

### A. DEMOGRAPHICS

<b>Last Name</b> <sup>2000</sup> :	<b>First Name</b> <sup>2010</sup> :	<b>Middle Name</b> <sup>2020</sup> :
<b>SSN</b> <sup>2030</sup> : - - <input type="checkbox"/> SSN N/A <sup>2031</sup>	<b>Patient ID</b> <sup>2040</sup> : (auto)	<b>Other ID</b> <sup>2045</sup> :
<b>Birth Date</b> <sup>2050</sup> : mm / dd / yyyy	<b>Sex</b> <sup>2060</sup> : <input type="radio"/> Male <input type="radio"/> Female	<b>Patient Zip Code</b> <sup>3005</sup> : <input type="checkbox"/> Zip Code N/A <sup>3006</sup>
<b>Race:</b> (check all that apply) <input type="checkbox"/> White <sup>2070</sup> <input type="checkbox"/> Black/African American <sup>2071</sup> <input type="checkbox"/> American Indian/Alaskan Native <sup>2073</sup> <input type="checkbox"/> Asian <sup>2072</sup> → If Yes, <input type="checkbox"/> Asian - Indian <sup>2080</sup> <input type="checkbox"/> Chinese <sup>2081</sup> <input type="checkbox"/> Filipino <sup>2082</sup> <input type="checkbox"/> Japanese <sup>2083</sup> <input type="checkbox"/> Korean <sup>2084</sup> <input type="checkbox"/> Vietnamese <sup>2085</sup> <input type="checkbox"/> Other <sup>2086</sup> <input type="checkbox"/> Native Hawaiian/Pacific Islander <sup>2074</sup> → If Yes, <input type="checkbox"/> Native Hawaiian <sup>2090</sup> <input type="checkbox"/> Guamanian or Chamorro <sup>2091</sup> <input type="checkbox"/> Samoan <sup>2092</sup> <input type="checkbox"/> Other Island <sup>2093</sup>		
<b>Hispanic or Latino Ethnicity</b> <sup>2076</sup> : <input type="radio"/> No <input type="radio"/> Yes → If Yes, <b>Ethnicity Type:</b> (check all that apply) <input type="checkbox"/> Mexican, Mexican-American, Chicano <sup>2100</sup> <input type="checkbox"/> Puerto Rican <sup>2101</sup> <input type="checkbox"/> Cuban <sup>2102</sup> <input type="checkbox"/> Other Hispanic, Latino or Spanish Origin <sup>2103</sup>		

### B. EPISODE OF CARE

<b>Arrival Date/Time</b> <sup>3000/3001</sup> : mm / dd / yyyy HH:MM
<b>Admit Source</b> <sup>3010</sup> : <input type="radio"/> Emergency department <input type="radio"/> Transfer in from another acute care facility <input type="radio"/> Elective <input type="radio"/> Other
<b>Insurance Payors:</b> (check all that apply) <input type="checkbox"/> Private Health Insurance <sup>3020</sup> <input type="checkbox"/> Medicare <sup>3021</sup> <input type="checkbox"/> Medicaid <sup>3022</sup> <input type="checkbox"/> Military Health Care <sup>3023</sup> <input type="checkbox"/> State-Specific Plan (non-Medicaid) <sup>3024</sup> <input type="checkbox"/> Indian Health Service <sup>3025</sup> <input type="checkbox"/> Non-US Insurance <sup>3026</sup> <input type="checkbox"/> None <sup>3027</sup>
<b>HIC #</b> <sup>3030</sup> : <b>Research Study</b> <sup>3035</sup> : <input type="radio"/> No <input type="radio"/> Yes → If Yes, <b>Study Name</b> <sup>3036</sup> , <b>Patient ID</b> <sup>3037</sup> : _____, _____

### C. HISTORY (LEADING TO EPISODE OF CARE)

<b>Hypertension</b> <sup>4000</sup> : <input type="radio"/> No <input type="radio"/> Yes	<b>MI</b> <sup>4065</sup> : <input type="radio"/> No <input type="radio"/> Yes
<b>Dyslipidemia</b> <sup>4005</sup> : <input type="radio"/> No <input type="radio"/> Yes	→ If Yes, <b>Within 30 Days</b> <sup>4070</sup> : <input type="radio"/> No <input type="radio"/> Yes
<b>Diabetes Mellitus</b> <sup>4010</sup> : <input type="radio"/> No <input type="radio"/> Yes	<b>Cardiomyopathy or LV Systolic Dysfunction</b> <sup>4075</sup> : <input type="radio"/> No <input type="radio"/> Yes
→ If Yes, <b>Diabetes Therapy:</b> (check all that apply) <input type="checkbox"/> None <sup>4015</sup> <input type="checkbox"/> Diet <sup>4016</sup> <input type="checkbox"/> Oral <sup>4017</sup> <input type="checkbox"/> Insulin <sup>4018</sup> <input type="checkbox"/> Other <sup>4019</sup>	<b>Heart Failure</b> <sup>4080</sup> : <input type="radio"/> No <input type="radio"/> Yes
<b>ESRD On Dialysis</b> <sup>4020</sup> : <input type="radio"/> No <input type="radio"/> Yes	<b>Atrial Fibrillation/Flutter</b> <sup>4085</sup> : <input type="radio"/> No <input type="radio"/> Yes
<b>Coronary Artery Disease</b> <sup>4025</sup> : <input type="radio"/> No <input type="radio"/> Yes	<b>PCI</b> <sup>4090</sup> : <input type="radio"/> No <input type="radio"/> Yes
→ If Yes, <b>Left Main Stenosis &gt;= 50%</b> <sup>4030</sup> : <input type="radio"/> No <input type="radio"/> Yes	<b>CABG</b> <sup>4095</sup> : <input type="radio"/> No <input type="radio"/> Yes
→ If Yes, <b>2-3V (LAD, LCX, RCA) &gt;= 70%</b> <sup>4035</sup> : <input type="radio"/> No <input type="radio"/> Yes	<b>Prior Valve Surgery/Procedure</b> <sup>4100</sup> : <input type="radio"/> No <input type="radio"/> Yes
<b>Peripheral Arterial Disease</b> <sup>4050</sup> : <input type="radio"/> No <input type="radio"/> Yes	<b>Tobacco Use</b> <sup>4105</sup> : <input type="radio"/> Never <input type="radio"/> Current - Every Day <input type="radio"/> (<2 years) <input type="radio"/> Former <input type="radio"/> Current - Some Days <input type="radio"/> Current - Frequency Unknown
<b>Severe/Very Severe Lung Disease</b> <sup>4060</sup> : <input type="radio"/> No <input type="radio"/> Yes	<b>Family History of Premature CAD</b> <sup>4110</sup> : <input type="radio"/> No <input type="radio"/> Yes
<b>Neck Radiation</b> <sup>4125</sup> : <input type="radio"/> No <input type="radio"/> Yes	<b>Height</b> <sup>4115</sup> : _____ cm <b>Weight</b> <sup>4120</sup> : _____ kg
<b>Neck Surgery (other than CEA)</b> <sup>4130</sup> : <input type="radio"/> No <input type="radio"/> Yes	<b>Tracheostomy Present</b> <sup>4135</sup> : <input type="radio"/> No <input type="radio"/> Yes
<b>Previous Carotid Revascularization</b> <sup>4145</sup> : <input type="radio"/> No <input type="radio"/> Yes	<b>Laryngeal Nerve Palsy</b> <sup>4140</sup> : <input type="radio"/> No <input type="radio"/> Yes - Right <input type="radio"/> Yes - Left <input type="radio"/> Yes - Bilateral
→ If Yes, <b>Type/Side:</b>	
<b>Carotid Artery Stent</b> <sup>4150,4170</sup> : <input type="radio"/> No <input type="radio"/> Yes	<b>Right</b>
→ If Yes, <b>Date</b> <sup>4155</sup> : mm / dd / yyyy	<input type="radio"/> No <input type="radio"/> Yes → If Yes, <b>Date</b> <sup>4175</sup> : mm / dd / yyyy
<b>Carotid Endarterectomy</b> <sup>4160,4180</sup> : <input type="radio"/> No <input type="radio"/> Yes	<b>Left</b>
→ If Yes, <b>Date</b> <sup>4165</sup> : mm / dd / yyyy	<input type="radio"/> No <input type="radio"/> Yes → If Yes, <b>Date</b> <sup>4185</sup> : mm / dd / yyyy

### D. PRESENTATION AND EVALUATION (COMPLETE FOR EACH PROCEDURE. LEADING TO THE PROCEDURE)

<b>CVD Presentation</b> <sup>5200</sup> : <input type="radio"/> Asymptomatic <input type="radio"/> Ischemic stroke <= 60 days <input type="radio"/> IC hemorrhage or hemorrhagic stroke > 60 days <input type="radio"/> TIA <= 60 days <input type="radio"/> Ischemic stroke > 60 days <input type="radio"/> Acute evolving stroke <input type="radio"/> TIA > 60 days <input type="radio"/> IC hemorrhage or hemorrhagic stroke <= 60 days
<b>Angina Classification w/in 90 Days</b> <sup>5205</sup> : <input type="radio"/> No symptoms <input type="radio"/> CCS I <input type="radio"/> CCS II <input type="radio"/> CCS III <input type="radio"/> CCS IV
<b>Heart Failure Classification w/in 2 Weeks</b> <sup>5210</sup> : <input type="radio"/> No symptoms <input type="radio"/> NYHA I <input type="radio"/> NYHA II <input type="radio"/> NYHA III <input type="radio"/> NYHA IV



### G. CAROTID STENT PROCEDURE (COMPLETE FOR EACH CAS ATTEMPTED OR PERFORMED)

<b>Lesion Counter</b> <sup>7300</sup> :	<b>1</b>	<b>2</b>
<b>Lesion Location</b> <sup>7305</sup> :	<input type="radio"/> Isolated CCA <input type="radio"/> Bifurcation <input type="radio"/> Isolated ICA	<input type="radio"/> Isolated CCA <input type="radio"/> Bifurcation <input type="radio"/> Isolated ICA
<b>Lesion Difficult to Access Surgically</b> <sup>7310</sup> : → If Yes, <b>Lesion Location</b> <sup>7315</sup> :	<input type="radio"/> No <input type="radio"/> Yes  <input type="radio"/> High Cervical (C2 or higher) <input type="radio"/> Low Intrathoracic (below clavicle)	<input type="radio"/> No <input type="radio"/> Yes  <input type="radio"/> High Cervical (C2 or higher) <input type="radio"/> Low Intrathoracic (below clavicle)
<b>Thrombus Present</b> <sup>7320</sup> :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
<b>Ulceration</b> <sup>7325</sup> :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
<b>Calcification</b> <sup>7330</sup> :	<input type="radio"/> None <input type="radio"/> Mild to Moderate <input type="radio"/> Dense <input type="radio"/> Concentric	<input type="radio"/> None <input type="radio"/> Mild to Moderate <input type="radio"/> Dense <input type="radio"/> Concentric
<b>Lesion Length</b> <sup>7335</sup> :	_____mm	_____mm
<b>Minimum Luminal Diameter (MLD)</b> <sup>7340</sup> :	_____mm	_____mm
<b>Distal (non-tapered) ICA Diameter</b> <sup>7345</sup> :	_____mm	_____mm
<b>Stenosis Immediately Prior to Rx</b> <sup>7350</sup> :	_____%    (use NASCET technique unless CCA)	_____%    (use NASCET technique unless CCA)
<b>Embolic Protection Attempted</b> <sup>7355</sup> : → If Yes, <b>Pre-dilation Prior to EPD Deployment</b> <sup>7360</sup> : → If Yes, <b>Pre-dilation Prior to Attempted Stent Implant</b> <sup>7365</sup> (after Embolic Protection Device):	<input type="radio"/> No <input type="radio"/> Yes  <input type="radio"/> No <input type="radio"/> Yes  <input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes  <input type="radio"/> No <input type="radio"/> Yes  <input type="radio"/> No <input type="radio"/> Yes
<b>Post-dilation Performed</b> <sup>7370</sup> :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
<b>Lesion Treatment Incomplete or Aborted</b> <sup>7375</sup> : → If Yes, <b>Reason(s) Treatment Aborted:</b> (check all that apply)	<input type="checkbox"/> Failure to gain vascular access <sup>7380</sup> <input type="checkbox"/> Failure to confirm significant stenosis <sup>7381</sup> <input type="checkbox"/> Unable to deploy EPD <sup>7382</sup> <input type="checkbox"/> Unable to place guide catheter / sheath <sup>7383</sup> <input type="checkbox"/> Unable to deliver stent <sup>7384</sup> <input type="checkbox"/> Unable to deploy stent <sup>7385</sup> <input type="checkbox"/> Difficult to access due to tortuosity <sup>7386</sup> <input type="checkbox"/> Unable to cross guidewire <sup>7387</sup> <input type="checkbox"/> Hypotension <sup>7388</sup> <input type="checkbox"/> Hypertension <sup>7389</sup> <input type="checkbox"/> Arrhythmia <sup>7390</sup> <input type="checkbox"/> Unable to cross balloon <sup>7391</sup> <input type="checkbox"/> Cardiac ischemia <sup>7392</sup> <input type="checkbox"/> Other <sup>7393</sup>	<input type="checkbox"/> Failure to gain vascular access <sup>7380</sup> <input type="checkbox"/> Failure to confirm significant stenosis <sup>7381</sup> <input type="checkbox"/> Unable to deploy EPD <sup>7382</sup> <input type="checkbox"/> Unable to place guide catheter / sheath <sup>7383</sup> <input type="checkbox"/> Unable to deliver stent <sup>7384</sup> <input type="checkbox"/> Unable to deploy stent <sup>7385</sup> <input type="checkbox"/> Difficult to access due to tortuosity <sup>7386</sup> <input type="checkbox"/> Unable to cross guidewire <sup>7387</sup> <input type="checkbox"/> Hypotension <sup>7388</sup> <input type="checkbox"/> Hypertension <sup>7389</sup> <input type="checkbox"/> Arrhythmia <sup>7390</sup> <input type="checkbox"/> Unable to cross balloon <sup>7391</sup> <input type="checkbox"/> Cardiac ischemia <sup>7392</sup> <input type="checkbox"/> Other <sup>7393</sup>
<b>Final Stenosis</b> <sup>7400</sup> :	_____%    (use NASCET technique unless CCA)	_____%    (use NASCET technique unless CCA)
<b>Final Minimum Luminal Diameter (MLD)</b> <sup>7405</sup> :	_____mm	_____mm

### LIST ALL DEVICES IN CHRONOLOGICAL ORDER:

<b>Device(s) Used</b> <sup>7410,7415</sup>	<b>Associated Lesion(s)</b> <sup>7420</sup> (Specify Lesion Counter, Seq. 7300)	<b>Device Activated</b> <sup>7425</sup>	<b>UDI</b> <sup>7430-7440</sup>
1	_____, _____, _____	<input type="radio"/> No <input type="radio"/> Yes	(future)
2	_____, _____, _____	<input type="radio"/> No <input type="radio"/> Yes	(future)
3	_____, _____, _____	<input type="radio"/> No <input type="radio"/> Yes	(future)

### H. CAROTID ENDARTERECTOMY PROCEDURE (COMPLETE FOR EACH CAROTID ENDARTERECTOMY ATTEMPTED OR PERFORMED)

**Arteriotomy Patch Used**<sup>7600</sup>:  No  Yes

**Thrombus Present**<sup>7605</sup> (on direct visual inspection):  No  Yes

**Shunt Used**<sup>7610</sup>:  No  Yes

**Surgical Procedure Terminated**<sup>7615</sup>:  No  Yes → If Yes, Reason(s) for Termination of Surgery (check all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Hypertension <sup>7616</sup>              | <input type="checkbox"/> Hypotension <sup>7617</sup>                | <input type="checkbox"/> Cardiac instability <sup>7618</sup>  |
| <input type="checkbox"/> Nerve compromise <sup>7619</sup>          | <input type="checkbox"/> Difficulty with anesthesia <sup>7620</sup> | <input type="checkbox"/> Inability to implement shunting <sup>7621</sup>  |
| <input type="checkbox"/> Excessive scar tissue <sup>7622</sup>     | <input type="checkbox"/> Difficult dissection <sup>7623</sup>       | <input type="checkbox"/> Excessive bleeding <sup>7624</sup>   |
| <input type="checkbox"/> Carotid artery thrombosis <sup>7625</sup> | <input type="checkbox"/> ICA string sign / atresia <sup>7626</sup>  | <input type="checkbox"/> Inability to access lesion due to anatomy <sup>7627</sup> <input type="checkbox"/> Other <sup>7628</sup> |

### I. PRE- AND INTRA-PROCEDURE MEDICATIONS (ADMINISTERED WITHIN 24 HOURS PRIOR TO AND DURING THE PROCEDURE, COMPLETE FOR EACH PROCEDURE TYPE)

MEDICATION <sup>7800</sup>		ADMINISTERED <sup>7805</sup>	MEDICATION <sup>7800</sup>		ADMINISTERED <sup>7805</sup>	
Anticoagulants	Heparin and Derivatives	Unfractionated Heparin	<input type="radio"/> No <input type="radio"/> Yes	Antiplatelets  P2Y12 Antagonists  LL Statin  PDE Inhibitor	Aspirin	<input type="radio"/> No <input type="radio"/> Yes
		Fondaparinux	<input type="radio"/> No <input type="radio"/> Yes		Glycoprotein IIb/IIIa Inhibitor (Any)	<input type="radio"/> No <input type="radio"/> Yes
		Low Molecular Wt Heparin	<input type="radio"/> No <input type="radio"/> Yes		Clopidogrel	<input type="radio"/> No <input type="radio"/> Yes
		Heparin / Derivative (Other)	<input type="radio"/> No <input type="radio"/> Yes		Prasugrel	<input type="radio"/> No <input type="radio"/> Yes
	Direct Thrombin Inhibitors	Argatroban	<input type="radio"/> No <input type="radio"/> Yes		Ticagrelor	<input type="radio"/> No <input type="radio"/> Yes
		Bivalirudin	<input type="radio"/> No <input type="radio"/> Yes		Ticlopidine	<input type="radio"/> No <input type="radio"/> Yes
		Dabigatran	<input type="radio"/> No <input type="radio"/> Yes		P2Y12 Antagonist (Other)	<input type="radio"/> No <input type="radio"/> Yes
		Lepirudin	<input type="radio"/> No <input type="radio"/> Yes		Lipid Lowering Statin (Any)	<input type="radio"/> No <input type="radio"/> Yes
	Direct Factor Xa Inhibitors	Direct Thrombin Inhibitor (Other)	<input type="radio"/> No <input type="radio"/> Yes		Atropine	<input type="radio"/> No <input type="radio"/> Yes
		Apixaban	<input type="radio"/> No <input type="radio"/> Yes		Vasodilators (Any)	<input type="radio"/> No <input type="radio"/> Yes
		Rivaroxaban	<input type="radio"/> No <input type="radio"/> Yes		Vasopressors (Any)	<input type="radio"/> No <input type="radio"/> Yes
	VtK Ant	Direct Factor Xa Inhibitors (Other)	<input type="radio"/> No <input type="radio"/> Yes		Phosphodiesterase Inhibitor (Any)	<input type="radio"/> No <input type="radio"/> Yes
		Warfarin	<input type="radio"/> No <input type="radio"/> Yes			

### J. PROCEDURE TOTALS (COMPLETE FOR EACH CAS)

**Contrast Volume**<sup>8000</sup>: \_\_\_\_\_ mL

**Fluoro Time**<sup>8005</sup>: \_\_\_\_\_ minutes

**Cumulative Air Kerma**<sup>8010-11</sup>: \_\_\_\_\_ mGy OR \_\_\_\_\_ Gy (Note: Complete only one unit, based on your equipment.)

**Dose Area Product**<sup>8015-18</sup>: \_\_\_\_\_ Gy-cm<sup>2</sup> OR \_\_\_\_\_ cGy-cm<sup>2</sup> OR \_\_\_\_\_ mGy-cm<sup>2</sup> OR \_\_\_\_\_ μGy-M<sup>2</sup>

### K. LABS (COMPLETE FOR EACH PROCEDURE TYPE)

#### Pre-Procedure / Baseline

**Creatinine**<sup>8100</sup>: \_\_\_\_\_ mg/dL  Not Drawn<sup>8105</sup>  
mm/dd/yyyy / hh:mm<sup>8101/8102</sup>

**Hemoglobin**<sup>8110</sup>: \_\_\_\_\_ g/dL  Not Drawn<sup>8115</sup>  
mm/dd/yyyy / hh:mm<sup>8111/8112</sup>

**LDL**<sup>8120</sup>: \_\_\_\_\_ mg/dL  Not Drawn<sup>8125</sup>  
mm/dd/yyyy / hh:mm<sup>8121/8122</sup>

#### Post-Procedure (post-procedure only)

**Creatinine**<sup>8130</sup>: \_\_\_\_\_ mg/dL  Not Drawn<sup>8135</sup>  
mm/dd/yyyy / hh:mm<sup>8131/8132</sup>

**Hemoglobin**<sup>8140</sup>: \_\_\_\_\_ g/dL  Not Drawn<sup>8145</sup>  
(lowest value w/in 72 hrs) mm/dd/yyyy / hh:mm<sup>8141/8142</sup>

### L. POST-PROCEDURE ASSESSMENT (COMPLETE FOR EACH PROCEDURE, ONLY FOR THE TARGET VESSEL SIDE(S) AFFECTED)

**Modified Rankin Score**<sup>8260</sup>:  
 0: No symptoms at all  3: Moderate disability  
 1: No sig disability despite symptoms  4: Mod severe disability  
 2: Slight disability  5: Severe disability  6: Death

**NIH Stroke Scale Total Score**<sup>8265</sup>: \_\_\_\_\_  Not Administered<sup>8267</sup>

**Date Administered**<sup>8266</sup>: \_\_\_\_\_ mm / dd / yyyy

**Examiner Name**<sup>8270,8275,8280</sup>: \_\_\_\_\_

**Date Administered**<sup>8261</sup>: \_\_\_\_\_ mm / dd / yyyy  Not Administered<sup>8262</sup>

**Certified**<sup>8285</sup>:  No  Yes

### M. INTRA OR POST-PROCEDURE EVENTS (COMPLETE FOR EACH PROCEDURE TYPE)

<b>Myocardial Infarction</b> <sup>8400</sup> :	<input type="radio"/> No <input type="radio"/> Yes	<b>Significant Dissection</b> <sup>8485</sup> :	(CAS Only) <input type="radio"/> No <input type="radio"/> Yes
<b>Cardiogenic Shock</b> <sup>8405</sup> :	<input type="radio"/> No <input type="radio"/> Yes	<b>Perforation</b> <sup>8490</sup> :	(CAS Only) <input type="radio"/> No <input type="radio"/> Yes
<b>Heart Failure</b> <sup>8410</sup> :	<input type="radio"/> No <input type="radio"/> Yes	<b>Other Vascular Complication Req Treatment</b> <sup>8500</sup> :	<input type="radio"/> No <input type="radio"/> Yes
<b>Persistent Hypotension &gt;24h Requiring Rx</b> <sup>8415</sup> :	<input type="radio"/> No <input type="radio"/> Yes	<b>Anaphylactoid Contrast Reaction</b> <sup>8525</sup> :	(CAS Only) <input type="radio"/> No <input type="radio"/> Yes
<b>New Arrhythmia Requiring Treatment</b> <sup>8420</sup> :	<input type="radio"/> No <input type="radio"/> Yes	<b>Procedure-Related Infection Req Antibiotics</b> <sup>8530</sup> :	<input type="radio"/> No <input type="radio"/> Yes
<b>TIA</b> <sup>8425</sup> :	<input type="radio"/> No <input type="radio"/> Yes	<b>Bleeding Event w/in 72 Hours</b> <sup>8535</sup> :	<input type="radio"/> No <input type="radio"/> Yes
<b>Ischemic Stroke</b> <sup>8430</sup> :	<input type="radio"/> No <input type="radio"/> Yes	→ If Yes, <b>Bleeding at Access Site</b> <sup>8540</sup> :	(CAS Only) <input type="radio"/> No <input type="radio"/> Yes
<b>Hemorrhagic Stroke</b> <sup>8435</sup> :	<input type="radio"/> No <input type="radio"/> Yes	→ If Yes, <b>Access Bleed Location</b> <sup>8545</sup> :	(CAS Only)
<b>Undetermined Stroke</b> <sup>8440</sup> :	<input type="radio"/> No <input type="radio"/> Yes	Use Access Site ID / Seq. Num 6200: _____, _____, _____	
<b>CNS Event Territory:</b>	<input type="checkbox"/> Right Hemisphere or Retinal <sup>8445</sup>	→ If Yes, <b>Hematoma at Access Site</b> <sup>8550</sup> :	(CAS Only) <input type="radio"/> No <input type="radio"/> Yes
(Only if TIA <sup>8425</sup> or any Stroke Type <sup>8430/35/40</sup> is "Yes")	<input type="checkbox"/> Left Hemisphere or Retinal <sup>8446</sup>	→ If Yes, <b>Access Hematoma Location</b> <sup>8555</sup> :	(CAS Only)
	<input type="checkbox"/> Vertebrobasilar <sup>8447</sup>	Use Access Site ID / Seq. Num 6200: _____, _____, _____	
	<input type="checkbox"/> Unknown <sup>8448</sup>		
<b>New Seizure</b> <sup>8450</sup> :	<input type="radio"/> No <input type="radio"/> Yes	→ If Yes, <b>Retroperitoneal Bleeding</b> <sup>8560</sup> :	<input type="radio"/> No <input type="radio"/> Yes
<b>Intracranial Hemorrhage</b> <sup>8455</sup> :	<input type="radio"/> No <input type="radio"/> Yes	→ If Yes, <b>GI Bleed</b> <sup>8565</sup> :	<input type="radio"/> No <input type="radio"/> Yes
<b>Emergency CNS Rescue</b> <sup>8460</sup> :	(CAS Only) <input type="radio"/> No <input type="radio"/> Yes	→ If Yes, <b>GU Bleed</b> <sup>8570</sup> :	<input type="radio"/> No <input type="radio"/> Yes
<b>New Requirement for Dialysis</b> <sup>8465</sup> :	<input type="radio"/> No <input type="radio"/> Yes	→ If Yes, <b>Other Bleed</b> <sup>8575</sup> :	<input type="radio"/> No <input type="radio"/> Yes
<b>Unexpected Intubation or Resuscitation</b> <sup>8470</sup> :	<input type="radio"/> No <input type="radio"/> Yes	<b>RBC/Whole Blood Transfusion</b> <sup>8580</sup> :	<input type="radio"/> No <input type="radio"/> Yes
<b>Thrombosis</b> <sup>8475</sup> :	(CAS Only) <input type="radio"/> No <input type="radio"/> Yes	→ If Yes, <b>Hgb Prior to 1<sup>st</sup> Transfusion</b> <sup>8585</sup> :	_____ mg/dL
<b>Embolism</b> <sup>8480</sup> :	(CAS Only) <input type="radio"/> No <input type="radio"/> Yes		

### N. DISCHARGE (COMPLETE FOR EACH EPISODE OF CARE)

Discharge Date<sup>9000</sup>: mm / dd / yyyy

Discharge Status<sup>9005</sup>:  Alive  Deceased

→ If Alive, Discharge Location<sup>9010</sup>:  Home  Skilled Nursing facility  
 Extended care/TCU/rehab  Other  
 Other acute care hospital  Left against medical advice (AMA)

→ If Alive, Hospice Care<sup>9015</sup>:  No  Yes

→ If Alive and Current Tobacco User, Cessation Counseling<sup>9020</sup>:  No  Yes

→ If Deceased, Death During Procedure<sup>9025</sup>:  No  Yes

→ If Deceased, Cause of Death<sup>9030</sup>:

- |   |  |   |
|---|--|---|
| <input type="radio"/> Acute myocardial infarction | <input type="radio"/> Pulmonary                | <input type="radio"/> Hemorrhage                              |
| <input type="radio"/> Sudden cardiac death        | <input type="radio"/> Renal                    | <input type="radio"/> Non-cardiovascular procedure or surgery |
| <input type="radio"/> Heart failure               | <input type="radio"/> Gastrointestinal         | <input type="radio"/> Trauma                                  |
| <input type="radio"/> Stroke                      | <input type="radio"/> Hepatobiliary            | <input type="radio"/> Suicide                                 |
| <input type="radio"/> Cardiovascular procedure    | <input type="radio"/> Pancreatic               | <input type="radio"/> Neurological                            |
| <input type="radio"/> Cardiovascular hemorrhage   | <input type="radio"/> Infection                | <input type="radio"/> Malignancy                              |
| <input type="radio"/> Other cardiovascular reason | <input type="radio"/> Inflammatory/Immunologic | <input type="radio"/> Other non-cardiovascular reason         |

### DISCHARGE MEDICATIONS

Discharge medications are not required for patients who expired, discharged to "Other acute care Hospital," "AMA", or are receiving Hospice Care.

Medication <sup>9500</sup>		Administered <sup>9505</sup>					
		Yes	No - No Reason	No - Medical Reason	No - Pt. Reason	No - System Reason	
Anticoagulants	Thrombin Inhibitors	Dabigatran	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Direct Thrombin Inhibitor (Other)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Direct Factor Xa Inhibitors	Apixaban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Rivaroxaban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Direct Factor Xa Inhibitor (Other)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	VitK Ant	Warfarin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antiplatelets	P2Y12 Antagonists	Aspirin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Clopidogrel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Prasugrel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Ticagrelor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Ticlopidine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		P2Y12 Antagonist (Other)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ACE-I	ACE-Inhibitor (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
ARB	ARB (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Beta Blocker	Beta Blocker (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
LL Statin	Lipid Lowering Statin (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
LL Non Statin	Lipid Lowering Non-Statin (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
PDE Inhibitor	Phosphodiesterase Inhibitor (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

**O. FOLLOW-UP** (Collect follow-up from one day to one year post-discharge)

**Assessment Date**<sup>10000</sup>: mm / dd / yyyy

**Reference Procedure Start Date/Time**<sup>10001/10002</sup>: mm / dd / yyyy HH:MM

**Method(s) to Determine Status**<sup>10005-11</sup>:  
 Office Visit     Medical Records     Letter from Medical Provider  
 Phone Call     Social Security Death Master File     Hospitalized     Other

**Follow-up Status**<sup>10015</sup>:  Alive     Deceased     Lost to Follow-up     Withdrawn

→ If Deceased, **Date of Death**<sup>10020</sup>: mm / dd / yyyy

→ If Deceased, **Cause of Death**<sup>10025</sup>:

- |   |  |   |
|---|--|---|
| <input type="radio"/> Acute myocardial infarction | <input type="radio"/> Pulmonary                | <input type="radio"/> Hemorrhage                              |
| <input type="radio"/> Sudden cardiac death        | <input type="radio"/> Renal                    | <input type="radio"/> Non-cardiovascular procedure or surgery |
| <input type="radio"/> Heart failure               | <input type="radio"/> Gastrointestinal         | <input type="radio"/> Trauma                                  |
| <input type="radio"/> Stroke                      | <input type="radio"/> Hepatobiliary            | <input type="radio"/> Suicide                                 |
| <input type="radio"/> Cardiovascular procedure    | <input type="radio"/> Pancreatic               | <input type="radio"/> Neurological                            |
| <input type="radio"/> Cardiovascular hemorrhage   | <input type="radio"/> Infection                | <input type="radio"/> Malignancy                              |
| <input type="radio"/> Other cardiovascular reason | <input type="radio"/> Inflammatory/Immunologic | <input type="radio"/> Other non-cardiovascular reason         |

**CLINICAL ASSESSMENT**

**Modified Rankin Score**<sup>10030</sup>:  
 0: No symptoms at all     4: Mod severe disability  
 1: No sig disability despite symptoms     5: Severe disability  
 2: Slight disability     6: Death  
 3: Moderate disability  
**Date Administered**<sup>10031</sup>: mm / dd / yyyy     Not Administered<sup>10032</sup>

**NIH Stroke Scale Total Score**<sup>10035</sup>: \_\_\_\_\_     Not Administered<sup>10037</sup>  
**Date Administered**<sup>10036</sup>: mm / dd / yyyy  
**Examiner Name**<sup>10040-10050</sup>:  
**Certified**<sup>10055</sup>:     No     Yes

**EVENTS SINCE DISCHARGE**

**Readmitted**<sup>10400</sup>:  No     Yes  
 → If Yes, **Readmission Length of Stay**<sup>10405</sup>: \_\_\_\_\_ days  
 → If Yes, **Readmission Date**<sup>10410</sup>: mm / dd / yyyy  
 → If Yes, **Hospitalized at time of Follow-up**<sup>10415</sup>:  No     Yes

**Myocardial Infarction**<sup>10420</sup>:  No     Yes  
**Ischemic Stroke**<sup>10425</sup>:  No     Yes  
**Hemorrhagic Stroke**<sup>10430</sup>:  No     Yes  
**Undetermined Stroke**<sup>10435</sup>:  No     Yes

**Major Vascular Complication**<sup>10440</sup>:  No     Yes  
**Life Threatening Bleeding**<sup>10445</sup>:  No     Yes  
**New Requirement for Dialysis**<sup>10450</sup>:  No     Yes  
**Carotid Endarterectomy**<sup>10470</sup>:  No     Yes  
 → If Yes, **Target Vessel Revascularization**<sup>10475</sup>:  No     Yes  
**Carotid Artery Stent**<sup>10480</sup>:  No     Yes  
 → If Yes, **Target Vessel Revascularization**<sup>10485</sup>:  No     Yes