

**PART I: IDENTIFYING INFORMATION**

1. Patient's ID Number:  <sup>**ID**</sup>
2. Current Clinic:  **SITE**
3. Patient's Letter Code:  **INITS**
4. Visit:  M -  <sup>**VISIT**</sup> sequence # **SEQNO**
5. Procedure Date:  -  -  **VISIT\_DT**
- Month Day Year

**PART II: EQUIPMENT**

1. TCD examiner's last name <sup>**RDR46**</sup>
2. TCD machine serial number <sup>**TCDMNUM**</sup>
3. Patient's position during exam <sup>**PTNTPOS**</sup>
- |                     |      |
|---------------------|------|
| Sitting             | (1)  |
| Lying on exam table | (2)  |
| Other               | (3)* |
- \*A. Specify: <sup>**POS\_SP**</sup>

**PART III: EXAMINATION PERFORMANCE**

1. Patient's cooperativeness during the exam (answer each item)
- |                     | Yes | No  |                 |
|---------------------|-----|-----|-----------------|
| A. Calm             | (1) | (2) | <b>PTNTCALM</b> |
| B. Very Active      | (1) | (2) | <b>PTNTCACT</b> |
| C. Crying/Screaming | (1) | (2) | <b>PTNTCRY</b>  |

2. Completeness of exam

COMPEXAM

- Attempted, but no data collected (1)\*
- Started, but aborted with some data (2)^\*
- Complete exam given (3)^

\*A. Reason for incomplete exam

INCEXAM

- Patient uncooperative (1)
- Other (2)\*\*

\*\*1. Specify

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INCEX\_SP

^B. TCD Label

TCD\_LBL

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**PART IV: COORDINATION**

1. Checked for completeness and accuracy:

A. Certification number:

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CERT\_NO

B. Signature:

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CERT\_SIG

C. General Comments:

GEN\_CMNT

ID Number

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Visit

Seq

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