



# ICHOM

International Consortium for  
Health Outcomes Measurement

## STROKE DATA COLLECTION REFERENCE GUIDE

Version 2.0.1  
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Measuring  
results  
that matter

Ability to  
communicate

Stroke





We are thrilled that you are interested in measuring outcomes for your stroke patients according to ICHOM standards. It is our hope that this Reference Guide will facilitate the process of implementing our Standard Set and ensure collection of comparable data for global benchmarking and learning.

# Introducing ICHOM and the Reference Guide

ICHOM brings together patient representatives, clinician leaders, and registry leaders from all over the world to develop Standard Sets, comprehensive yet parsimonious sets of outcomes and case-mix variables we recommend all providers track.

Each Standard Set focuses on patient-centered results, and provides an internationally-agreed upon method for measuring each of these outcomes. We do this because we believe that standardized outcomes measurement will open up new possibilities to compare performance globally, allow clinicians to learn from each other, and rapidly improve the care we provide our patients.

Our Standard Sets include initial conditions and risk factors to enable meaningful case-mix adjustment globally, ensuring that comparisons of outcomes will take into account the differences in patient populations across not just providers, but also countries and regions. We also include high-level treatment variables to allow stratification of outcomes by major treatment types. A comprehensive data dictionary is included in the appendix.

Our aim is to make Standard Sets freely accessible to healthcare institutions worldwide to begin measuring, and ultimately benchmark the outcomes they achieve. In order to have a guide from which we can benchmark outcomes, we require feedback from initial implementation efforts. As such, this Reference Guide may undergo revisions on a regular basis. If you have any suggestions or would like to provide feedback, please contact [implement@ichom.org](mailto:implement@ichom.org)

## Working Group Members for Stroke

The following individuals dedicated both time and expertise to develop the ICHOM Standard Set for Stroke in partnership with ICHOM, under the leadership of Dr. Lee Schwamm, Professor of Neurology at Harvard Medical School and Vice Chairman of Neurology at Massachusetts General Hospital in Boston.

<b>Australia</b> Julie Bernhardt	<b>Canada</b> Patrice Lindsay Frank Silver Eric Smith	<b>Netherlands</b> Gerard Ribbers	<b>United States</b> Teri Ackerson Mary George Adam Kelly Louise Morgan
<b>Brazil</b> Sheila Martins	<b>China</b> Liping Liu	<b>Sweden</b> Bo Norrving	Joel Salinas Lee Schwamm Linda Williams
		<b>United Kingdom</b> Charlie Davie Stephanie Gething	

# Supporting Organizations

The Stroke Standard Set is made possible only through the support of the American Heart Association and American Stroke Association.

Thank you.



## Conditions and Treatment Approaches Covered for Stroke

For stroke, the following conditions and treatment approaches (or interventions) are covered by our Standard Set.

Conditions	Patients who have been hospitalized for an index ischemic stroke (IS) or intracerebral hemorrhage (ICH). Patients with subarachnoid hemorrhage (SAH) are excluded. Inclusion of transient ischemic attack (TIA) or patients with IS or ICH who are evaluated but not hospitalized is not required.
Treatment Approaches	IV Thrombolysis   Thrombectomy   Hemicraniectomy

## A Note on Patient-Reported Questions in the Stroke Standard Set

ICHOM’s work focuses on health outcomes and the measurement of what matters most to patients. A large component of all our Standard Sets, therefore, is the collection of patient-reported outcomes.

All patient-reported forms in the Stroke Standard Set are designed to be completed by the patient. However, for some stroke patients, answering questions and/or completing questionnaires can be challenging. If a patient is unable to respond to parts or all of a survey, answers should be provided by a proxy, his or her clinician, or abstracted from medical records.

# ICHOM Standard Set for Stroke

## Case-Mix Variables

Patient Population	Measure	Supporting Information	Timing	Data Source
Demographic Factors				
All patients	Age	Date of birth	Admission for index stroke event	Administrative data
	Sex	Sex at birth		
	Ethnicity	Note that regulations on reporting ethnicity may differ per country		
	Living location	Most recent place of residence pre stroke and 90 days post admission	Admission for index stroke event; 90 days + 7 days post admission for index event	Patient-reported
	Living alone	Living situation pre stroke and 90 days post admission		
Stroke Type and Severity				
All patients	Stroke type	Response options: IS; ICH; TIA	Admission for index stroke event	Clinical
	Stroke severity	Measured by NIHSS & Level of consciousness		
	Duration of symptoms	N/A		Patient-reported
Vascular and Systemic				
All patients	Prior Stroke	N/A	Admission for index stroke event	Clinical
	Prior TIA			
	Prior MI			
	Coronary artery disease			
	Atrial fibrillation			
	Diabetes mellitus			
	Hypertension			
	Hyperlipidemia			
	Smoking status (current or in past year)		Patient-reported	Patient-reported
	Alcohol use (>1 drink a day)			
Treatment/Care Related				
All patients	Length of stay	Date of index admission and date of discharge from acute care hospital	Discharge + 7 days	Administrative data
	Diagnostic evidence base	N/A	Admission for index stroke event	Clinical
	Rehabilitation	Dedicated stroke rehabilitation during acute or post-acute care	Discharge + 7 days	Administrative data
	Discharge destination	N/A		

Treatment Variables

Patient Population	Measure	Supporting Information	Timing	Data Source
Treatment Variables				
Ischemic stroke patients	Thrombolytic therapy	N/A	Discharge + 7 days	Clinical
Ischemic stroke patients	Thrombectomy			
Intracerebral hemorrhage patients	Hemicraniectomy			

Outcomes

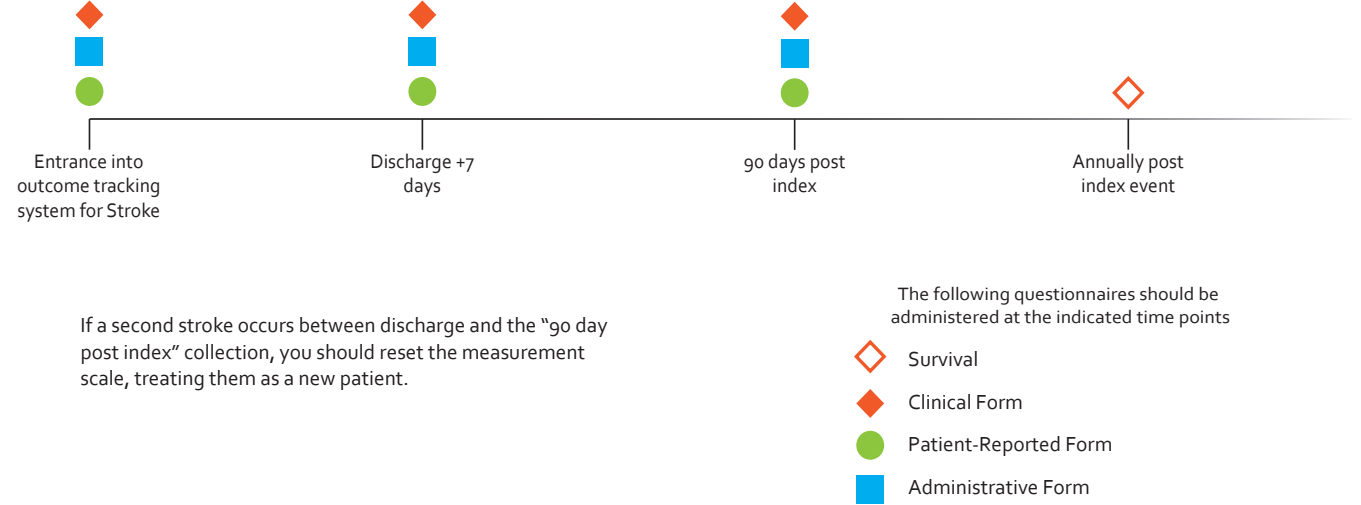
Patient Population	Measure	Supporting Information	Timing	Data Source
Acute Complications of Treatment				
Patients who received thrombolytic therapy or thrombectomy	Symptomatic intracranial hemorrhage after thrombolysis or thrombectomy	N/A	Discharge + 7 days	Clinical
Survival and Disease Control				
All patients	Overall survival	All-cause mortality	Discharge + 7 days; 90 days + 7 days post admission for index event; Annually	Administrative data
	Ability to return to usual activities	Tracked via smRSq	Discharge + 7 days; 90 days +/- 7 days post-discharge	Clinical

Patient-Reported Outcomes

Patient Population	Measure	Supporting Information	Timing	Data Source
Patient-Reported Health Status				
All patients	Overall mental wellbeing (including cognitive and psychiatric functioning, social functioning)	Tracked via PROMIS Global Health	90 days + 7 days post admission for index event	Patient-reported
	Overall physical wellbeing (including pain, fatigue, and general health status)	Tracked via PROMIS Global Health		
	Mobility	Tracked via single item	Admission for index stroke event: Discharge + 7 days; 90 days +/- 7 days post-discharge	
	Feeding	Tracked via single item	Discharge + 7 days; 90 days +/- 7 days post-discharge	
	Ability to communicate	Tracked via single item	Discharge + 7 days; 90 days +/- 7 days post-discharge	
	Self care (including grooming, toileting & dressing)	Tracked via RIKS stroke functional items	Admission for index stroke event: Discharge + 7 days; 90 days +/- 7 days post-discharge	
	Self-reported new stroke	Tracked via single item	90 days + 7 days post admission for index event	
	Smoking cessation	Adherence to smoking cessation advise		

# Follow-Up Timeline

The following timeline illustrates when Standard Set variables should be collected from patients, clinicians, and administrative sources. Links to the sample questionnaires may be found in the legend below.



## Collecting Patient- and Clinician-Reported Outcome Measures

Survey(s) Used	Licensing Information	Scoring Guide
Patient Reported Outcomes Measurement Information System Short Form version 1.1 Global Health (PROMIS-10) - <b>Patient/Proxy</b>	The PROMIS-10 is free for all health care organizations, and a license is not needed. There are translations available for Spanish, French, German, and Dutch. Translations will soon be available for Portugese and Mandarin. More information may be found at <a href="http://www.nihpromis.org/measures/translations">http://www.nihpromis.org/measures/translations</a>	The scoring guide may be found on <a href="#">page 9</a> , as well as at <a href="https://www.assessmentcenter.net/documents/Scoring%20PROMIS%20Global%20short%20form.pdf">https://www.assessmentcenter.net/documents/Scoring%20PROMIS%20Global%20short%20form.pdf</a>
Simplified Modified Rankin Scale Questionnaire (smRSq) - <b>Clinician</b>	<p>There is no patent on the smRSq or fee for using it in clinical practice; however Lippincott Williams &amp; Wilkins (LWW) own the rights to the published article where the smRSq is introduced. There is a cost of USD700 to use the flow chart diagram from within this article but permission is not needed for the assessment of the questions in patients. The smRSq is also a sub-section of the regular smRSq, which is also without license fee. The smRSq flow chart can be found at <a href="http://stroke.ahajournals.org/content/42/8/2276">http://stroke.ahajournals.org/content/42/8/2276</a></p> <p>"Simplified Modified Rankin Scale Questionnaire Reproducibility Over the Telephone and Validation With Quality of Life" Stroke 2011; 42: 2276-2279 © 2011 American Heart Association, Inc. Wolters Kluwer Health</p>	To facilitate the use of the smRSq, instructions are provided in the Appendix on <a href="#">page 11</a> .

## The Growing ICHOM Community

By implementing the ICHOM Standard Sets, you become part of an expanding, international community of innovative health care providers dedicated to improving value for patients. To learn more about how ICHOM can assist your organization in implementing outcome measurement, contact us at [implement@ichom.org](mailto:implement@ichom.org), or visit <http://www.ichom.org/measure>.

# Appendix

# Scoring Guide for the PROMIS Short Form version 1.1 Global Health (PROMIS-10)

**Scoring:** The PROMIS Global Health short form is a 10-item instrument representing multiple domains. It can be scored into a Global Physical Health component and Global Mental Health component using the tables below. Because a scoring table is prepared for a fixed set of items, it can only be used when an examinee responds to all of the items in the set. *One or more missing responses will render such scoring tables unusable.*

The Global scores require re-coding of three items so that high scores reflect better functioning.

Global07	In the past 7 days	How would you rate your pain on average	5=0 No pain
			4=1
			4=2
			4=3
			3=4
			3=5
			3=6
			2=7
			2=8
			2=9
Global08	In the past 7 days	How would you rate your fatigue on average?	1=10 Worst pain imaginable
			5=None
			4=Mild
			3=Moderate
			2=Severe
			1=Very severe
Global10	In the past 7 days	How often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?	5=Never
			4=Rarely
			3=Sometimes
			2=Often
			1=Always

After recoding, the Global Physical Health score is generated by summing responses to Global03, Global06, Global07rescored, and Global08rescored. The Global Mental Health score is generated by summing responses to Global02, Global04, Global05, and Global10rescored.

**Raw score to T-score conversion tables:** The following conversion tables allow a user to convert simple summed raw scores from PROMIS global into T-score values on an individual respondent or group of respondents. In all cases, these conversions only work accurately when all questions on the short form have been answered. T-score distributions are standardized such that a 50 represents the average (mean) for the US general population, and the standard deviation around that mean is 10 points. *A high score always represents more of the concept being measured.* Thus, a person who has T-scores of 60 for the Global Physical Health or Global Mental Health scales is one standard deviation better (more healthy) than the general population

Physical Short Form Conversion Table		
Raw.Score	T.Score	SE*
4	16.2	4.8
5	19.9	4.7
6	23.5	4.5
7	26.7	4.3
8	29.6	4.2
9	32.4	4.2
10	34.9	4.1
11	37.4	4.1
12	39.8	4.1
13	42.3	4.2
14	44.9	4.3
15	47.7	4.4
16	50.8	4.6
17	54.1	4.7
18	57.7	4.9
19	61.9	5.2
20	67.7	5.9

\*SE = Standard Error

Mental Short Form Conversion Table		
Raw.Score	T.Score	SE*
4	21.2	4.6
5	25.1	4.1
6	28.4	3.9
7	31.3	3.7
8	33.8	3.7
9	36.3	3.7
10	38.8	3.6
11	41.1	3.6
12	43.5	3.6
13	45.8	3.6
14	48.3	3.7
15	50.8	3.7
16	53.3	3.7
17	56.0	3.8
18	59.0	3.9
19	62.5	4.2
20	67.6	5.3

\*SE = Standard Error

Conversion Table applies only when ALL questions on the subdomain have been answered

Hays, R. D., Bjorner, J., Revicki, R. A., Spritzer, K. L., & Cella, D. (2009). Development of physical and mental health summary scores from the Patient Reported Outcomes Measurement Information System (PROMIS) global items. *Quality of Life Research*, 18(7),873-80. (PMCID: PMC2724630)

**Estimating EuroQoL (EQ-5D) index scores:** Revicki et al (2009) outlined how to use the PROMIS Global Health short form to calculate a EuroQoL (EQ-5D) index score. To begin, use the instructions on page 1 to re-score Global07, Global08, and Global10. Then, use the following formula:

EQ5D score = 0.19123 + (0.00672 \* Global2) + (0.00527 \* Global3) + (0.00830 \* Global4) + (0.04550 \* Global6) + (0.02713 \* Global7rescored) + (0.01305 \* Global8rescored) + (0.00613 \* Global9) + (0.02502 \* Global10rescored)

Revicki, D. A., Kawata, A., Harnam, N., Chen, W-H., Hays, R. D., & Cella, D. (2009). Predicting EUROQOL (EQ-5D) scores from the Patient Reported Outcomes Measurement Information System (PROMIS) global items and domain item banks in a United States sample. *Quality of Life Research*, 18(6), 783-91. (PMCID: PMC2704290)

# Instructions for the simplified modified Rankin Scale questionnaire (smRSq)

**Simplified modified Rankin Scale questionnaire:** The simplified modified Rankin questionnaire (smRSq) was developed as a tool to improve the assessment of the modified Ranking scale [1]. An updated version of the smRSq was published in 2011 [2]. The smRSq flow chart can be found at <http://stroke.ahajournals.org/content/42/8/2276> to provide the interview procedure for clinicians.

**Assessment recommendations:** The assessment time with the smRSq is relatively short, less than 2 minutes. The smRSq has been validated for phone assessment [2] and with quality of life [2], stroke severity [3, 4], and stroke size [5].

## Instructions for using the smRSq:

1. Ask each question in order from top to bottom following the arrows in the flow chart in the link above.
2. One may repeat and clarify the questions if needed, but to maintain consistency across raters do not elaborate or provide examples or guide the interviewee.
3. To enhance accuracy, use all available sources of information, especially caregivers when available.
4. When the answer is not clear (falls between two scores), use the higher score.

**Translations:** The smRSq was originally developed in English. The smRSq has been translated and validated in Chinese stroke patients versus the standard mRS interview and stroke severity [6].

## smRSq contact information:

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Medical College of Georgia  
1120 15th St Bl 3076,  
Augusta, GA 30912  
USA

## References

- [1] Bruno A, Shah N, Lin C, Close B, Hess DC, Davis K, Baute V, Switzer JA, Waller JL, Nichols FT. *Improving modified Rankin Scale assessment with a simplified questionnaire*. Stroke. 2010 May;41(5):1048-50.
- [2] Bruno A, Akinwuntan AE, Lin C, Close B, Davis K, Baute V, Aryal T, Brooks D, Hess DC, Switzer JA, Nichols FT. *Simplified modified rankin scale questionnaire: reproducibility over the telephone and validation with quality of life*. Stroke. 2011 Aug;42(8):2276-9.
- [3] Bruno A, Close B, Switzer JA, Hess DC, Gross H, Nichols FT 3rd, Akinwuntan AE. *Simplified modified Rankin Scale questionnaire correlates with stroke severity*. Clin Rehabil. 2013 Aug;27(8):724-7.
- [4] Bruno A, Close B, Gomadam A, Akinwuntan AE, Switzer JA. *The simplified mRS questionnaire reflects stroke severity*. Int J Stroke 2013;8:E55.
- [5] Bruno A, Shah N, Akinwuntan AE, Close B, Switzer JA. *Stroke size correlates with functional outcome on the simplified modified Rankin Scale questionnaire*. J Stroke Cerebrovasc Dis. 2013 Aug;22(6):781-3.
- [6] Yuan JL; Bruno A; Li T; Li SJ; Zhang XD; Li HY; Jia K; Qin W; Chen AC; Hu WL. *Replication and extension of the simplified modified Rankin scale in 150 Chinese stroke patients*. European Neurology, 2012; Vol. 67 (4), pp. 206-10.

# Introduction to the Data Dictionary

This data dictionary is designed to help you measure the ICHOM Stroke Standard Set as consistently as possible to the Working Group recommendation. ICHOM is actively preparing for benchmarking efforts based on this data, and all data submitted for comparisons will need to be transformed into the following data structure if not already structured as such. **We are happy to provide an Excel version of this data dictionary for technical use.**

Please timestamp all variables. Some Standard Set variables are collected at multiple timepoints, and we will ask you to submit these variables in a concatenated VARIABLEID\_TIMESTAMP form for future analyses. For example, VARIABLEID\_BASE (baseline); VARIABLEID\_6MO (6 month follow-up); VARIABLEID\_1YR (1 year follow-up), etc.

## Case-Mix Variables

<b>Variable ID:</b>	N/A
<b>Variable:</b>	Patient ID
<b>Definition:</b>	Create a unique patient identifier (e.g. medical record number)
<b>Supporting Definition:</b>	This number will not be shared with ICHOM. In the case patient-level data is submitted to ICHOM for benchmarking or research purposes, a separate ICHOM Patient Identifier will be created and cross-linking between the ICHOM Patient Identifier and the medical record number will only be known at the treating institution
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	On all forms
<b>Data Source:</b>	Administrative or clinical
<b>Type:</b>	Numerical
<b>Response Options:</b>	According to institution

## Demographic Factors

<b>Variable ID:</b>	AGE
<b>Variable:</b>	Age
<b>Definition:</b>	Date of birth
<b>Supporting Definition:</b>	N/A
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Admission for index event
<b>Data Source:</b>	Clinical, patient-reported, or administrative data
<b>Type:</b>	Date by DD/MM/YYYY
<b>Response Options:</b>	DD/MM/YYYY
<b>Variable ID:</b>	SEX
<b>Variable:</b>	Sex
<b>Definition:</b>	Please indicate the patient's sex at birth
<b>Supporting Definition:</b>	N/A
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Admission for index event
<b>Data Source:</b>	Clinical, patient-reported, or administrative data
<b>Type:</b>	Single answer
<b>Response Options:</b>	0 = Male 1 = Female 999 = Undisclosed
<b>Variable ID:</b>	ETHNIC
<b>Variable:</b>	Ethnicity
<b>Definition:</b>	Varies by country and should be determined by country (not for cross country comparison)
<b>Supporting Definition:</b>	N/A
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Admission for index event

<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Response Options:</b>	N/A
<b>Variable ID:</b>	LIVINGLOCPRE
<b>Variable:</b>	Living location pre index event
<b>Definition:</b>	Where were you living prior to your stroke or transient ischaemic attack (TIA)?
<b>Supporting Definition:</b>	Most recent place of residence pre stroke
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Admission for index event
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Response Options:</b>	1 = At home, with no community support 2 = At home with community support 3 = In an assisting living home in the community (senior's home) 4 = In a rehabilitation hospital or skilled care facilities (SNIF, IRF, LTACH) 5 = In long term care (nursing home, chronic care hospital) 888 = Other 999 = Unknown
<b>Variable ID:</b>	LIVINGLOCPOST
<b>Variable:</b>	Living location post index event
<b>Definition:</b>	Where are you living now?
<b>Supporting Definition:</b>	N/A
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	90 days post admission for index event
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Response Options:</b>	1 = At home, with no community support 2 = At home with community support 3 = In an assisting living home in the community (senior's home) 4 = In a rehabilitation hospital or skilled care facilities (SNIF, IRF, LTACH) 5 = In long term care (nursing home, chronic care hospital) 6 = In an acute care hospital 888 = Other 999 = Unknown
<b>Variable ID:</b>	LIVEALONEPRE
<b>Variable:</b>	Living alone pre-index event
<b>Definition:</b>	Did you live alone prior to your stroke or transient ischaemic attack (TIA)?
<b>Supporting Definition:</b>	N/A
<b>Inclusion Criteria:</b>	If "1 = At home, with no community support"
<b>Timing:</b>	Admission for index event
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Response Options:</b>	1 = Yes, I lived alone 2 = No, I shared my household with spouse/partner or other person (e.g. sibling, children, parents) 999 = Unknown
<b>Variable ID:</b>	LIVEALONEPOST
<b>Variable:</b>	Living alone post-index event
<b>Definition:</b>	Do you live alone now?
<b>Supporting Definition:</b>	N/A
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	90 days post admission for index event
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Response Options:</b>	1 = Yes, I live alone 2 = No, I share my household with spouse/partner or other person (e.g. sibling, children, parents)

	999 = Unknown
<b>Variable ID:</b>	PRESTROKEAMB
<b>Variable:</b>	Prestroke functional status - Ambulation
<b>Definition:</b>	Were you able to walk prior to your stroke or transient ischaemic attack (TIA)?
<b>Supporting Definition:</b>	N/A
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Admission for index event
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Response Options:</b>	1 = Able to walk without help from another person with or without a device 2 = Able to walk with help from another person 3 = Unable to walk
<b>Variable ID:</b>	PRESTROKETOILET
<b>Variable:</b>	Prestroke functional status - Toileting
<b>Definition:</b>	Did you need help from anybody to go to the toilet prior to your stroke or transient ischaemic attack (TIA)?
<b>Supporting Definition:</b>	N/A
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Admission for index event
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Response Options:</b>	1 = I could manage going to the toilet without assistance 2 = I needed help to go to the toilet
<b>Variable ID:</b>	PRESTROKEDRESS
<b>Variable:</b>	Prestroke functional status - Dressing
<b>Definition:</b>	Did you need help with dressing/undressing prior to your stroke or transient ischaemic attack (TIA)?
<b>Supporting Definition:</b>	N/A
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Admission for index event
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Response Options:</b>	1 = I could manage dressing/undressing without help 2 = I needed help dressing/undressing

## Stroke Type and Severity

<b>Variable ID:</b>	STROKETYPE
<b>Variable:</b>	Stroke type
<b>Definition:</b>	Indicate stroke type
<b>Supporting Definition:</b>	N/A
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Admission for index event
<b>Data Source:</b>	Clinical
<b>Type:</b>	Single answer
<b>Response Options:</b>	1 = Ischemic stroke (IS) 2 = Intracerebral hemorrhage (ICH) 3 = Transient ischemic attack (TIA) 999 = Stroke of unknown type
<b>Variable ID:</b>	STROKESEV_NIHSS
<b>Variable:</b>	Stroke severity: score
<b>Definition:</b>	Stroke severity as measured by the NIH Stroke Scale (NIHSS)
<b>Supporting Definition:</b>	Report the raw (uncategorized) NIHSS score
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Admission for index event
<b>Data Source:</b>	Clinical
<b>Type:</b>	Numeric value
<b>Response Options:</b>	Numeric value of the NIHSS score between 1 and 42

	999 = Unknown
<b>Variable ID:</b>	EST_STROKESEV_NIHSS_CAT
<b>Variable:</b>	Estimated stroke severity: category
<b>Definition:</b>	Indicate the estimated stroke severity category by the NIH Stroke Scale (NIHSS)
<b>Supporting Definition:</b>	NIHSS categories: NIHSS score 0 = Category 1: No stroke symptoms NIHSS score 1-4 = Category 2: Minor NIHSS score 5-15 = Category 3: Moderate NIHSS score 16-20 = Category 4: Moderate to severe NIHSS score 21-42 = Category 5: Severe Note: if no NIHSS score was recorded and/or insufficient documentation exists to abstract the full score, then indicate a category based on symptom severity.
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Admission for index event
<b>Data Source:</b>	Clinical
<b>Type:</b>	Single answer
<b>Response Options:</b>	1 = No stroke symptoms 2 = Minor 3 = Moderate 4 = Moderate to severe 5 = Severe 999 = Unknown
<b>Variable ID:</b>	STROKESEV_LOC
<b>Variable:</b>	Stroke severity: consciousness
<b>Definition:</b>	Indicate the patient's level of consciousness measured on hospital arrival
<b>Supporting Definition:</b>	N/A
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Admission for index event
<b>Data Source:</b>	Clinical
<b>Type:</b>	Single answer
<b>Response Options:</b>	0 = Fully awake 1 = Somnolent 2 = Coma 999 = Unknown
<b>Variable ID:</b>	SYMPTDUR
<b>Variable:</b>	Duration of symptoms
<b>Definition:</b>	Indicate the duration of the symptoms measured on hospital arrival
<b>Supporting Definition:</b>	N/A
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Admission for index event
<b>Data Source:</b>	Clinical
<b>Type:</b>	Single answer
<b>Response Options:</b>	0 = Less than 4.5 hours 1 = More than 4.5 hours 999 = Unknown

## Vascular and Systemic

<b>Variable ID:</b>	PRIORSTROKE
<b>Variable:</b>	Prior Stroke
<b>Definition:</b>	Prior to this hospitalization, have you ever been told by a doctor that you have had a stroke?
<b>Supporting Definition:</b>	Item is phrased as a patient reported measure. However, if the patient is unable to answer, this information can be abstracted from the medical records.
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Admission for index event
<b>Data Source:</b>	Patient-reported, clinical, or administrative
<b>Type:</b>	Single answer

<b>Response Options:</b>	0 = No 1 = Yes 999 = Unknown
<b>Variable ID:</b>	PRIORTIA
<b>Variable:</b>	Prior TIA
<b>Definition:</b>	Have you ever been told by a doctor that you have had a transient ischemic attack (this is sometimes called a TIA or mini-stroke)?
<b>Supporting Definition:</b>	Item is phrased as a patient reported measure. However, if the patient is unable to answer, this information can be abstracted from the medical records.
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Admission for index event
<b>Data Source:</b>	Patient-reported, clinical, or administrative
<b>Type:</b>	Single answer
<b>Response Options:</b>	0 = No 1 = Yes 999 = Unknown
<b>Variable ID:</b>	PRIORMI
<b>Variable:</b>	Prior MI
<b>Definition:</b>	Have you ever been told by your doctor that you've had a heart attack (this is sometimes called a myocardial infarction, or MI)?
<b>Supporting Definition:</b>	Item is phrased as a patient reported measure. However, if the patient is unable to answer, this information can be abstracted from the medical records.
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Admission for index event
<b>Data Source:</b>	Patient-reported, clinical, or administrative
<b>Type:</b>	Single answer
<b>Response Options:</b>	0 = No 1 = Yes 999 = Unknown
<b>Variable ID:</b>	CAD
<b>Variable:</b>	Coronary artery disease
<b>Definition:</b>	Have you ever been told by your doctor that you have coronary artery disease?
<b>Supporting Definition:</b>	Item is phrased as a patient reported measure. However, if the patient is unable to answer, this information can be abstracted from the medical records.
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Admission for index event
<b>Data Source:</b>	Patient-reported, clinical, or administrative
<b>Type:</b>	Single answer
<b>Response Options:</b>	0 = No 1 = Yes 999 = Unknown
<b>Variable ID:</b>	AFIB
<b>Variable:</b>	Atrial fibrillation
<b>Definition:</b>	Have you ever been told by your doctor that you have atrial fibrillation?
<b>Supporting Definition:</b>	Item is phrased as a patient reported measure. However, if the patient is unable to answer, this information can be abstracted from the medical records.
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Admission for index event
<b>Data Source:</b>	Patient-reported, clinical, or administrative
<b>Type:</b>	Single answer
<b>Response Options:</b>	0 = No 1 = Yes 999 = Unknown
<b>Variable ID:</b>	DIAB
<b>Variable:</b>	Diabetes mellitus
<b>Definition:</b>	Have you ever been told by your doctor that you have diabetes?

<b>Supporting Definition:</b>	Item is phrased as a patient reported measure. However, if the patient is unable to answer, this information can be abstracted from the medical records.
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Admission for index event
<b>Data Source:</b>	Patient-reported, clinical, or administrative
<b>Type:</b>	Single answer
<b>Response Options:</b>	0 = No 1 = Yes 999 = Unknown
<b>Variable ID:</b>	HYPERTENS
<b>Variable:</b>	Hypertension
<b>Definition:</b>	Have you ever been told by a doctor that you have high blood pressure (this is sometimes called hypertension)?
<b>Supporting Definition:</b>	Item is phrased as a patient reported measure. However, if the patient is unable to answer, this information can be abstracted from the medical records.
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Admission for index event
<b>Data Source:</b>	Patient-reported, clinical, or administrative
<b>Type:</b>	Single answer
<b>Response Options:</b>	0 = No 1 = Yes 999 = Unknown
<b>Variable ID:</b>	HYPERLIP
<b>Variable:</b>	Hyperlipidemia
<b>Definition:</b>	Have you ever been told by your doctor that you have high cholesterol (this is sometimes called hyperlipidemia or dyslipidemia)?
<b>Supporting Definition:</b>	Item is phrased as a patient reported measure. However, if the patient is unable to answer, this information can be abstracted from the medical records.
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Admission for index event
<b>Data Source:</b>	Patient-reported, clinical, or administrative
<b>Type:</b>	Single answer
<b>Response Options:</b>	0 = No 1 = Yes 999 = Unknown
<b>Variable ID:</b>	SMOKE
<b>Variable:</b>	Smoking status
<b>Definition:</b>	Do you currently smoke, or have you smoked cigarettes or tobacco over the past year?
<b>Supporting Definition:</b>	Smoking status (of cigarettes or tobacco). Item is phrased as a patient reported measure. However, if the patient is unable to answer, this information can be abstracted from the medical records.
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Admission for index event
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Response Options:</b>	0 = No 1 = Yes 999 = Unknown
<b>Variable ID:</b>	ALCOHOL
<b>Variable:</b>	Alcohol use
<b>Definition:</b>	Do you drink more than one alcoholic drink a day?
<b>Supporting Definition:</b>	One standard alcoholic drink is: 12 ounces of regular beer (about 5% alcohol) 5 ounces of wine (about 12% alcohol) 1.5 ounces of distilled spirits (about 40% alcohol)

	Item is phrased as a patient reported measure. However, if the patient is unable to answer, this information can be abstracted from the medical records.
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Admission for index event
<b>Data Source:</b>	Patient-reported, clinical, or administrative
<b>Type:</b>	Single answer
<b>Response Options:</b>	0 = No 1 = Yes 999 = Unknown

## Treatment/Care Related

<b>Variable ID:</b>	DIAGNOSIS
<b>Variable:</b>	Diagnostic evidence base
<b>Definition:</b>	Indicate how the diagnosis was made
<b>Supporting Definition:</b>	N/A
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Admission for index event
<b>Data Source:</b>	Clinical
<b>Type:</b>	Single answer
<b>Response Options:</b>	0 = Clinical symptoms alone 1 = Clinical + CT 2 = Clinical + MRI
<b>Variable ID:</b>	ADMDATE
<b>Variable:</b>	Date of index admission
<b>Definition:</b>	Date of admission for index event
<b>Supporting Definition:</b>	N/A
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Admission for index event
<b>Data Source:</b>	Administrative data
<b>Type:</b>	Date by DD/MM/YYYY
<b>Response Options:</b>	DD/MM/YYYY
<b>Variable ID:</b>	DISCHDATE
<b>Variable:</b>	Date of discharge
<b>Definition:</b>	Date of discharge from acute care hospital
<b>Supporting Definition:</b>	N/A
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Discharge
<b>Data Source:</b>	Administrative data
<b>Type:</b>	Date by DD/MM/YYYY
<b>Response Options:</b>	DD/MM/YYYY
<b>Variable ID:</b>	REHAB_IN
<b>Variable:</b>	Rehabilitation inpatient acute care
<b>Definition:</b>	Did the acute inpatient care include dedicated stroke rehabilitation?
<b>Supporting Definition:</b>	Dedicated stroke rehabilitation during acute care
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Discharge
<b>Data Source:</b>	Administrative or clinical
<b>Type:</b>	Single answer
<b>Response Options:</b>	0 = No 1 = Yes 999 = Unknown
<b>Variable ID:</b>	REHAB_OUT
<b>Variable:</b>	Rehabilitation post acute care
<b>Definition:</b>	Did the post-acute care include dedicated stroke rehabilitation?
<b>Supporting Definition:</b>	Dedicated stroke rehabilitation during post-acute care, either hospital based or out patient/home based

<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Discharge
<b>Data Source:</b>	Administrative data
<b>Type:</b>	Single answer
<b>Response Options:</b>	0 = No 1 = Yes 999 = Unknown
<b>Variable ID:</b>	DISCHDEST
<b>Variable:</b>	Discharge destination following acute care hospitalization
<b>Definition:</b>	What type of place was the patient discharged to?
<b>Supporting Definition:</b>	Indicate the patient's discharge destination from acute care hospital
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Discharge
<b>Data Source:</b>	Administrative data
<b>Type:</b>	Single answer
<b>Response Options:</b>	1 = Home or community dwelling (not home hospice) 2 = Residential facility 3 = Dedicated inpatient rehabilitation facility 4 = Another acute care hospital 5 = Patient died in hospital 888 = Other 999 = Unknown

## Treatment Variables

### Treatment Variables

<b>Variable ID:</b>	THROMBOLYTICTX
<b>Variable:</b>	Thrombolytic therapy
<b>Definition:</b>	Indicate if the patient received intravenous thrombolytic therapy
<b>Supporting Definition:</b>	Intravenous tissue plasminogen activator
<b>Inclusion Criteria:</b>	Ischemic stroke patients
<b>Timing:</b>	Discharge
<b>Data Source:</b>	Clinical
<b>Type:</b>	Single answer
<b>Response Options:</b>	0 = No 1 = Yes 999 = Unknown
<b>Variable ID:</b>	THROMBOLYTICTXDATE
<b>Variable:</b>	Date of thrombolytic therapy
<b>Definition:</b>	Indicate the date of thrombolytic therapy
<b>Supporting Definition:</b>	N/A
<b>Inclusion Criteria:</b>	If "1 = Yes" to THROMBOLYTICTX
<b>Timing:</b>	Discharge
<b>Data Source:</b>	Clinical
<b>Type:</b>	Date by DD/MM/YYYY
<b>Response Options:</b>	DD/MM/YYYY
<b>Variable ID:</b>	THROMBECTTX
<b>Variable:</b>	Thrombectomy
<b>Definition:</b>	Indicate if the patient underwent thrombectomy
<b>Supporting Definition:</b>	Endovascular mechanical clot removal
<b>Inclusion Criteria:</b>	Ischemic stroke patients
<b>Timing:</b>	Discharge
<b>Data Source:</b>	Clinical
<b>Type:</b>	Single answer
<b>Response Options:</b>	0 = No 1 = Yes 999 = Unknown
<b>Variable ID:</b>	THROMBECTTXDATE
<b>Variable:</b>	Date of thrombectomy

<b>Definition:</b>	Indicate the date of thrombectomy	TREATMENT VARIABLES
<b>Supporting Definition:</b>	N/A	
<b>Inclusion Criteria:</b>	If "1 = Yes" to THROMBOLYTICTX	
<b>Timing:</b>	Discharge	
<b>Data Source:</b>	Clinical	
<b>Type:</b>	Date by DD/MM/YYYY	
<b>Response Options:</b>	DD/MM/YYYY	
<b>Variable ID:</b>	HEMICRANITX	
<b>Variable:</b>	Hemicraniectomy	
<b>Definition:</b>	Indicate if the patient underwent hemicraniectomy	
<b>Supporting Definition:</b>	N/A	
<b>Inclusion Criteria:</b>	All patients	
<b>Timing:</b>	Discharge	
<b>Data Source:</b>	Clinical	
<b>Type:</b>	Single answer	
<b>Response Options:</b>	0 = No 1 = Yes 999 = Unknown	
<b>Variable ID:</b>	HEMICRANITXDATE	
<b>Variable:</b>	Date of hemocraniectomy	
<b>Definition:</b>	Indicate the date of hemicraniectomy	
<b>Supporting Definition:</b>	N/A	
<b>Inclusion Criteria:</b>	If "1 = Yes" to HEMICRANITX	
<b>Timing:</b>	Discharge	
<b>Data Source:</b>	Clinical	
<b>Type:</b>	Date by DD/MM/YYYY	
<b>Response Options:</b>	DD/MM/YYYY	

## Outcomes

### Acute Complications of Treatment

<b>Variable ID:</b>	SYMPICHTHROMBOLYSIS
<b>Variable:</b>	Symptomatic intracranial hemorrhage after IV thrombolysis
<b>Definition:</b>	Indicate if the patient developed symptomatic intracerebral hemorrhage after treatment of ischemic stroke with intravenous thrombolysis?
<b>Supporting Definition:</b>	N/A
<b>Inclusion Criteria:</b>	If "1 = Yes" to THROMBOLYTICTX
<b>Timing:</b>	Discharge
<b>Data Source:</b>	Clinical
<b>Type:</b>	Single answer
<b>Response Options:</b>	0 = No 1 = Yes
<b>Variable ID:</b>	SYMPICHTHROMBECTOMY
<b>Variable:</b>	Symptomatic intracranial hemorrhage after thrombectomy
<b>Definition:</b>	Indicate if the patient developed symptomatic intracerebral hemorrhage after treatment of ischemic stroke with thrombectomy?
<b>Supporting Definition:</b>	N/A
<b>Inclusion Criteria:</b>	If "1 = Yes" to THROMBOLYTICTX
<b>Timing:</b>	Discharge
<b>Data Source:</b>	Clinical
<b>Type:</b>	Single answer
<b>Response Options:</b>	0 = No 1 = Yes

### Survival and Disease Control

<b>Variable ID:</b>	OVERALLSURV
<b>Variable:</b>	Overall survival
<b>Definition:</b>	Indicate if the patient has died
<b>Supporting Definition:</b>	All cause mortality

<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Discharge; 90 days post admission for index event; One year after index event; Tracked ongoing annually for 5 years (when hospital is able to track this ongoing)
<b>Data Source:</b>	Administrative data (e.g. death registry)
<b>Type:</b>	Single answer
<b>Response Options:</b>	0 = No 1 = Yes 999 = Unknown
<b>Variable ID:</b>	DATEOFDEATH
<b>Variable:</b>	Date of death
<b>Definition:</b>	Indicate date of death
<b>Supporting Definition:</b>	N/A
<b>Inclusion Criteria:</b>	If "1 = Yes" to OVERALLSURV
<b>Timing:</b>	Discharge; 90 days post admission for index event; One year after index event; Tracked ongoing annually for 5 years (when hospital is able to track this ongoing)
<b>Data Source:</b>	Administrative data (e.g. death registry)
<b>Type:</b>	Date by DD/MM/YYYY
<b>Response Options:</b>	DD/MM/YYYY 99/99/9999 = Unknown
<b>Variable ID:</b>	STROKERECUR
<b>Variable:</b>	Report of new stroke within 90 days after admission for stroke
<b>Definition:</b>	After your hospitalization for stroke, have you been told by a doctor that you have had a new stroke?
<b>Supporting Definition:</b>	New stroke within 90 days of stroke
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Admission for index event
<b>Data Source:</b>	Patient-reported or administrative data
<b>Type:</b>	Single answer
<b>Response Options:</b>	0 = No 1 = Yes 999 = Unknown
<b>Variable ID:</b>	SMOKECESS
<b>Variable:</b>	Smoking cessation
<b>Definition:</b>	Since your hospitalization for stroke, have you smoked tobacco or cigarettes?
<b>Supporting Definition:</b>	N/A
<b>Inclusion Criteria:</b>	If "1 = Yes" to SMOKE
<b>Timing:</b>	90 days post admission for index event
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Response Options:</b>	0 = No 1 = Yes 999 = Unknown

**Patient-Reported Health Status**

<b>Variable ID:</b>	POSTSTROKEAMB
<b>Variable:</b>	Poststroke functional status - Ambulation
<b>Definition:</b>	Are you able to walk?
<b>Supporting Definition:</b>	This item is also measured at baseline, as PRESTROKEAMB
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Discharge + 7 days; 90 days post admission for index event

<b>Data Source:</b>	Patient-reported	
<b>Type:</b>	Single answer	
<b>Response Options:</b>	1 = Able to walk without help from another person with or without a device 2 = Able to walk with help from another person 3 = Unable to walk	OUTCOMES
<b>Variable ID:</b>	POSTSTROKETOILET	
<b>Variable:</b>	Poststroke functional status - Toileting	
<b>Definition:</b>	Do you need help from anybody to go to the toilet?	
<b>Supporting Definition:</b>	This item is also measured at baseline, as PRESTROKETOILET	
<b>Inclusion Criteria:</b>	All patients	
<b>Timing:</b>	Discharge + 7 days; 90 days post admission for index event	
<b>Data Source:</b>	Patient-reported	
<b>Type:</b>	Single answer	
<b>Response Options:</b>	1 = I can manage going to the toilet without assistance 2 = I need help to go to the toilet	
<b>Variable ID:</b>	POSTSTROKEDRESS	
<b>Variable:</b>	Poststroke functional status - Dressing	
<b>Definition:</b>	Do you need help with dressing/undressing?	
<b>Supporting Definition:</b>	This item is also measured at baseline, as PRESTROKEDRESS	
<b>Inclusion Criteria:</b>	All patients	
<b>Timing:</b>	Discharge + 7 days; 90 days post admission for index event	
<b>Data Source:</b>	Patient-reported	
<b>Type:</b>	Single answer	
<b>Response Options:</b>	1 = I can manage dressing/undressing without help 2 = I need help dressing/undressing	
<b>Variable ID:</b>	FEEDING	
<b>Variable:</b>	Feeding	
<b>Definition:</b>	Do you need a tube for feeding?	
<b>Supporting Definition:</b>	For example: a nasogastric tube or a gastrostomy tube	
<b>Inclusion Criteria:</b>	All patients	
<b>Timing:</b>	Discharge + 7 days; 90 days post admission for index event	
<b>Data Source:</b>	Patient-reported	
<b>Type:</b>	Single answer	
<b>Response Options:</b>	0 = No 1 = Yes	
<b>Variable ID:</b>	COMMUNIC	
<b>Variable:</b>	Ability to communicate	
<b>Definition:</b>	Do you have problems with communication or understanding?	
<b>Supporting Definition:</b>	N/A	
<b>Inclusion Criteria:</b>	All patients	
<b>Timing:</b>	Discharge + 7 days; 90 days post admission for index event	
<b>Data Source:</b>	Patient-reported	
<b>Type:</b>	Single answer	
<b>Response Options:</b>	0 = No 1 = Yes	
<b>Variable ID:</b>	PROMIS-10_Q01	
<b>Variable:</b>	Global01	
<b>Definition:</b>	In general, would you say your health is:	
<b>Supporting Definition:</b>	N/A	
<b>Inclusion Criteria:</b>	All patients	
<b>Timing:</b>	Discharge + 7 days; 90 days post admission for index event	
<b>Data Source:</b>	Patient-reported	

<b>Type:</b>	Single answer
<b>Response Options:</b>	5 = Excellent 4 = Very good 3 = Good 2 = Fair 1 = Poor
<b>Variable ID:</b>	PROMIS-10_Q02
<b>Variable:</b>	Global02
<b>Definition:</b>	In general, would you say your quality of life is:
<b>Supporting Definition:</b>	N/A
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Discharge + 7 days; 90 days post admission for index event
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Response Options:</b>	5 = Excellent 4 = Very good 3 = Good 2 = Fair 1 = Poor
<b>Variable ID:</b>	PROMIS-10_Q03
<b>Variable:</b>	Global03
<b>Definition:</b>	In general, how would you rate your physical health?
<b>Supporting Definition:</b>	N/A
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Discharge + 7 days; 90 days post admission for index event
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Response Options:</b>	5 = Excellent 4 = Very good 3 = Good 2 = Fair 1 = Poor
<b>Variable ID:</b>	PROMIS-10_Q04
<b>Variable:</b>	Global04
<b>Definition:</b>	In general, how would you rate your mental health, including your mood and your ability to think?
<b>Supporting Definition:</b>	N/A
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Discharge + 7 days; 90 days post admission for index event
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Response Options:</b>	5 = Excellent 4 = Very good 3 = Good 2 = Fair 1 = Poor
<b>Variable ID:</b>	PROMIS-10_Q05
<b>Variable:</b>	Global05
<b>Definition:</b>	In general, how would you rate your satisfaction with your social activities and relationships?
<b>Supporting Definition:</b>	N/A
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Discharge + 7 days; 90 days post admission for index event

<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Response Options:</b>	5 = Excellent 4 = Very good 3 = Good 2 = Fair 1 = Poor
<b>Variable ID:</b>	PROMIS-10_Qo6
<b>Variable:</b>	Globalog
<b>Definition:</b>	In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)
<b>Supporting Definition:</b>	N/A
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Discharge + 7 days; 90 days post admission for index event
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Response Options:</b>	5 = Excellent 4 = Very good 3 = Good 2 = Fair 1 = Poor
<b>Variable ID:</b>	PROMIS-10_Qo7
<b>Variable:</b>	Globalo6
<b>Definition:</b>	To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?
<b>Supporting Definition:</b>	N/A
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Discharge + 7 days; 90 days post admission for index event
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Response Options:</b>	5 = Completely 4 = Mostly 3 = Moderately 2 = A little 1 = Not at all
<b>Variable ID:</b>	PROMIS-10_Qo8
<b>Variable:</b>	Global10
<b>Definition:</b>	In the past 7 days, how often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?
<b>Supporting Definition:</b>	N/A
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Discharge + 7 days; 90 days post admission for index event
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Response Options:</b>	1 = Never 2 = Rarely 3 = Sometimes 4 = Often 5 = Always
<b>Variable ID:</b>	PROMIS-10_Qo9
<b>Variable:</b>	Globalo8
<b>Definition:</b>	In the past 7 days, how would you rate your fatigue on average?
<b>Supporting Definition:</b>	N/A

<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Discharge + 7 days; 90 days post admission for index event
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Response Options:</b>	1 = None 2 = Mild 3 = Moderate 4 = Severe 5 = Very severe
<b>Variable ID:</b>	PROMIS-10_Q10
<b>Variable:</b>	Globalo7
<b>Definition:</b>	In the past 7 days, how would you rate your pain on average?
<b>Supporting Definition:</b>	Indicate pain level on a scale of 0-10, where 0 = No pain, and 10 = Worst imaginable pain
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Discharge + 7 days; 90 days post admission for index event
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Response Options:</b>	Numerical value between 0 and 10

### Clinician-Reported Health Status

<b>Variable ID:</b>	smRSq
<b>Variable:</b>	Simplified modified Rankin Scale Questionnaire (smRSq)
<b>Definition:</b>	Indicate the degree of disability or dependence by obtaining the smRSq
<b>Supporting Definition:</b>	The link to the smRSq flow chart and instructions for use can be found in this Reference Guide on page 11
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Discharge + 7 days; 90 days post admission for index event
<b>Data Source:</b>	Clinical
<b>Type:</b>	Single answer
<b>Response Options:</b>	0 = No symptoms at all 1 = No significant disability despite symptoms; able to carry out all usual duties and activities 2 = Slight 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

# ICHOM Contact Information

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# Reference Guide Revisions

Reference Guide Version	Location within Reference Guide	Content Change
1.0.1	Contact Information	Removed inactive email address: <a href="mailto:ichomteam@ichom.org">ichomteam@ichom.org</a>
1.0.1	Collecting Patient- and Clinician- Reported Outcome Measures	Changed licensing information for smRSq
2.0.0	Follow-Up Timeline	Time point definitions changed
2.0.0	Data Dictionary	Changes were made to the following variables: LIVINGLOCPOST, LIVEALONEPRE, LIVEALONEPOST, PRESTROKEAMB, PRESTROKETOILET, PRESTROKEDRESS, EST_STROKESEV_NIHSS_CAT, STROKESEV_LOC, SYMPTDUR, CAD, REHAB_IN, DISCHDEST, THROMBOLYTICX, OVERALLSURV, STROKERECUR, SMOKECESS. COMFCARE was removed.
2.0.1	Data Dictionary	Amended response option for PROMIS-10_Q10

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