

<b>Comprehensive Sickle Cell Centers</b>	<b>Transient Ischemic Attack</b>	<b>CNS CRF Page 6 of 6</b>
<b>Protocol # 2 Collaborative Data Project</b>	Form Completed by <input type="text" value="TIA1:COMPINT"/>	CSCC ID: {subject.name} Center Code: {center.name} Hospital Code: {center.hospital.name}

How many times has this subject had a transient ischemic attack during the report period?

Date of event:	<input type="text" value="TIA2:EVENTDA"/>	/ <input type="text" value="TIA2:EVENTMO"/>	/ <input type="text" value="TIA2:EVENTYR"/>	<input type="button" value="Delete Event"/>
	<b>DD</b>	<b>MMM</b>	<b>YYYY</b>	
<b>Test Results</b>				
MRA → <input type="checkbox"/> (TIA2:MRA) Normal <input type="checkbox"/> (TIA2:MRA) Abnormal <input type="checkbox"/> (TIA2:MRA) Not Done				
MRI → <input type="checkbox"/> (TIA2:MRI) Normal <input type="checkbox"/> (TIA2:MRI) Abnormal <input type="checkbox"/> (TIA2:MRI) Not Done				
CT → <input type="checkbox"/> (TIA2:CT) Normal <input type="checkbox"/> (TIA2:CT) Abnormal <input type="checkbox"/> (TIA2:CT) Not Done				
EEG → <input type="checkbox"/> (TIA2:EEG) Normal <input type="checkbox"/> (TIA2:EEG) Abnormal <input type="checkbox"/> (TIA2:EEG) Not Done				
Was there clear history of neurological dysfunction resolving within approximately one hour after onset? <input type="checkbox"/> (TIA2:RESOLV)Yes <input type="checkbox"/> (TIA2:RESOLV)No				
Did an examination by a physician document resolution of neurological symptoms? <input type="checkbox"/> (TIA2:EXAM)Yes <input type="checkbox"/> (TIA2:EXAM)No				