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

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| --- | --- | --- | --- | --- | --- |
| HOSPITAL DISCHARGE DATE | **<DscDateD>** | **Patient's date of hospital discharge:** | **\_\_/\_\_/\_\_\_\_** | **Date MMDDYYYY** | **Required** |
| HOSPITAL ADMISSION DATE | <HospadD> | Hospital Admission Date (part of in-hospital dataset): | \_\_/\_\_/\_\_\_\_ | Date MMDDYYYY | Optional |
| FOLLOW-UP | **<FLMTHD>** | **Follow up Conducted (check all that apply):** | **Numeric # = 1-digit** | **1 = Phone; 2 = Patient’s home (in-person); 3 = Chart review; 4 = At a health facility; 5 = EHR/chart abstraction; 6 = Other; 7 = Unable to reach** | **Required** |
| **<FLPhone>** | **If phone call conducted, date:** | **\_\_/\_\_/\_\_\_\_** | **Date MMDDYYYY** | **Required** |
| **<FLHOME>** | **If in home follow up conducted, date:** |
| **<FLChart>** | **If chart review conducted, date:** |
| **<FLHealth>** | **If follow up conducted at a health facility, date:** |
| LOCATION OF PATIENT | **<CurrLoc>** | **Where is the patient at the time of follow-up?** | **Numeric # = 1-digit** | **1 = Home with services; 2 = Home without services; 3=Hospital or Acute care facility; 4=long term care facility; 5=Acute Rehabilitation; 6=Skilled nursing facility;7= Unknown/ND** | **Required** |
| **<CurLoc30>** | **Where is the patient 30 days after discharge?** | **Numeric # = 1-digit** | **1 = Home; 2 = Hospital or Acute care facility; 3=long term care; 4=Acute Rehab; 5=Skilled nursing facility;6= Unknown/ND** | **Required** |
| INFORMANT | <Informnt> | Who provided responses to this follow-up? | Numeric # = 1-digit | 1 = Patient; 2 = Family Member; 3 = Other Lay Caregiver; 4 = Home Health Aide; 5= EMS; 6 = Other | Optional |
| REHAB | **<Rehab>** | **Which rehab services were provided at discharge?** | **Numeric # = 1-digit** | **1 = Patient received rehabilitation services during hospitalization; 2 = Patient transferred to rehabilitation facility; 3 = Patient referred to rehabilitation services following discharge; 4 = Patient ordered rehab, but declined services; 5 = Patient ineligible to receive rehabilitation services due to impairment; 6 = Patient not assessed for rehabilitation during their previous inpatient visit** | **Required** |
| <RehabOff> | What type of rehab was ordered? | Numeric # = 1-digit | 1 = Occupational Therapy; 2 = Physical Therapy; 3 = Speech Therapy | Optional |
| <RehabT> | Select the period of time at which rehab was ordered. | Numeric # = 1-digit | 1 = Within 30 days post-discharge; 2 = Within 60 days post-discharge; 3 = Within 90 days post-discharge | Optional |
| <RehabSt> | Current Therapy Status: (check all fields that apply) | Numeric # = 1-digit | 1 = Home Therapy; 2 = Home with outpatient Therapy; 3 = Home with no therapy; 4 = Rehabilitation facility; 5 = Unknown/ND | Optional |
| RANKIN | **<mRS30Day>** | **What is the level of the patient's disability at 30 days? 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** | **Required** |
| TOBACCO | **<TobacUse>** | **Was patient identified as a tobacco user at time of stroke? (Tobacco use includes: cigarettes, cigars/cigarillos, little cigars, pipes, smokeless tobacco (chew, dip, snuff, and snus), hookah/water pipe, and electronic vapor products (e-cigarettes, e-hookah, vape pens).** | **Numeric # = 1-digit** | **1 = Yes; 0 = No; 2 = Unknown/ND** | **Required** |
| **<CurTobac>** | **If patient was identified as a tobacco user at the time of their stroke, have they used tobacco (cigarettes, cigars/cigarillos, little cigars, pipes, smokeless tobacco (chew, dip, snuff, and snus), hookah/water pipe, and electronic vapor products (e-cigarettes, e-hookah, vape pens) since discharge?** | **Numeric # = 1-digit** | **1 = Yes; 0 = No; 2 = Unknown/ND** | **Required** |
| <CurTobDa> | Is the patient using tobacco products (cigarettes, cigars/cigarillos, little cigars, pipes, smokeless tobacco (chew, dip, snuff, snus), hookah/water pipe, and electronic vapor products (e-cigarettes, e-hookah, vape pens) every day or some days? | Numeric # = 1-digit | 1=Daily; 2 = Some days; 3 = Never; 4 = Unknown/ND | Optional |
| <SmkMeds> | If patient was a tobacco user (cigarettes, cigars/cigarillos, little cigars, pipes, smokeless tobacco (chew, dip, snuff, snus), hookah/water pipe, and electronic vapor products (e-cigarettes, e-hookah, vape pens) at the time of their stroke, are they using any medications to stop using tobacco? | Numeric # =1-digit | 1 = Yes; 0 = No; 2 = Unknown/ND | Optional |
| <StopSmk> | Since discharge, has the patient stopped smoking for one day or longer because they were trying to quit smoking? | Numeric # =1-digit | 1=Yes; 0=No; 2=Unknown/ND | Optional |
| <Quitat> | If yes, how many times? | Numeric # =2-digit | 1-100 | Optional |
| <TobEdu> | Was the patient provided tobacco cessation counseling and/or referred to a cessation program? | Numeric # =1-digit | 1 = Yes; 0 = No; 2 = Unknown/ND | Optional |
| ED VISITS | <EDYN> | Has patient been seen in ED since discharge? | Numeric # =1-digit | 1 = Yes; 0 = No; 2 = Unknown/ND | Optional |
| <EDGaDate> | If seen in the ED since discharge, date information about ED visits gathered if before 30 days. | \_\_/\_\_/\_\_\_\_ | Date MMDDYYYY | Optional |
| **<EDYN30>** | **Has the patient been seen in ED within 30 days of hospital discharge?** | **Numeric # =1-digit** | **1=Yes; 0=No; 2=Unknown** | **Required** |
| <EDNum> | How many ED visits since discharge? | Numeric # =1-digit | 1 = 1; 2 = 2; 3 = 3 or more; 4 = Unknown/ND | Optional |
| <EDDate> | If yes, Date of first ED visit | \_\_/\_\_/\_\_\_\_ | Date MMDDYYYY | Optional |
| <EDReasn> | If yes, was reason for first ED visit: 1. Fall, 2. Trans-ischemic attack, 3. Stroke, 4. Pneumonia, 5. urinary tract infection, 6. Deep venous thrombosis/Pulmonary embolism/blood clot, 7. Acute Myocardial Infarction, 8. Heart Failure, 9. Infection/sepsis, 10. Pneumonia, 11. Surgery, 12. Other | Numeric # =1-digit | 1=Fall, 2= TIA, 3= Stroke, 4=Pneumonia, 5= UTI, 6=VTE, 7=Other | Optional |
| <EDDisp> | Was the patient admitted to hospital, discharged to home, discharged to SNF or other institutional long term care, or held for observation and then discharged? | Numeric # =1-digit | 1 = Discharged to home; 0 = Admitted to hospital;2= Discharged to SNF or other institutional long term care; 3=Held for observation; 4 = Unknown/ND | Optional |
| BLOOD PRESSURE | **<BPMonitr>** | **Has the patient been monitoring their blood pressure outside of their healthcare provider office visits (at home or in the community)** | **Numeric # =1-digit** | **1 = Yes; 0 = No; 2=Unknown/ND** | **Required** |
| <BPSys> | If yes, most recent systolic blood pressure? | Numeric # = 3-digit | Number: (Range; 50-220) | Optional |
| <BPDia> | If yes, most recent diastolic blood pressure? | Numeric # = 3-digit | Number (Range: 30-160) | Optional |
| **<BPReport>** | **If yes, has the patient reported their blood pressure to their health care provider since discharge?** | **Numeric # = 1-digit** | **1 = Yes; 0 = No; 2=Unknown/ND** | **Required** |
| <BPUsual> | Is this blood pressure usual for you? | Numeric # = 1-digit | 1=Yes; 0=No; 2 = Unknown/ND | Optional |
| FALLS | **<DCFalls>** | **Occurrence of Falls?** | **Numeric # = 1-digit** | **1=Yes; 0=No; 2 = Unknown/ND** | **Required** |
| **<Fall30>** | **Has the patient fallen within 30 days of discharge?** | **Numeric # = 1-digit** | **1=Yes; 0=No; 2 = Unknown/ND** | **Required** |
| **<FallNum>** | **If yes, number of falls?** | **Numeric # = 2-digit** | **Number (Range: 1-99)** | **Required** |
| <FallRep> | Was your fall reported to a healthcare provider? | Numeric # = 1-digit | 1=Yes; 0=No; 2 = Unknown/ND | Optional |
| MEDICATION |  | Medications prescribed at discharge? | Numeric # = 1-digit | 1 = Yes; 0 = No |  |
| <DCBPMed> | Antihypertensive | Optional |
| <DCStatn> | Statin |  |
| <DCDiab> | Antidiabetic agent |  |
| <DCAsprn> | Aspirin or other antiplatelet |  |
| <DCACoag> | Anticoagulant |  |
|  | Are you currently taking: | Numeric # = 1-digit | 1 = Yes; 0 = No |  |
| <BPMedNow> | Antihypertensive |  |
| <StatnNow> | Statin | Optional |
| <DiabNow> | Antidiabetic agent |  |
| <AsprnNow> | Aspirin or other antiplatelet |  |
| <ACoagNow> | Anticoagulant |  |
| <RevMed> | Did staff review your medications with you before discharge? | Numeric # = 1-digit | 1 = Yes; 0 = No; 2 = Unknown/ND | Optional |
| <StpMed30> | Have you stopped any medications in the 30 days since hospital discharge without being told to do so by your medical provider? | Numeric # = 1-digit | 1 = Yes; 0 = No | Optional |
|  | If yes, which meds? | Numeric # = 1-digit | 0= No; 1 = Yes - side effects; 2 = Yes - cost; 3 = Yes - no transportation; 4 = Yes - healthcare provider told them to stop; 5 = Yes - forget to take them; 6 =Yes- Ran out; 7= Yes-Was away from home; 8=Yes- Other; 9 = Not documented/UTD |  |
| <StopBP> | Antihypertensive | Optional |
| <StopStn> | Statin |  |
| <StopDiab> | Antidiabetic agent |  |
| <StopASA> | Aspirin or other antiplatelet |  |
| <StopCoag> | Anticoagulant |  |
| <StopOth> | Stopped taking another medication | \_\_\_\_\_\_\_\_\_ | Open-ended | Optional |
| <StpMed60> | Have you stopped any medications in the 60 days since hospital discharge without being told to do so by your medical provider? | Numeric # = 1-digit | 1 = Yes; 0 = No | Optional |
| <StpMed90> | Have you stopped any medications in the 90 days since hospital discharge without being told to do so by your medical provider? | Numeric # = 1-digit | 1 = Yes; 0 = No | Optional |
| FOLLOW UP APPOINTMENT | **<DApptYN>** | **Was an appointment made prior to discharge to follow up with a healthcare provider?** | **Numeric # = 1-digit** | **1 = Yes; 0 = No; 2 = Unknown/ND** | **Required** |
| **<DAppKep>** | **If yes, was: The appointment kept?** | **Numeric # = 1-digit** | **1 = Kept and attended visit; 0= Kept and visit Pending; 2= Unknown/ND** | **Required** |
| **<DAppRes>** | **Indicate reason(s) for not re-scheduling appointment:** | **Numeric # = 1-digit** | **0 = same reason as cancellation for initial appointment; 1 = No transportation; 2 = No reminder call; 3 = Patient not aware of initial appointment; 4 = Cost; 5 = Distance to provider; 6 = Scheduling conflict; 7 = Sick; 8 = Other** | **Required** |
| **<DAppNKep>** | **If yes, was the appointment not kept:** | **Numeric # = 1-digit** | **1=Not kept; 0=not kept and not rescheduled; 2=Unknown/ND** | **Required** |
| **<DAppPend>** | **If no, has an appointment been scheduled since discharge?** | **Numeric # = 1-digit** | **1 = Yes; 0 = No; 2 = Unknown/ND** | **Required** |
| <DAppType> | Who did patient see or will see? | Numeric # = 1-digit | 1 = Stroke Specialist; 2 = Primary Care Provider; 3 =both; 4= Other; | Optional |
| <DAppCan> | If the appointment wasn't attended, why? | Numeric # = 1-digit | 1=no transportation;2=didn't know about/remember appointment;3= scheduling conflict; 4=sick; 5=other | Optional |
| <DAppDate> | Date of first follow up appointment | \_\_/\_\_/\_\_\_\_ | Date MMDDYYYY | Optional |
| READMISSIONS | **< ReAd>** | **Has patient been readmitted to a hospital since discharge?** | **Numeric # = 1-digit** | **1 = Yes; 0 = No; 2 = Unknown/ND** | **Required** |
| **<ReAd30D>** | **Was the patient readmitted to a hospital within 30 days of discharge?** | **Numeric # = 1-digit** | **1 = Yes; 0 = No; 2 = Unknown/ND** | **Required** |
| <ReAdDate> | If yes, date of first readmission | \_\_/\_\_/\_\_\_\_ | Date MMDDYYYY | Optional |
| <ReAdWhy> | If yes, were any of readmissions due to: 1. Fall, 2. Deep vein thrombosis/pulmonary embolism/blood clot, 3. Carotid Intervention, 4. Acute Myocardial Infarction, 5. Heart Failure, 6. Infection/Sepsis, 7. Blood pressure, 8. Pneumonia, 9. Trans Ischemic Attack, 10. Atrial Fibrillation, 11. Other cardiac survey event, 12. Other surgical procedure, 13. Urinary tract infection, 14. Unknown, 15= Other | Numeric # = 1-digit | 1= Fall, 2=Deep vein thrombosis/pulmonary embolism/blood clot, 3=Carotid Intervention, 4=Acute Myocardial Infarction, 5=Heart Failure, 6= Infection/Sepsis, 7=Blood pressure, 8= Pneumonia, 9=Trans Ischemic Attack, 10= Atrial Fibrillation, 11=Other cardiac survey event, 12= Other surgical procedure, 13=urinary tract infection, 14= Unknown, 15= Other | Optional |
| <ReAdNum> | If yes, how many readmissions since discharge? | Numeric # = 1-digit | 1 = 1; 2 = 2; 3 = 3 or more; 4 = Unknown/ND | Optional |
| DEATH | **<Die30d>** | **Has patient died?** | **Numeric # = 1-digit** | **1 = Yes; 0 = No** | **Required** |
| **<DieDate>** | **If patient died, date of death** | **\_\_/\_\_/\_\_\_\_** | **Date MMDDYYYY** | **Required** |
| **<DieCause>** | **If patient died, cause of death** | **Numeric # = 1-digit** | **1 = new ischemic stroke; 2 = Pneumonia/Respiratory Failure; 3 = myocardial infarction; 4 = Heart Failure; 5=Other Cardiovascular; 6=Deep vein thrombosis or pulmonary embolism; 7= Sepsis/Infection; 8=Intracranial hemorrhage (SAH, ICH, SDH, etc); 9=Other; 10=Unknown/ND** | **Required** |
| MENTAL HEALTH | Over the past 2 weeks how often have you been bothered by any of the following problems: Not at all, several days, more than half the days, and nearly every day. | | | | Optional |
| <MenHea1> | Little interest or pleasure in doing things | Numeric # = 1-digit | 0=not at all, 1= Several days, 2=More than half the days, 3=Nearly everyday | Optional |
| <MenHea2> | Felling down, depressed, or hopeless | Numeric # = 1-digit | 0=not at all, 1= Several days, 2=More than half the days, 3=Nearly everyday | Optional |
| <MenHea3> | Trouble falling asleep, staying asleep or sleeping too much | Numeric # = 1-digit | 0=not at all, 1= Several days, 2=More than half the days, 3=Nearly everyday | Optional |
| <MenHea4> | Feeling tired or having little energy | Numeric # = 1-digit | 0=not at all, 1= Several days, 2=More than half the days, 3=Nearly everyday | Optional |
| <MenHea5> | Poor appetite or overeating | Numeric # = 1-digit | 0=not at all, 1= Several days, 2=More than half the days, 3=Nearly everyday | Optional |
| <MenHea6> | Feeling bad about yourself or that you're a failure or have let yourself or your family down | Numeric # = 1-digit | 0=not at all, 1= Several days, 2=More than half the days, 3=Nearly everyday | Optional |
| <MenHea7> | Trouble concentrating on things, such as reading the newspaper or watching television | Numeric # = 1-digit | 0=not at all, 1= Several days, 2=More than half the days, 3=Nearly everyday | Optional |
| <MenHea8> | Moving or speaking so slowly that others could have noticed. Or, the opposite, being so fidgety or restless that you have been moving around more than usual | Numeric # = 1-digit | 0=not at all, 1= Several days, 2=More than half the days, 3=Nearly everyday | Optional |
| <MenHea9> | Thoughts that you would be better off dead or of hurting yourself in some way | Numeric # = 1-digit | 0=not at all, 1= Several days, 2=More than half the days, 3=Nearly everyday | Optional |