

SESTOR: SVIN Endovascular Stroke Therapy Outcomes Registry

Subject Initials:

Subject Number:

Demographics

MRN:

Patient Initials:

Date of procedure (dd/mmm/yyyy):

Patient Name:

Home Address:

Phone #(s):

Gender:

- Male
- Female

Race:

- White (Europe, Middle East, North Africa)
- Black or African American
- Latin/Hispanic
- Asian (far East, SE Asia, Indian subcontinent, Philippines)
- Other:

Date of Birth:

Age:

Height (cm):

Weight (kg):

Education

- Less than High School
- High School
- Other:
- College
- Graduate Degree

Contact Information

Primary Contact Name & Relationship:

Phone #(s):

Alternative Contact & Relationship:

Phone #(s):

Alternative Contact & Relationship:

Phone #(s):

Alternative Contact & Relationship:

Phone #(s):

Referral/Transfer Details

Source:

- Local ED
- Direct Field
- OSH:

Transport:

- Ambulance
- Helicopter
- Car/Family
- Other:

**Inclement
Weather on
Arrival:**

- None
- Dense Fog
- Thunderstorm/Heavy Rain
- Snow/Ice
- Other:

Stroke Chronology and Logistics

a. Was stroke symptoms onset witnessed?

Date (dd/mmm/yyyy):

Time (24 hr clock):

Yes

→ **Symptom onset:**

No, unwitnessed

→ **Last seen normal:**

No, wake up

→ **Symptom recognized:**

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b. Site of Initial Stroke Evaluation:

- ED Non-Endovascular Center – Add Name: _____
- ED Endovascular Center – Add Name: _____
- Inpatient Stroke Non-Endovascular Ctr – Add Name: _____
- Inpatient Stroke Endovascular Ctr – Add Name: _____

c. Was patient already admitted when the stroke symptoms started (i.e. was this an in-hospital stroke)?:

Yes No

tPA Administration

<input type="checkbox"/> No or Yes → Complete Location:	Date (dd/mmm/yyyy):	Time (24 hr clock):
<input type="checkbox"/> Outside Hospital <input type="checkbox"/> Endovascular Center <input type="checkbox"/> Non-Endovascular Center (e.g. drip and ship) <input type="checkbox"/> Mobile Stroke Unit		

Did the patient receive a full dose of tPA (0.9mg/kg. Max 90mg)? Yes No

If No → Why Not?

<input type="checkbox"/> Outside time window	<input type="checkbox"/> Lab Contra-indicated	<input type="checkbox"/> Recent surgery	<input type="checkbox"/> Recent Trauma
<input type="checkbox"/> Recent bleed	<input type="checkbox"/> Other:		

Systems of Care Chronology

	Date (dd/mmm/yyyy):	Time (24 hr clock):	
1. Time OSH Arrival:			<input type="checkbox"/> N/A
2. Time OSH CT Completed:			<input type="checkbox"/> N/A
3. Time OSH Departure:			<input type="checkbox"/> N/A
4. Time Local Team Contacted:			<input type="checkbox"/> N/A
Local Team Contacted: <input type="checkbox"/> EMS Notification <input type="checkbox"/> ED Arrival <input type="checkbox"/> Post-CT/MRI			
5. Time Local Arrival (EMS trip sheet):			<input type="checkbox"/> N/A
6. Time Local NCCT/MRI/FP-CT Started: (time stamp on images)			<input type="checkbox"/> N/A
7. Time Local NCCT/MRI/FP-CT Completed:			<input type="checkbox"/> N/A
8. Time Local CTA/MRA/FP-CTA Started:			<input type="checkbox"/> N/A
1. Time Local CTA/MRA/FP-CTA Completed			<input type="checkbox"/> N/A
2. Time Local CTP/MRP/ FP-CTP Started:			<input type="checkbox"/> N/A
3. Time Local CTP/MRP/ FP-CTP Completed			<input type="checkbox"/> N/A
4. Time Arrived in the Suite:			<input type="checkbox"/> N/A
5. Time Skin Puncture (1 st needle in skin)			<input type="checkbox"/> N/A
6. Time 1 st Angio with Occlusion:			<input type="checkbox"/> N/A
7. Time 1 st Device in Clot:			<input type="checkbox"/> N/A
8. Time eTICI ≥2B:			<input type="checkbox"/> N/A
1. Time eTICI 3:			<input type="checkbox"/> N/A
2. Time Last Image			<input type="checkbox"/> N/A

Local NCCT/MRI Completed at Night (7pm-7am)? Yes No

Local NCCT/MRI Completed on Weekend (Fri 7pm to Mon 7am)? Yes No

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Medical History

- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Hypercholesterolemia |
| <input type="checkbox"/> CAD/Myocardial Infarction | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Congestive Heart Failure | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Atrial Fibrillation | <input type="checkbox"/> Peripheral Vascular Disease |
| <input type="checkbox"/> Smoking | <input type="checkbox"/> Other: |

Stroke History

Prior stroke? Yes No Prior TIA? Yes No

If yes, how many months prior to current event?

Prior Medications None

Medications administered ≥2 days prior to current stroke (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Heparin/Low Molecular Weight Heparin |
| <input type="checkbox"/> Aggrenox | <input type="checkbox"/> Other Anti-coagulant or antithrombotic – |
| <input type="checkbox"/> Clopidogrel (Plavix) | Specify: _____ |
| <input type="checkbox"/> Warfarin (Coumadin) | <input type="checkbox"/> Antidiabetic – Specify: _____ |
| <input type="checkbox"/> Direct Thrombin Inhibitor (eg Pradaxa) | <input type="checkbox"/> Statin – Specify: _____ |
| <input type="checkbox"/> Factor Xa Inhibitor (eg Xarelto) | <input type="checkbox"/> Anti-HTN – Specify: _____ |

Pre-morbid mRS

Based on patient's condition within two weeks prior to the current stroke:

- 0 = No symptoms at all
- 1 = No significant disability despite symptoms; able to carry out all usual activities.
- 2 = Slight disability; unable to carry out all usual activities but able to look after own affairs w/o assistance.
- 3 = Moderate disability; requiring some help but able to walk w/o assistance.
- 4 = Moderately severe disability; can't walk w/o assistance & unable to attend to bodily needs w/o assistance.
- 5 = Severe disability; bedridden, incontinent, and requiring constant nursing care.

If pre-morbid mRS is not ZERO please check cause of disability below:

Primary Reason: Neurological Illness Non-neurological – Specify:

If Neurological: Stroke Non-stroke – Specify:

Comments:

Laboratory Results / Test (1st recorded – OSH or Endovascular Site)

Hematocrit	%	WBC	K/mcl	Platelets	K/mcl
INR		LDL	mg/dL	Glucose	mg/dL
Creatinine	mg/dL	HbA1c:	%		
Echocardiogram EF %:					

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NIHSS (last prior to angio)

Date (dd/mmm/yyyy):

Time (24 hour clock):

Instructions	Scale Definition	Score	Instructions	Scale Definition	Score
1a. Level of Consciousness	0 = Alert 1 = Arousable by minor stimulation 2 = Obtunded 3 = Unresponsive or reflex response		6a. Motor: Left Leg	0 = No drift 1 = Drift 2 = Some effort against gravity 3 = No effort against gravity 4 = No movement NA = Amputation, other explain:	
1b. LOC Questions	0 = Performs both tasks correctly. 1 = Performs one task correctly. 2 = Performs neither task correctly.		6b. Motor: Right Leg	0 = No drift 1 = Drift 2 = Some effort against gravity 3 = No effort against gravity 4 = No movement NA = Amputation, other explain:	
1c. LOC Commands	0 = Performs both tasks correctly. 1 = Performs one task correctly. 2 = Performs neither task correctly.		7. Limb Ataxia	0 = Absent 1 = Present in one limb 2 = Present in two limbs	
2. Best Gaze:	0 = Normal. 1 = Partial gaze palsy 2 = Forced deviation, or total gaze paresis		8. Sensory	0 = Normal; no sensory loss. 1 = Mild to moderate 2 = Severe to total sensory loss	
3. Visual Fields	0 = No visual loss 1 = Partial hemianopia 2 = Complete hemianopia 3 = Bilateral hemianopia		9. Best Language	0 = No aphasia, normal 1 = Mild to moderate aphasia 2 = Severe aphasia 3 = Mute, global aphasia	
4. Facial Palsy	0 = Normal 1 = Minor paralysis 2 = Partial paralysis 3 = Complete paralysis		10. Dysarthria	0 = Normal 1 = Mild to moderate 2 = Severe NA = Intubated or other physical barrier, explain:	
5a. Motor: Left arm	0 = No drift 1 = Drift 2 = Some effort against gravity 3 = No effort against gravity 4 = No movement NA = Amputation, other explain:		11. Extinction and Inattention	0 = No abnormality. 1 = One of the sensory modalities. 2 = Profound hemi-inattention	
5b. Motor: Right arm	0 = No drift 1 = Drift 2 = Some effort against gravity 3 = No effort against gravity 4 = No movement NA = Amputation, other explain:			TOTAL NIHSS SCORE:	
Fluctuation in NIHSS: <input type="checkbox"/> YES <input type="checkbox"/> NO					
Performed under sedation: <input type="checkbox"/> YES <input type="checkbox"/> NO					
Performed under intubation: <input type="checkbox"/> YES <input type="checkbox"/> NO					

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Physician to complete pages 5 – 13

Baseline IMAGING (last prior to angio)		
Date Completed (dd/mmm/yyyy):	Time Completed (24 hour clock – time stamp on images):	<input type="checkbox"/> N/A

IMAGING SELECTION METHOD	
NCCT <input type="checkbox"/> Single-Phase CTA <input type="checkbox"/> Multi-Phase CTA <input type="checkbox"/> CTP <input type="checkbox"/>	
DWI <input type="checkbox"/> MRA <input type="checkbox"/> MRP <input type="checkbox"/> FP-CTA <input type="checkbox"/> FP-CTP <input type="checkbox"/>	

ASPECTS Score			
NCCT <input type="checkbox"/> DWI <input type="checkbox"/> CTA <input type="checkbox"/> CTP <input type="checkbox"/> MRP <input type="checkbox"/> PBV <input type="checkbox"/>		Outside Hospital <input type="checkbox"/>	
Normal vs. abnormal (early ischemic changes such as hypo-attenuation or focal swelling):	Normal	Abnormal	
CT at level of Thalamus/Basal Ganglia	C: Caudate	<input type="checkbox"/>	<input type="checkbox"/>
	L: Lentiform Nucleus	<input type="checkbox"/>	<input type="checkbox"/>
	IC: Internal Capsule	<input type="checkbox"/>	<input type="checkbox"/>
	I: Insular Cortex	<input type="checkbox"/>	<input type="checkbox"/>
	M1: MCA Cortex Anterior	<input type="checkbox"/>	<input type="checkbox"/>
	M2: MCA Cortex Lateral to Insular Ribbon	<input type="checkbox"/>	<input type="checkbox"/>
CT just rostral to ganglionic structures	M3: MCA Cortex Posterior	<input type="checkbox"/>	<input type="checkbox"/>
	M4: MCA Cortex Anterior	<input type="checkbox"/>	<input type="checkbox"/>
	M5: MCA Cortex Lateral	<input type="checkbox"/>	<input type="checkbox"/>
	M6: MCA Cortex Posterior	<input type="checkbox"/>	<input type="checkbox"/>
ASPECTS Score:			

Baseline CTP/MRP Scan			
Yes <input type="checkbox"/> No <input type="checkbox"/> Suboptimal <input type="checkbox"/>			
	CFB-core Lesion	Tmax > 6 Lesion	Tmax > 10 Lesion
Total Lesion Volume (add rows 1 & 2) =	ccm (3a)	ccm (3b)	ccm (3c)
Mismatch Ratio (3b divided by 3a) =	ccm (4) Or <input type="checkbox"/> infinite		
Absolute Mismatch Volume (3b minus 3) =	ccm (5)		

Baseline CTA <input type="checkbox"/> Endovascular Center <input type="checkbox"/> Outside Hospital <input type="checkbox"/> N/A <input type="checkbox"/>

NONINVASIVE IMAGING Site of Occlusion (check all that apply)	
<input type="checkbox"/> ICA-extracranial	<input type="checkbox"/> Basilar
<input type="checkbox"/> ICA-intracranial	<input type="checkbox"/> ACA
<input type="checkbox"/> MCA-M1 (horizontal)	<input type="checkbox"/> PCA
<input type="checkbox"/> MCA-M2 (Sylvian fissure)	<input type="checkbox"/> Other – Specify:

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Subject Number:

SINGLE PHASE CTA Collateral Score N/A

Tan JC, Dillon WP, Liu S, et al. Systematic comparison of perfusion-CT and CT-angiography in acute stroke patients. *Ann Neurol* 2007;61:533-43

- 0 = Absent collaterals in >50% of an MCA-M2 branch (superior or inferior division) territory.
- 1 = Diminished collaterals in >50% of an MCA-M2 branch.
- 2 = Diminished collaterals in <50% of an MCA-M2 branch.
- 3 = Collaterals equal to the contralateral hemisphere.
- 4 = Increased collaterals.

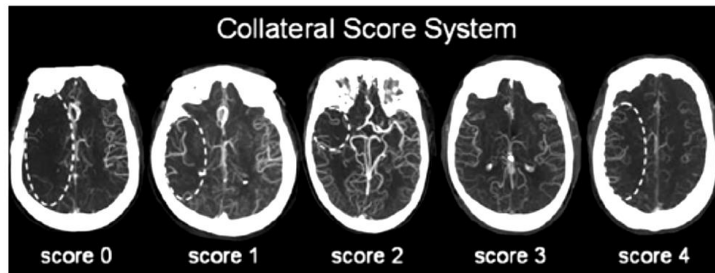


Fig 1. CS system: 0 = absent collaterals >50% of an M2 territory; 1 = diminished collaterals >50% M2 territory; 2 = diminished collaterals <50% M2 territory; 3 = collaterals equal to contralateral side; 4 = increased collaterals.

MULTI-PHASE CTA Collateral Score N/A

Menon BK, d'Este CD, Qazi EM, Almekhlafi M, Hahn L, Demchuk AM, Goyal M. *Stroke. Radiology*. 2015 May;275(2):510-20.

- 0 = No vessels visible in any phase.
- 1 = Just a few vessels visible in any phase.
- 2 = Delay of two phases in filling in of peripheral vessels AND decreased prominence and extent OR a one-phase delay and some ischemic regions with no vessels.
- 3 = Delay of two phases in filling in of peripheral vessels OR one-phase delay and significantly reduced number of vessels in the ischemic territory.
- 4 = Delay of one phase in filling in of peripheral vessels, but prominence and extent is same
- 5 = No delay and normal or increased prominence of pial vessels

Flat-Panel SINGLE PHASE CTA N/A

Tan JC, Dillon WP, Liu S, et al. Systematic comparison of perfusion-CT and CT-angiography in acute stroke patients. *Ann Neurol* 2007;61:533-43

Flat-Panel CTA Site of Occlusion

Check all that apply

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> ICA-extracranial <input type="checkbox"/> ICA-intracranial <input type="checkbox"/> MCA-M1 (horizontal) <input type="checkbox"/> MCA-M2 (Sylvian fissure) <input type="checkbox"/> MCA-M3 | <ul style="list-style-type: none"> <input type="checkbox"/> Basilar <input type="checkbox"/> ACA <input type="checkbox"/> PCA <input type="checkbox"/> Other – Specify: |
|--|---|

Flat-Panel CTA Collateral Score

- 0 = Absent collaterals in >50% of an MCA-M2 branch (superior or inferior division) territory.
- 1 = Diminished collaterals in >50% of an MCA-M2 branch.
- 2 = Diminished collaterals in <50% of an MCA-M2 branch.
- 3 = Collaterals equal to the contralateral hemisphere.
- 4 = Increased collaterals.

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Flat-Panel MULTI-PHASE CTA Collateral Score

Menon BK, d'Esterre CD, Qazi EM, Almekhlafi M, Hahn L, Demchuk AM, Goyal M. Stroke. Radiology. 2015 May;275(2):510-20.

- 0 = No vessels visible in any phase.
- 1 = Just a few vessels visible in any phase.
- 2 = Delay of two phases in filling in of peripheral vessels AND decreased prominence and extent OR a one-phase delay and some ischemic regions with no vessels.
- 3 = Delay of two phases in filling in of peripheral vessels OR one-phase delay and significantly reduced number of vessels in the ischemic territory.
- 4 = Delay of one phase in filling in of peripheral vessels, but prominence and extent is same
- 5 = No delay and normal or increased prominence of pial vessels

Endovascular Treatment Logistics

Drip & Ship/OSH Transfer Mothership Trip & Treat MSU

Was this a DIRECT to ANGIO? Yes No

Endovascular Procedure Access (Check all that apply)

Femoral Radial Brachial Direct Carotid

Primary Operator (Check one)

RN DH JG 4 5 6 7 8 other

Vital Signs (on arrival to angio suite)

Blood Pressure (SBP/DBP): _____ mmHg Heart Rate: _____

Respiratory Rate: _____ Temperature: _____ °C

Endovascular Procedure Sedation/Anesthesia

Was the patient under General Anesthesia? Yes No

If yes, how was anesthesia maintained? inhaled (Iso, Sevo) intravenous (Propofol drip)

If Yes, what was primary induction drug? Propofol Etomidate Ketamine N/A

If yes, what was the highest & lowest recorded end tital CO₂ (etCO₂)? Highest: _____ Lowest: _____

If yes, did patient arrive to angio suite already intubated Yes No

If yes, did patient convert to general from MAC sedation (e.g. Precedex)? Yes No

If no, check all that apply: Precedex Versed Propofol Fentanyl Remifentanyl

Other: _____

Minimal Systolic BP prior to TICl₂b: _____ mmHg Minimal Diastolic BP prior to TICl₂b: _____ mmHg

Final BP (SBP/DBP): _____ mmHg

Minimal O₂ saturation (sustained > 2 min): _____

Did the patient have an arterial line for some or all of the case? Yes No

How long since the patient last ate (Hours)? _____

How long since the patient last drank (Hours)? _____

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Baseline Rating of Vessel Patency & Perfusion (prior to IA procedure)

What side is the lesion? <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> N/A (Basilar)	
Which Vessel is the Primary (most proximal) Occlusive Lesion on DSA? If tandem occlusion or multiple sites, check all non-contiguous sites	Rate Baseline eTICI Score:
<input type="checkbox"/> Extracranial ICA (cervical) <input type="checkbox"/> Intracranial ICA T lesion <input type="checkbox"/> Intracranial ICA (petrous or cavernous) <input type="checkbox"/> MCA-M1 <input type="checkbox"/> MCA-M2 <input type="checkbox"/> MCA-M3 <input type="checkbox"/> ACA <input type="checkbox"/> Extracranial vertebral <input type="checkbox"/> Intracranial vertebral <input type="checkbox"/> PCA <input type="checkbox"/> Basilar <input type="checkbox"/> Other:	<input type="checkbox"/> eTICI 0: No Flow <input type="checkbox"/> eTICI 1: Penetration, but not distal branch filling <input type="checkbox"/> eTICI 2a: Partial reperfusion with incomplete (<50%) or slow distal branch filling <input type="checkbox"/> eTICI 2b (50-89%) <input type="checkbox"/> eTICI 2c (90-99%) <input type="checkbox"/> eTICI 3 (100%)
Is there a fixed significant (>70%) stenosis proximal to the primary arterial occlusive lesion?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is it a complete occlusion (100%)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comment:	

Mechanical Thrombectomy or IA Thrombolysis

TOTAL NUMBER OF PASSES:

PASS # 1

A. Site of Revascularization Mechanical Strategies (Check all that apply):

<input type="checkbox"/> Intracranial ICA	<input type="checkbox"/> MCA M1	<input type="checkbox"/> ACA A1	<input type="checkbox"/> Intracranial Vertebral	<input type="checkbox"/> PCA P1
	<input type="checkbox"/> MCA M2	<input type="checkbox"/> ACA A2/A3	<input type="checkbox"/> Basilar	<input type="checkbox"/> PCA P2/3
	<input type="checkbox"/> MCA M3			

B. Intracranial Revascularization Mechanical Strategies (Check all that apply):

<input type="checkbox"/> Solitaire 4x20	<input type="checkbox"/> Trevo 4x20	<input type="checkbox"/> ACE 64/68	<input type="checkbox"/> Catalyst 5	<input type="checkbox"/> Balloon PTA
<input type="checkbox"/> Solitaire 4x40	<input type="checkbox"/> Trevo 4x30	<input type="checkbox"/> 5Max/ACE/60	<input type="checkbox"/> Catalyst 6	<input type="checkbox"/> Balloon Mounted Stent
<input type="checkbox"/> Solitaire 6x30	<input type="checkbox"/> Trevo 6x25	<input type="checkbox"/> 4Max	<input type="checkbox"/> Sofia	<input type="checkbox"/> Self-Expanding Stent
<input type="checkbox"/> Solitaire 6x40	<input type="checkbox"/> Trevo 3x20	<input type="checkbox"/> 3Max	<input type="checkbox"/> Arc	<input type="checkbox"/> BGC Thrombectomy
<input type="checkbox"/> MindFrame 3x23	<input type="checkbox"/> Penumbra 3D	<input type="checkbox"/> Microwire/MC		<input type="checkbox"/> Other:
<input type="checkbox"/> Embotrap		<input type="checkbox"/> IA tpa: mg		<input type="checkbox"/> None

C. Flow Control Strategies (Check all that apply):

<input type="checkbox"/> None	<input type="checkbox"/> Local Aspiration (Catheter NOT in contact with clot)
<input type="checkbox"/> BGC	<input type="checkbox"/> Contact Aspiration (Catheter in contact with clot)

D. This Pass Rating of Vessel Patency & Perfusion:

<input type="checkbox"/> eTICI 0	<input type="checkbox"/> eTICI 1	<input type="checkbox"/> eTICI 2a (<50%)
<input type="checkbox"/> eTICI 2b (50-66%)	<input type="checkbox"/> eTICI 2b (67-89%)	<input type="checkbox"/> eTICI 2c (90-99%)
		<input type="checkbox"/> eTICI 3

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PASS # 2				
A. Site of Revascularization Mechanical Strategies (Check all that apply):				
<input type="checkbox"/> Intracranial ICA	<input type="checkbox"/> MCA M1	<input type="checkbox"/> ACA A1	<input type="checkbox"/> Intracranial Vertebral	<input type="checkbox"/> PCA P1
	<input type="checkbox"/> MCA M2	<input type="checkbox"/> ACA A2/A3	<input type="checkbox"/> Basilar	<input type="checkbox"/> PCA P2/3
	<input type="checkbox"/> MCA M3			
B. Intracranial Revascularization Mechanical Strategies (Check all that apply):				
<input type="checkbox"/> Solitaire 4x20	<input type="checkbox"/> Trevo 4x20	<input type="checkbox"/> ACE 64/68	<input type="checkbox"/> Catalyst 5	<input type="checkbox"/> Balloon PTA
<input type="checkbox"/> Solitaire 4x40	<input type="checkbox"/> Trevo 4x30	<input type="checkbox"/> 5Max/ACE/60	<input type="checkbox"/> Catalyst 6	<input type="checkbox"/> Balloon Mounted Stent
<input type="checkbox"/> Solitaire 6x30	<input type="checkbox"/> Trevo 6x25	<input type="checkbox"/> 4Max	<input type="checkbox"/> Sofia	<input type="checkbox"/> Self-Expanding Stent
<input type="checkbox"/> Solitaire 6x40	<input type="checkbox"/> Trevo 3x20	<input type="checkbox"/> 3Max	<input type="checkbox"/> Arc	<input type="checkbox"/> BGC Thrombectomy
<input type="checkbox"/> MindFrame 3x23	<input type="checkbox"/> Penumbra 3D	<input type="checkbox"/> Microwire/MC		<input type="checkbox"/> Other:
<input type="checkbox"/> Embotrap		<input type="checkbox"/> IA tpa: mg		<input type="checkbox"/> None
C. Flow Control Strategies (Check all that apply):				
<input type="checkbox"/> None	<input type="checkbox"/> Local Aspiration (Catheter NOT in contact with clot)			
<input type="checkbox"/> BGC	<input type="checkbox"/> Contact Aspiration (Catheter in contact with clot)			
D. This Pass Rating of Vessel Patency & Perfusion:				
<input type="checkbox"/> eTICI 0	<input type="checkbox"/> eTICI 1	<input type="checkbox"/> eTICI 2a (<50%)		
<input type="checkbox"/> eTICI 2b (50-66%)	<input type="checkbox"/> eTICI 2b (67-89%)	<input type="checkbox"/> eTICI 2c (90-99%)	<input type="checkbox"/> eTICI 3	

PASS # 3				
A. Site of Revascularization Mechanical Strategies (Check all that apply):				
<input type="checkbox"/> Intracranial ICA	<input type="checkbox"/> MCA M1	<input type="checkbox"/> ACA A1	<input type="checkbox"/> Intracranial Vertebral	<input type="checkbox"/> PCA P1
	<input type="checkbox"/> MCA M2	<input type="checkbox"/> ACA A2/A3	<input type="checkbox"/> Basilar	<input type="checkbox"/> PCA P2/3
	<input type="checkbox"/> MCA M3			
B. Intracranial Revascularization Mechanical Strategies (Check all that apply):				
<input type="checkbox"/> Solitaire 4x20	<input type="checkbox"/> Trevo 4x20	<input type="checkbox"/> ACE 64/68	<input type="checkbox"/> Catalyst 5	<input type="checkbox"/> Balloon PTA
<input type="checkbox"/> Solitaire 4x40	<input type="checkbox"/> Trevo 4x30	<input type="checkbox"/> 5Max/ACE/60	<input type="checkbox"/> Catalyst 6	<input type="checkbox"/> Balloon Mounted Stent
<input type="checkbox"/> Solitaire 6x30	<input type="checkbox"/> Trevo 6x25	<input type="checkbox"/> 4Max	<input type="checkbox"/> Sofia	<input type="checkbox"/> Self-Expanding Stent
<input type="checkbox"/> Solitaire 6x40	<input type="checkbox"/> Trevo 3x20	<input type="checkbox"/> 3Max	<input type="checkbox"/> Arc	<input type="checkbox"/> BGC Thrombectomy
<input type="checkbox"/> MindFrame 3x23	<input type="checkbox"/> Penumbra 3D	<input type="checkbox"/> Microwire/MC		<input type="checkbox"/> Other:
<input type="checkbox"/> Embotrap		<input type="checkbox"/> IA tpa: mg		<input type="checkbox"/> None
C. Flow Control Strategies (Check all that apply):				
<input type="checkbox"/> None	<input type="checkbox"/> Local Aspiration (Catheter NOT in contact with clot)			
<input type="checkbox"/> BGC	<input type="checkbox"/> Contact Aspiration (Catheter in contact with clot)			
D. This Pass Rating of Vessel Patency & Perfusion:				
<input type="checkbox"/> eTICI 0	<input type="checkbox"/> eTICI 1	<input type="checkbox"/> eTICI 2a (<50%)		
<input type="checkbox"/> eTICI 2b (50-66%)	<input type="checkbox"/> eTICI 2b (67-89%)	<input type="checkbox"/> eTICI 2c (90-99%)	<input type="checkbox"/> eTICI 3	

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PASS # 4				
A. Site of Revascularization Mechanical Strategies (Check all that apply):				
<input type="checkbox"/> Intracranial ICA	<input type="checkbox"/> MCA M1	<input type="checkbox"/> ACA A1	<input type="checkbox"/> Intracranial Vertebral	<input type="checkbox"/> PCA P1
	<input type="checkbox"/> MCA M2	<input type="checkbox"/> ACA A2/A3	<input type="checkbox"/> Basilar	<input type="checkbox"/> PCA P2/3
	<input type="checkbox"/> MCA M3			
B. Intracranial Revascularization Mechanical Strategies (Check all that apply):				
<input type="checkbox"/> Solitaire 4x20	<input type="checkbox"/> Trevo 4x20	<input type="checkbox"/> ACE 64/68	<input type="checkbox"/> Catalyst 5	<input type="checkbox"/> Balloon PTA
<input type="checkbox"/> Solitaire 4x40	<input type="checkbox"/> Trevo 4x30	<input type="checkbox"/> 5Max/ACE/60	<input type="checkbox"/> Catalyst 6	<input type="checkbox"/> Balloon Mounted Stent
<input type="checkbox"/> Solitaire 6x30	<input type="checkbox"/> Trevo 6x25	<input type="checkbox"/> 4Max	<input type="checkbox"/> Sofia	<input type="checkbox"/> Self-Expanding Stent
<input type="checkbox"/> Solitaire 6x40	<input type="checkbox"/> Trevo 3x20	<input type="checkbox"/> 3Max	<input type="checkbox"/> Arc	<input type="checkbox"/> BGC Thrombectomy
<input type="checkbox"/> MindFrame 3x23	<input type="checkbox"/> Penumbra 3D	<input type="checkbox"/> Microwire/MC		<input type="checkbox"/> Other:
<input type="checkbox"/> Embotrap		<input type="checkbox"/> IA tpa: mg		<input type="checkbox"/> None
C. Flow Control Strategies (Check all that apply):				
<input type="checkbox"/> None	<input type="checkbox"/> Local Aspiration (Catheter NOT in contact with clot)			
<input type="checkbox"/> BGC	<input type="checkbox"/> Contact Aspiration (Catheter in contact with clot)			
D. This Pass Rating of Vessel Patency & Perfusion:				
<input type="checkbox"/> eTICI 0	<input type="checkbox"/> eTICI 1	<input type="checkbox"/> eTICI 2a (<50%)		
<input type="checkbox"/> eTICI 2b (50-66%)	<input type="checkbox"/> eTICI 2b (67-89%)	<input type="checkbox"/> eTICI 2c (90-99%)		<input type="checkbox"/> eTICI 3

PASS # 5				
A. Site of Revascularization Mechanical Strategies (Check all that apply):				
<input type="checkbox"/> Intracranial ICA	<input type="checkbox"/> MCA M1	<input type="checkbox"/> ACA A1	<input type="checkbox"/> Intracranial Vertebral	<input type="checkbox"/> PCA P1
	<input type="checkbox"/> MCA M2	<input type="checkbox"/> ACA A2/A3	<input type="checkbox"/> Basilar	<input type="checkbox"/> PCA P2/3
	<input type="checkbox"/> MCA M3			
B. Intracranial Revascularization Mechanical Strategies (Check all that apply):				
<input type="checkbox"/> Solitaire 4x20	<input type="checkbox"/> Trevo 4x20	<input type="checkbox"/> ACE 64/68	<input type="checkbox"/> Catalyst 5	<input type="checkbox"/> Balloon PTA
<input type="checkbox"/> Solitaire 4x40	<input type="checkbox"/> Trevo 4x30	<input type="checkbox"/> 5Max/ACE/60	<input type="checkbox"/> Catalyst 6	<input type="checkbox"/> Balloon Mounted Stent
<input type="checkbox"/> Solitaire 6x30	<input type="checkbox"/> Trevo 6x25	<input type="checkbox"/> 4Max	<input type="checkbox"/> Sofia	<input type="checkbox"/> Self-Expanding Stent
<input type="checkbox"/> Solitaire 6x40	<input type="checkbox"/> Trevo 3x20	<input type="checkbox"/> 3Max	<input type="checkbox"/> Arc	<input type="checkbox"/> BGC Thrombectomy
<input type="checkbox"/> MindFrame 3x23	<input type="checkbox"/> Penumbra 3D	<input type="checkbox"/> Microwire/MC		<input type="checkbox"/> Other:
<input type="checkbox"/> Embotrap		<input type="checkbox"/> IA tpa: mg		<input type="checkbox"/> None
C. Flow Control Strategies (Check all that apply):				
<input type="checkbox"/> None	<input type="checkbox"/> Local Aspiration (Catheter NOT in contact with clot)			
<input type="checkbox"/> BGC	<input type="checkbox"/> Contact Aspiration (Catheter in contact with clot)			
D. This Pass Rating of Vessel Patency & Perfusion:				
<input type="checkbox"/> eTICI 0	<input type="checkbox"/> eTICI 1	<input type="checkbox"/> eTICI 2a (<50%)		
<input type="checkbox"/> eTICI 2b (50-66%)	<input type="checkbox"/> eTICI 2b (67-89%)	<input type="checkbox"/> eTICI 2c (90-99%)		<input type="checkbox"/> eTICI 3

SESTOR: SVIN Endovascular Stroke Therapy Outcomes Registry

Subject Initials:

Subject Number:

PASS # 6				
A. Site of Revascularization Mechanical Strategies (Check all that apply):				
<input type="checkbox"/> Intracranial ICA	<input type="checkbox"/> MCA M1	<input type="checkbox"/> ACA A1	<input type="checkbox"/> Intracranial Vertebral	<input type="checkbox"/> PCA P1
	<input type="checkbox"/> MCA M2	<input type="checkbox"/> ACA A2/A3	<input type="checkbox"/> Basilar	<input type="checkbox"/> PCA P2/3
	<input type="checkbox"/> MCA M3			
B. Intracranial Revascularization Mechanical Strategies (Check all that apply):				
<input type="checkbox"/> Solitaire 4x20	<input type="checkbox"/> Trevo 4x20	<input type="checkbox"/> ACE 64/68	<input type="checkbox"/> Catalyst 5	<input type="checkbox"/> Balloon PTA
<input type="checkbox"/> Solitaire 4x40	<input type="checkbox"/> Trevo 4x30	<input type="checkbox"/> 5Max/ACE/60	<input type="checkbox"/> Catalyst 6	<input type="checkbox"/> Balloon Mounted Stent
<input type="checkbox"/> Solitaire 6x30	<input type="checkbox"/> Trevo 6x25	<input type="checkbox"/> 4Max	<input type="checkbox"/> Sofia	<input type="checkbox"/> Self-Expanding Stent
<input type="checkbox"/> Solitaire 6x40	<input type="checkbox"/> Trevo 3x20	<input type="checkbox"/> 3Max	<input type="checkbox"/> Arc	<input type="checkbox"/> BGC Thrombectomy
<input type="checkbox"/> MindFrame 3x23	<input type="checkbox"/> Penumbra 3D	<input type="checkbox"/> Microwire/MC		<input type="checkbox"/> Other:
<input type="checkbox"/> Embotrap		<input type="checkbox"/> IA tpa: mg		<input type="checkbox"/> None
C. Flow Control Strategies (Check all that apply):				
<input type="checkbox"/> None	<input type="checkbox"/> Local Aspiration (Catheter NOT in contact with clot)			
<input type="checkbox"/> BGC	<input type="checkbox"/> Contact Aspiration (Catheter in contact with clot)			
D. This Pass Rating of Vessel Patency & Perfusion:				
<input type="checkbox"/> eTICI 0	<input type="checkbox"/> eTICI 1	<input type="checkbox"/> eTICI 2a (<50%)		
<input type="checkbox"/> eTICI 2b (50-66%)	<input type="checkbox"/> eTICI 2b (67-89%)	<input type="checkbox"/> eTICI 2c (90-99%)	<input type="checkbox"/> eTICI 3	

Extracranial Revascularization Strategies (Check all that apply):		
<input type="checkbox"/> None		
<input type="checkbox"/> Neck First	<input type="checkbox"/> PTA pre (specify):	<input type="checkbox"/> Stent pre (specify):
<input type="checkbox"/> Head First	<input type="checkbox"/> PTA post (specify):	<input type="checkbox"/> Stent post (specify):

Pharmacological Strategies (Check all that apply)			<input type="checkbox"/> Cangrelor: mg
<input type="checkbox"/> IA tPA: mg	<input type="checkbox"/> IA Verapamil: mg	<input type="checkbox"/> Other, specify	
<input type="checkbox"/> IA Milrinone: mg	<input type="checkbox"/> IA Aggrastat: mg	<input type="checkbox"/> None	
<input type="checkbox"/> IA Reopro: mg	<input type="checkbox"/> IV Aggrastat: mg		
<input type="checkbox"/> IV Reopro: mg	<input type="checkbox"/> Clopidogrel: mg		
<input type="checkbox"/> IA Nicardipine: mg	<input type="checkbox"/> Prasugrel: mg		
<input type="checkbox"/> IA Integrillin: mg	<input type="checkbox"/> Ticagrelor: mg		
<input type="checkbox"/> IV Integrillin: mg	<input type="checkbox"/> Aspirin: mg		

Closure Device						<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Perclose	<input type="checkbox"/> Angioseal	<input type="checkbox"/> Vascade	<input type="checkbox"/> Mynx	<input type="checkbox"/> Femostop	<input type="checkbox"/> TR band	<input type="checkbox"/> Other (specify):

Complications			
Were there any procedural complications?			If Yes, complete or <input type="checkbox"/> No
If yes, what is the change in NIHSS?		<input type="checkbox"/> 1-3	<input type="checkbox"/> 4 or more <input type="checkbox"/> Not assessed
If yes, what type?	<input type="checkbox"/> Vessel Perforation	<input type="checkbox"/> Device Fracture	
	<input type="checkbox"/> Dissection	<input type="checkbox"/> Embolization in unaffected territory	
	<input type="checkbox"/> Groin (requiring RBC transfusion)	<input type="checkbox"/> Groin (requiring percutaneous procedure)	
	<input type="checkbox"/> Groin (requiring surgery)	<input type="checkbox"/> Other, specify:	
Comments:			

SESTOR: SVIN Endovascular Stroke Therapy Outcomes Registry

Subject Initials:

Subject Number:

Final Rating of Vessel Patency & Perfusion

- eTICI 0 = No Flow
- eTICI 1 = Penetration, but not distal branch filling
- eTICI 2a = Partial reperfusion with incomplete (<50%) or slow distal branch filling
- eTICI 2b (50-66%) = Partial reperfusion with incomplete (50-66%) or slow distal branch filling
- eTICI 2b (67-89%) = Partial reperfusion with incomplete (67-89%) or slow distal branch filling.
- eTICI 2c (90-99%) = Partial reperfusion with incomplete (90-99%) or slow distal branch filling.
- eTICI 3 = Full reperfusion with filling of all distal branches filling, including tertiary branches.

Were any vessels/branches occluded at the completion of procedure? If Yes, complete or No

If yes, check all that apply:

- | | | |
|--|---------------------------------|---------------------------------|
| <input type="checkbox"/> Extracranial ICA (cervical) | <input type="checkbox"/> MCA-M1 | <input type="checkbox"/> ACA |
| <input type="checkbox"/> Intracranial ICA | <input type="checkbox"/> MCA-M2 | <input type="checkbox"/> PCA |
| <input type="checkbox"/> Basilar | <input type="checkbox"/> MCA-M3 | <input type="checkbox"/> Other: |
| | <input type="checkbox"/> MCA-M4 | |

Comments:

Post Treatment Imaging

Was an Xpert CT completed post procedure? If Yes, complete or No

- If yes,
- | | |
|--|--|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Extravasation |
| <input type="checkbox"/> <1/3 territory staining | <input type="checkbox"/> "Dot Sign" |
| <input type="checkbox"/> >1/3 territory staining | |

Early Follow-Up Imaging (24 hrs ± 6 hrs post procedure)

N/A

None CT Scan MRI Infarct Volume: mL

Normal vs. abnormal (early ischemic changes such as hypo-attenuation or focal swelling):		Normal	Abnormal
CT at level of Thalamus/Basal Ganglia	C: Caudate	<input type="checkbox"/>	<input type="checkbox"/>
	L: Lentiform Nucleus	<input type="checkbox"/>	<input type="checkbox"/>
	IC: Internal Capsule	<input type="checkbox"/>	<input type="checkbox"/>
	I: Insular Cortex	<input type="checkbox"/>	<input type="checkbox"/>
	M1: MCA Cortex Anterior	<input type="checkbox"/>	<input type="checkbox"/>
	M2: MCA Cortex Lateral to Insular Ribbon	<input type="checkbox"/>	<input type="checkbox"/>
CT rostral to ganglionic structures	M3: MCA Cortex Posterior	<input type="checkbox"/>	<input type="checkbox"/>
	M4: MCA Cortex Anterior	<input type="checkbox"/>	<input type="checkbox"/>
	M5: MCA Cortex Lateral	<input type="checkbox"/>	<input type="checkbox"/>
	M6: MCA Cortex Posterior	<input type="checkbox"/>	<input type="checkbox"/>
ASPECTS Score:		<input type="text"/>	

Late Follow-Up Imaging (5 days post procedure or D/C whichever comes 1st)

None CT Scan MRI Infarct Volume: mL

Day Completed D2 D3 D4 D5 D6 D7-14

SESTOR: SVIN Endovascular Stroke Therapy Outcomes Registry

Subject Initials:

Subject Number:

Intracranial Hemorrhage

If Yes, first noted:	Date (dd/mmm/yyyy):	Time (24 hr clock):
Severity:	Treatment Required:	Presumed Cause of Bleed:
<input type="checkbox"/> Asymptomatic <input type="checkbox"/> Symptomatic (associated with a ≥ 4 -point increase in NIHSS likely due to the ICH)	<input type="checkbox"/> None <input type="checkbox"/> Medication (list below) <input type="checkbox"/> Procedure/Surgery/EVD (explain below) <input type="checkbox"/> Other (explain below)	<input type="checkbox"/> Spontaneous/Reperfusion <input type="checkbox"/> IV tPA <input type="checkbox"/> Vessel perforation during endovascular procedure <input type="checkbox"/> Other:
Imaging Classification of Hemorrhage(s):		
Findings (check all that apply): <input type="checkbox"/> CT Scan <input type="checkbox"/> MRI		
<input type="checkbox"/> Intraventricular Hemorrhage (IVH)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Subarachnoid Hemorrhage (SAH)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Remote Intraparenchymal Hemorrhage (RIV)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Subdural Hematoma	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Epidural Hematoma	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hemorrhagic Transformation of Stroke:		
<input type="checkbox"/> HI-1 Small Petechia	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> HI-2 Confluent Petechia	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> PH-1 Blood clots <30% infarct: Size (mm) ___x___y___z	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> PH-2 Blood clots >30% infarct: Size (mm) ___x___y___z	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Hospitalization/Stroke Related Procedures

Hemicraniectomy:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Suboccipital-Cranietomy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tracheostomy:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PEG Placement:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ventriculostomy:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No If yes, specify:

ICU Discharge Date (dd/mmm/yyyy):	Hospital Discharge Date (dd/mmm/yyyy):

Insurance Status

<input type="checkbox"/> Uninsured	<input type="checkbox"/> Medicaid
<input type="checkbox"/> Medicare	<input type="checkbox"/> Commercial, specify:

SESTOR: SVIN Endovascular Stroke Therapy Outcomes Registry

Subject Initials: _____

Subject Number: _____

NIHSS 24 Hour (after stroke onset)

Patient Sedated?: Yes No

Patient Intubated?: Yes No

NIHSS done?: Yes No

If not completed, why?: Patient expired Other (specify): _____

Date (dd/mmm/yyyy):		Time (24 hour clock):			
Instructions	Scale Definition	Score	Instructions	Scale Definition	Score
1a. Level of Consciousness	0 = Alert 1 = Arousable by minor stimulation 2 = Obtunded 3 = Unresponsive or reflex response		6a. Motor: Left Leg	0 = No drift 1 = Drift 2 = Some effort against gravity 3 = No effort against gravity 4 = No movement NA = Amputation, other explain:	
1b. LOC Questions	0 = Performs both tasks correctly. 1 = Performs one task correctly. 2 = Performs neither task correctly.		6b. Motor: Right Leg	0 = No drift 1 = Drift 2 = Some effort against gravity 3 = No effort against gravity 4 = No movement NA = Amputation, other explain:	
1c. LOC Commands	0 = Performs both tasks correctly. 1 = Performs one task correctly. 2 = Performs neither task correctly.		7. Limb Ataxia	0 = Absent 1 = Present in one limb 2 = Present in two limbs	
2. Best Gaze:	0 = Normal. 1 = Partial gaze palsy 2 = Forced deviation, or total gaze paresis		8. Sensory	0 = Normal; no sensory loss. 1 = Mild to moderate 2 = Severe to total sensory loss	
3. Visual Fields	0 = No visual loss 1 = Partial hemianopia 2 = Complete hemianopia 3 = Bilateral hemianopia		9. Best Language	0 = No aphasia, normal 1 = Mild to moderate aphasia 2 = Severe aphasia 3 = Mute, global aphasia	
4. Facial Palsy	0 = Normal 1 = Minor paralysis 2 = Partial paralysis 3 = Complete paralysis		10. Dysarthria	0 = Normal 1 = Mild to moderate 2 = Severe NA = Intubated or other physical barrier, explain:	
5a. Motor: Left arm	0 = No drift 1 = Drift 2 = Some effort against gravity 3 = No effort against gravity 4 = No movement NA = Amputation, other explain:		11. Extinction and Inattention	0 = No abnormality. 1 = One of the sensory modalities. 2 = Profound hemi-inattention	
5b. Motor: Right arm	0 = No drift 1 = Drift 2 = Some effort against gravity 3 = No effort against gravity 4 = No movement NA = Amputation, other explain:		TOTAL NIHSS SCORE:		

SESTOR: SVIN Endovascular Stroke Therapy Outcomes Registry

Subject Initials: _____

Subject Number: _____

NIHSS Day 5 to 7 or Discharge (whichever comes 1st)

Patient Intubated?: Yes No

Patient Sedated?: Yes No

NIHSS done?: Yes No

If not completed, why?: Patient expired Other (specify): _____

Date (dd/mmm/yyyy):		Time (24 hour clock):			
Instructions	Scale Definition	Score	Instructions	Scale Definition	Score
1a. Level of Consciousness	0 = Alert 1 = Arousable by minor stimulation 2 = Obtunded 3 = Unresponsive or reflex response		6a. Motor: Left Leg	0 = No drift 1 = Drift 2 = Some effort against gravity 3 = No effort against gravity 4 = No movement NA = Amputation, other explain:	
1b. LOC Questions	0 = Performs both tasks correctly. 1 = Performs one task correctly. 2 = Performs neither task correctly.		6b. Motor: Right Leg	0 = No drift 1 = Drift 2 = Some effort against gravity 3 = No effort against gravity 4 = No movement NA = Amputation, other explain:	
1c. LOC Commands	0 = Performs both tasks correctly. 1 = Performs one task correctly. 2 = Performs neither task correctly.		7. Limb Ataxia	0 = Absent 1 = Present in one limb 2 = Present in two limbs	
2. Best Gaze:	0 = Normal. 1 = Partial gaze palsy 2 = Forced deviation, or total gaze paresis		8. Sensory	0 = Normal; no sensory loss. 1 = Mild to moderate 2 = Severe to total sensory loss	
3. Visual Fields	0 = No visual loss 1 = Partial hemianopia 2 = Complete hemianopia 3 = Bilateral hemianopia		9. Best Language	0 = No aphasia, normal 1 = Mild to moderate aphasia 2 = Severe aphasia 3 = Mute, global aphasia	
4. Facial Palsy	0 = Normal 1 = Minor paralysis 2 = Partial paralysis 3 = Complete paralysis		10. Dysarthria	0 = Normal 1 = Mild to moderate 2 = Severe NA = Intubated or other physical barrier, explain:	
5a. Motor: Left arm	0 = No drift 1 = Drift 2 = Some effort against gravity 3 = No effort against gravity 4 = No movement NA = Amputation, other explain:		11. Extinction and Inattention	0 = No abnormality. 1 = One of the sensory modalities. 2 = Profound hemi-inattention	
5b. Motor: Right arm	0 = No drift 1 = Drift 2 = Some effort against gravity 3 = No effort against gravity 4 = No movement NA = Amputation, other explain:		TOTAL NIHSS SCORE:		
Was there a neurological worsening of ≥ 4 points NIHSS since baseline? If Yes, complete <input type="checkbox"/> or <input type="checkbox"/> No					
If yes:	Cause of neuro-worsening? <input type="checkbox"/> Intracerebral Hemorrhage <input type="checkbox"/> Subarachnoid Hemorrhage <input type="checkbox"/> New Stroke <input type="checkbox"/> Cerebral Edema <input type="checkbox"/> Other, specify: _____				

SESTOR: SVIN Endovascular Stroke Therapy Outcomes Registry

Subject Initials:

Subject Number:

Stroke Etiology

- Cardioembolism
- Intracranial Atherosclerosis
- Extracranial Atherosclerosis (e.g. Cervical ICA or Vert Occlusion +/- Intracranial Embolus)
- Arterial Dissection
- Stroke of other determined etiology, specify:
- Stroke of undetermined etiology

Discharge mRS

Done Not Done (specify why):

- 0 = No symptoms at all
- 1 = No significant disability despite symptoms; able to carry out all usual activities.
- 2 = Slight disability; unable to carry out all usual activities but able to look after own affairs w/o assistance.
- 3 = Moderate disability; requiring some help but able to walk w/o assistance.
- 4 = Moderately severe disability; can't walk w/o assistance & unable to attend to bodily needs w/o assistance.
- 5 = Severe disability; bedridden, incontinent, and requiring constant nursing care.
- 6 = Dead (please complete Death Form)

Discharge Physical Therapy Recommendation (check one)

- | | |
|--|---|
| <input type="checkbox"/> Home | <input type="checkbox"/> Home with Services |
| <input type="checkbox"/> Acute Inpatient Rehab | <input type="checkbox"/> Subacute Inpatient Rehab |
| <input type="checkbox"/> LTAC | <input type="checkbox"/> Nursing Home (SNF) |
| <input type="checkbox"/> Hospice | <input type="checkbox"/> Other, specify: |

Actual Discharge Living Arrangement (check one)

- | | |
|--|---|
| <input type="checkbox"/> Home | <input type="checkbox"/> Home with Services |
| <input type="checkbox"/> Acute Inpatient Rehab | <input type="checkbox"/> Subacute Inpatient Rehab |
| <input type="checkbox"/> LTAC | <input type="checkbox"/> Nursing Home (SNF) |
| <input type="checkbox"/> Hospice | <input type="checkbox"/> Other, specify: |

If the patient D/Cs other than home, please record the name and phone number of the facility in the demographic section.

SESTOR: SVIN Endovascular Stroke Therapy Outcomes Registry

Subject Initials:

Subject Number:

Day 30 Follow Up Contact not made

Date Contacted (dd/mmm/yyyy):

Contact Made:

1st: In person Phone Other, specify:2nd: N/A In person Phone Other, specify:3rd: N/A In person Phone Other, specify:**Day 30 mRS**

If not completed, why?:

 0 = No symptoms at all 1 = No significant disability despite symptoms; able to carry out all usual activities. 2 = Slight disability; unable to carry out all usual activities but able to look after own affairs w/o assistance. 3 = Moderate disability; requiring some help but able to walk w/o assistance. 4 = Moderately severe disability; can't walk w/o assistance & unable to attend to bodily needs w/o assistance. 5 = Severe disability; bedridden, incontinent, and requiring constant nursing care. 6 = Dead (please complete Death Form)**Day 30 Living Arrangement (check one)** Home, not requiring help Home with help, specify: Acute Inpatient Rehab Subacute Inpatient Rehab LTAC Nursing Home (SNF) Hospice Other, specify:

SESTOR: SVIN Endovascular Stroke Therapy Outcomes Registry

Subject Initials: _____

Subject Number: _____

NIHSS Day 30

NIHSS done?: Yes No

If not completed, why?: Contact made by phone Patient Expired Other (specify): _____

Date (dd/mmm/yyyy):		Time (24 hour clock):			
Instructions	Scale Definition	Score	Instructions	Scale Definition	Score
1a. Level of Consciousness	0 = Alert 1 = Arousable by minor stimulation 2 = Obtunded 3 = Unresponsive or reflex response		6a. Motor: Left Leg	0 = No drift 1 = Drift 2 = Some effort against gravity 3 = No effort against gravity 4 = No movement NA = Amputation, other explain:	
1b. LOC Questions	0 = Performs both tasks correctly. 1 = Performs one task correctly. 2 = Performs neither task correctly.		6b. Motor: Right Leg	0 = No drift 1 = Drift 2 = Some effort against gravity 3 = No effort against gravity 4 = No movement NA = Amputation, other explain:	
1c. LOC Commands	0 = Performs both tasks correctly. 1 = Performs one task correctly. 2 = Performs neither task correctly.		7. Limb Ataxia	0 = Absent 1 = Present in one limb 2 = Present in two limbs	
2. Best Gaze:	0 = Normal. 1 = Partial gaze palsy 2 = Forced deviation, or total gaze paresis		8. Sensory	0 = Normal; no sensory loss. 1 = Mild to moderate 2 = Severe to total sensory loss	
3. Visual Fields	0 = No visual loss 1 = Partial hemianopia 2 = Complete hemianopia 3 = Bilateral hemianopia		9. Best Language	0 = No aphasia, normal 1 = Mild to moderate aphasia 2 = Severe aphasia 3 = Mute, global aphasia	
4. Facial Palsy	0 = Normal 1 = Minor paralysis 2 = Partial paralysis 3 = Complete paralysis		10. Dysarthria	0 = Normal 1 = Mild to moderate 2 = Severe NA = Intubated or other physical barrier, explain:	
5a. Motor: Left arm	0 = No drift 1 = Drift 2 = Some effort against gravity 3 = No effort against gravity 4 = No movement NA = Amputation, other explain:		11. Extinction and Inattention	0 = No abnormality. 1 = One of the sensory modalities. 2 = Profound hemi-inattention	
5b. Motor: Right arm	0 = No drift 1 = Drift 2 = Some effort against gravity 3 = No effort against gravity 4 = No movement NA = Amputation, other explain:		TOTAL NIHSS SCORE:		

SESTOR: SVIN Endovascular Stroke Therapy Outcomes Registry

Subject Initials:

Subject Number:

Day 90 Follow Up

Contact not made

Date Contacted (dd/mmm/yyyy):

Contact Made:

1st:

In person Phone Other, specify:

2nd:

N/A In person Phone Other, specify:

3rd:

N/A In person Phone Other, specify:

Day 90 mRS

If not completed, why?:

0 = No symptoms at all

1 = No significant disability despite symptoms; able to carry out all usual activities.

2 = Slight disability; unable to carry out all usual activities but able to look after own affairs w/o assistance.

3 = Moderate disability; requiring some help but able to walk w/o assistance.

4 = Moderately severe disability; can't walk w/o assistance & unable to attend to bodily needs w/o assistance.

5 = Severe disability; bedridden, incontinent, and requiring constant nursing care.

6 = Dead (please complete Death Form)

Day 90 Living Arrangement (check one)

Home, not requiring help

Home with help, specify:

Acute Inpatient Rehab

Subacute Inpatient Rehab

LTAC

Nursing Home (SNF)

Hospice

Other, specify:

SESTOR: SVIN Endovascular Stroke Therapy Outcomes Registry

Subject Initials:

Subject Number:

NIHSS Day 90

NIHSS done?: Yes No

If not completed, why?: Contact made by phone Patient Expired Other (specify):

Date (dd/mmm/yyyy):		Time (24 hour clock):			
Instructions	Scale Definition	Score	Instructions	Scale Definition	Score
1a. Level of Consciousness	0 = Alert 1 = Arousable by minor stimulation 2 = Obtunded 3 = Unresponsive or reflex response		6a. Motor: Left Leg	0 = No drift 1 = Drift 2 = Some effort against gravity 3 = No effort against gravity 4 = No movement NA = Amputation, other explain:	
1b. LOC Questions	0 = Performs both tasks correctly. 1 = Performs one task correctly. 2 = Performs neither task correctly.		6b. Motor: Right Leg	0 = No drift 1 = Drift 2 = Some effort against gravity 3 = No effort against gravity 4 = No movement NA = Amputation, other explain:	
1c. LOC Commands	0 = Performs both tasks correctly. 1 = Performs one task correctly. 2 = Performs neither task correctly.		7. Limb Ataxia	0 = Absent 1 = Present in one limb 2 = Present in two limbs	
2. Best Gaze:	0 = Normal. 1 = Partial gaze palsy 2 = Forced deviation, or total gaze paresis		8. Sensory	0 = Normal; no sensory loss. 1 = Mild to moderate 2 = Severe to total sensory loss	
3. Visual Fields	0 = No visual loss 1 = Partial hemianopia 2 = Complete hemianopia 3 = Bilateral hemianopia		9. Best Language	0 = No aphasia, normal 1 = Mild to moderate aphasia 2 = Severe aphasia 3 = Mute, global aphasia	
4. Facial Palsy	0 = Normal 1 = Minor paralysis 2 = Partial paralysis 3 = Complete paralysis		10. Dysarthria	0 = Normal 1 = Mild to moderate 2 = Severe NA = Intubated or other physical barrier, explain:	
5a. Motor: Left arm	0 = No drift 1 = Drift 2 = Some effort against gravity 3 = No effort against gravity 4 = No movement NA = Amputation, other explain:		11. Extinction and Inattention	0 = No abnormality. 1 = One of the sensory modalities. 2 = Profound hemi-inattention	
5b. Motor: Right arm	0 = No drift 1 = Drift 2 = Some effort against gravity 3 = No effort against gravity 4 = No movement NA = Amputation, other explain:		TOTAL NIHSS SCORE:		

SESTOR: SVIN Endovascular Stroke Therapy Outcomes Registry

Subject Initials:

Subject Number:

Mortality Details

N/A

Date of Death (dd/mmm/yyyy):

Primary Cause of Death:

- Secondary to intracranial hemorrhage
- Herniation without significant hemorrhage
- Evolution of index stroke
- Medical, including comorbidities
- Other:

Patient made comfort measures:

- Yes
- No