

Study number:

Date of inclusion: \_\_\_/\_\_\_/\_\_\_

## 90 day follow-up CRF

Date & Time of follow-up assessment: \_\_\_/\_\_\_/\_\_\_ :\_\_\_:\_\_\_

Residence of the patient at 90 days after index event:

- Home
- Rehabilitation facility
- Acute care hospital
- Nursing home
- Other, please specify: \_\_\_\_\_

What is the suspected etiology of the index stroke:

- Large artery atherosclerosis
- Small-vessel occlusion (lacune)
- Cardio-embolism
- Stroke of other determined etiology
- Stroke of undetermined etiology

If stroke of undetermined etiology:

- Two or more causes identified
- Negative evaluation
- Incomplete evaluation

Did any of the following events occur:

- Recurrent ipsilateral TIA/amaurosis fugax
- Recurrent ipsilateral ischemic stroke
- Any stroke/TIA
- Any intracranial hemorrhage
- Any extracranial hemorrhage
- Death
- No event occurred

**Please complete SAE form(s) in Castor and report to sponsor!**

### Medication (at home)

**Antiplatelet agents:**

Acetylsalicylic acid/carbasalate calcium:	<input type="radio"/> No	<input type="radio"/> Yes
Clpidogrel:	<input type="radio"/> No	<input type="radio"/> Yes
Dipyridamole:	<input type="radio"/> No	<input type="radio"/> Yes
Ticagrelor:	<input type="radio"/> No	<input type="radio"/> Yes
Other:	<input type="radio"/> No	<input type="radio"/> Yes

If yes, please specify; \_\_\_\_\_

**Vitamin K antagonist:**

Acenocoumarol:	<input type="radio"/> No	<input type="radio"/> Yes
Phenprocoumon (Marcoumar):	<input type="radio"/> No	<input type="radio"/> Yes

**Direct Oral Anticoagulants:**

Rivaroxaban (Xarelto):	<input type="radio"/> No	<input type="radio"/> Yes
Dabigatran (Pradaxa):	<input type="radio"/> No	<input type="radio"/> Yes
Apixaban (Eliquis):	<input type="radio"/> No	<input type="radio"/> Yes
Edoxaban (Lixiana):	<input type="radio"/> No	<input type="radio"/> Yes
Other:	<input type="radio"/> No	<input type="radio"/> Yes

If yes, please specify; \_\_\_\_\_

**Therapeutic heparin:**  No  Yes

**Lipid lowering therapy:**

High intensity statin:	<input type="radio"/> No	<input type="radio"/> Yes
Low intensity statin:	<input type="radio"/> No	<input type="radio"/> Yes
Ezetimibe:	<input type="radio"/> No	<input type="radio"/> Yes
Fibrate:	<input type="radio"/> No	<input type="radio"/> Yes
PCSK9-inhibitor:	<input type="radio"/> No	<input type="radio"/> Yes
Other:	<input type="radio"/> No	<input type="radio"/> Yes

If yes, please specify; \_\_\_\_\_

**i** High-intensity statin: Atorvastatin 40-80mg daily or rosuvastatin 20-40mg daily  
 Low/moderate intensity statin: Atorvastatin 10-20mg daily, rosuvastatin 5-10mg daily, simvastatin 10-40mg daily, pravastatin 10-90mg daily, Lovastatin 20-40mg daily, Fluvastatin 20-80mg daily, Pitavastatin 1-4mg daily

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<b>Antihypertensive drugs:</b>	<input type="radio"/> No	<input type="radio"/> Yes
ACE-inhibitor:	<input type="radio"/> No	<input type="radio"/> Yes
Angiotensin II receptor blocker:	<input type="radio"/> No	<input type="radio"/> Yes
Beta blocker:	<input type="radio"/> No	<input type="radio"/> Yes
Calcium channel blocker:	<input type="radio"/> No	<input type="radio"/> Yes
Diuretic:	<input type="radio"/> No	<input type="radio"/> Yes
Other:	<input type="radio"/> No	<input type="radio"/> Yes
If yes, please specify; _____		

<b>Anti-diabetic medication:</b>	<input type="radio"/> No	<input type="radio"/> Yes
Insulin:	<input type="radio"/> No	<input type="radio"/> Yes
Oral antidiabetic agents:	<input type="radio"/> No	<input type="radio"/> Yes
Other:	<input type="radio"/> No	<input type="radio"/> Yes
If yes, please specify; _____		

### (S)AE Check

Did the patient experience 1 or more (serious) adverse events:	<input type="radio"/> No	<input type="radio"/> Yes
<b>If yes, please complete SAE form(s) in Castor and report to sponsor!</b>		

### Carotid ultrasound

Was a carotid ultrasound performed 90 days after the index event:	<input type="radio"/> No	<input type="radio"/> Yes
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Date & Time of carotid ultrasound: \_\_\_/\_\_\_/\_\_\_ :\_\_\_

Part of routine care:	<input type="radio"/> No	<input type="radio"/> Yes
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Symptomatic carotid artery re-occluded on ultrasound:	<input type="radio"/> No	<input type="radio"/> Yes
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#### Left carotid artery:

Grading of <b>left</b> carotid artery stenosis on duplex ultrasound:	<input type="radio"/> 0-49%	<input type="radio"/> >90%
	<input type="radio"/> 50-69%	<input type="radio"/> Near-occlusion
	<input type="radio"/> 70-89%	<input type="radio"/> Occlusion

Peak systolic flow velocity in the left common carotid artery: \_\_\_\_\_ cm/s

Peak systolic flow velocity in the proximal left internal carotid artery: \_\_\_\_\_ cm/s

End diastolic flow velocity in the proximal left internal carotid artery: \_\_\_\_\_ cm/s

Peak systolic flow velocity in the distal left internal carotid artery: \_\_\_\_\_ cm/s

End diastolic flow velocity in the distal left internal carotid artery: \_\_\_\_\_ cm/s

#### Right carotid artery:

Grading of <b>right</b> carotid artery stenosis on duplex ultrasound:	<input type="radio"/> 0-49%	<input type="radio"/> >90%
	<input type="radio"/> 50-69%	<input type="radio"/> Near-occlusion
	<input type="radio"/> 70-89%	<input type="radio"/> Occlusion

Peak systolic flow velocity in the right common carotid artery: \_\_\_\_\_ cm/s

Peak systolic flow velocity in the proximal right internal carotid artery: \_\_\_\_\_ cm/s

End diastolic flow velocity in the proximal right internal carotid artery: \_\_\_\_\_ cm/s

Peak systolic flow velocity in the distal right internal carotid artery: \_\_\_\_\_ cm/s

End diastolic flow velocity in the distal right internal carotid artery: \_\_\_\_\_ cm/s

### Review all Data for this Visit

Physician	Study Nurse
Date: ___/___/___	Date: ___/___/___
Signature: _____	Signature: _____

Other, comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_