<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient ID:</strong></td>
<td>___________________________</td>
</tr>
<tr>
<td><strong>Date of Hospital Admission:</strong></td>
<td>mm/dd/yyyy</td>
</tr>
<tr>
<td><strong>Date of Hospital Discharge:</strong></td>
<td>mm/dd/yyyy</td>
</tr>
<tr>
<td><strong>Date Follow-up Completed:</strong></td>
<td>mm/dd/yyyy</td>
</tr>
<tr>
<td><strong>PATIENT LOGISTICS</strong></td>
<td></td>
</tr>
<tr>
<td>Method used for Patient follow-up:**</td>
<td>Chart Review, Health Facility, Patient’s current residence, Phone Call, Unable to reach, Other</td>
</tr>
<tr>
<td><strong>Source of Information (select all that apply):</strong></td>
<td>Caregiver, EMS, Family, Home Health Aid, Patient, Chart Review, Other</td>
</tr>
<tr>
<td><strong>Patient location:</strong></td>
<td>Acute care facility/ Hospital, Chronic Health Care Facility, Home, Rehabilitation Facility, Skilled Nursing Facility, Unknown/ND</td>
</tr>
<tr>
<td><strong>Is patient deceased?</strong></td>
<td>Yes, No</td>
</tr>
<tr>
<td><strong>Date of death:</strong></td>
<td>mm/dd/yyyy</td>
</tr>
<tr>
<td><strong>Cause of Death:</strong></td>
<td>Cerebrovascular (Stroke [ischemic/ hemorrhagic]), Cardiovascular, Non-Vascular, Unknown/ND</td>
</tr>
<tr>
<td><strong>Specific Cause of Death:</strong></td>
<td>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, Unknown/ND, Other, _____________</td>
</tr>
<tr>
<td><strong>Post Discharge Modified Rankin Scale:</strong></td>
<td>Yes, No/ND</td>
</tr>
<tr>
<td><strong>Date Post Discharge Modified Rankin Scale Performed:</strong></td>
<td>mm/dd/yyyy</td>
</tr>
<tr>
<td><strong>Modified Rankin Scale – Total Score:</strong></td>
<td>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 perform 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</td>
</tr>
</tbody>
</table>
### STROKE REHABILITATION

**Type of rehab ordered:**
- [ ] Occupational therapy
- [ ] Physical therapy
- [ ] Speech therapy

**Current Therapy Status:**
- [ ] Home Therapy
- [ ] Home with outpatient therapy
- [ ] Home with no therapy
- [ ] Rehabilitation facility
- [ ] Unknown/ ND

### APPOINTMENTS

Who did patient see or will see within 30 days of discharge? (check all that apply)
- [ ] Primary Care Physician
- [ ] Cardiologist
- [ ] Neurologist
- [ ] Endocrinologist
- [ ] Other

**Date of 1st post-Discharge Physician Office Visit:**

---

**ED VISITS**

Has patient been seen in the ED since discharge?
- [ ] Yes
- [ ] No
- [ ] Unknown/ND

**Total Number of ED Visits:**
- [ ] 1
- [ ] 2
- [ ] 3 or more
- [ ] Unknown/ND

### READMISSIONS

Has patient been readmitted to a hospital since discharge?

**Select Period:**
- [ ] Yes, Within 30 days post discharge
- [ ] Yes, Within 60 days post discharge
- [ ] Yes, Within 90 days post discharge
- [ ] No readmissions
- [ ] Unknown/ ND

**Date of Readmission:**

---

**Reason for Readmission (check all applicable fields):**
- [ ] 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

### WELLNESS METRICS

**Tobacco Use and Cessation**
**NOTE:** Tobacco use includes: cigarettes, cigars/cigarillo, little cigars. Pipes, smokeless tobacco (chew, dip, snuff, snus), hookah/water pipe and electronic vapor products (e-cigarettes, e-hookah, vape pens).

### Use of tobacco since discharge?
- Yes, within 30 days of discharge
- Yes, after 30 days since discharge
- No tobacco products used to date
- Unknown/ND

### BLOOD PRESSURE MANAGEMENT

**Has the patient been monitoring their blood pressure at home or in the community?**
- Yes
- No
- Unknown/ND

**Most Recent Blood Pressure:** ___/___ mmHg
(systolic: 50-220 / diastolic: 30-160)

### SYMPTOMS & SIGNS (30 DAY) TAB

**NEW OR RECURRENT SYMPTOMS WITHIN 30 DAYS OF DISCHARGE:**
- None
- Stroke Symptoms
- Chest Pain
- Shortness of Breath

### VITAL SIGNS:

(if more than one, use value closest to 30 days post discharge)

- Weight: _____ O lb  O kg
- Height: _____ O in  O cm
- Waist Circumference: _____ O in  O cm
- Body Mass Index: _____
- Heart rate (bpm): ___________

### LABS (30 DAY) TAB

**LABORATORY ASSESSMENTS WITHIN 30 DAYS OF DISCHARGE**

Any blood work since hospital discharge
(If more than one, use value closest to 30 days post discharge)
- Yes
- No
- Unknown/ND

**Get With The Guidelines® Follow-up Labs:**

**Chemistries:**
- Done
- Not Done
- Unknown/ND

- Creatinine: ___________ mg/dL
- Glucose: ___________ mg/dL

**Lipid Profile:**
- Done
- Not Done
- Unknown/ND

- Total Cholesterol: ___________ mg/dL
- HDL: ___________ mg/dL
LDL: ___________ mg/dL
Triglycerides: ___________ mg/dL

Other Laboratories:
HbA1c: ___________ (

ECHO Findings:
☐ Left atrial thrombus
☐ Valvular abnormality
☐ Patient foramen ovale
☐ Other
☐ LVEF

Date of New LVEF:
____/____/______
MM/ DD/ YYYY
LVEF: ___________ (%
Specify LVEF Findings:
☐ LV Thrombus
☐ Valvular abnormalities
If no LVEF, qualitative LV dysfunction:
☐ Severe
☐ Moderate
☐ Mild
☐ Normal

Carotid Ultrasound:
If yes, Degree of Stenosis:
☐ Severe (>70%)
☐ Moderate (50-69%)
☐ Mild (<50%)
☐ Normal

MR or CT angiography
Holter or long-term heart rhythm monitoring
Peripheral Vascular Assessment
Repeat Swallow Study

MEDICATIONS (30 DAY) TAB

Antithrombotic Medication(s) Prescribed?
☐ Yes
☐ No
☐ Unknown/ND

Antithrombotic therapy approved in stroke

<table>
<thead>
<tr>
<th>Class</th>
<th>Medication</th>
<th>Dosage</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

Since Discharge:
☐ Continued dose unchanged
☐ Continued dose increased
☐ Continued dose decreased
☐ Discontinued since hospital discharge
☐ Documented contraindication, intolerance, other physician documented

Missed any doses:
☐ Yes
☐ No
☐ Unknown/ND
If missed any dose, taking >80% of doses:
☐ Yes
☐ No
Newly Prescribed after Discharge?
☐ Yes
☐ No/ND
☐ NC

Antithrombotic
☐ aspirin
☐ aspirin/dipyridamole (Aggrenox)
☐ clopidogrel (Plavix)
☐ prasugrel (Effient) *contraindication in stroke and TIA
☐ ticagrelor (Brilinta)
☐ ticlopidine (Ticlid)

Anticoagulant
☐ Unfractionated heparin IV
☐ full dose LMW heparin (Enoxaparin, Others)
☐ warfarin (Coumadin)
☐ dabigatran (Pradaxa)
☐ argatroban
☐ desirudin (Iprivask)
### GWTG® Post-Discharge Follow-up Form

**Active Form Group(s): 30-Day**

**Updated February 2020**

<table>
<thead>
<tr>
<th>Other Antiplatelet</th>
<th>fonduparinux (Arixtra)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>rivaroxaban (Xarelto)</td>
</tr>
<tr>
<td></td>
<td>apixaban (Eliquis)</td>
</tr>
<tr>
<td></td>
<td>lepirudin (Refludan)</td>
</tr>
<tr>
<td></td>
<td>Other Anticoagulant</td>
</tr>
</tbody>
</table>

### ANTICOAGULATION:
If atrial fib/flutter or history of PAF documented, was patient discharged on anticoagulation? (carried over from inpatient form):

- □ Yes
- □ No/ND
- □ NC

Since Discharge:
- □ Continued dose unchanged
- □ Continued dose increased
- □ Continued dose decreased
- □ Discontinued since hospital discharge
- □ Documented contraindication, intolerance, other physician documented

<table>
<thead>
<tr>
<th>Missed any doses</th>
<th>If missed any dose, taking &gt;80% of doses</th>
<th>Newly Prescribed after Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes</td>
<td>□ Yes</td>
<td>□ Yes</td>
</tr>
<tr>
<td>□ No</td>
<td>□ No</td>
<td>□ No/ND</td>
</tr>
<tr>
<td>□ Unknown/ND</td>
<td>□ NC</td>
<td>□ NC</td>
</tr>
</tbody>
</table>

### ANTIHYPERTENSIVE TX

Antihypertensive Tx: (carried over from inpatient form):

- □ None prescribed/ND
- □ None – contraindicated
- □ ACE Inhibitors
- □ ARB
- □ Beta Blockers
- □ Ca++ Channel Blockers
- □ Diuretics
- □ Other anti-hypertensive med

Since Discharge:
- □ Continued dose unchanged
- □ Continued dose increased
- □ Continued dose decreased
- □ Discontinued since hospital discharge
- □ Documented contraindication, intolerance, other physician documented

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</tr>
<tr>
<td>□ No</td>
<td>□ No</td>
<td>□ No/ND</td>
</tr>
<tr>
<td>□ Unknown/ND</td>
<td>□ NC</td>
<td>□ NC</td>
</tr>
</tbody>
</table>

### CHOLESTEROL-REDUCING TX

Antihypertensive Tx: (carried over from inpatient form):

- □ None prescribed/ND
- □ None – contraindicated
- □ Statin
- □ Fibrate
- □ Niacin
- □ Absorption Inhibitor
- □ Other med

Since Discharge:
- □ Continued dose unchanged
**GWTG® Post-Discharge Follow-up Form**

**Active Form Group(s): 30-Day**

**Continued dose increased**
- Continued dose decreased
- Discontinued since hospital discharge

Documented contraindication, intolerance, other physician documented

<table>
<thead>
<tr>
<th>Missed any doses:</th>
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<th>Newly Prescribed after Discharge?</th>
</tr>
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<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
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<td>No</td>
<td>No/ND</td>
</tr>
<tr>
<td>Unknown/ND</td>
<td>Unknown/ND</td>
<td>NC</td>
</tr>
</tbody>
</table>

**DIABETIC TX**

**Antihypertensive Tx:**
(carried over from inpatient form):
- None prescribed/ND
- None – contraindicated
- Other subcutaneous/injectable agent
- Insulin
- Oral agents

Since Discharge:
- Continued dose unchanged
- Continued dose increased
- Continued dose decreased
- Discontinued since hospital discharge
- Documented contraindication, intolerance, other physician documented

<table>
<thead>
<tr>
<th>Missed any doses:</th>
<th>If missed any dose, taking &gt;80% of doses:</th>
<th>Newly Prescribed after Discharge?</th>
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<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
<td>No/ND</td>
</tr>
<tr>
<td>Unknown/ND</td>
<td>Unknown/ND</td>
<td>NC</td>
</tr>
</tbody>
</table>

**Newly Diagnosed Diabetes:**
- Yes
- No
- ND

**Basis for Diagnosis**
- HbA1c
- Oral Glucose Tolerance
- Fasting Blood Sugar
- Test Other

<table>
<thead>
<tr>
<th>Missed any dose, taking &gt;80% of doses:</th>
<th>Newly Prescribed after Discharge?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td>No/ND</td>
</tr>
<tr>
<td>Unknown/ND</td>
<td>NC</td>
</tr>
</tbody>
</table>

**ANTI-SMOKING TX**

**Newly Prescribed after Discharge?**
- Yes
- No/ND
- NC

**EDUCATION & MANAGEMENT TAB (30 DAY)**

**EDUCATION/COUNSELING WITHIN 30 DAYS OF DISCHARGE**
- Medication adherence
- Diabetes education
- Anticoagulation therapy
- Diet counseling
  - Salt restriction
  - Therapeutic Lifestyle Changes Diet
- Signs and symptoms of stroke or TIA.
- Signs and symptoms of Heart Failure
- Signs and symptoms of Myocardial Infarction
- Whom to call if symptoms worsen
- Need for medical follow-up
- How to activate emergency medical care system (e.g., 911)
- Activity guidelines
- Weight loss/management counseling

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## Stroke and Cardiovascular risk factors

### REHABILITATION/ DISEASE MANAGEMENT WITHIN 30 DAYS OF DISCHARGE

**Stroke rehabilitation:**
- ☐ Yes
- ☐ No
- ☐ Was at Discharge but stopped
- ☐ Declined rehab
- ☐ Unknown/ ND

**Smoking cessation program (at least one outpatient visit)**

**Telephone management (at least one contact)**

### FUNCTIONAL OUTCOME/QUALITY OF LIFE WITHIN 30 DAYS OF DISCHARGE

**Symptoms (check all that apply):**
- ☐ Unable to Ambulate without Assistance
- ☐ Difficulty with Speech/Communication
- ☐ Cognitive impairment
- ☐ Difficulty with swallowing

**Barthel Index __________

### LIFESTYLE CHANGES WITHIN 30 DAYS OF DISCHARGE

**Has the patient:**

- Been monitoring their blood pressure?
  - ☐ Yes
  - ☐ No
  - ☐ Unknown/ ND

- Returned for each medical follow-up appointment?
  - ☐ Yes
  - ☐ No
  - ☐ Unknown/ ND

- Been using a pill container to keep track of their medicines?
  - ☐ Yes
  - ☐ No
  - ☐ Unknown/ ND

- Been on a calorie restricted diet?
  - ☐ Yes
  - ☐ No
  - ☐ Unknown/ ND

- Been monitoring their daily weights
  - ☐ Yes
  - ☐ No
  - ☐ Unknown/ ND

- Engaged in physical activity weekly?
  - ☐ Less than 1 hour
  - ☐ 1-3 hours
  - ☐ 3 or more hours
  - ☐ Unknown/ND

### COMPREHENSIVE/ ADVANCED STROKE CARE FOLLOW-UP TAB

**What is the patient’s Modified Rankin Score (mRS) at 90 days post discharge? ___________

**SHOW/ HIDE**

- ☐ 0 - The patient has no residual symptoms
- ☐ 1 - The patient has no significant disability; able to carry out all pre-stroke activities
- ☐ 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 care
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>The patient has expired (during the hospital stay or after discharge from the hospital)</td>
</tr>
<tr>
<td>7</td>
<td>Unable to contact patient/caregiver</td>
</tr>
<tr>
<td>8</td>
<td>Modified Rankin Score not performed, OR unable to determine (UTD) from the medical record documentation</td>
</tr>
</tbody>
</table>

What is the date that the Modified Rankin Score (mRS) was obtained post discharge? ___/___/_____  

mm/dd/yyyy

END OF FORM