTD - 1.5 (3) [<i>sd_cnsbmrarms</i>] Show if [<i>sd_cnsspeech</i>] = '3'	*Weakness - Legs: <input type="radio"/> Equal - 1.5 (1) <input type="radio"/> Unequal - 0 (2) <input type="radio"/> UTD - 1.5 (3) [<i>sd_cnsbmrleg</i>] Show if [<i>sd_cnsspeech</i>] = '3'
*Weakness - arm, proximal: <input type="radio"/> None - 1.5 (1) <input type="radio"/> Mild - 1 (2) <input type="radio"/> Significant - 0.5 (3) <input type="radio"/> Total - 0 (4) <input type="radio"/> UTD - 1.5 (5) [<i>sd_cnsarmproximal</i>] Show if [<i>sd_cnsspeech</i>] = '1' or [<i>sd_cnsspeech</i>] = '2' or [<i>sd_cnsspeech</i>] = '4'	*Weakness - arm, distal: <input type="radio"/> None - 1.5 (1) <input type="radio"/> Mild - 1 (2) <input type="radio"/> Significant - 0.5 (3) <input type="radio"/> Total - 0 (4) <input type="radio"/> UTD - 1.5 (5) [<i>sd_cnsarmdistal</i>] Show if [<i>sd_cnsspeech</i>] = '1' or [<i>sd_cnsspeech</i>] = '2' or [<i>sd_cnsspeech</i>] = '4'	*Weakness - leg, proximal: <input type="radio"/> None - 1.5 (1) <input type="radio"/> Mild - 1 (2) <input type="radio"/> Significant - 0.5 (3) <input type="radio"/> Total - 0 (4) <input type="radio"/> UTD - 1.5 (5) [<i>sd_cnslegproximal</i>] Show if [<i>sd_cnsspeech</i>] = '1' or [<i>sd_cnsspeech</i>] = '2' or [<i>sd_cnsspeech</i>] = '4'
*Weakness - leg, distal: <input type="radio"/> None - 1.5 (1) <input type="radio"/> Mild - 1 (2) <input type="radio"/> Significant - 0.5 (3) <input type="radio"/> Total - 0 (4) <input type="radio"/> UTD - 1.5 (5) [<i>sd_cnslegdistal</i>] Show if [<i>sd_cnsspeech</i>] = '1' or [<i>sd_cnsspeech</i>] = '2' or [<i>sd_cnsspeech</i>] = '4'		
Form status		
Complete?	REDCap specific variable (drop-down menu) <ul style="list-style-type: none"> Incomplete (0) Unverified (1) Complete (2) [<i>initial_neuro_test_complete</i>]	

FORM 8 - ED 1 AND IMAGING DATA			
ED 1 - THIS HOSPITAL (HOSPITAL WHERE PATIENT WAS ADMITTED)			
*Was NEUROIMAGING (e.g. CT or MRI scan) completed at this hospital (ED 1)? <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) [<i>iv1_scan</i>]	*Is the date and time of neuroimaging at this hospital (ED 1) documented? <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) [<i>iv1_scandocumented</i>]	*Date and time of neuroimaging at ED 1: _____(D-M-Y H:M) [<i>iv1_scandatetime</i>] Show if [<i>iv1_scandocumented</i>] = '1'	*Time from hospital arrival at ED 1 to neuroimaging at ED 1: Calculation: ____ minutes REDCap equation: (datediff([er_afrhdatetime],[iv1_scandatetime],"m","dmy",true)) [<i>iv1_hosparrivaltoscantime</i>]

	Show if [iv1_scan] = '1'		Show if [iv1_scandocumented] = '1'	
<p>*Neuroimaging type at this hospital (ED 1):</p> <ul style="list-style-type: none"> <input type="radio"/> CT head (1) <input type="radio"/> MRI brain (2) <p><i>[iv1_scantype]</i></p> <p>Show if [iv1_scan] = '1'</p>				
<p>*Neuroimaging results at this hospital (ED 1):</p> <ul style="list-style-type: none"> <input type="radio"/> No evidence of old or new stroke (1) <input type="radio"/> Evidence of old or new stroke (2) <input type="radio"/> No report (3) <input type="radio"/> UTD (4) <p><i>[iv1_scanresults]</i></p> <p>Show if [iv1_scan] = '1'</p>	<p>*Was there evidence of an OLD infarction or hemorrhage?</p> <ul style="list-style-type: none"> <input type="radio"/> No evidence of an OLD infarction nor hemorrhage(1) <input type="radio"/> Evidence of an OLD infarction (2) <input type="radio"/> Evidence of an OLD hemorrhage (3) <input type="radio"/> Evidence of an OLD infarction and hemorrhage (4) <input type="radio"/> UTD (5) <p><i>[iv1_oldstroke]</i></p> <p>Show if [iv1_scanresults] = '2'</p>	<p>*Was there evidence of a NEW infarction or hemorrhage?</p> <ul style="list-style-type: none"> <input type="radio"/> No evidence of a NEW infarction nor hemorrhage (1) <input type="radio"/> Evidence of a NEW infarction (2) <input type="radio"/> Evidence of a NEW hemorrhage (3) <input type="radio"/> Evidence of a NEW infarction and hemorrhage (4) <input type="radio"/> UTD (5) <p><i>[iv1_newstroke]</i></p> <p>Show if [iv1_scanresults] = '2'</p> <p>If new hemorrhage is the ONLY option questions marked with * will appear from this point onwards.</p> <p>If new hemorrhage and new infarction are selected, all questions appear.</p>		
		<p>If new infarction, select side. Select all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Left hemisphere <i>[iv1_infarctside_1]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Right hemisphere <i>[iv1_infarctside_2]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Cerebellum/brainstem <i>[iv1_infarctside_3]</i> (0=unchecked, 1=checked) <input type="checkbox"/> UTD <i>[iv1_infarctside_4]</i> (0=unchecked, 1=checked) <p>Show if [iv1_newstroke] = '2' or [iv1_newstroke] = '4'</p> <p>Action tag - @NONEOFTHEABOVE = '4'</p>	<p>If new infarction, was the ASPECT score reported?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) <p><i>[iv1_aspect]</i></p> <p>Show if [iv1_newstroke] = '2' or [iv1_newstroke] = '4'</p>	<p>Enter ASPECT score: _____</p> <p><i>(range should be 0 to 10)</i></p> <p><i>[iv1_aspectscore]</i></p> <p>Show if [iv1_aspect] = 1</p>
		<p>*If new hemorrhage, select side. Select all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Left hemisphere <i>[iv1_ichside_1]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Right hemisphere <i>[iv1_ichside_2]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Cerebellum/brainstem <i>[iv1_ichside_3]</i> (0=unchecked, 1=checked) <input type="checkbox"/> UTD <i>[iv1_ichside_4]</i> (0=unchecked, 1=checked) 	<p>If new hemorrhage, was this referred to as a secondary hemorrhage?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) <p><i>[iv1_secondary]</i></p> <p>Show if [se_ineligible24hours] <> '1' and [iv1_newstroke] = '4'</p> <p><i>(note this question should only appear if the infarction AND hemorrhage option is selected).</i></p>	

		<p>Show if [iv1_newstroke] = '3' or [iv1_newstroke] = '4'</p> <p>Action tag - @NONEOFTHEABOVE = '4'</p>	
		<p>If new hemorrhage, describe the hemorrhage. Select all that apply:</p> <p><input type="checkbox"/> Intracerebral hemorrhage [iv1_ichloc_1] (0=unchecked, 1=checked)</p> <p><input type="checkbox"/> Subarachnoid hemorrhage [iv1_ichloc_2] (0=unchecked, 1=checked)</p> <p><input type="checkbox"/> Intraventricular hemorrhage [iv1_ichloc_3] (0=unchecked, 1=checked)</p> <p><input type="checkbox"/> Petechial hemorrhage [iv1_ichloc_4] (0=unchecked, 1=checked)</p> <p><input type="checkbox"/> Subdural hemorrhage [iv1_ichloc_5] (0=unchecked, 1=checked)</p> <p>Show if [se_hospitalarrival24hrs] <> '1' and [iv1_newstroke] = '4' (note this question should only appear if the infarction AND hemorrhage option is selected).</p>	
	<p>Did subsequent neuroimaging show an infarct or hemorrhage that was NEW compared to the initial neuroimaging?</p> <p><input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> No subsequent neuroimaging performed (3) <input type="radio"/> UTD [iv1_scan2]</p> <p>Show if [se_ineligible24hours] <> '1' and [iv1_scan] = '1' and [iv1_newstroke] <> '3'</p>	<p>Which subsequent neuroimaging was performed? Select all that apply:</p> <p><input type="checkbox"/> CT head [iv1_scan2type_1] (0=unchecked, 1=checked)</p> <p><input type="checkbox"/> MRI brain [iv1_scan2type_2] (0=unchecked, 1=checked)</p> <p>Show if [iv1_scan2] = '1'</p>	<p>Did subsequent neuroimaging show a new infarct or new hemorrhage?</p> <p><input type="radio"/> No evidence of NEW infarction or hemorrhage (1) <input type="radio"/> Evidence of NEW infarction (2) <input type="radio"/> Evidence of NEW hemorrhage (3) <input type="radio"/> Evidence of a NEW infarction AND hemorrhage (4) <input type="radio"/> UTD (5) [iv1_scan2results]</p> <p>Show if [iv1_scan2] = 1</p>
<p>*Was there NEUROVASCULAR imaging done at ED 1?</p> <p><input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) [iv1_scanvascular]</p>	<p>ED 1 neurovascular scan type - select all that apply: Show if ([se_ineligible24hours] = '2' or [se_ineligible24hours] = '3') and [iv1_scanvascular] = '1' and [iv1_newstroke] <> '3'</p>		
	<p><input type="checkbox"/> <u>CT-angiogram head and neck (CTA)</u> [iv1_scanvasculartype_1] (0=unchecked, 1=checked)</p>	<p>Free text field for radiology report:</p> <p>[iv1_scanvasculartype_1_text]</p> <p>Show if [iv1_scanvasculartype(1)] = '1'</p>	<p>Was the CT-angiogram head and neck performed at the same time as the first CT head?</p> <p><input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) [iv1_scanvasculartype_1_sametime]</p> <p>Show if [iv1_scanvasculartype(1)] = '1'</p>

<input type="checkbox"/> CT perfusion head <i>[iv1_scanvascularity_2]</i> (0=unchecked, 1=checked)		Was the CT-perfusion head performed at the same time as the first CT head? <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) <i>[iv1_scanvascularity_2_sametime]</i> Show if <i>[iv1_scanvascularity(2)] = '1'</i>				
<input type="checkbox"/> Magnetic Resonance Imaging - Angiography (MRA) <i>[iv1_scanvascularity_3]</i> (0=unchecked, 1=checked)						
<input type="checkbox"/> Cerebral angiogram (DSA catheter angiogram) <i>[iv1_scanvascularity_4]</i> (0=unchecked, 1=checked)						
<input type="checkbox"/> Carotid Dopplers <i>[iv1_scanvascularity_5]</i> (0=unchecked, 1=checked)						
If CTA, MRA, or Carotid Doppler is selected - ED 1 extracranial vessels: Show if <i>[iv1_scanvascularity(1)] = '1'</i> or <i>[iv1_scanvascularity(3)] = '1'</i> or <i>[iv1_scanvascularity(5)] = '1'</i>						
	Normal or Trace	Mild	Moderate	Severe	Occluded	UTD
Right carotid <i>[iv1_extracranialright]</i>	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	<input type="radio"/> (4)	<input type="radio"/> (5)	<input type="radio"/> (6)
Left carotid <i>[iv1_extracranialleft]</i>	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	<input type="radio"/> (4)	<input type="radio"/> (5)	<input type="radio"/> (6)
Vertebral arteries <i>[iv1_extracranialartery]</i>	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	<input type="radio"/> (4)	<input type="radio"/> (5)	<input type="radio"/> (6)
If CTA, MRA, or cerebral angiogram is selected - ED1 intracranial vessels: Show if <i>[iv1_scanvascularity(1)] = '1'</i> or <i>[iv1_scanvascularity(3)] = '1'</i> or <i>[iv1_scanvascularity(4)] = '1'</i>						
<input type="radio"/> No occlusion (1) <input type="radio"/> Arterial occlusion (2) <i>[iv1_intracranial]</i> Show if <i>[iv1_scanvascularity(1)] = '1'</i> or <i>[iv1_scanvascularity(3)] = '1'</i> or <i>[iv1_scanvascularity(4)] = '1'</i>	If arterial occlusion present, select all that apply: Show if <i>[iv1_intracranial]= 2</i> Action tag - @NONEOFTHEABOVE = 1,4'		None	Right	Left	Laterality not reported
	Intracranial internal carotid artery <i>[iv1_occlusion_ca]</i>		<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
	Proximal middle cerebral artery (MCA-M1) <i>[iv1_occlusion_m1]</i>		<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
	MCA-M2 occlusion <i>[iv1_occlusion_m2]</i>		<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
	Distal middle cerebral artery (M3 or more distal) <i>[iv1_occlusion_m3]</i>		<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
	Anterior cerebral artery <i>[iv1_occlusion_aca]</i>		<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
	Posterior cerebral artery <i>[iv1_occlusion_pca]</i>		<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
	Intracranial vertebral artery, PICA, AICA, SCA <i>[iv1_occlusion_va]</i>		<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
	Basilar <i>[iv1_occlusion_basilar]</i>		<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
	If arterial occlusion present, collateral status? <input type="radio"/> Good (1) <input type="radio"/> Intermediate (2) <input type="radio"/> Poor or absent (3) <input type="radio"/> UTD (4) <i>[iv1_occlusionstatus]</i> Show if <i>[iv1_intracranial]= 2</i>					
Was a consultation with a stroke team at an institution OUTSIDE of ED 1 (this hospital) performed for this event? <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3)	Which type of consultation was performed? <input type="radio"/> Critical with Telestroke (1) <input type="radio"/> Critical without Telestroke (2) <input type="radio"/> Without Critical (3) <input type="radio"/> UTD (4) <i>[er1_consulttype]</i>	Was IV tPA recommended by the outside neurologist? <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) <i>[er1_teleivtparecommend]</i>				

<p><i>[er1_consult]</i></p> <p>Show if ([se_ineligible24hours] = '2' or [se_ineligible24hours] = '3') and [iv1_newstroke] <> '3'</p>	<p>Show if [er_consult] = '1'</p> <p>Was transfer for EVT recommended by the outside neurologist?</p> <p><input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) <i>[er1_evtrecommend]</i></p> <p>Show if [er_consult] = '1'</p>	<p>Show if [er_consult] = '1'</p> <p>Reason(s) for not initiating transfer to EVT centre - select all that apply:</p> <p><input type="checkbox"/> No mention of EVT in the consult and admission note <i>[er1_noevttransfer_1]</i> (0=unchecked, 1=checked) <input type="checkbox"/> No arterial large vessel occlusion (LVO) <i>[er1_noevttransfer_2]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Patient characteristics and comorbidities <i>[er1_noevttransfer_3]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Mild symptoms <i>[er1_noevttransfer_4]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Established infarct <i>[er1_noevttransfer_5]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Hemorrhage <i>[er1_noevttransfer_6]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Occlusion not suitable/inaccessible (sub-occlusive, distal, atherosclerosis) <i>[er1_noevttransfer_7]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Patient or family did not consent <i>[er1_noevttransfer_8]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Nearest EVT centre too far or transfer time estimated to be too long <i>[er1_noevttransfer_9]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Other <i>[er1_noevttransfer_10]</i> (0=unchecked, 1=checked) <input type="checkbox"/> UTD <i>[er1_noevttransfer_11]</i> (0=unchecked, 1=checked)</p> <p>Show if [er1_evtrecommend] = '2' @NONEOFTHEABOVE='11'</p>
<p>Did the patient undergo EVT (did the patient go to the cerebral angio suite)?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> UTD <i>[evt_performed]</i></p> <p>Show if ([se_ineligible24hours] = '2' or [se_ineligible24hours] = '3') and [iv1_newstroke] <> '3'</p>	<p>Was patient transferred to a Regional or Enhanced Stroke Centre/District Stroke Centre following the OUTSIDE consultation?</p> <p><input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) <i>[er1_telefollowuptransfer]</i></p> <p>Show if [er_consult] = '1'</p>	<p>Mode of transportation for transfer:</p> <p><input type="radio"/> Ground-paramedics (1) <input type="radio"/> Ground-ORNGE (2) <input type="radio"/> Air-ORNGE (3) <input type="radio"/> UTD (4) <i>[er1_teletransport]</i></p> <p>Show if [er1_telefollowuptransfer] = '1'</p> <p>Was the procedure ABANDONED? Defined as when a planned intervention is begun, but due to usually unanticipated circumstances, cannot be completed beyond an incision, inspection, or anesthetization?</p> <p><input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) <i>[evt_abandoned]</i></p> <p>Show if [evt_performed] = '1'</p> <p>Date and time of arterial puncture: _____ (D-M-Y H:M) <i>[evt_datetime]</i></p> <p>Show if [evt_abandoned] = '2'</p> <p>Was the vessel already opened on first angiographic run (no EVT performed)?</p> <p><input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) <i>[evt_vessel]</i></p> <p>Show if [evt_abandoned] = '2'</p> <p>Did the EVT procedure FAIL, defined as unable to reach occluded vessel?</p> <p><input type="radio"/> No (2) <input type="radio"/> Yes, unable to access ANY intracranial vessel (1)</p>

<input type="radio"/> Yes, unable to access the TARGET intracranial vessel (3) <input type="radio"/> Yes, other reasons (4) <i>[evt_fail]</i> Show if <i>[evt_abandoned]</i> = '2'	
Date and time of final reperfusion (if not available, record end of procedure time) _____ (D-M-Y H:M) <i>[evt_reperusedatetime]</i> Show if <i>[evt_abandoned]</i> = '2'	
Final reperfusion grade: <input type="radio"/> TIC1 0 (no reperfusion) (1) <input type="radio"/> TIC1 2a (<50% reperfusion) (2) <input type="radio"/> TIC1 2b (≥50% reperfusion) (3) <input type="radio"/> TIC1 2c (near complete reperfusion) (4) <input type="radio"/> TIC1 3 (Complete reperfusion) (5) <input type="radio"/> UTD (6) <i>[evt_reperfusegrade]</i> Show if <i>[evt_abandoned]</i> = '2'	Was the patient intubated prior to EVT: <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) <i>[evt_priorintubate]</i> Show if <i>[evt_abandoned]</i> = '2'
Did patient undergo carotid angioplasty? <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) <i>[evt_angioplasty]</i> Show if <i>[evt_abandoned]</i> = '2'	Did patient undergo carotid stenting? <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) <i>[evt_carotidstent]</i> Show if <i>[evt_abandoned]</i> = '2'
Complications – select all that apply: <input type="checkbox"/> None <i>[evt_complications_1]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Symptomatic intracerebral hemorrhage <i>[evt_complications_2]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Vessel perforation <i>[evt_complications_3]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Vessel dissection <i>[evt_complications_4]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Access site hematoma, dissection, hemorrhage, or other complications <i>[evt_complications_5]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Embolization in initially unaffected artery <i>[evt_complications_6]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Unexpected cardiopulmonary arrest (code blue or urgent intubation) <i>[evt_complications_7]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Other <i>[evt_complications_8]</i> (0=unchecked, 1=checked) <input type="checkbox"/> UTD <i>[evt_complications_9]</i> (0=unchecked, 1=checked) Show if <i>[evt_abandoned]</i> = '2' @NONEOFTHEABOVE='1,9'	
Was an NIHSS documented within 48 hours of EVT? <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) <i>[evt_nihss48h]</i> Show if <i>[evt_abandoned]</i> = '2'	NIHSS score: _____ (range is 0 to 40) <i>[evt_nihssscore]</i> Show if <i>[evt_nihss24h]</i> = '1'
Reason(s) for not initiating EVT at EVT centre - select all that apply: <input type="checkbox"/> No mention of EVT in the consult and admission note <i>[evt_noevt_1]</i> (0=unchecked, 1=checked) <input type="checkbox"/> No arterial large vessel occlusion (LVO) <i>[evt_noevt_2]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Patient characteristics and comorbidities <i>[evt_noevt_3]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Mild symptoms <i>[evt_noevt_4]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Established infarct <i>[evt_noevt_5]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Hemorrhage <i>[evt_noevt_6]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Occlusion not suitable/inaccessible (sub-occlusive, distal, atherosclerosis) <i>[evt_noevt_7]</i> (0=unchecked, 1=checked)	

<input type="checkbox"/> Post-transfer full recanalization <i>[evt_noevt_8]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Post-transfer partial recanalization or distal migration <i>[evt_noevt_9]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Patient or family did not consent <i>[evt_noevt_10]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Other <i>[evt_noevt_11]</i> (0=unchecked, 1=checked) <input type="checkbox"/> UTD <i>[evt_noevt_12]</i> Show if [evt_performed] = '2' @NONEOFTHEABOVE='12'				
Was thrombolysis (tPA) given at ED 1? <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) <i>[er1_tpagiven]</i> Show if ([se_ineligible24hours] = '2' or [se_ineligible24hours] = '3') and [iv1_newstroke] <> '3'	Is the date and time of tPA administration documented in the chart? <input type="radio"/> Yes (1) <input type="radio"/> No (2) <i>[er1_tpadocument]</i> Show if [er1_tpagiven] = '1'	Date and time of tPA administration: _____ (D-M-Y H:M) <i>[er1_tpadatetime]</i> Show if [er1_tpadocument] = '1'	Hospital arrival to tPA administration: Calculation: _____ minutes REDCap equation = (datediff([er_afrhdatetime],[er1_tpadatetime],"m","dmy",true)) <i>[er1_tpadoortoneedle]</i> Show if [er1_tpadocument] = '1'	
	Was an NIHSS documented within 48 hours after tPA? <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) <i>[er1_tpanihss]</i> Show if [er1_tpagiven] = '1'		NIHSS score: ____ (range is 0 to 40) <i>[er1_tpanihssscore]</i> Show if [er1_tpanihss] = '1'	
	Was there a complication of serious hemorrhage within the first 36 hours after tPA administration? <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) <i>[er1_tpableed]</i> Show if [er1_tpagiven] = '1'			
	Document reason thrombolysis (tPA) not given (select all that apply): <input type="checkbox"/> No reason documented <i>[er1_tpanoreason_1]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Outside of treatment window (generally > 4.5 hours) <i>[er1_tpanoreason_2]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Patient too mild <i>[er1_tpanoreason_3]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Patient too severe <i>[er1_tpanoreason_4]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Contraindication to thrombolysis <i>[er1_tpanoreason_5]</i> (0=unchecked, 1=checked) <input type="checkbox"/> MD decision <i>[er1_tpanoreason_6]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Delay in decision to treat (despite ED arrival < 4 hours) <i>[er1_tpanoreason_7]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Not an ischemic stroke <i>[er1_tpanoreason_8]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Uncontrolled high blood pressure <i>[er1_tpanoreason_9]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Thrombolysis given prior to arrival at ED 1 <i>[er1_tpanoreason_10]</i> (0=unchecked, 1=checked) Show if [er1_tpagiven] = '2' @NONEOFTHEABOVE='1'			
*Final disposition at ED1: <input type="radio"/> Admit to this hospital (1) <input type="radio"/> Transfer to another hospital (2) <input type="radio"/> Death in the ED (3) <input type="radio"/> UTD (4) <i>[er1_disposition]</i>				
ED 2 - HOSPITAL BEFORE ED 1				
Was this patient transferred from an emergency department of another hospital, known as ED 2? Show if ([se_ineligible24hours] = '2' or [se_ineligible24hours] = '3') and [iv1_newstroke] <> '3'		<input type="radio"/> Yes (1) <input type="radio"/> No (2) <i>[er2_transfer]</i> To be imported from ICES admin data		
This patient was not transferred from another hospital. This section does not apply to this patient. <i>[er2_skip]</i> Show if [er2_transfer] = '2'				
This patient was transferred from an emergency department of another hospital, known as "ED 2." Name of ED 2: _____				

<p>PLEASE NOTE: if the chart indicates that the patient was transferred from a different ED, please e-mail Anahita</p> <p>Show if [er2_transfer] = '1'</p>		<p>[er2_name]</p> <p>To be imported from ICES admin data</p>			
<p>Mode of transport to ED 2:</p> <p>Show if [er2_transfer] = '1'</p>		<p><input type="radio"/> Private (1) <input type="radio"/> Ambulance (2) <input type="radio"/> UTD (3) [er2_transportmode]</p> <p>To be imported from ICES admin data</p>			
<p>Date and time of arrival at ED 2:</p> <p>Show if [er2_transfer] = '1'</p>		<p>_____ (D-M-Y H:M) [er2_afrhdatetime]</p> <p>To be imported from ICES admin data</p>			
<p>Clinical severity scores at ED 2: <input type="checkbox"/> NIHSS score [er2_severity_1] (0=unchecked, 1=checked) <input type="checkbox"/> GCS score [er2_severity_2] (0=unchecked, 1=checked) <input type="checkbox"/> UTD [er2_severity_3] (0=unchecked, 1=checked)</p> <p>Show if [er2_transfer] = '1' @NONEOFTHEABOVE='3'</p>		<p>Provide NIHSS score: _____ (Range is 0 to 40) [er2_nihssscore]</p> <p>Show if [er2_severity(1)] = '1'</p>			
		<p>Provide GCS score: _____ (Range is 3 to 15) [er2_gcscscore]</p> <p>Show if [er2_severity(2)] = '1'</p>			
<p>Was NEUROIMAGING (e.g. CT or MRI scan) completed at ED 2?</p> <p><input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) [iv2_scan]</p> <p>Show if [er2_transfer] = '1'</p>	<p>Is the date of time of neuroimaging at ED 2 documented?</p> <p><input type="radio"/> Yes (1) <input type="radio"/> No (2) [iv2_scandocumented]</p> <p>Show if [iv2_scan] = '1'</p>		<p>Date and time of neuroimaging at ED 2: _____ (D-M-Y H:M) [iv2_scandatetime]</p> <p>Show if [iv2_scandocumented] = '1'</p>		
	<p>Time from hospital arrival at ED 2 to neuroimaging at ED 2: Calculation: _____ minutes REDCap equation - (datediff([er2_afrhdatetime],[iv2_scandatetime],"m","dmy",true) [iv2_hosparrivaltoscantime]</p> <p>Show if [iv2_scandocumented] = '1'</p>				
	<p>Neuroimaging type at ED 2- select all that apply:</p> <p><input type="radio"/> CT head <input type="radio"/> MRI brain [iv2_scantype]</p> <p>Show if [iv2_scan] = '1'</p>				
	<p>Neuroimaging results at ED 2:</p> <p><input type="radio"/> No evidence of old or new stroke (1) <input type="radio"/> Evidence of old or new stroke (2) <input type="radio"/> No report (3) <input type="radio"/> UTD (4) [iv2_scanresults]</p> <p>Show if [iv2_scan] = '1'</p>		<p>Was there evidence of an OLD infarction or hemorrhage?</p> <p><input type="radio"/> No evidence of an OLD infarction nor hemorrhage (1) <input type="radio"/> Evidence of an OLD infarction (2) <input type="radio"/> Evidence of an OLD hemorrhage (3) <input type="radio"/> Evidence of an OLD infarction and hemorrhage (4) <input type="radio"/> UTD (5) [iv2_oldstroke]</p> <p>Show if [iv2_scanresults] = '2'</p>		
		<p>Was there evidence of a NEW infarction or hemorrhage?</p> <p><input type="radio"/> No evidence of a NEW infarction and/or hemorrhage (1) <input type="radio"/> Evidence of a NEW infarction (2) <input type="radio"/> Evidence of a NEW hemorrhage (3) <input type="radio"/> Evidence of a NEW infarction and hemorrhage (4) <input type="radio"/> UTD (5) [iv2_newstroke]</p> <p>Show if [iv2_scanresults] = '2'</p>			
		<p>If new infarction, select side. Select all that apply:</p> <p><input type="checkbox"/> Left hemisphere [iv2_infarctside_1] (0=unchecked, 1=checked) <input type="checkbox"/> Right hemisphere [iv2_infarctside_2] (0=unchecked, 1=checked) <input type="checkbox"/> Cerebellum/brainstem</p>		<p>If new infarction, was the ASPECT score reported?</p> <p><input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (0) [iv2_aspect]</p> <p>Show if [iv2_newstroke] = '2' or '1'</p>	
		<p>Enter ASPECT score: _____ (range should be 0 to 10) [iv2_aspectscore]</p> <p>Show if [iv2_aspect] = '1'</p>			

	<p><i>[iv2_infarctside_3]</i> (0=unchecked, 1=checked) <input type="checkbox"/> UTD <i>[iv2_infarctside_4]</i> (0=unchecked, 1=checked) Show if <i>[iv2_newstroke]</i> = '2' or <i>[iv2_newstroke]</i> = '4'</p>	<p><i>[iv2_newstroke]</i> = '4'</p>				
	<p>If new hemorrhage, select side. Select all that apply: <input type="checkbox"/> Left hemisphere <i>[iv2_ichside_1]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Right hemisphere <i>[iv2_ichside_2]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Cerebellum/brainstem <i>[iv2_ichside_3]</i> (0=unchecked, 1=checked) <input type="checkbox"/> UTD <i>[iv2_ichside_4]</i> (0=unchecked, 1=checked) Show if <i>[iv2_newstroke]</i> = '3' or <i>[iv2_newstroke]</i> = '4' @NONEOFTHEABOVE='4'</p>	<p>If new hemorrhage, was this referred as a secondary hemorrhage? <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) <i>[iv2_secondary]</i> Show if <i>[iv2_newstroke]</i> = '3' or <i>[iv2_newstroke]</i> = '4'</p>				
	<p>If new hemorrhage, describe the hemorrhage. Select all that apply: <input type="checkbox"/> Intracerebral hemorrhage <i>[iv2_ichloc_1]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Subarachnoid hemorrhage <i>[iv2_ichloc_2]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Intraventricular hemorrhage <i>[iv2_ichloc_4]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Petechial hemorrhage <i>[iv2_ichloc_5]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Subdural hemorrhage <i>[iv2_ichloc_6]</i> (0=unchecked, 1=checked) Show if <i>[iv2_newstroke]</i> = '3' or <i>[iv2_newstroke]</i> = '4'</p>					
<p>Was there NEUROVASCULAR imaging done at ED 2? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> UTD <i>[iv2_scanvascular]</i> Show if <i>[er2_transfer]</i> = '1'</p>	<p>ED 2 neurovascular scan type - select all that apply:</p>					
	<p>Show if <i>[iv2_scanvascular]</i> = '1' <input type="checkbox"/> CT-angiogram head and neck (CTA) <i>[iv2_scanvasculartype_1]</i> (0=unchecked, 1=checked)</p>		<p>Free text field for radiology report: <i>[iv2_scanvasculartype_1_text]</i> Show if <i>[iv2_scanvasculartype(1)]</i> = '1'</p>	<p>Was the CT-angiogram head and neck performed at the same time as the first CT head? <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) <i>[iv2_scanvasculartype_1_sametime]</i> Show if <i>[iv2_scanvasculartype(1)]</i> = '1'</p>		
	<p><input type="checkbox"/> CT perfusion head <i>[iv2_scanvasculartype_2]</i> (0=unchecked, 1=checked)</p>		<p>Was the CT-perfusion head performed at the same time as the first CT head? <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) <i>[iv2_scanvasculartype_2_sametime]</i> Show if <i>[iv2_scanvasculartype(2)]</i> = '1'</p>			
	<p><input type="checkbox"/> Magnetic Resonance Imaging - Angiography (MRA) <i>[iv2_scanvasculartype_3]</i> (0=unchecked, 1=checked)</p>					
	<p><input type="checkbox"/> Cerebral angiogram (DSA catheter angiogram) <i>[iv2_scanvasculartype_4]</i> (0=unchecked, 1=checked)</p>					
	<p><input type="checkbox"/> Carotid Dopplers <i>[iv2_scanvasculartype_5]</i> (0=unchecked, 1=checked)</p>					
	<p>ED 2 extracranial vessels: (if CTA, MRA or carotid dopplers is selected) Show if <i>[iv2_scanvasculartype(1)]</i> = '1' or <i>[iv2_scanvasculartype(3)]</i> = '1' or <i>[iv2_scanvasculartype(5)]</i> = '1'</p>					
	<p>Right carotid <i>[iv2_extracranialright]</i></p>	<p>Normal or Trace <input type="radio"/> (1)</p>	<p>Mild <input type="radio"/> (2)</p>	<p>Moderate <input type="radio"/> (3)</p>	<p>Severe <input type="radio"/> (4)</p>	<p>Occluded <input type="radio"/> (5)</p> <p>UTD <input type="radio"/> (6)</p>

	Left carotid <i>[iv2_extracranialleft]</i>	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	<input type="radio"/> (4)	<input type="radio"/> (5)	<input type="radio"/> (6)
	Vertebral arteries <i>[iv2_extracranialartery]</i>	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	<input type="radio"/> (4)	<input type="radio"/> (5)	<input type="radio"/> (6)
ED 2 intracranial vessels: (if CTA, MRA, or cerebral angiogram is selected)							
	<input type="radio"/> No occlusion (1) <input type="radio"/> Arterial occlusion (2) <i>[iv2_intracranial]</i> Show if <i>[iv2_scanvasculartype(1)] = '1'</i> or <i>[iv2_scanvasculartype(3)] = '1'</i> or <i>[iv2_scanvasculartype(4)] = '1'</i>	If arterial occlusion present, select all that apply: Show if <i>[iv2_intracranial] = '2'</i> Action tag - @NONEOTHEABOVE = 1,4'		None	Right	Left	Laterality Not Reported
		Intracranial internal carotid artery <i>[iv2_occlusion_ca]</i>	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (4)
		Proximal middle cerebral artery (MCA-M1) <i>[iv2_occlusion_m1]</i>	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (4)
		MCA-M2 occlusion <i>[iv2_occlusion_m2]</i>	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (4)
		Distal middle cerebral artery (M3 or more distal) <i>[iv2_occlusion_m3]</i>	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (4)
		Anterior cerebral artery <i>[iv2_occlusion_aca]</i>	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (4)
		Posterior cerebral artery <i>[iv2_occlusion_pca]</i>	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (4)
		Intracranial vertebral artery, PICA, AICA, SCA <i>[iv2_occlusion_va]</i>	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (4)
		Basilar <i>[iv2_occlusion_basilar]</i>	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (4)
	If arterial occlusion present, collateral status? <input type="radio"/> Good (1) <input type="radio"/> Intermediate (2) <input type="radio"/> Poor (3) <input type="radio"/> UTD (4) <i>[iv2_occlusionstatus]</i> Show if <i>[iv2_intracranial] = '2'</i>						
Was a consultation with a stroke team at an institution OUTSIDE of ED 2 performed for this event? <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) <i>[er2_consult]</i>	Which type of consultation was performed? <input type="radio"/> Criticall with Telestroke (1) <input type="radio"/> Criticall without Telestroke (2) <input type="radio"/> Without Criticall (3) <input type="radio"/> UTD (4) <i>[er2_consulttype]</i> Show if <i>[er2_consult] = '1'</i>	Was IV tPA recommended by the outside neurologist? <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) <i>[er2_teleivtparecommend]</i> Show if <i>[er2_consult] = '1'</i>					
Show if <i>[er2_transfer] = '1'</i>	Was transfer for EVT recommended by the outside neurologist? <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) <i>[er2_teleevtrecommend]</i> Show if <i>[er2_consult] = '1'</i>	Reason(s) for not initiating transfer to EVT centre - select all that apply: <input type="checkbox"/> No mention of EVT in the consult and admission note <i>[er2_noevttransfer_1]</i> (0=unchecked, 1=checked) <input type="checkbox"/> No arterial large vessel occlusion (LVO) <i>[er2_noevttransfer_2]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Patient characteristics and comorbidities <i>[er2_noevttransfer_3]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Mild symptoms <i>[er2_noevttransfer_4]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Established infarct <i>[er2_noevttransfer_5]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Hemorrhage <i>[er2_noevttransfer_6]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Occlusion not suitable/inaccessible (sub-occlusive, distal, atherosclerosis) <i>[er2_noevttransfer_7]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Patient did not consent <i>[er2_noevttransfer_8]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Nearest EVT centre too far <i>[er2_noevttransfer_9]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Other <i>[er2_noevttransfer_10]</i> (0=unchecked, 1=checked) <input type="checkbox"/> UTD <i>[er2_noevttransfer_11]</i> (0=unchecked, 1=checked) Show if <i>[er2_teleevtrecommend] = '2'</i>					

	<p>Was the patient transferred to a Regional or Enhanced Stroke Centre/District Stroke Centre following the consultation?</p> <p><input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) <i>[er2_telefollowuptransfer]</i></p> <p>Show if [er2_consult] = '1'</p>	<p>@NONEOFTHEABOVE='11'</p> <p>Mode of transportation for transfer:</p> <p><input type="radio"/> Ground-paramedics (1) <input type="radio"/> Ground-ORNGE (2) <input type="radio"/> Air-ORNGE (3) <input type="radio"/> UTD (4) <i>[er2_teletransport]</i></p> <p>Show if [er2_telefollowuptransfer] = '1'</p>	
<p>Was thrombolysis (tPA) given at ED 2?</p> <p><input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) <i>[er2_tpagiven]</i></p> <p>Show if [er2_transfer] = '1'</p>	<p>Is the date and time of thrombolysis (tPA) administration documented in the chart?</p> <p><input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) <i>[er2_tpadocument]</i></p> <p>Show if [er2_tpagiven] = '1'</p>	<p>Date and time of tPA administration:</p> <p>_____ (D-M-Y H:M) <i>[er2_tpadatetime]</i></p> <p>Show if [er2_tpadocument] = '1'</p>	<p>Hospital arrival to tPA administration: Calculation:</p> <p>_____ minutes (datediff([er2_afhrdatetime],[er2_tpadatetime],"m","dmy",true)) <i>[er2_tpadoortoneedle]</i></p> <p>Show if [er2_tpadocument] = '1'</p>
	<p>Was an NIHSS documented 48 hours after tPA?</p> <p><input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) <i>[er2_tpanihss]</i></p> <p>Show if [er2_tpagiven] = '1'</p>	<p>NIHSS score: _____ (range is 0 to 40) <i>[er2_tpanihssscore]</i></p> <p>Show if [er2_tpanihss] = '1'</p>	
	<p>Was there a complication of serious hemorrhage within the first 36 hours of tPA administration?</p> <p><input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) <i>[er2_tpatibleed]</i></p> <p>Show if [er2_tpagiven] = '1'</p>		
	<p>Document reason tPA not given (select all that apply):</p> <p><input type="checkbox"/> No reason documented <i>[er1_tpanoreason_1]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Outside of treatment window (generally > 4.5 hours) <i>[er1_tpanoreason_2]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Patient too mild <i>[er1_tpanoreason_3]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Patient too severe <i>[er1_tpanoreason_4]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Contraindication to thrombolysis <i>[er1_tpanoreason_5]</i> (0=unchecked, 1=checked) <input type="checkbox"/> MD decision <i>[er1_tpanoreason_6]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Delay in decision to treat (despite ED arrival < 4 hours) <i>[er1_tpanoreason_7]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Not an ischemic stroke <i>[er1_tpanoreason_8]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Uncontrolled high blood pressure <i>[er1_tpanoreason_9]</i> (0=unchecked, 1=checked)</p> <p>Show if [er2_tpagiven] = '2' @NONEOFTHEABOVE='1'</p>		
<p>Date and time when EMS picked up patient from ED 2 to go to ED 1:</p> <p>Show if [er2_transfer] = '1'</p>	<p>_____ (D-M-Y H:M) <i>[er2_emsdatetime]</i></p>		
<p>Date and time when leaving ED 2:</p> <p>Show if [er2_transfer] = '1'</p>	<p>_____ (D-M-Y H:M) <i>[er2_leavedatetime]</i> To be imported from ICES admin data</p>		
<p>ED 3 - HOSPITAL BEFORE ED 2</p>			
<p>Was this patient transferred from an emergency department of another hospital, known as ED 3?</p>	<p><input type="radio"/> Yes (1) <input type="radio"/> No (2) <i>[er3_transfer]</i></p>		

Show if $[(se_ineligible24hours) = '2' \text{ or } (se_ineligible24hours) = '3'] \text{ and } [iv1_newstroke] < '3'$				
This patient was not transferred from another hospital. This section does not apply to this patient. <i>[er3_skip]</i>				
Show if $[er3_transfer] = '2'$				
This patient was transferred from an emergency department of another hospital, known as "ED 3."				
Name of ED 3:		_____ <i>[er3_name]</i>		
Show if $[er3_transfer] = '1'$				
Mode of transport to ED 3:		<input type="radio"/> Private (1) <input type="radio"/> Ambulance (2) <input type="radio"/> UTD (3) <i>[er3_transportmode]</i>		
Show if $[er3_transfer] = '1'$				
Date and time of arrival at ED 3:		_____ (D-M-Y H:M) <i>[er3_afrhdatetime]</i>		
Show if $[er3_transfer] = '1'$				
Clinical severity scores at ED : <input type="checkbox"/> NIHSS score <i>[er3_severity_1]</i> (0=unchecked, 1=checked) <input type="checkbox"/> GCS score <i>[er3_severity_2]</i> (0=unchecked, 1=checked) <input type="checkbox"/> UTD <i>[er3_severity_3]</i> (0=unchecked, 1=checked) Show if $[er3_transfer] = '1'$ @NONEOFTHEABOVE='3'		Provide NIHSS score: _____ (range is 0 to 40) <i>[er3_nihssscore]</i> Show if $[er3_severity(1)] = '1'$		
		Provide GCS score: _____ (range is 3 to 15) <i>[er3_gcscscore]</i> Show if $[er3_severity(2)] = '1'$		
Was NEUROIMAGING (eg. CT or MRI scan) completed at ED 3? <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) <i>[iv3_scan]</i> Show if $[er3_transfer] = '1'$	Is the date and time of neuroimaging at ED 3 documented? <input type="radio"/> Yes <input type="radio"/> No <i>[iv3_scandocumented]</i> Show if $[iv3_scan] = '1'$	Date and time of neuroimaging at ED 3: _____(D-M-YH:M) <i>[iv3_scandatetime]</i> Show if $[iv3_scandocumented] = '1'$	Time from hospital arrival at ED 3 to neuroimaging at ED 3 Calculation: _____ minutes REDCap equation - $(datediff([er3_afrhdatetime],[iv3_scandatetime], "m", "dmy", true))$ <i>[iv3_hosparrivaltoscantime]</i> Show if $[iv3_scandocumented] = '1'$	
	Neuroimaging type at ED 3 - select all that apply: <input type="radio"/> CT head <i>[iv3_scantype_1]</i> (0=unchecked, 1=checked) <input type="radio"/> MRI brain <i>[iv3_scantype_2]</i> (0=unchecked, 1=checked) Show if $[iv3_scan] = '1'$			
	Neuroimaging results at ED 3: <input type="radio"/> No evidence of old or new stroke (1) <input type="radio"/> Evidence of old or new stroke (2) <input type="radio"/> No report (3) <input type="radio"/> UTD (4) <i>[iv3_scanresults]</i> Show if $[iv3_scan] = '1'$	Was there evidence of an OLD infarction or hemorrhage? <input type="radio"/> No evidence of an OLD infarction nor hemorrhage (1) <input type="radio"/> Evidence of an OLD infarction (2) <input type="radio"/> Evidence of an OLD hemorrhage (3) <input type="radio"/> Evidence of an OLD infarction and hemorrhage (4) <input type="radio"/> UTD (5) <i>[iv3_oldstroke]</i> Show if $[iv3_scanresults] = '2'$	Was there evidence of a NEW infarction or hemorrhage? <input type="radio"/> No evidence of a NEW infarction and/or hemorrhage (1) <input type="radio"/> Evidence of a NEW infarction (2) <input type="radio"/> Evidence of a NEW hemorrhage (3) <input type="radio"/> Evidence of a NEW infarction and hemorrhage (4) <input type="radio"/> UTD (5) <i>[iv3_newstroke]</i> Show if $[iv3_scanresults] = '2'$	
		If new infarction, select side. Select all that apply: <input type="checkbox"/> Left hemisphere <i>[iv3_infarctside_1]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Right hemisphere <i>[iv3_infarctside_2]</i>	If new infarction, was the ASPECT score reported? <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) <i>[iv3_aspect]</i>	Enter ASPECT score: _____ (range is 0 to 10) <i>[iv3_aspectscore]</i>

	<input type="checkbox"/> Cerebellum/brainstem <i>[iv3_infarctside_3]</i> (0=unchecked, 1=checked)	<input type="checkbox"/> UTD <i>[iv3_infarctside_4]</i> (0=unchecked, 1=checked)	Show if <i>[iv3_newstroke]</i> = '2' or <i>[iv3_newstroke]</i> = '4'	Show if <i>[iv3_aspect]</i> = '1'
	If new hemorrhage,- select side. Select all that apply: <input type="checkbox"/> Left hemisphere <i>[iv3_ichside_1]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Right hemisphere <i>[iv3_ichside_2]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Cerebellum/brainstem <i>[iv3_ichside_3]</i> (0=unchecked, 1=checked) <input type="checkbox"/> UTD <i>[iv3_ichside_4]</i> (0=unchecked, 1=checked)		If new hemorrhage,- was this referred as a secondary hemorrhage? <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) <i>[iv3_secondary]</i> Show if <i>[iv3_newstroke]</i> = '3' or <i>[iv3_newstroke]</i> = '4'	
	If new hemorrhage, describe the hemorrhage. Select all that apply: <input type="checkbox"/> Intracerebral hemorrhage <i>[iv3_ichloc_1]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Subarachnoid hemorrhage <i>[iv3_ichloc_2]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Intraventricular hemorrhage <i>[iv3_ichloc_3]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Petechial hemorrhage <i>[iv3_ichloc_4]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Sub-dural hemorrhage <i>[iv3_ichloc_5]</i> (0=unchecked, 1=checked) Show if <i>[iv3_newstroke]</i> = '3' or <i>[iv3_newstroke]</i> = '4'			
Was there NEUROVASCULAR imaging done at ED 3? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> UTD <i>[iv3_scanvascular]</i> Show if <i>[er3_transfer]</i> = '1'	ED 3 neurovascular scan type - select all that apply: Show if <i>[iv3_scanvascular]</i> = '1'			
	<input type="checkbox"/> <u>CT-angiogram head and neck (CTA)</u> <i>[iv3_scanvasculartype_1]</i> (0=unchecked, 1=checked)	Free text field for radiology report: <i>[iv3_scanvasculartype_1_text]</i> Show if <i>[iv3_scanvasculartype(1)]</i> = '1'		Was the CT-angiogram head and neck performed at the same time as the first CT head? <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) <i>[iv3_scanvasculartype_1_sametime]</i> Show if <i>[iv3_scanvasculartype(1)]</i> = '1'
	<input type="checkbox"/> <u>CT perfusion head</u> <i>[iv3_scanvasculartype_2]</i> (0=unchecked, 1=checked)	Was the CT-perfusion head performed at the same time as the first CT head? <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) <i>[iv3_scanvasculartype_2_sametime]</i>		

		Show if [iv3_scanvasculartype(2)] = '1'				
<input type="checkbox"/> Magnetic Resonance Imaging – Angiography (MRA) <i>[iv3_scanvasculartype_3]</i> (0=unchecked, 1=checked)						
<input type="checkbox"/> Cerebral angiogram (DSA catheter angiogram) <i>[iv3_scanvasculartype_4]</i> (0=unchecked, 1=checked)						
<input type="checkbox"/> Carotid Dopplers <i>[iv3_scanvasculartype_5]</i> (0=unchecked, 1=checked)						
ED 3 extracranial vessels: (if CTA, MRA or carotid dopplers is selected)						
Show if [iv3_scanvasculartype(1)] = '1' or [iv3_scanvasculartype(3)] = '1' or [iv3_scanvasculartype(5)] = '1'						
	Normal or Trace	Mild	Moderate	Severe	Occluded	UTD
Right carotid <i>[iv3_extracranialright]</i>	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	<input type="radio"/> (4)	<input type="radio"/> (5)	<input type="radio"/> (6)
Left carotid <i>[iv3_extracranialleft]</i>	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	<input type="radio"/> (4)	<input type="radio"/> (5)	<input type="radio"/> (6)
Vertebral arteries <i>[iv3_extracranialartery]</i>	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	<input type="radio"/> (4)	<input type="radio"/> (5)	<input type="radio"/> (6)
ED 3 intracranial vessels: (if CTA, MRA, or cerebral angiogram is selected)						
<input type="radio"/> No occlusion (1) <input type="radio"/> Arterial occlusion (2) <i>[iv3_intracranial]</i> Show if <i>[iv3_scanvasculartype(1)] = '1' or [iv3_scanvasculartype(3)] = '1' or [iv3_scanvasculartype(4)] = '1'</i>	If arterial occlusion present, select all that apply: Show if [iv3_intracranial] = '2' @NONEOFTHEABOVE='1,4'		None	Right	Left	Laterality not reported
	Intracranial internal carotid artery <i>[iv3_occlusion_ca]</i>		<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
	Proximal middle cerebral artery (MCA-M1) <i>[iv3_occlusion_m1]</i>		<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
	MCA-M2 occlusion <i>[iv3_occlusion_m2]</i>		<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
	Distal middle cerebral artery (M3 or more distal) <i>[iv3_occlusion_m3]</i>		<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
	Anterior cerebral artery <i>[iv3_occlusion_aca]</i>		<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
	Posterior cerebral artery <i>[iv3_occlusion_pca]</i>		<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
	Intracranial vertebral artery, PICA, AICA, SCA <i>[iv3_occlusion_va]</i>		<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
	Basilar <i>[iv3_occlusion_basilar]</i>		<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
	If arterial occlusion present, collateral status? <input type="radio"/> Good (1) <input type="radio"/> Intermediate (2) <input type="radio"/> Poor (3) <input type="radio"/> UTD (4) <i>[iv3_occlusionstatus]</i> Show if [iv3_intracranial] = '2'					
Was a consultation with a stroke team at an institution OUTSIDE of ED 3 performed for this event? <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) <i>[er3_consult]</i> Show if [er3_transfer] = '1'	Which type of consultation was performed? <input type="radio"/> Critical with Telestroke (1) <input type="radio"/> Critical without Telestroke (2) <input type="radio"/> Without Critical (3) <input type="radio"/> UTD (4) <i>[er3_consulttype]</i> Show if [er3_consult] = '1'		Was IV tPA recommended by the outside neurologist? <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) <i>[er3_teleivtparecommend]</i> Show if [er3_consult] = '1'			
	Was transfer for EVT recommended by the outside neurologist? <input type="radio"/> Yes (1)		Reason(s) for not initiating transfer to EVT centre - select all that apply: <input type="checkbox"/> No mention of EVT in the consult and admission note <i>[er3_noevttransfer_1]</i> (0=unchecked, 1=checked) <input type="checkbox"/> No arterial large vessel occlusion (LVO)			

	<ul style="list-style-type: none"> <input type="radio"/> No (2) <input type="radio"/> UTD (3) <p><i>[er3_teleevtercommend]</i></p> <p>Show if [er3_consult] = '1'</p>	<p><i>[er3_noevttransfer_2]</i> (0=unchecked, 1=checked)</p> <input type="checkbox"/> Patient characteristics and comorbidities	
	<p>Was patient transferred to a Regional or Enhanced Stroke Centre/District Stroke Centre following the OUTSIDE consultation?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) <p><i>[er3_telefollowuptransfer]</i></p> <p>Show if [er3_consult] = '1'</p>	<p><i>[er3_noevttransfer_3]</i> (0=unchecked, 1=checked)</p> <input type="checkbox"/> Mild symptoms <i>[er3_noevttransfer_4]</i> (0=unchecked, 1=checked)	
<p>Was thrombolysis (tPA) given at ED 3?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) <p><i>[er3_tpagiven]</i></p> <p>Show if [er3_transfer] = '1'</p>	<p>Is the date and time of tPA administration documented in the chart?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) <p><i>[er3_tpadocument]</i></p> <p>Show if [er3_tpagiven] = '1'</p>	<p>Date and time of tPA administration:</p> <p>_____ (D-M-Y H:M)</p> <p><i>[er3_tpadatetime]</i></p> <p>Show if [er3_tpadocument] = '1'</p>	<p>Hospital arrival to tPA administration :</p> <p>Calculation:</p> <p>_____ minutes</p> <p>(datediff([er_afrhdate time],[er1_tpadatetime],"m","dmy",true))</p> <p><i>[er3_doortoneedle]</i></p> <p>Show if [er3_tpadocument] = '1'</p>
	<p>Was an NIHSS documented within 48 hours after tPA?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) <p><i>[er3_tpanihss]</i></p> <p>Show if [er3_tpagiven] = '1'</p>	<p>NIHSS score: _____ (range is 0 to 40)</p> <p><i>[er3_tpanihssscore]</i></p> <p>Show if [er3_tpanihss] = '1'</p>	
<p>Was there a complication of serious hemorrhage within the first 36 hours of tPA administration?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) <p><i>[er3_tpatibleed]</i></p> <p>Show if [er3_tpagiven] = '1'</p>			
<p>Document reason tPA not given (select all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> No reason documented <i>[er1_tpanoreason_1]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Outside of treatment window (generally > 4.5 hours) <i>[er1_tpanoreason_2]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Patient too mild <i>[er1_tpanoreason_3]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Patient too severe <i>[er1_tpanoreason_4]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Contraindication to thrombolysis <i>[er1_tpanoreason_5]</i> (0=unchecked, 1=checked) <input type="checkbox"/> MD decision <i>[er1_tpanoreason_6]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Delay in decision to treat (despite ED arrival < 4 hours) <i>[er1_tpanoreason_7]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Not an ischemic stroke <i>[er1_tpanoreason_8]</i> (0=unchecked, 1=checked) <input type="checkbox"/> Uncontrolled high blood pressure <i>[er1_tpanoreason_9]</i> (0=unchecked, 1=checked) 			

	Show if [er3_tpagiven] = '2' @NONEOFTHEABOVE='1'
Date and time when EMS picked up patient from ED 3 to go to ED 2: Show if [er3_transfer] = '1'	_____ (D-M-Y H:M) <i>[er3_emsdatetime]</i>
Date and time when leaving ED 3: Show if [er3_transfer] = '1'	_____ (D-M-Y H:M) <i>[er3_leavedatetime]</i> To be imported by ICES admin data
Form status	
Complete?	REDCap specific variable (drop-down menu) <ul style="list-style-type: none"> • Incomplete (0) • Unverified (1) • Complete (2) <i>[ed_1_and_imaging_data_complete]</i>

FORM 9 - ED 1 TESTS		
This section is not applicable to this patient. Proceed to next section <i>[er1_tests_skip]</i>		
Show if [se_ineligible24hours] = '1' or [iv1_newstroke] = '3'		
Vital signs on hospital arrival (first available within the first 24 hours of seeking acute care treatment)		
Enter the systolic blood pressure (mmHG):	_____ <i>[er1_sbp]</i> If blood pressure cannot be found, enter 00.	
Enter the diastolic blood pressure (mmHG):	_____ <i>[er1_dbp]</i> If blood pressure cannot be found, enter 00.	
Lab work on hospital arrival (first available within the first 24 hours of seeking acute care treatment):		
Was INR measured? Show if ([se_ineligible24hours] = '2' or [se_ineligible24hours] = '3') and [iv1_newstroke] <> '3'	<input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) <i>[er1_inrtaken]</i>	Enter INR value (range is 0.5 to 20): _____ <i>[er1_inr]</i> Show if [er1_inrtaken] = '1'
Was creatinine measured? Show if ([se_ineligible24hours] = '2' or [se_ineligible24hours] = '3') and [iv1_newstroke] <> '3'	<input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) <i>[er1_creattaken]</i>	Enter creatinine value (range is 20 to 2000 umol/L): _____ <i>[er1_creat]</i> Show if [er1_creattaken] = '1'
Was blood glucose measured? Show if ([se_ineligible24hours] = '2' or [se_ineligible24hours] = '3') and [iv1_newstroke] <> '3'	<input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) <i>[er1_glucosetaken]</i>	Enter blood glucose level (range is 0 to 60 mmol/L): _____ <i>[er1_glucose]</i> Show if [er1_inrtaken] = '1'
Form status		
Complete?	REDCap specific variable (drop-down menu) <ul style="list-style-type: none"> • Incomplete (0) • Unverified (1) • Complete (2) <i>[ed_1_tests_complete]</i>	

FORM 10 – MEDICAL HISTORY

<p>*Based on documentation available in the chart, which of the following options best describes the patient's level of independence prior to stroke onset?</p>	<ul style="list-style-type: none"> <input type="radio"/> <u>Independence</u>: Patient is fully independent in all ADLs and IADLs (1) <input type="radio"/> <u>Slight Disability</u>: Patient is fully independent in all ADLs but is unable to carry out all IADLs (2) <input type="radio"/> <u>Moderate Disability</u>: Patient requires help for some ADLs but remains ambulatory (with or without a cane or walker) without the assistance of another person (3) <input type="radio"/> <u>Moderately Severe Disability</u>: Patient is unable to perform some of their ADLs, is unable to walk but can be left alone for several hours without supervision (4) <input type="radio"/> <u>Severe Disability</u>: Patient is bedridden, incontinent and requires constant nursing care <input type="radio"/> No documentation in the chart (5) <p>[pmh_preeventindepend]</p>						
<p>Is the patient currently pregnant or has she delivered within six weeks of symptom onset?</p> <p>Show if ([se_ineligible24hours] = '2' or [se_ineligible24hours] = '3') and [iv1_newstroke] <> '3'</p>	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Not applicable (male patient) (3) <p>[pmh_pregnancy]</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Trimester:</p> <ul style="list-style-type: none"> <input type="radio"/> First if GA 1-13 weeks (1) <input type="radio"/> Second if GA is 14-27 weeks (2) <input type="radio"/> Third if GA is > 27 weeks (3) <input type="radio"/> Postpartum within six weeks (4) <p>[pmh_trimester]</p> <p>Show if [pmh_pregnancy] = '1'</p> </td> </tr> </table>	<ul style="list-style-type: none"> <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Not applicable (male patient) (3) <p>[pmh_pregnancy]</p>	<p>Trimester:</p> <ul style="list-style-type: none"> <input type="radio"/> First if GA 1-13 weeks (1) <input type="radio"/> Second if GA is 14-27 weeks (2) <input type="radio"/> Third if GA is > 27 weeks (3) <input type="radio"/> Postpartum within six weeks (4) <p>[pmh_trimester]</p> <p>Show if [pmh_pregnancy] = '1'</p>				
<ul style="list-style-type: none"> <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Not applicable (male patient) (3) <p>[pmh_pregnancy]</p>	<p>Trimester:</p> <ul style="list-style-type: none"> <input type="radio"/> First if GA 1-13 weeks (1) <input type="radio"/> Second if GA is 14-27 weeks (2) <input type="radio"/> Third if GA is > 27 weeks (3) <input type="radio"/> Postpartum within six weeks (4) <p>[pmh_trimester]</p> <p>Show if [pmh_pregnancy] = '1'</p>						
<p>*Does the patient have any history of any of the following cardiac/vascular diseases or interventions?</p>	<table border="0" style="width: 100%; text-align: center;"> <tr> <td style="width: 60%;"></td> <td style="width: 10%;">No</td> <td style="width: 10%;">Yes</td> <td style="width: 10%;">UTD</td> </tr> </table>		No	Yes	UTD		
	No	Yes	UTD				
<p>Hypertension [pmh_hypertension]</p>	<table border="0" style="width: 100%; text-align: center;"> <tr> <td style="width: 60%;"><input type="radio"/> (2)</td> <td style="width: 10%;"><input type="radio"/> (1)</td> <td style="width: 10%;"><input type="radio"/> (3)</td> </tr> <tr> <td colspan="3">@DEFAULT = '2'</td> </tr> </table>	<input type="radio"/> (2)	<input type="radio"/> (1)	<input type="radio"/> (3)	@DEFAULT = '2'		
<input type="radio"/> (2)	<input type="radio"/> (1)	<input type="radio"/> (3)					
@DEFAULT = '2'							
<p>Diabetes [pmh_diabetes]</p>	<table border="0" style="width: 100%; text-align: center;"> <tr> <td style="width: 60%;"><input type="radio"/> (2)</td> <td style="width: 10%;"><input type="radio"/> (1)</td> <td style="width: 10%;"><input type="radio"/> (3)</td> </tr> <tr> <td colspan="3">@DEFAULT = '2'</td> </tr> </table>	<input type="radio"/> (2)	<input type="radio"/> (1)	<input type="radio"/> (3)	@DEFAULT = '2'		
<input type="radio"/> (2)	<input type="radio"/> (1)	<input type="radio"/> (3)					
@DEFAULT = '2'							
<p>Dyslipidemia [pmh_dyslipidemia]</p>	<table border="0" style="width: 100%; text-align: center;"> <tr> <td style="width: 60%;"><input type="radio"/> (2)</td> <td style="width: 10%;"><input type="radio"/> (1)</td> <td style="width: 10%;"><input type="radio"/> (3)</td> </tr> <tr> <td colspan="3">@DEFAULT = '2'</td> </tr> </table>	<input type="radio"/> (2)	<input type="radio"/> (1)	<input type="radio"/> (3)	@DEFAULT = '2'		
<input type="radio"/> (2)	<input type="radio"/> (1)	<input type="radio"/> (3)					
@DEFAULT = '2'							
<p>CURRENT smoker or quit within the last month [pmh_smoker]</p>	<table border="0" style="width: 100%; text-align: center;"> <tr> <td style="width: 60%;"><input type="radio"/> (2)</td> <td style="width: 10%;"><input type="radio"/> (1)</td> <td style="width: 10%;"><input type="radio"/> (3)</td> </tr> <tr> <td colspan="3">@DEFAULT = '2'</td> </tr> </table>	<input type="radio"/> (2)	<input type="radio"/> (1)	<input type="radio"/> (3)	@DEFAULT = '2'		
<input type="radio"/> (2)	<input type="radio"/> (1)	<input type="radio"/> (3)					
@DEFAULT = '2'							
<p>Previous stroke: [pmh_stroke]</p>	<table border="0" style="width: 100%; text-align: center;"> <tr> <td style="width: 60%;"><input type="radio"/> (2)</td> <td style="width: 10%;"><input type="radio"/> (1)</td> <td style="width: 10%;"><input type="radio"/> (3)</td> </tr> <tr> <td colspan="3">@DEFAULT = '2'</td> </tr> </table>	<input type="radio"/> (2)	<input type="radio"/> (1)	<input type="radio"/> (3)	@DEFAULT = '2'		
<input type="radio"/> (2)	<input type="radio"/> (1)	<input type="radio"/> (3)					
@DEFAULT = '2'							
<p>Previous TIA (include any TIAs that immediately preceded this visit): [pmh_tia]</p>	<table border="0" style="width: 100%; text-align: center;"> <tr> <td style="width: 60%;"><input type="radio"/> (2)</td> <td style="width: 10%;"><input type="radio"/> (1)</td> <td style="width: 10%;"><input type="radio"/> (3)</td> </tr> <tr> <td colspan="3">@DEFAULT = '2'</td> </tr> </table>	<input type="radio"/> (2)	<input type="radio"/> (1)	<input type="radio"/> (3)	@DEFAULT = '2'		
<input type="radio"/> (2)	<input type="radio"/> (1)	<input type="radio"/> (3)					
@DEFAULT = '2'							
<p>Congestive heart failure (CHF)/pulmonary edema: [pmh_pulmedema]</p>	<table border="0" style="width: 100%; text-align: center;"> <tr> <td style="width: 60%;"><input type="radio"/> (2)</td> <td style="width: 10%;"><input type="radio"/> (1)</td> <td style="width: 10%;"><input type="radio"/> (3)</td> </tr> <tr> <td colspan="3">@DEFAULT = '2'</td> </tr> </table>	<input type="radio"/> (2)	<input type="radio"/> (1)	<input type="radio"/> (3)	@DEFAULT = '2'		
<input type="radio"/> (2)	<input type="radio"/> (1)	<input type="radio"/> (3)					
@DEFAULT = '2'							
<p>Peripheral vascular disease (PVD): [pmh_peripheral disease]</p>	<table border="0" style="width: 100%; text-align: center;"> <tr> <td style="width: 60%;"><input type="radio"/> (2)</td> <td style="width: 10%;"><input type="radio"/> (1)</td> <td style="width: 10%;"><input type="radio"/> (3)</td> </tr> <tr> <td colspan="3">@DEFAULT = '2'</td> </tr> </table>	<input type="radio"/> (2)	<input type="radio"/> (1)	<input type="radio"/> (3)	@DEFAULT = '2'		
<input type="radio"/> (2)	<input type="radio"/> (1)	<input type="radio"/> (3)					
@DEFAULT = '2'							
<p>Atrial fibrillation or flutter: [pmh_atrialfib]</p>	<table border="0" style="width: 100%; text-align: center;"> <tr> <td style="width: 60%;"><input type="radio"/> (2)</td> <td style="width: 10%;"><input type="radio"/> (1)</td> <td style="width: 10%;"><input type="radio"/> (3)</td> </tr> <tr> <td colspan="3">@DEFAULT = '2'</td> </tr> </table>	<input type="radio"/> (2)	<input type="radio"/> (1)	<input type="radio"/> (3)	@DEFAULT = '2'		
<input type="radio"/> (2)	<input type="radio"/> (1)	<input type="radio"/> (3)					
@DEFAULT = '2'							
<p>Valve replacement: [pmh_valve]</p>	<table border="0" style="width: 100%; text-align: center;"> <tr> <td style="width: 60%;"><input type="radio"/> (2)</td> <td style="width: 10%;"><input type="radio"/> (1)</td> <td style="width: 10%;"><input type="radio"/> (3)</td> </tr> <tr> <td colspan="3">@DEFAULT = '2'</td> </tr> </table>	<input type="radio"/> (2)	<input type="radio"/> (1)	<input type="radio"/> (3)	@DEFAULT = '2'		
<input type="radio"/> (2)	<input type="radio"/> (1)	<input type="radio"/> (3)					
@DEFAULT = '2'							
<p>Deep vein thrombosis/pulmonary embolus: [pmh_deepvein]</p>	<table border="0" style="width: 100%; text-align: center;"> <tr> <td style="width: 60%;"><input type="radio"/> (2)</td> <td style="width: 10%;"><input type="radio"/> (1)</td> <td style="width: 10%;"><input type="radio"/> (3)</td> </tr> <tr> <td colspan="3">@DEFAULT = '2'</td> </tr> </table>	<input type="radio"/> (2)	<input type="radio"/> (1)	<input type="radio"/> (3)	@DEFAULT = '2'		
<input type="radio"/> (2)	<input type="radio"/> (1)	<input type="radio"/> (3)					
@DEFAULT = '2'							
<p>Coronary artery disease (CAD) (including myocardial infarction, angina, or coronary interventions): [pmh_cad]</p>	<table border="0" style="width: 100%; text-align: center;"> <tr> <td style="width: 60%;"><input type="radio"/> (2)</td> <td style="width: 10%;"><input type="radio"/> (1)</td> <td style="width: 10%;"><input type="radio"/> (3)</td> </tr> <tr> <td colspan="3">@DEFAULT = '2'</td> </tr> </table>	<input type="radio"/> (2)	<input type="radio"/> (1)	<input type="radio"/> (3)	@DEFAULT = '2'		
<input type="radio"/> (2)	<input type="radio"/> (1)	<input type="radio"/> (3)					
@DEFAULT = '2'							
<p>Dementia/Alzheimer's Disease: [pmh_dementia]</p>	<table border="0" style="width: 100%; text-align: center;"> <tr> <td style="width: 60%;"><input type="radio"/> (2)</td> <td style="width: 10%;"><input type="radio"/> (1)</td> <td style="width: 10%;"><input type="radio"/> (3)</td> </tr> <tr> <td colspan="3">@DEFAULT = '2'</td> </tr> </table>	<input type="radio"/> (2)	<input type="radio"/> (1)	<input type="radio"/> (3)	@DEFAULT = '2'		
<input type="radio"/> (2)	<input type="radio"/> (1)	<input type="radio"/> (3)					
@DEFAULT = '2'							

Renal disease: [pmh_renal]		<input type="radio"/> (2)	<input type="radio"/> (1)	<input type="radio"/> (3)
		@DEFAULT = '2'		
Depression: [pmh_depression]		<input type="radio"/> (2)	<input type="radio"/> (1)	<input type="radio"/> (3)
		@DEFAULT = '2'		
Is the patient currently receiving active investigation or treatment for cancer?		<input type="radio"/> (2)	<input checked="" type="radio"/> (1)	<input type="radio"/> (3)
		@DEFAULT = '2'		
		Does the patient have metastatic cancer? <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) [pmh_metastatic] Show if [pmh_cancer] = '1'		
Form status				
Complete?	REDCap specific variable (drop-down menu) <ul style="list-style-type: none"> Incomplete (0) Unverified (1) Complete (2) [medical_history_complete]			

FORM 11 - CONSULTS	
DO NOT COLLECT DATA: This section is not applicable to this patient, proceed to next section [hc_consults_skip]	
Show if [se_ineligible24hours] = '1' or [iv1_newstroke] = '3'	
Was there an order or consult note for palliative/comfort measures only? Show if ([se_ineligible24hours] = '2' or [se_ineligible24hours] = '3') and [iv1_newstroke] <> '3'	<input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) [hc_palliative]
Was a speech language pathology (SLP) assessment or swallowing screen performed within 72 hours of the patient arriving at this hospital? This includes bedside assessments done by health care providers (e.g. nurses) or standardized swallowing screen tests (e.g. TOR-BSST). Show if ([se_ineligible24hours] = '2' or [se_ineligible24hours] = '3') and [iv1_newstroke] <> '3'	<input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3) [hc_swallowing]
If a SLP assessment or standardized swallowing screen test (e.g. TOR-BSST) was performed, what was the result? <input type="radio"/> Pass/normal (1) <input type="radio"/> Fail/dietary modification (including NPO) (2) <input type="radio"/> UTD (3) [hc_swallowingscreen] Show if [hc_swallowing] = '1'	
Consultations and Assessments either in person or by teleconsult (e.g. videoconference consult). Select all that apply: Show if ([se_ineligible24hours] = '2' or [se_ineligible24hours] = '3') and [iv1_newstroke] <> '3'	<input type="checkbox"/> Neurology [hc_consult_1] (0=unchecked, 1=checked) <input type="checkbox"/> Neurosurgery [hc_consult_2] (0=unchecked, 1=checked) <input type="checkbox"/> Vascular Surgery [hc_consult_3] (0=unchecked, 1=checked) <input type="checkbox"/> Rehab Medicine/Physiatry [hc_consult_4] (0=unchecked, 1=checked) <input type="checkbox"/> Occupational Therapy [hc_consult_5] (0=unchecked, 1=checked) <input type="checkbox"/> Speech Therapy [hc_consult_6] (0=unchecked, 1=checked) <input type="checkbox"/> Physiotherapy [hc_consult_7] (0=unchecked, 1=checked) <input type="checkbox"/> Nutrition [hc_consult_8] (0=unchecked, 1=checked) <input type="checkbox"/> Social Work [hc_consult_9] (0=unchecked, 1=checked) <input type="checkbox"/> None of the above [hc_consult_10] (0=unchecked, 1=checked) @NONEOFTHEABOVE='10'
Form status	
Complete?	REDCap specific variable (drop-down menu) <ul style="list-style-type: none"> Incomplete (0) Unverified (1) Complete (2)

FORM 12 – IN HOSPITAL CARE**This section is not applicable to this patient. Proceed to next section.***[hi_skip]*

Show if [se_ineligible24hours] = '1' or [iv1_newstroke] = '3'

Was the patient intubated at any time during admission?

Show if ([se_ineligible24hours] = '2' or [se_ineligible24hours] = '3') and [iv1_newstroke] <> '3'

- Yes (1)
 No (2)
 UTD (3)
[hi_intubate]

Enter date and time of intubation:_____ (D-M-Y H:M)
[hi_intubatedatetime]

Show if [hi_intubate] = '1'

Did the patient receive a carotid endarterectomy (CEA) or carotid artery stent (CAS)?

Show if ([se_ineligible24hours] = '2' or [se_ineligible24hours] = '3') and [iv1_newstroke] <> '3'

- Yes (1)
 No (2)
 UTD (3)
[hi_endarterectomy]

Did the patient receive a NG tube (for feeding purposes)?

Show if ([se_ineligible24hours] = '2' or [se_ineligible24hours] = '3') and [iv1_newstroke] <> '3'

- Yes (1)
 No (2)
 UTD (3)
[hi_ng]

Did the patient spend any part of their hospital stay on a stroke unit as per special project 340?

Show if ([se_ineligible24hours] = '2' or [se_ineligible24hours] = '3') and [iv1_newstroke] <> '3'

- Yes (1)
 No (2)
 UTD (3)
[hi_strokeunit]

Was the patient admitted to ICU within the first 48 hours of presentation to ED 1?

Show if ([se_ineligible24hours] = '2' or [se_ineligible24hours] = '3') and [iv1_newstroke] <> '3'

- Yes (1)
 No (2)
 UTD (3)
[hi_admitted48hrs]

Form status**Complete?**

REDCap specific variable (drop-down menu)

- Incomplete (0)
- Unverified (1)
- Complete (2)

[in_hospital_care_complete]

FORM 13 – MEDICATIONS

<p>Was the patient on an antithrombotic agent (antiplatelet or anticoagulant) PRIOR to this event?</p> <p>Show if ([se_ineligible24hours] = '2' or [se_ineligible24hours] = '3') and [iv1_newstroke] <> '3'</p>	<p><input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> UTD (3)</p> <p>[ei_priorantithrombotic]</p>	<p>Antithrombotic agent – select all that apply:</p> <p><input type="checkbox"/> ASA (Aspirin®) [ei_prior_1] (0=unchecked, 1=checked) <input type="checkbox"/> Clopidogrel (Plavix®) [ei_prior_2] (0=unchecked, 1=checked) <input type="checkbox"/> Ticagralor (Brilinta®) [ei_prior_3] (0=unchecked, 1=checked) <input type="checkbox"/> Warfarin (Coumadin®) [ei_prior_4] (0=unchecked, 1=checked) <input type="checkbox"/> Dabigatran (Pradaxa®) [ei_prior_5] (0=unchecked, 1=checked) <input type="checkbox"/> Rivaroxaban (Xarelto®) [ei_prior_6] (0=unchecked, 1=checked) <input type="checkbox"/> Apixaban (Eliquis®) [ei_prior_7] (0=unchecked, 1=checked) <input type="checkbox"/> Edoxaban (Lixiana®) [ei_prior_8] (0=unchecked, 1=checked) <input type="checkbox"/> Other anti-thrombotic [ei_prior_9] (0=unchecked, 1=checked)</p> <p>Show if [ei_priorantithrombotic] = '1'</p>
<p>*Was the patient discharged alive?</p>	<p><input type="radio"/> Yes (1) <input type="radio"/> No (2)</p> <p>[d_dischargealive]</p>	<p>*DISCHARGED on an antithrombotic agent? Select all that apply:</p> <p><input type="checkbox"/> No [d_meds_1] (0=unchecked, 1=checked) <input type="checkbox"/> ASA (Aspirin®) [d_meds_2] (0=unchecked, 1=checked) <input type="checkbox"/> Clopidogrel (Plavix®) [d_meds_3] (0=unchecked, 1=checked) <input type="checkbox"/> Ticagralor (Brilinta®) [d_meds_4] (0=unchecked, 1=checked) <input type="checkbox"/> Warfarin (Coumadin®) [d_meds_5] (0=unchecked, 1=checked) <input type="checkbox"/> Dabigatran (Pradaxa®) [d_meds_6] (0=unchecked, 1=checked) <input type="checkbox"/> Rivaroxaban (Xarelto®) [d_meds_7] (0=unchecked, 1=checked) <input type="checkbox"/> Apixaban (Eliquis®) [d_meds_8] (0=unchecked, 1=checked) <input type="checkbox"/> Edoxaban (Lixiana®) [d_meds_9] (0=unchecked, 1=checked) <input type="checkbox"/> Low molecular weight heparin (LMWH), e.g. dalteparin (Fragmin®), enoxaparin (Lovenox®), tinzaparin (Innohep®) [d_meds_10] (0=unchecked, 1=checked) <input type="checkbox"/> Other antithrombotic [d_meds_11] (0=unchecked, 1=checked)</p> <p>Show if [d_dischargealive] = '1' @NONEOFTHEABOVE='1'</p>
<p>Form status</p>		
<p>Complete?</p>	<p>REDCap specific variable (drop-down menu)</p> <ul style="list-style-type: none"> • Incomplete (0) • Unverified (1) • Complete (2) <p>[medications_complete]</p>	

FORM 14 - COMPLICATIONS

This section is not applicable to this patient. Proceed to next section.

[hcp_skip]

[se_ineligible24hours] = '1' or [iv1_newstroke] = '3'

Complications within the first 30 days at this hospital (either in the ED or while admitted):	No	Yes	UTD
<p>Show if ([se_hospitalarrival24hrs] = '2' or [se_hospitalarrival24hrs] = '3') and [iv1_newstroke] <> '3'</p>			
<p>Did atrial fibrillation or flutter develop at any time during hospitalization? [hcp_atrialfib]</p>	<p><input type="radio"/> (2)</p>	<p><input type="radio"/> (1)</p>	<p><input type="radio"/> (3)</p>
<p>Seizure: [hcp_seizure]</p>	<p><input type="radio"/> (2)</p>	<p><input type="radio"/> (1)</p>	<p><input type="radio"/> (3)</p>
<p>Cardiac or respiratory arrest: [hcp_cardiacarrest]</p>	<p><input type="radio"/> (2)</p>	<p><input type="radio"/> (1)</p>	<p><input type="radio"/> (3)</p>
<p>Pneumonia: [hcp_pneumonia]</p>	<p><input type="radio"/> (2)</p>	<p><input type="radio"/> (1)</p>	<p><input type="radio"/> (3)</p>

Myocardial infarct: [hcp_mi]	<input type="radio"/> (2)	<input type="radio"/> (1)	<input type="radio"/> (3)	
External ventricular drain placement [hcp_ventricular]	<input type="radio"/> (2)	<input type="radio"/> (1)	<input type="radio"/> (3)	
Malignant edema with decompression craniectomy [hcp_edemacrani]	<input type="radio"/> (2)	<input type="radio"/> (1)	<input type="radio"/> (3)	
Malignant edema without decompression craniectomy [hcp_edemanocrani]	<input type="radio"/> (2)	<input type="radio"/> (1)	<input type="radio"/> (3)	
Urinary tract infection [hcp_uti]	<input type="radio"/> (2)	<input type="radio"/> (1)	<input type="radio"/> (3)	
GI hemorrhage requiring transfusion: [hcp_hemorrhage]	<input type="radio"/> (2)	<input type="radio"/> (1)	<input type="radio"/> (3)	
Excluding the presenting event, did a new stroke occur in the first 30 days at this hospital? [hcp_newstroke]	<input type="radio"/> (2)	<input checked="" type="radio"/> (1)	<input type="radio"/> (3)	<p>If new stroke, type of stroke?</p> <input type="radio"/> Ischemic (1) <input type="radio"/> Hemorrhagic (2) <input type="radio"/> UTD (3) [hcp_stroketype] <p>If yes, when did the new stroke occur?</p> <p>_____ (D-M-Y) [hcp_stroketype]date]</p> <p>Show if [hcp_newstroke] = '1'</p>
Show if ([se_hospitalarrival24hrs] = '2' or [se_hospitalarrival24hrs] = '3') and [iv1_newstroke] <> '3'				Show if [hcp_stroketype] = '1'
Form status				
Complete?	REDCap specific variable (drop-down menu)			
	<ul style="list-style-type: none"> Incomplete (0) Unverified (1) Complete (2) [hcp_complications_complete]			

FORM 15 – FINAL DISPOSITION	
*Discharge date:	____ (D-M-Y) [d_dischdate]
*Discharge to:	<input type="radio"/> Home (1) <input type="radio"/> Other acute care hospital (2) <input type="radio"/> Complex continuing care, long-term care/nursing home (3) <input type="radio"/> Inpatient rehabilitation program or facility (4) <input type="radio"/> Other (e.g. psychiatric facility or palliative care facility) (5) <input type="radio"/> Death (6) [d_dischargeto]
*Rankin Score at discharge:	<p>This question will only appear if [d_dischargealive] = 1 (question from section 11)</p> <input type="radio"/> 0 - No symptoms at all (1) <input type="radio"/> 1 - No significant disability despite symptoms: able to carry out all usual duties and activities (2) <input type="radio"/> 2 - Slight disability: unable to carry out all previous activities, but able to look after own affairs without assistance (3) <input type="radio"/> 3 - Moderate disability: requiring some help, but able to walk without assistance (4) <input type="radio"/> 4 - Moderate to severe disability: unable to walk without assistance and unable to attend to own bodily needs without assistance (5) <input type="radio"/> 5 - Severe disability: bedridden, incontinent, and requiring constant nursing care and attention (6) <input type="radio"/> Not enough data available in the chart to calculate the Rankin score (7) [d_rankin] <p>Show if [d_dischargealive] = '1'</p>
*What was the discharge diagnosis?	<input type="radio"/> Ischemic Stroke (1) <input type="radio"/> Intracerebral hemorrhage (2) <input type="radio"/> Transient ischemic attack (3) <input type="radio"/> Subarachnoid hemorrhage (4) <input type="radio"/> UTD (5) <input type="radio"/> Non-stroke (6) [d_diagnosis]
Form status	
Complete?	REDCap specific variable (drop-down menu)

	<ul style="list-style-type: none">• Incomplete (0)• Unverified (1)• Complete (2) <p><i>[final_disposition_complete]</i></p>
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