ICSS FOLLOW UP FORM

(Please ask the patient to complete form EQ5D at same time)

Centre .... Investigator .... ICSS No __ __ __ __
Family Name .... Forename .... D o B __ __/__ __/__ __
day/month/year

Follow up (time since randomisation): 1mth ☐ 6mth ☐ 1yr ☐ 2yr ☐ 3yr ☐ 4yr ☐ 5yr ☐
Extra ☐

(follow up dates should be calculated from date of randomisation except one month which is calculated from date of treatment)

Date of follow up __ __/__ __/__ __
day/month/year

EVENTS SINCE LAST FOLLOW UP

	Yes	No	Date most recent day/month/year	Duration of symptoms (999 if persisting)
Death ✞	☐	☐	__ __/__ __/__ __	
Left carotid ischaemic stroke (symptoms >24hrs)*	☐	☐	__ __/__ __/__ __	__ __ __ days
Right carotid ischaemic stroke (symptoms >24hrs)*	☐	☐	__ __/__ __/__ __	__ __ __ days
Vertebrobasilar ischaemic stroke (symptoms >24hrs)*	☐	☐	__ __/__ __/__ __	__ __ __ days
Left retinal infarction. (symptoms >24hrs)*	☐	☐	__ __/__ __/__ __	__ __ __ days
Right retinal infarction (symptoms >24hrs)*	☐	☐	__ __/__ __/__ __	__ __ __ days
Intracerebral haemorrhage (symptoms >24hrs)*	☐	☐	__ __/__ __/__ __	__ __ __ days
Subarachnoid haemorrhage (symptoms >24hrs)*	☐	☐	__ __/__ __/__ __	__ __ __ days
Left carotid TIA (symptoms <24hrs)	☐	☐	__ __/__ __/__ __	
Right carotid TIA (symptoms <24hrs)	☐	☐	__ __/__ __/__ __	
Vertebrobasilar TIA (symptoms<24hrs)	☐	☐	__ __/__ __/__ __	
Left carotid amaurosis fugax (symptoms <24hrs)	☐	☐	__ __/__ __/__ __	
Right carotid amaurosis fugax (symptoms<24hrs)	☐	☐	__ __/__ __/__ __	
Non fatal M I**	☐	☐	__ __/__ __/__ __	
Other medical events (give details)	☐	☐	__ __/__ __/__ __	

Details ....

✞ **Please complete death report**

*** Please complete major event report, **complete major event report if within 30 days of stenting/surgery**

Modified RANKIN on day of follow up:

0 ☐ Asymptomatic
1 ☐ Non-disabling symptoms which do not interfere with lifestyle
2 ☐ Minor disability-symptoms which lead to some restriction in lifestyle but do not interfere with the patients capacity to look after themselves.
3 ☐ Moderate disability-symptoms which significantly interfere with lifestyle or prevent totally independent existence, **but able to walk without assistance**.
4 ☐ Moderately severe disability-symptoms which clearly prevent independent existence. **Unable to walk without assistance** but does not need constant attention day and night.
5 ☐ Severely disabled-totally dependent requiring constant attention day and night.
6 ☐ Dead

Is any disability rated above caused by medical condition/s other than stroke Yes☐ No ☐

If Yes give details...

	Yes	No
Smoking currently	☐	☐

Blood pressure Systolic __ __ __ mmHg Diastolic __ __ __ mm Hg

ICSS No

PROCEDURES PERFORMED SINCE LAST FOLLOW UP (OR RANDOMISATION IF 1 MONTH FOLLOW UP)

	Yes	No	Date performed day/month/year
Left carotid endarterectomy*	☐	☐	__ __/__ __/__ __
Right carotid endarterectomy*	☐	☐	__ __/__ __/__ __
Left carotid angioplasty/stenting**	☐	☐	__ __/__ __/__ __
Right carotid angioplasty/stenting **	☐	☐	__ __/__ __/__ __
Left vertebral angioplasty/stenting **	☐	☐	__ __/__ __/__ __
Right vertebral angioplasty/stenting **	☐	☐	__ __/__ __/__ __
Other surgery (give details)	☐	☐	__ __/__ __/__ __ Details.................

……

* **Ensure surgery technical data form is completed**

MEDICATION AT TIME OF FOLLOW UP:

Warfarin ☐ Heparin ☐ Aspirin ☐ Ticlopidone ☐ Clopidogrel ☐ Dipyridamole ☐ Other anticoagulant/antiplatelet agent ☐ (specify) …………

Statin therapy ☐

Antihypertensive treatment ☐

IMAGING - N.B. CAROTID ULTRASOUND SHOULD BE PERFORMED ANNUALLY:

		Yes	No	Date day/month/year
Carotid Ultrasound performed		☐	☐	__ __/__ __/__ __
CT performed		☐	☐	__ __/__ __/__ __
MRI performed		☐	☐	__ __/__ __/__ __
Angiography	IA	☐	☐	__ __/__ __/__ __
	IVDSA	☐	☐	__ __/__ __/__ __
	MRA (non-enhanced)	☐	☐	__ __/__ __/__ __
	CEMRA	☐	☐	__ __/__ __/__ __
	CTA	☐	☐	__ __/__ __/__ __

Please send copy of all FILMS and REPORTS to ICSS office

	Yes
Now please check patient has completed form EQ5D	☐

Please arrange next follow up appointment – this should be 6 months after randomisation then at annual intervals calculated from randomisation date. If patient has a stroke during follow up please arrange extra follow up appointments 30 days and 6 months after the event.

	Yes	No
Next appointment arranged	☐	☐

Form completed by (PRINT)...Date __ __/__ __/__ __
day/month/year

PLEASE COPY FOR YOUR FILES THEN POST OR FAX THIS FORM TO THE ICSS OFFICE TOGETHER WITH COPIES OF THE EQ5D AND ANY RELEVANT IMAGING FILMS AND/OR REPORTS.

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