

# D A D

## Event Checking Chart Cases of stroke (STR)

Name of centre

SHCS

Patient ID code

Gender

Year of birth (yyyy)

Date of event

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.

Monitoring at site by

Name

signature

date

Please send this form to the SHCS Data Centre incl. copies of relevant documents from the medical record (made anonymous and labelled with the patients ID-code) together with the form CLINICAL

SHCS Data Centre

Signature date