Instructions for Paul Coverdell National Acute Stroke Program (PCNASP) In-Hospital Data Elements

Item	Variable Name	Text Prompt	Field Type	Legal Values	Notes	Optional/Required
Demographic Data	**\<Age\>**	**Age |__|__|__| years**	**Numeric ### = 3-digit**	**0 < age < 125**		**Required**
	\<Gender\>	**Gender**	**Numeric # = 1-digit**	**1 - Male; 2 - Female; 3 - Unknown**	**Select only 1 gender**	**Required**
	\<RaceW\>	**White**	**Numeric # = 1-digit**	**1 -Yes; 0 - No**	**Select all race options that apply. Default = 0**	**Required**
	\<RaceAA\>	**Black or African American**				**Required**
	\<RaceAs\>	**Asian**				**Required**
	\<RaceHPI\>	**Native Hawaiian or Other Pacific Islander**				**Required**
	\<RaceAIAN\>	**American Indian or Alaskan Native**				**Required**
	\<RaceUnk\>	**Unknown or unable to determine**				**Required**
	\<Hisp\>	**Hispanic Ethnicity**		**1 – Hispanic or Latino; 0 - Not Hispanic or Latino, or unknown**	**Hispanic ethnicity is a separate question from race**	**Required**
	\<HlthInsM\>	Medicare/Medicare Advantage	Numeric # = 1-digit	1 -Yes; 0 - No	Default = 0	Optional
	\<HlthInsC\>	Medicaid				
	\<HlthInsP\>	Private/VA/Champus/Other				
	\<HlthInsN\>	Self Pay/No Insurance				
	\<HlthInND\>	Not Documented				
Comfort Measures	**\<CMODoc\>**	**When is the earliest time that the physician, advanced practice nurse, or PA documented that patient was on comfort measures only?**	**Numeric # = 1-digit**	**1 – Day of arrival or first day after arrival ; 2 - 2nd day after arrival or later; 3 - Timing unclear; 4 - ND/UTD**		**Required**

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Pre-Hospital/ Emergency Medical System (EMS) Data	<PlcOccur>	Where was the patient when stroke was detected or when symptoms were discovered? In the case of a patient transferred to your hospital where they were an inpatient, ED patient, or NH/long-term care resident, from where was the patient transferred?	Numeric # = 1-digit	1 – Not in a healthcare setting; 2 - Another acute care facility; 3 –Chronic health care facility; 4 - Stroke occurred while patient was an inpatient in your hospital; 5 - Outpatient healthcare setting; 9 - ND or cannot be determined		Optional
	<ArrMode>	**How did the patient get to your hospital for treatment of their stroke?**	**Numeric # = 1-digit**	**1 – EMS from home or scene; 2 - Private transportation/taxi/other ; 3 - transfer from another hospital; 9 - ND or unknown**		**Required**
	<EMSNote>	**Advance notification by EMS**	**Numeric # = 1-digit**	**1 -Yes; 0 - No/ND; 9-Not applicable**		**Required**
Date & time of arrival at your hospital - What is the earliest documented time (military time) the patient arrived at the hospital?	**<EDTriagD>**	**Date of arrival at your hospital**	**_ _ / _ _ / _ _ _ _**	**Date MMDDYYYY**		**Required**
	<EDTriagT>	**Time of arrival at your hospital**	**_ _: _ _**	**Time HHMM**		**Required**
Patient Not Admitted	<NotAdmit>	Was the patient not admitted?	Numeric #=1-digit	1 - Not admitted; 0 = no, patient admitted as inpatient		Optional

Item	Variable Name	Text Prompt	Field Type	Legal Values	Notes	Optional/Required
Reason Not Admitted	\<WhyNoAdm\>	Reasons that the patient was not admitted	Numeric #=1-digit	1 - discharged directly from ED to home or other location that is not an acute care hospital; 4 - Transferred from your ED to another acute care hosptial; 6 - died in ED; 7 - Left ED AMA; 8 - discharged from observation status without an inpatient admission; 9 - Other;	Answer this only if the patient was not admitted	Optional
Hospital admission data	**\<HospadD\>**	**Date of hospital admission**	**_ _ / _ _ / _ _ _ _**	**Date MMDDYYYY**	**Admit date**	**Required**
	\<AmbStatA\>	**Was patient ambulatory prior to the current stroke/TIA?**	**Numeric # = 1-digit**	**1 – Able to ambulate independently w/or w/o device; 2 - Yes but with assistance from another person; 3 - Unable to ambulate; 9 - ND**		**Required**
	\<sxresolv\>	**Did symptoms completely resolve prior to presentation?**	**Numeric # = 1-digit**	**1 - Yes; 0 - No; 9 - ND**		**Required**
Functional status prior to stroke	\<mRS_pre\>	Modified Rankin Score pre-stroke	Numeric # = 1-digit	0 - No symptoms; 1 - no significant disability despite symptoms; 2 - slight disability; 3 - moderate disability, can walk without assistance; 4 - moderate to severe disability, needs assistance to walk; 5 - severe disability, bedridden; 9 - ND		Optional

Item	Variable Name	Text Prompt	Field Type	Legal Values	Notes	Optional/Required
Initial Blood Pressure	<AdmSysBP>	If patient received IV tPA (alteplase), what was the first systolic blood pressure?	Numeric # = 3-digit		mmHg	Optional
	<AdmDiaBP>	If patient received IV tPA (alteplase), what was the first diastolic blood pressure?			mmHg	Optional
Initial Glucose	<AdmGluc>	If patient received IV tPA (alteplase), what was the first blood glucose?			mg/dL	Optional
Medications currently taking prior to admission	<APlAdm>	Antiplatelet medication	Numeric # = 1-digit		antiplatelet medications include aspirin, aspirin/dipyridamol, clopidogrel, ticlopidine, others	Optional
	<ACoagAdm>	Anticoagulant	Numeric # = 1-digit	1 -Yes; 0 - No/ND	anticoagulant medications include heparin IV, full dose LMW heparin, warfarin, dabigatran, argatroban, desirudin, fondaparinux, rivaroxaban, lipirudin, others	Optional
	<HBPAdmYN>	Antihypertensive medication	Numeric # = 1-digit			Optional
	<DprADMYN>	Antidepressant medication	Numeric # = 1-digit			Optional
	<LipAdmYN>	**Statin or other cholesterol reducer**	**Numeric # = 1-digit**	**1 -Yes; 0 - No/ND**		**Required**
Telestroke	<TeleYN>	Was telestroke consultation performed?	Numeric # = 1-digit	1- Yes, the patient received telestroke consultation from my hospital staff when the patient was located at		Optional

Item	Variable Name	Text Prompt	Field Type	Legal Values	Notes	Optional/Required
Imaging: prior hospital				another hospital; 2- Yes, the patient received telestroke consultation from someone other than my staff when the patient was located at another hospital; 3- Yes, the patient received telestroke consultation from a remotely located expert when the patient was located at my hospital; 4- No telestroke consult performed; 9-ND		
	<TeleVid>	Telestroke consultation performed via interactive video	Numeric # = 1-digit	1 – Yes; 0 - No		Optional
	<TeleRad>	Telestroke consultation performed via teleradiology	Numeric # = 1-digit	1 – Yes; 0 - No		Optional
	<TelePho>	Telestroke consultation performed via telephone call	Numeric # = 1-digit	1 – Yes; 0 - No		Optional
	<ImagTYN>	Was brain or vascular imaging performed prior to transfer to your facility?	Numeric # = 1-digit	1 – Yes; 0 – No/ND	Part of GWTG MER form group	Optional
	<ImagTCT>	If yes, which imaging tests were performed: CT	Numeric # = 1-digit	1 – Yes; 0 – No/ND	Question enabled if "Yes" to ImagTYN	Optional
	<ImagTCTA>	If yes, which imaging tests were performed: CTA	Numeric # = 1-digit	1 – Yes; 0 – No/ND	Question enabled if "Yes" to ImagTYN	Optional
	<ImagTCTP>	If yes, which imaging tests were performed: CT Perfusion	Numeric # = 1-digit	1 – Yes; 0 – No/ND	Question enabled if "Yes" to ImagTYN	Optional
	<ImagTMRI>	If yes, which imaging tests were performed: MRI	Numeric # = 1-digit	1 – Yes; 0 – No/ND	Question enabled if "Yes" to ImagTYN	Optional

Item	Variable Name	Text Prompt	Field Type	Legal Values	Notes	Optional/Required
	<ImagTMRA>	If yes, which imaging tests were performed: MRA	Numeric # = 1-digit	1 – Yes; 0 – No/ND	Question enabled if "Yes" to ImagTYN	Optional
	<ImagTMRP>	If yes, which imaging tests were performed: MR Perfusion	Numeric # = 1-digit	1 – Yes; 0 – No/ND	Question enabled if "Yes" to ImagTYN	Optional
	<ImagTDSA>	If yes, which imaging tests were performed: DSA	Numeric # = 1-digit	1 – Yes; 0 – No/ND	Question enabled if "Yes" to ImagTYN	Optional
	<ImagTND>	If yes, which imaging tests were performed: Image type not documented	Numeric # = 1-digit	1 – Yes; 0 – No/ND	Question enabled if "Yes" to ImagTYN	Optional
	<ImagTD>	Date 1st vessel or perfusion imaging initiated at prior hospital	_ _/ _ _/ _ _ _ _ MMDDYYYY		Question enabled if "Yes" to ImagTYN	Optional
	<ImagTDND>	Date 1st vessel or perfusion imaging initiated at prior hospital not documented	Numeric # = 1-digit	1 – Yes; 0 – No	Question enabled if "Yes" to ImagTYN	Optional
	<ImagTT>	Time 1st vessel or perfusion imaging initiated at prior hospital	_ _: _ _ Time HHMM		Question enabled if "Yes" to ImagTYN	Optional
	<ImagTTND>	Time 1st vessel or perfusion imaging initiated at prior hospital not documented	Numeric # = 1-digit	1 – Yes; 0 – No	Question enabled if "Yes" to ImagTYN	Optional
Imaging	**<ImageYN>**	**Was Brain Imaging performed at your hospital after arrival as part of the initial evaluation for this episode of care or this event?**	**Numeric # = 1-digit**	**1 - Yes; 0 - No/ND; 9-NC**		**Required**
	<ImageYCT>	**If brain imaging performed, was it a CT scan?**	**Numeric # = 1-digit**	**1 - Yes; 0 - No/ND**	**Only if "Yes" to ImagYN**	**Required**

Item	Variable Name	Text Prompt	Field Type	Legal Values	Notes	Optional/Required
	<ImageYMR>	**If brain imaging performed, was it a diffusion MRI?**	**Numeric # = 1-digit**	**1 - Yes; 0 - No/ND**	**Only if "Yes" to ImagYN**	**Required**
	<ImageD>	**Date brain imaging first initiated at your hospital**	_ _/ _ _/ _ _ _ _	**MMDDYYYY**	**Only if "Yes" to ImagYN**	**Required**
	<ImageDND>	Date brain imaging first initiated not documented	_ _/ _ _/ _ _ _ _	1 – Yes; 0 – No		Optional
	<ImageT>	**Time brain imaging first initiated at your hospital**	_ _: _ _	**Time HHMM**	**Only if "Yes" to ImagYN**	**Required**
	<ImageTND>	Time brain imaging first initiated not documented		1 – Yes; 0 – No		Optional
	<ImageRes>	**Initial brain imaging findings?**	**Numeric # = 1-digit**	**1 – Acute hemorrhage; 0 - No acute hemorrhage; 9 - ND or not available**	**Only if "Yes" to ImagYN**	**Required**
Brain imaging (all optional; for hospitals interested in collecting mechanical endovascular therapy measures)	<ImageVas>	Was acute vascular or perfusion imaging performed at your hospital?	Numeric # = 1-digit	1 – Yes; 0 – No/ND	"Acute" defined as imaging performed during the acute evaluation	Optional
	<ImageCTA>	If yes, type of imaging: CTA	Numeric # = 1-digit	1 – Yes; 0 – No/ND	Only if ImageVas=1	Optional
	<ImageCTP>	If yes, type of imaging: CT Perfusion	Numeric # = 1-digit	1 – Yes; 0 – No/ND	Only if ImageVas=1	Optional
	<ImageMRA>	If yes, type of imaging: MRA	Numeric # = 1-digit	1 – Yes; 0 – No/ND	Only if ImageVas=1	Optional
	<ImageMRP>	If yes, type of imaging: MR Perfusion	Numeric # = 1-digit	1 – Yes; 0 – No/ND	Only if ImageVas=1	Optional
	<ImageDSA>	If yes, type of imaging: DSA (catheter angiography)	Numeric # = 1-digit	1 – Yes; 0 – No/ND	Only if ImageVas=1	Optional

Item	Variable Name	Text Prompt	Field Type	Legal Values	Notes	Optional/Required
	<ImageND>	If yes, type of imaging: Image type not documented	Numeric # = 1-digit	1 – Yes; 0 – No/ND	Only if ImageVas=1	Optional
	<ImagVD>	Date 1st vessel or perfusion imaging initiated at your hospital	_ _/ _ _/ _ _ _ _ MMDDYYYY		Question enabled if "Yes" to ImagTYN	Optional
	<ImagVDND>	Date 1st vessel or perfusion imaging initiated at your hospital not documented	Numeric # = 1-digit	1 – Yes; 0 – No	Question enabled if "Yes" to ImagTYN	Optional
	<ImagVT>	Time 1st vessel or perfusion imaging initiated at your hospital	_ _: _ _ Time HHMM		Question enabled if "Yes" to ImagTYN	Optional
	<ImagVTND>	Time 1st vessel or perfusion imaging initiated at your hospital not documented	Numeric # = 1-digit	1 – Yes; 0 – No	Question enabled if "Yes" to ImagTYN	Optional
	<LVO>	Was a target lesion (large vessel occlusion) visualized?	Numeric # = 1-digit	1 – Yes; 0 – No/ND	Only if ImageVas=1	Optional
	<LVOICA>	If yes, site of large vessel occlusion: ICA	Numeric # = 1-digit	1 – Yes; 0 – No/ND	Only if LVO=1	Optional
	<LVOIICA>	If yes, site of large vessel occlusion: Intracranial ICA	Numeric # = 1-digit	1 – Yes; 0 – No/ND	Only if LVO=1	Optional
	<LVOCICA>	If yes, site of large vessel occlusion: Cervical ICA	Numeric # = 1-digit	1 – Yes; 0 – No/ND	Only if LVO=1	Optional
	<LCOIOt>	If yes, site of large vessel occlusion: ICA other/UTD	Numeric # = 1-digit	1 – Yes; 0 – No/ND	Only if LVO=1	Optional
	<LVOMCA>	If yes, site of large vessel occlusion: MCA	Numeric # = 1-digit	1 – Yes; 0 – No/ND	Only if LVO=1	Optional

Item	Variable Name	Text Prompt	Field Type	Legal Values	Notes	Optional/Required
When was the patient last known to be well (i.e., in their usual state of health or at their baseline), prior to the beginning of the current stroke or stroke-like symptoms? (To within 15 minutes of exact time is acceptable.) When was the	\<LVOMCAM 1>	If yes, site of large vessel occlusion: MCA M1	Numeric # = 1-digit	1 – Yes; 0 – No/ND	Only if LVO=1	Optional
	\<LVOMCAM 2>	If yes, site of large vessel occlusion: MCA M2	Numeric # = 1-digit	1 – Yes; 0 – No/ND	Only if LVO=1	Optional
	\<LVOMCAOt >	If yes, site of large vessel occlusion: MCA Other/UTD	Numeric # = 1-digit	1 – Yes; 0 – No/ND	Only if LVO=1	Optional
	\<LVOBasAr>	If yes, site of large vessel occlusion: Basilar artery	Numeric # = 1-digit	1 – Yes; 0 – No/ND	Only if LVO=1	Optional
	\<LVOOth>	If yes, site of large vessel occlusion: Other cerebral artery branch	Numeric # = 1-digit	1 – Yes; 0 – No/ND	Only if LVO=1	Optional
	\<LVOVerAr>	If yes, site of large vessel occlusion: Vertebral artery	Numeric # = 1-digit	1 – Yes; 0 – No/ND	Only if LVO=1	Optional
	\<LKWD>	**What date was the patient last known to be well**	_ _/ _ _/ _ _ _ _	**Date MMDDYYYY**		**Required**
	\<LKWDNK>	Last known well date not documented	Numeric # = 1-digit	1 – Yes; 0 – No/ND		Optional
	\<LKWT>	**What time was the patient last known to be well**	**___: ____**	**Time HHMM**		**Required**
	\<LKWTNK>	Last known well time not documented	Numeric # = 1-digit	1 – Yes; 0 – No/ND		Optional
	\<DiscD>	**What date was the patient first**	_ _/ _ _/ _ _ _ _	**Date MMDDYYYY**		**Required**

Item	Variable Name	Text Prompt	Field Type	Legal Values	Notes	Optional/Required
patient first discovered to have the current stroke or stroke-like symptoms? (To within 15 minutes of exact time of discovery is acceptable.)		**discovered to have the current stroke or stroke-like symptoms?**				
	<DiscDNK>	Discovery date not documented	Numeric # = 1-digit	1 – Yes; 0 – No/ND		Optional
	<DiscT>	**What time was the patient first discovered to have the current stroke or stroke-like symptoms?**	**___: ____**	**Time HHMM**		**Required**
	<DiscTNK>	Discovery time not documented	Numeric # = 1-digit	1 – Yes; 0 – No/ND		Optional
NIH Stroke Scale Score	**<NIHSSYN>**	**Was NIH Stroke Scale score performed as part of the initial evaluation of the patient?**	**Numeric # = 1-digit**	**1 – Yes; 0 – No/ND**		**Required**
	<NIHStrkS>	**If performed, what is the first NIH Stroke Scale total score recorded by hospital personnel?**	**Numeric ## = 2-digit**	**Range 00-42**		**Required**
Thrombolytic Treatment	**<TrmIVM>**	**Was IV tPA (alteplase) initiated for this patient at this hospital?**	**Numeric # = 1-digit**	**1 - Yes; 0 - No**		**Required**
	<TrmIVMD>	**What date was IV tPA (alteplase) initiated for this patient at this hospital?**	**_ _/ _ _/ _ _ _ _**	**MMDDYYYY**	If IV tPA (alteplase) was initiated at this hospital or ED, please complete this section:	**Required**
	<TrmIVMDN>	IV tPA initiation date not documented	Numeric # = 1-digit	1 - Yes; 0 - No		Optional
	<TrmIVMT>	**What time was IV tPA (alteplase) initiated for this patient at this hospital?**	**___: ____** **Time HHMM**			**Required**
	<TrmIVMTN>	IV tPA initiation time not documented	Numeric # = 1-digit	1 - Yes; 0 - No		Optional
	<TrmIVT>	**IV tPA (alteplase) at an outside hospital**	**Numeric # = 1-digit**	**1 - Yes; 0 - No**		**Required**
	<CathTx>	**Catheter-based treatment at this hospital?**	**Numeric # = 1-digit**	**1 - Yes; 0 - No**		**Required**
	<CathTxD>	**Date of IA t-PA or MER initiation at this hospital**	**_ _/ _ _/ _ _ _ _**	**MMDDYYYY**		**Required**
	<CathTDND>	Date of IA t-PA or MER initiated not documented		1 – Yes; 0 – No		Required
	<CathTxT>	**Time of IA t-PA or MER initiation at this hospital**	**___: ____**	**Time HHMM**		**Required**
	<CathTTND>	Time of IA t-PA or MER initiation not documented		1 – Yes; 0 – No		Optional

Item	Variable Name	Text Prompt	Field Type	Legal Values	Notes	Optional/Required
Complications of thrombolytic therapy	**\<ThrmCmp\>**	**Complication of thrombolytic therapy**	**Numeric # = 1-digit**	**0 – None; 1 – symptomatic ICH within 36 hours (< 36 hours) of tPA ; 2 - life threatening, serious systemic hemorrhage within 36 hours of tPA; 3 - other serious complications; 9 – Unknown/Unable to Determine**		**Required**
	\<ThrmCmpt\>	**Were there bleeding complications in a patient transferred after IV tPA (alteplase)**	**Numeric # = 1-digit**	**1 - yes & detected prior to transfer; 2 - yes but detected after transfer; 3 - UTD; 9 - Not applicable**		**Required**
Reasons for no tPA - 0-3 hour window. Were one or more of the following contraindication or warning for not administering IV thrombolytic therapy at this hospital explicitly documented by a physician, advanced practice nurse, or physician assistant's notes in the	**\<NonTrtC\>**	**Contraindications, which include any of the following: Elevated blood pressure (systolic > 185 or diastolic > 110 mmHg) despite treatment; Recent intracranial or spinal surgery or significant head trauma, or prior stroke in previous 3 months; History of previous intracranial hemorrhage, intracranial neoplasm, arteriovenous malformation, or aneurysm; Active internal bleeding; Acute bleeding diathesis (low platelet count, increased PTT, INR ≥ 1.7 or use of NOAC); Arterial puncture at non-compressible site in previous 7 days; Blood glucose concentration <50 mg/dL (2.7 mmol/L)**	**Numeric # = 1-digit**	**1 Yes; 0 No**		**Required**
	\<NonTrtCT\>	**Symptoms suggest subarachnoid hemorrhage; CT demonstrates multi-lobar infarction (hypodensity >1/3 cerebral hemisphere)**	**Numeric # = 1-digit**	**1 Yes; 0 No**		**Required**
	\<NonTrtWN\>	**Warnings: Pregnancy; Recent acute**	**Numeric # = 1-**	**1 Yes; 0 No**		**Required**

Item	Variable Name	Text Prompt	Field Type	Legal Values	Notes	Optional/Required
		myocardial infarction (within previous 3 months); Seizure at onset with postictal residual neurological impairments; Major surgery or serious trauma within previous 14 days; Recent gastrointestinal or urinary tract hemorrhage (within previous 21 days)	**digit**			
	<NonTrtNC>	**Care team unable to determine eligibility**	**Numeric # = 1-digit**	**1 Yes; 0 No**		**Required**
chart?	**<NonTrtOH>**	**IV or IA thrombolysis/thrombectomy given at outside hospital prior to arrival**	**Numeric # = 1-digit**	**1 Yes; 0 No**		**Required**
	<NonTrtIL>	**Life expectancy < 1 year or severe co-morbid illness or CMO on admission**	**Numeric # = 1-digit**	**1 Yes; 0 No**		**Required**
	<NonTrtFR>	**Patient/family refusal**	**Numeric # = 1-digit**	**1 Yes; 0 No**		**Required**
	<NonTrtRI>	**Rapid improvement**	**Numeric # = 1-digit**	**1 Yes; 0 No**		**Required**
	<NonTrtSM>	**Stroke severity too mild**	**Numeric # = 1-digit**	**1 Yes; 0 No**		**Required**
If no documented contraindications or warnings, do these factors apply in the 0-3 hour time window?	**<NonTrtA>**	**Delay in patient arrival**	**Numeric # = 1-digit**	**1 - Yes; 0 - No**		**Required**
	<NonTrtTD>	**In-hospital Time Delay**				
	<NonTrtDX>	**Delay in stroke diagnosis**				
	<NonTrtIV>	**No IV access**				
	<NonTrtAG>	**Advanced age**				
	<NonTrtS>	**Stroke too severe**				
	<NonTrtOC>	**Other reasons**				
	<NonTrtOT>	**Other reasons (text)**				
Reasons for no tPA - 3-4.5 hour window	<NonTrtC4>	Contraindications, which include any of the following: Elevated blood pressure (systolic > 185 or diastolic > 110 mmHg) despite treatment; Recent intracranial or spinal surgery or significant head trauma, or prior stroke in previous 3 months; History of previous intracranial hemorrhage, intracranial neoplasm, arteriovenous malformation, or aneurysm;	Numeric # = 1-digit	1 Yes; 0 No		Optional

Item	Variable Name	Text Prompt	Field Type	Legal Values	Notes	Optional/Required
		Active internal bleeding; Acute bleeding diathesis (low platelet count, increased PTT, INR ≥ 1.7 or use of NOAC); Arterial puncture at non-compressible site in previous 7 days; Blood glucose concentration <50 mg/dL (2.7 mmol/L)				
	<NoT4_CT>	Symptoms suggest subarachnoid hemorrhage; CT demonstrates multi-lobar infarction (hypodensity >1/3 cerebral hemisphere)	Numeric # = 1-digit	1 Yes; 0 No		Optional
	<NoT4_WN>	Warnings: Pregnancy; Recent acute myocardial infarction (within previous 3 months); Seizure at onset with postictal residual neurological impairments; Major surgery or serious trauma within previous 14 days; Recent gastrointestinal or urinary tract hemorrhage (within previous 21 days)	Numeric # = 1-digit	1 Yes; 0 No		Optional
	<NoT4_NC>	Care team unable to determine eligibility	Numeric # = 1-digit	1 Yes; 0 No		Optional
	<NoT4_OH>	IV or IA thrombolysis/thrombectomy at an outside hospital prior to arrival	Numeric # = 1-digit	1 Yes; 0 No		Optional
	<NoT4_ILL>	Life expectancy < 1 year or severe co-morbid illness or CMO on admission	Numeric # = 1-digit	1 Yes; 0 No		Optional
	<NoT4_FR>	Patient/family refusal	Numeric # = 1-digit	1 Yes; 0 No		Optional
	<NoT4_RI>	Rapid improvement	Numeric # = 1-digit	1 Yes; 0 No		Optional
	<NoT4_SM>	Stroke severity too mild	Numeric # = 1-digit	1 Yes; 0 No		Optional
If no documented contraindications or warnings, do these factors apply in the 3-4.5 hour time window?	<NonTrtA4>	Delay in patient arrival	Numeric # = 1-digit	1 - Yes; 0 - No		Optional
	<NoT4_ED>	In-hospital Time Delay				Optional
	<NoT4_DX>	Delay in stroke diagnosis				Optional
	<NoT4_PT>	No IV access				Optional
	<NoT4_O>	Other reasons				Optional
Other warnings for	<NonTrMCA>	Additional relative exclusion criteria: Age >80; History of both diabetes and prior	Numeric # = 1-digit	1 - Yes; 0 - No		Optional

Item	Variable Name	Text Prompt	Field Type	Legal Values	Notes	Optional/Required
patients treated in the 3-4.5 hour window?		ischemic stroke; Taking an oral anticoagulant regardless of INR; Severe stroke (NIHSS >25)				
IV tPA delay	**<tPADelay>**	**If IV tPA (alteplase) was initiated greater than 60 minutes after hospital arrival, were eligibility or medical reasons documented as the cause for delay?**	**Numeric # = 1-digit**	**1 - Yes; 0 - No**		**Required**
	<tPADel45>	**If IV tPA (alteplase) was initiated greater than 45 minutes after hospital arrival, were eligibility or medical response documented as the cause for delay?**	**Numeric # = 1-digit**	**1 - Yes; 0 - No**		**Required**
Catheter-based endovascular stroke treatment (all optional; for hospitals interested in collecting mechanical endovascular reperfusion therapy measures)	<ArtPuncD>	What is the date of skin puncture at this hospital to access the arterial site selected for endovascular treatment of a cerebral artery occlusion?	_ _ / _ _ / _ _ _ _	MMDDYYYY		Optional
	<ArtPuncT>	What is the time of skin puncture at this hospital to access the arterial site selected for endovascular treatment of a cerebral artery occlusion?	_ _ : _ _	Time HHMM		Optional
	<MERPROC>	Was a mechanical endovascular reperfusion procedure attempted during this episode of care (at this hospital)?	Numeric # = 1-digit	1 - Yes; 0 - No	Only if AdmDxIS=1	Optional
	<NoMERDoc>	Are reasons for not performing mechanical endovascular reperfusion therapy documented?	Numeric # = 1-digit	1 - Yes; 0 - No	Only if MERPROC=0	Optional
	<NoMEREx1>	Reasons for not performing mechanical endovascular therapy includes: significant pre-stroke disability (pre-stroke mRS >1); no evidence of proximal occlusion; NIHSS <6; brain imaging not favorable/hemorrhage transformation (ASPECTS score <6); groin puncture	Numeric # = 1-digit	1 - Yes; 0 - No	Only if NoMERDoc=1	Optional

Item	Variable Name	Text Prompt	Field Type	Legal Values	Notes	Optional/Required
		could not be initiated within 6 hours of symptom onset; anatomical reason-unfavorable vascular anatomy that limits access to the occluded artery; patient/family refusal; and/or MER performed at outside hospital				
	<NoMEREx2>	Reason for not performing mechanical endovascular therapy: equipment-related delay	Numeric # = 1-digit	1 - Yes; 0 - No	Only if NoMERDoc=1	Optional
	<NoMEREx3>	Reason for not performing mechanical endovascular therapy: no endovascular specialist available	Numeric # = 1-digit	1 - Yes; 0 - No	Only if NoMERDoc=1	Optional
	<NoMEREx4>	Reason for not performing mechanical endovascular therapy: delay in stroke diagnosis	Numeric # = 1-digit	1 - Yes; 0 - No	Only if NoMERDoc=1	Optional
	<NoMEREx5>	Reason for not performing mechanical endovascular therapy: vascular imaging not performed	Numeric # = 1-digit	1 - Yes; 0 - No	Only if NoMERDoc=1	Optional
	<NoMEREx6>	Reason for not performing mechanical endovascular therapy: advanced age	Numeric # = 1-digit	1 - Yes; 0 - No	Only if NoMERDoc=1	Optional
	<NoMEREx7>	Reason for not performing mechanical endovascular therapy: other reason	Numeric # = 1-digit	1 - Yes; 0 - No	Only if NoMERDoc=1	Optional
	<MERType1>	If MER treatment at this hospital, type of treatment: retrievable stent	Numeric # = 1-digit	1 - Yes; 0 - No		Optional
	<MERType2>	If MER treatment at this hospital, type of treatment: other mechanical clot retrieval device beside stent retrieval	Numeric # = 1-digit	1 - Yes; 0 - No		Optional
	<MERType3>	If MER treatment at this hospital, type of treatment: clot suction device	Numeric # = 1-digit	1 - Yes; 0 - No		Optional

Item	Variable Name	Text Prompt	Field Type	Legal Values	Notes	Optional/Required
	<MERType4>	If MER treatment at this hospital, type of treatment: intracranial angioplasty, with or without permanent stent	Numeric # = 1-digit	1 - Yes; 0 - No		Optional
	<MERType5>	If MER treatment at this hospital, type of treatment: cervical carotid angioplasty, with or without permanent stent	Numeric # = 1-digit	1 - Yes; 0 - No		Optional
	<MERType6>	If MER treatment at this hospital, type of treatment: other	Numeric # = 1-digit	1 - Yes; 0 - No		Optional
	<FPassD>	What is the date of the first pass of a clot retrieval device at this hospital?	_ _/ _ _/ _ _ _ _	MMDDYYYY		Optional
	<FPassDND>	Date of the first pass of a clot retrieval device at this hospital not documented	Numeric # = 1-digit	1 - Yes; 0 - No		Optional
	<FPassT>	What is the time of the first pass of a clot retrieval device at this hospital?	_ _: _ _	Time HHMM		Optional
	<FPassTND>	Time of the first pass of a clot retrieval device at this hospital not documented	Numeric # = 1-digit	1 - Yes; 0 - No		Optional
	<MERDelay>	Is a cause(s) for delay in performing mechanical endovascular reperfusion therapy documented?	Numeric # = 1-digit	1 - Yes; 0 - No		Optional
	<WhyMERD1>	Reasons for delay: social/religious; initial refusal; care-team unable to determine eligibility; management of concomitant emergent/acute conditions such as cardiopulmonary arrest, respiratory failure (requiring intubation); and/or investigational or experimental protocol for thrombolysis	Numeric # = 1-digit	1 - Yes; 0 - No	Only if MERDelay=1	Optional
	<WhyMERD2>	Reasons for delay: delay in stroke diagnosis	Numeric # = 1-digit	1 - Yes; 0 - No	Only if MERDelay=1	Optional
	<WhyMERD3>	Reasons for delay: in-hospital time delay	Numeric # = 1-digit	1 - Yes; 0 - No	Only if MERDelay=1	Optional

Item	Variable Name	Text Prompt	Field Type	Legal Values	Notes	Optional/Required
	\<WhyMERD4\>	Reasons for delay: equipment-related delay	Numeric # = 1-digit	1 - Yes; 0 - No	Only if MERDelay=1	Optional
	\<WhyMERD5\>	Reasons for delay: other	Numeric # = 1-digit	1 - Yes; 0 - No	Only if MERDelay=1	Optional
	\<TICIG\>	Thrombolysis in Cerebral Infarction (TICI) Post-Treatment Reperfusion Grade	Numeric # = 1-digit	1 – Grade 0; 2 – Grade 1; 3 – Grade 2a; 4 – Grade 2b; 5 – Grade 3; 6 - ND		Optional
	\<TICID\>	Date a post-treatment TICI Reperfusion Grade of 2B/3 was first documented during the mechanical thrombectomy procedure?	_ _/ _ _/ _ _ _ _ Date MMDDYYYY			Optional
	\<TICIDND\>	Date of post-treatment TICI reperfusion grade of 2B/3 not documented	Numeric # = 1-digit	1 - Yes; 0 - No		Optional
	\<TICIT\>	Time a post-treatment TICI Reperfusion Grade of 2B/3 was first documented during the mechanical thrombectomy procedure?	_ _: _ _ Time HHMM			Optional
	\<TICITND\>	Time of post-treatment TICI reperfusion grade of 2B/3 not documented	Numeric # = 1-digit	1 - Yes; 0 - No		Optional
	\<NIHSSPre\>	What is the last NIHSS score documented prior to initiation of IA t-PA or MER at this hospital?	Numeric # = 1-digit			Optional
Documented past medical history of any of the following: (check all that apply)	**\<MedHisDM\>**	**Is there a history of Diabetes Mellitus (DM)?**	**Numeric # = 1-digit**	**1 - Yes; 0 - No/ND**	**Default = 0**	**Required**
	\<MedHisST\>	**Is there a history of prior Stroke?**				**Required**
	\<MedHisTI\>	**Is there a history of TIA/Transient ischemic attack/VBI?**				**Required**
	\<MedHisCS\>	**Is there a history of carotid stenosis?**				**Required**
	\<MedHisMI\>	**Is there a history of myocardial infarction (MI) or coronary artery disease (CAD)?**				**Required**

Item	Variable Name	Text Prompt	Field Type	Legal Values	Notes	Optional/Required
	<MedHisPA>	Is there a history of peripheral arterial disease (PAD)?				Required
	<MedHisVP>	Does the patient have a valve prosthesis (heart valve)?				Required
	<MedHisHF>	Is there a history of Heart Failure (CHF)?				Required
	<MedHisSS>	Does the patient have a history of sickle cell disease (sickle cell anemia)?				Required
	<MedHisPG>	Did this event occur during pregnancy or within 6 weeks after a delivery or termination of pregnancy?				Required
	<MedHisAF>	Is there documentation in the patient's medical history of atrial fibrillation/flutter?				Required
	<MedHisSM>	Is there documented past medical history of Smoking (at least one cigarette during the year prior to hospital arrival?)				Required
	<MedHisDL>	Is there a medical history of Dyslipidemia?				Required
	<MedHisHT>	Is there a documented past medical history of hypertension?				Required
	<MHDRUG>	Drug or alcohol abuse?				
	<MHFHSTK>	Family history of stroke				
	<MHHRTX>	Hormone replacement therapy				
	<MHOBESE>	Obesity				
	<MHMIGRN>	Migraines	Numeric # 1-digit	1 - Yes; 0 - No/ND	Default = 0	Optional
	<MHRENAL>	Chronic renal insufficiency (serum creatinine > 2.0)?				
	<MedHisDP>	Depression				
	<MedHisSA>	Sleep Apnea				
Early Antithromboti	<AThr2Day>	Was antithrombotic therapy received by the end of hospital day 2?	Numeric # 1-digit	1 - Yes; 0 - No; 2 - NC		Required

Item	Variable Name	Text Prompt	Field Type	Legal Values	Notes	Optional/Required
cs						
Dysphagia Screening	**<NPO>**	**Was the patient NPO throughout the entire hospital stay? (That is, this patient never received food, fluids, or medication by mouth at any time. This includes any medications delivered in the Emergency Room phase of care.)**	**Numeric # 1-digit**	**1 – Yes; 0 - No or ND**		**Required**
	<Dyspha24>	**Was the patient screened for dysphagia within 24 hours of admission?**		**1 – Yes; 0 - No or ND; 2 - NC**		**Required**
	<DysphaYN>	**Was patient screened for dysphagia prior to any oral intake, including food, fluids or medications?**		**1 – Yes; 0 - No or ND; 2 - NC - a documented reason for not screening exists in the medical record**		**Required**
	<DysphaPF>	**If patient was screened for dysphagia, what were the results of the most recent screen prior to oral intake?**	**Numeric #1-digit**	**1 - Pass; 2 - Fail; 9 - ND**		**Required**
Other In-Hospital Complications	<PneumYN>	Was there documentation that the patient was treated for hospital acquired pneumonia (pneumonia not present on admission) during this admission?	Numeric # 1-digit	1 – Yes; 0 - No or ND; 2 NC		Optional
VTE Prophylaxis	**<VTELDUH>**	**Low dose unfractionated heparin (LDUH)**	**Numeric #1-digit**	**1 - Yes; 0 - No**	**Select all therapies given**	**Required**
	<VTELMWH>	**Low molecular weight heparin (LMWH)**				
	<VTEIPC>	**Intermittent pneumatic compression devices**				
	<VTEGCS>	**Graduated compression stockings (GCS)**				
	<VTEXaI>	**Factor Xa Inhibitor**				
	<VTEWar>	**Warfarin**				
	<VTEVFP>	**Venous foot pumps**				
	<VTEOXaI>	**Oral Factor Xa Inhibitor**				

Item	Variable Name	Text Prompt	Field Type	Legal Values	Notes	Optional/Required
	<VTEAsprn>	Aspirin				Required
	<VTEND>	Not Documented or none of the above				
	<VTEDate>	What date was the initial VTE prophylaxis administered?	__/__/____	Date MMDDYYYY		
	<NoVTEDoc>	If not documented or none of the above types of prophylaxis apply, is there documentation why prophylaxis was not administered at hospital admission?	Numeric #1-digit	1 - Yes; 0 - No		Required
	<OFXAVTE>	Is there a documented reason for using Oral Factor Xa Inhibitor for VTE?	Numeric #1-digit	1 - Yes; 0 - No	New January 2013 for TJC	Required
Other Therapeutic Anticoagulation	<LDUHIV>	Unfractionated heparin IV	Numeric #1-digit	1 - Yes; 0 - No		Required
	<Dabigat>	Dabigatran (Pradaxa)				
	<Argatro>	Argatroban				
	<Desirud>	Desirudin (Iprivask)				
	<OralXaI>	Oral Factor Xa Inhibitors (e.g., rivaroxaban/Xarelto)				
	<Lepirud>	Lepirudin (Refludan)				
	<OthACoag>	Other Anticoagulant				
Other complications	<UTI>	Was patient treated for a urinary tract infection (UTI) during this admission?	Numeric # 1-digit	1 - Yes; 0 - No/ND		Optional
	<UTIFoley>	If patient was treated for a UTI, did the patient have a Foley catheter during this admission?		1 - Yes, and patient had catheter in place on arrival; 2 - Yes, but only after admission; 0 - No; 9 - UTD		Optional
	<DVTDocYN>	Did patient experience a DVT or pulmonary embolus (PE) during this admission?	Numeric # 1-digit	1 - Yes; 0 - No/ND		Optional
Date of discharge from	<DschrgD>	What date was the patient discharged from hospital?	_ _/ _ _/_ _ _ _	Date MMDDYYYY		Required

Item	Variable Name	Text Prompt	Field Type	Legal Values	Notes	Optional/Required
hospital						
Principal discharge ICD-9-CM diagnosis	**\<ICD9PrDx\>**	**Principal discharge ICD-9-CM code**	**——— · — —**	**5 – digit, 2 decimal places**		**Required**
Principal discharge ICD-10-CM diagnosis	**\<ICD10Dx\>**	**Principal discharge ICD-10-CM code**	**_ _ _ · _ _ _ _**	**alphanumeric, 3 before decimal, 4 after decimal**		**Required**
NIHSS ICD-10-CM code	\<NIHSSICD\>	ICD-10-CM code for first captured NIHSS score (any position)	Numeric # = 2-digits	0 – R29.700; 1 – R29.701; 2 – R29.702; 3 – R29.703; 4 – R29.704; 5 – R29.705; 6 – R29.706; 7 – R29.707; 8 – R29.708; 9 – R29.709; 10 – R29.710; 11 – R29.711; 12 – R29.712; 13 – R29.713; 14 – R29.714; 15 – R29.715; 16 – R29.716; 17 – R29.717; 18 – R29.718; 19 – R29.719; 20 – R29.720; 21 – R29.721; 22 – R29.722; 23 – R29.723; 24 – R29.724; 25 – R29.725; 26 – R29.726; 27 – R29.727; 28 – R29.728; 29 – R29.729; 30 – R29.730; 31 – R29.731; 32 – R29.732; 33 – R29.733; 34 – R29.734; 35 – R29.735; 36 – R29.736; 37 – R29.737; 38 – R29.738; 39 – R29.739; 40 – R29.740; 41 – R29.741; 42 – R29.742; 70 – R29.70; 71 – R29.71; 72 – R29.72; 73 – R29.73; 74 – R29.74; 75 – R29.7		Optional
Clinical	**\<AdmDxSH\>**	**Subarachnoid hemorrhage**	**Numeric ## 1-digit**	**1 - Yes; 0 - No**		**Required**

Item	Variable Name	Text Prompt	Field Type	Legal Values	Notes	Optional/Required
diagnosis related to stroke that was ultimately responsible for this admission (check only one item)	**<AdmDxIH>**	**Intracerebral hemorrhage**				
	<AdmDxIS>	**Ischemic stroke**				
	<AdmDxTIA>	**Transient ischemic attack**				
	<AdmDxSNS>	**Stroke not otherwise specified**				
	<AdmDxNoS>	**No stroke related diagnosis**				
	<AdmCE>	**Was patient admitted for the sole purpose of performance of a carotid intervention?**	**Numeric # = 1-digit**	**1 - Yes; 0 - No or UTD**		**Required**
	<ClnTrial>	**Was the patient enrolled in a stroke clinical trial?**				**Required**
Stroke Etiology	<EtioDoc>	Was stroke etiology documented in the patient medical record?	Numeric # = 1-digit	1 – Yes; 0 - No	Data element is only for patients with a clinical diagnosis of ischemic stroke	Optional
	<EtioType>	If the stroke etiology was documented, select the type.	Numeric # = 1-digit	1 – Large-artery atherosclerosis (e.g., carotid or basilar stenosis); 2 – Cardioembolism (e.g., atrial fibrillation/flutter, prosthetic heart valve, recent MI); 3 – Small-vessel occlusion (e.g., subcortical or brain stem lacunar infarction <1.5 cm); 4 – Stroke of other determined etiology (e.g., dissection, hypercoagulability, other); 5 – Cryptogenic stroke (multiple potential etiologies, undetermined etiology); 9 - Unspecified		Optional
Discharge	**<DschDisp>**	**Discharge disposition (Check only one.)**	**Numeric ## 1-digit**	**1 Discharged to home or**		**Required**

Item	Variable Name	Text Prompt	Field Type	Legal Values	Notes	Optional/Required
disposition				**self care (routine discharge), with or without home health, discharged to jail or law enforcement, or to assisted living facility; 2 Discharged to home hospice; 3 Discharged to hospice in a health care facility; 4 Discharged to an acute care facility (includes critical access hospitals, cancer and children's hospitals, VA, and DOD hospitals; 5 Discharged to another healthcare facility; 6 Expired; 7 Left against medical advice or discontinued care; 8 Not documented or unable to determine**		
	<OHFType>	**If discharged to another healthcare facility above (option 5), type of facility was it?**	**Numeric # = 1-digit**	**1 – Skilled nursing facility; 2 – Inpatient rehabilitation; 3 – Long-term care facility or, hospital; 4 - Intermediate care facility; 5 - Other**		**Required**
Functional status at	<mRSDone>	Was Modified Rankin Scale done at discharge?	Numeric # 1-digit	1 - Yes; 0 - No/ND		Optional

Item	Variable Name	Text Prompt	Field Type	Legal Values	Notes	Optional/Required
discharge						
	<mRSScore>	Modified Rankin Scale Score	Numeric # 1-digit	0 - No symptoms; 1 - no significant disability despite symptoms; 2 slight disability; 3 - moderate disability, can walk without assistance; 4 - moderate to severe disability, needs assistance to walk; 5 - severe disability, bedridden; 6-death		Optional
	<AmbStatD>	**Ambulatory status at discharge**		**1 – Able to ambulate independently w/or w/o device; 2 - with assistance from another person; 3 - unable to ambulate; 9 - not documented**		**Required**
Antihypertensive treatment at discharge	**<HBPTreat>**	**Is there documentation that antihypertensive medication was prescribed at discharge?**	**Numeric # 1-digit**	**1 - Yes; 0 - No/ND; 2 - NC**	**Antihypertensive medications include ACE inhibitors, ARBs, beta-blockers, calcium channel blockers, diuretics, and others**	**Required**
Antidepressant medication at discharge	<DprDCYN>	Was the patient prescribed an antidepressant medication at discharge?	Numeric # 1-digit	1 - Yes - SSRI; 2 - Yes - Other antidepressant; 0 - No/ND;		Optional
Lipid	**<LipLDL>**	**LDL |__|__|__| mg/dl**	**Numeric ### 3-**			**Required**

Item	Variable Name	Text Prompt	Field Type	Legal Values	Notes	Optional/Required
Treatment			digit			
	\<CholesTx>	**Was a cholesterol-reducing treatment prescribed at discharge?**	**Numeric # 1-digit**	**1 – None; 2 – None-contraindicated; 3 – Statin; 4 – Fibrate; 5 – Niacin; 6 – Absorption inhibitor; 7 – Other med; 8 – PCSK9**		**Required**
	\<LipStatn>	**Was a statin medication prescribed at discharge?**	**Numeric # 1-digit**	**1 - Yes; 0 - No/ND**		**Required**
	\<StatnNC>	**If statin not prescribed, was there a documented contraindication to statins?**	**Numeric # 1-digit**	**1 - Yes; 0 - No/ND**		**Required**
	\<StatnDos>	**Statin dose**		**Text 25 characters**		**Required**
	\<StatnInt>	**What intensity was the statin that was prescribed at discharge?**	**Numeric # 1-digit**	**1 - High-intensity statin; 2 - Moderate-intensity statin; 3 – Low-intensity statin; 9 - Unknown**		**Required**
	\<StatnWhy>	**Was there a documented reason for not prescribing guideline recommended statin dose?**	**Numeric # 1-digit**	**1 - Intolerant to moderate or greater intensity; 2 - No evidence of atherosclerosis (cerebral, coronary, or peripheral vascular disease); 3 - Other documented reason; 9 - Unknown**		**Required**
Atrial Fibrillation	**\<AFibYN>**	**Was atrial fibrillation/flutter or paroxysmal atrial fibrillation (PAF), documented during this episode of care?**	**Numeric # 1-digit**	**1 - Yes; 0 - No/ND**		**Required**

Item	Variable Name	Text Prompt	Field Type	Legal Values	Notes	Optional/Required
	<AFibRx>	If a history of atrial fibrillation/flutter or PAF is documented in the medical history or if the patient experienced atrial fibrillation/flutter or PAF during this episode of care, was patient prescribed anticoagulation medication upon discharge?	Numeric # 1-digit	1 - Yes; 0 - No/ND; 2 - NC		Required
Antithrombotics at Discharge	<AthDscYN>	Was antithrombotic (antiplatelet or anticoagulant) medication prescribed at discharge?	Numeric # = 1-digit	1 - Yes; 0 - No/ND; 2 - NC		Required
	<DC_PLT>	If patient was discharged on an antithrombotic medication, was it an antiplatelet?	Numeric # = 1-digit	1 - Yes; 0 - No/ND	antiplatelet medications include aspirin, aspirin/dipyridamol, clopidogrel, ticlopidine, others	Required
	<DC_Coag>	If patient was discharged on an antithrombotic medication, was it an anticoagulant?	Numeric # = 1-digit		anticoagulant medications include heparin IV, full dose LMW heparin, warfarin, dabigatran, argatroban, desirudin, fondaparinux, rivaroxaban, lipirudin, others	Required

Item	Variable Name	Text Prompt	Field Type	Legal Values	Notes	Optional/Required
Smoking Counseling	<SmkCesYN>	If past medical history of smoking is checked as yes, was the adult patient or their care giver given smoking cessation advice or counseling during the hospital stay?	Numeric # 1-digit	1 – Yes; 0 - No or not documented in the medical record; 2 - NC a documented reason exists for not performing counseling		Required
Stroke Education	<EducRF>	Risk factors for stroke	Numeric # 1-digit	1 - Yes; 0 - No/ND		Required
	<EducSSx>	Stroke Warning Signs and Symptoms				
	<EducEMS>	How to activate EMS for stroke				
	<EducCC>	Need for follow-up after discharge				
	<EducMeds>	Medications prescribed at discharge				
Rehabilitation	<RehaPlan>	Is there documentation in the record that the patient was assessed for or received rehabilitation services?	Numeric # 1-digit	1 - Yes; 0 - No		Required