Version **1.0** To be used for all acute TIA registrations from **1 January 2010** onwards.

RIKS-STROKE - TIA

Personal ID number I___I___I___I___I___I___II___I___I___I___I

Gender   **1**= male **2**= female **I___I**

Name

Address

Telephone no.

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

……

Reporting hospital   I___I___I___I   **Ward/department**   I___I___I___I

Date of onset I___I___II___I___II___I___I
(Debut of the last episode if there have been several previous episodes)

Has the patient been admitted for treatment for this TIA episode?   I___I
1= yes
2= no
3= already admitted at the time of onset

-- **PRIOR to the onset of TIA** --

Living arrangements   I___I
1= in own accommodation without community home-help service
2= in own accommodation with community home-help service
3= in arranged accommodation (for instance service flat with full board, temporary accommodation,
    old people's home, nursing home or equivalent)

5= other (please specify)   *Other* ....………….......………….......……………

Living alone   I___I
1= patient lived on his/her own
2= patient lived with a spouse/partner <u>or</u> another person, for instance sibling, child or parents.

Mobility   I___I
1= patient was able to move around without supervision both indoors and outdoors (use of
    walking-aid permitted)
2= patient was able to move around by himself/herself indoors but not outdoors
3= patient was assisted by another person when moving around, or he/she was bedridden

Toilet visits   I___I
1= patient managed toilet visits unaided
2= patient was unable to get to the bathroom or go to the toilet without help, used a bedpan
    or incontinence pads, or required assistance when wiping himself/herself or to get dressed

Dressing   I___I
1= patient was able to get dressed without assistance, including outdoor clothes, shoes
   and socks, or only needed help when tying shoelaces
2= patient needed someone to fetch his/her clothes, or needed help with dressing/undressing,
   or remained undressed

-- **RISK FACTORS** --

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

Previous stroke   I___I

Previous TIA / Amaurosis fugax   I___I

(Does not apply to **G45.4** transitory global amnesia)

Auricular fibrillation, previously diagnosed or recently identified

(including intermittent fibrillation or flutter)   I___I

Diabetes, previously diagnosed or recently identified   I___I

Treated for hypertension at the onset of TIA   I___I

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

Previous heart attack (or PTA = percutaneous transluminal angioplasty)   I___I

-- **ABCD2 score** --
Only enter the number of the alternative if it corresponds, otherwise please leave empty!

Age   I___I
1= ≥ 60 years

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

Clinical picture   I___I
1= speech difficulties without weakness
2= weakness on one side (unilaterally), could be combined with other symptoms

Duration of symptom   I___I
1= symptom lasted 10–59 minutes
2= symptom lasted ≥ 60 minutes

Diabetes
1= diabetes, previously diagnosed or recently discovered   I___I

Sum ABCD2 score (register the total score, max 7 points)   I___I

-- **ACUTE CARE** --

CT brain scan acute **1**= yes   **2**= no   **9**= not known   I___I

MR brain scan acute **1**=yes   **2**= no   **9**= not known   I___I

Carotid ultrasound performed   I___I
1a= yes, within seven days <u>after</u> or within one month prior to onset
1b= yes, after 7 days **2**= no   **9**= not known

CT or MR angiography performed

I___I = yes, of cervical vessels

I___I = yes, of intracranial vessels

I___I = yes, of both cervical and intracranial vessels

I___I = no

I___I = not known

Degree of stenosis in relevant vessel
1= < 50% **2**= 50–69% **3**= 70–99% **4**= 100% (occlusion) **9**= not known   I___I

Long term ECG (Holter)
1a= yes, within 7 days **1b**= yes, after 7 days **2**= no   **9**= not known   I___I

--- PHARMACEUTICAL TREATMENT ---

*See also **FASS** and **list of pharmaceuticals** in Riks-Stroke's GUIDE 10.0*

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

	On admission	On discharge*
Diuretics (e.g. Esidrex, Moduretic, Normorix, Salures, Sparkal)	I___I	I___I
ACE inhibitors (e.g. Accupro, Enalapril, Linisopril, Pramace, Ramipril, Renitec, Triatec)	I___I	I___I
A2 inhibitors (e.g. Aprovel, Atacand, Cozaar, Diovan, Micardis)	I___I	I___I
Beta blockers (e.g. Atenolol, Bisoprolol, Carvedilol, Emconcor, Metoprolol, Seloken, Tenormin)	I___I	I___I
Calcium inhibitors (e.g. Amlodipin, Cardizem, Felodipin, Norvasc, Plendil)	I___I	I___I
Other blood pressure medication	I___I	I___I
Statins (e.g. Crestor, Lipitor,Pravastatin, Simvastatin, Zocord)	I___I	I___I
ASA (e.g. Trombyl)	I___I	I___I
Clopidogrel (Plavix)	I___I	I___I
ASA + dipyridamole (Asasantin)	I___I	I___I
Dipyridamole (Persantin)	I___I	I___I
Warfarin (Waran)	I___I	I___I

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

-- **INFORMATION** --

Smoker informed of need to quit smoking 1= yes   **2**= no   **9**= not known   I___I

Information provided regarding driving

1= yes   **2**= no   **3**= not relevant/no driving licence   **9**= not known   I___I

-- **SEQUENCE OF CARE**--

A   ACUTE MANAGEMENT

A Date of onset   I___I___II___I___II___I___I   **Time of onset**   I___I___I.I___I___I

If the patient woke up with symptoms, please state the last time without symptoms.
Use code **9999** if the time is not known. Use code **99** for minutes if only the hour is known.
If the exact time of onset is not known, choose the closest possible time in the time interval below.

Number of hours from onset to arrival at hospital   I___I
If patient woke up with symptoms, state last time without symptoms.
1= < 3 hrs
2= < 4.5 hrs
3= < 24 hrs
4= > 24 hrs
9= not known

Date of arrival   I___I___II___I___II___I___I **Time of arrival at hospital**   I___I___I.I___I___I (hr.min)

First admitted to
1= general ward   **2**= stroke unit   **3**= admissions/observation ward   **4**= intensive care unit
9= not known   I___I

Continued care at
1= general ward   **2**= stroke unit   **3**= admissions/observation ward   **4**= intensive care unit
9= not known   I___I

Date of discharge I___I___II___I___II___I___I

-------------------------------- **FOLLOW UP OF TIA PATIENTS** --

Is surgical vessel intervention planned (including endovascular treatment)?

1= yes   **2**= no   **9**= not known   I___I

If no, please state primary reason   I___I
1= no need for surgery or endovascular treatment
2= medically related obstacle for surgery
3= patient does not want to be examined or operated upon
4= other reason

Co-ordination with Swedvasc is planned as regards information on time interval until surgical
vessel intervention or endovascular treatment.

-- **TIA-DIAGNOSIS** ---

G 45 = TIA/cerebral ischemia/transient within 24 hrs   **G** I___I___I.I___I
(G 45.4 transitory global amnesia is not registrerad)