

Instructions for Paul Coverdell National Acute Stroke Program (PCNASP) Post-Hospital Transition of Care Data Elements

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| Item | Variable name | Text Prompt | Field Type | Legal Values | Notes | |
|------|----------------------------|-------------|---|---------------------|--|--|
| 1 | Hospital Discharge Date | <DsSchDate> | Patient's date of hospital discharge | --/~/---- | Date MMDDYYYY | |
| 2 | Date of follow-up | <FUDate> | | --/~/---- | Date MMDDYYYY | |
| 3 | Follow-up Method | <FUType> | | Numeric # = 1-digit | 1 = Phone; 2 = In home; 3 = Other | |
| 4 | Informant | <Informnt> | Who provided responses to this follow-up? | Numeric # = 1-digit | 1 = Patient; 2 = Familiy Member; 3 = Other Lay Caregiver; 4 = Home Health Aide; 5 = Other; | |
| 5 | Post-Discharge Appointment | <DApptYN> | Was appointment made prior to discharge? | Numeric # = 1-digit | 1 = Yes; 0 = No | |
| | | <DAppKept> | If yes, was appointment kept or pending? | Numeric # = 1-digit | 1 = Kept; 2 = Pending; | |
| | | <DAppPend> | If no, has an appointment been scheduled since discharge? | Numeric # = 1-digit | 1 = Yes; 0 = No | |
| | | <DAppType> | Who did patient see or will see? | Numeric # = 1-digit | 1 = Neurologist; 2 = Primary Care Physician; 3 = Other; | |
| 6 | Patient Location | <CurrLoc> | Where is the patient at the time of follow-up? | Numeric # = 1-digit | 1 = Home; 2 = Nursing home or long-term care; 3 = Rehabilitation Hospital; 4 = Acute Care Hospital; 5 = Died | |
| 7 | ED Visits | <EDYN> | Has patient been seen in ED since discharge? | Numeric # = 1-digit | 1 = Yes; 0 = No; 2 = Not sure | |
| | | <EDNum> | How many ED visits since discharge? | Numeric # = 1-digit | 1 = 1; 2 = 2; 3 = 3 or more; 4 = unknown or not sure | |
| | | <EDDate> | If yes, Date of first ED visit | --/~/---- | Date MMDDYYYY | |
| | | <EDReasn> | If yes, Reason for first ED visit | _____ | Text. 75 characters | |
| | | <EDDispN> | Was patient admitted to hospital or discharge to home? | Numeric # = 1-digit | 1 = Discharged to home; 0 = | |

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|------|----------------|-------------|---|----------------------|---|---|
| | | | | Admitted to hospital | | |
| 8 | Readmissions | < ReAd> | Has patient been readmitted to a hospital since discharge? | Numeric # = 1-digit | 1 = Yes; 0 = No; 2 = Not sure | This is a readmission to an acute care hospital. It could be the same hospital or another acute care hospital |
| | | <ReAdNum> | How many readmissions since discharge? | Numeric # = 1-digit | 1 = 1; 2 = 2; 3 = 3 or more; 4 = unknown or not sure | |
| | | <ReAdDate> | If yes, date of first readmission | --/ --/ ----- | Date MMDDYYYY | |
| | | <ReAdWhy> | If yes, reason for first readmission | _____ | Text. 75 characters | |
| | | <ReAd30D> | Readmitted within 30 days of discharge? | Numeric # = 1-digit | 1 = Yes; 0 = No; 2 = Not sure | |
| 9 | Complications | <DCFalls>> | Falls | Numeric # = 1-digit | 1 = Yes; 0 = No | Default = 0 |
| | | <MedPrblm> | Medication problem | | | |
| | | <DCPneum>> | Pneumonia | | | |
| | | <DCUTI> | Urinary tract infection | | | |
| | | <DCVTE> | Venous thromboembolic event | | | |
| 10 | Death | <DthDate> | If patient died, date of death | --/ --/ ----- | Date MMDDYYYY | |
| | | | | Numeric # = 1-digit | 1 = cerebrovascular; 2 = cardiovascular; 3 = other; 4 = unknown | |
| | | <DthCause> | If patient died, cause of death | | | |
| | | <Dth30Day> | Died within 30 days of discharge? | Numeric # = 1-digit | 1 = Yes; 0 = No | |
| 11 | Tobacco | <CurrTobac> | If patient was a smoker before stroke, have they smoked tobacco since discharge? | Numeric # = 1-digit | 1 = Yes; 0 = No | |
| | | <SmkMeds> | If patient was a smoker before stroke, are they using any medications to help stop smoking? | Numeric # = 1-digit | 1 = Yes; 0 = No | |
| 12 | Blood Pressure | <BPMonitr> | Has patient been monitoring their blood pressure at home? | Numeric # = 1-digit | 1 = Yes; 0 = No | |
| | | <BPSys> | If yes, most recent systolic blood pressure | Numeric # = 3-digit | | mm Hg; Suggested range 50-250 |

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|------------|-------------------------------|--|---------------------|--|-------------------------------|
| | <BPDia> | If yes, most recent diastolic blood pressure | Numeric # = 3-digit | | mm Hg; Suggested range 30-150 |
| | <BPreport> | Have they reported their blood pressure to their health care provider since discharge? | Numeric # = 1-digit | 1 = Yes; 0 = No | |
| | <BPUusual> | Is this blood pressure usual for you? | Numeric # = 1-digit | 1 = Yes; 0 = No | |
| 13 | <DCBPMed> | Antihypertensive | Numeric # = 1-digit | 1 = Yes; 0 = No | |
| | <DCStatn> | Statin | | | |
| | <DCDiab> | Antidiabetic agent | | | |
| | <DCAsprn> | Aspirin or other antiplatelet | | | |
| | <DCACoag> | Anticoagulant | | | |
| 14 | <BPMedNow> | Antihypertensive | Numeric # = 1-digit | 1 = Yes; 0 = No | |
| | <StatnNow> | Statin | | | |
| | <DiabNow> | Antidiabetic agent | | | |
| | <AsprnNow> | Aspirin or other antiplatelet | | | |
| | <ACoagNow> | Anticoagulant | | | |
| | <StopMeds> | Have you stopped any medications since you were discharged? | Numeric # = 1-digit | 1 = Yes; 0 = No | |
| | | If yes, which meds? | | | |
| | <StopBP> | Antihypertensive | Numeric # = 1-digit | 0= No; 1 = Yes - side effects; 2 = Yes - cost; 3 = Yes - no transportation; 4 = Yes - Dr. told them to stop; 5 = Yes - forget to take them; 6 =Yes - Other | |
| | <StopStn> | Statin | Numeric # = 1-digit | | |
| | <StopDiab> | Antidiabetic agent | Numeric # = 1-digit | | |
| <StopASA> | Aspirin or other antiplatelet | Numeric # = 1-digit | | | |
| <StopCoag> | Anticoagulant | Numeric # = 1-digit | | | |
| 15 | <Rehab> | Is patient receiving rehabilitation | Numeric # = 1-digit | 1 = Outpatient; 2 = In the home; 3 = Inpatient; 4 = Was at discharge but stopped; 0 = No | |

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| 16 | Symptoms | <mRS30Day> | What is the level of the patient's disability? This is the 30-day modified Rankin Scale score | Numeric # = 1-digit | 0 = No symptoms; 1 = Some symptoms but able to carry out all usual duties and activities; 2 = Some disability, unable to carry out all previous activities, but able to look after own affairs without assistance; 3 = Moderate disability; requiring some help, but able to walk without assistance; 4 = Moderately severe disability; unable to walk without assistance and unable to attend to own bodily needs without assistance; 5 = Severe disability; bedridden, incontinent, and requiring constant nursing care and attention. | |