Version 5.0 To be used for all acute stroke registrations from 1 January 2014 onwards.

RIKS-STROKE - TIA

Personal ID number  I____I____I____I____I____I____I____I____I____I____I

Gender  1 = male  2 = female  I____I

Name

Address*

Telephone*

Optional information* (e.g. name and telephone number of next of kin or other)

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* Address, telephone number and optional information are available in printed form only and should not be recorded electronically

Date of onset  I____I____I____I____I____I____I____

G 45 = TIA/cerebral ischemia/transient within 24 hours (G45.4 transitory global amnesia is not registered)

TO REGISTER A TIA DIAGNOSIS AFTER THROMBOLYTIC THERAPY, PLEASE USE SEPARATE FORM FOR ACUTE PHASE FOR REGISTRATION OF STROKE

-------------------------------------------------- SEQUENCE OF CARE ----------------------------------------

Reporting hospital  I____I____I____I____I____I____I____I____I

Ward/department  I____I____I____I____I____I____I____I____I____I____I

Completed by (name of person completing this form)

Municipality code at time of onset (Completed automatically in the reg.module)  I____I____I____I____I____I____I____I____I____I____I

County code at time of onset (Completed automatically in the reg.module)  I____I____I____I____I____I____I____I____I____I____I

Has the patient been admitted for treatment for this TIA episode?  I____I____I____I____I____I____I____I____I____I____I

1 = yes, applies also to patient already admitted at time of onset  2 = no

Did the patient arrive by ambulance?  1 = yes  2 = no  9 = not known

Number of hours from onset to arrival at hospital  I____I____I____I____I____I____I____I____I____I____I

If the patient woke up with symptoms, state the last time without symptoms

1 = < 3 hrs  2 = < 4.5 hrs  3 = < 24 hrs  4 = > 24 hrs  9 = not known

A Date of arrival  I____I____I____I____I____I____I____I____I____I____I

A Date of discharge  I____I____I____I____I____I____I____I____I____I____I

1
RISK FACTORS

Please respond using 1= yes  2= no  9= not known

Previous stroke

Previous TIA / Amaurosis fugax?  I___I
(Does not apply to G45.4 transitory global amnesia)

Auricular fibrillation, previously diagnosed  I___I
(Including intermittent fibrillation or flutter)

Auricular fibrillation, recently identified  I___I
(including intermittent fibrillation or flutter)

Smoker (≥1 cigarette/day, or quit during the last three months)  I___I

ABCD2 score

The ABCD2 score is only a prognostic score and has no other function. Enter the number of the response chosen.

Age  I___I
1= ≥60 years
0= <60 years

Blood pressure  I___I
1= ≥140/90 at time of examination
0= <140/90 at time of examination

Clinical picture for this TIA episode  I___I
(Many different symptoms are associated with a TIA. The ABCD2 score applies to only two groups of symptoms)
1= speech difficulties without weakness
2= weakness on one side (unilaterally) could be combined with other symptoms
0= other symptoms

Duration of symptoms  I___I
1= symptoms lasted 10-59 minutes
2= symptoms lasted ≥ 60 minutes
0= symptoms lasted < 10 minutes

Diabetes  I___I
1= diabetes, previously diagnosed or recently identified
0= no diabetes
CT brain scan during acute phase (within seven days after onset)  
1= yes  2= no  9= not known

MR brain scan during acute phase (within seven days after onset)  
1= yes  2= no  9= not known

If yes, MR brain scan during acute phase:  
1= shows new cerebral infarction  2= shows no new cerebral infarction  9= examination result uncertain or not known

Carotid ultrasound performed  
1= yes, within seven days after or one month prior to onset  
2= yes, after seven days  
3= no  
4= not known

CT angio performed  
1= yes, within seven days after or one month prior to onset  
2= yes, after seven days  
3= no  
4= not known

MR angio performed  
1= yes, within seven days after or one month prior to onset  
2= yes, after seven days  
3= no  
4= not known

CT or MR angiography performed of vessels affected  (always ask a doctor if uncertain about which vessels)  
1= carotid vessels  
2= intracranial vessels  
3= both carotid and intracranial vessels  
4= not known

Long term ECG (telemetry, Holter or equivalent) performed during period of treatment  
1= yes  
2= no, arranged for period after discharge  
3= no  
4= not known

Has the patient been evaluated by an occupational therapist?  
1= yes  2= no  9= not known

Has the patient been evaluated by a physiotherapist?  
1= yes  2= no  9= not known
PHARMACEUTICAL TREATMENT

See also FASS, Guidance and list of pharmaceuticals

Please respond using 1 = yes  2 = no  3 = no, intervention planned at follow-up appointment within two weeks after discharge  9 = not known

<table>
<thead>
<tr>
<th>Drug Type</th>
<th>At time of onset</th>
<th>At time of discharge*</th>
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<tbody>
<tr>
<td>Antihypertensive agents</td>
<td>I___I</td>
<td>I___I</td>
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<tr>
<td>(includes all groups, independent of indication)</td>
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<tr>
<td>Statins (e.g. Crestor, Lipitor, Pravastatin, Simvastatin, Zocord)</td>
<td>I___I</td>
<td>I___I</td>
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<tr>
<td>ASA (e.g. Trombyl)</td>
<td>I___I</td>
<td>I___I</td>
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<tr>
<td>Clopidogrel (e.g. Plavix)</td>
<td>I___I</td>
<td>I___I</td>
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<tr>
<td>ASA + dipyridamole (Asasantin)</td>
<td>I___I</td>
<td>I___I</td>
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<tr>
<td>Dipyridamole (Persantin)</td>
<td>I___I</td>
<td>I___I</td>
</tr>
<tr>
<td>Antithrombotic drugs other than ASA, clopidogrel and dipyramide (e.g. Brilique, Efient, Pletal, Possia)</td>
<td>I___I</td>
<td>I___I</td>
</tr>
<tr>
<td>Warfarin (Waran)</td>
<td>I___I</td>
<td>I___I</td>
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<tr>
<td>Peroral anticoagulants other than Warfarin</td>
<td>I___I</td>
<td>I___I</td>
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<tr>
<td>(e.g. Eliquis, Pradaxa and Xarelto)</td>
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Main reason for non-intervention of Warfarin or peroral anticoagulants other than Warfarin at time of discharge in the case of atrial fibrillation and diagnosis G 45
1 = insertion planned after discharge  2 = contraindications (in accordance with FASS)  3 = interactions with other drugs/naturopathy (in accordance with FASS)  4 = caution (in accordance with FASS)  5 = fall-prone  6 = dementia  7 = patient refuses treatment  8 = other reason  9 = not known

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<tr>
<th>Reason</th>
<th>I___I</th>
<th>I___I</th>
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PAP (physical activity on prescription)?
1 = yes  2 = no  3 = no, the need for physical activity is already being met  9 = not known

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<th>I___I</th>
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Smoker informed at onset of need to quit smoking
1 = yes  2 = no  3 = not relevant given patient's condition  9 = not known

Information provided regarding driving
1 = yes  2 = no  3 = not relevant/no driving licence  9 = not known

Has a follow-up appointment on the basis of this TIA episode been made with a nurse or doctor? (You can choose more than one response)
1 = yes, at a special stroke unit (at or outside the hospital)
1 = yes, at another hospital admissions ward/department
1 = yes, at a health centre/equivalent
1 = yes, at arranged accommodation
1 = no
1 = not known