

STROKE MINIMUM DATA SET

PATIENT'S NAME

HOSPITAL NUMBER

SEX: M F

DATE OF BIRTH..... PATIENT'S POSTCODE.....

STROKE ONSET AND HOSPITAL STAY

1. Date of Stroke..... 3. Date of discharge.....
2. Date of admission..... 4. Date of death.....

FUNCTIONAL STATUS - PRE-STROKE AND AT DISCHARGE

P = Pre-stroke D = at discharge

5. Living Accommodation
- | | | | | | |
|--------------------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|
| | P | D | | P | D |
| Independent housing | <input type="checkbox"/> | <input type="checkbox"/> | 6. If living at home: | <input type="checkbox"/> | <input type="checkbox"/> |
| Warden controlled | <input type="checkbox"/> | <input type="checkbox"/> | Lives alone | <input type="checkbox"/> | <input type="checkbox"/> |
| Residential/nursing home | <input type="checkbox"/> | <input type="checkbox"/> | Lives with spouse/carer | <input type="checkbox"/> | <input type="checkbox"/> |
| Hospital | <input type="checkbox"/> | <input type="checkbox"/> | | | |

7. Dependency (Barthel ADL Functional Assessment scale)

- | | | | | | |
|------------|-------|-------|----------|-------|-------|
| | P | D | | P | D |
| Bowels | ..... | ..... | Mobility | ..... | ..... |
| Bladder | ..... | ..... | Transfer | ..... | ..... |
| Grooming | ..... | ..... | Dressing | ..... | ..... |
| Toilet use | ..... | ..... | Stairs | ..... | ..... |
| Feeding | ..... | ..... | Bathing | ..... | ..... |

8. Previous stroke YES NO

CLINICAL STATUS ON ADMISSION

9. Worst level of consciousness in 24 hrs following stroke:

- Fully conscious
Drowsy (responds to speech)
Semi conscious (not fully rousable)
Unconscious (responds to pain only/no response)

10. Side of body affected:

- No clear lateralising signs
Right side
Left side
Both

AT ONE WEEK

11. Urinary continence at one week:

0. Incontinent / catheterised
1. Occasional accident (max. once per 24 hours)
2. Continent (over previous 48 hours)

12. Professionals who assessed the patient during the first week of admission?

- | | |
|---|--|
| 1 Doctor <input type="checkbox"/> | 6 Speech and language therapist <input type="checkbox"/> |
| 2 Nurse <input type="checkbox"/> | 7 Clinical psychologist <input type="checkbox"/> |
| 3 Physiotherapist <input type="checkbox"/> | 8 Social worker <input type="checkbox"/> |
| 4 Occupational therapist <input type="checkbox"/> | 9 Other <input type="checkbox"/> |
| 5 Dietitian <input type="checkbox"/> | |

13. Brain Scan (CT/MRI) done? YES..... NO.....
Requested not done

15. Bamford classification

TACS..... PACS..... LACS..... POCS.....

14. Clinical classification:

1. Cerebral infarction
2. Intracerebral haemorrhage
3. Sub-arachnoid haemorrhage
4. Other