STROKE EVENT REGISTRATION DATA 2000-01-01

FORM Form identification |3|

VERSION Form version |5|

CENTRE MONICA Collaborating Centre Code |6|0|

REPUNIT MONICA Reporting Unit Code |__|__|

SERIAL Serial number |__|__|__|__|__|__||__|

DREG Date of registration (year, month, day) |__|__|__|__|__|__|

MUNCIP |__|__||__|__||__|__|

NAMEPAT Name of patient.....

ADDRESS Address of patient.....

PNR Date of birth (year, month, day) |__|__|__|__|__|__|__|__|__|__|

SEX 1= male 2= female |__|

MARITAL 1= married/cohabitant 2= not married/cohab 9= not known |__|

LIVAREA **Living in** |__|
1= Umeå, Skellefteå, Luleå,
Piteå, Kiruna, Boden
2= other municipality
3= rural area

MANAGE **Management** |__|
1= in hospital ward
2= in nursing home
3= at home by doctor
4= medically unattended
5= other medical consultation without bedrest in hospital or at home
9= insufficient data

TRPLACE **Treatment place** |__|__|
01= Boden Central Hospital
02= Gällivare Hospital
03= Kalix Hospital
04= Kiruna Hospital
05= Luleå Hospital
06= Piteå Hospital
07= Lycksele Hospital
08= Skellefteå Hospital
15= Sunderby Hospital
Univ Hospital of Umeå
20= Dept. Stroke
21= Dept. Medicin
10= Health Care Centre
11= other hospital or health care centre not in Västerbotten or Norrbotten
12= treated only at home
13= medically unattended (sudden death)
14= hopital abroad
24= other clinics (not geriatric)
30= geriatric clinic
22= Dept. Neurology
23= Dept. Neurosurg.

DADM Date of admission (year, month, day) |__|__|__|__|__|__|

DONSET Date of onset (year, month, day) |__|__|__|__|__|__|

DDIS Date of discharge (year, month, day) |__|__|__|__|__|__|

BACKGROUND INFORMATION

PLATT **Habitation before stroke** |___|
1= home/service home
2= institutional living
9= insufficient data

SCARE 1 **Patient's self care performance before stroke** |___|
1= independent 3= fully dependent
2= partly dependent 9= not known

HYPERT **Hypertension before this event** |___|
1= no 3= yes, no drug treatment
2= yes, on drug treatment 9= not known

PREVST **Previous stroke event** |___|
1= yes, records seen 3= no
2= yes, not verified by medical records 9= insufficient data

NRSTRN **Number of previous stroke(s)** |___|
8= if there was non
9= unknown

PPARES **History of signs of paralysis/weakness caused by earlier stroke(s) and persistant at onset of present stroke** |___|
1= yes 7= not applicable
2= no 9= insufficient data

PSPEECH **Speech disturbance (dysphasia/aphasia) caused by earlier stroke(s) and persistant at onset of present stroke** |___|
1= yes 7= not appicable
2= no 9= insufficient data

SMOKE **Tobacco use** |___|
1= non smoker 5= snuffer and smoker
2= smoker 6= snuffer, ex-smoker
3= ex-smoker 9= not known
4= snuffer, not smoker

PRMI 1 **Previous myocardial infarction ≥28 days before index episode** |___|
1= yes, documented 4= no, undocumented
2= yes, undocumented 5= suspected
3= no, documented 9= not recorded

PRMI 2 **Previous myocardial infarction <28 days before index episode** |___|
1= yes, documented 4= no, undocumented
2= yes, undocumented 5= suspected
3= no, documented 9= not recorded

PRMI 3 **Number of previous MI** |___|
9= unknown

ATRFIB **Has the patient been diagnosed to have atrial fibrillation or flutter?** |___|
1= yes 2= no 9= insufficient data

AVALVE **Has the patient been diagnosed to have other valvular diseases?** |___|
1= yes 2= no 9= insufficient data

CAINSU **History or signs of cardiac failure** |___|
1= yes 2= no 9= insufficient data

DIAB **History of diabetes** |___|
1= no 4= type unspecified
2= type I 5= diagnosed during the present visit
3= type II 9= unknown

HLIP **History of hyperlipedemia** |___|
1= no 5= diagnosed during the present visit
2= yes 9= unknown

PRTIA **Has the patient been diagnosed TIA before this event?** |___|
1= no 2= yes 9= insufficient data

ONSET DATA

HYTHERN **Antihypertensive therapy <u>at onset</u>**
1= yes 2= no 9= unknown

- beta-blockers |___|
- diuretics |___|
- calcium-blocking agents |___|
- ACE-inhibitors |___|
- others, specify ..... |___|

THTHERN **Antithrombotic agents at onset**
1= yes 2= no 9= unknown

- anticoagulants |___|
- acetylsalicylates |___|
- platelet antiaggregants |___|
- thrombolytic agents |___|
- others, specify ..... |___|

LIPTHERN **Antihyperlipidaemic treatment at onset**
1= yes 2= no 9= unknown

- statins |___|
- fibrater/resins/nicotineacids |___|
- others, specify ..... |___|

EXAM **Examination by**
1= yes
2= no
9= insufficient data

EXAM 1	Physician	|_|_|
EXAM 2	Internist	|_|_|
EXAM 3	Neurologist	|_|_|
EXAM 4	Lumbar puncture	|_|_|
EXAM 5	Angiography	|_|_|
EXAM 6	Brain scan	|_|_|
EXAM 7	Electroencephalogram	|_|_|
EXAM 8	Carotic-artery ultrasonud	|_|_|
EXAM 9	Electrocardiogram	|_|_|
EXAM 10	Computerized axial tomography	|_|_|
EXAM 11	MR	|_|_|
EXAM 12	MR angiography	|_|_|
EXAM 13	Others	|_|_|

IATRO **Possible iatrogenic event** |_|_|
1= yes, caused by surgery, angiography etc
2= no
3= yes, caused by anticoagulants, thrombolytic agents
4= yes, caused by antiplatelet drugs
5= other possible reasons
9= insufficient data

SYMPLN **Where did the symptoms start** |_|_|
1= outside hospital/service home
2= acute hospital
3= others
7= not applicable
9= insufficient data

DURSYMN **Duration of neurologic symptoms before first medical contact** |_|_|
1= < 6 hours
2= 6 h – 11 h and 59 min
3= ≤ 12 h
4= 12 h – 23 h and 59 min
5=≤ 24h
6= > 24 h
7= not applicable
9= insufficient data

CONSCF **Clinical data of consciousness at first examination** |__|

1= fully conscious
2= somnolent-semicoma
3= coma
7= not applicable
9= unknown

PARESF **Motor defecit at first examination** |__|

1= no deficit
2= weakness-paralysis
3= not assessable
7= not applicable
9= unknown

CONC **Clinical data of consciousness at time of maximal impairment at hospitalization** |__|

1= fully conscious
2= somnolent-semicoma
3= coma
7= not applicable
8= dead in hospital
9= unknown

PARES **Motor deficit max impairment during hospitalization or at time of medical attetion outside hospital**

1= no defecit
2= weakness-parplysis
3= not assessable
7= not applicable
8= dead in hospital
9= unknown

RARM • Rigth arm |__|

RLEG • Right leg |__|

LARM • Left arm |__|

LLEG • Left leg |__|

SPEECHN **Speech disturbance during hospitalization or at time of medical attention outside hospital** |__|

1= no
2= yes
3= not assessable
7= not applicable
9= unknown

COURSEN **Progress of symptoms within the first 72 hours of onset** |__|

1= symptoms unchanged
2= symptom progress
3= not assessable
4= symptoms improved
5=fluctuating symptoms
7= not applicable
9= insufficient data

TREATMENT

Emergency care during the first 7 days (in hospital)

1= no
2= yes, before this event
3= yes, before this event but terminated after the admission to hospital
4= yes, began after this event
7= not applicable
9= insufficient data

ACHEP	full dose heparin / heparinoids	|___|
ACHEPL	low dose heparin / heparinoids	|___|
ACORAL	oral anticoagulants	|___|
ACASA	acetylsalicylates	|___|
ACAPL	other platelet antiaggregants	|___|
ACLYT	thrombolytic treatment	|___|
ACHOSM	hyperosmotic treatment	|___|
ACCORT	steroids	|___|
ACEVAC	acute evacuation of haematoma	|___|
ACMED	other specific therapy	|___| specify.....
ACVES	acute vascular surgery	|___|
ACANG	acute angioplasty	|___|
ACSURG	other surgery intervention	|___|
ACTUT	patient included in a drug trial	|___| specify.....

SECONDARY PREVENTION

In order to reduce the risk of further attacks, and started within 28 days

1= no
2= yes
3= was planned but not started within 28 days
7= not applicable
9= insufficient data

PRORAC	anticoagulants	|___|
PRASA	acetylsalicylates	|___|
ACAPL	other platelet antiaggregants	|___|
PRMED	other specific secondary prevention by drugs	|___| specify.....
PRVESS	vascular surgery	|___|
PRANG	angioplasty	|___|

SCARE 2 **Patient self care performance at discharge from hospital** |__|

1= independent
2= partly dependent
3= fully dependent
7= not applicable
8= dead
9= unknown

DISTO **Discharge from acute-care hospital to:** |__|

1= home
2= long stay hospital
3= other institution
4= other hospital
5= old peoples home
7= not applicable
8= dead
9= not known

TYPE/DIAGNOSES

TYPE **Type of stroke** |__|__|__|__|

DIAGNCAT **Diagnostic category of stroke** |__|

MCLIN 1 |__|__|__|__|

MCLIN 2 |__|__|__|__|

MCLIN 3 |__|__|__|__|

SURVIVAL **Survival at 28 days** |__|

1= yes
2= no
9= insufficent data

Clinical or death certificate diagnoses

CLIND 1 Main clinical condition or direct cause of death |__|__|__|__|

CLIND 2 Other clinical condition or intervening antecedent cause of death |__|__|__|__|

CLIND 3 Other clinical condition or underlying cause of death |__|__|__|__|

.....

DDEATH **Date of death (year, month, day)** |__|__|__|__|__|__|

SURVTIME **Survival time (days)** |__|__|

NECROPE **Necropsy performed** |__|

1= yes, routine
2= yes, medico –legal
4= no
8= alive at 28 days
9= insufficient data

Necropsy diagnoses

NECRODG Direct cause of death |__|__|__|__|

NECRODG 2 Other disease or condition |__|__|__|__|

NECRODG 3 Other disease or condition |__|__|__|__|

ICDVER Version of ICD code used for diagnosis |__|

1= ICD 8
2= ICD 9
3= ICD 10