1. Date and Time first call received by EMS: // (m m/dd/yyyy) : (hh:m m, 24 hr clock)
2. Date and Time of EMS dispatch: / / (m m/dd/yyyy) : (hh:m m, 24 hr clock)
3. EMS dispatch priority:

[ ]  High acuity

[ ]  Moderate acuity

[ ]  Other

[ ]  Not documented

1. EMS dispatch type/code:

[ ]  Stroke

[ ]  Other, specify:

1. From whom or from where were the medical history data obtained? (Choose all that apply.)

[ ]  Participant/ subject [ ]  Friend

[ ]  Spouse [ ]  Physician

[ ]  Mother [ ]  Chart/Medical record

[ ]  Father [ ]  Unknown

[ ]  Sister [ ]  Other, specify:

[ ]  Brother

[ ]  Son

[ ]  Daughter

1. Type of transport to hospital:

[ ]  Ground ambulance with physician

[ ]  Ground ambulance no physician

[ ]  Private transportation/taxi/other from home/scene

[ ]  By foot

[ ]  Mobile stroke unit

[ ]  Air (e.g. Helicopter)

[ ]  Other

[ ]  Unknown

1. Date and Time of EMS arrival at scene: // (m m/dd/yyyy) : (hh:m m, 24 hr clock
2. Date and Time of EMS departure from scene: // (m m/dd/yyyy) : (hh:m m, 24 hr clock
3. Highest level of EMS personnel:

[ ]  EMT-Basic (or equivalent)

[ ]  EMT-Intermediate (or equivalent)

[ ]  EMT-Paramedic (or equivalent)

1. Was a pre-hospital stroke identification screen documented by EMS personnel?

[ ]  Yes

[ ]  No

[ ]  Unknown

1. Was a pre-hospital neurologic impairment screen documented by EMS personnel?

[ ]  Yes

[ ]  No

[ ]  Unknown

1. Indicate the stroke screen tool used by EMS personnel:

[ ]  Cincinnati Prehospital Stroke Scale (CPSS)

[ ]  Los Angeles Prehospital Stroke Scale (LAPSS)

[ ]  Melbourne Ambulance Stroke Scale (MASS)

[ ]  Ontario Prehospital Stroke Screening Tool (OPSST)

[ ]  Face Arm Speech Test (FAST)

[ ]  Other, Specify:

[ ]  Stroke screen tool used, but tool used is unknown

[ ]  No stroke screen tool used

[ ]  Not documented

1. Stroke screen outcome:

[ ]  Positive

[ ]  Negative

[ ]  Not documented

1. Indicate the severity scale used:

[ ]  Cincinnati Stroke Triage Assessment Tool (CSTAT)

[ ]  Field Assessment Stroke Triage for Emergency Destination (FAST-ED)

[ ]  Los Angeles Motor Scale (LAMS)

[ ]  Rapid Arterial Occlusion Evaluation (RACE)

[ ]  Other, Specify:

[ ]  Severity scale used, but tool used is unknown

[ ]  No severity scale used

[ ]  Not documented

1. Positive for Large Vessel Occlusion (LVO):

[ ]  Yes

[ ]  No

[ ]  Unknown

1. If severity scale assessment completed, enter total score:

[ ]  Not documented

17. Type of residence (choose one):\*\*[ ]  Not in a healthcare setting (home/private residence/assisted living)

[ ]  Another acute care facility

[ ]  Inpatient Rehabilitation Facility (IRF)

[ ]  Intermediate Care Facility (ICF)

[ ]  Long Term Care Hospital (LTCH)

[ ]  Skilled Nursing Facility (SNF)

[ ]  Homeless/shelter

[ ]  N/A – patient died

[ ]  Unknown

[ ]  Other, specify:

1. Duration of residence:

## Pre-Hospital Glasgow Coma Score (GCS)\*\*

1. GCS Best Motor Response:\*\*

[ ]  6 - Obeys commands

[ ]  5 - Localizes pain

[ ]  4 - Withdrawal from pain

[ ]  3 - Flexion to pain

[ ]  2 - Extension to pain

[ ]  1 - No motor response

[ ]  Untestable

[ ]  Unknown

1. GCS Best Verbal Response:\*\*

[ ]  5 - Oriented

[ ]  4 - Confused

[ ]  3 - Inappropriate words

[ ]  2 - Incomprehensible sounds

[ ]  1 - No verbal response

[ ]  Untestable

[ ]  Unknown

1. GCS Best Eye Response:\*\*

[ ]  4 - Spontaneously

[ ]  3 - To verbal command

[ ]  2 - To pain

[ ]  1 - No eye opening

1. GCS Total Score: (3 – 15)\*\*

[ ]  Untestable

[ ]  Unknown

## Pre-Hospital Los Angeles Motor Scale (LAMS)

1. LAMS Facial Droop:

[ ]  0 = Absent

[ ]  1 = Present

If not normal, check all that apply:

[ ]  Droop on right side of face

[ ]  Droop on left side of face

1. LAMS Grip Strength:

[ ]  0 = Normal

[ ]  1 = Weak grip

[ ]  2 = No grip

If not normal, check all that apply:

[ ]  Weak Grip with right hand

[ ]  No Grip with right hand

[ ]  Weak Grip with left hand

[ ]  No Grip with left hand

1. LAMS Arm Drift:

[ ]  0 = Absent

[ ]  1 = Drifts down

[ ]  2 = Falls rapidly

If not normal, check all that apply:

[ ]  Right arm drifts down but does not fall immediately

[ ]  Right arm falls rapidly

[ ]  Left arm drifts down but does not fall immediately

[ ]  Left arm falls rapidly

## General Instructions

This case report form (CRF) contains data elements that are collected before the study participant/ subject is seen at a hospital for the stroke event. The majority of the data elements relate to the emergency medical services (EMS) course. The Glasgow Coma Scale (GCS) and Los Angeles Motor Scale (LAMS) are included to record information about the participant’s/ subject’s neurological impairment prior to being admitted at a hospital.

Important note: None of the data elements included on this CRF is considered Core (i.e., strongly recommended for all stroke clinical studies to collect). Most of the data elements are Supplemental and should only be collected if the research team considers them appropriate for their study.

The Residence type and GCS scores are Supplemental- Highly Recommended\*\* for based on study type, disease stage and disease type. Please refer to [Start-Up](https://www.commondataelements.ninds.nih.gov/sites/nindscde/files/Doc/Stroke/CDEStartupResource_Stroke.pdf) document for details.

## Specific Instructions

Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.

* Date and Time first call received by EMS – This data element is looking to capture the date and time that EMS was first called to the scene of the stroke (and not meant to capture those patients that are transferred between hospitals via EMS). If a patient is transported by EMS from the scene of the stroke to an outside hospital and is then transferred to EMS to your hospital, enter the time when the first call was received by the EMS.
* Date and Time first call received by EMS – No additional instructions
* Date and Time of EMS dispatch – No additional instructions
* EMS dispatch priority – No additional instructions
* EMS dispatch type/code – No additional instructions
* From whom or where were the medical history data obtained? – Choose all that apply.
* Type of transport to hospital – This refers to the method of transport to your hospital, not to the method of initial transport to another facility if the patient was subsequently transferred to your hospital. Mobile stroke units refer to ambulances equipped with a CT scanner, a point-of-care laboratory, and a telemedicine connection to a hospital.
* Date and Time of EMS arrival at scene – This data element refers to the original scene and is not applicable to inter-facility transport or to patients arriving by means other than EMS. Note that EMS includes response by volunteer and professional paramedics, EMTs, fire, police and other municipal service officers responding to 911 calls.
* Date and Time of EMS departure from scene – No additional instructions
* Highest level of EMS personnel – Choose only one response.
* Was a pre-hospital stroke identification screen documented by EMS personnel? – Pre-hospital stroke identification screens are defined as published validated screening algorithms or those required by state EMS agencies (e.g., LAPSS, CPSS, MASS).
* Was a pre-hospital neurologic impairment screen documented by EMS personnel? – Pre-hospital neurologic impairment scales are defined as published validated scales or those required by state EMS agencies (e.g., GCS for suspected hemorrhagic stroke or any stroke with impaired consciousness, Los Angeles Motor Scale, etc.).
* Indicate the stroke screen tool used by EMS personnel – Choose only one response. Select the scale most closely aligned with the tool used.
* Stroke screen outcome – Choose only one response.
* Indicate the severity scale used – Choose only one response.
* Positive for Large Vessel Occlusion (LVO) – Choose only one response.
* If severity scale assessment completed, enter total score – Enter severity scale total score or check “Not documented”.
* Type of residence – Choose only one response.
* Glasgow Coma Score (GCS) – Intubation and severe facial/eye swelling or damage make it impossible to test the verbal and eye responses.
* Los Angeles Motor Scale (LAMS) – Select the check boxes and also choose the appropriate numeric score according to the scoring instructions that appear in brackets ([ ]).