

A. PARTICIPANT ADMINISTRATION			
Participant ID ¹⁰⁰⁰ : _____		Participant Name ¹⁰¹⁰ : _____	
Medicare Provider # ¹⁰¹⁵ : _____		Participant NPI ¹⁰¹⁶ : _____	
B. DEMOGRAPHICS			
Last Name ²⁰⁰⁰ : _____		First Name ²⁰¹⁰ : _____	Middle Name ²⁰²⁰ : _____
SSN ²⁰³⁰ : _____ - _____ - _____ <input type="checkbox"/> No SSN ²⁰³¹		Unique Pt. ID ²⁰⁴⁰ : _____ (auto)	Other ID ²⁰⁴⁵ : _____
HIC ²⁰⁴⁶ : _____ <input type="checkbox"/> No HIC ²⁰⁴⁷		Date of Birth ²⁰⁵⁰ : ____/____/____	Sex ²⁰⁶⁰ : <input type="radio"/> Male <input type="radio"/> Female
Race ²⁰⁷⁰ : <input type="radio"/> White		<input type="radio"/> Black/African American	Hispanic Ethnicity ²⁰⁷⁶ : <input type="radio"/> No <input type="radio"/> Yes
<input type="radio"/> Asian		<input type="radio"/> American Indian/Alaskan Native	
<input type="radio"/> Native Hawaiian/Pacific Islander		<input type="radio"/> Other	
C. ADMISSION			
Admission Date ³⁰⁰⁰ : ____/____/____		Patient Zip Code ³⁰⁰⁵ : _____ <input type="checkbox"/> No Zip ³⁰⁰⁶	
Insurance Payors (choose all that apply) ³⁰¹⁰ : <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Commercial			
<input type="checkbox"/> Military/VAMC <input type="checkbox"/> Non-U.S. Insurance <input type="checkbox"/> Self/None			
D. HISTORY AND RISK FACTORS			
<i>GENERAL HISTORY AND RISK FACTORS (PREPROCEDURE)</i>			
Height ⁴⁰⁰⁰ : _____ cm		Weight ⁴⁰⁰⁵ : _____ kg	
Preprocedure Creatinine Level (most recent prior to procedure) ⁴⁰¹¹ : _____ mg/dL <input type="checkbox"/> Not Assessed ⁴⁰¹⁰			
Currently On Dialysis ⁴⁰¹⁵ : <input type="radio"/> No <input type="radio"/> Yes			
Tobacco History ⁴⁰²⁰ : <input type="radio"/> Current <input type="radio"/> Former <input type="radio"/> Never			
Hypertension ⁴⁰²⁵ : <input type="radio"/> No <input type="radio"/> Yes			
Dyslipidemia ⁴⁰³⁰ : <input type="radio"/> No <input type="radio"/> Yes			
Peripheral Arterial Disease (PAD) ⁴⁰³⁵ : <input type="radio"/> No <input type="radio"/> Yes			
Diabetes Mellitus ⁴⁰⁴⁰ : <input type="radio"/> No <input type="radio"/> Yes			
Chronic Lung Disease ⁴⁰⁴⁵ : <input type="radio"/> No <input type="radio"/> Yes		→ If Yes, Home O2 Therapy ⁴⁰⁴⁶ : <input type="radio"/> No <input type="radio"/> Yes	
Major Surgery Planned w/in Next 8 Wks ⁴⁰⁵⁰ : <input type="radio"/> No <input type="radio"/> Yes		→ If Yes, Type of Surgery ⁴⁰⁵¹ : <input type="radio"/> Cardiac <input type="radio"/> Vascular <input type="radio"/> Other	
Previous Neck Radiation ⁴⁰⁵⁵ : <input type="radio"/> No <input type="radio"/> Yes			
Previous Neck Surgery (other than CEA) ⁴⁰⁶⁰ : <input type="radio"/> No <input type="radio"/> Yes			
Tracheostomy Present ⁴⁰⁶⁵ : <input type="radio"/> No <input type="radio"/> Yes			
Previous Laryngeal Nerve Palsy ⁴⁰⁷⁰ : <input type="radio"/> No <input type="radio"/> Yes-Right <input type="radio"/> Yes-Left			
<i>CARDIAC HISTORY (PREPROCEDURE)</i>			
Ischemic Heart Disease ⁴²⁰⁰ : <input type="radio"/> No <input type="radio"/> Yes		History of Atrial Fibrillation or Flutter ⁴²³⁰ : <input type="radio"/> No <input type="radio"/> Yes	
Two or More Major Coronary Arteries with Stenosis >= 70% (LAD, LCX, RCA) ⁴²⁰² : <input type="radio"/> No <input type="radio"/> Yes		Left Main Coronary Artery Stenosis >= 50% ⁴²³² : <input type="radio"/> No <input type="radio"/> Yes	
MI w/in 6 Weeks ⁴²⁰⁵ : <input type="radio"/> No <input type="radio"/> Yes		Moderate to Severe Aortic Stenosis ⁴²³⁵ : <input type="radio"/> No <input type="radio"/> Yes	
Angina CCS Class III or IV w/in 6 Weeks ⁴²¹⁰ : <input type="radio"/> No <input type="radio"/> Yes		Moderate to Severe Mitral Stenosis ⁴²⁴⁰ : <input type="radio"/> No <input type="radio"/> Yes	
History of Heart Failure ⁴²¹⁵ : <input type="radio"/> No <input type="radio"/> Yes		Mechanical Aortic or Mitral Valve ⁴²⁴⁵ : <input type="radio"/> No <input type="radio"/> Yes	
NYHA Functional Class III or IV w/in 6 Weeks ⁴²²⁰ : <input type="radio"/> No <input type="radio"/> Yes		Permanent Pacemaker or ICD ⁴²⁵⁰ : <input type="radio"/> No <input type="radio"/> Yes	
Most Recent LVEF % ⁴²²⁶ : _____ <input type="checkbox"/> Not Assessed ⁴²²⁵		ASA Grade ⁴²⁵⁵ : <input type="radio"/> I <input type="radio"/> II <input type="radio"/> III <input type="radio"/> IV <input type="radio"/> V	

NEUROLOGIC HISTORY AND RISK FACTORS (PREPROCEDURE)

Dementia or Alzheimer's Disease⁴³⁰⁰: No Yes
 History of Seizure or Known Seizure Disorder⁴³⁰⁵: No Yes
 Previous Carotid Intervention⁴³¹⁰: No Yes

→ If Yes, select most recent occurrence for each:

Carotid Artery	Carotid Intervention	No	Yes ≤ 30 days	Yes 31–180 days	Yes ≥ 181 days
Right	CEA ⁴³¹¹	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	CAS ⁴³¹²	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Left	CEA ⁴³¹³	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	CAS ⁴³¹⁴	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Neurologic Event(s) prior to procedure⁴³²⁰: No Yes

→ If Yes, select most recent occurrence for each:

Category	Territory	No	Yes ≤ 30 days	Yes 31–180 days	Yes ≥ 181 days
Transient Ischemic Attack (resolved w/in 24 hours)	Right Retinal ⁴³²¹	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Left Retinal ⁴³²²	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Right Hemispheric ⁴³²³	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Left Hemispheric ⁴³²⁴	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Vertebrobasilar ⁴³²⁵	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Unknown ⁴³²⁶	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ischemic Stroke (completed)	Right Retinal ⁴³²⁷	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Left Retinal ⁴³²⁸	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Right Hemispheric ⁴³²⁹	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Left Hemispheric ⁴³³⁰	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Vertebrobasilar ⁴³³¹	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Unknown ⁴³³²	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intracranial Hemorrhage or Hemorrhagic Stroke	Intraparenchymal ⁴³³³	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Subarachnoid ⁴³³⁴	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Subdural ⁴³³⁵	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Acute Evolving Stroke (ongoing and progressing at the time of the procedure)⁴³⁴⁰: No Yes

NEUROLOGIC STATUS (PREPROCEDURE)

Preprocedure NIH Stroke Scale Total Score⁴⁴⁰¹: _____ Not Administered⁴⁴⁰⁰ Date Administered⁴⁴⁰²: ____/____/____

Examiner Name: Last⁴⁴⁰⁵: _____ First⁴⁴⁰⁶: _____ Middle⁴⁴⁰⁷: _____ Certified⁴⁴⁰⁴: No Yes

Preprocedure Modified Rankin Score⁴⁴¹¹: _____ Not Administered⁴⁴¹⁰

NON-INVASIVE CAROTID STUDIES (PREPROCEDURE)

Carotid Duplex Ultrasound ⁴⁵⁰⁰ : <input type="radio"/> No <input type="radio"/> Yes	→ If yes,	Right		Left	
		Peak Systolic Velocity	_____ cm/sec ⁴⁵⁰⁵	_____ cm/sec ⁴⁵¹⁰	
		End Diastolic Velocity	_____ cm/sec ⁴⁵¹⁵	_____ cm/sec ⁴⁵²⁰	
		ICA/CCA Ratio	_____ ⁴⁵²⁵	_____ ⁴⁵³⁰	
		Right		Left	
MR Angiography (MRA) Performed ⁴⁶⁰⁰ : <input type="radio"/> No <input type="radio"/> Yes	→ If yes, enter highest values or ranges	CCA Stenosis	Highest % Stenosis ⁴⁶⁰⁵ : _____ Lower % ⁴⁶¹⁰ : _____ or Upper % ⁴⁶¹⁵ : _____	Highest % Stenosis ⁴⁶²⁰ : _____ Lower % ⁴⁶²⁵ : _____ or Upper % ⁴⁶³⁰ : _____	
		ICA Stenosis	Highest % Stenosis ⁴⁶³⁵ : _____ Lower % ⁴⁶⁴⁰ : _____ or Upper % ⁴⁶⁴⁵ : _____	Highest % Stenosis ⁴⁶⁵⁰ : _____ Lower % ⁴⁶⁵⁵ : _____ or Upper % ⁴⁶⁶⁰ : _____	
		Right		Left	
CT Angiography (CTA) Performed ⁴⁷⁰⁰ : <input type="radio"/> No <input type="radio"/> Yes	→ If yes, enter highest values or ranges	CCA Stenosis	Highest % Stenosis ⁴⁷⁰⁵ : _____ Lower % ⁴⁷¹⁰ : _____ or Upper % ⁴⁷¹⁵ : _____	Highest % Stenosis ⁴⁷²⁰ : _____ Lower % ⁴⁷²⁵ : _____ or Upper % ⁴⁷³⁰ : _____	
		ICA Stenosis	Highest % Stenosis ⁴⁷³⁵ : _____ Lower % ⁴⁷⁴⁰ : _____ or Upper % ⁴⁷⁴⁵ : _____	Highest % Stenosis ⁴⁷⁵⁰ : _____ Lower % ⁴⁷⁵⁵ : _____ or Upper % ⁴⁷⁶⁰ : _____	
		Right		Left	

E. PROCEDURE INFORMATION					
Date of Procedure ⁵⁰⁰⁰ : ____/____/____			Target Carotid Vessel ⁵⁰⁰⁵ : <input type="radio"/> Right <input type="radio"/> Left		
Operator's UPIN ⁵⁰¹⁰ : _____			Operator's NPI ⁵⁰¹⁵ : _____		
Operator Name: Last ⁵⁰²⁰ : _____		First ⁵⁰²¹ : _____		Middle ⁵⁰²² : _____	
Current Procedure Part of a Carotid Clinical Trial ⁵⁰²⁵ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Trial Type ⁵⁰²⁶ :			<input type="radio"/> Postmarket Surveillance <input type="radio"/> Premarket Approval or IDE <input type="radio"/> Other		
Anesthesia ⁵⁰³⁰ : <input type="radio"/> General <input type="radio"/> Local					
<i>PROCEDURE INDICATIONS AND ANATOMIC VARIABLES</i>					
Urgent Cardiac Surgery Needed w/in 30 days ⁵⁰³³ : <input type="radio"/> No <input type="radio"/> Yes			Contralateral Carotid Artery Occlusion ⁵⁰⁵⁰ : <input type="radio"/> No <input type="radio"/> Yes		
Target Lesion Symptomatic w/in Past 6 Months ⁵⁰³⁵ : <input type="radio"/> No <input type="radio"/> Yes			Fibromuscular Dysplasia of Carotid Artery ⁵⁰⁵⁵ : <input type="radio"/> No <input type="radio"/> Yes		
Restenosis in Target Vessel after prior CAS ⁵⁰⁴⁰ : <input type="radio"/> No <input type="radio"/> Yes			Spontaneous Carotid Artery Dissection ⁵⁰⁶⁰ : <input type="radio"/> No <input type="radio"/> Yes		
Restenosis in Target Vessel after prior CEA ⁵⁰⁴⁵ : <input type="radio"/> No <input type="radio"/> Yes					
Lesion Difficult to Access Surgically ⁵⁵⁰⁰ : <input type="radio"/> No <input type="radio"/> Yes			→ If Yes, Lesion Location ⁵⁵⁰¹ : <input type="radio"/> High Cervical <input type="radio"/> Low Intrathoracic		
Aortic Arch Type ⁵⁵⁰⁵ : <input type="radio"/> Type I <input type="radio"/> Type II <input type="radio"/> Type III		Bovine Arch ⁵⁵¹⁵ : <input type="radio"/> No <input type="radio"/> Yes			
Contrast Volume ⁵⁵¹⁰ : _____ ml		Arterial Access Closure Method(s) ^{5532,5533} (list methods and/or devices in chronological order below)			
Fluoro Time ⁵⁵²⁰ : _____ minutes					
Procedural Arterial Access Site ⁵⁵²⁵ :					
<input type="radio"/> Femoral <input type="radio"/> Brachial/Radial/Axillary		1			
<input type="radio"/> Direct Carotid Puncture <input type="radio"/> Carotid Cutdown		2			
<input type="radio"/> Other		3			
F. LESIONS AND DEVICES (REPEAT SECTION FOR EACH LESION ATTEMPTED)					
Target Lesion Location ⁶⁰⁰⁰ : <input type="radio"/> Isolated CCA <input type="radio"/> Isolated ICA <input type="radio"/> Bifurcation					
Visible Thrombus Present ⁶⁰⁰⁵ : <input type="radio"/> No <input type="radio"/> Yes					
Ulceration ⁶⁰¹⁰ : <input type="radio"/> No <input type="radio"/> Yes					
Calcification ⁶⁰¹⁵ : <input type="radio"/> None <input type="radio"/> Mild to Moderate <input type="radio"/> Dense and Concentric					
Lesion Length ⁶⁰²⁰ : _____ mm		Minimum Luminal Diameter (MLD) ⁶⁰²⁵ : _____ mm		Diameter of Distal (Non-tapered) ICA for NASCET ⁶⁰³⁰ : _____ mm	
Preprocedure % Stenosis (use NASCET technique unless CCA) ⁶⁰³⁵ : _____ %					
Lesion Treatment Incomplete or Aborted ⁶⁰⁴⁰ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Reason ⁶⁰⁴¹ : (Check all that apply below)					
<input type="checkbox"/> Failure to gain vascular access <input type="checkbox"/> Failure to confirm significant stenosis <input type="checkbox"/> Unable to place guiding catheter/sheath <input type="checkbox"/> Unable to cross guidewire <input type="checkbox"/> Unable to cross balloon <input type="checkbox"/> Unable to deploy EPD <input type="checkbox"/> Unable to deliver stent <input type="checkbox"/> Unable to deploy stent <input type="checkbox"/> Difficult to access due to tortuosity <input type="checkbox"/> Hypotension <input type="checkbox"/> Hypertension <input type="checkbox"/> Arrhythmia <input type="checkbox"/> Cardiac ischemia <input type="checkbox"/> Other					
Embolic Protection Attempted ⁶¹⁰⁰ : <input type="radio"/> No <input type="radio"/> Yes					
→ If Yes, Predilation Prior to EPD Deployment ⁶¹⁰¹ : <input type="radio"/> No <input type="radio"/> Yes					
→ If Yes, (list EPD devices in chronological order below)					
EPD Brand/Model⁶¹¹⁴/Manufacturer⁶¹¹³				Successfully Deployed⁶¹¹¹	
1				<input type="radio"/> No <input type="radio"/> Yes	
2				<input type="radio"/> No <input type="radio"/> Yes	
Predilation Prior to Attempted Stent Implant (but after Embolic Protection Device) ⁶²⁰¹ : <input type="radio"/> No <input type="radio"/> Yes					
Stent(s) Implanted ⁶²⁰⁰ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, (list stents in chronological order below)					
Stent Brand/Model⁶²¹⁷/Manufacturer⁶²¹⁶			Tapered⁶²¹¹		Diameter⁶²¹² (smallest if tapered)
					Length⁶²¹³
1			<input type="radio"/> No <input type="radio"/> Yes		_____ mm
2			<input type="radio"/> No <input type="radio"/> Yes		_____ mm
					_____ mm
Malposition ⁶²¹⁴ : <input type="radio"/> No <input type="radio"/> Yes					
Postdilation Performed ⁶³⁰⁰ : <input type="radio"/> No <input type="radio"/> Yes					
→ If Yes, Nominal Balloon Diameter ⁶³⁰¹ : _____ mm					
→ If Yes, Maximum Inflation Pressure ⁶³⁰² : _____ atm					
Final Minimum Luminal Diameter (MLD) ⁶³⁰⁵ : _____ mm					
Final % Stenosis (use NASCET technique unless CCA) ⁶³¹⁰ : _____ %					

G. MEDICATIONS Note: For each med indicate **No** (not administered), **Yes** (administered) or **Contra** (Contraindicated or Blinded).

PREPROCEDURE MEDICATIONS^{7000,7001} (Indicate the meds patient received in adequate dose to achieve a therapeutic level at the onset of the procedure.)

Category	Medication	Preprocedure			Category	Medication	Preprocedure		
		No	Yes	Contra			No	Yes	Contra
Antiplatelets	ASA (Aspirin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Clopidogrel (Plavix)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Ticlopidine (Ticlid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

INTRAPROCEDURE AND POSTPROCEDURE MEDICATIONS^{7005,7010,7001} (Indicate the meds patient received intra and post procedure.)

Category	Medication	Intraprocedure			Postprocedure			Category	Medication	Intraprocedure			Postprocedure		
		No	Yes	Contra	No	Yes	Contra			No	Yes	Contra	No	Yes	Contra
Anticoagulants	Unfractionated Heparin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	IIb/IIIas	Any	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	LMWH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Vasodilators	Any	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Atropine	Atropine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Vasopressors	Any	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thrombin Inhibitors	Any	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

H. POSTPROCEDURE NEUROLOGIC ASSESSMENT (RECOMMENDED TIMEFRAME IS 24 HRS POSTPROCEDURE)

Postprocedure NIH Stroke Scale Total Score⁷¹⁰¹: _____ Not Administered⁷¹⁰⁰ Date Administered⁷¹⁰²: ____/____/____

Examiner Name: Last⁷¹⁰⁵: _____ First⁷¹⁰⁶: _____ Middle⁷¹⁰⁷: _____ Certified⁷¹⁰⁴: No Yes

Postprocedure Modified Rankin Score⁷¹¹¹: _____ Not Administered⁷¹¹⁰

I. ADVERSE EVENTS (DURING HOSPITALIZATION FOR CURRENT PROCEDURE)

New Stroke or TIA⁷²⁰⁰: No Yes → If Yes, Specify All New Events and Resolution Status below:

Territory	New Deficit Developed?				Deficit Resolved?			
	No	Yes - Intra Procedure	Yes - Post Procedure		Yes - Intra Procedure	Yes - W/in 24 hrs of Procedure	Yes - Before Discharge	Not Resolved
Right Hemispheric or Retinal ^{7205, 7210}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→ If Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Left Hemispheric or Retinal ^{7215, 7220}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→ If Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vertebrobasilar ^{7225, 7230}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→ If Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unknown ^{7235, 7240}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→ If Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other Adverse Events⁷³⁰⁰: No Yes → If Yes, Specify All Other Adverse Events^{7304,7305} below:

Category	Description	No	Yes	Category	Description	No	Yes
Other Neurologic (not TIA/ Stroke)	New Seizure (intra or post)	<input type="radio"/>	<input type="radio"/>	Angiographic	Unanticipated Carotid Tear or Dissection Requiring Treatment	<input type="radio"/>	<input type="radio"/>
	Hyperperfusion Syndrome	<input type="radio"/>	<input type="radio"/>		Urgent Surgery Required for Technical Problems with Stent Deployment or Placement	<input type="radio"/>	<input type="radio"/>
	Intracranial Hemorrhage	<input type="radio"/>	<input type="radio"/>		Intracranial Embolization	<input type="radio"/>	<input type="radio"/>
Cardiac and Hemodynamic	Persistent Hypotension Requiring Treatment with Parenteral Medications >24 Hours Post-Procedure	<input type="radio"/>	<input type="radio"/>	Bleeding	Procedure Related Bleeding or Hematoma Requiring Red Blood Cell Transfusion	<input type="radio"/>	<input type="radio"/>
	Arrhythmia Requiring Cardioversion, or Implantation of a Permanent Pacer or ICD	<input type="radio"/>	<input type="radio"/>	Arterial Access Site	Pseudoaneurysm Requiring Treatment w/Thrombin Injection and/or Compression During Hospitalization	<input type="radio"/>	<input type="radio"/>
	Myocardial Infarction	<input type="radio"/>	<input type="radio"/>		Access Site Related Injury requiring open surgical repair	<input type="radio"/>	<input type="radio"/>
	Acute Heart Failure or Pulmonary Edema	<input type="radio"/>	<input type="radio"/>		Vessel Thrombosis, Peripheral Embolization or New Ischemia of Extremity	<input type="radio"/>	<input type="radio"/>
Renal	New Requirement for Dialysis	<input type="radio"/>	<input type="radio"/>	Other	Unexpected Intubation and/or Resuscitation	<input type="radio"/>	<input type="radio"/>
Infection	Infection Related to Procedure, Requiring Antibiotics	<input type="radio"/>	<input type="radio"/>		Contrast Reaction (anaphylactoid type)	<input type="radio"/>	<input type="radio"/>

J. DISCHARGE

Peak Postprocedure Creatinine Level (obtained prior to discharge)⁸⁰⁰¹: _____ mg/dL Not Assessed⁸⁰⁰⁰

Discharge Date⁸⁰⁰⁵: _____ / _____ / _____

Discharge Status⁸⁰¹⁰: Alive Deceased

→ If Deceased, Cause of Death⁸⁰¹¹: Neurologic Cardiac Pulmonary Vascular Infection Renal Other

→ If Deceased, Death During Procedure⁸⁰¹²: No Yes

→If Alive DISCHARGE MEDICATIONS^{8020,7001} (Indicate the meds that were prescribed at discharge.)

Category	Medication	Prescribed at Discharge			Category	Medication	Prescribed at Discharge		
		No	Yes	Contra			No	Yes	Contra
Anticoagulants	Warfarin (Coumadin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Statins	Any	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antiplatelets	ASA (Aspirin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other Lipid Lowering Agent (non-statin)	Any	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Clopidogrel (Plavix)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Ticlopidine (Ticlid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

→If Alive Anticipated Follow-up Date⁸⁰²⁵: _____ / _____ / _____

K. FOLLOW-UP (RECOMMENDED TIMEFRAME IS 30 DAYS)

PARTICIPANT INFORMATION:

Participant ID¹⁰⁰⁰: _____ Participant Name¹⁰¹⁰: _____

PATIENT INFORMATION:

Last Name²⁰⁰⁰: _____ First Name²⁰¹⁰: _____ Middle Name²⁰²⁰: _____

SSN²⁰³⁰: _____ - _____ - _____ No SSN²⁰³¹ Date of Birth²⁰⁵⁰: ____/____/____

Date of Procedure⁵⁰⁰⁰: ____/____/____ Target Carotid Vessel⁵⁰⁰⁵: Right Left

Patient Follow-up Performed⁹⁰⁰⁰: No Yes
 → If No, Why Was Follow-up Not Performed⁹⁰⁰¹: Patient Refused Patient Unavailable Other
 → If Yes, Complete Below:

Follow-up Date⁹⁰⁰²: ____/____/____

Follow-up NIH Stroke Scale Total Score⁹⁰¹¹: _____ Not Administered⁹⁰¹⁰ Date Administered⁹⁰¹²: ____/____/____
 Examiner Name: Last⁹⁰¹⁵: _____ First⁹⁰¹⁶: _____ Middle⁹⁰¹⁷: _____ Certified⁹⁰¹⁴: No Yes

Follow-up Modified Rankin Score⁹⁰²¹: _____ Not Administered⁹⁰²⁰

CEA on Target Carotid Vessel⁹⁰³⁰: No Yes

CAS on Target Carotid Vessel⁹⁰³⁵: No Yes

If the patient has not been discharged at the time of follow-up, do not collect the remaining elements on this form.

Patient Status⁹¹⁰⁰: Alive Deceased
 → If Deceased, Date of Death⁹¹⁰¹: ____/____/____
 → If Deceased, Cause of Death at Follow-Up⁹¹⁰²: Neurologic Cardiac Pulmonary Vascular Infection Renal Other
 → If Alive, Complete the Following:

Neurologic Deficit(s) Occurred Since Discharge⁹¹¹⁰: No Yes
 → If Yes, Indicate Territories and Timeframes below:

Territory	Deficit Occurrence and Resolution Timeframe			
	No Deficit Occurred	Deficit Occurred, Resolved w/in 24 hours (i.e. TIA)	Deficit Occurred, Duration >24 hours, But Completely Resolved	Persistent Deficit Occurred Lasting > 24 Hours, Not Completely Resolved
Right Retinal ⁹¹¹¹	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Left Retinal ⁹¹¹²	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Right Hemispheric ⁹¹¹³	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Left Hemispheric ⁹¹¹⁴	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vertebrobasilar ⁹¹¹⁵	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unknown ⁹¹¹⁶	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

OTHER EVENTS SINCE DISCHARGE:

→ If Alive, Myocardial Infarction Since Discharge⁹¹⁵⁰: No Yes

→ If Alive, Renal Failure Requiring Dialysis⁹¹⁶⁵: No Yes

→ If Alive, Most Recent Creatinine Level (obtained since discharge)⁹¹⁷¹: _____ mg/dL Not Assessed⁹¹⁷⁰