

Hospital registration number :	Time of hospital arrival	Y	M	D	h	m
Patient name :	Time of onset	Y	M	D	h	m
Sex : male / female	Clear onset :	Y	M	D	h	m
Age:	Unclear onset : LNT	Y	M	D	h	m
	FAT	Y	M	D	h	m
Index Stroke	Height:	Weight:	Abd circumference:			
_ Ischemic stroke    _ Hemorrhagic stroke    _ TIA	NIHSS:	MRS:				
Admission route	_ OPD    _ ER    _ in-hospital <input type="checkbox"/> Transfer-in	<b>MOSAIC</b>	<input type="radio"/> Agree	<input type="radio"/> Disagree		

### Thrombolysis DB

<input type="checkbox"/> None <input type="checkbox"/> IV <input type="checkbox"/> IA <input type="checkbox"/> IV+IA <input type="checkbox"/> Done in the other hospital - IV needle time :    Y    M    D    h    m - IA groin time :    Y    M    D    h    m    IA finish time :    Y    M    D    h    m
Drug :    IV tPA <input type="radio"/> done <input type="radio"/> not done. → Reason : _____ ▼ (IV tPA dose : <input type="checkbox"/> 0.6mg/kg <input type="checkbox"/> 0.9mg/kg) Door to Needle (IV tPA) 시간 <input type="radio"/> Done within 60 min <input type="radio"/> Done after 60 min → Reason: IA regimen : (multiple choices allowed) <input type="checkbox"/> urokinase <input type="checkbox"/> reopro <input type="checkbox"/> tirofiban <input type="checkbox"/> others (drug:    ) <input type="checkbox"/> not used <input type="checkbox"/> unknown (the other hospital) IA_device : <input type="checkbox"/> penumbra <input type="checkbox"/> Solitare <input type="checkbox"/> merci <input type="checkbox"/> others (    ) IA angioplasty : <input type="checkbox"/> no <input type="checkbox"/> balloon only <input type="checkbox"/> stenting

### GENERAL INFORMATION

Admission to <input type="checkbox"/> stroke unit <input type="checkbox"/> stroke unit (ICU type) <input type="checkbox"/> ICU <input type="checkbox"/> NCU <input type="checkbox"/> None
Onset state    _ wake-up stroke    _ during sleep    _ during activity (    )    _ unknown
Chief complaints :
Education:    _ no formal education & illiteracy    _ no formal education & literacy    _ Education ( 0~3 yrs, 4~6 yrs , 7~9 yrs , 10~12 yrs , ≥ 13 yrs )
Assigned resident:    staff:

### STROKE SUBTYPE

<input type="checkbox"/> Ischemic Stroke _ LAA    _ SVO    _ CE    _ Other-determined    _ Undetermined_2 or more    _ Negative    _ Incomplete <input type="checkbox"/> Hemorrhagic Stroke _ ICH    _ IVH    _ SAH    _ SDH    _ EDH <input type="checkbox"/> TIA _ Imaging positive	MAGIC
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### RISK factors

Previous TIA Hx	<input type="radio"/> Yes <input type="radio"/> No
Previous Stroke Hx	<input type="radio"/> Yes <input type="radio"/> No    Type    _ Hemorrhagic    _ Ischemic    _ Mixed    _ Unknown
Peripheral Arterial Disease	<input type="radio"/> Yes <input type="radio"/> No
Coronary Heart Disease	<input type="radio"/> Yes <input type="radio"/> No

Active cancer Hx       Yes       No  
 Basal cell ca or squamous cell ca. of Skin     CNS tumor     Hematologic cancer     Other solid cancer

Hypertension     Yes [  history of HT     diagnosed at admission ]     No  
DM                 Yes [  history of DM     diagnosed at admission ]     No  
Dyslipidemia     Yes [  history of HL     diagnosed at admission ]     No  
Smoking          Yes [  Current smoker     Ex-(≥5y)     EX- (<5y)]     No  
AF                 Yes [  history of AF     diagnosed at admission ]     No

**Potential Sources of CE**

High-risk

- \_ Mechanical prosthetic valve
- \_ Mitral stenosis with atrial fibrillation
- \_ Atrial fibrillation (other than lone AF)
- \_ Left atrial/atrial appendage thrombus
- \_ Sick sinus syndrome
- \_ Recent MI (<4 week)
- \_ Left ventricular thrombus
- \_ Dilated cardiomyopathy
- \_ Akinetic left ventricular segment
- \_ Atrial myxoma
- \_ Infective endocarditis

Medium-risk

- \_ Mitral valve prolapse
- \_ Mitral annulus calcification
- \_ Mitral stenosis without atrial fibrillation
- \_ Left atrial turbulence(smoke)
- \_ Atrial septal aneurysm
- \_ Patent foramen ovale
- \_ Atrial flutter
- \_ Lone atrial fibrillation
- \_ Bioprosthetic cardiac valve
- \_ Nonbacterial thrombotic endocarditis
- \_ Congestive heart failure
- \_ Hypokinetic left ventricular segment
- \_ MI (>4weeks, <6months)

**History of medication**

**Antiplatelets**     Yes     No     within 7 days  
( \_ Aspirin    \_ Clopidogre I    \_ Aspirin + Dipyridamole    \_ Cilostazol    \_ Triflusal    \_ Ticlopidine    others \_\_\_\_\_ )

**Anticoagulation**     Yes     No     within 7 days  
( \_ Warfarin    \_ Apixaban    \_ Dabigatran    \_ Edoxaban    \_ Rivaroxabn    LMWH    others \_\_\_\_\_ )  
: Last ingestion \_\_\_\_\_     Unknown

**Anti-hypertension**     Yes     No    **statin**     Yes     No    **Other Anti-hyperlipidemia**     Yes     No    **Anti-DM**     Yes     No

**Lesion location**

Machine time (initial) \_\_\_\_\_  
Machine     CT     MR  
Reason    Reasons for delayed machine (≥ 1hr of visit)     CPR done within 1hr of visit     Brain image taken from outside just before Adm  
 Symptoms disappear within 1hr of visit (NIHSS 0)     Others: \_\_\_\_\_     Unknown

Index Stroke Location (Symptomatic lesion only)

by territorial	Lt	Rt	Both	By lesional	Lt	Rt	Both	Angiography	Lt	Rt	Both	1/2/3	
ICA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cortex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ACA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
MCA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corona R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MCA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
ACA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BG / IC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PCA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
PCA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thalamus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
BA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Midbrain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
VA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ex-ICA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SCA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medulla	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-ICA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
AICA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cerebellum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CCA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
PICA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					Aortic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
(1= <50%steno,2=>50%steno,3=occlusion)													
Multiple	<input type="checkbox"/>			Multiple									<input type="checkbox"/>
Negative	<input type="checkbox"/>			Negative									<input type="checkbox"/>

### Acute treatment

Antiplatelet <input type="radio"/> Yes <input type="radio"/> No _ Aspirin _ Clopidogrel _ Aspirin + Dipyridamole _ Cilostazol _ Triflusal _ Ticlopidine _ others: ( )
Anticoagulation <input type="radio"/> Yes <input type="radio"/> No _ Heparin _ Warfarin _ Apixaban _ Dabigatran _ edoxaban _ Rivaroxaban _ LMWH _ Thrombin inhibitor _ others _____
Acute patient (IA or IV+IA: yes) 1) NIHSS at 24hrs : 2) Pre TICl grade : <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2a <input type="checkbox"/> 2b <input type="checkbox"/> 3 3) Post TICl grade : <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2a <input type="checkbox"/> 2b <input type="checkbox"/> 3 <input type="checkbox"/> unknown 4) Brain image within 3 days of IA (CT or MRI) <input type="checkbox"/> Not done <input type="checkbox"/> Done → Symptomatic HT <input type="radio"/> Yes <input type="radio"/> No 5) reperfusion time : Y M D h m 6) memo: _____

### Discharge treatment

Antiplatelet <input type="radio"/> Yes <input type="radio"/> No _ Aspirin _ Clopidogrel _ Aspirin + Dipyridamole _ Cilostazol _ Triflusal _ Ticlopidine _ others ( )
Anticoagulation <input type="radio"/> Yes <input type="radio"/> No _ Warfarin _ Apixaban _ Dabigatran _ Edoxaban _ Rivaroxaban _ LMWH _ others ( )
Intervention _ Decompressive surgery _ bypass surgery _ Endarterectomy _ Angioplasty(stenting) _ others( )
Medication for RF DM : HTN : Hyper Lipidemia : Statin : <input type="checkbox"/> Yes <input type="checkbox"/> No Others :

### Study/Lab/BP

_ Pre enhance CT _ CT Angio _ Perfusion CT _ Routine MRI _ MRA _ Diffusion MRI _ Perfusion MRI _ TTE _ TEE _ Holter Monitoring _ Aorta CT _ TCD ECG _ normal _ abnormal ( _MI _LVH _Af ) ECG monitoring (≥20hrs) <input type="radio"/> Yes <input type="radio"/> No Initial BP systolic / diastolic: ( / )	WBC _____ Hb _____ HCT _____ PLT _____ PT-INR _____ BUN/Cr ____/____ hsCRP _____ T.Chol _____ TG _____ HDL _____ LDL _____ Glucose(FBS) _____ Glucose (initial random glucose) _____ HbA1c _____ D-dimer _____
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### Discharge state

Discharge day: Y M D NIHSS at discharge ___ mRS at discharge ___ _ Expired ( ) Days after Stroke _ Directly related to Stroke _ Indirectly related _ Unknown _ Hopeless discharge _ DAMA _ Transfer _ to rehabilitation _ to other department ( _____ ) _ Discharge _ to Home _ Referred to ( _____ )
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## Outcome DB

<b>Event during Admission</b>	
MOSAIC : <input type="radio"/> Agree <input type="radio"/> Disagree <input type="radio"/> Not asked	
<input type="checkbox"/> No END during Admission <input type="checkbox"/> MI during Admission      Y    M    D	
Pre mRS : ___      Adm NIHSS:___	
<input type="checkbox"/> END 1	<input type="radio"/> Stroke recurrence → <input type="radio"/> Ischemic <input type="radio"/> Hemorrhage <input type="radio"/> TIA <input type="radio"/> Unknow <input type="radio"/> Stroke progression → Brain swelling/IICP <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Symptomatic. HT <input type="radio"/> others → _____ <input type="radio"/> unknown <input type="radio"/> TIA
END1 day:    Y    M    D    h    m      NIHSS at END :      ** Memo(aggravated symptom) :	
Memo	
END management <input type="checkbox"/> <b>Maintain treatment</b> <input type="checkbox"/> <b>Change medication</b> <input type="checkbox"/> Stopped the regimen: <input type="checkbox"/> Mono <input type="checkbox"/> DAPT <input type="checkbox"/> Triple <input type="checkbox"/> Warfarin <input type="checkbox"/> Rivaroxaban <input type="checkbox"/> Dabigatran <input type="checkbox"/> Edoxaban <input type="checkbox"/> Apixaban <input type="checkbox"/> IV heparin <input type="checkbox"/> SC LMWH <input type="checkbox"/> IV agatroban <input type="checkbox"/> IV tirofiban <input type="checkbox"/> Added the regimen (start) : <input type="checkbox"/> Mono <input type="checkbox"/> DAPT <input type="checkbox"/> Triple <input type="checkbox"/> Warfarin <input type="checkbox"/> Rivaroxaban <input type="checkbox"/> Dabigatran <input type="checkbox"/> Edoxaban <input type="checkbox"/> Apixaban <input type="checkbox"/> IV heparin <input type="checkbox"/> SC LMWH <input type="checkbox"/> IV agatroban <input type="checkbox"/> IV tirofiban <input type="checkbox"/> Dose escalation of the regimen <input type="checkbox"/> Changed the regimen: <input type="checkbox"/> Mono → DAPT <input type="checkbox"/> Mono → Triple <input type="checkbox"/> DAPT → Mono <input type="checkbox"/> Mono → other Mono <input type="checkbox"/> DAPT→ other DAPT <input type="checkbox"/> Others _____ <input type="checkbox"/> Warfarin <input type="checkbox"/> Rivaroxaban <input type="checkbox"/> Dabigatran <input type="checkbox"/> Edoxaban <input type="checkbox"/> Apixaban <input type="checkbox"/> IV heparin <input type="checkbox"/> SC LMWH <input type="checkbox"/> IV agatroban <input type="checkbox"/> IV tirofiban <input type="checkbox"/> Others _____ <input type="checkbox"/> <b>Induced hypertension:</b> <input type="checkbox"/> <b>Endovascular treatment:</b> <input type="checkbox"/> Balloon angioplasty <input type="checkbox"/> Stenting <input type="checkbox"/> Mechanical thrombectomy <input type="checkbox"/> IA tirofiban <input type="checkbox"/> IA UK <input type="checkbox"/> Others _____ <input type="checkbox"/> <b>Bypass operation</b> <input type="checkbox"/> <b>Decompressive operation</b> <input type="checkbox"/> <b>Osmotherapy</b> <input type="checkbox"/> <b>Target temperature management</b> <input type="checkbox"/> <b>Fluid therapy</b> <input type="checkbox"/> Escalation of dose <input type="checkbox"/> Added <input type="checkbox"/> <b>Other treatment</b> _____	
Early Stroke recurrence 1) Occurs when the neurological condition is stabilizing or improving for at least 24 hours: <input type="checkbox"/> Yes <input type="checkbox"/> No 2) Not a symptom due to edema, mass effect, hemorrhagic transformation of cerebral infarction lesion, or a medical disease.: <input type="checkbox"/> Yes <input type="checkbox"/> No 3) Newly developed neurologic deficit or aggravation and newly found cerebral infarction without increment of alleged lesions in the follow-up DWI (Including the other vascular territories) : <input type="checkbox"/> Yes <input type="checkbox"/> No 4) Newly developed neurologic deficit or aggravation and newly found lesion in the follow-up CT scan: <input type="checkbox"/> Yes <input type="checkbox"/> No	

DAPT: dual antiplatelet, any kinds of combination of 2 antiplatelet drugs

Triple: triple antiplatelet, any kinds of combination of 3 antiplatelet drugs

IV heparin: Intravenous heparin use (Heparin used during the IA or EVT is not included.)

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SC LMWH: subcutaneous low molecular weighted heparin

IV tirofiban: glycoprotein IIb-IIIa antagonist (Tirofiban used during the IA or EVT is not included.)

Change medication: Changed the regimen after END. Sub-items can be duplicated and checked.)

Induced hypertension : dopamine and dobutamine is included other than phenylephrine.

Endovascular treatment: angioplasty, balloon angioplasty, mechanical thrombectomy, stent insertion, intraarterial tirofiban, intraarterial urokinase. Sub-items can be duplicated and checked.

Decompressive operation: includes craniectomy and craniotomy.

Osmotherapy : includes mannitol and hypertonic saline.

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<input type="checkbox"/> END 2	<input type="radio"/> Stroke recurrence → <input type="radio"/> Ischemic <input type="radio"/> Hemorrhage <input type="radio"/> TIA <input type="radio"/> Unknow <input type="radio"/> Stroke progression → Brain swelling/IICP <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Symptomatic. HT <input type="radio"/> others → _____ <input type="radio"/> unknown <input type="radio"/> TIA
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END1 day:    Y    M    D    h    m            NIHSS at END :            \*\* Memo(aggravated symptom) :

Memo

END management

**Maintain treatment**

**Change medication**

Stopped the regimen:  Mono  DAPT  Triple  Warfarin     Rivaroxaban     Dabigatran  Edoxaban     Apixaban  
 IV heparin     SC LMWH     IV agatrobam     IV tirofiban

Added the regimen (start) :  Mono  DAPT  Triple  Warfarin     Rivaroxaban     Dabigatran     Edoxaban  
 Apixaban  IV heparin     SC LMWH  IV agatrobam     IV tirofiban

Dose escalation of the regimen

Changed the regimen:  Mono → DAPT     Mono → Triple  DAPT → Mono     Mono → other Mono     DAPT → other DAPT  
 Others \_\_\_\_\_  
 Warfarin     Rivaroxaban  Dabigatran     Edoxaban     Apixaban     IV heparin     SC LMWH  
 IV agatrobam     IV tirofiban

Others \_\_\_\_\_

**Induced hypertension:**

**Endovascular treatment:**

Balloon angioplasty     Stenting     Mechanical thrombectomy     IA tirofiban     IA UK     Others \_\_\_\_\_

**Bypass operation**

**Decompressive operation**

**Osmotherapy**

**Target temperature management**

**Fluid therapy**     Escalation of dose     Added

**Other treatment** \_\_\_\_\_

Early Stroke recurrence

1) Occurs when the neurological condition is stabilizing or improving for at least 24 hours:  Yes     No

2) Not a symptom due to edema, mass effect, hemorrhagic transformation of cerebral infarction lesion, or a medical disease.:

Yes     No

3) Newly developed neurologic deficit or aggravation and newly found cerebral infarction without increment of alleged lesions in the follow-up DWI (Including the other vascular territories) :  Yes     No

4) Newly developed neurologic deficit or aggravation and newly found lesion in the follow-up CT scan:  Yes     No

**Outcome Capture at 3 month** Contact loss

3month mRS : \_\_\_\_\_ Date of investigation : Y M D

Adherence  Yes  No  Not available Informant :  Patient  Patient's family \_\_\_\_\_**Motivation**

- Have you ever forgotten to take your medication?  Yes  No
- Have you ever been on time to take your medications?  Yes  No
- Have you ever forgotten to get your prescription drugs on time  Yes  No

**Knowledge**

- Are there times when you are sick and don't take your medicine?  Yes  No
- Are there times when you don't feel well and don't take your medicine?  Yes  No
- Do you know what your doctor says about the long-term benefits of taking medication?  Yes  No

A proportion of medication taken in the past 3 months: \_\_\_\_% (On a scale from 0 to 100, indicate the degree of the patient's own opinion.)

Reason for drug discontinuation:  Expensiveness  Side effect  Insufficient effect  Others \_\_\_\_\_

SBP:\_\_\_\_\_/DBP: \_\_\_\_\_ Date of measurement: \_\_\_\_\_ HbA1C:\_\_\_\_ Date of lab: Y M D \* For NA, enter 999.

T.chol: \_\_\_\_\_ TG \_\_\_\_\_ HDL \_\_\_\_\_ LDL \_\_\_\_\_ Date of lab: Y M D

Atrial fibrillation  Yes  No Loop Recorder  Yes  NoHave you performed one or more of the following tests? (CT angiography, MR angiography, vessel wall image, TFCA)  Yes  NoCurrently smoking :  Yes  No  ONAClinical event  No Clinical event until 3month Clinical event1

- Stroke recurrence Lesion location of stroke
  - ➔  Ischemic  Hemorrhage  TIA  Unknown
  - ➔  Fatal  Non Fatal
- Cardiovascular event
  - ➔  Angina  AMI  Cogestive heart failure  Unknown
  - ➔  Fatal  Non Fatal
- Other death
  - ➔  Infection  extracranial bleeding  sudden death  Others\_\_\_\_\_  Unknown

Date of event : Y M D  Diagnosed by a physician Hospital  The current hospital  Outside \_\_\_\_\_**For the current hospital,**

\*Location of cerebral infarction before the recurrence

\* Location of cerebral infarction after the recurrence

By territory	Lt	Rt	Both
ICA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MCA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AICA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PICA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Negative	<input type="checkbox"/>		

By territory	Lt	Rt	Both
ICA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MCA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AICA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PICA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Negative	<input type="checkbox"/>		

1. Does lesion match the symptom?  Yes  No

2. For lesion negative, is the sign or symptom stroke-related?  Yes  No

**For outside,**

\*\* Stroke recurrence (ipsilateral stroke): If there was a recurrence of a stroke, what were the symptoms? (Check all that apply)

- Sudden paralysis (loss of strength) in one arm or leg  Left  Right  Bilateral
- Sudden loss or decreased sense in one arm or leg  Left  Right  Bilateral
- Sudden loss of sight in one or both halves of the field of vision
- Sudden slurred speech
- Sudden inability to understand what others are saying or express yourself
- A symptom of suddenly seeing objects overlapping or appearing as two
- Sudden dizziness with difficulty in centering the body
- Others ( )

Clinical event2

Stroke recurrence Lesion location of stroke

➔  Ischemic  Hemorrhage  TIA  Unknown

➔  Fatal  Non Fatal

Cardiovascular event

➔  Angina  AMI  Cogestive heart failure  Unknown

➔  Fatal  Non Fatal

Other death

➔  Infection  extracranial bleeding  sudden death  Others\_\_\_\_\_  Unknown

Date of event : Y M D  Diagnosed by a physician Hospital  The current hospital  Outside \_\_\_\_\_

Clinical event3

Stroke recurrence Lesion location of stroke

➔  Ischemic  Hemorrhage  TIA  Unknown

➔  Fatal  Non Fatal

Cardiovascular event

➔  Angina  AMI  Cogestive heart failure  Unknown

➔  Fatal  Non Fatal

Other death

➔  Infection  extracranial bleeding  sudden death  Others\_\_\_\_\_  Unknown

Date of event : Y M D  Diagnosed by a physician Hospital  The current hospital  Outside \_\_\_\_\_

<b>Outcome Capture at 1 Year</b>		<input type="checkbox"/> Contact loss	
1Year Mrs :		Date of investigation : Y M D	
A proportion of medication taken from the 3 months to 1 year: ____% (On a scale from 0 to 100, indicate the degree of the patient's own opinion.)			
Currently smoking: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA			
Atrial fibrillation <input type="radio"/> Yes <input type="radio"/> No		PFO patch closure <input type="radio"/> Yes <input type="radio"/> No	
you performed one or more of the following tests? (CT angiography, MR angiography, vessel wall image, TFCA) <input type="radio"/> Yes <input type="radio"/> No			
Clinical event <input type="checkbox"/> No Clinical event until 3month to 1year			
<input type="checkbox"/> Clinical event1	<input type="radio"/> Stroke recurrence Lesion location of stroke → <input type="radio"/> Ischemic <input type="radio"/> Hemorrhage <input type="radio"/> TIA <input type="radio"/> Unknown → <input type="radio"/> Fatal <input type="radio"/> Non Fatal <input type="radio"/> Cardiovascular event → <input type="radio"/> Angina <input type="radio"/> AMI <input type="radio"/> Cogestive heart failure <input type="radio"/> Unknown → <input type="radio"/> Fatal <input type="radio"/> Non Fatal <input type="radio"/> Other death → <input type="radio"/> Infection <input type="radio"/> extracranial bleeding <input type="radio"/> sudden death <input type="radio"/> Others_____ <input type="radio"/> Unknown		
Date of event : Y M D <input type="checkbox"/> Diagnosed by a physician Hospital <input type="radio"/> The current hospital <input type="radio"/> Outside _____			
<input type="checkbox"/> Clinical event2	<input type="radio"/> Stroke recurrence Lesion location of stroke → <input type="radio"/> Ischemic <input type="radio"/> Hemorrhage <input type="radio"/> TIA <input type="radio"/> Unknown → <input type="radio"/> Fatal <input type="radio"/> Non Fatal <input type="radio"/> Cardiovascular event → <input type="radio"/> Angina <input type="radio"/> AMI <input type="radio"/> Cogestive heart failure <input type="radio"/> Unknown → <input type="radio"/> Fatal <input type="radio"/> Non Fatal <input type="radio"/> Other death → <input type="radio"/> Infection <input type="radio"/> extracranial bleeding <input type="radio"/> sudden death <input type="radio"/> Others_____ <input type="radio"/> Unknown		
Date of event : Y M D <input type="checkbox"/> Diagnosed by a physician Hospital <input type="radio"/> The current hospital <input type="radio"/> Outside _____			
<input type="checkbox"/> Clinical event3	<input type="radio"/> Stroke recurrence Lesion location of stroke → <input type="radio"/> Ischemic <input type="radio"/> Hemorrhage <input type="radio"/> TIA <input type="radio"/> Unknown → <input type="radio"/> Fatal <input type="radio"/> Non Fatal <input type="radio"/> Cardiovascular event → <input type="radio"/> Angina <input type="radio"/> AMI <input type="radio"/> Cogestive heart failure <input type="radio"/> Unknown → <input type="radio"/> Fatal <input type="radio"/> Non Fatal <input type="radio"/> Other death → <input type="radio"/> Infection <input type="radio"/> extracranial bleeding <input type="radio"/> sudden death <input type="radio"/> Others_____ <input type="radio"/> Unknown		
Date of event : Y M D <input type="checkbox"/> Diagnosed by a physician Hospital <input type="radio"/> The current hospital <input type="radio"/> Outside _____			