

Event Checking Chart

Cases of Stroke (STR)

Name of centre and cohort _____

Patient ID code: _____ Gender: _____

Year of birth (yyyy): _____ Date of event dd/mm/yy): _____

1. Was the stroke identified as:
Haemorrhage Infarction Subarachnoideal haemorrhage Unknown

2. Was the stroke diagnosed by (tick all applicable):
 clinical presentation, findings (please provide source documentation): _____

Focal Global

Duration of symptoms (> 24 hours?): Yes No

CT-scanning of cerebrum, findings: _____

MR-scanning of cerebrum, findings: _____

3. Has examination of cerebrospinal fluid been conducted? Yes No
if yes, findings: _____

4. Is there an other aetiology for the patients symptoms?

evidence of space-occupying lesions? Yes No Unknown

evidence of CNS-infection? Yes No Unknown

5. Did the patient suffer from any medical condition, which could possibly have precipitated the stroke? Yes No Unknown

if yes, please indicate which condition: _____

6. Previous history of neurological disorder (HIV-related or other)? Yes No Unknown
If yes, please give a brief description: _____

All available information regarding this event has been collected

For fatal cases, please also complete a CoDe form.

Signature: _____ the Study Coordinating Office, Date: _____ (dd/mm/yyyy)

Monitored at site by: _____ Date: _____
Print Name Signature dd/mm/yyyy

Please return this form to the DAD study coordinating office incl. copies of other relevant documents from the medical record (made anonymous and labelled with the patients ID-code) by air- or email and provide the cohort coordinating office with a copy of the chart.