

Comprehensive Sickle Cell Centers	Stroke - Hemorrhagic	CNS CRF Page 2 of 6
Protocol # 2 Collaborative Data Project	Form Completed by <input type="text" value="STR1:COMPINT"/>	CSCC ID: {subject.name} Center Code: {center.name} Hospital Code: {center.hospital.name}

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

Date of event: / /
DD MMM YYYY

Was hemorrhage present on CT scan or MRI of the brain? (STR2:HEMOR) Yes (STR2:HEMOR) No

If **No** hemorrhage was present on CT scan or MRI of the brain, please provide a comment:

Was there positive (bloody) spinal fluid on LP? (STR2:POSPL) Yes (STR2:POSPL) No (STR2:POSPL) ^{Not Done}

Was there a neurosurgical intervention? (STR2:NEURO) Yes (STR2:NEURO) No

Did the event result in death? (STR2:DEATH) Yes (STR2:DEATH) No

Classification
(From imaging report: check all that apply)

(STR2:CLASS1) Subdural
 (STR2:CLASS2) Subarachnoid
 (STR2:CLASS3) Intracerebral
 (STR2:CLASS4) Intraventricular
 (STR2:CLASS5) Vascular anomaly (aneurysm, AV malformation, or moyamoya)