

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 <input type="radio"/> Asian <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Native Hawaiian/Pacific Islander <input type="radio"/> Other		Hispanic Ethnicity ²⁰⁷⁶ : <input type="radio"/> No <input type="radio"/> Yes	
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			
Prior 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	<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			
MR Angiography (MRA) Performed ⁴⁶⁰⁰ : <input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	→ If yes, enter highest values or ranges			Right		Left	
			CCA Stenosis	Highest % Stenosis ⁴⁶⁰⁵ : _____ or Lower % ⁴⁶¹⁰ : _____ Upper % ⁴⁶¹⁵ : _____	Highest % Stenosis ⁴⁶²⁰ : _____ or Lower % ⁴⁶²⁵ : _____ Upper % ⁴⁶³⁰ : _____			
			ICA Stenosis	Highest % Stenosis ⁴⁶³⁵ : _____ or Lower % ⁴⁶⁴⁰ : _____ Upper % ⁴⁶⁴⁵ : _____	Highest % Stenosis ⁴⁶⁵⁰ : _____ or Lower % ⁴⁶⁵⁵ : _____ Upper % ⁴⁶⁶⁰ : _____			
			CCA Stenosis	Highest % Stenosis ⁴⁷⁰⁵ : _____ or Lower % ⁴⁷¹⁰ : _____ Upper % ⁴⁷¹⁵ : _____	Highest % Stenosis ⁴⁷²⁰ : _____ or Lower % ⁴⁷²⁵ : _____ Upper % ⁴⁷³⁰ : _____			
CT Angiography (CTA) Performed ⁴⁷⁰⁰ : <input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	→ If yes, enter highest values or ranges			Right		Left	
			ICA Stenosis	Highest % Stenosis ⁴⁷³⁵ : _____ or Lower % ⁴⁷⁴⁰ : _____ Upper % ⁴⁷⁴⁵ : _____	Highest % Stenosis ⁴⁷⁵⁰ : _____ or Lower % ⁴⁷⁵⁵ : _____ Upper % ⁴⁷⁶⁰ : _____			

E. PROCEDURE INFORMATION

Date of Procedure ⁵⁰⁰⁰ : ____/____/____		Target Carotid Vessel ⁵⁰⁰⁵ : <input type="radio"/> Right <input type="radio"/> Left	
Operator UPIN ⁵⁰¹⁰ : _____		Operator 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			
PROCEDURE INDICATIONS AND ANATOMIC VARIABLES			
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			

F. INTRAPROCEDURE INFORMATION

Arteriotomy Patch Used ⁵⁸⁰⁰ : <input type="radio"/> No <input type="radio"/> Yes	
Thrombus Present on Direct Visual Inspection ⁵⁸⁰⁵ : <input type="radio"/> No <input type="radio"/> Yes	
Shunt Used ⁵⁸¹⁰ : <input type="radio"/> No <input type="radio"/> Yes	
Surgical Procedure Terminated ⁵⁸²⁰ : <input type="radio"/> No <input type="radio"/> Yes	
→ If Yes, Reason for Surgical Termination ⁵⁸²¹ : (Check all that apply below)	
<input type="checkbox"/> Hypotension	<input type="checkbox"/> Hypertension
<input type="checkbox"/> Nerve compromise	<input type="checkbox"/> Difficulty with anesthesia
<input type="checkbox"/> Excessive scar tissue	<input type="checkbox"/> Difficult dissection
<input type="checkbox"/> Carotid artery thrombosis	<input type="checkbox"/> ICA string sign/atresia
<input type="checkbox"/> Other	<input type="checkbox"/> Cardiac instability
	<input type="checkbox"/> Inability to implement shunting
	<input type="checkbox"/> Excessive bleeding
	<input type="checkbox"/> Inability to access lesion due to anatomical reasons

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"/>	Antiplatelets	Prasgruel	<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"/>	<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"/>	Surgical Site	Acute Occlusion	<input type="radio"/>	<input type="radio"/>
	Hyperperfusion Syndrome	<input type="radio"/>	<input type="radio"/>		Technical Defect Requiring Revision	<input type="radio"/>	<input type="radio"/>
	Intracranial Hemorrhage	<input type="radio"/>	<input type="radio"/>	Bleeding	Procedure Related Bleeding or Hematoma Requiring Red Blood Cell Transfusion	<input type="radio"/>	<input type="radio"/>
	Cranial Nerve Injury	<input type="radio"/>	<input type="radio"/>		Wound Bleeding Complications	<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"/>	Infection	Infection Related to Procedure, Requiring Antibiotics	<input type="radio"/>	<input type="radio"/>
	Arrhythmia Requiring Cardioversion, or Implantation of a Permanent Pacer or ICD	<input type="radio"/>	<input type="radio"/>	Renal	New Requirement for Dialysis	<input type="radio"/>	<input type="radio"/>
	Myocardial Infarction	<input type="radio"/>	<input type="radio"/>	Other	Unexpected Intubation and/or Resuscitation	<input type="radio"/>	<input type="radio"/>
	Acute Heart Failure or Pulmonary Edema	<input type="radio"/>	<input type="radio"/>			<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

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"/>
	Prasgruel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Additional CEA on Target Carotid Vessel⁹⁰³⁰: No Yes

Additional 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:

Myocardial Infarction Since Discharge⁹¹⁵⁰: No Yes

Renal Failure Requiring Dialysis⁹¹⁶⁵: No Yes

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