## STROKE MINIMUM DATA SET

PATIENT'S NAME	
HOSPITAL NUMBER	

DEMOGRAPHIC INFORMATION (FROM PAS)	HOSPITAL NUMBER	
NHS (CHI Scotland) 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 DISCHAR	GE $P = Pre-stroke$ $D = at discharge$	
5. Living Accommodation P D	6. If living at home: P D	
Independent housing	Lives alone	
Warden controlled	Lives with spouse/carer	
Hospital		
7. Dependency (Barthel ADL Functional Assessment scale)		
P D	P D	
Bowels	Mobility	
Bladder Grooming	Transfer  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: 10. Side of body affected:		
F. II. consider a No. 1 confidence in the confid		
Drowsy (responds to speech)	Right side	
Semi conscious (not fully rousable)	Left side	
Unconscious (responds to pain only/no response)	Both	
AT ONE WEEK 0. Incontinent / ontheterised		
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 G Speech and language		
2 Nurse	· 📙	
4 Occupational therapist 9 Other		
5 Dietitian		
	14. Clinical classification:	
13. Brain Scan (CT/MRI) done? YES NO		
	sted not done   1. Cerebral infarction	
15. Bamford classification	2. Intracerebral haemorrhage	
TACS PACS LACS POCS	3. Sub-arachnoid haemorrhage ☐	
	4. Other □	