

Modified question	Required to optional	New required question	New optional question	Current post-hospit:	
				Item	Variable name
		1			
1				Follow-up	<FUType>
		1			
		1			
		1			
		1			
1				Location of Patient	<CurrLoc>

			1		
1				Informant	<Informant>
				Rehab	<Rehab>
			1		
			1		
			1		

				Tobacco	<CurTobac>
1					
			1		
				Tobacco	<SmkMeds>
1					
			1		
			1		
	1			ED Visits	<EDYN>
				ED Visits	<EDDate>
1		1			
		1		ED Visits	<EDNum>

	1			ED Visits	<EDDate>
1	1			ED Visits	<EDReasn>
1	1			ED Visits	<EDDisp>
1				Blood Pressure	<BPMonitr>
		1		Blood Pressure	<BPSys>
		1		Blood Pressure	<BPDia>
		1		Blood Pressure	<MPUsual>
			1		
			1		
			1		
	1			Medications prescribed at discharge	<DCBPMed>
	1			Medications prescribed at discharge	<DCStatn>
	1			Medications prescribed at discharge	<DCDiab>
	1			Medications prescribed at discharge	<DCAsprn>

	1			Medications currently taking	<DCACoag>
	1			Medications currently taking	<BPMedNow>
	1			Medications currently taking	<STATnNow>
	1			Medications currently taking	<DiabNow>
	1			Medications currently taking	<AsprnNow>
	1			Medications currently taking	<ACoagNow>
			1		
	1			Have you stopped any meds since discharge?	<StopBP>
	1			Have you stopped any meds since discharge?	<StopStn>
	1			Have you stopped any meds since discharge?	<StopDiab>

		1			Have you stopped any meds since discharge? <StopASA>
		1			Have you stopped any meds since discharge? <StopCoag>
				1	
				1	
				1	
			1		
1		1			Post-discharge Appointment <DAppType>
				1	

			1		
				Readmission	<ReAdDate>
1		1		Readmission	<ReAdWhy>
		1		Readmission	<ReAdNum>
1				Death	<Dth30Day>
1				Death	<DthDate>
1				Death	<DthCause>
			1		
			1		
			1		
			1		

			1		
			1		
			1		
			1		
			1		
			1		

al data elements (0920-1108; exp. 3/31/2019)

Text prompt	Legal values	Item	Variable name
		Hospital Admission Date	<HospadD>
Follow up Conducted (Check all that apply)	1 = Phone; 2 = In home; 3 = Other	Follow-up	<FLMTHD>
		Follow-up	<FLPhone>
		Follow-up	<FLHOME>
		Follow-up	<FLChart>
		Follow-up	<FLHealth>
Where is the patient at the time of follow-up?	1 = Home; 2 = Nursing home or long-term care; 3 = Rehabilitation Hospital; 4 = Acute care hospital; 5 = Died	Location of Patient	<CurrLoc>

		Location of Patient	<CurLoc30>
Who provided responses to this follow up?	1 = Patient; 2 = Family member; 3 = Other lay caregiver; 4 = Home health aide; 5 = Other	Informant	<Informnt>
Did or is patient receiving rehabilitation?	1 = Outpatient; 2 = In the home; 3 = Inpatient; 4 = Was at discharge but stopped; 0 = No	Rehab	<Rehab>
		Rehab	<RehabOff>
		Rehab	<RehabT>
		Rehab	<RehabSt>
		Tobacco	<TobacUse>

If patient was a smoker before stroke, have they smoked tobacco since discharge?	1 = Yes; 0 = No	Tobacco	<CurTobac>
		Tobacco	<CurTobDa>
If patient was a smoker before stroke, are they using any medications to help stop smoking?	1 = Yes; 0 = No	Tobacco	<SmkMeds>
		Tobacco	<StopSmk>
		Tobacco	<Quitat>
		Tobacco	<TobEdu>
Has patient been seen in ED since discharge?	1 = Yes; 0 = No; 2 = Unknown/ND	ED Visits	<EDYN>
If yes, date of first ED visit	Date MMDDYYYY	ED Visits	<EDGaDate>
		ED Visits	<EDYN30>
How many ED visits since discharge?	1 = 1; 2 = 2; 3 = 3 or more; 4 = unknown or Unknown/ND	ED Visits	<EDNum>

If yes, date of first ED visit	Date MMDDYYYY	ED Visits	<EDDate>
If yes, reason for first ED visit:	Text.	ED Visits	<EDReasn>
Was the patient admitted to hospital or discharged to home?	1 = Discharged to home; 0 = Admitted to hospital	ED Visits	<EDDisp>
Has the patient been monitoring their blood pressure at home?	1 = Yes; 0 = No	Blood Pressure	<BPMonitr>
If yes, most-recent systolic blood pressure		Blood Pressure	<BPSys>
If yes, most-recent diastolic blood pressure		Blood Pressure	<BPDia>
Is this blood pressure usual for you?	1 = Yes; 0 = No	Blood Pressure	<BPUsual>
		Falls	<Fall30>
		Falls	<FallNum>
		Falls	<FallRep>
Antihypertensive	1 = Yes; 0 = No	Medications prescribed at discharge	<DCBPMed>
Statin	1 = Yes; 0 = To	Medications prescribed at discharge	<DCStatn>
Antidiabetic agent	1 = Yes; 0 = No	Medications prescribed at discharge	<DCDiab>
Aspirin or other antiplatelet	1 = Yes; 0 = So	Medications prescribed at discharge	<DCAsprn>

Anticoagulant	1 = Yes; 0 = No	Medications currently taking	<DCACoag>
Antihypertensive	1 = Yes; 0 = No	Medications currently taking	<BPMedNow>
Statin	1 = Yes; 0 = To	Medications currently taking	<STATnNow>
Antidiabetic agent	1 = Yes; 0 = No	Medications currently taking	<DiabNow>
Aspirin or other antiplatelet	1 = Yes; 0 = So	Medications currently taking	<AsprnNow>
Anticoagulant	1 = Yes; 0 = No	Medications currently taking	<ACoagNow>
		Medication	<RevMed>
Antihypertensive	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	Have you stopped any meds since discharge?	<StopBP>
Statin	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	Have you stopped any meds since discharge?	<StopStn>
Antidiabetic agent	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	Have you stopped any meds since discharge?	<StopDiab>

Aspirin or other antiplatelet	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	Have you stopped any meds since discharge?	<StopASA>
Anticoagulant	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	Have you stopped any meds since discharge?	<StopCoag>
		Have you stopped any meds since discharge?	<StopOth>
		Have you stopped any meds since discharge?	<StpMed60>
		Have you stopped any meds since discharge?	<StpMed90>
		Follow-up Appointment	<DAppRes>
Who did patient see or will see?	1 = Neurologist; 2 = Primary Care Physician; 3 = Other	Post-discharge Appointment	<DAppType>
		Post-discharge Appointment	<DAppWhy>

		Post-discharge Appointment	<DAppDate>
If yes, date of first readmission	Date MMDDYYYY	Readmission	<ReAdDate>
If yes, reason for first readmission	Text.	Readmission	<ReAdWhy>
How many readmissions since discharge?	1 = 1; 2 = 2; 3 = 3 or more; 4 = unknown or Unknown/ND	Readmission	<ReAdNum>
Died within 30 days of discharge?	1 = Yes; 0 = No	Death	<Die30d>
If patient died, date of death	Date MMDDYYYY	Death	<DieDate>
If patient died, cause of death	1 = Cerebrovascular; 2 = Cardiovascular; 3 = Other; 4 = Unknown	Death	<DieCause>
		Mental Health	<MenHea1>
		Mental Health	<MenHea2>
		Mental Health	<MenHea3>
		Mental Health	<MenHea4>

		Mental Health	<MenHea5>
		Mental Health	<MenHea6>
		Mental Health	<MenHea7>
		Mental Health	<MenHea8>
		Mental Health	<MenHea9>

Requested changes		Optional/Req'd
Text prompt	Legal values	
Hospital Admission Date:	Date MMDDYYYY	Optional
Follow up Conducted (Check all that apply)	1 = Phone; 2 = In home (in-person); 3 = Chart review; 4 = At a health facility; 5 = HER/chart abstraction; 6 = Other; 7 = Unable to reach	Required
If phone call conducted, date:	Date MMDDYYYY	Required
If in home follow up conducted, date:	Date MMDDYYYY	Required
If chart review conducted, date:	Date MMDDYYYY	Required
If follow up conducted at a health facility, date:	Date MMDDYYYY	Required
Where is the patient at the time of follow-up?	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

<p>Where is the patient 30 days after discharge?</p>	<p>1 = Home; 2 = Hospital or Acute care facility; 3 = Long term care facility; 4 = Acute rehabilitation; 5 = Skilled nursing facility; 6 = Unknown/ND</p>	<p>Required</p>
<p>Who provided responses to this follow up?</p>	<p>1 = Patient; 2 = Family member; 3 = Other lay caregiver; 4 = Home health aide; 5 = EMS; 6 = Other</p>	<p>Optional</p>
<p>Which rehab services were provided at the time of discharge?</p>	<p>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</p>	<p>Required</p>
<p>What type of rehab was ordered?</p>	<p>1 = Occupational therapy; 2 = Physical therapy; 3 = Speech therapy</p>	<p>Optional</p>
<p>Select the period of time at which rehab was ordered.</p>	<p>1 = Within 30 days post-discharge; 2 = Within 60 days post-discharge; 3 = Within 90- days post-discharge</p>	<p>Optional</p>
<p>Current Therapy Status (select all fields that apply):</p>	<p>1 = Home Therapy; 2 = Home with outpatient Therapy; 3 = Home with no therapy; 4 = Rehabilitation facility ; 5 = Unknown/ND</p>	<p>Optional</p>
<p>Was patient identified as a tobacco user at the 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).</p>	<p>1 = Yes; 0 = No; 2 = Unknown/ND</p>	<p>Required</p>

<p>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?</p>	<p>1 = Yes; 0 = No; 2 = Unknown/ND</p>	<p>Required</p>
<p>Is the patient is using tobacco products (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) every day or some days?</p>	<p>1 = Daily; 2 = Some Days; 3 = Never; 4 = Unknown/ND</p>	<p>Optional</p>
<p>If patient was a tobacco user (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) at the time of their stroke, are they using any medications to stop using tobacco?</p>	<p>1 = Yes; 0 = No; 2 = Unknown/ND</p>	<p>Optional</p>
<p>Since discharge, has the patient EVER stopped tobacco use because they were trying to quit?</p>	<p>1 = Yes; 0 = No; 2 = Unknown/ND</p>	<p>Optional</p>
<p>(If yes to the previous question), how many times?</p>		<p>Optional</p>
<p>Was the patient provided tobacco cessation counseling and/or referred to a cessation program?</p>	<p>1 = Yes; 0 = No; 2 = Unknown/ND</p>	<p>Optional</p>
<p>Has patient been seen in ED since discharge?</p>	<p>1 = Yes; 0 = No; 2 = Unknown/ND</p>	<p>Optional</p>
<p>If seen in the ED since discharge (yes to next question), date information about ED visits if gathered before 30 days</p>	<p>Date MMDDYYYY</p>	<p>Optional</p>
<p>Has the patient been seen in ED within 30 days of hospital discharge?</p>	<p>1 = Yes; 0 = No; 2 = Unknown/ND</p>	<p>Required</p>
<p>How many ED visits since discharge?</p>	<p>1 = 1; 2 = 2; 3 = 3 or more; 4 = unknown or Unknown/ND</p>	<p>Optional</p>

If yes, date of first ED visit	Date MMDDYYYY	Optional
If yes, was reason for first ED visit:	1 = Fall; 2 = TIA; 3 = Stroke; 4 = Pneumonia; 5 = UTI; 6 = VTE; 7 = Other	Optional
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?	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
Has the patient been monitoring their blood pressure outside of their healthcare provider office visits (at home or in the community)?	1 = Yes; 0 = No; 2 = Unknown/ND	Required
If yes, most-recent systolic blood pressure		Optional
If yes, most-recent diastolic blood pressure		Optional
Is this blood pressure usual for you?	1 = Yes; 0 = No; 2 = Unknown/ND	Optional
Has the patient fallen within 30 days of discharge?	1 = Yes; 0 = No; 2 = Unknown/ND	Required
If yes, number of falls?		Required
Was your fall reported to a healthcare provider?	1 = Yes; 0 = No; 2 = Unknown/ND	Optional
Antihypertensive	1 = Yes; 0 = No	Optional
Statin	1 = Yes; 0 = No	Optional
Antidiabetic agent	1 = Yes; 0 = No	Optional
Aspirin or other antiplatelet	1 = Yes; 0 = No	Optional

Anticoagulant	1 = Yes; 0 = No	Optional
Antihypertensive	1 = Yes; 0 = No	Optional
Statin	1 = Yes; 0 = No	Optional
Antidiabetic agent	1 = Yes; 0 = No	Optional
Aspirin or other antiplatelet	1 = Yes; 0 = No	Optional
Anticoagulant	1 = Yes; 0 = No	Optional
Did staff review your medications with you before discharge?	1 = Yes; 0 = No; 2 = Unknown/ND	Optional
Antihypertensive	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	Optional
Statin	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	Optional
Antidiabetic agent	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	Optional

Aspirin or other antiplatelet	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	Optional
Anticoagulant	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	Optional
Stopped taking another medication	1 = Yes; 0 = No	Optional
Have you stopped taking any medications in the 60 days since hospital discharge without being told to do so by your medical provider?	1 = Yes; 0 = No	Optional
Have you stopped taking any medications in the 90 days since hospital discharge without being told to do so by your medical provider?	1 = Yes; 0 = No	Optional
If yes, was the appointment rescheduled?	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
Who did patient see or will see?	1 = Stroke Specialist; 2 = Primary Care Provider; 3 = Both; 4 = Other	Optional
If the appointment wasn't attended, why?	1 = No transportation; 2 = Didn't know about/remember appointment; 3 = Scheduling conflict; 4 = Sick; 5 = Other	Optional

Date of first follow-up appointment	Date MMDDYYYY	Optional
If yes, date of first readmission	Date MMDDYYYY	Optional
If yes, were any of the 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	Optional
If yes, how many readmissions since discharge?	1 = 1; 2 = 2; 3 = 3 or more; 4 = unknown or Unknown/ND	Optional
Has patient died?	1 = Yes; 0 = No	Required
If patient died, date of death	Date MMDDYYYY	Required
If patient died, cause of death	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; 9 = Other; 10 = Unknown/ND	Required
Little interest or pleasure in doing things	0 = Not at all; 1 = Several days; 2 = More than half the days; 3 = Nearly everyday	Optional
Feeling down, depressed, or hopeless	0 = Not at all; 1 = Several days; 2 = More than half the days; 3 = Nearly everyday	Optional
Trouble falling asleep, staying asleep or sleeping too much	0 = Not at all; 1 = Several days; 2 = More than half the days; 3 = Nearly everyday	Optional
Feeling tired or having little energy	0 = Not at all; 1 = Several days; 2 = More than half the days; 3 = Nearly everyday	Optional

Poor appetite or overeating	0 = Not at all; 1 = Several days; 2 = More than half the days; 3 = Nearly everyday	Optional	
Feeling bad about yourself or that you're a failure or have let yourself or your family down	0 = Not at all; 1 = Several days; 2 = More than half the days; 3 = Nearly everyday	Optional	
Trouble concentrating on things such as reading the newspaper or watching television	0 = Not at all; 1 = Several days; 2 = More than half the days; 3 = Nearly everyday	Optional	
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.	0 = Not at all; 1 = Several days; 2 = More than half the days; 3 = Nearly everyday	Optional	
Thoughts that you would be better off dead or of hurting yourself in some way	0 = Not at all; 1 = Several days; 2 = More than half the days; 3 = Nearly everyday	Optional	

Change description

Question is added but previously inputted through the in-hospital record

Response options modified to align with AHA GWTG. Alignment reduces burden for awardees who collect data using multiple systems

Question is added to track date of follow-up based on type (question won't require an answer unless this follow up type was reported for <FLMTHD>

Question is added to track date of follow-up based on type (question won't require an answer unless this follow up type was reported for <FLMTHD>

Question is added to track date of follow-up based on type (question won't require an answer unless this follow up type was reported for <FLMTHD>

Question is added to track date of follow-up based on type (question won't require an answer unless this follow up type was reported for <FLMTHD>

Response options modified to align with AHA GWTG. Alignment reduces burden for awardees who collect data using multiple systems.

Question is added to track patient's location at 30 days post-discharge

Response options modified to align with AHA GWTG. Alignment reduces burden for awardees who collect data using multiple systems. Variable name is shortened to 8 characters.

Response options modified to align with AHA GWTG. Alignment reduces burden for awardees who collect data using multiple systems.

Optional questions are added to know whether patient received rehab, was it offered and if they were assessed

Question is added to determine if the patient was a smoker/tobacco user when they had their stroke

<p>Response options modified to align with AHA GWTG. Alignment reduces burden for awardees who collect data using multiple systems. Wording of question modified to include all possible types of tobacco use.</p>
<p>Question is added to determine frequency of tobacco use</p>
<p>Response options modified to align with AHA GWTG. Alignment reduces burden for awardees who collect data using multiple systems. Wording of question modified to include all possible types of tobacco use.</p>
<p>Question is added to determine if the patient has tried to stop smoking</p>
<p>Question is added to determine quitting habits of patient if they have tried to stop smoking</p>
<p>Question is added to determine if patient was given option for receiving help with tobacco cessation</p>
<p>Question is changed to optional (reduction in burden)</p>
<p>Question is modified to specify answer if ED visit happened within 30 days post discharge. Question is changed to optional (reduction in burden)</p>
<p>Question is added to add specificity to time frame of ED Visit (if any)</p>
<p>Question is changed to optional (reduction in burden)</p>

Question is changed to optional (reduction in burden)
Question is changed to optional (reduction in burden). Question is changed to have selection options instead of being open-ended
Question is changed to optional (reduction in burden). Addition of 3 selection options for increased specificity.
Response options modified to align with AHA GWTG. Alignment reduces burden for awardees who collect data using multiple systems.
Question is changed to optional (reduction in burden)
Question is changed to optional (reduction in burden)
Question is changed to optional (reduction in burden)
Question is added to determine if patient fallen within 30 days post discharge
Question is added to determine number of times patient has fallen (if so)
Question is added to determine if fall(s) reported
Question is changed to optional (reduction in burden)
Question is changed to optional (reduction in burden)
Question is changed to optional (reduction in burden)
Question is changed to optional (reduction in burden)

Question is changed to optional (reduction in burden)

Question is changed to optional (reduction in burden)

Question is changed to optional (reduction in burden)

Question is changed to optional (reduction in burden)

Question is changed to optional (reduction in burden)

Question is changed to optional (reduction in burden)

Question is added to determine if medications were reviewed with patient

Question is changed to optional (reduction in burden)

Question is changed to optional (reduction in burden)

Question is changed to optional (reduction in burden)

Question is changed to optional (reduction in burden)
Question is changed to optional (reduction in burden)
Question is added to specify if other prescribed medications were stopped early.
Question is added to specify when prescribed medications were stopped early if between 30-60 days
Question is added to specify when prescribed medications were stopped early if between 60 -90 days
Question is added to determining if a follow-up appointment had to be rescheduled
Question is changed to optional (reduction in burden). Response options modified to align with AHA GWTG. Alignment reduces burden for awardees who collect data using multiple systems.
Question is added to determine reason for no follow-up appointment attended.

Question is added to determine date of follow-up appointment

Question is changed to optional (reduction in burden)

Response options are added to reduce burden for abstractors (selection instead of open-ended). Question is changed to optional (reduction in burden)

Question is changed to optional (reduction in burden)

Variable name changed. Response options modified to align with AHA GWTG. Alignment reduces burden for awardees who collect data using multiple systems.

Variable name changed

Response options modified to align with AHA GWTG. Alignment reduces burden for awardees who collect data using multiple systems.

Question is added to include mental health questions

Question is added to include mental health questions

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Question is added to include mental health questions

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Question is added to include mental health questions

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