### Patient ID: ____________________________

**Date of Hospital Admission:**  
[ ] mm / dd / yyyy

**Date of Hospital Discharge:**  
[ ] mm / dd / yyyy

**Date Follow-up Completed:**  
[ ] mm / dd / yyyy

### PATIENT LOGISTICS

- [ ] Chart Review
- [ ] Health Facility
- [ ] Patient’s current residence
- [ ] Phone Call
- [ ] Unable to reach
- [ ] Other

**Source of Information (select all that apply):**
- [ ] Caregiver
- [ ] EMS
- [ ] Family
- [ ] Home Health Aid
- [ ] Patient
- [ ] Chart Review
- [ ] Other

### Patient location:
- [ ] Acute care facility/ Hospital
- [ ] Chronic Health Care Facility
- [ ] Home
- [ ] Rehabilitation Facility
- [ ] Skilled Nursing Facility
- [ ] Unknown/ND

### PATIENT STATUS

**Is patient deceased?**
- [ ] Yes
- [ ] No

**Date of death:**  
[ ] mm/ DD/ YYYY  
[ ] Unknown

**Cause of Death:**
- [ ] Cerebrovascular (Stroke [ischemic/ hemorrhagic])
- [ ] Cardiovascular
- [ ] Non-Vascular
- [ ] Unknown/ND

**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
- [ ] Unknown/ ND
- [ ] Other ________________

**Post Discharge Modified Rankin Scale:**
- [ ] Yes
- [ ] No/ND

**Date Post Discharge Modified Rankin Scale Performed:**  
[ ] mm/dd/yyyy  
[ ] Unknown

**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 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
### 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
- [ ] Other

### WELLNESS METRICS

**Tobacco Use and Cessation**
### GWTG® Post-Discharge Follow-up Form

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

**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: __________ (%)
- Transthoracic ECHO
- Transesophageal ECHO

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

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

Antithrombotic therapy approved in stroke

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

Antiplatelet
- 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)
### Anticoagulation

If atrial fibrillation or history of PAF documented, was patient discharged on anticoagulation?

- **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>□ Unknown/ND</td>
<td>□ NC</td>
</tr>
</tbody>
</table>

### Antihypertensive TX

Antihypertensive Tx:

- **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**

<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>□ Unknown/ND</td>
<td>□ NC</td>
</tr>
</tbody>
</table>

### Cholesterol-Reducing TX

Antihypertensive Tx:

- **None prescribed/ND**
- **Statin**
- **Fibrate**
- **Niacin**
- **Absorption Inhibitor**
- **Other med**

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

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

Updated January 2021

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**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

---

**ANTI-SMOKING TX**

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**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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<table>
<thead>
<tr>
<th><strong>REHABILITATION/ DISEASE MANAGEMENT WITHIN 30 DAYS OF DISCHARGE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Stroke rehabilitation:</td>
</tr>
<tr>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ No</td>
</tr>
<tr>
<td>☐ Was at Discharge but stopped</td>
</tr>
<tr>
<td>☐ Declined rehab</td>
</tr>
<tr>
<td>☐ Unknown/ ND</td>
</tr>
<tr>
<td>☐ Smoking cessation program (at least one outpatient visit)</td>
</tr>
<tr>
<td>☐ Telephone management (at least one contact)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>FUNCTIONAL OUTCOME/QUALITY OF LIFE WITHIN 30 DAYS OF DISCHARGE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptoms (check all that apply):</td>
</tr>
<tr>
<td>☐ Unable to Ambulate without Assistance</td>
</tr>
<tr>
<td>☐ Difficulty with Speech/Communication</td>
</tr>
<tr>
<td>☐ Cognitive impairment</td>
</tr>
<tr>
<td>☐ Difficulty with swallowing</td>
</tr>
<tr>
<td>Barthel Index _________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>LIFESTYLE CHANGES WITHIN 30 DAYS OF DISCHARGE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the patient:</td>
</tr>
<tr>
<td>Been monitoring their blood pressure?</td>
</tr>
<tr>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ No</td>
</tr>
<tr>
<td>☐ Unknown/ ND</td>
</tr>
<tr>
<td>Returned for each medical follow-up appointment?</td>
</tr>
<tr>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ No</td>
</tr>
<tr>
<td>☐ Unknown/ ND</td>
</tr>
<tr>
<td>Been using a pill container to keep track of their medicines?</td>
</tr>
<tr>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ No</td>
</tr>
<tr>
<td>☐ Unknown/ ND</td>
</tr>
<tr>
<td>Been on a calorie restricted diet?</td>
</tr>
<tr>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ No</td>
</tr>
<tr>
<td>☐ Unknown/ ND</td>
</tr>
<tr>
<td>Been monitoring their daily weights</td>
</tr>
<tr>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ No</td>
</tr>
<tr>
<td>☐ Unknown/ ND</td>
</tr>
<tr>
<td>Engaged in physical activity weekly?</td>
</tr>
<tr>
<td>☐ Less than 1 hour</td>
</tr>
<tr>
<td>☐ 1-3 hours</td>
</tr>
<tr>
<td>☐ 3 or more hours</td>
</tr>
<tr>
<td>☐ Unknown/ND</td>
</tr>
</tbody>
</table>

END OF FORM