

Has the patient been admitted to the stroke unit for this episode?

1= yes 2= no 9= not known

Arrival at stroke unit

(refers to the stroke unit where the patient was treated in open/closed care for this TIA episode)

Date of arrival at stroke unit (YY.MM.DD)

Time of arrival at stroke unit (hrs.min)

----- **RISK FACTORS** -----

Respond using: 1= yes 2= no 9= not known

Previous stroke

Previous TIA / Amaurosis fugax

Atrial fibrillation, previously diagnosed (including intermittent fibrillation or flutter)

Atrial fibrillation, newly detected upon arrival at hospital or during care

(including intermittent fibrillation or flutter)

Diabetes, previously diagnosed or recently identified

Treated for hypertension at onset

Smoker (one cigarette or more/day, or quit during the last three months)

----- **INFORMATION** -----

Smoker informed at onset of need to quit smoking

1= yes 2= no, or the patient has declined information 3= not relevant due to the patient's condition
9= not known

Information provided regarding driving

1= yes 2= no 3= not relevant/lacks driving licence or due to the patient's condition 9= unknown

----- **EXAMINATIONS DURING TREATMENT** -----

MRI brain scan performed

1= yes 2= no 3= not relevant/lacks driving licence or due to the patient's condition 9= unknown

If yes, MRI brain scan showed:

1= showed new cerebral infarction 2= showed no new cerebral infarction

9= examination result uncertain or not known

MRI angiography performed |__|

1= yes 2= no 3= not relevant/lacks driving licence or due to the patient's condition 9= unknown

CT - angiography performed but not in conjunction with the first CT

1= yes 2= no 3= no, ordered post discharge 9= not known |__|

Carotid ultrasound performed

1= yes 2= no 3= no, ordered post discharge 9= not known |__|

Long-term ECG minimum 24 hours (telemetry, Holter or equivalent) performed

1= yes 2= no 3= no, ordered post discharge 9= not known |__|

----- **EXAMINATION OF FUNCTIONAL ABILITIES** -----

Assessment by speech therapist during period of treatment

1= yes 2= no 9= not known |__|

Assessment by occupational therapist during period of treatment

1= yes 2= no 9= not known |__|

Assessment by physiotherapist during period of treatment

1= yes 2= no 9= not known |__|

----- DRUG TREATMENT -----

Respond using 1= yes 2= no 3= no, intervention planned within 2 w post discharge
 4= yes, part of drug study 9= unknown

| | At onset | Upon discharge* |
|--|-------------|--------------------|
|  Antihypertensive drugs (applies to all groups, independent of indication) | _ | _ |
|  Statins (e.g atorvastatin/Lipitor, pravastatin, rosuvastatin/ Crestor, simvastatin) | _ | _ |
|  Platelet inhibitors: | | |
| ASA (e.g.Tromblyl) | _ | _ |
| Clopidogrel (e.g. Plavix) | _ | _ |
| Dipyridamole | _ | _ |
| Platelet inhibitors other than the above (e.g. Brilique, Efient, Pletal, Possia) | _ | _ |
|  Oral anticoagulants: | | |
| Warfarin (Waran) | _ | _ |
| If warfarin at onset, enter PK (INR) value 9.9=not known | _ , _ | |
| Apixaban (Eliquis) | _ | _ |
| Dabigatran etexilate (Pradaxa) | _ | _ |
| Rivaroxaban (Xarelto) | _ | _ |
| Edoxaban (Lixiana) | _ | _ |

Date for introduction or reintroduction of oral anticoagulants during treatment (YY-MM-DD) |_|_| || |_|_| || |_|_|

If treatment was ongoing at onset and interruption shorter than 36 hrs during treatment, state day of arrival at hospital.

Main reason for non-intervention with oral anticoagulants during treatment in the case of atrial fibrillation and TIA (G45) |_|_|

- 1= intervention 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= tendency to fall 6= dementia
 7= patient declines treatment 8= other reason 9= not known

* Do NOT state medication at discharge if patient died during the acute phase.

----- FOLLOW-UP -----

Follow-up appointment on the basis of this stroke episode has been made with a nurse or doctor
 (Multiple response options permitted)

- |_|_| =yes, at a special stroke unit (at or outside the hospital)
 |_|_| = yes, at another hospital admissions ward/department
 |_|_| = yes, at a health centre/equivalent |_|_| = yes, at arranged accommodation
 |_|_| = yes, at the outpatient rehabilitation centre |_|_| = no
 |_|_| = not known

Discharge date (YY-MM-DD) |_|_| || |_|_| || |_|_|