

----- ARRIVAL -----

Patient initially sought out healthcare for this TIA episode at |__|
 1= hospital accident and emergency department 2=primary care 3= occupational health service
 4= other

For direct intake stroke unit, enter code 1= hospital accident and emergency department. For primary care clinic, enter code 2=primary care. Choice of response 4 could be a private practice or hospital/clinic overseas.

Arrival at hospital

(refers to the hospital where the patient was given outpatient/institutional treatment for this TIA episode)

Arrival date at hospital (YY.MM.DD) |_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Time of arrival at hospital (HRS.MIN) |_|_|_|_|_|_|_|_|_|_|_|_|_|_|

----- ACUTE EXAMIATIONS/ACTIONS -----

CT brain scan

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

CT angiography performed in conjunction with the initial CT scan

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

THROMBECTOMY centre/on-call contacted for opinion on thrombectomy |__|

1= yes 2= no 9= not known

----- ADMISSION -----

The patient was admitted for the TIA episode

1= yes 2= no |__|

The patient was treated within specialist open care/outpatient care at the stroke unit for this TIA episode

1= yes 2= no (including admission with night leave) 9= not known |__|

Initially admitted at

1 = ward/department other than those specified in choice of response below (2, 3, 4 or 6) |__|
 2= stroke unit 3= admissions/obs. ward
 4= intensive care unit 5= other (please specify)
 6= department of neurosurgery 9= not known

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/institutional care for this TIA episode)

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

Time of arrival at stroke unit (HRS.MIN) |_|_|. | |_|_|

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

Please 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, recently identified on arrival at hospital or during treatment period |_|
(including intermittent fibrillation or flutter)

Diabetes, previously diagnosed or recently identified |_|

Treated for hypertension at onset |_|

Smoker (1 cigarette or more/day, or quit during the last 3 months) |_|

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

Smoker informed at onset of need to quit smoking |_|
1= yes 2= no, or patient has declined information 3= not relevant due to patient's condition
9= not known

Information provided regarding driving |_|
1= yes 2= no 3= not relevant/no driving licence or due to patient's condition 9= not known

----- **EXAMINATIONS** -----

MRI brain scan during treatment period 1= yes 2= no 9= not known |_|

If yes, MRI brain scan showed:
1= new cerebral infarction 2= no new cerebral infarction 9= examination result uncertain or not known |_|

MRI angiography performed during treatment period |_|
1= yes 2= no 3= planned for after discharge 9= not known

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

CT angiography performed more than 24 hours after ARRIVAL or after first CT scan

|__|

1= yes 2= no 9= not known
(Does not refer to CT perfusion)

Examination date (YY-MM-DD) |__|__||__|__||__|__|

Carotid ultrasound performed during treatment period

|__|

1= yes 2= no 3= planned for after discharge 9= not known

Examination date (YY-MM-DD) |__|__||__|__||__|__|

Long term ECG, at least 24 hrs (telemetry, Holter or equivalent) performed during period of treatment

|__|

1= yes 2= no 3 = no, planned for after discharge 9= not known

----- **EXAMINATION OF FUNCTIONAL ABILITY** -----

Assessed by speech therapist during period of treatment

|__|

1= yes 2= no 9= not known

Assessed by occupational therapist during period of treatment

|__|

1= yes 2= no 9= not known

Assessed by physiotherapist during period of treatment

|__|

1= yes 2= no 9= not known

----- PHARMACEUTICAL TREATMENT -----

Respond using 1= yes 2= no 3= no, planned intervention within 2 weeks after discharge

4= yes, included in pharmaceutical study 9= not known

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

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

|_|_| || |_|_| || |_|_|

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

**Main reason for non-intervention with oral anticoagulants during treatment period
in the case of atrial fibrillation and cerebral infarction (I63)**

|_|

- 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

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

Follow-up appointment on the basis of this TIA episode has been made with a nurse or doctor

(You can choose more than one response)

=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 day rehab

= no

= not known

Discharge date (YY-MM-DD)