

	30-Day Follow-Up	1-Year Follow-Up
Contact Date		
Current Living Status	Alive Home Rehab Other acute care Nsg Home/Extended care Hospice/Comfort care Assisted Living Homeless In Hospital Not Documented Dead Date of Death Cause of Death Neurologic Cardiac Pulmonary Vascular Infection Renal Unknown Unknown	Alive Home Rehab Other acute care Nsg Home/Extended care Hospice/Comfort care Assisted Living Homeless In Hospital Not Documented Dead Date of Death Cause of Death Neurologic Cardiac Pulmonary Vascular Infection Renal Unknown Unknown
Additional Procedure	Yes No CAS CEA Date	Yes No CAS CEA Date
Cranial Nerve Injury CEA Only	Yes No ND Resolved Persistent	Yes No ND Resolved Persistent
Neurologic Deficit(s) Occurred Since Discharge	Yes No ND Deficit occurred & resolved w/in 24 hrs (i.e., TIA) Deficit occurred & duration was > 24 hrs, but did completely resolve Persistent deficit occurred, lasted > 24 hrs, & did not completely resolve Date	Yes No ND Deficit occurred & resolved w/in 24 hrs (i.e., TIA) Deficit occurred & duration was > 24 hrs, but did completely resolve Persistent deficit occurred, lasted > 24 hrs, & did not completely resolve Date
Territory of Neurologic Deficit Answer if Neuro Deficit is Yes	RT LT Retinal Hemispheric Vertebrobasilar Unk	RT LT Retinal Hemispheric Vertebrobasilar Unk
Modified Rankin Score CAS only	Yes No 1 2 3 4 5 6	
Carotid Duplex	Yes No ND ≤50% >80% >50% Occluded >60% Not Occluded >70%	Yes No ND ≤50% >80% >50% Occluded >60% Not Occluded >70%
Smoking Select all that apply	Yes No ND Cigars Pipe (tobacco) Cigarettes Marijuana Chew (tobacco) Smokeless (vaping, e-cigarettes)	Yes No ND Cigars Pipe (tobacco) Cigarettes Marijuana Chew (tobacco) Smokeless (vaping, e-cigarettes)
Smoking Cessation Intervention	Yes No Date Physician delivered advice Pt ref Pharmacotherapy Pt ref Referral to smoking counseling svcs Pt ref Local Counseling svc MI Quitline Other counseling svc	Yes No Date Physician delivered advice Pt ref Pharmacotherapy Pt ref Referral to smoking counseling svcs Pt ref Local Counseling svc MI Quitline Other counseling svc
ACE-I	Yes No	Yes No ND
Anticoagulant	Yes No C/I	Yes No ND C/I
Antiplatelet	Yes No C/I	Yes No ND C/I

	30-Day Follow-Up	1-Year Follow-Up
ARBs	Yes No	Yes No ND
Aspirin	Yes No C/I	Yes No ND C/I
Beta Blocker	Yes No	Yes No ND
CCB	Yes No	Yes No ND
Other Cholesterol Lowering Agent	Yes No	Yes No ND
Statin	Yes No C/I	Yes No ND C/I
Thiazides	Yes No ND	Yes No ND
MI	Yes No Date	Yes No Date
Wound Complication CEA only	Yes No Infection Hematoma Other	Yes No Infection Hematoma Other
Still Taking Opioid	No Same as DC New Opioid/dose	
Type of Opioid	Hydrocodone (Norco, Vicodin, Lortab, Lorcet) Oxycodone (OxyContin, Percocet, Roxicodone) Codeine (Tylenol 2, 3, or 4) Tramadol (Ultram, Ultram ER) Other (Fentanyl, Morphine, Hydromorphone, Dilaudid, Methadone, etc)	
Opioid 1 Dose/Unit	Dose_____ mg ml mcg/hr mg/ml mcg/ml Other	
Opioid 2 Dose/Unit	Dose_____ mg ml mcg/hr mg/ml mcg/ml Other	
Prescribing Provider	Procedural physician/surgeon PCP Other surgical physician Pain specialist Oncologist Other	
Refills Requested	Yes No	
Refills given	Yes No	
Refill Prescribing Provider	Procedural physician/surgeon PCP Other surgical physician Pain specialist Oncologist Other	