

**Protocol # 2
Collaborative Data Project**

Form Completed by

CSCC ID: {subject.name}
Center Code: {center.name}
Hospital Code: {center.hospital.name}

Date of scan: / /
DD MMM YYYY

How many areas of increased T2 signal consistent with infarct/infarction did this subject have?

- (SSCI:T2SIG) 1 (SSCI:T2SIG) 2-5 (SSCI:T2SIG) 6-10 (SSCI:T2SIG) >10

Where was the infarct(s) located?
(Check all that apply)

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

Neurologic Examination was:

- (SSCI:NEUREXM) Not Done
- (SSCI:NEUREXM) Normal
- (SSCI:NEUREXM) Abnormal, consistent with the lesion
- (SSCI:NEUREXM) Abnormal, not related to the lesion