

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 an as accurate a time as possible in *Time interval* below.

(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= yes      2= no**

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

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

**6=** Department of Neurosurgery      **9=** not known

----- RISK FACTORS -----

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

**Previous stroke**

**Previous SAH**

**Previously known aneurysm**

**Treated for hypertension at onset of stroke**

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

**Relatives with aneurysm/SAH**

----- ARRIVAL AT NEUROSURGICAL CLINIC -----

**Date of arrival-(YYMMDD)**

**Time of arrival (HRS.MIN)**

**Level of consciousness on arrival at the Neurosurgical Clinic**

1= fully awake (RLS 1) 2= drowsy but responding to stimulus (RLS 2-3) 3= unconscious (RLS 4-8)  
9= not known

**Hemi symptoms/ dysphasia/ cranial nerve palsy on arrival at the Neurosurgical Clinic**

1= yes 2 = no 9= not known

--- EXAMINATIONS AND TREATMENTS WHILE IN THE CARE OF NEUROSURGICAL CLINIC ---

## Computed tomography brain

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

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

U

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

## Lumbar puncture performed



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

### Conventional angiography (DSA)

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

**MRI brain scan performed**

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

## Treatment of source of bleeding



**1=**Surgery    **2=** Neurointervention    **3=** Surgery + Neurointervention    **4=** No treatment

**9=** not known

**Date for first treatment of source of bleeding**

**Examination date (YY-MM-DD)**

1 2 3 4 5 6 7 8 9

### Number of days on a ventilator

\_\_\_\_\_

## Ventricular drainage

U

**1= yes    2= no    9= not known**

## Tracheostomy

U

**1= yes    2= no    9= not known**

## Invasive spasm treatment

U

1= yes    2= no    9= not known

-----ADL AND ACCOMMODATION BEFORE ONSET OF STROKE -----

The following applies to all choices of response related to ADL/Accommodation: 9= not known

**Accommodation**

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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**

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1= patient lives entirely alone

2= Patient shares the household with spouse/cohabitee or other individual e.g. sibling, child or parents

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

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1= patient can cope on his/her own without assistance

2= patient requires assistance from another person

**Mobility**

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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**

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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

-----**EMERGENCY CARE DISCHARGE**-----

**Level of consciousness when discharged from Neurosurgical Clinic**

1= fully awake (RLS 1) 2= drowsy but responding to stimulus (RLS 2-3) 3= unconscious (RLS 4-8)  
9= not known

**Hemi symptoms/ dysphasia/ cranial nerve palsy when discharged from the Neurosurgical Clinic**

1= yes 2 = no 9= not known

**Date of discharge**(final date of discharge after acute phase)   
YYMMDD

**Enter Riksstroke hospital code for discharging hospital**   
888= code for overseas 999= hospital code not known

**DISCHARGE DESTINATION AFTER EMERGENCY 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 emergency clinic  
5= geriatric/rehab clinic 6= deceased while in care  
7= other (e.g. patient who lives in another country) 9= not known  
11= remains hospitalised 12= other aftercare stroke unit  
13= medical centre with emergency beds

**State clearly the address and telephone number of Discharge destination** for options 1, 2, 4, 5, 7

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**PLANNED FOLLOW-UP APPOINTMENT(S)**

(Multiple choice response options)

= yes, with a doctor or nurse at the neurosurgery clinic

= yes, for a radiological examination

= yes, at a special stroke clinic

= yes, at another hospital ward/unit

= yes, at a health centre/equivalent

= yes, at a day rehabilitation centre

= yes, at special accommodation

= no

= not known

Riksstroke hospital codes	
Akademiska NK	710
Sahlgrenska NK	716
NUS Umeå NK	718
SUS Lund NK	741
KS Solna NK	743
Örebro NK	746
Linköping NK	747