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| Comprehensive Sickle Cell Centers | Stroke - Infarctive | CNS CRF Page 3 of 6 |
| Protocol # 2 Collaborative Data Project | Form Completed by <input type="text" value="STR3:COMPINT"/> | CSCC ID: {subject.name} Center Code: {center.name} Hospital Code: {center.hospital.name} |

How many times has this subject had an infarctive stroke during the report period?

Date of event: / /
DD MMM YYYY

Delete Event

Was there a neurological defect lasting ≥ 1 hour? ☐ (STR4:DEFECT)Yes ☐ (STR4:DEFECT)No

Which tests demonstrated an infarctive event consistent with clinical symptoms?

(Check all that apply)

☐ (STR4:MRI)MRI ☐ (STR4:CT)CT ☐ (STR4:NEITHER)Neither

Which types of angiography were performed?

(Check all that apply)

☐ (STR4:MRANG) MR-angiography (MRA)
 ☐ (STR4:CONVANG) Conventional angiography
 ☐ (STR4:CTANG) CT-angiography
 ☐ (STR4:NONE) None

Where was the infarct(s) located?

(Check all that apply)

☐ (STR4:INF1) Frontal
☐ (STR4:INF2) Parietal
☐ (STR4:INF3) Watershed
☐ (STR4:INF4) Deep white matter
☐ (STR4:INF5) Other, specify:

STR4 : OTHSP

Did the event result in death? ☐ (STR4:DEATH)Yes ☐ (STR4:DEATH)No

Add Event

Submit Query

Cancel

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