

1 Form Number

2 Version Number

SHEP CT SCAN CODING FORM

40 518 Seq. #

33

1. SHEP ID: 22 23 - 24 25 26 27 - 28 29 5 Acrostic: 41 42 43 44 45 46

3. Date this form initiated: 36 37 38 39 34 35 7 Month Day Year

4. a. Date of CT scan: 47 48 49 50 51 52 8 Month Day Year

b. Source of CT scan: 1 Available with participant's medical record 2 SHEP 9

5. Date of Final Report (SH21 or SH23, Item 3) to which this CT scan applies: 54 55 56 57 58 59 10 Month Day Year

Clinic: Keep goldenrod copy of this page only. 12

6. Date Coordinating Center sends to CT Scan Reading Center: 66 67 68 69 70 71 Month Day Year

7. Date of coding at CT Scan Reading Center: 74 75 76 77 78 79 14 Month Day Year

8. Technical adequacy of this study: 1 Adequate 2 Inadequate 3 Unknown 16

9. Is CT scan normal? 17 1 Normal 2 Abnormal STOP

10. Number of lesions related to this event: 83 18 If none, skip to Item 25.

DESCRIPTION OF LESIONS: 1 2 3 4 5 6

11. Side: 84 85 86 87 88 89 Codes: 1 Mid 19 2 Left 20 3 Right 21 4 Both 22 23 24

12. Pathology (circle all applicable): Note: A maximum of 4 items will be entered.

Table with 10 rows of pathology types and 6 columns of counts. Circled numbers indicate selected items.

DESCRIPTION OF LESIONS: 1 2 3 4 5 6
(Continued)

13. Anatomy (circle all applicable): Note: As many as five of each category will be entered.

| | | | | | | | | | | | | |
|--------------------|----|---------|----|---------|----|---------|----|---------|----|---------|----|---------|
| Frontal lobe | 01 | (49) | 01 | (54) | 01 | (59) | 01 | (64) | 01 | (69) | 01 | (74) |
| Parietal lobe | 02 | | 02 | | 02 | | 02 | | 02 | | 02 | |
| Temporal lobe | 03 | 138-139 | 03 | 148-149 | 03 | 158-159 | 03 | 168-169 | 03 | 178-179 | 03 | 188-189 |
| Occipital lobe | 04 | (50) | 04 | (55) | 04 | (60) | 04 | (65) | 04 | (70) | 04 | (75) |
| Operculum | 05 | | 05 | | 05 | | 05 | | 05 | | 05 | |
| Insula | 06 | 140-141 | 06 | 150-151 | 06 | 160-161 | 06 | 170-171 | 06 | 180-181 | 06 | 190-191 |
| Caudate | 07 | (51) | 07 | (56) | 07 | (61) | 07 | (66) | 07 | (71) | 07 | (76) |
| Putamen | 08 | | 08 | | 08 | | 08 | | 08 | | 08 | |
| Thalamus | 09 | 142-143 | 09 | 152-153 | 09 | 162-163 | 09 | 172-173 | 09 | 182-183 | 09 | 192-193 |
| Anterior capsule | 10 | (52) | 10 | (57) | 10 | (62) | 10 | (67) | 10 | (72) | 10 | (77) |
| Genu | 11 | | 11 | | 11 | | 11 | | 11 | | 11 | |
| Posterior capsule | 12 | 144-145 | 12 | 154-155 | 12 | 164-165 | 12 | 174-175 | 12 | 184-185 | 12 | 194-195 |
| Corona radiata | 13 | (53) | 13 | (58) | 13 | (63) | 13 | (68) | 13 | (73) | 13 | (78) |
| Centrum semiovale | 14 | | 14 | | 14 | | 14 | | 14 | | 14 | |
| Corpus callosum | 15 | 146-147 | 15 | 156-157 | 15 | 166-167 | 15 | 176-177 | 15 | 186-187 | 15 | 196-197 |
| Midbrain | 16 | | 16 | | 16 | | 16 | | 16 | | 16 | |
| Pons | 17 | | 17 | | 17 | | 17 | | 17 | | 17 | |
| Medulla | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | |
| Cerebellum | 19 | | 19 | | 19 | | 19 | | 19 | | 19 | |
| Ventricular space | 20 | | 20 | | 20 | | 20 | | 20 | | 20 | |
| Subarachnoid space | 21 | | 21 | | 21 | | 21 | | 21 | | 21 | |
| Subdural space | 22 | | 22 | | 22 | | 22 | | 22 | | 22 | |
| Epidural space | 23 | | 23 | | 23 | | 23 | | 23 | | 23 | |

14. Volume in cc's: (170) 331 332 (171) 333 334 (172) 335 336 (173) 337 338 (174) 339 340 (175) 341 342

15. Diameter in mm's: 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360
(176) (177) (178) (179) (180) (181)

Explanation of Codes for Items 16-23:

Density (16):

- 1 Low
- 2 High
- 3 Both

Size change (18):

- 0 None
- 1 Initial
- 2 Smaller
- 3 Larger
- 4 Not applicable

Enhancement, type (22):

- 1 Gyral/deep
- 2 Ring
- 3 Other

Size scale (17):

- 0 Absent
- 1 <1 cm
- 2 <½ lobe
- 3 <1 lobe
- 4 >1 lobe

Edema/Mass/Enhancement (19-21):

- 0 Absent
- 1 Mild
- 2 Moderate
- 3 Marked
- 4 Not applicable

Relevance (23):

- 0 Asymptomatic
- 1 Symptomatic, unrelated
- 2 Symptomatic, related

| | 1 | 2 | 3 | 4 | 5 | 6 |
|-----------------------|-----------|-----------|-----------|-----------|-----------|-----------|
| 16. Density | (103) 252 | (104) 253 | (105) 254 | (106) 255 | (107) 256 | (108) 257 |
| 17. Size, scale | (109) 258 | (110) 259 | (111) 260 | (112) 261 | (113) 262 | (114) 263 |
| 18. Size, change | (115) 264 | (116) 265 | (117) 266 | (118) 267 | (119) 268 | (120) 269 |
| 19. Edema | (121) 270 | (122) 271 | (123) 272 | (124) 273 | (125) 274 | (126) 275 |
| 20. Mass effect | (127) 276 | (128) 277 | (129) 278 | (130) 279 | (131) 280 | (132) 281 |
| 21. Enhancement | (133) 282 | (134) 283 | (135) 284 | (136) 285 | (137) 286 | (138) 287 |
| 22. Enhancement, type | (139) 288 | (140) 289 | (141) 290 | (142) 291 | (143) 292 | (144) 293 |
| 23. Clin relevance | (145) 294 | (146) 295 | (147) 296 | (148) 297 | (149) 298 | (150) 299 |

SKIP ITEM 24 IF PATHOLOGY (ITEM 12) DOES NOT INCLUDE INFARCT OR HEMORRHAGE.

Explanation of codes for Item 24:

For SAH:

- 0 None
- 1 Diffuse and less than 1 mm
- 2 Localized clot or greater than 1 mm
- 3 Clots

For ICH:

- 0 None
- 1 Intraventricular extension
- 2 Cisternal
- 3 Both

For infarcts:

- 0 Absent
- 1 Mild
- 2 Moderate
- 3 Marked
- 4 Not applicable

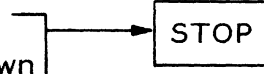
| | 1 | 2 | 3 | 4 | 5 | 6 |
|-----------------|-----------|-----------|-----------|-----------|-----------|-----------|
| 24. Hemorrhage: | (151) 300 | (152) 301 | (153) 302 | (154) 303 | (155) 304 | (156) 305 |

CT SCAN ABNORMALITIES

25. Cortical atrophy? (157) 1 None
306 2 Minimal
3 Moderate
4 Marked
5 Unknown

26. Hydrocephalus? (158) 1 None
307 2 Minimal
3 Moderate
4 Marked
5 Unknown

27. a. If SAH, were coronal views done? (182) 1 Yes
351 2 No
3 Unknown



b. Results: (183) 1 No blood detected
362 2 Diffuse deposition but less than 1 mm thick
3 Localized clots and/or intraventricular clot
4 Intracerebral or intraventricular clot only
5 Unknown

| | |
|-----------------------------|--------------------------------------|
| 313 (164) RECORD TYPE | 323-328 (167) DATE LAST PROCESSED |
| 314-319 (165) DATE RECEIVED | 329 (168) PAPER COPY |
| 320-322 (166) UPDATE NUMBER | 330 (169) CROSS FORMEDIT STATUS CODE |
| 3-8 (514) BATCH DATE | 17-20 (516) TIME MODIFIED |
| 11-16 (515) DATE MODIFIED | 21 (517) EDIT STATUS CODE |

30-32 (1) Form Number

33 (2) Version Number

40 (518) Seq. # SHEP CT SCAN CODING FORM FOR STROKE

(3) 22-23 (4) 24-27 (5) 28-29

(6) 41-46

1. SHEP ID: [] - [] - [] 2. Acrostic: []

3. Date this form initiated: (7) 34-39 [] [] []
Month Day Year

4. a. Date of CT scan: (8) 47-52 [] [] []
Month Day Year

b. Source of CT scan: Available with participant's medical record (9) 53
SHEP 1
 2

5. a. Date of Final Report (SH21 or SH23, (10) 54-59
Item 3) to which this CT scan applies: [] [] []
Month Day Year

b. Date of onset of event/date of death: (11) 60-65 [] [] []
Month Day Year

Clinic: Keep goldenrod copy of this page only.

6. a. Date Coordinating Center sends (12) 66-71
to CT Scan Reading Center: [] [] []
Month Day Year

b. Coder number: (13) 72-73 []

7. Date of coding: (14) 74-79 [] [] []
Month Day Year

8. a. This is a: (15) 80 CT Scan 1
MRI 2
Other (specify _____) 3

b. Technical adequacy of this study: (16) 81 Adequate 1
Inadequate 2
Unknown 3

9. Is CT scan normal? (17) 82 Normal 1 → STOP
Abnormal 2

10. Number of lesions related to this event: (18) 83 [] → If none, skip to Item 27.

DESCRIPTION OF LESIONS: Put the most important lesion in Column 1, next in Column 2, etc.

1 2 3 4 5 6

11. Side: (19) (20) (21) (22) (23) (24)

Codes: 1 Mid
2 Left
3 Right
4 Both

fields 19-24 in columns 84-89

12. Pathology (circle all applicable): CC Personnel Note: As many as 4 in each category will be entered.

| | | | | | | | | |
|--------------------------------|---------|---------|---------|---------|---------|---------|--------|---------|
| No longer seen | (25) 01 | (29) 01 | (33) 01 | (37) 01 | (41) 01 | (45) 01 | field# | column |
| Superficial infarct | | | | | | | 25-28 | 90-97 |
| Deep, small infarct (<2 cm) | (26) 03 | (30) 03 | (34) 03 | (38) 03 | (42) 03 | (46) 03 | 29-32 | 98-105 |
| Deep, large infarct | | | | | | | 33-36 | 106-113 |
| Super and deep infarct | | | | | | | 37-40 | 114-121 |
| Intracerebral hemorrhage (ICH) | (27) 06 | | | | | | 41-44 | 122-129 |
| Subarachnoid hemorrhage (SAH) | (28) 07 | (31) 07 | (35) 07 | (39) 07 | | | 45-48 | 130-137 |
| AVM | | | | | | | | |
| Aneurysm | | (32) 09 | (36) 09 | (40) 09 | (44) 09 | (48) 09 | | |
| Other (specify _____) | | | | | | | | |

13. Anatomy (circle all applicable): CC Personnel Note: As many as 5 in each category will be entered.

| | | | | | | | | |
|--------------------|---------|---------|---------|---------|---------|---------|--------|---------|
| Frontal lobe | (49) 01 | (54) 01 | (59) 01 | (64) 01 | (69) 01 | (74) 01 | field# | column |
| Parietal lobe | | | | | | | 49-53 | 138-147 |
| Temporal lobe | | | | | | | 54-58 | 148-157 |
| Occipital lobe | (50) 04 | (55) 04 | (60) 04 | (65) 04 | (70) 04 | (75) 04 | 59-63 | 158-167 |
| Operculum | | | | | | | 64-68 | 168-177 |
| Insula | | | | | | | 69-73 | 178-187 |
| Caudate | (51) 07 | (56) 07 | (61) 07 | (66) 07 | (71) 07 | (76) 07 | 74-78 | 188-197 |
| Putamen | | | | | | | | |
| Thalamus | | | | | | | | |
| Anterior capsule | (52) 10 | (57) 10 | (62) 10 | (67) 10 | (72) 10 | (77) 10 | | |
| Genu | | | | | | | | |
| Posterior capsule | | | (63) 12 | (68) 12 | (73) 12 | (78) 12 | | |
| Corona radiata | (53) 13 | (58) 13 | | | | | | |
| Centrum semiovale | | | | | | | | |
| Corpus callosum | | | | | | | | |
| Midbrain | | | | | | | | |
| Pons | | | | | | | | |
| Medulla | | | | | | | | |
| Cerebellum | | | | | | | | |
| Ventricular space | | | | | | | | |
| Subarachnoid space | | | | | | | | |
| Subdural space | | | | | | | field# | column |
| Epidural space | | | | | | | 79-84 | 198-209 |

14. Section thickness (mm): (79) (80) (81) (82) (83) (84) field# column
85-90 210-221
91-96 222-239
97-102 240-257

15. Number of sections lesion is visible in: (85) (86) (87) (88) (89) (90)

16. Largest diameter (mm): (91) (92) (93) (94) (95) (96)

17. Diameter (mm) at right angles to diameter in Item 16: (97) (98) (99) (100) (101) (102)

Explanation of Codes for Items 18-25:

| | | |
|------------------|------------------------------------|---|
| Density (18): | Size change from previous CT (20): | Enhancement, type (24): |
| 1 Low | 0 None | 1 Gyral/deep |
| 2 High | 1 Initial | 2 Ring |
| 3 Both (mixed) | 2 Smaller | 3 Other |
| 4 Isodense | 3 Larger | 4 None |
| | 4 Not applicable/no previous CT | |
| Size scale (19): | Edema/Mass/Enhancement (21-23): | Clin Relevance (25): |
| 0 Absent | 0 Absent | 0 Lesions consistent with time from onset to CT |
| 1 <1 cm | 1 Mild | 1 Not consistent |
| 2 <½ lobe | 2 Moderate | 2 Unkown |
| 3 <1 lobe | 3 Marked | |
| 4 >1 lobe | 4 Not applicable | |

| | 1 | 2 | 3 | 4 | 5 | 6 | |
|-----------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|---------|
| 18. Density | (103) <input type="checkbox"/> | (104) <input type="checkbox"/> | (105) <input type="checkbox"/> | (106) <input type="checkbox"/> | (107) <input type="checkbox"/> | (108) <input type="checkbox"/> | 258-263 |
| 19. Size, scale | (109) <input type="checkbox"/> | (110) <input type="checkbox"/> | (111) <input type="checkbox"/> | (112) <input type="checkbox"/> | (113) <input type="checkbox"/> | (114) <input type="checkbox"/> | 264-269 |
| 20. Size, change from previous CT | (115) <input type="checkbox"/> | (116) <input type="checkbox"/> | (117) <input type="checkbox"/> | (118) <input type="checkbox"/> | (119) <input type="checkbox"/> | (120) <input type="checkbox"/> | 270-275 |
| 21. Edema | (121) <input type="checkbox"/> | (122) <input type="checkbox"/> | (123) <input type="checkbox"/> | (124) <input type="checkbox"/> | (125) <input type="checkbox"/> | (126) <input type="checkbox"/> | 276-281 |
| 22. Mass effect | (127) <input type="checkbox"/> | (128) <input type="checkbox"/> | (129) <input type="checkbox"/> | (130) <input type="checkbox"/> | (131) <input type="checkbox"/> | (132) <input type="checkbox"/> | 282-287 |
| 23. Enhancement | (133) <input type="checkbox"/> | (134) <input type="checkbox"/> | (135) <input type="checkbox"/> | (136) <input type="checkbox"/> | (137) <input type="checkbox"/> | (138) <input type="checkbox"/> | 288-293 |
| 24. Enhancement, type | (139) <input type="checkbox"/> | (140) <input type="checkbox"/> | (141) <input type="checkbox"/> | (142) <input type="checkbox"/> | (143) <input type="checkbox"/> | (144) <input type="checkbox"/> | 294-299 |
| 25. Clin relevance | (145) <input type="checkbox"/> | (146) <input type="checkbox"/> | (147) <input type="checkbox"/> | (148) <input type="checkbox"/> | (149) <input type="checkbox"/> | (150) <input type="checkbox"/> | 300-305 |

SKIP ITEM 26 IF PATHOLOGY (ITEM 12) DOES NOT INCLUDE HEMORRHAGE.

Explanation of codes for Item 26:

| | |
|---------------------------------------|------------------------------|
| For SAH: | For ICH: |
| 0 None | 0 None |
| 1 Diffuse and less than 1 mm | 1 Intraventricular extension |
| 2 Localized clot or greater than 1 mm | 2 Cisternal |
| 3 Clots | 3 Both |

| | 1 | 2 | 3 | 4 | 5 | 6 | |
|-----------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|---------|
| 26. Hemorrhage: | (151) <input type="checkbox"/> | (152) <input type="checkbox"/> | (153) <input type="checkbox"/> | (154) <input type="checkbox"/> | (155) <input type="checkbox"/> | (156) <input type="checkbox"/> | 306-311 |

CT SCAN ABNORMALITIES

27. Cortical atrophy? (157) 312 None [] 1 Minimal [] 2 Moderate [] 3 Marked [] 4 Unknown [] 5

28. Hydrocephalus? (158) 313 None [] 1 Minimal [] 2 Moderate [] 3 Marked [] 4 Unknown [] 5

29. Periventricular hypodensity (by CT): (159) 314 Not present [] 1 Visible [] 2 Not applicable [] 3

30. Bright plaques (T 2 image MRI): (160) 315 Not present [] 1 Visible [] 2 Not applicable [] 3

31. Comments or additional description:

316 (161) P 5/1

32. CT Coder Signature: _____

STOP

Coordinating Center Use Only

33. Coding result: (162) 317 Agrees with other coder [] 1 Needs adjudication [] 2

Adjudicator's Use Only

34. Result of adjudication: (163) 318 Use this coder's form [] 1 Use alternate coder's form [] 2

35. Comments:

- 319 (164) RECORD TYPE 329-334 (167) DATE LAST PROCESSED
320-325 (165) DATE RECEIVED 335 (168) PAPER COPY
326-328 (166) UPDATE NUMBER 336 (169) CROSS FORMEDIT STATUS CODE

36. Signature of adjudicator: _____