1. Date of discharge[[1]](#footnote-1): // (mm/dd/yyyy)
2. Discharge diagnoses:
	1. Principal discharge diagnosis1: (valid ICD-10 code)
	2. Discharge diagnosis related to stroke:

(valid ICD-10 code):

[ ]  No Stroke/ TIA -related ICD-10 code

1. Were any new diagnoses related to stroke risk factors made during the hospital stay?

[ ]  Yes

[ ]  No

[ ]  Unknown

IF YES, new diagnosis type(s): (choose all that apply)

[ ]  Diabetes

[ ]  Hypertension

[ ]  Hyperlipidemia

[ ]  Artherosclerosis

[ ]  Persistent or Paroxysmal Atrial Fibrillation/ Flutter

[ ]  Other, specify

1. Initial residence/ Discharge destination1:

[ ]  Discharged to home or self care (routine discharge)

[ ]  Discharge/ Trans to a short term/ general hospital for inpatient care

[ ]  Discharge/ Trans to skilled nursing facility (SNF) with Medicare certification in anticipation of skilled care

[ ]  Discharge/ Trans to a Designated Cancer Center or Children's Hospital

[ ]  Discharge/ Trans to home under care of organized home health service organization

[ ]  Expired

[ ]  Discharge/ Trans to court/ law enforcement

[ ]  Discharge/ Trans to a federal health care facility

[ ]  Hospice- home

[ ]  Hospice- medical facility (certified) providing hospice level of care

[ ]  Discharge/ Trans to hospital-based Medicare approved swing bed

[ ]  Discharge/ Trans to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital

[ ]  Discharge/ Trans to a Medicare certified long term care hospital (LTCH)

[ ]  Discharge/ Trans to a nursing facility certified under Medicaid but not certified under Medicare

[ ]  Discharge/ Trans to a psychiatric hospital or psychiatric distinct part unit of a hospital

[ ]  Discharged/ Trans to a Critical Access Hospital (CAH)

[ ]  Discharge/ Trans to another type of health care institution not defined elsewhere in this code list

1. Is the discharge destination certified by any of the following as a primary stroke center? (choose all that apply)

[ ]  Joint Commission accredited primary stroke center

[ ]  Healthcare Facilities Accreditation Program (HFAP) accredited primary stroke center

[ ]  State accredited primary stroke center

[ ]  None of the above

[ ]  Unknown

1. Is the discharge destination a rehabilitation center accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF)?

[ ]  Yes

[ ]  No

[ ]  Unknown

## General Instructions

This case report form (CRF) contains data elements related to data collected at the time of discharge from the acute hospital stay for the stroke event. Several of the elements were taken from the Get With The Guidelines® Stroke Patient Management Tool and/or the Paul Coverdell National Acute Stroke Registry.

Some of the CDEs are Supplemental- Highly Recommended based on study type, disease stage and disease type. Please refer to [Start-Up](http://commondataelements.ninds.nih.gov/Doc/Stroke/CDEStartupResource_Stroke.pdf) document for details.

## Specific Instructions

Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.

The CRF includes all of the instructions available for the data elements at this time.

1. Supplemental – Highly Recommended (See [Start-Up](http://commondataelements.ninds.nih.gov/Doc/Stroke/CDEStartupResource_Stroke.pdf) document for details) [↑](#footnote-ref-1)