American Heart Association. Get With The Guidelines. Stroke

GWTG-Stroke Follow-Up Case Report Form (CRF)

December 2025

Layer / Element Groups: ShowAll

Instructions
1) Check your site's element groups by starting to add a new patient in IRP—these groups are displayed at the top of that page.
2) Select the element groups by clicking the ▼ above. Click **DONE**. (It may take a few seconds to load.)
3) Save as a PDF using the buttons on the right.

Pink Font = New

Required = required to save as complete
Warning = encouraged but not required

Tab	Element	Allowable Values	GWTG	TJC	Special	Any Criteria for Required
All	Patient ID:	_____				Required
	OUTCOME					
Outcome	Date of Hospital Admission:	_____ / _____ / _____	Short-Form, Post-Discharge		Care-Coordination	None
Outcome	Date of Hospital Discharge:	_____ / _____ / _____	Short-Form, Post-Discharge	CSTK	Care-Coordination	None
Outcome	Date Follow-Up Completed:	_____ / _____ / _____	Short-Form, Post-Discharge		Care-Coordination	Required
Outcome	Post Discharge Modified Rankin Scale	○ Yes ○ No/ND	Short-Form, Post-Discharge		Care-Coordination	Required
Outcome	Date Post Discharge Modified Rankin Scale Performed	_____ / _____ / _____	Short-Form, Post-Discharge		Care-Coordination	None
Outcome	Modified Rankin Scale - Total Score	○ 0 - No symptoms at all ○ 1 - No significant disability despite symptoms; able to carry out all usual duties and activities ○ 2 - Slight disability; unable to carry out all previous activities, but able to look after own affairs without assistance ○ 3 - Moderate disability; requiring some help, but able to walk without assistance ○ 4 - Moderately severe disability; unable to walk without assistance and unable to attend to own bodily needs without assistance ○ 5 - Severe disability; bedridden, incontinent and requiring constant nursing care and attention ○ 6 - Dead ○ Unknown/ND	Short-Form, Post-Discharge		Care-Coordination	Required
Outcome	Did the patient experience a Stroke after hospital discharge?	○ Yes ○ No ○ ND	Short-Form			None
Outcome	Type of Stroke after hospital discharge?	○ Ischemic Stroke ○ Hemorrhagic Stroke ○ Unknown	Short-Form			None
Outcome	Date stroke occurred:	_____ / _____ / _____	Short-Form			None
Outcome	Is patient deceased?	○ Yes ○ No	Short-Form, Post-Discharge		Care-Coordination	None
Outcome	Date of Death:	_____ / _____ / _____	Short-Form, Post-Discharge		Care-Coordination	Required
	POST DISCHARGE FOLLOW-UP					
Post Discharge	Coverdell Follow Up	_____	Post-Discharge		Care-Coordination	None
Post Discharge	When is the earliest documentation of comfort measures only?	○ Day 0 or 1 ○ Day 2 or after ○ Timing unclear ○ Not Documented/UTD	Post-Discharge		West-Region	None
Post Discharge	Comfort measures only documented after discharge?	○ Yes ○ No/ND	Post-Discharge		West-Region	None
	Patient Logistics					
Post Discharge	Method used for Patient follow-up:	○ Chart review ○ Health facility ○ Patient's current residence ○ Phone call ○ Unable to reach ○ Other	Post-Discharge		Care-Coordination	None
Post Discharge	Method used for Patient follow-up - Other:	_____	Post-Discharge		Care-Coordination	None
Post Discharge	Source of Information (select all that apply):	☐ Caregiver ☐ EMS ☐ Family ☐ Home Health Aid ☐ Patient ☐ Chart Review ☐ Other	Post-Discharge		Care-Coordination	None
Post Discharge	Source of Information - Other:	_____	Post-Discharge		Care-Coordination	None
Post Discharge	Patient location at 30 days post discharge:	○ Acute care facilty / Hospital ○ Chronic Health Care Facility ○ Home ○ Rehabilitation Facility ○ Skilled Nursing Facility ○ Unknown / ND	Post-Discharge		Care-Coordination	Required
	Patient Status					
Post Discharge	Cause of Death:	○ Cerebrovascular (Stroke [ischemic/ hemorrhagic]) ○ Cardiovascular ○ Non-Vascular ○ Unknown/ND	Post-Discharge		Care-Coordination	Required
Post Discharge	Specific Cause of Death:	☐ DVT/PE ☐ Heart Failure ☐ Intracranial Hemorrhage (SAH, ICH, SDH, etc) ☐ Myocardial infarction ☐ New Ischemic Stroke ☐ Other Cardiovascular ☐ Pneumonia/respiratory failure ☐ Sepsis/Infection ☐ Severe Disability ☐ Sudden Death ☐ Unkonwn/ND ☐ Other:	Post-Discharge		Care-Coordination	None

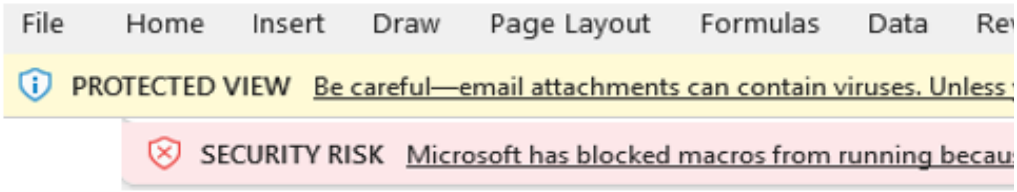
Post Discharge	Cause of Death - Other:	_____	Post-Discharge		Care-Coordination	None
	Stroke Rehabilitation					
Post Discharge	Patient assessed for rehabilitation at time of discharge?	☐ Patient received rehabilitation services during hospitalization ☐ Patient transferred to rehabilitation facility ☐ Patient referred to rehabilitation services following discharge ☐ Patient ordered rehab, but patient declined services ☐ Patient ineligible to receive rehabilitation services because symptoms resolved ☐ Patient ineligible to receive rehabilitation services due to impairment (i.e. poor prognosis, patient unable to tolerate rehabilitation therapeutic regimen)	Post-Discharge		Care-Coordination	Required
Post Discharge	Were rehab services ordered at the time of discharge - Yes	☐			West-Region	None
Post Discharge	Patient not assessed for rehabilitation during their previous inpatient visit	☐	Post-Discharge		Care-Coordination	None
Post Discharge	Follow Up: NDak Form Group Present	☐			West-Region	None
Post Discharge	Patient ineligible to receive rehab services due to impairment (i.e. poor prognosis, patient unable to tolerate therapeutic regimen)	☐			West-Region	None
Post Discharge	Patient declined services	☐			West-Region	None
Post Discharge	Services not available in patient's community	☐			West-Region	None
Post Discharge	Patient unable to arrange transport	☐			West-Region	None
Post Discharge	Type of rehab ordered:	☐ Occupational therapy ☐ Physical therapy ☐ Speech therapy	Post-Discharge		Care-Coordination	None
Post Discharge	Location of OT services	○ Patient transferred to SNF ○ Patient transferred to IP rehab ○ Patient referred outpatient services ○ ND			West-Region	None
Post Discharge	How far did patient travel for OT services?	○ 0-10 Miles ○ 11-30 Miles ○ 31-50 Miles ○ 51-75 Miles ○ Greater than 75 Miles ○ ND			West-Region	None
Post Discharge	Location of PT services	○ Patient transferred to SNF ○ Patient transferred to IP rehab ○ Patient referred outpatient services ○ ND			West-Region	None
Post Discharge	How far did patient travel for PT services?	○ 0-10 Miles ○ 11-30 Miles ○ 31-50 Miles ○ 51-75 Miles ○ Greater than 75 Miles ○ ND			West-Region	None
Post Discharge	Location of ST services	○ Patient transferred to SNF ○ Patient transferred to IP rehab ○ Patient referred outpatient services ○ ND			West-Region	None
Post Discharge	How far did patient travel for ST services?	○ 0-10 Miles ○ 11-30 Miles ○ 31-50 Miles ○ 51-75 Miles ○ Greater than 75 Miles ○ ND			West-Region	None
Post Discharge	Did patient participate in stroke support group?	○ Yes ○ No ○ ND			West-Region	None
Post Discharge	Current Therapy Status:	○ Home Therapy ○ Home with outpatient therapy ○ Home with no therapy ○ Rehabilitation facility ○ Unknown/ ND	Post-Discharge		Care-Coordination	Required
Post Discharge	Is the patient currently participating in any therapy?	○ Yes ○ No/ND			West-Region	None
	Falls					
Post Discharge	Occurrence of Falls:	○ Yes ○ No ○ Unknown	Post-Discharge		Care-Coordination	None
Post Discharge	Number of falls:	_____	Post-Discharge		Care-Coordination	Required
Post Discharge	Falls reported to healthcare provider:	○ Yes ○ No ○ Unknown	Post-Discharge		Care-Coordination	None
	Appointments					
Post Discharge	Was an appointment made prior to discharge to follow-up with a healthcare provider?	○ Yes ○ No ○ Unknown/ND	Post-Discharge		Care-Coordination	Required
Post Discharge	For 1st post-discharge appointment scheduled, what was the outcome?	○ Initial appointment completed with provider ○ Initial appointment scheduled, but has not seen provider ○ Initial appointment cancelled, but rescheduled for later date ○ Initial appointment rescheduled and completed visit ○ Initial appointment cancelled and not rescheduled ○ No appointment scheduled to date ○ Unknown/ND	Post-Discharge		Care-Coordination	Required

Post Discharge	Who did patient see or will see within 30 days of discharge? (check all that apply)	☐ Primary Care Physician ☐ Cardiologist ☐ Neurologist ☐ Endocrinologist ☐ Other	Post-Discharge		Care-Coordination	None
Post Discharge	Date of 1st post-Discharge Physician Office Visit:	_____ / _____ / _____	Post-Discharge		Care-Coordination	Required
Post Discharge	Appointment Not Kept	☐ Cost ☐ Distance to provider ☐ No reminder call ☐ No transportation ☐ Patient not aware of initial appointment ☐ Scheduling conflict ☐ Sick ☐ Other	Post-Discharge		Care-Coordination	Required
Post Discharge	Appointment Not Kept - Other:	_____	Post-Discharge		Care-Coordination	None
Post Discharge	Same reason as cancellation for initial appointment	☐	Post-Discharge		Care-Coordination	None
Post Discharge	Reason(s) for not rescheduling appointment	☐ Cost ☐ Distance to provider ☐ No reminder call ☐ No transportation ☐ Patient not aware of initial appointment ☐ Scheduling conflict ☐ Sick ☐ Other	Post-Discharge		Care-Coordination	Required
Post Discharge	Reason(s) for not rescheduling appointment - Other:	_____	Post-Discharge		Care-Coordination	None
	Medications					
Post Discharge	Medications prescribed at discharge:	☐ Antihypertensive ☐ Statin ☐ Antihyperglycemic ☐ Aspirin or other platelet ☐ Anticoagulant ☐ Antidepressant	Post-Discharge		Care-Coordination	None
Post Discharge	Did patient recall staff review their medication(s) prior to discharge?	○ Yes ○ No ○ Unknown	Post-Discharge		Care-Coordination	None
Post Discharge	Same as prescribed at discharge	☐	Post-Discharge		Care-Coordination	None
Post Discharge	Current Patient Medication(s):	☐ Antihypertensive ☐ Statin ☐ Antihyperglycemic ☐ Aspirin or other platelet ☐ Anticoagulant ☐ Antidepressant	Post-Discharge		Care-Coordination	None
Post Discharge	No medication stoppage	☐	Post-Discharge		Care-Coordination	None
Post Discharge	Indicate any medication(s) patient stopped without instruction from their medical provider	☐ Antihypertensive ☐ Statin ☐ Antihyperglycemic ☐ Aspirin or other platelet ☐ Anticoagulant ☐ Other medication, please specify: ☐ Antidepressant	Post-Discharge		Care-Coordination	Required
Post Discharge	Other medication, please specify:	_____	Post-Discharge		Care-Coordination	Required
Post Discharge	Stoppage reason for Antihypertensive	☐ Cost ☐ Frequently forget ☐ No transportation ☐ Ran out ☐ Side effects ☐ Traveling ☐ Not documented/UTD ☐ Other - please specify:	Post-Discharge		Care-Coordination	Required
Post Discharge	Antihypertensive Stoppage - Other:	_____	Post-Discharge		Care-Coordination	None
Post Discharge	Stoppage reason for Statin	☐ Cost ☐ Frequently forget ☐ No transportation ☐ Ran out ☐ Side effects ☐ Traveling ☐ Not documented/UTD ☐ Other - please specify:	Post-Discharge		Care-Coordination	Required
Post Discharge	Statin Stoppage - Other:	_____	Post-Discharge		Care-Coordination	Required
Post Discharge	Stoppage reason for Antihyperglycemic	☐ Cost ☐ Frequently forget ☐ No transportation ☐ Ran out ☐ Side effects ☐ Traveling ☐ Not documented/UTD ☐ Other - please specify:	Post-Discharge		Care-Coordination	Required
Post Discharge	Antihyperglycemic Stoppage - Other:	_____	Post-Discharge		Care-Coordination	None
Post Discharge	Stoppage reason for Aspirin or other platelet	☐ Cost ☐ Frequently forget ☐ No transportation ☐ Ran out ☐ Side effects ☐ Traveling ☐ Not documented/UTD ☐ Other - please specify:	Post-Discharge		Care-Coordination	Required
Post Discharge	Aspirin or other platelet Stoppage - Other:	_____	Post-Discharge		Care-Coordination	None

Post Discharge	Stoppage reason for Anticoagulant	☐ Cost ☐ Frequently forget ☐ No transportation ☐ Ran out ☐ Side effects ☐ Traveling ☐ Not documented/UTD ☐ Other - please specify:	Post-Discharge		Care-Coordination	Required
Post Discharge	Anticoagulant Stoppage - Other:	_____	Post-Discharge		Care-Coordination	None
Post Discharge	Stoppage Reason for Antidepressant	☐ Cost ☐ Frequently forget ☐ No transportation ☐ Ran out ☐ Side effects ☐ Traveling ☐ Not documented/UTD ☐ Other - please specify:	Post-Discharge		Care-Coordination	Required
Post Discharge	Antidepressant Stoppage - Other:	_____	Post-Discharge		Care-Coordination	None
Post Discharge	Stoppage reason for Other medication	☐ Cost ☐ Frequently forget ☐ No transportation ☐ Ran out ☐ Side effects ☐ Traveling ☐ Not documented/UTD ☐ Other - please specify:	Post-Discharge		Care-Coordination	Required
Post Discharge	Other medication Stoppage - Other:	_____	Post-Discharge		Care-Coordination	None
	ED Visits					
Post Discharge	Has patient been seen in the ED since discharge?	○ Yes ○ No ○ Unknown/ND	Post-Discharge		Care-Coordination	Required
Post Discharge	Total Number of ED Visits:	○ 1 ○ 2 ○ 3 or more ○ Unknown/ND	Post-Discharge		Care-Coordination	None
Post Discharge	Date of 1st ED visit:	_____ / _____ / _____	Post-Discharge		Care-Coordination	None
Post Discharge	Date of Additional ED Visit since last follow-up:	_____ / _____ / _____	Post-Discharge		Care-Coordination	None
Post Discharge	Reason for ED visit:	☐ Falls ☐ Transient Ischemic attack ☐ Recurrent Stroke ☐ Pneumonia ☐ Urinary tract infection ☐ DVT/PE/Blood Clot ☐ Acute Myocardial Infarction ☐ Heart Failure ☐ Infection/Sepsis ☐ Surgery ☐ Carotid Intervention ☐ Unknown ☐ Other - please specify:	Post-Discharge		Care-Coordination	Required
Post Discharge	Reason for ED visit - Other:	_____	Post-Discharge		Care-Coordination	None
Post Discharge	Patient's disposition for ED Visit:	○ Admitted to hospital ○ Discharged to home ○ Discharged to SNF/long term care ○ Held for observation ○ Unknown/ND	Post-Discharge		Care-Coordination	Required
	Readmissions					
Post Discharge	Total number of readmissions since discharge:	○ 0 ○ 1 ○ 2 ○ 3 or more ○ Unknown/ND	Post-Discharge		Care-Coordination	Required (WestRegion)
Post Discharge	Date of Readmission:	_____ / _____ / _____	Post-Discharge		Care-Coordination	Required
Post Discharge	Reason for Readmission:	☐ Acute Myocardial Infarction ☐ Atrial Fibrillation/Flutter ☐ Carotid Intervention (endarterectomy/stent) ☐ Deep vein thrombosis/pulmonary embolism/blood clot ☐ Fall ☐ Heart Failure ☐ Infection/Sepsis ☐ Other Cardiac event ☐ Other Cardiac Surgery ☐ Other Surgical Procedure (i.e. amputation/diabetes) ☐ Peripheral Intervention ☐ Pneumonia ☐ Recurrent Stroke ☐ Transient Ischemic Attack ☐ Urinary Tract Infection ☐ Unknown/ND ☐ Other	Post-Discharge		Care-Coordination	Required
	Wellness Metrics					
Post Discharge	Patient identified as a tobacco smoker at time of stroke?	○ Yes ○ No ○ Unknown/ND	Post-Discharge		Care-Coordination	Required
Post Discharge	Was the patient provided smoking cessation counseling or referred to a cessation program?	○ Yes ○ No ○ Unknown/ND	Post-Discharge		Care-Coordination	None
Post Discharge	Has the patient smoked tobacco since discharge?	○ Yes, within 30 days of discharge ○ Yes, after 30 days since discharge ○ No tobacco smoking to date ○ Unknown/ND	Post-Discharge		Care-Coordination	Required

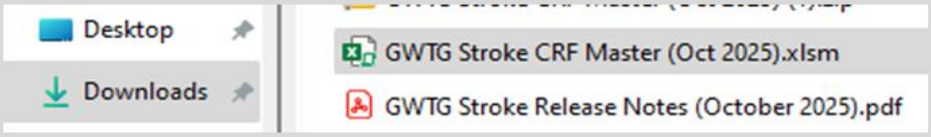
Post Discharge	patient's frequency of tobacco smoking:	○ Daily ○ Some days ○ Never ○ Unknown/ND	Post-Discharge		Care-Coordination	None
Post Discharge	Use of medication(s) to stop tobacco smoking?	○ Yes ○ No ○ Unknown/ND	Post-Discharge		Care-Coordination	None
Post Discharge	Has the patient stopped smoking tobacco because they were trying to quit since discharge?	○ Yes ○ No ○ Unknown/ND	Post-Discharge		Care-Coordination	None
Post Discharge	Number of times attempted:	_____	Post-Discharge		Care-Coordination	None
	Blood Pressure Management					
Post Discharge	Has the patient been monitoring their blood pressure at home or in the community?	○ Yes ○ No ○ Unknown/ND	Post-Discharge		Care-Coordination	Required
Post Discharge	Most Recent Blood pressure:	Systolic: _____	Post-Discharge		Care-Coordination	None
Post Discharge	Blood Pressure Diastolic	Diastolic: _____	Post-Discharge		Care-Coordination	None
Post Discharge	Typical blood pressure reading for patient:	_____	Post-Discharge		Care-Coordination	None
Post Discharge	Has patient reported their blood pressure to their health care provider since discharge?	○ Yes ○ No ○ Unknown/ND	Post-Discharge		Care-Coordination	Required
	Mental Health					
Post Discharge	Is patient currently on an antidepressant?	○ Yes ○ No ○ ND			West-Region	None
Post Discharge	Depression Screen Performed?	○ Yes ○ No ○ ND			West-Region	None
Post Discharge	Depression Screening Total Score:	_____			West-Region	Required
Post Discharge	1. Little interest or pleasure in doing things	○ Not at all ○ Several days ○ More than half the days ○ Nearly everyday	Post-Discharge		Care-Coordination	None
Post Discharge	2. Feeling down, depressed, or hopeless	○ Not at all ○ Several days ○ More than half the days ○ Nearly everyday	Post-Discharge		Care-Coordination	None
Post Discharge	3. Trouble falling asleep, staying asleep or sleeping too much	○ Not at all ○ Several days ○ More than half the days ○ Nearly everyday	Post-Discharge		Care-Coordination	None
Post Discharge	4. Feeling tired or having little energy	○ Not at all ○ Several days ○ More than half the days ○ Nearly everyday	Post-Discharge		Care-Coordination	None
Post Discharge	5. Poor appetite or overeating	○ Not at all ○ Several days ○ More than half the days ○ Nearly everyday	Post-Discharge		Care-Coordination	None
Post Discharge	6. Feeling bad about self or that he/she is a failure or has let self or family down	○ Not at all ○ Several days ○ More than half the days ○ Nearly everyday	Post-Discharge		Care-Coordination	None
Post Discharge	7. Trouble concentrating on things, such as reading the newspaper or watching television	○ Not at all ○ Several days ○ More than half the days ○ Nearly everyday	Post-Discharge		Care-Coordination	None
Post Discharge	8. Moving or speaking so slowly that others could have noticed. Or, the opposite, being so fidgety or restless that you have been moving around more than usual	○ Not at all ○ Several days ○ More than half the days ○ Nearly everyday	Post-Discharge		Care-Coordination	None
Post Discharge	9. Thoughts that he/she would be better off dead or of hurting yourself in some way	○ Not at all ○ Several days ○ More than half the days ○ Nearly everyday	Post-Discharge		Care-Coordination	None
	COMPREHENSIVE					
Comprehensive	^What is the patient's Modified Rankin Score (mRS) at 90 days post discharge?	_____	Endovascular-Therapy	CSTK, TSC		Warning
Comprehensive	^What is the patient's Modified Rankin Score (mRS) at 90 days post discharge?	○ 0 - The patient has no residual symptoms ○ 1 - The patient has no significant disability; able to carry out all pre-stroke acitivities ○ 2 - The patient has slight disability; unable to carry out all pre-stroke activities but able to look after self without daily help ○ 3 - The patient has moderate disability; requiring some external help but able to walk without the assistance of another individual ○ 4 - The patient has moderately severe disability; unable to walk or attend to bodily functions without assistance of another individual ○ 5 - The patient has severe disability; bedridden, incontinent, requires continuous caren ○ 6 - The patient has expired (during the hospital stay or after discharge from the hospital) ○ 7 - Unable to contact patient/caregiver ○ 8 - Modified Rankin Score not performed, OR unable to determine (UTD) from the medical record documentation	Endovascular-Therapy	CSTK, TSC		Warning
Comprehensive	^What is the date that the Modified Rankin Score (mRS) was obtained post discharge?	_____ / _____ / _____	Endovascular-Therapy	CSTK, TSC		Required
	FLPR					

FLPR	FPR: In the past month since discharge, how often did you take your stroke prevention medications as the doctor prescribed?	○ All of the time or nearly all of the time (about 90% to 100%) ○ Most of the time (about 75% to 80%) ○ About half of the time (miss half of the doses) ○ Less than half of the time (<50%) ○ Not Documented/UTD			Florida	None
FLPR	FPR: If not taking 90-100% of the time, why?	○ Side effects ○ Can't afford them ○ Frequently forget ○ Other specify ○ Not Documented/UTD			Florida	Required
FLPR	FPR: Other, specify:	_____			Florida	Required



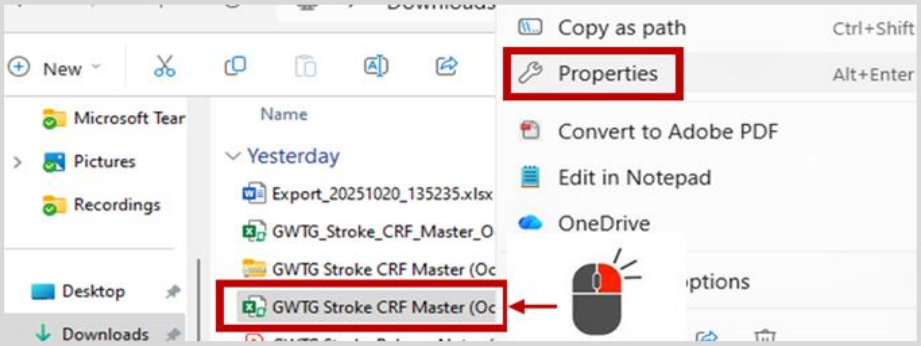
1

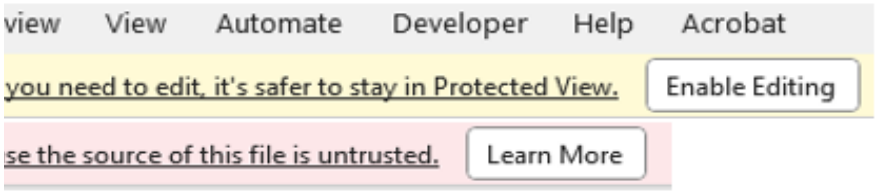
Save the CRF attachment to your file folders
- Drag and drop OR file -> save as



2

Right Click -> Choose "Properties"





3

On the General Tab at the bottom click "Unblock" -> OK