

Patient Name:

NHS no:

DOB:

SSNAP ID:

SSNAP Core Community Dataset 4.0.0 - Printable form

This form can be printed and completed by teams if required to assist in the collection of patient SSNAP data.

Hospital / Team

Patient Audit Number

Section 1: Demographics

When a record is started by an ESD or CRT team the following questions in section 1 must be answered by the ESD or CRT team.

If the record has been transferred from another team, you may find it useful to keep a note of these patient details but you will not need to enter them onto the webtool as they will have been entered already by the first team treating the patient, except for teams in Northern Ireland where this information is not collected by SSNAP.

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

1.7. Postcode of usual address

1.8. Ethnicity or Not Known

1.9. What was the diagnosis? Stroke TIA Other Not acute stroke

1.10. Date/time of onset/awareness of symptoms (dd/mm/yyyy) (hh/mm)

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1.10.1. The date given is: Precise Best estimate Stroke during sleep

1.10.2. The time given is: Precise Best estimate Not known

1.11. Date/ time patient arrived at first hospital (dd/mm/yyyy) (hh/mm)

1.12. What is the reason for starting this record?

Not seen by acute team

Seen by acute team but no SSNAP record – not admitted to hospital

Seen by acute team but no SSNAP record – stroke outside the UK

Seen by acute team but no SSNAP record – other reason

1.12.1 If other, please specify:

Seen by acute team in different UK region and so record cannot be transferred

Re-referral within 6 months of stroke onset

1.12.2 If re-referred, what is the patient's previous SSNAP ID:

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Section 4: Duration (or stay) with your team *(this section must be completed by every community team)*

4.1. Date/time patient received first face-to-face assessment from this service (dd/mm/yyyy) (hh/mm)

4.2. Modified Rankin Scale score at first assessment by this service [0-5]

4.3. EQ5D-5L score at first assessment by this service:

- a. Mobility [1-5, 9 if missing]
- b. Self-Care [1-5, 9 if missing]
- c. Usual activities (work, study, etc.) [1-5, 9 if missing]
- d. Pain/discomfort [1-5, 9 if missing]
- e. Anxiety/Depression [1-5, 9 if missing]
- f. How is your health today? [0-100, 999 if missing]

4.4. Barthel score at first assessment by this service [0-20]

	1. Motor function	2. Psychological function	3. Communication/swallowing	4. Vocational rehabilitation	5. Healthy living and lifestyle management	6. Social care needs and care delivery	7. Other
4.5. Was the patient considered to require this care or treatment at any point during this stay?	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>

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Period 1: first 4 weeks

Start date:

End date:

4.6a. During this period was the patient: Discharged from this service Died Still receiving input from this service

4.6.1a Date/time of discharge from this service (dd/mm/yyyy) (hh/mm)

4.6.2a Date of death service (dd/mm/yyyy)

	1. Motor function	2. Psychological function	3. Communication/ swallowing	4. Vocational rehabilitation	5. Healthy living and lifestyle management	6. Social care needs and care delivery	7. Other
4.7a. On how many days did the patient receive this care/treatment during this 4 week period?							
4.8a How many minutes of this care/treatment in total did the patient receive during this 4 week period?							
4.9a How many of these minutes were delivered by a rehabilitation assistant?							
4.10a How many of these minutes were delivered by video/telerehabilitation?							
4.11a How many of these minutes were delivered in a group session?							

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Period 2: second 4 weeks

Start date:

End date:

4.6b. During this period was the patient: Discharged from this service Died Still receiving input from this service

4.6.1b Date/time of discharge from this service (dd/mm/yyyy) (hh/mm)

4.6.2b Date of death (dd/mm/yyyy)

	1. Motor function	2. Psychological function	3. Communication/ swallowing	4. Vocational rehabilitation	5. Healthy living and lifestyle management	6. Social care needs and care delivery	7. Other
4.7b. On how many days did the patient receive this care/treatment during this 4 week period?							
4.8b How many minutes of this care/treatment in total did the patient receive during this 4 week period?							
4.9b How many of these minutes were delivered by a rehabilitation assistant?							
4.10b How many of these minutes were delivered by video/telerehabilitation?							
4.11b How many of these minutes were delivered in a group session?							

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Period 3: third 4 weeks

Start date:

End date:

4.6c. During this period was the patient: Discharged from this service Died Still receiving input from this service

4.6.1c Date/time of discharge from this service (dd/mm/yyyy) (hh/mm)

4.6.2c Date of death (dd/mm/yyyy)

	1. Motor function	2. Psychological function	3. Communication/ swallowing	4. Vocational rehabilitation	5. Healthy living and lifestyle management	6. Social care needs and care delivery	7. Other
4.7c. On how many days did the patient receive this care/treatment during this 4 week period?							
4.8c How many minutes of this care/treatment in total did the patient receive during this 4 week period?							
4.9c How many of these minutes were delivered by a rehabilitation assistant?							
4.10c How many of these minutes were delivered by video/telerehabilitation?							
4.11c How many of these minutes were delivered in a group session?							

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Period 4: fourth 4 weeks

Start date:

End date:

4.6d. During this period was the patient: Discharged from this service Died Still receiving input from this service

4.6.1d Date/time of discharge from this service (dd/mm/yyyy) (hh/mm)

4.6.2d Date of death (dd/mm/yyyy)

	1. Motor function	2. Psychological function	3. Communication/ swallowing	4. Vocational rehabilitation	5. Healthy living and lifestyle management	6. Social care needs and care delivery	7. Other
4.7d. On how many days did the patient receive this care/treatment during this 4 week period?							
4.8d How many minutes of this care/treatment in total did the patient receive during this 4 week period?							
4.9d How many of these minutes were delivered by a rehabilitation assistant?							
4.10d How many of these minutes were delivered by video/telerehabilitation?							
4.11d How many of these minutes were delivered in a group session?							

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Period 5: fifth 4 weeks

Start date:

End date:

4.6e. During this period was the patient: Discharged from this service Died Still receiving input from this service

4.6.1e Date/time of discharge from this service (dd/mm/yyyy) (hh/mm)

4.6.2e Date of death (dd/mm/yyyy)

	1. Motor function	2. Psychological function	3. Communication/ swallowing	4. Vocational rehabilitation	5. Healthy living and lifestyle management	6. Social care needs and care delivery	7. Other
4.7e. On how many days did the patient receive this care/treatment during this 4 week period?							
4.8e How many minutes of this care/treatment in total did the patient receive during this 4 week period?							
4.9e How many of these minutes were delivered by a rehabilitation assistant?							
4.10e How many of these minutes were delivered by video/telerehabilitation?							
4.11e How many of these minutes were delivered in a group session?							

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Period 6: sixth 4 weeks

Start date:

End date:

4.6f. During this period was the patient: Discharged from this service Died Still receiving input from this service

4.6.1f Date/time of discharge from this service (dd/mm/yyyy) (hh/mm)

4.6.2f Date of death (dd/mm/yyyy)

	1. Motor function	2. Psychological function	3. Communication/swallowing	4. Vocational rehabilitation	5. Healthy living and lifestyle management	6. Social care needs and care delivery	7. Other
4.7f. On how many days did the patient receive this care/treatment during this 4 week period?							
4.8f How many minutes of this care/treatment in total did the patient receive during this 4 week period?							
4.9f How many of these minutes were delivered by a rehabilitation assistant?							
4.10f How many of these minutes were delivered by video/telerehabilitation?							
4.11f How many of these minutes were delivered in a group session?							

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Complete stay

4.12. Date rehabilitation goals agreed: (dd/mm/yyyy) or No goals

4.12.1 If no goals agreed, what was the reason?

- Patient refused
- Organisational reasons
- Patient medically unwell for entire admission
- Patient has no impairments
- Not known

4.13. Date patient screened for mood using a validated tool (dd/mm/yyyy) or Not Screened

4.13.1 If not screened, what was the reason?

- Organisational reasons
- Patient refused
- Patient medically unwell for entire admission
- Not known

4.14. Date patient screened for cognition using a validated tool (dd/mm/yyyy) or Not Screened

4.14.1 If not screened, what was the reason?

- Organisational reasons
- Patient refused
- Patient medically unwell for entire admission
- Not known
- Not clinically required

4.15. Date patient screened for visual impairment using a standardised structured tool (dd/mm/yyyy) or Not screened

4.15.1 If not screened, what was the reason?

- Organisational reasons
- Patient refused
- Patient medically unwell for entire admission
- Not known
- Screened by previous team

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Section 7: Discharge / Transfer

- 7.1. The patient:
- Died
 - Was discharged from this team
 - Was discharged to somewhere else
 - Was transferred to an inpatient care team
 - Was transferred to another ESD / community team
 - Was transferred to an inpatient care team, not participating in SSNAP
 - Was transferred to another ESD/community team, not participating in SSNAP
 - Completed their SSNAP record at 6 months but continues to receive care/treatment from this team

7.1.1 If patient died, what was the date of death? (dd/mm/yyyy)

7.1.2 What hospital/team was the patient transferred to?

7.1.3 On discharge, where is the patient living? Home Care home Other

7.2. Date/time of discharge/transfer from team (dd/mm/yyyy) (hh/mm)

7.3. Modified Rankin Scale score at discharge/transfer [0-6] *(defaults to 6 if 7.1 is died)*

7.4. EQ5D-5L score on discharge from this service

- a. Mobility [1-5, 9 if missing]
- b. Self-Care [1-5, 9 if missing]
- c. Usual activities (work, study, etc.) [1-5, 9 if missing]
- d. Pain/discomfort [1-5, 9 if missing]
- e. Anxiety/Depression [1-5, 9 if missing]
- f. How is your health today? [0-100, 999 if missing]

7.5. Barthel score on discharge from this service [0-20]

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7.6. If living in a care home, was the patient: Previously a resident Not previously a resident

7.6.1 If not previously a resident, is the new arrangement: Temporary Permanent

7.7. If living at home, is the patient: Living alone Not living alone Not known

7.8. Did the patient require help with personal activities of daily living (ADL)? Yes No

If yes:

7.8.1 What support did they receive?

Paid carers

Informal carers

Paid and informal carers

Paid care services unavailable

Patient refused

7.8.2 At point of discharge, how many visits per day did the patient require?

One Two Three Four 24 hour care

Not known

7.8.3 How many carers? One carer Two carers Not known

7.9. What was the patient's employment status on discharge from this service?

Working full-time

Working part-time

Retired

Studying or training

Unemployed

Other

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7.10. 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 not asked

7.11. Please state if the patient gave consent for their information to be included in research using SSNAP data?

Yes, patient gave consent

No, patient refused consent

Patient not asked

Appendix.

Ethnicity

A - British

B - Irish

C - Any other White background

D - White and Black Caribbean

E - White and Black African

F - White and Asian

G - Any other mixed background

H - Indian

J - Pakistani

K - Bangladeshi

L - Any other Asian background

M - Caribbean

N - African

P - Any other Black background

R - Chinese

S - Any other ethnic group

Z - Not stated

99 - Not known

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Notes