NATIONAL CENTRE FOR DISEASE INFORMATICS AND RESEARCH

Indian Council of Medical Research

HOSPITAL BASED STROKE REGISTRIES

CORE FORM

I. IDENTIFYING INFORMATION

1. Name of Participating Centre : ..... Code ☐☐☐
2. HBSR Registration Number : ☐☐☐☐☐☐☐
3. Registration at Reporting Institution : Out Patient ☐ In Patient ☐

3.1 Name of Source of Registration : ..... Code ☐☐☐

3.2 Name of Department / Unit / Physician : ..... Code ☐☐☐

3.3 Hospital Registration Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

4. Full Name: ....
   (First) (Middle) (Last)
5. Place of residence *(place of usual residence where the patient has been residing for the past 1 year):*

5.1 Urban Areas *(Town / Cities)*

House No. .....

Road / Street Name .....

Area / Locality .....

Ward / Corporation / Division .....

.....

Name of the City / Town .....

Name of District *(in capitals)* .....

Telephone Nos.: Off .....

Mobile No. 1. .....

2. .....

5.2 Non-Urban Areas *(Town / Cities)*

House No. and Ward .....

Name of Gram Panchayat / Village etc. .....

.....

Name of Sub-Unit of District *(Taluk/ Tehsil/ Other)*

.....

Name of PHC / Sub-Centre .....

Postal Pin Code ☐☐☐☐☐☐

Res. : .....

Email : .....

5.3 Other address:

Address : .....

District : .....

Pin Code : ☐☐☐☐☐☐

Telephone No.: : 1..... 2..... 3.....

6. Duration of stay in place of usual residence *(years)* ☐☐
7. Age *(years)*: ☐☐ Date of Birth: ☐☐ ☐☐ ☐☐
8. Sex: Male ☐ Female ☐ Others ☐ .....
9. Number of languages spoken *(Multiple options can be chosen)*

Assamese	☐	Bengali	☐	Gujarati	☐	Hindi	☐	Kannada	☐	Kashmiri	☐	Malayalam	☐
Marathi	☐	Oriya	☐	Punjabi	☐	Sanskrit	☐	Sindhi	☐	Tamil	☐	Telugu	☐
Urdu	☐	English	☐	Konkani	☐	Bhutia	☐	Manipuri	☐	Mizo	☐	Nepali	☐
Lepcha	☐	Rajasthani	☐	Others *(specify)*.....								Unknown	☐

10. Cultural group *

* Only for North East HBSRs

Ahom ☐	Aimol ☐	Anal ☐	Boro ☐	Bhutias ☐	Bru ☐
Chakma ☐	Chamars ☐	Chiru ☐	Chothe ☐	Deuri ☐	Gangte ☐
Gangte ☐	Hmar ☐	Kachari ☐	Koet ☐	Khongsai ☐	Koch ☐
Kompurum ☐	Kuki ☐	Lam kang ☐	Lengmei ☐	Lepchas ☐	Mao ☐
Mara ☐	Maram ☐	Maria ☐	Maring ☐	Meitei ☐	Miri ☐
Mishimi ☐	Mishing ☐	Mizo ☐	Monsang ☐	Moran ☐	Moyon ☐
Nepalese ☐	Paite ☐	Paomei ☐	Pawih ☐	Rabha ☐	Raj Bangshi ☐
Rongmei ☐	Simte ☐	Tangkhul ☐	Tarao ☐	Teli ☐	Thangal ☐
Waiphei ☐	Zemei ☐	Zou ☐	Dimacha ☐	Bishnupriya ☐	Naga ☐
Adi ☐	Brahmin ☐	Jogi ☐	Kalita ☐	Kayastha ☐	Koibarta ☐
Marwari ☐	Muttock ☐	Nocte ☐	Tea-tribe ☐	Tiwa/Lalung ☐	Monpa ☐
Sherdukpen ☐	Aka ☐	Miji ☐	Nyishi ☐	Galo ☐	Tagin ☐
Hill Miri ☐	Apatani ☐	Khampti ☐	Tangsa ☐	Wangcho ☐	Singpho ☐
Others, Specify				Unknown ☐	

II. DIAGNOSIS OF STROKE

11.1 Patient last known or seen well : Date ☐☐ ☐☐ ☐☐ Time: ☐☐:☐☐ am/pm

11.2 Date of onset of this episodes of stroke : Date ☐☐ ☐☐ ☐☐ Time: ☐☐:☐☐ am/pm

11.3 Is it a wake-up stroke ? *(symptoms of stroke first noticed on waking up from sleep)*

Yes ☐ No ☐

11.4 Symptoms noticed at onset : Weakness/paresis of limbs ☐ Dysphasia/aphasia ☐

Altered level of consciousness ☐ Others, specify.....

11.5 Date of recognition of first stroke symptoms/ signs by medical professional Date ☐☐ ☐☐ ☐☐ Time : ☐☐:☐☐ am/pm

11.6 From where did the patient come to reach the reporting hospital for treatment of their stroke?

Home ☐

Other place of stroke onset ☐

Outpatient healthcare setting ☐

Inpatient health care setting ☐

Other departments within reporting hospital ☐

Others, specify .....

Unknown ☐

11.7 Date and time of arrival at Reporting Institution : Date ☐☐ ☐☐ ☐☐ Time: ☐☐:☐☐ am/pm

12. Date of diagnosis of stroke at the reporting institution: Date ☐☐ ☐☐ ☐☐

13. Diagnosis or History of recent TIA? Yes ☐ No ☐ Date ☐☐ ☐☐ ☐☐

14. Clinical Information

14.1 Clinical Findings at Reporting Institution

Unilateral or bilateral motor impairment (including lack of coordination) ☐

Aphasia/dysphasia *(non-fluent speech)* ☐

Forced gaze *(conjugate deviation)* ☐

Ataxia ☐

None ☐

Unilateral or bilateral sensory impairment ☐

Hemianopia *(half-sided impairment of visual fields)* ☐

Apraxia ☐

Neglect ☐

14.2 Other clinical features

Dizziness, vertigo	☐	Localized headache	☐
Blurred vision of both eyes	☐	Diplopia	☐
Dysarthria *(slurred speech)*	☐	Impaired cognitive function *(including confusion)*	☐
Impaired consciousness	☐	Seizures	☐
Dysphagia	☐		

15.1 Stroke severity score at admission at Reporting Institution *(Record score for individual scale)*

Level of consciousness(0-3)	☐
LOC Questions(0-2)	☐
LOC Commands(0-2)	☐
Best gaze(0-2)	☐
Visual fields(0-3)	☐
Facial palsy(0-3)	☐
Motor arm (0-4)	☐
Motor leg(0-4)	☐
Limb ataxia(0-2)	☐
Sensory(0-2)	☐
Best language(0-3)	☐
Dysarthria(0-2)	☐
Extinction and inattention(0-2)	☐
NIHSS Score (0-42)	☐

15.2 Status of the person prior to occurrence of stroke *(pre morbid modified Rankin scale)*

Symptoms	Score
Patient doesn't have any symptoms (0)	☐
Patient is able to carry out all usual duties and activities without any assistance (1)	☐
Patient can look after own affairs without assistance (2)	☐
Patient requires some assistance in doing activities and can walk by himself or herself without any support (3)	☐
Patient needs assistance for walking and attending own needs (4)	☐
Patient is bedridden/incontinent and requires constant care (5)	☐

16. Diagnostic procedure

Diagnostic procedure	Yes	No	Unknown	Imaging Date	
First CT brain	☐	☐	☐	☐☐ ☐☐ ☐☐	Time: ☐☐:☐☐ am/pm
Imaging findings :					
MRI-brain	☐	☐	☐	☐☐ ☐☐ ☐☐	Time: ☐☐:☐☐ am/pm
Imaging findings :					
CT-Angio	☐	☐	☐	☐☐ ☐☐ ☐☐	Time: ☐☐:☐☐ am/pm
Imaging findings :					
CT-Perfusion	☐	☐	☐	☐☐ ☐☐ ☐☐	Time: ☐☐:☐☐ am/pm
Imaging findings :					

MRI-Angio ☐ ☐ ☐ ☐☐ ☐☐ ☐☐ Time: ☐☐:☐☐ am/pm

Imaging findings : .....

Carotid ultrasound ☐ ☐ ☐ ☐☐ ☐☐ ☐☐

ECG ☐ ☐ ☐ ☐☐ ☐☐ ☐☐

Transthoracic echocardiogram (TTE) ☐ ☐ ☐ ☐☐ ☐☐ ☐☐

Transesopagheal Echo, Holter ☐ ☐ ☐ ☐☐ ☐☐ ☐☐

Others, specify .....

17. CT/MRI imaging done at Reporting Institution :

Yes ☐ No ☐ Date ☐☐ ☐☐ ☐☐ Time :☐☐:☐☐ am/pm

17.1 Imaging time at Reporting Institution *(time of registration to imaging time at Reporting Institution)*

<0-45 min ☐ ≥45 min to 3 hours ☐ >3 to ≤6 hours ☐ > 6 hours to ≤ 24 hours ☐ >24 hours ☐

18. Basis of diagnosis *(Select all applicable) :*

Clinical ☐ CT ☐ MRI ☐ Others, specify.....

19. Type of stroke :

Ischemic ☐ Intracerebral haemorrhage ☐ Subarachnoid Haemorrhage ☐ Venous stroke ☐

20. TOAST CRITERIA *(for acute ischemic stroke) :*

Large-artery atherosclerosis ☐

Cardioembolism

i. Rheumatic Valvular ☐

ii. Non - Rheumatic Valvular ☐

iii. Non - valvular ☐

iv. CAD ☐

Small-artery occlusion *(lacune)* ☐

Stroke of other determined etiology ☐

Stroke of undetermined etiology

i. Patient extensively evaluated ☐

ii. Patient not evaluated ☐

iii. Patient with two competing aetiologies ☐

21.1 Type of Intracerebral haemorrhage stroke : Primary ☐ Secondary ☐

21.2 Type of Circulation of Stroke : Anterior Circulation Stroke ☐ Posterior Circulation Stroke ☐

22. Final diagnosis *(in words) :*

First Ever / Recurrent .....

Type of Stroke .....

Territory Affected .....

Etiology .....

Risk Factor and Co-morbidities .....

.....

23. ICD-10 description :..... ICD -10 code: I☐☐.☐

III. RISK FACTORS AND CO-MORBID CONDITIONS

24. Underlying diseases or co-morbid conditions:	Yes	No	Unknown	Duration *(Completed Months)*	Newly detected at admission
Previous Stroke	☐	☐	☐	☐☐	☐
Previous Transient Ischemic Attack *(anytime in the past)*	☐	☐	☐	☐☐	☐
Hypertension	☐	☐	☐	☐☐	☐
Diabetes Mellitus	☐	☐	☐	☐☐	☐
Atrial Fibrillation	☐	☐	☐	☐☐	☐
Carotid stenosis	☐	☐	☐	☐☐	☐
Myocardial Infarction	☐	☐	☐	☐☐	☐
Ischemic Heart Disease *(other than Atherosclerotic MI)*	☐	☐	☐	☐☐	☐
Valvular heart Disease					
1. Rheumatic Heart Disease	☐	☐	☐	☐☐	☐
2. Non Rheumatic Heart Disease	☐	☐	☐	☐☐	☐
Valve Prosthesis	☐	☐	☐	☐☐	☐
Heart Failure	☐	☐	☐	☐☐	☐
Peripheral Arterial Disease	☐	☐	☐	☐☐	☐
Chronic Kidney Disease	☐	☐	☐	☐☐	☐
Anemia	☐	☐	☐	☐☐	☐
Haemoglobin : ☐ g/dl or ☐ mmol/L					
Hypercholesterolemia	☐	☐	☐	☐☐	☐
Hyper homocysteinenemia	☐	☐	☐	☐☐	☐

Other:

1……

2……

3……

25. Other risks / conditions *(current or history of):*	Yes	No	Unknown
Family History of Stroke	☐	☐	☐
Tobacco smoking	☐	☐	☐
Smokeless tobacco use	☐	☐	☐
Alcohol use	☐	☐	☐
Drug Abuse or Addiction	☐	☐	☐
Pregnancy or within 6 weeks after a delivery or termination of pregnancy	☐	☐	☐
Hormone replacement therapy / Hormonal drug use	☐	☐	☐
Migraine	☐	☐	☐
Sickle Cell disease	☐	☐	☐
HIV infection	☐	☐	☐
CNS TB	☐	☐	☐

Height ..... kgs

Weight ..... cm

BMI ..... Underweight ☐ Normal ☐ Overweight ☐ Obese ☐

Others, specify……...

IV. TREATMENT DETAILS

26. Treatment status before onset of stroke:

	Yes	No	Unknown	Duration in months
Antiplatelets, specify	☐	☐	☐	☐☐☐
Anti-hypertensive drugs	☐	☐	☐	☐☐☐
Lipid lowering drugs	☐	☐	☐	☐☐☐
Anti-Diabetic agents	☐	☐	☐	☐☐☐

Others…….....

26.1 Medications taken for this episode of stroke, prior to admission to Reporting Institution:

Yes ☐ No ☐ Unknown ☐

If 'Yes' in Q. 26.1. Answer Q. 26.2 to Q. 26.7 :

26.2 Antiplatelet

- Aspirin ☐
- Aspirin/dipyridamole ☐
- Clopidogrel ☐
- Others……

26.3 Anticoagulant

- Heparin IV ☐
- Full dose LMW heparin ☐
- Warfarin ☐
- Newer oral Anti-coagulant ☐
- Others……

26.4 Thrombolytic treatment

- IV tPA ☐
- IA tPA ☐
- Mechanical Thrombectomy ☐
- Others……

26.5 Antidiabetics ☐ 26.6 Anti Hypertensives ☐ 26.7 Lipid lowering agents /Statins ☐

27. Thrombolytic treatment at Reporting Institution

27.1 Was Thrombolytic treatment given? Yes ☐ No ☐

IV tPA ☐ IA tPA ☐ Mechanical thrombectomy ☐

Others, specify…… Unknown ☐

27.2 Time of initiating thrombolytic treatment after symptom onset

Date : ☐☐ ☐☐ ☐☐ Time : ☐☐ : ☐☐ am/pm

27.3 Reasons for not receiving Thrombolysis	Yes	No	Unknown
Delay in arrival to hospital	☐	☐	☐
Delay in the imaging time	☐	☐	☐
Diabetes mellitus with h/o previous ischemic stroke	☐	☐	☐
Onset of symptoms unknown to decide on treatment initiation	☐	☐	☐
SBP > 185 or DBP > 110 mmHg	☐	☐	☐
Glucose < 50 or > 400 mg/dl	☐	☐	☐
Stroke severity – NIHSS ≥ 22	☐	☐	☐
Suspicion of subarachnoid haemorrhage	☐	☐	☐
CT findings of major infarct signs - > 50 % involvement of MCA territory	☐	☐	☐
Seizure at onset	☐	☐	☐
Recent surgery/trauma *(≤14 days)*	☐	☐	☐
Recent intracranial or spinal surgery, head trauma*(<3 months)*	☐	☐	☐
History of intracranial hemorrhage/brain aneurysm/vascular malformation/brain tumor	☐	☐	☐

Active internal bleeding *(within last 3 weeks)*	☐	☐	☐
Platelets <100,000/PTT> 40 sec after heparin use/ PT > 15 or INR > 1.7/known bleeding diathesis	☐	☐	☐
Left heart thrombus	☐	☐	☐
Increased risk of bleeding	☐	☐	☐
Severe comorbid diseases or condition	☐	☐	☐
Stroke –rapidly improving	☐	☐	☐
Medicine Not Available	☐	☐	☐
Patient could not afford medicine	☐	☐	☐

Others, specify……

27.4 CT done after 24 hours after Thrombolysis : Yes ☐ No ☐ Unknown ☐

27.5 Patient developed complications due to Thrombolysis:

None	☐
Asymptomatic Intracerebral Haemorrhage *(ICH)* within 36 hours	☐
Symptomatic ICH within 36 hours *(< 36 hours)* of thrombolysis	☐
Life threatening, serious systemic hemorrhage within 36 hours of thrombolysis	☐

Other serious complications.....

28. Other pharmacologic treatment

28.1 Name the medications received and time of initiation after stroke onset while in hospital :

	Yes	No	Unknown	If yes, when was it initiated after stroke onset? Within 24 hrs.	24- 48 hrs.	After 48 hrs
Antiplatelets	☐	☐	☐	☐	☐	☐
If yes, specify name….....						
Anti-coagulants	☐	☐	☐	☐	☐	☐
Anti-hypertensive drugs	☐	☐	☐	☐	☐	☐
Lipid lowering drugs	☐	☐	☐	☐	☐	☐
Anti-Diabetic agents	☐	☐	☐	☐	☐	☐

29. Surgical / interventional treatment

	Yes	No	Time of intervention after stroke onset *(in hours)*
Hemicraniectomy	☐	☐	☐☐
Suboccipital craniectomy	☐	☐	☐☐
Hematoma evacuation	☐	☐	☐☐
Carotid artery endarterectomy	☐	☐	☐☐
Carotid stenting	☐	☐	☐☐
Endovascular coiling / clipping	☐	☐	☐☐

Any other……..

30. Non- medical test / management :

30.1 Swallowing Test :

Has the ability to swallow been tested within 24hours of admission to Reporting Institution ?

Yes ☐ No ☐ Not examined due to patient's state ☐ Don't know ☐

30.2 Did patient have dysphagia ? Yes ☐ No ☐

30.3 If patient had dysphagia, whether he/ she was put on nasogastric tube feeds? Yes ☐ No ☐

30.4 Did the patient receive any of the following therapies while in hospital?	Yes	No	Unknown	Explain
Swallowing management	☐	☐	☐	.....
Occupational therapy	☐	☐	☐	.....
Physiotherapy	☐	☐	☐	.....
Speech therapy	☐	☐	☐	.....
Bladder care	☐	☐	☐	.....
Deep vein thrombosis prophylaxis	☐	☐	☐	.....

31. Course during hospital stay

31.1 Did the patient deteriorate during hospitalisation ?

Developed new stroke event ☐ Complications developed during hospitalisation ☐ No ☐

31.2 If option 1, what is the type of stroke?

Ischemic ☐ Intracerebral haemorrhage ☐ Subarachnoid Haemorrhage ☐ Venous stroke ☐

31.3 Final Diagnosis of new stroke event:

.....

.....

31.4 ICD-10 description: ..... ICD -10 code: I ☐☐.☐

31.5 Date of new stroke event: ☐☐ ☐☐ ☐☐

31.6 If option 2, what are the complication during hospitalisation?	Yes	No	Unknown
Intracerebral hemorrhage due to antithrombotic therapy	☐	☐	☐
Progression of current stroke *(in terms of expansion /extension of stroke)*	☐	☐	☐
Cardiac event, Specify……..	☐	☐	☐
Seizures	☐	☐	☐
Pneumonia	☐	☐	☐
Urinary Tract Infection	☐	☐	☐
Decubitus ulcer	☐	☐	☐
Deep Venous Thrombosis	☐	☐	☐
Pulmonary Embolism	☐	☐	☐
Fall	☐	☐	☐
Renal Failure	☐	☐	☐
Post stroke depression	☐	☐	☐
Any other psychiatric illness	☐	☐	☐

Others, specify .....

V. DISCHARGE INFORMATION

32. Date of discharge ☐☐ ☐☐ ☐☐

33. How many days was the patient admitted in the hospital? ☐☐☐

34. Vital status at discharge Alive ☐ Dead ☐ Unknown ☐

35. Functional Status at discharge *(modified Rankin scale at discharge)*

Symptoms	Score
Patient doesn't have any symptoms (0)	☐
Patient is able to carry out all usual duties and activities without any assistance (1)	☐
Patient can look after own affairs without assistance (2)	☐
Patient requires some assistance in doing activities and can walk by himself or herself without any support (3)	☐
Patient needs assistance for walking and attending own needs (4)	☐
Patient is bedridden/incontinent and requires constant care (5)	☐
Patient is dead (6)	☐

36. Pharmacologic medication at discharge	Yes	No	Unknown
Antihypertensives	☐	☐	☐
Antiplatelets	☐	☐	☐
Anticoagulants	☐	☐	☐
Statins	☐	☐	☐
Antidiabetics	☐	☐	☐

Others ……

37. Counselling regarding management at discharge	Yes	No	Unknown
Counselling for regular follow up	☐	☐	☐
Counselling for compliance of medication	☐	☐	☐
Smoking cessation counselling	☐	☐	☐
Smokeless tobacco cessation counselling	☐	☐	☐
Counselling to abstain alcohol	☐	☐	☐
Counselling to abstain from drug abuse & addiction	☐	☐	☐
Advice on rehabilitation services advice	☐	☐	☐
Stroke education	☐	☐	☐

VI. FOLLOW UP

	At day 28 after onset of stroke	**At 3 months after onset of stroke**
38.1 Due date of follow-up :	☐☐ ☐☐ ☐☐	☐☐ ☐☐ ☐☐
38.2 Actual date of follow-up :	☐☐ ☐☐ ☐☐	☐☐ ☐☐ ☐☐
38.3 Method of follow-up:		
Hospital visit	☐	☐
By post	☐	☐
By telephone	☐	☐
By house visit	☐	☐
Others, specify.....		
Unknown	☐	☐
39. Vital status		
Alive	☐	☐
Dead	☐	☐

40. Functional Status *(modified Rankin scale) (if vital status is alive)*

Symptoms	Score	Symptoms	Score
Patient doesn't have any symptoms (0)	☐	Patient doesn't have any symptoms (0)	☐
Patient is able to carry out all usual duties and activities without any assistance (1)	☐	Patient is able to carry out all usual duties and activities without any assistance (1)	☐
Patient can look after own affairs without assistance (2)	☐	Patient can look after own affairs without assistance (2)	☐

Patient requires some assistance in doing activities and can walk by himself or herself without any support (3)	☐	Patient requires some assistance in doing activities and can walk by himself or herself without any support (3)	☐
Patient needs assistance for walking and attending own needs (4)	☐	Patient needs assistance for walking and attending own needs (4)	☐
Patient is bedridden/incontinent and requires constant care (5)	☐	Patient is bedridden/incontinent and requires constant care (5)	☐
Patient is dead (6)	☐	Patient is dead (6)	☐

VII. DETAILS OF DEATH

41. If dead, Date of death ☐☐ ☐☐ ☐☐ ☐☐ ☐☐ ☐☐

42. Cause of Death information available

Death Certificate *(MCCD)*	☐	Death Certificate *(MCCD)*	☐
Medical Records	☐	Medical Records	☐
Verbal autopsy	☐	Verbal autopsy	☐
Not available	☐	Not available	☐
Unknown	☐	Unknown	☐

43. Cause of death

Related to stroke	☐	Related to stroke	☐
Not related to stroke	☐	Not related to stroke	☐
Others, specify.....		Others, specify.....	
Unknown	☐	Unknown	☐

43.1 Cause of death from MCCD

Immediate	.....	Immediate	.....
Underlying /Antecedent cause	.....	Underlying /Antecedent cause	.....
.....		.....	
Other contributing conditions	.....	Other contributing conditions	.....
.....		.....	

VIII. MATCHING WITH PBSR:

44. Matching death with PBSR record:
Incidence Registration Number ☐☐☐☐☐☐☐

45. Name of person completing the form : .....

46. Date of completion of form ☐☐ ☐☐ ☐☐

47. Signature : .....

** Mark within boxes with "✓" as indicated* ☑