

<b>Comprehensive Sickle Cell Centers</b>	<b>Seizure</b>	<b>CNS CRF Page 1 of 6</b>
<b>Protocol # 2 Collaborative Data Project</b>	Form Completed by <input type="text" value="SEI1:COMPINT"/>	CSCC ID: {subject.name} Center Code: {center.name} Hospital Code: {center.hospital.name}

How many times has this subject had a seizure during the report period?

Date of event: <input type="text" value="SEI2:EVENTDA"/> / <input type="text" value="SEI2:EVENTMO"/> / <input type="text" value="SEI2:EVENTYR"/> <b>DD                    MMM                    YYYY</b>	<input type="button" value="Delete Event"/>
<p>What were the CNS imaging results?</p> <p>MRI → <input type="checkbox"/> (SEI2:MRI) Normal    <input type="checkbox"/> (SEI2:MRI) Abnormal    <input type="checkbox"/> (SEI2:MRI) Not Done  CT → <input type="checkbox"/> (SEI2:CT) Normal    <input type="checkbox"/> (SEI2:CT) Abnormal    <input type="checkbox"/> (SEI2:CT) Not Done  EEG → <input type="checkbox"/> (SEI2:EEG) Normal    <input type="checkbox"/> (SEI2:EEG) Abnormal    <input type="checkbox"/> (SEI2:EEG) Not Done</p>	
<p>Was the final diagnosis a febrile seizure?    <input type="checkbox"/> (SEI2:DIAG)Yes    <input type="checkbox"/> (SEI2:DIAG)No</p>	
<p>Was the final diagnosis a clinical diagnosis of a non-febrile seizure by a neurologist?    <input type="checkbox"/>  (SEI2:NEURDIA)Yes    <input type="checkbox"/> (SEI2:NEURDIA)No</p>	
<p><u>Classification</u>  <i>(Check <u>all</u> that apply)</i></p> <p><input type="checkbox"/> (SEI2:CLASS1) Overt stroke  <input type="checkbox"/> (SEI2:CLASS2) Silent infarct  <input type="checkbox"/> (SEI2:CLASS3) Vascular anomaly (aneurysm, AV malformation, or moyamoya)  <input type="checkbox"/> (SEI2:CLASS4) Idiopathic  <input type="checkbox"/> (SEI2:CLASS5) Familial  <input type="checkbox"/> (SEI2:CLASS6) Traumatic  <input type="checkbox"/> (SEI2:CLASS7) Other, specify:</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <input type="text" value="SEI2:OTHSP"/> </div>	

Submit Query

Cancel

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