Participant Eligibility Screening Form

ID Number:     Form Code:    Date: 10OCT2016    Version 1.2

ADMINISTRATIVE INFORMATION (0a-0d and 0f are auto-populated)
0a. Completion Date: __/__/__  0b. Staff ID: ____________
0c. NCSCC ID: ____________  0d. Hospital ID: ____________
0e. Medical Record #: _______  0f. Form Status: ______

ELIGIBILITY CRITERIA

1. Patient date of birth __/__/__

2. What is the patient's primary language? ☐ English  ☐ Spanish  ☐ Other __________________________

3. Was the patient admitted for the sole purpose of elective carotid endarterectomy? ☐ Yes  ☐ No

4. What is the final hospital diagnosis responsible for this admission?
   ☐ Ischemic stroke
      ICD-10 code examples: I63.0, I63.1, I63.2, I63.3, I63.4, I63.50, I63.6, I63.8, I63.9, I66.19, I66.29, I66.9, I67.89, H34.1 [retinal vascular occlusion], H34.23 [retinal artery branch occlusion]
   ☐ Non-traumatic intraparenchymal hemorrhage
      ICD-10 code example: I61.0-I61.4, I61.8-I61.9
   ☐ Other non-aneurysmal intraventricular hemorrhage
   ☐ Ischemic stroke with hemorrhage
   ☐ Stroke not otherwise specified
   ☐ Transient ischemic attack (TIA)  ➔ Go to Question 4a
      ICD-10 code examples: all G45 except G45.3 [amaurosis fugax]
   ☐ Subarachnoid hemorrhage
      ICD-10 code example: I60.0-I61-9
   ☐ No stroke-related diagnosis

4a. Was a brain MRI performed? ☐ Yes  ➔ Go to Question 4b  ☐ No

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4b. Did MRI show evidence of an acute infarct? □ Yes □ No

5. What is the patient's discharge disposition?
   □ Home with self-care
   □ Home with home health
   □ Hospice – home
   □ Hospice – health care facility
   □ Acute care facility
   □ Other health care facility  ➔ Go to Question 5a
   □ Expired
   □ Left against medical advice
   □ Jail, prison, or other detention facility
   □ Not documented or unable to determine

   5a. If 'OTHER HEALTH CARE FACILITY, specify the type:
      □ Skilled nursing facility
      □ Inpatient rehabilitation
      □ Long-term care
      □ Intermediate care facility
      □ Other