

The SVIN Registry**Subject Initials:****Subject Number:**

Demographics	
MRN:	Patient Initials:
Date of procedure (dd/mmm/yyyy):	
Patient Name:	
Home Address:	
Phone #(s):	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> White (Europe, Middle East, North Africa) <input type="checkbox"/> Black or African American <input type="checkbox"/> Latin/Hispanic <input type="checkbox"/> Asian (far East, SE Asia, Indian subcontinent, Philippines) <input type="checkbox"/> Other:
Date of Birth:	Age:
Height (cm):	Weight (kg):
Education Level: <input type="checkbox"/> Less than High School <input type="checkbox"/> High School <input type="checkbox"/> Other:	<input type="checkbox"/> College <input type="checkbox"/> 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: <input type="checkbox"/> Local ED <input type="checkbox"/> Direct Field <input type="checkbox"/> OSH:	Transport: <input type="checkbox"/> Ambulance <input type="checkbox"/> Helicopter <input type="checkbox"/> Car/Family <input type="checkbox"/> Other:	Inclement Weather on Arrival: <input type="checkbox"/> None <input type="checkbox"/> Dense Fog <input type="checkbox"/> Thunderstorm/Heavy Rain <input type="checkbox"/> Snow/Ice <input type="checkbox"/> Other:

Stroke Chronology and Logistics			
a. Was stroke symptoms onset witnessed?	Date (dd/mmm/yyyy):	Time (24 hr clock):	
<input type="checkbox"/> Yes	→ Symptom onset:		
<input type="checkbox"/> No, unwitnessed	→ Last seen normal:		
<input type="checkbox"/> 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

The SVIN Registry**Subject Initials:****Subject Number:****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 –
Specify: _____ |
| <input type="checkbox"/> Clopidogrel (Plavix) | <input type="checkbox"/> Antidiabetic–Specify: _____ |
| <input type="checkbox"/> Warfarin (Coumadin) | <input type="checkbox"/> Statin – Specify: _____ |
| <input type="checkbox"/> Direct Thrombin Inhibitor (eg Pradaxa) | <input type="checkbox"/> Anti-HTN – Specify: _____ |
| <input type="checkbox"/> Factor Xa Inhibitor (eg Xarelto) | |

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: YES NO

Performed under sedation: YES NO

Performed under intubation: YES 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):

 N/A**IMAGING SELECTION METHOD**NCCT Single-Phase CTA Multi-Phase CTA CTP DWI MRA MRP FP-CTA FP-CTP **ASPECTS Score**NCCT DWI CTA CTP MRP PBV Outside Hospital

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 ScanYes No Suboptimal

	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 Endovascular Center Outside Hospital N/A**NONINVASIVE IMAGING Site of Occlusion
(check all that apply)** ICA-extracranial ICA-intracranial MCA-M1 (horizontal) MCA-M2 (Sylvian fissure) Basilar ACA PCA Other – Specify:

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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.

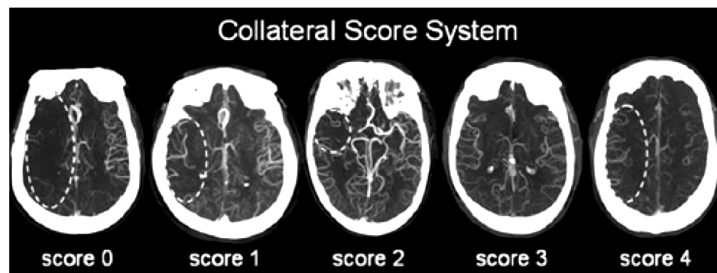


Fig 1. CS system: 0 = absent collaterals >50% of an M2 territory; 1 = diminished collaterals >50% M2 territory; 2 = diminished collaterals <50% M2 territory; 3 = collaterals equal to contralateral side; 4 = increased collaterals.

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

- ICA-extracranial
- ICA-intracranial
- MCA-M1 (horizontal)
- MCA-M2 (Sylvian fissure)
- MCA-M3

Check all that apply

- Basilar
- ACA
- PCA
- 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.
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 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, how was anesthesia maintained?	<input type="checkbox"/> inhaled (Iso, Sevo)	<input type="checkbox"/> intravenous (Propofol drip)	
If Yes, what was primary induction drug?	<input type="checkbox"/> Propofol	<input type="checkbox"/> Etomidate <input type="checkbox"/> Ketamine <input type="checkbox"/> N/A	
If yes, what was the highest & lowest recorded end tital CO ₂ (etCO ₂)?	Highest:	Lowest:	
If yes, did patient arrive to angio suite already intubated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, did patient convert to general from MAC sedation (e.g. Precedex)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If no, check all that apply:	<input type="checkbox"/> Precedex <input type="checkbox"/> Versed <input type="checkbox"/> Propofol	<input type="checkbox"/> Fentanyl <input type="checkbox"/> Remifentanil	
<input type="checkbox"/> Other:			
Minimal Systolic BP prior to TICl ₂ b:	mmHg	Minimal Diastolic BP prior to TICl ₂ b:	mmHg
Final BP (SBP/DBP):	mmHg		
Minimal O ₂ saturation (sustained > 2 min):			
Did the patient have an arterial line for some or all of the case?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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? Left Right 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:

- Extracranial ICA (cervical)
- Intracranial ICA T lesion
- Intracranial ICA (petrous or cavernous)
- MCA-M1
- MCA-M2
- MCA-M3
- ACA
- Extracranial vertebral
- Intracranial vertebral
- PCA
- Basilar
- Other:

- 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 (50-89%)
- eTICI 2c (90-99%)
- eTICI 3 (100%)

Is there a fixed significant (>70%) stenosis proximal to the primary arterial occlusive lesion? Yes No

Is it a complete occlusion (100%)? Yes 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	

The SVIN 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"/> IA tPA: mg	<input type="checkbox"/> IA Verapamil: mg	<input type="checkbox"/> Cangrelor: 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"/> 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):	<input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------------------------	------------------------------------	----------------------------------	-------------------------------	-----------------------------------	----------------------------------	-------------------------------------------	----------------------------------------------------------

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:

The SVIN 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:			

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

The SVIN 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"/> Subarachnoid Hemorrhage (SAH) <input type="checkbox"/> Remote Intraparenchymal Hemorrhage (RIV) <input type="checkbox"/> Subdural Hematoma <input type="checkbox"/> Epidural Hematoma	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No
Hemorrhagic Transformation of Stroke:		
<input type="checkbox"/> HI-1 Small Petechia <input type="checkbox"/> HI-2 Confluent Petechia <input type="checkbox"/> PH-1 Blood clots <30% infarct: Size (mm) ___x___y___z <input type="checkbox"/> PH-2 Blood clots >30% infarct: Size (mm) ___x___y___z	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <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:

The SVIN Registry

Subject Initials:

Subject Number:

NIHSS 24 Hour (after stroke onset)			
Patient Sedated?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Patient Intubated?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
NIHSS done?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If not completed, why?:	<input type="checkbox"/> Patient expired	<input type="checkbox"/> 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:		

The SVIN 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 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:				

The SVIN Registry

Subject Initials:

Subject Number:

Stroke Etiology

- Cardioembolism
- Intracranial Atherosclerosis
- Extracranial Atherosclerosis (e.g. Cervical ICA or Vent 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.

The SVIN 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:

The SVIN 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:		

The SVIN 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:

The SVIN 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:		

The SVIN 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