Indicate whether the participant/ subject received any of the following interventions during the hospitalization or at discharge.

Note: NC = None–contraindicated.

1. Specify discharging location:

[ ]  Acute hospital

[ ]  Intensive Inpatient rehabilitation facility (IRF) including distinct rehabilitation units of a hospital: three hours or greater of therapy per day

[ ]  Skilled nursing facility (SNF)/ subacute rehab: less than two hours a day of therapy

[ ]  Medicare certified long-term care hospital (LTCH)

[ ]  Hospice- home or medical facility providing hospice level of care

[ ]  Other not defined above:

1. Counseling to stop smoking/vaping or smoking cessation advice: [ ]  Yes [ ]  No [ ]  NC [ ]  Unknown

If YES, specify the type(s) of smoking cessation treatment received:

[ ]  Direct discussion with the patient or caregiver about stopping smoking

[ ]  Institution of a structured nicotine withdrawal protocol/program during acute hospitalization

[ ]  Prescription of smoking cessation aid (e.g., Habitrol, NicoDerm, Nicorette, Nicotrol, Prostep, Zyban)

[ ]  Prescription of Wellbutrin (bupropion), Chantix (varenicline), or alternative FDA-approved smoking cessation medication if prescribed for smoking cessation

[ ]  Referral to smoking cessation class/program

[ ]  Smoking cessation brochures/handouts/video

[ ]  Education provided to patients and caregivers about second hand smoke exposure

1. Counseling for weight loss: [ ]  Yes [ ]  No [ ]  NC [ ]  Unknown

If YES, specify intervention(s):

[ ]  Provision of educational materials

[ ]  Direct education of overweight patients to achieve healthy weight loss goals

[ ]  Development of individualized plan to achieve weight loss goals

[ ]  Referral to a dietitian for weight loss

[ ]  Referral to a structured program for weight loss

1. Recommendations to increase physical activity: [ ]  Yes [ ]  No [ ]  NC [ ]  Unknown

If YES, specify intervention(s):

[ ]  Provision of educational materials

[ ]  Direct discussion with the patient to reduce sedentary behaviors and work towards increased activity goals (as tolerated)

[ ]  Development of individualized plan to achieve physical activity goals

[ ]  Referral to a regular structured exercise program

[ ]  Other, specify:

1. Dietary recommendations: [ ]  Yes [ ]  No [ ]  NC [ ]  Unknown

If YES, specify intervention(s):

[ ]  Provision of educational materials

[ ]  Direct discussion with the patient or caregiver to adopt a healthy diet

[ ]  Initiation of an individualized diet (includes TLC, DASH, diabetic or heart healthy)

[ ]  Formal dietary counseling or initiation of a structured diet plan

1. Counseling to avoid high sodium intake: [ ]  Yes [ ]  No [ ]  NC [ ]  Unknown

If YES, specify intervention(s):

[ ]  Provision of educational materials

[ ]  Direct discussion with the patient or caregiver to reduce sodium intake

[ ]  Referral to a dietitian or a formal education program

1. Counseling to avoid high alcohol consumption: [ ]  Yes [ ]  No [ ]  NC [ ]  Unknown

If YES, specify intervention(s):

[ ]  Provision of educational materials

[ ]  Direct discussion with the patient or caregiver to avoid excessive alcohol intake

[ ]  Referral to a regular structured rehabilitation program to overcome excessive alcohol intake

1. Counseling to discontinue recreational or prescription drug abuse [ ]  Yes [ ]  No [ ]  NC [ ]  Unknown

If YES, specify intervention(s):

[ ]  Provision of educational materials

[ ]  Direct discussion with the patient or caregiver to avoid recreational drug use

[ ]  Referral to a regular structured rehabilitation program for drug addiction

[ ]  Use of alternative treatment to overcome prescription drug abuse

[ ]  Other, specify:

1. Counseling relating to contraceptive/hormone replacement treatment:

[ ]  Yes [ ]  No [ ]  NC [ ]  Unknown

If YES, specify intervention(s):

[ ]  Direct discussion with the patient to discontinue treatment, if not prescribed for medical indications

[ ]  Utilization of alternative contraceptive/hormonal treatment or approaches

1. Counseling to adopt tools for mental resilience and stress management:

[ ]  Yes [ ]  No [ ]  NC [ ]  Unknown

If YES, specify intervention(s):

[ ]  Direct discussion with the patient or caregiver

[ ]  Other, specify:

## General Instructions

This case report form (CRF) contains data elements related to lifestyle modifications/ interventions the participant/ subject received while in the hospital for the stroke event or is prescribed upon discharge from the hospital. Several of the elements were taken from /are taken from the Get With The Guidelines® Stroke Patient Management Tool, Guidelines for the Early Management of Patients With Acute Ischemic Stroke: 2019 Update to the 2018 Guidelines for the Early Management of Acute Ischemic Stroke: A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association ([Powers WJ, et al.](https://www.ahajournals.org/doi/10.1161/STR.0000000000000211)) and/or the Paul Coverdell National Acute Stroke Registry.

It may be important for some studies to assess how well the participant/ subject followed the lifestyle modification recommendations at subsequent follow up visits. For those studies, the Patient-Centered Assessment and Counseling for Exercise (and Nutrition) [PACE] instrument is recommended. It contains questions related to exercise, nutrition, and smoking. The PACE is copyright protected by the San Diego State University Foundation and San Diego Center for Health Interventions, LLC. Please contact this organization [Project PACE, Student Health Services, San Diego State University, 5500 Campanile Drive, San Diego, CA 92182 [Pace Project](http://www.paceproject.org/Home.html)] for a copy of the instrument that contains the code list/ permissible values and other important definitions and instructions.

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). Rather, all the data elements are Supplemental and should only be collected if the research team considers them appropriate for their study.

## Specific Instructions

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

* Counseling to stop smoking/vaping or smoking cessation advice – If the patient refused smoking cessation advice or counseling during this hospital stay, select "Yes". It does not meet criteria of Yes to simply advise the patient that smoking is bad for their health. Smoking cessation therapies such as patch, gum, etc., are also equivalent to counseling. If the patient has a history of cigarette smoking within the year prior to arrival date but the patient does not currently smoke, they should be advised to continue not smoking. For these patients, if this advice/counseling was not done, select "No". If the patient is prescribed Wellbutrin (bupropion), it should not be assumed that this is a smoking cessation aid unless specifically noted as such. It is sometimes used as an antidepressant unrelated to smoking. If a reason for non-treatment was documented in the medical record (e.g., not indicated, contraindicated, patient/family refused), select “NC.”
* Type(s) of smoking cessation treatment received – No additional instructions
* Weight loss and/or increased physical activity recommendations – Patients who are overweight or obese (BMI 25 or greater) are candidates for intervention in weight management or increased physical activity. Patients who exercise less than three (3) days a week for 30 minutes should receive a written activity recommendation or referral to stroke rehabilitation involving increased activity.
* Dietary recommendations (e.g., put on TLC diet or DASH diet) – No additional instructions
* Counseling to avoid high sodium intake
* Counseling to avoid high alcohol consumption
* Counseling to discontinue recreational or prescription drug abuse
* Counseling relating to contraceptive/hormone replacement treatment
* Counseling to adopt tools for mental resilience and stress management