Note! Registered information must be documented in medical records

Version 24.1 For registration of all victims of acute stroke from 01.01.2024 onwards

**RIKSSTROKE - ACUTE PHASE FOR REGISTRATION OF STROKE**

Personal ID number

Name .............................................................. Gender 1= man 2= woman

Reporting hospital  ........................................ Ward/Department  ................................

Completed by (name of person completing this form)……………………………………………………

Date deceased (YYMMDD) ..................................... (relates to death during period of care)

Stroke diagnosis

I 61= Cerebral haemorrhage
I 63= Cerebral infarction
I 64= Acute cerebrovascular disease, not specified as haemorrhage or infarction
G 45.X= TIA (as a result of thrombolysis or thrombectomy for stroke with complete resolution of symptoms within 24 hours of onset)

Patient woke up with symptoms

1= yes 2= no 9= not known

Date of onset (YYMMDD)

Time of onset (TIM.MIN)

If the patient woke up with symptoms, enter the time when the patient was last symptom-free.
If an inpatient has suffered a stroke and the time of onset is not known, enter the time when the patient was last symptom-free.
The time of onset is given in hours and minutes. If the time of onset is not known or it is only possible to determine the hour of onset, enter 99.99 and the closest possible time in Time interval below.

Time interval from onset of stroke to arrival at hospital

(To be answered if the time of onset is not known or it is only possible to determine the hour of onset [99.99])

1= within 3 hours 2a= within 4.5 hours 2b= within 6 hours 3= within 24 hours
4= after 24 hours 9= not known

The patient was already at the hospital/emergency clinic in this stroke episode

1= yes 2= no

Patient arrived by ambulance

1= yes 2= no 9= not known

Thrombosis/thrombectomy alarm ‘Save the brain/Stroke alarm’

1= yes 2= no 9= not known
**ARRIVAL AT FIRST HOSPITAL**

(the hospital to which the patient was first admitted for this stroke episode)

**Date and time**

<table>
<thead>
<tr>
<th>Date and time (YYMMDD)</th>
<th>Date and time (hrs.min)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I___I___II___I___II___I</td>
<td>I___I___I.I___I___I</td>
</tr>
</tbody>
</table>

Enter Riksstroke Hospital Code 888= for overseas 999= hospital code not known  I___I___I___I

**EMERGENCY EXAMINATIONS / ACTIONS**

<table>
<thead>
<tr>
<th>Computed tomography brain</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1= yes 2= no 9= not known</td>
<td></td>
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</tbody>
</table>

CT angiography performed in connection with the first CT

<table>
<thead>
<tr>
<th>CT angiography performed in connection with the first CT</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>1= yes 2= no 9= not known</td>
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</table>

CT perfusion performed in connection with the first CT

<table>
<thead>
<tr>
<th>CT perfusion performed in connection with the first CT</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1= yes 2= no 9= not known</td>
<td></td>
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</tbody>
</table>

Large vessel occlusion shown on CT angiography

<table>
<thead>
<tr>
<th>Large vessel occlusion shown on CT angiography</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1= yes 2= no 9= not known</td>
<td></td>
</tr>
</tbody>
</table>

THROMBECTOMY centre/emergency services contacted for opinion on thrombectomy

<table>
<thead>
<tr>
<th>THROMBECTOMY centre/emergency services contacted for opinion on thrombectomy</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1= yes 2= no 9= not known</td>
<td></td>
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</tbody>
</table>

Level of consciousness on arrival

<table>
<thead>
<tr>
<th>Level of consciousness on arrival</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1= fully awake (RLS 1) 2= drowsy but responding to stimulus (RLS 2-3) 3= unconscious (RLS 4-8) 9= not known</td>
<td></td>
</tr>
</tbody>
</table>

Assessment of swallowing function performed

<table>
<thead>
<tr>
<th>Assessment of swallowing function performed</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1= yes (documented in medical records) 2= no/not known (not performed or documentation missing from medical records) 3= not examined owing to patient’s reduced consciousness</td>
<td></td>
</tr>
</tbody>
</table>

**ADMISSION**

<table>
<thead>
<tr>
<th>Patient received hospital care for this stroke episode</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1= yes 2= no</td>
<td></td>
</tr>
</tbody>
</table>

First admitted to

<table>
<thead>
<tr>
<th>First admitted to</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = ward/unit other than the options given 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</td>
<td></td>
</tr>
</tbody>
</table>

First hospital to which the patient was admitted

Enter Riksstroke Hospital Code 888= for overseas 999= hospital code not known  I___I___I___I

Arrival at stroke unit for initial treatment

(refers to the stroke unit where the patient initially received treatment for this stroke episode)

<table>
<thead>
<tr>
<th>Date and time (YYMMDD)</th>
<th>Date and time (hrs.min)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I___I___II___I___II___I</td>
<td>I___I___I.I___I___I</td>
</tr>
</tbody>
</table>

Enter Riksstroke Hospital Code 888= for overseas 999= hospital code not known  I___I___I___I
NIHSS Score Scale

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Points on arrival</th>
<th>24 hours after thrombolysis and/or thrombectomy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Level of consciousness 0–3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b</td>
<td>Spatial awareness 0–2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c</td>
<td>Comprehension 0–2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Eye motor function/eye position 0–2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Field of vision 0–3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Facial paralysis 0–3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a</td>
<td>Paralysis in arm Right 0–4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5b</td>
<td>Paralysis in arm Left 0–4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6a</td>
<td>Paralysis in leg Right 0–4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6b</td>
<td>Paralysis in leg Left 0–4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Ataxia 0–2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Sensibility (pain) 0–2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Language/communication 0–3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Dysarthria 0–2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Tactile extinction /neglect 0–2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Thrombolysis performed or started for acute stroke

(If treatment was started but interrupted/not completed, choose option 1 = yes)

1 = yes, treated with Actilyse (Alteplase)
2 = no
3 = yes, part of thrombolysis study or treated with non-approved drug such as Tenecteplase (Metalyse)
9 = not known

If no, reason why thrombolysis not provided (Multiple response options permitted)

1 = previously spontaneous (i.e. non-traumatic) cerebral haemorrhage
2 = elements of bleeding in fresh cerebral infarction
3 = symptoms too mild
4 = symptoms too severe
5 = Not possible to provide treatment within 4.5 hours from onset (when onset time known)
6 = wake up stroke
7 = other contraindications for thrombolysis (see guidance for contraindications)
8 = other reason (e.g. unknown onset time)
9 = incorrectly omitted alarm routine to save the brain
10 = necessary expertise not available (e.g. doctor with thrombolysis experience, assessment of scans)
11 = not known

Enter Riksstroke hospital code where thrombolysis was performed

888 = code for overseas
999 = hospital code not known

Date and time when thrombolysis treatment initiated

(YYMMDD) (hrs.min)

Dabigatran (Pradaxa) reversal implemented with idarucizumab (Praxbind) to enable thrombolysis (R&D)

1 = yes
2 = no
9 = not known

Thrombectomy– completed or started for acute stroke

(If treatment was started but interrupted/not completed, choose option 1 = yes)

1 = yes
2 = no
9 = not known

Enter Riksstroke hospital code where thrombectomy was performed

110 = Akademiska
116 = Sahlgrenska
118 = NUS Umeå
141 = SUS Lund
143 = Karolinska Solna
146 = Örebro
147 = Linköping
329 = Sundsvall
888 = Code for overseas
999 = Hospital code not known
The following questions only apply to patients treated at a Thrombectomy Centre

Ambulance transport was triaged directly to the Thrombectomy Centre

1 = yes
2 = no
9 = not known

Transferred to Thrombectomy Centre from another hospital

1 = yes, for possible thrombectomy
2 = no
3 = yes, for reason other than thrombectomy
9 = not known

Arrival at hospital with Thrombectomy Centre

Date of onset (YYMMDD)

Time of arrival (HRS.MIN)

Time of arterial puncture at Thrombectomy Centre. Enter the day and time for initial arterial puncture

Day (YYMMDD)

Time (HRS.MIN)

Enter the Riksstroke hospital code for the patient’s local hospital according to the Swedish Population Register

888 = code for overseas
999 = hospital code not known

Cerebral haemorrhage with clinical deterioration within 36 hours of thrombolysis/thrombectomy

1 = yes
2 = no
9 = not known

Cerebral haemorrhage with clinical deterioration within 36 hours of thrombolysis/thrombectomy

(Respond using 1 = yes only if the patient has clinically deteriorated by NIHSS score 4 or above regardless of the size of haemorrhage on CT/MRI scan)
### HEMICRANIECTOMY

Hemicraniectomy performed for expansive ischaemic stroke (cerebral infarction)  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Included in study</th>
<th>Not known</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
</tbody>
</table>

Enter Riksstroke hospital code where hemicraniectomy was performed

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>888</td>
<td>Code for overseas</td>
</tr>
<tr>
<td>999</td>
<td>Hospital code not known</td>
</tr>
</tbody>
</table>

Date for hemicraniectomy (YYMMDD)

<table>
<thead>
<tr>
<th>Year</th>
<th>Month</th>
<th>Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>I</td>
<td>I</td>
</tr>
</tbody>
</table>

### CEREBRAL HAEMORRHAGE

Site of cerebral haemorrhage (I61)

<table>
<thead>
<tr>
<th>Cerebrum, central/deep</th>
<th>Cerebrum, lobar/superficial</th>
<th>Brainstem</th>
<th>Cerebellum</th>
<th>Several different sites</th>
<th>Other</th>
<th>Not known</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>9</td>
</tr>
</tbody>
</table>

Haemorrhage with ventricular rupture

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Not known</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
</tbody>
</table>

If treatment with oral anticoagulants (Warfarin/NOAK) at onset in cerebral haemorrhage (I61), reversal implemented

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Not known</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
</tbody>
</table>

Medicine on reversal of cerebral haemorrhage (I61)

<table>
<thead>
<tr>
<th>Prothrombin complex concentrate, PCC (Ocplex, Confindex)</th>
<th>Vitamin-K (Konakion, antidote to Waran)</th>
<th>Idarucizumab (Praxbind, antidote to Pradaxa)</th>
<th>Drug included in a reversal study or treatment with a non-approved drug (e.g. Andexanet)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Neurosurgical operation performed for stroke

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Not known</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
</tbody>
</table>

Enter Riksstroke hospital code for the hospital where neurosurgery for cerebral haemorrhage was performed

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>888</td>
<td>Code for overseas</td>
</tr>
<tr>
<td>999</td>
<td>Hospital code not known</td>
</tr>
</tbody>
</table>

Action date (YYMMDD)

<table>
<thead>
<tr>
<th>Year</th>
<th>Month</th>
<th>Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>I</td>
<td>I</td>
</tr>
</tbody>
</table>
The following applies to all choices of response related to ADL/Accommodation: 9 = not known

Accommodation

1 = own accommodation without home help (home help does not mean home nursing or advanced home nursing)
2 = own accommodation with home help (home help does not mean home nursing or advanced home nursing)
3 = arranged accommodation (e.g. service flat with full board, temporary accommodation, nursing home or equivalent)
5 = other

Those living alone

1 = patient lives entirely alone
2 = Patient shares the household with spouse/cohабitee or other individual e.g. sibling, child or parents

Requires assistance (includes assistance with personal ADL and/or household ADL)

1 = patient can cope on his/her own without assistance
2 = patient requires assistance from another person

Mobility

1 = patient could 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 (use of walking-aid permitted)
3 = patient was assisted by another person when moving around, or was bedridden

Toilet visits

1 = patient managed toilet visits without any help
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 him/herself or getting dressed

Clothes

1 = patient was able to get dressed without help, including outdoor clothes, socks and shoes, 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

Response options: 1 = yes  2 = no  9 = not known

Previous stroke

TIA / Previous Amaurosis fugax

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

Atrial fibrillation - detected upon arrival at hospital or during hospitalisation (including intermittent fibrillation or flutter)

Diabetes, previously diagnosed or recently identified

Treated for hypertension at onset of stroke

Smoking (one cigarette or more a day or non-smoker for the past 3 months)

INFORMATION

Smoker informed at onset of need to quit smoking

1 = yes (documented in medical records) 2 = no/ not known (not performed or documentation missing from medical records) 3 = not relevant because of patient’s condition

Information given regarding driving

1 = yes 2 = no/ not known (not performed or documentation missing from medical records) 3 = not relevant/no driving licence or because of patient’s condition

EXAMINATIONS DURING PERIOD OF CARE

MRI brain scan performed

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

If yes and cerebral haemorrhage diagnosed (I63), MRI brain scan showed:

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

9 = examination result uncertain or not known

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 performed, minimum 24 hours (telemetry, Holter or equivalent)

1 = yes  2 = no  3 = no, ordered post discharge  9 = not known
<table>
<thead>
<tr>
<th>Section</th>
<th>Question</th>
<th>Yes/No</th>
</tr>
</thead>
</table>
| Risk assessment for malnutrition carried out within 24 hours of arrival at the ward | Risk assessment carried out?  
1= yes  2= no  
If yes, risk assessment carried out  
Does the risk assessment indicate a risk of malnutrition?  
1= yes  2= no  
If yes, there is a risk  
Have preventive measures been taken?  
1= yes  2= no |        |
| Risk assessment for oral health carried out within 24 hours of arrival at the ward | Risk assessment carried out?  
1= yes  2= no  
If yes, risk assessment carried out  
Does the risk assessment indicate a risk of poor oral health?  
1= yes  2= no  
If yes, there is a risk  
Have preventive measures been taken?  
1= yes  2= no |        |
At onset | At hospital discharge
---|---

**Antihypertensive drugs**
(applies to all groups, independent of indication)

**Statins** (atorvastatin/Lipitor, pravastatin, rosuvastatin/Crestor, simvastatin)

**Platelet inhibitors:**
- ASA (e.g. Trombly, Acetylsalicylsyra)
- Clopidogrel (e.g. Plavix Clopidogrel, Cloriocard, Grepid)
- Dipyridamole (e.g Persantin)
- Platelet inhibitors other than the above (e.g. Brilique, Efient, Prasugrel, Cilostazol)

**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 peroral anticoagulants during hospitalisation (YYMMDD)

Follow-up appointment on the basis of this stroke episode has been made with a nurse or doctor
(You can choose more than one response)

I___I =yes, at a special stroke unit (at or outside the hospital)  I___I = yes, at a health centre/equivalent
I___I = yes, at another hospital admissions ward/department
I___I = yes, at arranged accommodation
I___I = yes, at the outpatient rehabilitation centre
I___I = no  I___I = not known
During inpatient care, the patient was assessed by a speech therapist or other dysphagia specialists with regard to swallowing function

1 = yes  
2 = no, no need  
3 = no; patient has need but no speech therapist or other dysphagia specialist available  
9 = not known or patient declines evaluation

During inpatient care, the patient was assessed by a speech therapist regarding speech function

1 = yes  
2 = no; no need  
3 = no; patient has need but no speech therapist available  
4 = no, but ordered for after discharge  
5 = no  
9 = not known or patient declines evaluation

An occupational therapist assessed the patient after arrival in the ward/department

Respond using  
1 = yes, ≤ 24 hrs  
2 = yes, > 24 hrs but ≤ 48 hrs  
3 = yes, > 48 hrs  
5 = no  
9 = not known

Patient has received occupational therapy during inpatient care

1 = yes  
2 = no, needed but not received during hospital care (due to patient isolation, patient unavailability, etc.)  
3 = no, needed but not of benefit (due to extreme cognitive impairment/dementia or aphasia)  
4 = no, not needed (due to absence of sensorimotor/cognitive impairments, need for treatment or patient in palliative care)  
5 = patient declined  
9 = not known

A physiotherapist evaluated the patient after arrival at the ward

Respond using  
1 = yes, ≤ 24 hrs  
2 = yes, > 24 hrs but ≤ 48 hrs  
3 = yes, > 48 hrs  
5 = no  
9 = not known

Patient has received physiotherapy during the closed care period

1 = yes  
2 = no, has need of physiotherapist/physiotherapy but has received none at all during care period (e.g. due to isolation, patient unavailable)  
3 = no, has need of but has been unable to benefit from rehabilitation (e.g. due to extreme cognitive impairment/dementia or language difficulties)  
4 = no, not needed (due to absence of sensorimotor/cognitive impairments, need for treatment or patient in palliative care)  
5 = patient declined  
9 = not known
Date of discharge (final date of discharge after acute phase) YYMMDD

Enter Riksstroke hospital code for hospital responsible for discharge 888 = code for abroad 999 = unknown hospital code

Ward during acute phase (refers to entire care period including the first department and departments at other hospitals) Multiple response options permitted

I___I = ward/department other than those specified in response option below
I___I = Stroke unit I___I = Neurosurgery department I___I = Other
I___I = Intensive care unit I___I = Admissions/obs. ward I___I = Not known

If treated outside stroke unit, enter total number of treatment days at stroke unit, intensive care or Department of Neurosurgery (Admission date = day 1) 999 = unknown

Patient has been given a written rehabilitation plan 1 = yes 2 = no 3 = no need, fully recovered 9 = not known

DISCHARGED TO AFTER ACUTE CARE 1 = own accommodation 2 = arranged accommodation (e.g. service flat with full board, temporary accommodation, old people’s home or nursing home) 4 = other acute clinic (=enter Aftercare) 5 = geriatric/rehab (=enter Aftercare) 6 = deceased during treatment 7 = other (e.g. patient who lives in another country) 9 = not known 11 = still hospitalised 12 = other stroke unit for aftercare (=enter Aftercare) 13 = medical centre with acute beds (=enter Aftercare)

Address and phone number for Discharged to; clear text for alternatives 1, 2, 4, 5, 7.....................
Planned rehabilitation, multiple response options permitted

I___I = 🚨 Previously supported discharge from hospital to home where a multidisciplinary stroke
team both coordinates the discharge and carries out ongoing rehabilitation in the home
environment

I___I = Early assisted discharge to home coordinated by a multidisciplinary stroke team but where
the continued rehabilitation is carried out by individual caregivers from the
municipality/primary care without the support of a multidisciplinary stroke team

I___I = Outpatient rehabilitation or equivalent (refers to team-based rehabilitation over a defined
time period)

I___I = Policlinic rehabilitation (refers to individual rehabilitation visits)

I___I = Training with speech therapist

I___I = Rehabilitation at care accommodation (e.g. special accommodation, serviced accommodation,
short-term accommodation or nursing home)

I___I = Only self-training

I___I = No rehabilitation necessary according to team assessment
   (Also applies to patients living in special accommodation without rehabilitation potential)

I___I = Patient declined offer of rehabilitation

I___I = Rehabilitation needed but not available

I___I = Not known
DISCHARGE FROM AFTERCARE
(refer to inpatient care funded by the County Council)

Admission date

Discharge date

Patient has been given a written rehabilitation plan

1 = yes  2 = no  3 = no need, fully recovered  9 = not known

DISCHARGED TO from AFTERCARE

1 = own accommodation  2 = arranged accommodation (e.g. service flat with full board, temporary accommodation, old people's home or nursing home)
4 = other acute clinic  6 = deceased during treatment  7 = other (e.g. patient who lives in another country)
9 = not known  11 = still hospitalised  13 = medical centre with acute beds

Address and phone number of the place to which the patient is discharged please be specific as regards alternatives 1, 2, 4, 7 .................................................................

---------------------------------------------------------------------

REHABILITATION FOLLOWING DISCHARGE FROM AFTERCARE

Planned rehabilitation, multiple response options permitted

1 = Early assisted discharge from hospital to home where a multidisciplinary stroke team both coordinates the discharge and provides continued rehabilitation in the home environment

2 = Early assisted discharge to home coordinated by a multidisciplinary stroke team will coordinate the discharge but where the continued rehabilitation is carried out by individual caregivers from the municipality/primary care without the support of a multidisciplinary stroke team

3 = Outpatient rehabilitation or equivalent (concerns team-based rehabilitation during a defined period)

4 = Polyclinic rehabilitation (concerns rehabilitation during individual visits)

5 = Training with speech therapist

6 = Rehabilitation at care accommodation (e.g. arranged accommodation, sheltered accommodation, short-term accommodation or nursing home)

7 = Only self-training

8 = No rehabilitation necessary according to team assessment (also applies to patients living in arranged accommodation without rehabilitation potential)

9 = The patient declines the rehabilitation offered

10 = Rehabilitation required, but no rehabilitation is available

11 = Not known