

SSNAP TIA/minor stroke dataset 4.1.1

The TIA/minor stroke section is not mandatory. However, if answering this section for a patient, the aim should be to answer all questions in both Sections 1 and 2.

Version control

Version	Date	Changes
1.1.1	12/12/2012	Official TIA dataset following pilot versions
2.1.1	07/12/2020	Updated to KCL logo
3.0.0	01/10/2024	New answer option added: 1.6 Answer options clarified: 1.8
4.0.0	25/05/2025	Dataset updated to new 'TIA/minor stroke' version for 2025
4.1.1	18/06/2025	Dataset approved by ICSWP (12/06/2025) with addition of 'Ocular Stroke' option to Question 2.6

Hospital / Team

Auto-completed on web tool

Patient Audit Number

Auto-completed on web tool

SECTION 1: Patient Demographics

- 1.1. Hospital Number
- 1.2. NHS Number or No NHS Number
- 1.3. Surname
- 1.4. Forename
- 1.5. Date of birth
- 1.6. Gender Male Female Indeterminate/not specified
- 1.7. Postcode of usual address
- 1.8. Ethnicity or Not Known

SECTION 2: Clinical Information

- 2.1. The patient was managed in: Emergency Department Acute Medical Unit
Same-day Emergency Care Ambulatory Care/Unit Outpatient Clinic
Other location Telephone or video consultation only

2.2. Date/time of onset of symptoms

2.3. Date/time first seen by healthcare professional

2.4. Date/time referral received

2.5. Date/time of first clinical assessment by a stroke-skilled clinician
~~or Not seen in neurovascular clinic~~

~~2.6. ABCD² score~~

- 2.6. The final diagnosis was: TIA Ischaemic stroke Intracerebral haemorrhage
Ocular stroke Stroke mimic/other diagnosis

2.6.1 is available if 2.6 is stroke mimic/other diagnosis

2.6.1. If stroke mimic/other, please specify:
(Drop-down box of the top 10 mimic/alternative diagnoses from Mimic Month [see footnote], plus 'other')

2.7. Vascular prevention treatments prescribed at initial assessment:

- 2.7.1. Single antiplatelet therapy Yes No
2.7.2. Dual antiplatelet therapy Yes No
2.7.3. Anticoagulant therapy Yes No
2.7.4. Lipid-lowering therapy Yes No
2.7.5. Blood pressure-lowering therapy Yes No
2.7.6. Lifestyle modification Yes No

- 2.8. Did the patient have an assessment by a stroke-skilled therapist at their initial visit?
Yes No No disability – not indicated

2.8.1 and 2.8.2 are available if 2.8 is yes

- 2.8.1 If yes, did this include vision screening? Yes No
2.8.2 If yes, did this include cognition screening? Yes No

2.8.3 is available if 2.8 is no

2.8.3 If no, was an onward referral for assessment made to a stroke skilled community service/outpatient service? Yes No

~~2.8. Date/time antiplatelet given:
or Antiplatelet not given~~

TIA patient's supplementary information

2.9. Did the patient have any of the following co-morbidities prior to this episode?

- 2.9.1. Congestive Heart Failure: Yes No
2.9.2. Hypertension: Yes No
2.9.3. Atrial fibrillation: Yes No
2.9.4. Diabetes: Yes No
2.9.5. Stroke/TIA: Yes No
2.9.6. Dementia: Yes No

2.10. Was the patient on antiplatelet medication prior to **this episode**? Yes No No but

2.11. Was the patient on anticoagulant medication prior to **this episode**? Yes No No but

~~3.2. Which healthcare professional first saw the patient? GP A&E Other~~

~~3.2.1. If other, please specify:~~

Free text (30 character limit)

2.12. Date/time of first brain imaging

dd	mm	yyyy	hh	mm
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OR Not imaged

OR Imaging not indicated

2.12.1 is unavailable if 2.12 is Not imaged or Imaging not indicated

2.12.1. What was the initial brain imaging modality?

NCCT

CT Angiogram

MRI

MR Angiogram

2.13. Did the patient have **severe symptomatic ipsilateral** carotid stenosis?

Yes No Carotids not imaged Carotid imaging not indicated

2.13.1 is available if 2.13 is Yes

2.13.1. Date/time of carotid intervention

dd	mm	yyyy	hh	mm
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OR carotid intervention not indicated

2.14 It is not a requirement that the patient provides explicit consent for their patient identifiable details to be included in SSNAP at this stage. However, where efforts have been made to seek consent from the patient, please state if the patient gave consent for their identifiable information to be included in SSNAP?

Yes, patient gave consent

No, patient refused consent

Patient was not asked

1. Top mimic conditions for drop-down box at 2.6.1:
2. Migraine
3. Peripheral vestibular syndrome
4. Functional neurological disorder/non-organic symptoms
5. Seizure
6. Subdural haematoma
7. Intracranial tumour – benign
8. Intracranial tumour – malignant
9. Bell's palsy
10. Syncope
11. Delirium
12. Fall
13. Decompensation of old stroke impairments
14. Peripheral nerve/neuropathy/neuropraxia
15. Other