

Blood and Marrow Transplant Clinical  
Trials Network

Re-Admission/Hospitalization Form (ADM)

Web Version: 1.0; 4.07; 05-24-16

Segment (PROTSEG):

Date of Admission (ADMIDT):

1. Date of discharge: (DISCHDT)

(mm/dd/yyyy)

2. Patient discharge status: (DISCPTST)

1 - Alive  2 - Dead

If Dead, a Death Form must be submitted.

3. Record PRIMARY discharge diagnosis: (PHSPREAS)

01 - GVHD  
02 - Relapse/Progression  
03 - Graft Failure  
04 - Infection  
05 - Fungal Infection  
\*Additional Options Listed Below



\*Specify organ: (ADM4SPEC)

\*\*Specify other: (ADM1SPEC)

4. Record secondary discharge diagnoses:

a. GVHD: (REASGVHD)

1 - Contributory  2 - Noncontributory



b. Relapse/progression: (REASRLPS)

1 - Contributory  2 - Noncontributory

c. Graft failure: (REASGF)

1 - Contributory  2 - Noncontributory

d. Infection: (REASINF)

1 - Contributory  2 - Noncontributory

e. Fever: (REASFVR)

1 - Contributory  2 - Noncontributory

f. Seizure: (REASSZR)

1 - Contributory  2 - Noncontributory

g. Bleeding/hemorrhage: (REASGIBL)

1 - Contributory  2 - Noncontributory

h. Diarrhea: (REASDRH)

1 - Contributory  2 - Noncontributory

i. Nausea/vomiting: (REASNV)

1 - Contributory  2 - Noncontributory

j. Organ failure: (REASORGF)

1 - Contributory  2 - Noncontributory

Specify organ: (ADM3SPEC)

k. Trauma: (REASTRAM)

1 - Contributory  2 - Noncontributory

l. Psychiatric: (REASPSYC)

1 - Contributory  2 - Noncontributory

m. Secondary malignancy: (REASMALG)

1 - Contributory  2 - Noncontributory

n. Scheduled procedure/treatment: (REASPROC)

1 - Contributory  2 - Noncontributory

o. Thrombosis/thrombus/embolism: (REASTRMB)

1 - Contributory  2 - Noncontributory

p. Other: (REASOTHR)

1 - Contributory  2 - Noncontributory

Specify other: (ADM2SPEC)

5. Record re-admission institution: (ADMCENTR)

1 - Original Transplant Center  
2 - Other Transplant Center  
3 - Other Hospital

Comments: (ADMCOMM1)

## Additional Selection Options for ADM

### Record PRIMARY discharge diagnosis:

- 06 - Non-Fungal Infection
- 07 - Fever
- 08 - Seizure
- 09 - Bleeding/Hemorrhage
- 10 - Diarrhea
- 11 - Nausea/Vomiting
- 12 - Organ Failure (specify organ)\*
- 13 - Trauma
- 14 - Psychiatric
- 15 - Secondary Malignancy
- 16 - Transplant
- 17 - Scheduled Procedure/Treatment
- 18 - Thrombosis/Thrombus/Embolism
- 99 - Other (specify)\*\*

# Blood and Marrow Transplant Clinical Trials Network

## Adverse Event Form (AE1)

Web Version: 1.0; 5.00; 01-28-16

Segment (PROTSEG):

Date of Onset (ADVDATE):

Event description (ADVENT):

1. Report activation status:(AVSTATUS)

- 1 - Keep report active
- 2 - Deactivate - Report filed in error
- 3 - Deactivate - Key field error
- 9 - Deactivate - Other reason



If Other, specify reason for deactivation:(AESPEC1)

2. Record date transplant center became aware of the event:(AVAWARDT)

 (mm/dd/yyyy)

3. Indicate weight at time of the event:(AVWGHTKG)

 (xxx.x) kg

4. Was this event expected or anticipated?(AVEXPECT)

- 1 - Yes  2 - No



5. Record the severity of event:(AVEVENT)

- 1 - Mild
- 2 - Moderate
- 3 - Severe
- 4 - Life Threatening
- 5 - Fatal



6. What is the relationship to study therapy/intervention:(AVRELAT)

- 1 - Unrelated
- 2 - Unlikely
- 3 - Possible
- 4 - Probable
- 5 - Definite

7. Is there an alternative etiology:(AVETIOL)

- 0 - None Apparent
- 1 - Study Disease
- 2 - Other Pre-Existing Disease or Condition
- 3 - Accident, Trauma, or External Factors
- 4 - Concurrent Illness/Condition (Not Pre-Existing)

8. What is the effect on study therapy/intervention schedule:(AVEFFECT)

- 1 - No Change - Completed
- 2 - No Change - Ongoing
- 3 - Dose Modified
- 4 - Temporarily Stopped
- 5 - Permanently Stopped

9. Record the most severe outcome of the event:(AVOUTCOM)

- 1 - Resolved, No Residual Effects
- 2 - Resolved with Sequelae
- 3 - Persistent Condition
- 4 - Resolved by Death



10. Record the date of resolution:(AVRESDT)

 (mm/dd/yyyy)

11. Was this event associated with:(AVASSOCI)

- 0 - None of the Following
- 1 - Death
- 2 - Life-Threatening Event
- 3 - Disability
- 4 - Congenital Anomaly
- \*Additional Options Listed Below



Comments:(AE1COMM)

## Additional Selection Options for AE1

**Was this event associated with:**

5 - Required Intervention to Prevent Permanent Impairment or Damage

6 - Hospitalization (Initial or Prolonged)

9 - Other SAE

Blood and Marrow Transplant Clinical  
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AE Summary Form (AE2)

Web Version: 1.0; 3.12; 10-16-15

Segment (PROTSEG):

Date of Onset (ADVDATE):

Event description (ADVENT):

1. Report activation status: (AVSTAT\_A)

- 1 - Keep report active
- 2 - Deactivate - Report filed in error
- 3 - Deactivate - Key field error
- 9 - Deactivate - Other reason

Relevant Past Medical History

2. Does the patient have any relevant history, including pre-existing medical conditions? (SEMEDHXS)  1 - Yes  2 - No

If Yes, include any relevant history, including preexisting medical conditions below.

(SEMEDHX)

3. Event Summary

Include clinical history of event, associated signs and symptoms, alternative etiologies being considered and medical management below.

(SESUMM)

4. Initial submitter: (SEISUBBY)

Name:  Date: (SEISUBDT)  (mm/dd /yyy)

5. Authorized submitter: (SEASUBBY)

Name:  Date: (SEASUBDT)  (mm/dd /yyy)

## Blood and Marrow Transplant Clinical Trials Network

### AE Therapy Form (AE3)

Web Version: 1.0; 4.05; 10-16-15

Segment (PROTSEG):

Date of Onset (ADVDATE):

Event description (ADVENT):

1. Report activation status: (AVSTAT\_B)

1 - Keep report active  
 2 - Deactivate - Report filed in error  
 3 - Deactivate - Key field error  
 9 - Deactivate - Other reason

### Study Product/Suspect Medication Data

2. Was the patient receiving any study products/suspect medications?(RCVSP)  1 - Yes  2 - No

If Yes, list the study product/suspect medications the subject was taking in the grid below.

Study Product Name (Note: if blinded, indicate as such)	Dose of Study Product(s) at SAE Onset	Route of Study Product(s) at SAE Onset	Schedule of Study Product(s) at SAE Onset	Date Study Product First Started (mm/dd/yyyy)	Date Study Product Last Taken (mm/dd/yyyy)	Reason for Use
(SPNAME1)	(SP1DOSE)	(SP1ROUTE)	(SP1SCHED)	(SP1STDT)	(SP1SPDT)	(SP1REAS O)
(SPNAME2)	(SP2DOSE)	(SP2ROUTE)	(SP2SCHED)	(SP2STDT)	(SP2SPDT)	(SP2REAS O)
(SPNAME3)	(SP3DOSE)	(SP3ROUTE)	(SP3SCHED)	(SP3STDT)	(SP3SPDT)	(SP3REAS O)
(SPNAME4)	(SP4DOSE)	(SP4ROUTE)	(SP4SCHED)	(SP4STDT)	(SP4SPDT)	(SP4REAS O)
(SPNAME5)	(SP5DOSE)	(SP5ROUTE)	(SP5SCHED)	(SP5STDT)	(SP5SPDT)	(SP5REAS O)

### Concomitant Medications

3. Was the patient taking any concomitant medications?(RCVCONMD)  1 - Yes  2 - No

If Yes, list the concomitant medications the patient was taking up to 1 month prior to SAE onset in the grid below.

Medication	Start Date (mm/dd/yyyy)	Stop Date (mm/dd/yyyy)	Dose, Route, Schedule	Indication
(CONMED1)	(CM1STDT)	(CM1SPDT)	(CM1DOSE)	(CM1INDIC) 1 - Treatment of adverse event 9 - Other
(CONMED2)	(CM2STDT)	(CM2SPDT)	(CM2DOSE)	(CM2INDIC) 1 - Treatment of adverse event 9 - Other
(CONMED3)	(CM3STDT)	(CM3SPDT)	(CM3DOSE)	(CM3INDIC) 1 - Treatment of adverse event 9 - Other
(CONMED4)	(CM4STDT)	(CM4SPDT)	(CM4DOSE)	(CM4INDIC)

				1 - Treatment of adverse event 9 - Other
(CONMED5)	(CM5STDY)	(CM5SPDY)	(CM5DOSE)	(CM5INDIC) 1 - Treatment of adverse event 9 - Other
(CONMED6)	(CM6STDY)	(CM6SPDY)	(CM6DOSE)	(CM6INDIC) 1 - Treatment of adverse event 9 - Other
(CONMED7)	(CM7STDY)	(CM7SPDY)	(CM7DOSE)	(CM7INDIC) 1 - Treatment of adverse event 9 - Other
(CONMED8)	(CM8STDY)	(CM8SPDY)	(CM8DOSE)	(CM8INDIC) 1 - Treatment of adverse event 9 - Other
(CONMED9)	(CM9STDY)	(CM9SPDY)	(CM9DOSE)	(CM9INDIC) 1 - Treatment of adverse event 9 - Other
(CONMED10)	(CM10STDY)	(CM10SPDY)	(CM10DOSE)	(CM10INDI) 1 - Treatment of adverse event 9 - Other
(CONMED11)	(CM11STDY)	(CM11SPDY)	(CM11DOSE)	(CM11INDI) 1 - Treatment of adverse event 9 - Other
(CONMED12)	(CM12STDY)	(CM12SPDY)	(CM12DOSE)	(CM12INDI) 1 - Treatment of adverse event 9 - Other
(CONMED13)	(CM13STDY)	(CM13SPDY)	(CM13DOSE)	(CM13INDI) 1 - Treatment of adverse event 9 - Other
(CONMED14)	(CM14STDY)	(CM14SPDY)	(CM14DOSE)	(CM14INDI) 1 - Treatment of adverse event 9 - Other
(CONMED15)	(CM15STDY)	(CM15SPDY)	(CM15DOSE)	(CM15INDI) 1 - Treatment of adverse event 9 - Other
(CONMED16)	(CM16STDY)	(CM16SPDY)	(CM16DOSE)	(CM16INDI) 1 - Treatment of adverse event 9 - Other
(CONMED17)	(CM17STDY)	(CM17SPDY)	(CM17DOSE)	(CM17INDI) 1 - Treatment of adverse event 9 - Other
(CONMED18)	(CM18STDY)	(CM18SPDY)	(CM18DOSE)	(CM18INDI) 1 - Treatment of adverse event 9 - Other

(CONMED19) <input type="text"/>	(CM19STDT) <input type="text"/>	(CM19SPDT) <input type="text"/>	(CM19DOSE) <input type="text"/>	(CM19INDI) 1 - Treatment of adverse event 9 - Other <input type="text"/>
(CONMED20) <input type="text"/>	(CM20STDT) <input type="text"/>	(CM20SPDT) <input type="text"/>	(CM20DOSE) <input type="text"/>	(CM20INDI) 1 - Treatment of adverse event 9 - Other <input type="text"/>
(CONMED21) <input type="text"/>	(CM21STDT) <input type="text"/>	(CM21SPDT) <input type="text"/>	(CM21DOSE) <input type="text"/>	(CM21INDI) 1 - Treatment of adverse event 9 - Other <input type="text"/>
(CONMED22) <input type="text"/>	(CM22STDT) <input type="text"/>	(CM22SPDT) <input type="text"/>	(CM22DOSE) <input type="text"/>	(CM22INDI) 1 - Treatment of adverse event 9 - Other <input type="text"/>
(CONMED23) <input type="text"/>	(CM23STDT) <input type="text"/>	(CM23SPDT) <input type="text"/>	(CM23DOSE) <input type="text"/>	(CM23INDI) 1 - Treatment of adverse event 9 - Other <input type="text"/>
(CONMED24) <input type="text"/>	(CM24STDT) <input type="text"/>	(CM24SPDT) <input type="text"/>	(CM24DOSE) <input type="text"/>	(CM24INDI) 1 - Treatment of adverse event 9 - Other <input type="text"/>
(CONMED25) <input type="text"/>	(CM25STDT) <input type="text"/>	(CM25SPDT) <input type="text"/>	(CM25DOSE) <input type="text"/>	(CM25INDI) 1 - Treatment of adverse event 9 - Other <input type="text"/>

Comments:(AE3COMM)



## Blood and Marrow Transplant Clinical Trials Network

### AE Laboratory/Diagnostics Form (AE4)

Web Version: 1.0; 3.12; 06-16-16

Segment (PROTSEG):

Date of Onset (ADVDATE):

Event description (ADVENT):

1. Report activation status: (AVSTAT\_C)

1 - Keep report active  
 2 - Deactivate - Report filed in error  
 3 - Deactivate - Key field error  
 9 - Deactivate - Other reason

#### Laboratory Test Results

2. Were relevant laboratory tests performed? (LABSTPF)

1 - Yes     2 - No

If Yes, record the relevant laboratory test results in the grid below.

Test	Collection Date (mm/dd/yyyy)	Result (Include units)	Site Normal Range (Include units)	Lab Value Previous to this SAE (Include units)	Collection Date for Previous Lab (mm/dd/yyyy)
(ADLTST1)	(ADL1CD)	(ADL1RES)	(ADL1NORG)	(ADL1PRVL)	(ADL1PCD)
(ADLTST2)	(ADL2CD)	(ADL2RES)	(ADL2NORG)	(ADL2PRVL)	(ADL2PCD)
(ADLTST3)	(ADL3CD)	(ADL3RES)	(ADL3NORG)	(ADL3PRVL)	(ADL3PCD)
(ADLTST4)	(ADL4CD)	(ADL4RES)	(ADL4NORG)	(ADL4PRVL)	(ADL4PCD)
(ADLTST5)	(ADL5CD)	(ADL5RES)	(ADL5NORG)	(ADL5PRVL)	(ADL5PCD)
(ADLTST6)	(ADL6CD)	(ADL6RES)	(ADL6NORG)	(ADL6PRVL)	(ADL6PCD)
(ADLTST7)	(ADL7CD)	(ADL7RES)	(ADL7NORG)	(ADL7PRVL)	(ADL7PCD)
(ADLTST8)	(ADL8CD)	(ADL8RES)	(ADL8NORG)	(ADL8PRVL)	(ADL8PCD)
(ADLTST9)	(ADL9CD)	(ADL9RES)	(ADL9NORG)	(ADL9PRVL)	(ADL9PCD)
(ADLTST10)	(ADL10CD)	(ADL10RES)	(ADL10NRG)	(ADL10PVL)	(ADL10PCD)

#### Diagnostic Tests (EX: MR, CT Scan, Ultrasound)

3. Were relevant diagnostic tests performed? (DXSTPF)

1 - Yes     2 - No

If Yes, record the relevant diagnostic test results in the grid below. Submit copies of the diagnostic test if available.

Test	Date Performed (mm/dd/yyyy)	Results/Comments
(ADDTS1)	(AD1DTDAT)	(AD1DTRES)

(ADDTS2) <input type="text"/>	(AD2DTDAT) <input type="text"/>	(AD2DTRES) <input type="text"/>
(ADDTS3) <input type="text"/>	(AD3DTDAT) <input type="text"/>	(AD3DTRES) <input type="text"/>
(ADDTS4) <input type="text"/>	(AD4DTDAT) <input type="text"/>	(AD4DTRES) <input type="text"/>
(ADDTS5) <input type="text"/>	(AD5DTDAT) <input type="text"/>	(AD5DTRES) <input type="text"/>
(ADDTS6) <input type="text"/>	(AD6DTDAT) <input type="text"/>	(AD6DTRES) <input type="text"/>
(ADDTS7) <input type="text"/>	(AD7DTDAT) <input type="text"/>	(AD7DTRES) <input type="text"/>
(ADDTS8) <input type="text"/>	(AD8DTDAT) <input type="text"/>	(AD8DTRES) <input type="text"/>
(ADDTS9) <input type="text"/>	(AD9DTDAT) <input type="text"/>	(AD9DTRES) <input type="text"/>
(ADDTS10) <input type="text"/>	(AD10DTDAT) <input type="text"/>	(AD10DTRES) <input type="text"/>

Comments:(AE4COMM)

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AE Review Form (AE5)

Web Version: 1.0; 3.12; 10-16-15

Segment (PROTSEG):

Date of Onset (ADVDATE):

Event description (ADVENT):

1. Report activation status: (AVSTAT\_D)

- 1 - Keep report active
- 2 - Deactivate - Report filed in error
- 3 - Deactivate - Key field error
- 9 - Deactivate - Other reason

2. Reviewed: (AEREVIEW)

1 - Yes  2 - No

3. Reviewed by: (ARFREVBY)

4. Review date: (ARFREVDT)

 (mm/dd/yyyy)

5. Comment 1 - For Distribution: (ARCM1DIS)

6. Comment 2 - All Other Reviewers/Data Coordinating Center (ARCM2ALL)

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AE Medical Monitor Reviewer Form (AE6)

Web Version: 1.0; 8.00; 01-28-16

Segment (PROTSEG):

Date of Onset (ADVDATE):

Event description (ADVENT):

1. Adverse event status:(AVSTAT\_E)

- 1 - Keep report active
- 2 - Deactivate - Report filed in error
- 3 - Deactivate - Key field error
- 9 - Deactivate - Other reason

2. Has this event been determined to be an unexpected, grade 3-5 adverse event?  
(AMDETER)

1 - Yes  2 - No

3. Does this require expedited reporting to the DSMB? (AMEXPDSM)

1 - Yes  2 - No

4. Do you recommend the patient be withdrawn from further protocol therapy?  
(AMWITHDR)

1 - Yes  2 - No

5. Is the review complete?(AMREVDNE)

1 - Yes  2 - No

6. If **No**, what additional information is required:(AMREVINF)

7. Medical Monitor event description:(AMMMEVDS)

8. Medical Monitor CTCAE grade of event:(CTCAEGRD)

- 1 - Grade 1
- 2 - Grade 2
- 3 - Grade 3
- 4 - Grade 4
- 5 - Grade 5

Comments:(AE6COMM)

**Blood and Marrow Transplant Clinical  
Trials Network**

**CHQ - 50 Parent Form (C50)**

Web Version: 1.0; 2.00; 10-16-15

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Record the date the patient's parent completed the questionnaire. (*TDYYOUDT*)  (mm/dd/yyyy)

**SECTION 1: YOUR CHILD'S GLOBAL HEALTH**

1. In general, would you say your child's health is: (*GENHLTGH*)

- 1 - Excellent
- 2 - Very Good
- 3 - Good
- 4 - Fair
- 5 - Poor
- \*Additional Options Listed Below

**SECTION 2: YOUR CHILD'S PHYSICAL ACTIVITIES**

*The following questions ask about physical activities your child might do during a day.*

1. During the past 4 weeks, has your child been limited in any of the following activities due to health problems?

a. Doing things that take a lot of energy, such as playing soccer or running?

- 1 - Yes, limited a lot
- 2 - Yes, limited some
- 3 - Yes, limited a little
- 4 - No, not limited
- 9 - Subject did not complete

(*LOTENEP*)

b. Doing things that take some energy, such as riding a bike?

- 1 - Yes, limited a lot
- 2 - Yes, limited some
- 3 - Yes, limited a little
- 4 - No, not limited
- 9 - Subject did not complete

(*SOMENEP*)

c. Ability (physically) to get around the neighborhood, playground, or school?

- 1 - Yes, limited a lot
- 2 - Yes, limited some
- 3 - Yes, limited a little
- 4 - No, not limited
- 9 - Subject did not complete

(*ABILITP*)

d. Walking one block or climb one flight of stairs?

- 1 - Yes, limited a lot
- 2 - Yes, limited some
- 3 - Yes, limited a little
- 4 - No, not limited
- 9 - Subject did not complete

(*WALKP*)

e. Bending, lifting, or stooping?

- 1 - Yes, limited a lot
- 2 - Yes, limited some
- 3 - Yes, limited a little
- 4 - No, not limited
- 9 - Subject did not complete

(*BENDP*)

f. Taking care of him/herself, that is, eating, dressing, bathing, going to the toilet?

- 1 - Yes, limited a lot
- 2 - Yes, limited some
- 3 - Yes, limited a little
- 4 - No, not limited
- 9 - Subject did not complete

(*CAREP*)

### SECTION 3: YOUR CHILD'S EVERYDAY ACTIVITIES

1. During the past 4 weeks, has your child's schoolwork or activities with friends been limited in any of the following ways due to EMOTIONAL difficulties or problems with his/her BEHAVIOR?

a. Limited in the KIND of schoolwork or activities with friends he/she could do

- 1 - Yes, limited a lot
- 2 - Yes, limited some
- 3 - Yes, limited a little
- 4 - No, not limited
- 9 - Subject did not complete

(KINDBEEA)

b. Limited in the AMOUNT of time he/she could spend on schoolwork or activities with friends

- 1 - Yes, limited a lot
- 2 - Yes, limited some
- 3 - Yes, limited a little
- 4 - No, not limited
- 9 - Subject did not complete

(TIMBEEA)

c. Limited in PERFORMING schoolwork or activities with friends (it took extra effort)

- 1 - Yes, limited a lot
- 2 - Yes, limited some
- 3 - Yes, limited a little
- 4 - No, not limited
- 9 - Subject did not complete

(PERFBEEA)

2. During the past 4 weeks, has your child's schoolwork or activities with friends been limited in any of the following ways due to problems with his/her PHYSICAL health?

a. Limited in the KIND of schoolwork or activities with friends he/she could do

- 1 - Yes, limited a lot
- 2 - Yes, limited some
- 3 - Yes, limited a little
- 4 - No, not limited
- 9 - Subject did not complete

(KINDHLEA)

b. Limited in the AMOUNT of time he/she could spend on schoolwork or activities with friends

- 1 - Yes, limited a lot
- 2 - Yes, limited some
- 3 - Yes, limited a little
- 4 - No, not limited
- 9 - Subject did not complete

(TIMHLEA)

### SECTION 4: PAIN

1. During the past 4 weeks, how much bodily pain or discomfort has your child had?(BODPAIN)

- 1 - None
- 2 - Very Mild
- 3 - Mild
- 4 - Moderate
- 5 - Severe
- \*Additional Options Listed Below

2. During the past 4 weeks, how often has your child had bodily pain or discomfort?(OFBDPAIN)

- 1 - None of the time
- 2 - Once or twice
- 3 - A few times
- 4 - Fairly often
- 5 - Very often
- \*Additional Options Listed Below

### SECTION 5: BEHAVIOR

*Below is a list of items that describe children's behavior or problems they sometimes have.*

1. How often during the past 4 weeks, did each of the following statements describe your child?

a. Argued a lot?

- 1 - Very Often
- 2 - Fairly Often
- 3 - Sometimes
- 4 - Almost Never
- 5 - Never
- \*Additional Options Listed Below

(ARGUEBEH)

b. Had difficulty concentrating or paying attention?

- 1 - Very Often
- 2 - Fairly Often
- 3 - Sometimes
- 4 - Almost Never
- 5 - Never
- \*Additional Options Listed Below

(ATTNBEH)

c. Lied or cheated?

- 1 - Very Often
- 2 - Fairly Often
- 3 - Sometimes
- 4 - Almost Never
- 5 - Never
- \*Additional Options Listed Below

(LIEBEH)

d. Stole things inside or outside the home?

- 1 - Very Often
- 2 - Fairly Often
- 3 - Sometimes
- 4 - Almost Never
- 5 - Never
- \*Additional Options Listed Below

(STOLEBEH)

e. Had tantrums or a hot temper?

- 1 - Very Often
- 2 - Fairly Often
- 3 - Sometimes
- 4 - Almost Never
- 5 - Never
- \*Additional Options Listed Below

(TANTRBEH)

2. Compared to other children your child's age, in general would you say his/her behavior is:(KIDSBEH)

- 1 - Excellent
- 2 - Very Good
- 3 - Good
- 4 - Fair
- 5 - Poor
- \*Additional Options Listed Below

## SECTION 6: WELL-BEING

The following phrases are about children's moods.

1. During the past 4 weeks, how much of the time do you think your child:

a. Felt like crying?

- 1 - All of the time
- 2 - Most of the time
- 3 - Some of the time
- 4 - A little of the time
- 5 - None of the time
- \*Additional Options Listed Below

(CRYINGWB)

b. Felt lonely?

- 1 - All of the time
- 2 - Most of the time
- 3 - Some of the time
- 4 - A little of the time
- 5 - None of the time
- \*Additional Options Listed Below

(LONELYWB)

c. Acted nervous?

- 1 - All of the time
- 2 - Most of the time
- 3 - Some of the time
- 4 - A little of the time
- 5 - None of the time
- \*Additional Options Listed Below

(NERVOUWB)

d. Acted bothered or upset?

- 1 - All of the time
- 2 - Most of the time
- 3 - Some of the time
- 4 - A little of the time
- 5 - None of the time
- \*Additional Options Listed Below

(BOTHERWB)

e. Acted cheerful?

- 1 - All of the time
- 2 - Most of the time
- 3 - Some of the time
- 4 - A little of the time
- 5 - None of the time
- \*Additional Options Listed Below

(CHEERWB)

## SECTION 7: SELF-ESTEEM

The following ask about your child's satisfaction with self, school, and others. It may be helpful if you keep in mind how other children your child's age might feel about these areas.

1. During the past 4 weeks, how satisfied do you think your child has felt about:

a. His/her school ability?

- 1 - Very satisfied
- 2 - Somewhat satisfied
- 3 - Neither satisfied nor dissatisfied
- 4 - Somewhat dissatisfied
- 5 - Very dissatisfied
- \*Additional Options Listed Below

(SCHOOLSE)

b. His/her athletic ability?

- 1 - Very satisfied
- 2 - Somewhat satisfied
- 3 - Neither satisfied nor dissatisfied
- 4 - Somewhat dissatisfied
- 5 - Very dissatisfied
- \*Additional Options Listed Below

(ATHLETSE)

c. His/her friendships?

- 1 - Very satisfied
- 2 - Somewhat satisfied
- 3 - Neither satisfied nor dissatisfied
- 4 - Somewhat dissatisfied
- 5 - Very dissatisfied
- \*Additional Options Listed Below

(FRIENDSE)

d. His/her looks/ appearance?

- 1 - Very satisfied
- 2 - Somewhat satisfied
- 3 - Neither satisfied nor dissatisfied
- 4 - Somewhat dissatisfied
- 5 - Very dissatisfied
- \*Additional Options Listed Below

(LOOKSSE)

e. His/her family relationships?

- 1 - Very satisfied
- 2 - Somewhat satisfied
- 3 - Neither satisfied nor dissatisfied
- 4 - Somewhat dissatisfied
- 5 - Very dissatisfied
- \*Additional Options Listed Below

(FAMILYSE)

f. His/her life overall?

- 1 - Very satisfied
- 2 - Somewhat satisfied
- 3 - Neither satisfied nor dissatisfied
- 4 - Somewhat dissatisfied
- 5 - Very dissatisfied
- \*Additional Options Listed Below

(LIFESE)

## SECTION 8: YOUR CHILD'S HEALTH

1. How true or false is each of these statements for your child?



a. My child seems to be less healthy than other children I know.

- 1 - Definitely True
- 2 - Mostly True
- 3 - Don't Know
- 4 - Mostly False
- 5 - Definitely False
- \*Additional Options Listed Below

(LESSHLCH)

b. My child has never been seriously ill.

- 1 - Definitely True
- 2 - Mostly True
- 3 - Don't Know
- 4 - Mostly False
- 5 - Definitely False
- \*Additional Options Listed Below

(NVRILLCH)

c. When there is something going around my child usually catches it.

- 1 - Definitely True
- 2 - Mostly True
- 3 - Don't Know
- 4 - Mostly False
- 5 - Definitely False
- \*Additional Options Listed Below

(CATCHCH)

d. I expect my child will have a very healthy life.

- 1 - Definitely True
- 2 - Mostly True
- 3 - Don't Know
- 4 - Mostly False
- 5 - Definitely False
- \*Additional Options Listed Below

(LIFECH)

e. I worry more about my child's health than other people worry about their children's health.

- 1 - Definitely True
- 2 - Mostly True
- 3 - Don't Know
- 4 - Mostly False
- 5 - Definitely False
- \*Additional Options Listed Below

(WORRYCH)

2. Compared to one year ago, how would you rate your child's health now:(COMPARCH)

- 1 - Much better now than 1 year ago
- 2 - Somewhat better now than 1 year ago
- 3 - About the same now as 1 year ago
- 4 - Somewhat worse now than 1 year ago
- 5 - Much worse now than 1 year ago
- \*Additional Options Listed Below

### SECTION 9: YOU AND YOUR FAMILY

1. During the past 4 weeks, how MUCH emotional worry or concern did each of the following cause YOU?

a. Your child's physical health

- 1 - None at all
- 2 - A little bit
- 3 - Some
- 4 - Quite a bit
- 5 - A lot
- \*Additional Options Listed Below

(PHWORRYF)

b. Your child's emotional well-being or behavior

- 1 - None at all
- 2 - A little bit
- 3 - Some
- 4 - Quite a bit
- 5 - A lot
- \*Additional Options Listed Below

(WBWORRYF)

c. Your child's attention or learning abilities

- 1 - None at all
- 2 - A little bit
- 3 - Some
- 4 - Quite a bit
- 5 - A lot
- \*Additional Options Listed Below

(ATWORYF)

2. During the past 4 weeks, were you LIMITED in the amount of time YOU had for your own needs because of:

a. Your child's physical health?

- 1 - Yes, limited a lot
- 2 - Yes, limited some
- 3 - Yes, limited a little
- 4 - No, not limited
- 9 - Subject did not complete

(PHLIMIYF)

b. Your child's emotional well-being or behavior?

- 1 - Yes, limited a lot
- 2 - Yes, limited some
- 3 - Yes, limited a little
- 4 - No, not limited
- 9 - Subject did not complete

(WBLIMIYF)

c. Your child's attention or learning abilities?

- 1 - Yes, limited a lot
- 2 - Yes, limited some
- 3 - Yes, limited a little
- 4 - No, not limited
- 9 - Subject did not complete

(ATLIMIYF)

3. During the past 4 weeks, how often has your child's health or behavior:

a. Limited the types of activities you could do as a family?

- 1 - Very Often
- 2 - Fairly Often
- 3 - Sometimes
- 4 - Almost Never
- 5 - Never
- \*Additional Options Listed Below

(ACTIYIF)

b. Interrupted various everyday family activities (eating meals, watching TV)?

- 1 - Very Often
- 2 - Fairly Often
- 3 - Sometimes
- 4 - Almost Never
- 5 - Never
- \*Additional Options Listed Below

(INTRPTYF)

c. Limited your ability as a family to "pick up and go" on a moment's notice?

- 1 - Very Often
- 2 - Fairly Often
- 3 - Sometimes
- 4 - Almost Never
- 5 - Never
- \*Additional Options Listed Below

(PICKGOYF)

d. Caused tension or conflict in your home?

- 1 - Very Often
- 2 - Fairly Often
- 3 - Sometimes
- 4 - Almost Never
- 5 - Never
- \*Additional Options Listed Below

(TENSNYF)

e. Been a source of disagreements or arguments in your family?

- 1 - Very Often
- 2 - Fairly Often
- 3 - Sometimes
- 4 - Almost Never
- 5 - Never
- \*Additional Options Listed Below

(DISAGRYF)

f. Caused you to cancel or change plans (personal or work) at the last minute?

- 1 - Very Often
- 2 - Fairly Often
- 3 - Sometimes
- 4 - Almost Never
- 5 - Never
- \*Additional Options Listed Below

(CANCLYF)

4. Sometimes families may have difficulty getting along with one another. They do not always agree and they may get angry. In general, how would you rate your family's ability to get along with one another?(ALONGYF)

- 1 - Excellent
- 2 - Very Good
- 3 - Good
- 4 - Fair
- 5 - Poor
- \*Additional Options Listed Below

## Additional Selection Options for C50

**In general, would you say your child's health is:**

9 - Subject did not complete

**During the past 4 weeks, how much bodily pain or discomfort has your child had?**

6 - Very severe

9 - Subject did not complete

**During the past 4 weeks, how often has your child had bodily pain or discomfort?**

6 - Every day or almost every day

9 - Subject did not complete

**Argued a lot**

9 - Subject did not complete

**Felt like crying**

9 - Subject did not complete

**School ability**

9 - Subject did not complete

**Less healthy than others**

9 - Subject did not complete

**Compared to one year ago, how would you rate your child's health now:**

9 - Subject did not complete

**Worry about phys health**

9 - Subject did not complete

Blood and Marrow Transplant Clinical  
Trials Network

CHQ-CF87 Child Self-Report Form (C87)

Web Version: 1.0; 2.00; 10-16-15

Segment (PROTSEG):

Visit Number (VISNO):

Record the date the patient completed the questionnaire. (FACTTDDT)

(mm/dd/yyyy)

SECTION #1: YOUR GLOBAL HEALTH

1. In general, would you say your health is: (GBHEALTH)

1 - Excellent  
2 - Very Good  
3 - Good  
4 - Fair  
5 - Poor  
\*Additional Options Listed Below

SECTION #2: YOUR PHYSICAL ACTIVITIES

The following questions ask about physical activities you might do during a day.

1. During the past 4 weeks, has it been difficult for you to do the following activities due to health problems?

a. Do things that take a lot of energy, such as playing soccer, running, or hiking?

1 - Yes, very difficult  
2 - Yes, somewhat difficult  
3 - Yes, a little difficult  
4 - No, not difficult  
9 - Subject did not complete

(PALOTENE)

b. Do things that take some energy such as riding a bike or skating?

1 - Yes, very difficult  
2 - Yes, somewhat difficult  
3 - Yes, a little difficult  
4 - No, not difficult  
9 - Subject did not complete

(PASOMENE)

c. Walk several blocks or climb several flights of stairs?

1 - Yes, very difficult  
2 - Yes, somewhat difficult  
3 - Yes, a little difficult  
4 - No, not difficult  
9 - Subject did not complete

(PAWALKSE)

d. Get around your school, neighborhood, or playground?

1 - Yes, very difficult  
2 - Yes, somewhat difficult  
3 - Yes, a little difficult  
4 - No, not difficult  
9 - Subject did not complete

(PAGETARO)

e. Walk one block or climb one flight of stairs?

1 - Yes, very difficult  
2 - Yes, somewhat difficult  
3 - Yes, a little difficult  
4 - No, not difficult  
9 - Subject did not complete

(PAWALKBL)

f. Do your tasks around the house?

- 1 - Yes, very difficult
- 2 - Yes, somewhat difficult
- 3 - Yes, a little difficult
- 4 - No, not difficult
- 9 - Subject did not complete

(PAHOUSE)

g. Bend, lift, or stoop?

- 1 - Yes, very difficult
- 2 - Yes, somewhat difficult
- 3 - Yes, a little difficult
- 4 - No, not difficult
- 9 - Subject did not complete

(PABEND)

h. Eat, dress, bath, or go to the toilet by yourself?

- 1 - Yes, very difficult
- 2 - Yes, somewhat difficult
- 3 - Yes, a little difficult
- 4 - No, not difficult
- 9 - Subject did not complete

(PAEATDRS)

i. Get in and out of bed?

- 1 - Yes, very difficult
- 2 - Yes, somewhat difficult
- 3 - Yes, a little difficult
- 4 - No, not difficult
- 9 - Subject did not complete

(PAINOUT)

### SECTION #3: YOUR EVERYDAY ACTIVITIES

1. During the past 4 weeks, has it been difficult to do your school work or usual activities with friends because of problems like FEELING SAD OR WORRIED?

Has it been difficult to:

a. Do certain KINDS of schoolwork or activities with friends?

- 1 - Yes, very difficult
- 2 - Yes, somewhat difficult
- 3 - Yes, a little difficult
- 4 - No, not difficult
- 9 - Subject did not complete

(SADSWKIN)

b. Spend the usual AMOUNT of time on schoolwork or activities?

- 1 - Yes, very difficult
- 2 - Yes, somewhat difficult
- 3 - Yes, a little difficult
- 4 - No, not difficult
- 9 - Subject did not complete

(SADSWKTM)

c. Get schoolwork DONE at all or do any activities with friends?

- 1 - Yes, very difficult
- 2 - Yes, somewhat difficult
- 3 - Yes, a little difficult
- 4 - No, not difficult
- 9 - Subject did not complete

(SADSWKDO)

2. During the past 4 weeks, has it been difficult to do your school work or usual activities with friends because of problems with your BEHAVIOR?

Has it been difficult to:

a. Do certain KINDS of schoolwork or activities with friends?

- 1 - Yes, very difficult
- 2 - Yes, somewhat difficult
- 3 - Yes, a little difficult
- 4 - No, not difficult
- 9 - Subject did not complete

(BEHSWKIN)

b. Spend the usual AMOUNT of time on schoolwork or activities?

- 1 - Yes, very difficult
- 2 - Yes, somewhat difficult
- 3 - Yes, a little difficult
- 4 - No, not difficult
- 9 - Subject did not complete

(BEHSWTM)

c. Get schoolwork DONE at all or do any activities with friends?

- 1 - Yes, very difficult
- 2 - Yes, somewhat difficult
- 3 - Yes, a little difficult
- 4 - No, not difficult
- 9 - Subject did not complete

(BEHSWDO)

3. During the past 4 weeks, has it been difficult to do your school work or usual activities with friends because of problems with your PHYSICAL health?

Has it been difficult to:

a. Do certain KINDS of schoolwork or activities with friends?

- 1 - Yes, very difficult
- 2 - Yes, somewhat difficult
- 3 - Yes, a little difficult
- 4 - No, not difficult
- 9 - Subject did not complete

(PHYSWKIN)

b. Spend the usual AMOUNT of time on schoolwork or activities with friends?

- 1 - Yes, very difficult
- 2 - Yes, somewhat difficult
- 3 - Yes, a little difficult
- 4 - No, not difficult
- 9 - Subject did not complete

(PHYSWTM)

c. Get schoolwork DONE at all or do any activities with friends?

- 1 - Yes, very difficult
- 2 - Yes, somewhat difficult
- 3 - Yes, a little difficult
- 4 - No, not difficult
- 9 - Subject did not complete

(PHYSWDO)

### SECTION #4: PAIN

1. During the past 4 weeks, how much bodily pain or discomfort have you had?(PAINBOD)

- 1 - None
- 2 - Very Mild
- 3 - Mild
- 4 - Moderate
- 5 - Severe
- \*Additional Options Listed Below

2. During the past 4 weeks, how often have you had bodily pain or discomfort?(PAINOFBD)

- 1 - None of the time
- 2 - Once or twice
- 3 - A few times
- 4 - Fairly often
- 5 - Very often
- \*Additional Options Listed Below

### SECTION #5: GETTING ALONG/BEHAVIOR

Below is a list of items that describe children's behavior or problems they sometimes have.

1. During the past 4 weeks, how often did each of the following statements describe you?

a. Acted too young for your age?

- 1 - Very Often
- 2 - Fairly Often
- 3 - Sometimes
- 4 - Almost Never
- 5 - Never
- \*Additional Options Listed Below

(GAACTYNG)

b. Argued?

- 1 - Very Often
- 2 - Fairly Often
- 3 - Sometimes
- 4 - Almost Never
- 5 - Never
- \*Additional Options Listed Below

(GAARGUED)

c. Had a hard time paying attention?

1 - Very Often  
2 - Fairly Often  
3 - Sometimes  
4 - Almost Never  
5 - Never  
\*Additional Options Listed Below

(GAPAYATN)

d. Did not do what your teacher or parent asked you to do?

1 - Very Often  
2 - Fairly Often  
3 - Sometimes  
4 - Almost Never  
5 - Never  
\*Additional Options Listed Below

(GANOTDO)

e. Wanted to be alone?

1 - Very Often  
2 - Fairly Often  
3 - Sometimes  
4 - Almost Never  
5 - Never  
\*Additional Options Listed Below

(GAALONE)

f. Lied or cheated?

1 - Very Often  
2 - Fairly Often  
3 - Sometimes  
4 - Almost Never  
5 - Never  
\*Additional Options Listed Below

(GALIECHT)

g. Had a hard time getting others to like you?

1 - Very Often  
2 - Fairly Often  
3 - Sometimes  
4 - Almost Never  
5 - Never  
\*Additional Options Listed Below

(GAOTHRK)

h. Felt clumsy?

1 - Very Often  
2 - Fairly Often  
3 - Sometimes  
4 - Almost Never  
5 - Never  
\*Additional Options Listed Below

(GACLUMSY)

i. Ran away from home?

1 - Very Often  
2 - Fairly Often  
3 - Sometimes  
4 - Almost Never  
5 - Never  
\*Additional Options Listed Below

(GARANAWA)

j. Had speech problems (e.g. stuttering)?

1 - Very Often  
2 - Fairly Often  
3 - Sometimes  
4 - Almost Never  
5 - Never  
\*Additional Options Listed Below

(GASPEECH)

k. Stole things at home?

1 - Very Often  
2 - Fairly Often  
3 - Sometimes  
4 - Almost Never  
5 - Never  
\*Additional Options Listed Below

(GASTOLEH)



l. Stole things outside home?

- 1 - Very Often
  - 2 - Fairly Often
  - 3 - Sometimes
  - 4 - Almost Never
  - 5 - Never
- \*Additional Options Listed Below

(GASTOLEO)

m. Acted mean or moody if you did not get what you wanted?

- 1 - Very Often
  - 2 - Fairly Often
  - 3 - Sometimes
  - 4 - Almost Never
  - 5 - Never
- \*Additional Options Listed Below

(GAMEAN)

n. Got really mad when you did not get what you wanted?

- 1 - Very Often
  - 2 - Fairly Often
  - 3 - Sometimes
  - 4 - Almost Never
  - 5 - Never
- \*Additional Options Listed Below

(GAGOTMAD)

o. Found it hard to be with others?

- 1 - Very Often
  - 2 - Fairly Often
  - 3 - Sometimes
  - 4 - Almost Never
  - 5 - Never
- \*Additional Options Listed Below

(GAHARDOT)

p. Had a hard time getting along with others?

- 1 - Very Often
  - 2 - Fairly Often
  - 3 - Sometimes
  - 4 - Almost Never
  - 5 - Never
- \*Additional Options Listed Below

(GAALONGO)

2. Compared to other children your age, in general would you say your behavior is: (GAAGEBEH)

- 1 - Excellent
  - 2 - Very Good
  - 3 - Good
  - 4 - Fair
  - 5 - Poor
- \*Additional Options Listed Below

## SECTION #6: GENERAL WELL-BEING

The following phrases are about children's moods and feelings they may have.

1. During the past 4 weeks, how much of the time did you:

a. Feel sad?

- 1 - All of the time
  - 2 - Most of the time
  - 3 - Some of the time
  - 4 - A little of the time
  - 5 - None of the time
- \*Additional Options Listed Below

(GWSAD)

b. Feel like crying?

- 1 - All of the time
  - 2 - Most of the time
  - 3 - Some of the time
  - 4 - A little of the time
  - 5 - None of the time
- \*Additional Options Listed Below

(GWCRY)

c. Feel afraid or scared?

- 1 - All of the time
- 2 - Most of the time
- 3 - Some of the time
- 4 - A little of the time
- 5 - None of the time
- \*Additional Options Listed Below

(GWA FRAID)

d. Worry about things?

- 1 - All of the time
- 2 - Most of the time
- 3 - Some of the time
- 4 - A little of the time
- 5 - None of the time
- \*Additional Options Listed Below

(GWWORRY)

e. Feel lonely?

- 1 - All of the time
- 2 - Most of the time
- 3 - Some of the time
- 4 - A little of the time
- 5 - None of the time
- \*Additional Options Listed Below

(GWL ONELY)

f. Feel unhappy?

- 1 - All of the time
- 2 - Most of the time
- 3 - Some of the time
- 4 - A little of the time
- 5 - None of the time
- \*Additional Options Listed Below

(GWUNHAPP)

g. Feel nervous?

- 1 - All of the time
- 2 - Most of the time
- 3 - Some of the time
- 4 - A little of the time
- 5 - None of the time
- \*Additional Options Listed Below

(GWNERVOU)

h. Feel bothered or upset?

- 1 - All of the time
- 2 - Most of the time
- 3 - Some of the time
- 4 - A little of the time
- 5 - None of the time
- \*Additional Options Listed Below

(GWBOTHER)

i. Feel happy?

- 1 - All of the time
- 2 - Most of the time
- 3 - Some of the time
- 4 - A little of the time
- 5 - None of the time
- \*Additional Options Listed Below

(GWHAPPY)

j. Feel cheerful?

- 1 - All of the time
- 2 - Most of the time
- 3 - Some of the time
- 4 - A little of the time
- 5 - None of the time
- \*Additional Options Listed Below

(GWCHEER)

k. Enjoy the things you do?

- 1 - All of the time
- 2 - Most of the time
- 3 - Some of the time
- 4 - A little of the time
- 5 - None of the time
- \*Additional Options Listed Below

(GWENJOY)

l. Have fun?

- 1 - All of the time
  - 2 - Most of the time
  - 3 - Some of the time
  - 4 - A little of the time
  - 5 - None of the time
- \*Additional Options Listed Below

(GWFUN)

m. Feel jittery or restless?

- 1 - All of the time
  - 2 - Most of the time
  - 3 - Some of the time
  - 4 - A little of the time
  - 5 - None of the time
- \*Additional Options Listed Below

(GWJITTER)

n. Have trouble sleeping?

- 1 - All of the time
  - 2 - Most of the time
  - 3 - Some of the time
  - 4 - A little of the time
  - 5 - None of the time
- \*Additional Options Listed Below

(GWSLEEP)

o. Have headaches?

- 1 - All of the time
  - 2 - Most of the time
  - 3 - Some of the time
  - 4 - A little of the time
  - 5 - None of the time
- \*Additional Options Listed Below

(GWHEADAC)

p. Like yourself?

- 1 - All of the time
  - 2 - Most of the time
  - 3 - Some of the time
  - 4 - A little of the time
  - 5 - None of the time
- \*Additional Options Listed Below

(GWLKEYO)

## SECTION #7: SELF-ESTEEM

How do you feel about yourself, school, and others? It may be helpful if you keep in mind how other children your age might feel about those areas.

1. During the past 4 weeks, how good or bad have you felt about:

a. Yourself?

- 1 - Very good
  - 2 - Somewhat good
  - 3 - Neither good nor bad
  - 4 - Somewhat badly
  - 5 - Very badly
- \*Additional Options Listed Below

(SEYOURSE)

b. Your school work?

- 1 - Very good
  - 2 - Somewhat good
  - 3 - Neither good nor bad
  - 4 - Somewhat badly
  - 5 - Very badly
- \*Additional Options Listed Below

(SESCHLWK)

c. Your ability to play sports?

- 1 - Very good
  - 2 - Somewhat good
  - 3 - Neither good nor bad
  - 4 - Somewhat badly
  - 5 - Very badly
- \*Additional Options Listed Below

(SESPORTS)

d. Your friendships?

(SEFNDSHP)

- 1 - Very good
- 2 - Somewhat good
- 3 - Neither good nor bad
- 4 - Somewhat badly
- 5 - Very badly
- \*Additional Options Listed Below

e. The things you CAN do?

(SECANDO)

- 1 - Very good
- 2 - Somewhat good
- 3 - Neither good nor bad
- 4 - Somewhat badly
- 5 - Very badly
- \*Additional Options Listed Below

f. The way you get along with others?

(SEALONG)

- 1 - Very good
- 2 - Somewhat good
- 3 - Neither good nor bad
- 4 - Somewhat badly
- 5 - Very badly
- \*Additional Options Listed Below

g. Your body and your looks?

(SEBODY)

- 1 - Very good
- 2 - Somewhat good
- 3 - Neither good nor bad
- 4 - Somewhat badly
- 5 - Very badly
- \*Additional Options Listed Below

h. The way you seem to feel most of the time?

(SEFEEL)

- 1 - Very good
- 2 - Somewhat good
- 3 - Neither good nor bad
- 4 - Somewhat badly
- 5 - Very badly
- \*Additional Options Listed Below

i. The way you get along with your family?

(SEFAMILY)

- 1 - Very good
- 2 - Somewhat good
- 3 - Neither good nor bad
- 4 - Somewhat badly
- 5 - Very badly
- \*Additional Options Listed Below

j. The way life seems to be for you?

(SELIFE)

- 1 - Very good
- 2 - Somewhat good
- 3 - Neither good nor bad
- 4 - Somewhat badly
- 5 - Very badly
- \*Additional Options Listed Below

k. Your ability to be a friend to others?

(SEFRIEND)

- 1 - Very good
- 2 - Somewhat good
- 3 - Neither good nor bad
- 4 - Somewhat badly
- 5 - Very badly
- \*Additional Options Listed Below

l. The way others seem to feel about you?

(SEOTFEEL)

- 1 - Very good
- 2 - Somewhat good
- 3 - Neither good nor bad
- 4 - Somewhat badly
- 5 - Very badly
- \*Additional Options Listed Below

m. Your ability to talk with others?

- 1 - Very good
- 2 - Somewhat good
- 3 - Neither good nor bad
- 4 - Somewhat badly
- 5 - Very badly
- \*Additional Options Listed Below

(SETALK)

n. Your health in general?

- 1 - Very good
- 2 - Somewhat good
- 3 - Neither good nor bad
- 4 - Somewhat badly
- 5 - Very badly
- \*Additional Options Listed Below

(SEHEALTH)

## SECTION #8: YOUR HEALTH

The following statements are about health in general.

1. How true or false is the statement for you?

a. My health is excellent.

- 1 - Definitely True
- 2 - Mostly True
- 3 - Don't Know
- 4 - Mostly False
- 5 - Definitely False
- \*Additional Options Listed Below

(YHHLTHEX)

b. I was so sick once I thought I might die.

- 1 - Definitely True
- 2 - Mostly True
- 3 - Don't Know
- 4 - Mostly False
- 5 - Definitely False
- \*Additional Options Listed Below

(YHSOSICK)

c. I do not seem to get very sick.

- 1 - Definitely True
- 2 - Mostly True
- 3 - Don't Know
- 4 - Mostly False
- 5 - Definitely False
- \*Additional Options Listed Below

(YHNOSICK)

d. I seem to be less healthy than other kids I know.

- 1 - Definitely True
- 2 - Mostly True
- 3 - Don't Know
- 4 - Mostly False
- 5 - Definitely False
- \*Additional Options Listed Below

(YHLESSHL)

e. I have never been very, very sick.

- 1 - Definitely True
- 2 - Mostly True
- 3 - Don't Know
- 4 - Mostly False
- 5 - Definitely False
- \*Additional Options Listed Below

(YHNESICK)

f. I always seem to get sick.

- 1 - Definitely True
- 2 - Mostly True
- 3 - Don't Know
- 4 - Mostly False
- 5 - Definitely False
- \*Additional Options Listed Below

(YHALSICK)

g. I think I will be less healthy when I get older.

- 1 - Definitely True
- 2 - Mostly True
- 3 - Don't Know
- 4 - Mostly False
- 5 - Definitely False
- \*Additional Options Listed Below

(YHLESOLD)

h. I think I will be very healthy when I get older.

- 1 - Definitely True
- 2 - Mostly True
- 3 - Don't Know
- 4 - Mostly False
- 5 - Definitely False
- \*Additional Options Listed Below

(YHVEROLD)

i. I never worry about my health.

- 1 - Definitely True
- 2 - Mostly True
- 3 - Don't Know
- 4 - Mostly False
- 5 - Definitely False
- \*Additional Options Listed Below

(YHNEWORR)

j. I think I am healthy now.

- 1 - Definitely True
- 2 - Mostly True
- 3 - Don't Know
- 4 - Mostly False
- 5 - Definitely False
- \*Additional Options Listed Below

(YHHLTHNW)

k. I think I worry about my health more than other kids my age.

- 1 - Definitely True
- 2 - Mostly True
- 3 - Don't Know
- 4 - Mostly False
- 5 - Definitely False
- \*Additional Options Listed Below

(YHWORRY)

2. Compared to one year ago, how would you rate your health now:(YHONEYR)

- 1 - Much better now than 1 year ago
- 2 - Somewhat better now than 1 year ago
- 3 - About the same now as 1 year ago
- 4 - Somewhat worse now than 1 year ago
- 5 - Much worse now than 1 year ago
- \*Additional Options Listed Below

## SECTION #9: YOU AND YOUR FAMILY

1. During the past 4 weeks, how often has your health or behavior:

a. Limited the types of activities you could do as a family?

- 1 - Very Often
- 2 - Fairly Often
- 3 - Sometimes
- 4 - Almost Never
- 5 - Never
- \*Additional Options Listed Below

(YFLIMACT)

b. Interrupted various everyday family activities (eating meals, watching tv)?

- 1 - Very Often
- 2 - Fairly Often
- 3 - Sometimes
- 4 - Almost Never
- 5 - Never
- \*Additional Options Listed Below

(YFINTACT)

c. Limited your ability as a family to "pick up and go" on a moment's notice?

- 1 - Very Often
- 2 - Fairly Often
- 3 - Sometimes
- 4 - Almost Never
- 5 - Never
- \*Additional Options Listed Below

(YFPICKGO)

d. Caused tension or conflict in your home?

- 1 - Very Often
- 2 - Fairly Often
- 3 - Sometimes
- 4 - Almost Never
- 5 - Never
- \*Additional Options Listed Below

(YFTENSIO)

e. Been a source of disagreements or arguments in your family?

- 1 - Very Often
- 2 - Fairly Often
- 3 - Sometimes
- 4 - Almost Never
- 5 - Never
- \*Additional Options Listed Below

(YFDISAGR)

f. Caused your family to cancel or change plans at the last minute?

- 1 - Very Often
- 2 - Fairly Often
- 3 - Sometimes
- 4 - Almost Never
- 5 - Never
- \*Additional Options Listed Below

(YFCANCEL)

2. Sometimes families have difficulty getting along with one another. They do not always agree and they may get angry. In general, how would you rate your family's ability to get along with one another?(YFALONG)

- 1 - Excellent
- 2 - Very Good
- 3 - Good
- 4 - Fair
- 5 - Poor
- \*Additional Options Listed Below

## Additional Selection Options for C87

**In general, would you say your health is:**

9 - Subject did not complete

**During the past 4 weeks, how much bodily pain or discomfort have you had?**

6 - Very severe

9 - Subject did not complete

**During the past 4 weeks, how often have you had bodily pain or discomfort?**

6 - Every day or almost every day

9 - Subject did not complete

**Acted too young**

9 - Subject did not complete

**Feel sad**

9 - Subject did not complete

**Yourself**

9 - Subject did not complete

**My health is excellent**

9 - Subject did not complete

**Compared to one year ago, how would you rate your health now:**

9 - Subject did not complete



# Blood and Marrow Transplant Clinical Trials Network

## Follow Up GVHD Form (CGV)

Web Version: 1.0; 7.04; 10-16-15

Segment (PROTSEG):

Visit Number (VISNO):

1. Start of assessment period:(DTPRVAST)  (mm/dd/yyyy)
2. End of assessment period:(DTASSESS)  (mm/dd/yyyy)

### Answer questions 3-9 relating to acute GVHD.

3. Maximum overall grade of acute GVHD during this assessment period:(GRDAGVHD)  0 - No Symptoms of Acute GVHD  
1 - I  
2 - II  
3 - III  
4 - IV
4. Did clinical signs and/or symptoms of acute GVHD develop during this assessment period?(AGVDLPL)  1 - Yes  2 - No  ?
5. Record method used to diagnose acute GVHD:(DGNsAGVH)  1 - Histologic Evidence  
2 - Clinical Evidence  
3 - Both
6. Date of diagnosis of acute GVHD:(DTDGNAGV)  (mm/dd/yyyy)  ?
7. Was prophylaxis for GVHD given during this assessment period?(PROPHIMM)  1 - Yes  
2 - No  
3 - Discontinued During This Assessment Period
8. If yes, specify all immunosuppressants used for GVHD prophylaxis:
- a. Cyclosporine:(PROPHCY)  1 - Yes  2 - No
  - b. Tacrolimus:(PROPHTAC)  1 - Yes  2 - No
  - c. Sirolimus:(PROPHSIR)  1 - Yes  2 - No
  - d. MMF:(PROPHMMF)  1 - Yes  2 - No
  - e. Prednisone:(PROPHPRD)  1 - Yes  2 - No
  - f. Other:(PROPHOTH)  1 - Yes  2 - No
- Specify other agent used:(PRPHOTSP)
9. If GVHD prophylaxis was discontinued during this assessment, record the date:(PRPHDISC)  (mm/dd/yyyy)

### Answer questions 10-20 relating to chronic GVHD.

10. Maximum overall severity of chronic GVHD during this assessment period:(SEVCGVHD)  0 - No Symptoms of Chronic GVHD  
1 - Mild  
2 - Moderate  
3 - Severe
11. Maximum overall grade of chronic GVHD during this assessment period:(GRDCGVHD)  1 - Limited  2 - Extensive  ?
12. Did clinical signs and/or symptoms of chronic GVHD develop during this assessment period?(CGVDLPL)  1 - Yes  2 - No  ?
13. Record method used to diagnose chronic GVHD:(DGNsCGVH)  1 - Histologic Evidence  
2 - Clinical Evidence  
3 - Both
14. Date of diagnosis of chronic GVHD:(DTDGNGCV)  (mm/dd/yyyy)  ?

15. Minimum Karnofsky/Lansky Score at time of diagnosis: (CGVKRNLN)

01 - 100 (Normal; No Complaints/Fully Active)  
02 - 90 (Normal Activity/Minor Restriction in Strenuous Play)  
03 - 80 (Normal Activity with Effort/Restricted in Strenuous Play)  
04 - 70 (Unable to Carry On Normal Activity/Less Time Spent in Play)  
05 - 60 (Requires Occasional Assistance/Minimal Active Play)  
\*Additional Options Listed Below

16. Minimum platelet count at time of diagnosis: (PLTLTCNT)

(xxx.x)  $\times 10^9/L$

17. Alkaline phosphatase at time of diagnosis: (ALKPHOSP)

(xxx) U/L

18. Weight at time of diagnosis: (CGVWEIGH)

(xxx.x) kg

19. Total bilirubin at time of diagnosis: (BILIRUBN)

(xx.x) mg/dL

20. Body surface area involved with rash at time of diagnosis: (BSA)

(xxx) %  ?

**Indicate the maximum severity of involvement for the following organ systems during this assessment period.**

#### Skin/Hair

21. Extent of skin involvement: (CGVRASH)

0 - No Rash  
1 - <25% of BSA Involvement  
2 - 25-50% of BSA Involvement  
3 - >50% of BSA Involvement  
4 - Generalized Involvement

?

If there is skin involvement, indicate the type of rash:

a. Lichenoid: (RASHLICH)

1 - Yes  2 - No

b. Maculopapular: (RASHMACU)

1 - Yes  2 - No

c. Sclerodermatous: (RASHSCLR)

1 - Yes  2 - No

#### Ocular

22. Xerophthalmia: (DRYEYES)

0 - No Symptoms  
1 - Dry Eyes but Not Requiring Therapy  
2 - Dryness of Eyes or Inflammation Requiring Therapy

#### Oral

23. Mucositis/ulcers (functional): (MUCOFXN)

0 - No Symptoms  
1 - Minimal Symptoms, Normal Diet  
2 - Symptomatic but Can Eat and Swallow Modified Diet  
3 - Symptomatic and Unable to Adequately Aliment or Hydrate Orally

#### Pulmonary

24. Dyspnea: (CGVDYSPN)

0 - Asymptomatic  
1 - Dyspnea with Exertion  
2 - Dyspnea with Normal Activities  
3 - Dyspnea at Rest

25. Pulmonary fibrosis: (PULMFIBR)

0 - None  
1 - Minimal Radiographic Findings  
2 - Patchy or Bi-basilar Radiographic Findings  
3 - Extensive Radiographic Findings  
9 - Not Done

26. Bronchiolitis obliterans: (BRNCOBLT)

1 - Yes, Histologic diagnosis  
2 - Yes, Clinical diagnosis  
3 - No  
4 - Unknown

27. FEV1:(CGVFEV1)

- 0 - 100-90%
- 1 - <90-75%
- 2 - <75-50%
- 3 - <50-25%
- 4 - <25%

28. Oxygen saturation:(O2SAT)

- 0 - No Symptoms
- 1 - Desaturation with Exercise
- 2 - Requires Supplemental Oxygen

#### Gastrointestinal

29. Esophagus:(ESOPHAGS)

- 0 - No Changes
- 1 - Symptomatic but Can Eat Regular Diet
- 2 - Dysphagia or Odynophagia Requiring Dietary Changes
- 3 - Need for Parenteral Nutrition

30. Nausea and vomiting:(NAUSVOMT)

- 0 - No Protracted Nausea and Vomiting
- 1 - Persistent Nausea, Vomiting or Anorexia

31. Diarrhea:(CGVDIARH)

- 0 - None
- 1 - Persisting Less Than 2 Weeks
- 2 - Persisting More Than 2 Weeks

32. Was diarrhea measured as number of stools or volume of stools? (DIARHMSR)

- 1 - Number of Stools
- 2 - Volume of Stools
- 3 - Both Number and Volume

33. Diarrhea (number of stools):(DIARHEA1)

- 1 - Increase of <4 Stools/day Over Baseline; Mild Increase in Ostomy Output Compared to Baseline
- 2 - Increase of 4-6 stools/day; IV Fluids Indicated <24 Hrs; Moderate Increase in Ostomy Output
- 3 - Increase of 7 or More Stools/day, IV Fluids for 24 or More Hrs; Hospitalization
- 4 - Life-threatening Consequences (e.g. Hemodynamic Collapse)
- 5 - Death

*Use mL/day for adult recipients and mL/m<sup>2</sup> for pediatric recipients.*

34. Diarrhea (volume of stools):(DIARHEA2)

- 1 - Diarrhea Less Than or Equal to 500 mL/day or <280 mL/m<sup>2</sup>
- 2 - Diarrhea >500 but Less Than or Equal to 1000 mL/day or 280-555 mL/m<sup>2</sup>
- 3 - Diarrhea >1000 but Less Than or Equal to 1500 mL/day or 556-833 mL/m<sup>2</sup>
- 4 - Diarrhea >1500 mL/day or >833 mL/m<sup>2</sup>
- 5 - Severe Abdominal Pain with or without Ileus, or Stool with Frank Blood or Melena

35. Malabsorption:(MALABSRP)

- 0 - No Symptoms
- 2 - Altered Diet; Oral Therapies Indicated (e.g. Enzymes, Medications, Dietary Supplements)
- 3 - Inability to Aliment Adequately via GI Tract (e.g. TPN Indicated)
- 4 - Life-threatening Consequences
- 5 - Death

#### Hepatic

36. Bilirubin level:(LIVERBIL)

- 0 - Bilirubin <2.0 mg/dL
- 1 - Bilirubin 2.0-3.0 mg/dL
- 2 - Bilirubin 3.1-6.0 mg/dL
- 3 - Bilirubin 6.1-15.0 mg/dL
- 4 - Bilirubin > 15.0 mg/dL

#### Genitourinary

37. Vaginitis:(VAGNITIS)

- 0 - No Symptoms or Not Applicable
- 1 - Mild, Intervention Not Indicated
- 2 - Moderate, Intervention Indicated
- 3 - Severe, Not Relieved with Treatment; Ulceration

#### Musculoskeletal

38. Contractures: (CONTRACTR)

- 0 - No Symptoms
- 2 - Mild Joint Contractures (Does not Affect ADL)
- 3 - Severe Joint Contractures (Interferes with ADL)

39. Myositis: (MYOSITIS)

- 1 - Yes     2 - No

**Hematologic**

40. Eosinophilia: (EOSINPHL)

- 1 - Yes     2 - No

**Other**

41. Serositis: (SEROSITS)

- 1 - Yes     2 - No

42. Fascitis: (FASCITIS)

- 1 - Yes     2 - No

43. Was there other organ involvement? (ORGNOTHR)

- 1 - Yes     2 - No

Specify other organ: (ORGSPEC)

**Answer questions 44-50 relating to biopsies performed during this assessment period.**

44. Were any biopsies performed during this assessment period for suspected GVHD? (BIOPSY)     1 - Yes     2 - No

If yes, record the type, date, and result of any biopsies performed for suspected GVHD below.

Type of Biopsy:	If Other, Specify:	Date of Biopsy:	Result of Biopsy:
45. (BIOTYP1) <input type="checkbox"/> 1 - Skin Biopsy <input type="checkbox"/> 2 - Oral Biopsy <input type="checkbox"/> 3 - Upper GI Biopsy <input type="checkbox"/> 4 - Lower GI Biopsy <input type="checkbox"/> 5 - Liver Biopsy *Additional Options Listed Below	(TYP1OSPE) <input style="width: 100%; height: 15px;" type="text"/>	(BIODT1) <input style="width: 100px;" type="text"/> (mm/dd /yyy) 	(BIORSLT1) <input type="checkbox"/> 1 - Positive <input type="checkbox"/> 2 - Negative <input type="checkbox"/> 3 - Equivocal
46. (BIOTYP2) <input type="checkbox"/> 1 - Skin Biopsy <input type="checkbox"/> 2 - Oral Biopsy <input type="checkbox"/> 3 - Upper GI Biopsy <input type="checkbox"/> 4 - Lower GI Biopsy <input type="checkbox"/> 5 - Liver Biopsy *Additional Options Listed Below	(TYP2OSPE) <input style="width: 100%; height: 15px;" type="text"/>	(BIODT2) <input style="width: 100px;" type="text"/> (mm/dd /yyy) 	(BIORSLT2) <input type="checkbox"/> 1 - Positive <input type="checkbox"/> 2 - Negative <input type="checkbox"/> 3 - Equivocal
47. (BIOTYP3) <input type="checkbox"/> 1 - Skin Biopsy <input type="checkbox"/> 2 - Oral Biopsy <input type="checkbox"/> 3 - Upper GI Biopsy <input type="checkbox"/> 4 - Lower GI Biopsy <input type="checkbox"/> 5 - Liver Biopsy *Additional Options Listed Below	(TYP3OSPE) <input style="width: 100%; height: 15px;" type="text"/>	(BIODT3) <input style="width: 100px;" type="text"/> (mm/dd /yyy) 	(BIORSLT3) <input type="checkbox"/> 1 - Positive <input type="checkbox"/> 2 - Negative <input type="checkbox"/> 3 - Equivocal
48. (BIOTYP4) <input type="checkbox"/> 1 - Skin Biopsy <input type="checkbox"/> 2 - Oral Biopsy <input type="checkbox"/> 3 - Upper GI Biopsy <input type="checkbox"/> 4 - Lower GI Biopsy <input type="checkbox"/> 5 - Liver Biopsy *Additional Options Listed Below	(TYP4OSPE) <input style="width: 100%; height: 15px;" type="text"/>	(BIODT4) <input style="width: 100px;" type="text"/> (mm/dd /yyy) 	(BIORSLT4) <input type="checkbox"/> 1 - Positive <input type="checkbox"/> 2 - Negative <input type="checkbox"/> 3 - Equivocal
49. (BIOTYP5) <input type="checkbox"/> 1 - Skin Biopsy <input type="checkbox"/> 2 - Oral Biopsy <input type="checkbox"/> 3 - Upper GI Biopsy <input type="checkbox"/> 4 - Lower GI Biopsy <input type="checkbox"/> 5 - Liver Biopsy *Additional Options Listed Below	(TYP5OSPE) <input style="width: 100%; height: 15px;" type="text"/>	(BIODT5) <input style="width: 100px;" type="text"/> (mm/dd /yyy) 	(BIORSLT5) <input type="checkbox"/> 1 - Positive <input type="checkbox"/> 2 - Negative <input type="checkbox"/> 3 - Equivocal

50. (BIOTYP6)

- 1 - Skin Biopsy
- 2 - Oral Biopsy
- 3 - Upper GI Biopsy
- 4 - Lower GI Biopsy
- 5 - Liver Biopsy
- \*Additional Options Listed Below

(TYP6OSPE)

[Input Field]

(BIODT6)

(mm/dd

/yyyy)

(BIORSLT6)

- 1 - Positive
- 2 - Negative
- 3 - Equivocal

### Answer questions 51-54 relating to GVHD therapy.

51. Was a specific therapy used to **treat** GVHD during this assessment period?(*THRPYUSD*)

- 1 - Yes, Initiated this Assessment Period
- 2 - Yes, Continuing from Previous Assessment Period
- 3 - No



If yes, indicate whether or not the agents listed below were used to **treat** GVHD during this assessment period:

a. ALS, ALG, AT S, ATG:(*THRPYATG*)

- 1 - Yes, Still Taking Drug
- 2 - Yes, No Longer Taking Drug
- 3 - No, Drug Not Given

b. Azathioprine:(*THRPYAZA*)

- 1 - Yes, Still Taking Drug
- 2 - Yes, No Longer Taking Drug
- 3 - No, Drug Not Given

c. Cyclosporine:(*THRPYCYC*)

- 1 - Yes, Still Taking Drug
- 2 - Yes, No Longer Taking Drug
- 3 - No, Drug Not Given

d. Systemic Corticosteroids:(*THRPYSCO*)

- 1 - Yes, Still Taking Drug
- 2 - Yes, No Longer Taking Drug
- 3 - No, Drug Not Given

e. Topical Corticosteroids:(*THRPYTCO*)

- 1 - Yes, Still Taking Drug
- 2 - Yes, No Longer Taking Drug
- 3 - No, Drug Not Given

f. Thalidomide:(*THRPYTHA*)

- 1 - Yes, Still Taking Drug
- 2 - Yes, No Longer Taking Drug
- 3 - No, Drug Not Given

g. Tacrolimus (FK 506, Prograf):(*THRPYTAC*)

- 1 - Yes, Still Taking Drug
- 2 - Yes, No Longer Taking Drug
- 3 - No, Drug Not Given

h. Mycophenolate Mofetil (MMF, Cellcept):(*THRPYMMF*)

- 1 - Yes, Still Taking Drug
- 2 - Yes, No Longer Taking Drug
- 3 - No, Drug Not Given

i. PUVA (Psoralen and UVA):(*THRPYPUV*)

- 1 - Yes, Still Taking Drug
- 2 - Yes, No Longer Taking Drug
- 3 - No, Drug Not Given

j. ECP (Extra-corporeal Photopheresis):(*THRPYECP*)

- 1 - Yes, Still Taking Drug
- 2 - Yes, No Longer Taking Drug
- 3 - No, Drug Not Given

k. Sirolimus (Rapamycin):(*THRPYSIR*)

- 1 - Yes, Still Taking Drug
- 2 - Yes, No Longer Taking Drug
- 3 - No, Drug Not Given

l. Etretnate:(*THRPYETR*)

- 1 - Yes, Still Taking Drug
- 2 - Yes, No Longer Taking Drug
- 3 - No, Drug Not Given

m. Lamprene:(*THRPLYLAM*)

- 1 - Yes, Still Taking Drug
- 2 - Yes, No Longer Taking Drug
- 3 - No, Drug Not Given

n. Etanercept:(*THRPYETA*)

- 1 - Yes, Still Taking Drug
- 2 - Yes, No Longer Taking Drug
- 3 - No, Drug Not Given

o. Zenapax (Dacizumab):( *THRPYZEN*)

- 1 - Yes, Still Taking Drug
- 2 - Yes, No Longer Taking Drug
- 3 - No, Drug Not Given

p. Chloroquine Phosphate:(*THRPYCPH*)

- 1 - Yes, Still Taking Drug
- 2 - Yes, No Longer Taking Drug
- 3 - No, Drug Not Given

q. In Vivo Anti T-lymphocyte Monoclonal Antibody:  
(*THRPYMAB*)

- 1 - Yes, Still Taking Drug
- 2 - Yes, No Longer Taking Drug
- 3 - No, Drug Not Given

Specify in vivo anti T-lymphocyte monoclonal antibody used:(*MABAGNT*)

r. In Vivo Immunotoxin:(*THRPYIMM*)

- 1 - Yes, Still Taking Drug
- 2 - Yes, No Longer Taking Drug
- 3 - No, Drug Not Given

Specify in vivo immunotoxin used:(*IMMAGNT*)

s. Other:(*THRPYOTH*)

- 1 - Yes, Still Taking Drug
- 2 - Yes, No Longer Taking Drug
- 3 - No, Drug Not Given

Specify other agent used:(*OTHAGNT*)

52. Has treatment been discontinued?(*ONGTRT*)

- 1 - Yes     2 - No

53. If yes, enter date of discontinuation:(*TRTSTOP*)

(mm/dd/yyyy)

54. Indicate the best response to GVHD therapy during this assessment period:(*THRPYRSP*)

- 1 - Complete Resolution of Symptoms
- 2 - Partial Resolution of Symptoms
- 3 - Stable Symptoms
- 4 - Progression of Symptoms



### Answer questions 55-58 relating to current patient status.

55. Are symptoms of GVHD still present?(*GVHDSYMP*)

- 1 - Yes     2 - No

56. Current Karnofsky/Lansky Score:(*CURKRNLN*)

- 01 - 100 (Normal; No Complaints/Fully Active)
- 02 - 90 (Normal Activity/Minor Restriction in Strenuous Play)
- 03 - 80 (Normal Activity with Effort/Restricted in Strenuous Play)
- 04 - 70 (Unable to Carry On Normal Activity/Less Time Spent in Play)
- 05 - 60 (Requires Occasional Assistance/Minimal Active Play)
- \*Additional Options Listed Below

57. Current platelet count:(*CURPLTCT*)

(xxx.x) x 10<sup>9</sup>/L

58. Current weight:(*CURWGHT*)

(xxx.x) kg

Comments:(*CGVCOMM*)

## Additional Selection Options for CGV

### Minimum Karnofsky/Lansky Score at time of diagnosis:

- 06 - 50 (Requires Considerable Assistance/No Active Play)
- 07 - 40 (Disabled/Able to Initiate Quiet Activities)
- 08 - 30 (Severely Disabled/Needs Assistance for Quiet Play)
- 09 - 20 (Very Sick/Limited to Very Passive Activity)
- 10 - 10 (Moribund; Completely Disabled)

### Biopsy Type 1

- 6 - Lung Biopsy
- 7 - Other, Specify

### Current Karnofsky/Lansky Score:

- 06 - 50 (Requires Considerable Assistance/No Active Play)
- 07 - 40 (Disabled/Able to Initiate Quiet Activities)
- 08 - 30 (Severely Disabled/Needs Assistance for Quiet Play)
- 09 - 20 (Very Sick/Limited to Very Passive Activity)
- 10 - 10 (Moribund; Completely Disabled)
- 11 - 0 (Dead)

## Blood and Marrow Transplant Clinical Trials Network

### Chimerism Hematopoiesis (CHE)

Web Version: 1.0; 1.01; 10-16-15

Segment (*PROTSEG*):

Visit Number (*VISNO*):

#### Record Hematopoiesis Data

1. Did the patient's ANC drop below 500/mm<sup>3</sup> after the initiation of the conditioning regimen? (*CHEANCDP*)  1 - Yes  2 - No  3 - Previously Reported
2. Record date ANC dropped below 500/mm<sup>3</sup>: (*CHEANCDT*)  (mm/dd/yyyy)
3. Did the patient achieve recovery 500/mm<sup>3</sup> on three consecutive days? (*CHEANCRC*)  1 - Yes  2 - No  3 - Previously Reported
4. Record neutrophil count and dates obtained:

Day 1:	( <i>CHE1ANC</i> ) <input type="text"/> (xxxx) /mm <sup>3</sup>	( <i>CHE1ACDT</i> ) <input type="text"/> (mm/dd/yyyy)
Day 2:	( <i>CHE2ANC</i> ) <input type="text"/> (xxxx) /mm <sup>3</sup>	( <i>CHE2ACDT</i> ) <input type="text"/> (mm/dd/yyyy)
Day 3:	( <i>CHE3ANC</i> ) <input type="text"/> (xxxx) /mm <sup>3</sup>	( <i>CHE3ACDT</i> ) <input type="text"/> (mm/dd/yyyy)

5. Did the patient achieve a sustained platelet count >20,000/mm<sup>3</sup> for three consecutive days? (*CHE20SUS*)  1 - Yes  2 - No  3 - Previously Reported
6. Record platelet count and dates obtained:

Day 1:	( <i>CHEP201C</i> ) <input type="text"/> (xxxxxx) /mm <sup>3</sup>	( <i>CHP201DT</i> ) <input type="text"/> (mm/dd/yyyy)
Day 2:	( <i>CHEP202C</i> ) <input type="text"/> (xxxxxx) /mm <sup>3</sup>	( <i>CHP202DT</i> ) <input type="text"/> (mm/dd/yyyy)
Day 3:	( <i>CHEP203C</i> ) <input type="text"/> (xxxxxx) /mm <sup>3</sup>	( <i>CHP203DT</i> ) <input type="text"/> (mm/dd/yyyy)

7. Did the patient achieve a sustained platelet count >50,000/mm<sup>3</sup> for three consecutive days? (*CHE50SUS*)  1 - Yes  2 - No  3 - Previously Reported
8. Did the patient receive a platelet transfusion within seven days prior to achieving the sustained platelet count? (*CHE50TRS*)  1 - Yes  2 - No
9. Record the date of the last platelet infusion: (*CHEPLINF*)  (mm/dd/yyyy)
10. Record platelet count and dates obtained:

Day 1:	( <i>CHEP501C</i> ) <input type="text"/> (xxxxxx) /mm <sup>3</sup>	( <i>CHP501DT</i> ) <input type="text"/> (mm/dd/yyyy)
Day 2:	( <i>CHEP502C</i> ) <input type="text"/> (xxxxxx) /mm <sup>3</sup>	( <i>CHP502DT</i> ) <input type="text"/> (mm/dd/yyyy)
Day 3:	( <i>CHEP503C</i> ) <input type="text"/> (xxxxxx) /mm <sup>3</sup>	( <i>CHP503DT</i> ) <input type="text"/> (mm/dd/yyyy)

#### Record Chimerism Assay Data for Marrow, Blood and/or T Cell

Please upload source documents for all chimerism results during the assessment period.

**Marrow:**

11. Was a chimerism assay performed on a marrow sample during this assessment period? (*MRWCHMAS*)  1 - Yes  2 - No

	Marrow Assay #1	Marrow Assay #2
12. Date specimen collected:	( <i>MRW1CLDT</i> ) <input type="text"/> (mm/dd/yyyy)	( <i>MRW2CLDT</i> ) <input type="text"/> (mm/dd/yyyy)
13. Method of evaluation:	( <i>MRW1EVAL</i> )	( <i>MRW2EVAL</i> )



	1 - Standard Cytogenetics 2 - Fluorescent In Situ Hybridization (FISH) 3 - Restriction Fragment-Length Polymorphisms (RFLP) 4 - Polymerase Chain Reaction (PCR) [VNTR, STR, micro or mini satellite] 5 - HLA Serotyping *Additional Options Listed Below	1 - Standard Cytogenetics 2 - Fluorescent In Situ Hybridization (FISH) 3 - Restriction Fragment-Length Polymorphisms (RFLP) 4 - Polymerase Chain Reaction (PCR) [VNTR, STR, micro or mini satellite] 5 - HLA Serotyping *Additional Options Listed Below
a. If Other, specify:	(MRW1MTSP) <input type="text"/>	(MRW2MTSP) <input type="text"/>
14. Marrow chimerism cell type:	(MRW1CLTP) <input type="text"/> 1 - Unmanipulated 2 - Granulocytes	(MRW2CLTP) <input type="text"/> 1 - Unmanipulated 2 - Granulocytes
15. Marrow assay results:	(MRW1ASRT) <input type="text"/> 1 - All Host Cells 2 - All Donor Cells 3 - Host and Donor	(MRW2ASRT) <input type="text"/> 1 - All Host Cells 2 - All Donor Cells 3 - Host and Donor
16. % donor:	(MRW1DPCT) <input type="text"/> (xx) %	(MRW2DPCT) <input type="text"/> (xx) %

**Blood:**

17. Was a chimerism assay performed on a blood sample during this assessment period? (BLDCHMAS)

1 - Yes  2 - No

	Blood Assay #1	Blood Assay #2
18. Date specimen collected:	(BLD1CLDT) <input type="text"/> (mm/dd/yyyy)	(BLD2CLDT) <input type="text"/> (mm/dd/yyyy)
19. Method of evaluation:	(BLD1EVAL) 1 - Standard Cytogenetics 2 - Fluorescent In Situ Hybridization (FISH) 3 - Restriction Fragment-Length Polymorphisms (RFLP) 4 - Polymerase Chain Reaction (PCR) [VNTR, STR, micro or mini satellite] 5 - HLA Serotyping *Additional Options Listed Below	(BLD2EVAL) 1 - Standard Cytogenetics 2 - Fluorescent In Situ Hybridization (FISH) 3 - Restriction Fragment-Length Polymorphisms (RFLP) 4 - Polymerase Chain Reaction (PCR) [VNTR, STR, micro or mini satellite] 5 - HLA Serotyping *Additional Options Listed Below
a. If Other, specify:	(BLD1MTSP) <input type="text"/>	(BLD2MTSP) <input type="text"/>
20. Blood chimerism cell type:	(BLD1CLTP) <input type="text"/> 1 - Unmanipulated 2 - Granulocytes	(BLD2CLTP) <input type="text"/> 1 - Unmanipulated 2 - Granulocytes
21. Blood assay results:	(BLD1ASRT) <input type="text"/> 1 - All Host Cells 2 - All Donor Cells 3 - Host and Donor	(BLD2ASRT) <input type="text"/> 1 - All Host Cells 2 - All Donor Cells 3 - Host and Donor
22. % donor:	(BLD1DPCT) <input type="text"/> (xx) %	(BLD2DPCT) <input type="text"/> (xx) %

**T Cell:**

23. Was a chimerism assay performed on a T cell sample during this assessment period? (TCLCHMAS)

1 - Yes  2 - No

	T Cell Assay #1	T Cell Assay #2
24. T cell type:	(TCL1SMPT) <input type="text"/> 1 - Blood 2 - Marrow	(TCL2SMPT) <input type="text"/> 1 - Blood 2 - Marrow
25. Date specimen collected:	(TCL1CLDT) <input type="text"/> (mm/dd/yyyy)	(TCL2CLDT) <input type="text"/> (mm/dd/yyyy)
26. Method of evaluation:	(TCL1EVAL)	(TCL2EVAL)

	1 - Standard Cytogenetics 2 - Fluorescent In Situ Hybridization (FISH) 3 - Restriction Fragment-Length Polymorphisms (RFLP) 4 - Polymerase Chain Reaction (PCR) [VNTR, STR, micro or mini satellite] 5 - HLA Serotyping *Additional Options Listed Below	1 - Standard Cytogenetics 2 - Fluorescent In Situ Hybridization (FISH) 3 - Restriction Fragment-Length Polymorphisms (RFLP) 4 - Polymerase Chain Reaction (PCR) [VNTR, STR, micro or mini sat 5 - HLA Serotyping *Additional Options Listed Below
a. If Other, specify:	(TCL1MTSP) <input type="text"/>	(TCL2MTSP) <input type="text"/>
27. T cell assay results:	<input type="text"/> <ul style="list-style-type: none"> <li>1 - All Host Cells</li> <li>2 - All Donor Cells</li> <li>3 - Host and Donor</li> </ul> (TCL1ASRT)	<input type="text"/> <ul style="list-style-type: none"> <li>1 - All Host Cells</li> <li>2 - All Donor Cells</li> <li>3 - Host and Donor</li> </ul> (TCL2ASRT)
28. % donor:	(TCL1DPCT) <input type="text"/> (xx) %	(TCL2DPCT) <input type="text"/> (xx) %

Comments: (CHECOMM)

## Additional Selection Options for CHE

**Marrow 1 Method**

9 - Other, specify

Blood and Marrow Transplant Clinical  
Trials Network

CIBMTR Recipient ID (CID)

Web Version: 1.0; 1.06; 10-16-15

Segment (*PROTSEG*):

Visit Number (*VISNO*):

1. CRID # (CIBMTR Recipient ID):(CRIDNM)

(xxxxxxxxxx)

Comments:(CIDCOMM)

## Blood and Marrow Transplant Clinical Trials Network

### Conditioning Regimen Form - 0601 (CNR)

Web Version: 1.0; 2.02; 10-16-15

Segment (*PROTSEG*):

Visit Number (*VISNO*):

1. Record the patient's body surface area (BSA):(*BSAPT*)  (x.xx) m<sup>2</sup>
2. Record the date the patient's body surface area was determined:(*PTBSADT*)  (mm/dd/yyyy)

#### Alemtuzumab

3. Did the patient experience a severe or life threatening adverse reaction to the test dose of alemtuzumab?(*AECAMTST*)  1 - Yes  2 - No  3 - Not Done

*An Averse Event Form must be completed for all unexpected grade 3-5 AEs.*

4. Record the doses and dates of alemtuzumab administration:

	Doses	Dates
Alemtuzumab - 1st Dose:	( <i>FSTCADS</i> ) <input type="text"/> (xx) mg	( <i>FSTCADT</i> ) <input type="text"/> (mm/dd/yyyy)
Alemtuzumab - 2nd Dose:	( <i>SNDCADS</i> ) <input type="text"/> (xx) mg	( <i>SNDCADT</i> ) <input type="text"/> (mm/dd/yyyy)
Alemtuzumab - 3rd Dose:	( <i>TRDCADS</i> ) <input type="text"/> (xx) mg	( <i>TRDCADT</i> ) <input type="text"/> (mm/dd/yyyy)

#### Fludarabine

5. Record the total cumulative dose of fludarabine:(*TOTFLUDS*)  (xxx) mg
6. Record the start date of fludarabine administration:(*FLSTDT*)  (mm/dd/yyyy)
7. Record the end date of fludarabine administration:(*FLENDT*)  (mm/dd/yyyy)

#### Melphalan

8. Record the total dose of melphalan:(*MELPDS*)  (xxx) mg
9. Record the date melphalan was administered:(*MELPDT*)  (mm/dd/yyyy)

Comments:(*CNRCOMM*)

Blood and Marrow Transplant Clinical  
Trials Network

Demographics (DEM)

Web Version: 1.0; 6.02; 12-02-15

1. Name Code:(NAMECODE)

2. IUBMID # (if available):(IUBMID)

3. Gender:(GENDER)

 1 - Male  2 - Female

4. Date of Birth:(DOB)

 (mm/dd/yyyy)

5. Ethnicity:(ETHNIC)

1- Hispanic or Latino  
2- Not Hispanic or Latino  
8- Unknown  
9- Not Answered

6. Race:(RACE)

White  
10 - White (Not Otherwise Specified)  
11 - European (Not Otherwise Specified)  
13 - Mediterranean  
14 - White North American  
\*Additional Options Listed Below

Specify race:(RACESP)

7. Secondary Race:(RACE2)

White  
10 - White (Not Otherwise Specified)  
11 - European (Not Otherwise Specified)  
13 - Mediterranean  
14 - White North American  
\*Additional Options Listed Below

Specify secondary race:(RACE2SP)

Comments:(DEMCOMM1)

## Additional Selection Options for DEM

### Race:

15 - South or Central American

16 - Eastern European

17 - Northern European

18 - Western European

81 - White Caribbean

82 - North Coast of Africa

83 - Middle Eastern

### Black

20 - Black (Not Otherwise Specified)

21 - African American

22 - African Black (Both Parents Born in Africa)

23 - Caribbean Black

24 - South or Central American Black

29 - Black, Other Specify

### Asian

30 - Asian (Not Otherwise Specified)

31 - Indian/South Asian

32 - Filipino (Pilipino)

34 - Japanese

35 - Korean

36 - Chinese

37 - Other Southeast Asian

38 - Vietnamese

### American Indian or Alaska Native

50 - Native American (Not Otherwise Specified)

51 - Native Alaskan/Eskimo/Aleut

52 - American Indian (Not Otherwise Specified)

53 - North American Indian

54 - South or Central American Indian

55 - Caribbean Indian

### Native Hawaiian or Other Pacific Islander

60 - Native Pacific Islander (Not Otherwise Specified)

61 - Guamanian

62 - Hawaiian

63 - Samoan

### Other

88 - Unknown

90 - Other, Specify

99 - Not Answered

# Blood and Marrow Transplant Clinical Trials Network

## Death Form (DTH)

Web Version: 1.0; 4.16; 05-20-16

1. Record date of death:(DTHDT)  (mm/dd/yyyy)

2. Was an autopsy performed?(AUTPERF)  1 - Yes  2 - No

If yes, attach de-identified autopsy report or death summary to the form below.

Enter appropriate cause of death code below. List in order of decreasing severity.

3. Primary cause of death:(CZDTHPRM)

1.0 - Graft Rejection or Failure  
1.1 - Autologous Recovery  
Infection (Other than Interstitial Pneumonia)  
1.2 - Rejection  
2.1 - Bacterial  
\*Additional Options Listed Below



Specify other:(DTHSPEC1)

4. Secondary cause of death:(SCNDCZ1)

1.0 - Graft Rejection or Failure  
1.1 - Autologous Recovery  
Infection (Other than Interstitial Pneumonia)  
1.2 - Rejection  
2.1 - Bacterial  
\*Additional Options Listed Below

Specify other:(DTHSPEC2)

5. Secondary cause of death:(SCNDCZ2)

1.0 - Graft Rejection or Failure  
1.1 - Autologous Recovery  
Infection (Other than Interstitial Pneumonia)  
1.2 - Rejection  
2.1 - Bacterial  
\*Additional Options Listed Below

Specify other:(DTHSPEC3)

6. Secondary cause of death:(SCNDCZ3)

1.0 - Graft Rejection or Failure  
1.1 - Autologous Recovery  
Infection (Other than Interstitial Pneumonia)  
1.2 - Rejection  
2.1 - Bacterial  
\*Additional Options Listed Below

Specify other:(DTHSPEC4)

7. Secondary cause of death:(SCNDCZ4)

1.0 - Graft Rejection or Failure  
1.1 - Autologous Recovery  
Infection (Other than Interstitial Pneumonia)  
1.2 - Rejection  
2.1 - Bacterial  
\*Additional Options Listed Below

Specify other:(DTHSPEC5)

Comments:(DTCMMNTS)



## Additional Selection Options for DTH

### Primary cause of death:

- 2.2 - Fungal
- 2.3 - Viral
- 2.4 - Protozoal
- 2.5 - Other, Specify Below
- 2.9 - Organism Not Identified
- Interstitial Pneumonia
- 3.1 - Viral, CMV
- 3.2 - Viral, Other
- 3.3 - Pneumocystis
- 3.4 - Other, Specify Below
- 3.9 - Idiopathic
- 4.0 - Adult Respiratory Distress Syndrome
- 5.0 - Acute GVHD
- 6.0 - Chronic GVHD
- 7.0 - Recurrence or Persistence of Leukemia/Malignancy/MDS
- 7.1 - Persistent Disease
- Organ Failure (Not Due to GVHD or Infection)
- 8.1 - Liver
- 8.2 - Cardiac (Cardiomyopathy)
- 8.3 - Pulmonary
- 8.4 - CNS
- 8.5 - Renal
- 8.6 - Other, Specify Below
- 8.7 - Multiple Organ Failure, Specify Below
- 8.8 - Secondary Graft Failure
- 9.0 - Secondary Malignancy
- 9.1 - EBV
- 9.2 - Other, Specify Below
- Hemorrhage
- 10.1 - Pulmonary
- 10.2 - Intracranial
- 10.3 - Gastrointestinal
- 10.4 - Hemorrhage Not Specified
- 10.5 - Other, Specify Below
- Vascular
- 11.1 - Thromboembolic
- 11.2 - Disseminated Intravascular Coagulation (DIC)
- 11.3 - Gastrointestinal
- 11.4 - Thrombotic Thrombocytopenic Purpura
- 11.5 - Vascular Not Specified
- 11.9 - Other, Specify Below
- 12.0 - Accidental Death
- 13.0 - Other, Specify Below

## Blood and Marrow Transplant Clinical Trials Network

**06010 (ENR)**

Web Version: 1.0; 3.01; 10-16-15

### URD Sickle Cell Disease Stem Cell Transplant Enrollment Form: Segment 0

1. Date Informed Consent form signed:(*PTCNSTD*)  (mm/dd/yyyy)
2. Patient's date of birth:(*PTDOBDT*)  (mm/dd/yyyy)
3. Patient's weight:(*PTWTLBS*)  (xxx.x) lbs (*PTWTKGS*)  (xxx.x) kgs
4. Record date patient's weight was obtained:(*PTWGHTDT*)  (mm/dd/yyyy)
5. Sickle Cell Disease genotype:(*SCDGTPE*)

- 1 - Hb SS
- 2 - Sβo thalassemia
- 3 - Hb SC
- 4 - Hb Sβ+ thalassemia
- 9 - Other

Other, specify:(*SCDGOTHR*)

#### Inclusion Criteria

6. Has the patient experienced strokes?(*STROKEXP*)  1 - Yes  2 - No
7. How many strokes has the patient experienced?(*NUMSTRKS*)
8. Date of most recent stroke:(*STROKEDT*)  (mm/dd/yyyy)
9. Has the patient experienced a neurological deficit lasting ≥24 hours that is accompanied by an infarct on cerebral MRI?(*NEURODFT*)  1 - Yes  2 - No
10. Date of neurologic deficit:(*NEURODT*)  (mm/dd/yyyy)
11. Has the patient experienced at least two episodes of acute chest syndrome (ACS) within the past two-years?(*ACSEXP*)  1 - Yes  2 - No

- 1 - One
- 2 - Two
- 3 - Three
- 4 - Four or more

*Defined as new pulmonary alveolar consolidation involving at least one complete lung segment associated with acute symptoms including one or more of the following: fever ≥38.5°C, chest pain, tachypnea per age adjusted normal, intercostal retractions/ nasal flaring/ use of accessory muscles of respiration, wheezing, rales or cough that is not attributed to asthma or bronchiolitis.*

12. Date of first ACS episode:(*ACS1DT*)  (mm/dd/yyyy)
13. Date of second ACS episode:(*ACS2DT*)  (mm/dd/yyyy)
14. At the time of occurrence of ACS, was the patient receiving therapy for asthma?(*ASTHTHPY*)  1 - Yes  2 - No
15. Does the patient have a history of 3 or more severe pain episodes per year in the previous 2 years?(*SPEEXP*)  1 - Yes  2 - No

*Defined as new onset of pain that lasts for at least 2 hours for which there is no other explanation.*

	Date of 1st Severe Pain Event	Date of 2nd Severe Pain Event	Date of 3rd Severe Pain Event
16. 2 Years Prior	( <i>SPE1DT</i> ) <input type="text"/> (mm/dd/yyyy)	( <i>SPE2DT</i> ) <input type="text"/> (mm/dd/yyyy)	( <i>SPE3DT</i> ) <input type="text"/> (mm/dd/yyyy)
17. 1 Year Prior	( <i>SPE4DT</i> ) <input type="text"/> (mm/dd/yyyy)	( <i>SPE5DT</i> ) <input type="text"/> (mm/dd/yyyy)	( <i>SPE6DT</i> ) <input type="text"/> (mm/dd/yyyy)

18. At the time of occurrence of ACS or severe pain episodes, was the patient receiving hydroxyurea therapy?(*HTHPYUSD*)  1 - Yes  2 - No
19. If No, did the patient decline hydroxyurea or was non-compliant with this therapy?(*HUWTHD*)  1 - Yes  2 - No
20. Has the patient undergone TCD Velocity tests?(*TCDVLCTY*)  1 - Yes  2 - No
21. TCD Velocity Technique:(*TCDTCNQE*)  1 - Imaging Technique  2 - Non-imaging Technique
22. TCD Velocity Measure 1:(*TCD1MESR*)  (xxx) cm/sec
23. Date of TCD Velocity Measure 1:(*TCD1MSDT*)  (mm/dd/yyyy)
24. TCD Velocity Measure 2:(*TCD2MESR*)  (xxx) cm/sec

25. Date of TCD Velocity Measure 2: (TCD2MSDT)

(mm/dd/yyyy)

26. Record patient's Lansky score:(LANSKYSC)

01 - 100 (Normal; No Complaints/Fully Active)  
02 - 90 (Normal Activity/Minor Restriction in Strenuous Play)  
03 - 80 (Normal Activity with Effort/Restricted in Strenuous Play)  
04 - 70 (Unable to Carry On Normal Activity/Less Time Spent in Play)  
05 - 60 (Requires Occasional Assistance/Minimal Active Play)  
\*Additional Options Listed Below

Comments:(S061 COMM)

## Additional Selection Options for ENR

### Record patient's Lansky score:

- 06 - 50 (Requires Considerable Assistance/No Active Play)
- 07 - 40 (Disabled/Able to Initiate Quiet Activities)
- 08 - 30 (Severely Disabled/Needs Assistance for Quiet Play)
- 09 - 20 (Very Sick/Limited to Very Passive Activity)
- 10 - 10 (Moribund; Completely Disabled)

## Blood and Marrow Transplant Clinical Trials Network

### 0601A (ENR)

Web Version: 1.0; 5.01; 10-16-15

### URD Sickle Cell Disease Stem Cell Transplant Enrollment Form: Segment A

1. Record date notified of Eligibility Panel approval: (PANAP PDT)  (mm/dd/yyyy)
2. Date donor signed consent for the 0601 study: (DNRCSTDT)  (mm/dd/yyyy)  
*If the donor has not yet consented to the 0601 study, you or your TC coordinator must initiate the process by submitting the "Request for NMDP Donor to Participate in Research Study" form to your NMDP case manager.*
3. Record the type of fraction test performed: (CARDFRCT)
 

1 - Left Ventricular Ejection Fraction (LVEF)  
 2 - Shortening Fraction
4. Record LVEF at rest: (LVEFPRCT)  (xxx) % Date ejection fraction performed: (LVEFDT)  (mm/dd/yyyy)
5. Record shortening fraction at rest: (LVSPRCT)  (xxx) % Date shortening fraction performed: (LVSPCDT)  (mm/dd/yyyy)
6. Record patient's O<sub>2</sub> saturation: (O<sub>2</sub>SATPRC)  (xxx) Date O<sub>2</sub> saturation obtained: (O<sub>2</sub>SA TNDT)  (mm/dd/yyyy)
7. Were pulmonary function tests performed? (PULFCPER)  1 - Yes  2 - No
8. If Yes, record patient's DLCO value (corrected for hemoglobin): (DLCOPRCT)  (xxx) Date DLCO value obtained: (DL CODT)  (mm/dd/yyyy)

Renal/ Liver Function Test Results:

	Most Recent Value	ULN for Age	Date Sample Obtained
9. Creatinine	(CREATVAL) <input type="text"/> (x.x)	(CREATNML) <input type="text"/> (x.x)	(CREATDT) <input type="text"/> (mm/dd/yyyy)
10. GFR	(GFRVAL) <input type="text"/> (xxx) mL/min/1.73m	(GFRNML) <input type="text"/> (xxx) mL/min/1.73m	(GFRDT) <input type="text"/> (mm/dd/yyyy)
11. ALT	(ALTVALUE) <input type="text"/> (xxx)	(ALTNML) <input type="text"/> (xxx)	(ALTVALDT) <input type="text"/> (mm/dd/yyyy)
12. AST	(ASTVALUE) <input type="text"/> (xxx)	(ASTNML) <input type="text"/> (xxx)	(ASTVALDT) <input type="text"/> (mm/dd/yyyy)
13. Direct Bilirubin	(BILIRVAL) <input type="text"/> (x.x)	(BILIRNML) <input type="text"/> (x.x)	(BILIRDT) <input type="text"/> (mm/dd/yyyy)

14. Has the patient received chronic transfusion therapy for ≥1 year? (CTRNTHPY)  1 - Yes  2 - No
15. Record the patient's ferritin level: (FERRL VL)  (xxxx) ng/ml
16. Date ferritin level was obtained: (FERRIDT)  (mm/dd/yyyy)
17. Was a liver biopsy performed? (LIVBIOPS)  1 - Yes  2 - No
18. Date of liver biopsy: (LIVBIODT)  (mm/dd/yyyy)
19. Was cirrhosis of the liver documented in a histologic exam? (CIRRHIEX)  1 - Yes  2 - No
20. Was bridging fibrosis of the liver documented in a histologic exam? (BRIDGFIB)  1 - Yes  2 - No

**Exclusion Criteria**

21. Does the patient have a current uncontrolled bacterial, viral, or fungal infection (currently taking medication and progression of clinical symptoms)? (ACTIVINF)  1 - Yes  2 - No
22. Is the patient pregnant (positive b-HCG) or breastfeeding? (PTPREGN)  1 - Yes  2 - No  3 - Not Applicable
23. Does the patient have an 8/8 HLA-matched related donor able to donate? (HLAFAMDO)  1 - Yes  2 - No
24. Does the patient have evidence of HIV infection or have HIV positive serology? (PTHIVPOS)  1 - Yes  2 - No
25. Has the patient received a prior allogeneic hematopoietic stem cell transplant? (PRIORTRX)  1 - Yes  2 - No

**Stem Cell Source**

26. Record the patient's hematopoietic stem cell source for transplant: *(HSCTS ORC)*

- 1 - Bone Marrow
- 2 - Cord Blood

27. If receiving cord blood, record the pre-cryopreservation total nucleated cell (TNC) dose: *(UCBTNC)*

(xx.x) x10<sup>7</sup> TNC/kg

**HLA Typing**

Type of HLA Match required by this protocol: *(HLAMATCH)*

- Loci A, B: Low Level DNA, Locus DRB1: High Level DNA
- Loci A, B: Serologic, Locus DRB1: High Level DNA
- Loci A, B: Serologic, Locus DRB1: Low Level DNA
- Loci A, B, C: Low Level DNA, Locus DRB1: High Level DNA
- Loci A, B, C: Serologic, Locus DRB1: High Level DNA
- \*Additional Options Listed Below

**28. Recipient HLA Typing**

**HLA-A**

Typing method: *(RHLAAMET)*

- 1 - DNA Technology
- 2 - Serology

Antigens/alleles provided: *(RHLAANUM)*

- 1 - One
- 2 - Two

1st: (RHLAA11X)  (RHLAA12X) /  (RHLAA13X) /  (RHLAA14X) /   
 (RHLAA15X)  (RHLAA16X) /  (RHLAA17X) /  (RHLAA18X) /   
 2nd: (RHLAA21X)  (RHLAA22X) /  (RHLAA23X) /  (RHLAA24X) /   
 (RHLAA25X)  (RHLAA26X) /  (RHLAA27X) /  (RHLAA28X) /

**HLA-B**

Typing method: *(RHLABMET)*

- 1 - DNA Technology
- 2 - Serology

Antigens/alleles provided: *(RHLABNUM)*

- 1 - One
- 2 - Two

1st: (RHLAB11X)  (RHLAB12X) /  (RHLAB13X) /  (RHLAB14X) /   
 (RHLAB15X)  (RHLAB16X) /  (RHLAB17X) /  (RHLAB18X) /   
 2nd: (RHLAB21X)  (RHLAB22X) /  (RHLAB23X) /  (RHLAB24X) /   
 (RHLAB25X)  (RHLAB26X) /  (RHLAB27X) /  (RHLAB28X) /

**HLA-C**

Typing method: *(RHLACMET)*

- 1 - DNA Technology
- 2 - Serology

Antigens/alleles provided: *(RHLACNUM)*

- 1 - One
- 2 - Two

1st: (RHLAC11X)  (RHLAC12X) /  (RHLAC13X) /  (RHLAC14X) /   
 (RHLAC15X)  (RHLAC16X) /  (RHLAC17X) /  (RHLAC18X) /   
 2nd: (RHLAC21X)  (RHLAC22X) /  (RHLAC23X) /  (RHLAC24X) /   
 (RHLAC25X)  (RHLAC26X) /  (RHLAC27X) /  (RHLAC28X) /

**HLA-DRB1**

Typing method: *(RHLADMET)*

- 1 - DNA Technology
- 2 - Serology

Antigens/alleles provided: *(RHLADNUM)*

- 1 - One
- 2 - Two

1st: (RHLAD11X)  (RHLAD12X) /  (RHLAD13X) /  (RHLAD14X) /

(RHLAD15X)  (RHLAD16X) /  (RHLAD17X) /  (RHLAD18X) /

2nd: (RHLAD21X)  (RHLAD22X) /  (RHLAD23X) /  (RHLAD24X) /

(RHLAD25X)  (RHLAD26X) /  (RHLAD27X) /  (RHLAD28X) /

## 29. Donor HLA Typing

### HLA-A

Typing method:(DHLAAMET)

1 - DNA Technology  
2 - Serology

Antigens/alleles provided:(DHLAANUM)

1 - One  
2 - Two

1st: (DHCAA11X)  (DHCAA12X) /  (DHCAA13X) /  (DHCAA14X) /

(DHCAA15X)  (DHCAA16X) /  (DHCAA17X) /  (DHCAA18X) /

2nd: (DHCAA21X)  (DHCAA22X) /  (DHCAA23X) /  (DHCAA24X) /

(DHCAA25X)  (DHCAA26X) /  (DHCAA27X) /  (DHCAA28X) /

### HLA-B

Typing method:(DHLABMET)

1 - DNA Technology  
2 - Serology

Antigens/alleles provided:(DHLABNUM)

1 - One  
2 - Two

1st: (DHLAB11X)  (DHLAB12X) /  (DHLAB13X) /  (DHLAB14X) /

(DHLAB15X)  (DHLAB16X) /  (DHLAB17X) /  (DHLAB18X) /

2nd: (DHLAB21X)  (DHLAB22X) /  (DHLAB23X) /  (DHLAB24X) /

(DHLAB25X)  (DHLAB26X) /  (DHLAB27X) /  (DHLAB28X) /

### HLA-C

Typing method:(DHLACMET)

1 - DNA Technology  
2 - Serology

Antigens/alleles provided:(DHLACNUM)

1 - One  
2 - Two

1st (DHLAC11X)  (DHLAC12X) /  (DHLAC13X) /  (DHLAC14X) /

(DHLAC15X)  (DHLAC16X) /  (DHLAC17X) /  (DHLAC18X) /

2nd (DHLAC21X)  (DHLAC22X) /  (DHLAC23X) /  (DHLAC24X) /

(DHLAC25X)  (DHLAC26X) /  (DHLAC27X) /  (DHLAC28X) /

### HLA-DRB1

Typing method:(DHLADMET)

1 - DNA Technology  
2 - Serology

Antigens/alleles provided:(DHLADNUM)

1 - One  
2 - Two

1st: (DHLAD11X)  (DHLAD12X) /  (DHLAD13X) /  (DHLAD14X) /

(DHLAD15X)  (DHLAD16X) /  (DHLAD17X) /  (DHLAD18X) /

2nd: (DHLAD21X)  (DHLAD22X) /  (DHLAD23X) /  (DHLAD24X) /

(DHLAD25X)  (DHLAD26X) /  (DHLAD27X) /  (DHLAD28X) /

HLA Match Score required by this protocol: (HLASCREQ)

Locus-A calculated HLA Match Score(SCORE\_A)

Locus-B calculated HLA Match Score(SCORE\_B)

Locus-C calculated HLA Match Score(SCORE\_C)

Locus-DRB1 calculated HLA Match Score(SCORE\_D)

Total calculated HLA Match Score(HLASCORE)

Do you agree with the calculated HLA Match Score?(HLAAGREE)

 1 - Yes  2 - No

Indicate your institution's HLA Match Score for this participant: (SITESCR)

0/6  
1/6  
2/6  
3/6  
4/6  
**\*Additional Options Listed Below**

Comments(COMMENTS)



## Additional Selection Options for ENR

**Type of HLA Match required by this protocol:**

Loci A, B, C, DQ: Low Level DNA, Locus DRB1: High Level DNA

High Level DNA

Low Level DNA

Serologic

**Indicate your institution's HLA Match Score for this participant:**

5/6

6/6

0/8

1/8

2/8

3/8

4/8

5/8

6/8

7/8

8/8

Blood and Marrow Transplant Clinical  
Trials Network

0601B (ENR)

Web Version: 1.0; 3.01; 10-16-15

URD Sickle Cell Disease Stem Cell Transplant Enrollment Form: Segment B

1. Proposed date of initiation of conditioning therapy:(*PCNDSTDT*)  (mm/dd/yyyy)

**Inclusion Criteria**

2. Record patient's Hb S value:(*HBSVAL*)  (xx) %

3. Date Hb S value obtained:(*HBSVALDT*)  (mm/dd/yyyy)

**Exclusion Criteria**

4. In the past week, has the patient received iron chelation therapy?(*IRCHTHPY*)  1 - Yes  2 - No

5. Date iron chelation therapy was/ will be discontinued:(*ICDISCDT*)  (mm/dd/yyyy)

6. In the past week, has the patient received hydroxyurea therapy?(*HYURTHPY*)  1 - Yes  2 - No

7. Date hydroxyurea therapy was/ will be discontinued:(*HUDISCDT*)  (mm/dd/yyyy)

Comments:(*ENRBCOMT*)

**Blood and Marrow Transplant Clinical  
Trials Network**

**Follow Up Status Form - 0601 (FU3)**

Web Version: 1.0; 4.00; 10-16-15

Segment (PROTSEG):

Visit Number (VISNO):

1. Date of last contact:(LSTCTDT)  (mm/dd/yyyy)

**Since the date of the last visit indicate if any of the following have occurred:**

2. Has the patient died?(DEATH)  1 - Yes  2 - No  
*If Yes, a Death Form must be submitted.*

3. Date of patient death:(DEATHDT)  (mm/dd/yyyy)

4. Has the patient experienced disease recurrence based on a Hemoglobin S level > 70%?(RECURR)  1 - Yes  2 - No

5. Record the patient's Hemoglobin S level:(HEM SVAL)  (xx.x) %

6. Date Hemoglobin S sample obtained:(HMSVALDT)  (mm/dd/yyyy)

7. Has the patient experienced secondary graft failure?(SCGRFAIL)  1 - Yes  2 - No

8. Record the percentage of donor cells:(DONORHC)  (xx)

9. Date sample obtained:(DONHCDT)  (mm/dd/yyyy)

10. Has the patient received a second transplant?(SNDTXP)  1 - Yes  2 - No

11. Date of second transplant:(SNDTXPDT)  (mm/dd/yyyy)

12. Has the patient experienced any new clinically significant infections?(NEWINF)  1 - Yes  2 - No

*If Yes, an Infection Form must be submitted.*

13. Date of infection:(INFECTDT)  (mm/dd/yyyy)

14. Has the patient been hospitalized?(HOSP)  1 - Yes  2 - No

*If Yes, a Re-Admission Form must be submitted.*

15. Date of hospitalization:(HOSPTDT)  (mm/dd/yyyy)

16. Has the patient experienced any Unexpected, Grade 3-5 Adverse Events?(UAE)  1 - Yes  2 - No

*If Yes, an Unexpected, Grade 3-5 Adverse Event Form must be submitted.*

17. Date of onset of Unexpected, Grade 3-5 Adverse Event:(UAEDT)  (mm/dd/yyyy)

Comments:(FUS1COMM)

## Blood and Marrow Transplant Clinical Trials Network

### Acute GVHD Form (GVH)

Web Version: 1.0; 10.12; 06-16-16

Segment (PROTSEG):

Visit Number (VISNO):

1. Date of staging:(STAGEDT)  (mm/dd/yyyy)  
 Start of GVHD Assessment Period: (GVASSTDT)  (mm/dd/yyyy)  
 End of GVHD Assessment Period:(GVASENDT)  (mm/dd/yyyy)

*The assessment for which you are entering data must have taken place within the above dates. If the patient was not seen during the assessment period specified above, please exit the form and request an exception for this form.*

2. Immunosuppressant (prophylaxis) received:(IMMUNORC)   
 0 - Prednisone  
 1 - Cyclosporine  
 2 - Tacrolimus  
 3 - Not taken during assessment
3. Record most recent blood level of immunosuppressant (prophylaxis):  
 (TROUGHLV)  (xxx.x) ng/mL
4. Record date blood sample obtained:(TROUGHDT)  (mm/dd/yyyy)

**Record the highest level of organ abnormalities, the etiologies contributing to the abnormalities and any biopsy results during the assessment period.**

5. Skin abnormalities:(GVHSKINA)   
 0 - No Rash  
 1 - Maculopapular Rash, <25% of Body Surface  
 2 - Maculopapular Rash, 25-50% of Body Surface  
 3 - Generalized Erythroderma  
 4 - Generalized Erythroderma with Bullus Formation and Desquamation

6. Skin etiologies:

<b>GVHD</b>	<b>Drug Reaction</b>	<b>Conditioning Regimen Toxicity</b>
(SETGVHD) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(SETDRGRX) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(SETCRTOX) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<b>Infection</b>	<b>Other</b>	
(SETINFCT) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(SETOTHER) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

Specify other skin etiologies:(GVHSKNSP)

7. Skin biopsy for GVHD:(GVHSKINB)   
 1 - Positive  
 2 - Negative  
 3 - Equivocal  
 4 - Not Done

8. Upper GI abnormalities:(GVHUPGIA)   
 0 - No Protracted Nausea and Vomiting  
 1 - Persistent Nausea, Vomiting or Anorexia

9. Upper intestinal tract etiologies:

<b>GVHD</b>	<b>Drug Reaction</b>	<b>Conditioning Regimen Toxicity</b>
(UGIETGVH) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(UGIETDRG) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(UGIETCON) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<b>TPN</b>	<b>Infection</b>	<b>Other</b>
(UGIETTPN) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(UGIETINF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(UGIETOTH) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Specify other upper intestinal tract etiologies:(UGIETSPC)

10. Upper intestinal tract biopsy for GVHD:(UGBIORS)

- 1 - Positive
- 2 - Negative
- 3 - Equivocal
- 4 - Not Done

11. Lower GI abnormalities:(GVHINTA)

- 0 - No Diarrhea
- 1 - Diarrhea Less Than or Equal to 500 mL/day or <280 mL/m<sup>2</sup>
- 2 - Diarrhea >500 but Less Than or Equal to 1000 mL/day or 280-555 mL/m<sup>2</sup>
- 3 - Diarrhea >1000 but Less Than or Equal to 1500 mL/day or 556-833 mL/m<sup>2</sup>
- 4 - Diarrhea >1500 mL/day or >833 mL/m<sup>2</sup>
- \*Additional Options Listed Below

Use mL/day for adult patients and mL/m<sup>2</sup> for pediatric patients

12. Lower intestinal tract etiologies:

<b>GVHD</b>	<b>Drug Reaction</b>	<b>Conditioning Regimen Toxicity</b>
(LGIETGVH) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LGIETDRG) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LGIETCON) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<b>TPN</b>	<b>Infection</b>	<b>Other</b>
(LGIETTPN) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LGIETINF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LGIETOTH) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Specify other lower intestinal tract etiologies:(LGIETSPC)

13. Lower intestinal tract biopsy for GVHD:(LGIBIORS)

- 1 - Positive
- 2 - Negative
- 3 - Equivocal
- 4 - Not Done

14. Liver abnormalities:(GVHLIVRA)

- 0 - Bilirubin <2.0 mg/dL
- 1 - Bilirubin 2.0-3.0 mg/dL
- 2 - Bilirubin 3.1-6.0 mg/dL
- 3 - Bilirubin 6.1-15.0 mg/dL
- 4 - Bilirubin >15.0 mg/dL

15. Liver etiologies:

<b>GVHD</b>	<b>Drug Reaction</b>	<b>Conditioning Regimen Toxicity</b>	<b>TPN</b>
(LIVETGVH) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LIVETDRG) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LIVETCND) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LIVETTPN) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<b>Infection</b>	<b>VOD</b>	<b>Other</b>	
(LIVETINF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LIVETVOD) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LIVETOTH) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

Specify other liver etiologies:(GVHLIVRS)

16. Liver biopsy for GVHD:(GVHLIVRB)

- 1 - Positive
- 2 - Negative
- 3 - Equivocal
- 4 - Not Done

17. Was any treatment of GVHD modified during this assessment period?  
(GVHTHERP)

- 1 - Yes  2 - No

*This only applies to TREATMENT for GVHD. If GVHD prophylaxis was the only modification during this assessment period, this question should be answered "2 - No".*

18. If yes, specify agent name:(GVHAGENT)

- 1 - CSA
- 2 - FK506
- 3 - Topical Steroids
- 4 - Prednisone
- 5 - ATG
- \*Additional Options Listed Below

Specify other agent:(GVHAGNSP)

19. Indicate treatment modification:(GVHTRMOD)

- 1 - Started
- 2 - Stopped
- 4 - Tapered
- 5 - Increased

Comments:(GVHCOMM)

## Additional Selection Options for GVH

### Lower GI abnormalities:

5 - Severe Abdominal Pain with or without Ileus, or Stool with Frank Blood or Melena

### If yes, specify agent name:

6 - MMF

7 - Daclizumab

8 - Methylprednisolone

9 - Other

Blood and Marrow Transplant Clinical  
Trials Network

Hemorrhage Assessment (HM1)

Web Version: 1.0; 3.00; 10-16-15

Segment (PROTSEG):

Visit Number (VISNO):

Exam Date:(HM1EXMDT)

 (mm/dd/yyyy)

1. Indicate if the quality of the MRI is sufficient for determination of the presence of hemorrhage:(HMRIQLTY)  1 - Yes  2 - No

2. Based on the MRI results, specify the number of intracranial hemorrhage occurrences:(HMGQNTY)

00  
01  
02  
03  
04  
\*Additional Options Listed Below

3. Based on the MRI results, specify the total number of intracranial hemorrhage occurrences prior to transplant **AND** 2 years post-transplant:(HMGQNTY)

00  
01  
02  
03  
04  
\*Additional Options Listed Below

Number of intracranial hemorrhage occurrences reported prior to transplant:  
(HNMPRTXP)

00  
01  
02  
03  
04  
\*Additional Options Listed Below

If an intracranial hemorrhage occurrence reported prior to transplant is no longer present, a Hemorrhage Measurement Form is still required to be completed.

Comments:(HM1COMM)



## Additional Selection Options for HM1

Based on the MRI results, specify the number of intracranial hemorrhage occurrences:

- 05
- 06
- 07
- 08
- 09
- 10
- 11
- 12
- 13
- 14
- 15

## Blood and Marrow Transplant Clinical Trials Network

### Hemorrhage A Measurement (HMA)

Web Version: 1.0; 2.00; 10-16-15

Segment (PROTSEG):

Visit Number (VISNO):

Hemorrhage A Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	
2. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	(HEMSRNME) <input type="text"/> (xxx)
3. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	
4. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	(HEMIMNME) <input type="text"/> (xxx)
5. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	(HEMMXDME) <input type="text"/> (xxx.xx) mm
9. Size of hemorrhage perpendicular dimension:	N/A	
10. Size of hemorrhage perpendicular dimension:	N/A	(HEMPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(HEMSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

29. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(HEMORFBF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(HEMORFBF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMDRSL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(HEMPOBSP) <input type="text"/>	
b. If Other, specify:	(HEMPOBSP) <input type="text"/>	(HEMPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

62. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(HEMCOMM)

## Blood and Marrow Transplant Clinical Trials Network

### Hemorrhage B Measurement (HMB)

Web Version: 1.0; 2.00; 10-16-15

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Hemorrhage B Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	
2. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	(HEMSRNME) <input type="text"/> (xxx)
3. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	
4. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	(HEMIMNME) <input type="text"/> (xxx)
5. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	(HEMMXDME) <input type="text"/> (xxx.xx) mm
9. Size of hemorrhage perpendicular dimension:	N/A	
10. Size of hemorrhage perpendicular dimension:	N/A	(HEMPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(HEMSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

29. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(HEMORFBF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(HEMORFBF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMDRSL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(HEMPOBSP) <input type="text"/>	
b. If Other, specify:	(HEMPOBSP) <input type="text"/>	(HEMPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

62. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(HEMCOMM)

## Blood and Marrow Transplant Clinical Trials Network

### Hemorrhage C Measurement (HMC)

Web Version: 1.0; 2.00; 10-16-15

Segment (PROTSEG):

Visit Number (VISNO):

Hemorrhage C Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	
2. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	(HEMSRNME) <input type="text"/> (xxx)
3. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	
4. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	(HEMIMNME) <input type="text"/> (xxx)
5. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	(HEMMXDME) <input type="text"/> (xxx.xx) mm
9. Size of hemorrhage perpendicular dimension:	N/A	
10. Size of hemorrhage perpendicular dimension:	N/A	(HEMPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(HEMSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No



29. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(HEMORFBF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(HEMORFBF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMDRSL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(HEMPOBSP) <input type="text"/>	
b. If Other, specify:	(HEMPOBSP) <input type="text"/>	(HEMPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

62. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(HEMCOMM)

## Blood and Marrow Transplant Clinical Trials Network

### Hemorrhage D Measurement (HMD)

Web Version: 1.0; 2.00; 10-16-15

Segment (PROTSEG):

Visit Number (VISNO):

Hemorrhage D Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	
2. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	(HEMSRNME) <input type="text"/> (xxx)
3. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	
4. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	(HEMIMNME) <input type="text"/> (xxx)
5. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	(HEMMXDME) <input type="text"/> (xxx.xx) mm
9. Size of hemorrhage perpendicular dimension:	N/A	
10. Size of hemorrhage perpendicular dimension:	N/A	(HEMPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(HEMSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

29. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(HEMORFBF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(HEMORFBF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMDRSL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(HEMPOBSP) <input type="text"/>	
b. If Other, specify:	(HEMPOBSP) <input type="text"/>	(HEMPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

62. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(HEMCOMM)

## Blood and Marrow Transplant Clinical Trials Network

### Hemorrhage E Measurement (HME)

Web Version: 1.0; 2.00; 10-16-15

Segment (PROTSEG):

Visit Number (VISNO):

Hemorrhage E Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	
2. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	(HEMSRNME) <input type="text"/> (xxx)
3. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	
4. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	(HEMIMNME) <input type="text"/> (xxx)
5. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	(HEMMXDME) <input type="text"/> (xxx.xx) mm
9. Size of hemorrhage perpendicular dimension:	N/A	
10. Size of hemorrhage perpendicular dimension:	N/A	(HEMPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(HEMSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

29. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(HEMORFBF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(HEMORFBF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMDRSL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(HEMPOBSP) <input type="text"/>	
b. If Other, specify:	(HEMPOBSP) <input type="text"/>	(HEMPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

62. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(HEMCOMM)



## Blood and Marrow Transplant Clinical Trials Network

### Hemorrhage F Measurement (HMF)

Web Version: 1.0; 2.00; 10-16-15

Segment (PROTSEG):

Visit Number (VISNO):

Hemorrhage F Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	
2. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	(HEMSRNME) <input type="text"/> (xxx)
3. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	
4. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	(HEMIMNME) <input type="text"/> (xxx)
5. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	(HEMMXDME) <input type="text"/> (xxx.xx) mm
9. Size of hemorrhage perpendicular dimension:	N/A	
10. Size of hemorrhage perpendicular dimension:	N/A	(HEMPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(HEMSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

29. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(HEMORFBF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(HEMORFBF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMDRSL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(HEMPOBSP) <input type="text"/>	
b. If Other, specify:	(HEMPOBSP) <input type="text"/>	(HEMPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

62. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(HEMCOMM)

## Blood and Marrow Transplant Clinical Trials Network

### Hemorrhage G Measurement (HMG)

Web Version: 1.0; 2.00; 10-16-15

Segment (PROTSEG):

Visit Number (VISNO):

Hemorrhage G Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	
2. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	(HEMSRNME) <input type="text"/> (xxx)
3. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	
4. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	(HEMIMNME) <input type="text"/> (xxx)
5. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	(HEMMXDME) <input type="text"/> (xxx.xx) mm
9. Size of hemorrhage perpendicular dimension:	N/A	
10. Size of hemorrhage perpendicular dimension:	N/A	(HEMPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(HEMSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

29. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(HEMORFBF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(HEMORFBF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMDRSL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(HEMPOBSP) <input type="text"/>	
b. If Other, specify:	(HEMPOBSP) <input type="text"/>	(HEMPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

62. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(HEMCOMM)

## Blood and Marrow Transplant Clinical Trials Network

### Hemorrhage H Measurement (HMH)

Web Version: 1.0; 2.00; 10-16-15

Segment (PROTSEG):

Visit Number (VISNO):

Hemorrhage H Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	
2. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	(HEMSRNME) <input type="text"/> (xxx)
3. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	
4. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	(HEMIMNME) <input type="text"/> (xxx)
5. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	(HEMMXDME) <input type="text"/> (xxx.xx) mm
9. Size of hemorrhage perpendicular dimension:	N/A	
10. Size of hemorrhage perpendicular dimension:	N/A	(HEMPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(HEMSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

29. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(HEMORFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(HEMORFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMORFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMDRSL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(HEMPOBSP) <input type="text"/>	
b. If Other, specify:	(HEMPOBSP) <input type="text"/>	(HEMPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(HEMWE CB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	



62. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(HEMCOMM)

## Blood and Marrow Transplant Clinical Trials Network

### Hemorrhage I Measurement (HM)

Web Version: 1.0; 2.00; 10-16-15

Segment (PROTSEG):

Visit Number (VISNO):

Hemorrhage I Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	
2. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	(HEMSRNME) <input type="text"/> (xxx)
3. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	
4. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	(HEMIMNME) <input type="text"/> (xxx)
5. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	(HEMMXDME) <input type="text"/> (xxx.xx) mm
9. Size of hemorrhage perpendicular dimension:	N/A	
10. Size of hemorrhage perpendicular dimension:	N/A	(HEMPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(HEMSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

29. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(HEMORFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(HEMORFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMORFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMDRSL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(HEMPOBSP) <input type="text"/>	
b. If Other, specify:	(HEMPOBSP) <input type="text"/>	(HEMPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(HEMWE CB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

62. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(HEMCOMM)

## Blood and Marrow Transplant Clinical Trials Network

### Hemorrhage J Measurement (HMJ)

Web Version: 1.0; 2.00; 10-16-15

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Hemorrhage J Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	
2. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	(HEMSRNME) <input type="text"/> (xxx)
3. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	
4. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	(HEMIMNME) <input type="text"/> (xxx)
5. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	(HEMMXDME) <input type="text"/> (xxx.xx) mm
9. Size of hemorrhage perpendicular dimension:	N/A	
10. Size of hemorrhage perpendicular dimension:	N/A	(HEMPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(HEMSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

29. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(HEMORFBF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(HEMORFBF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMDRSL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(HEMPOBSP) <input type="text"/>	
b. If Other, specify:	(HEMPOBSP) <input type="text"/>	(HEMPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

62. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(HEMCOMM)

## Blood and Marrow Transplant Clinical Trials Network

### Hemorrhage K Measurement (HMK)

Web Version: 1.0; 2.00; 10-16-15

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Hemorrhage K Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	
2. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	(HEMSRNME) <input type="text"/> (xxx)
3. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	
4. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	(HEMIMNME) <input type="text"/> (xxx)
5. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	(HEMMXDME) <input type="text"/> (xxx.xx) mm
9. Size of hemorrhage perpendicular dimension:	N/A	
10. Size of hemorrhage perpendicular dimension:	N/A	(HEMPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(HEMSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No



29. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(HEMORFBF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(HEMORFBF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMDRSL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(HEMPOBSP) <input type="text"/>	
b. If Other, specify:	(HEMPOBSP) <input type="text"/>	(HEMPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(HEMWALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(HEMWALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCALE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

62. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(HEMCOMM)

## Blood and Marrow Transplant Clinical Trials Network

### Hemorrhage L Measurement (HML)

Web Version: 1.0; 2.00; 10-16-15

Segment (PROTSEG):

Visit Number (VISNO):

Hemorrhage L Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	
2. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	(HEMSRNME) <input type="text"/> (xxx)
3. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	
4. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	(HEMIMNME) <input type="text"/> (xxx)
5. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	(HEMMXDME) <input type="text"/> (xxx.xx) mm
9. Size of hemorrhage perpendicular dimension:	N/A	
10. Size of hemorrhage perpendicular dimension:	N/A	(HEMPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(HEMSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

29. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(HEMORFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(HEMORFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMORFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMDRSL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(HEMPOBSP) <input type="text"/>	
b. If Other, specify:	(HEMPOBSP) <input type="text"/>	(HEMPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(HEMWE CB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

62. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(HEMCOMM)

## Blood and Marrow Transplant Clinical Trials Network

### Hemorrhage M Measurement (HMM)

Web Version: 1.0; 2.00; 10-16-15

Segment (PROTSEG):

Visit Number (VISNO):

Hemorrhage M Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	
2. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	(HEMSRNME) <input type="text"/> (xxx)
3. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	
4. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	(HEMIMNME) <input type="text"/> (xxx)
5. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	(HEMMXDME) <input type="text"/> (xxx.xx) mm
9. Size of hemorrhage perpendicular dimension:	N/A	
10. Size of hemorrhage perpendicular dimension:	N/A	(HEMPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(HEMSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

29. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(HEMORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(HEMORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMDRSL E) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(HEMPOBSP) <input type="text"/>	
b. If Other, specify:	(HEMPOBSP) <input type="text"/>	(HEMPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCAL E) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCPL E) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(HEMWE CB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

62. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(HEMCOMM)



## Blood and Marrow Transplant Clinical Trials Network

### Hemorrhage N Measurement (HMN)

Web Version: 1.0; 2.00; 10-16-15

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Hemorrhage N Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	
2. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	(HEMSRNME) <input type="text"/> (xxx)
3. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	
4. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	(HEMIMNME) <input type="text"/> (xxx)
5. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	(HEMMXDME) <input type="text"/> (xxx.xx) mm
9. Size of hemorrhage perpendicular dimension:	N/A	
10. Size of hemorrhage perpendicular dimension:	N/A	(HEMPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(HEMSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

29. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(HEMORFBF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(HEMORFBF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMDRSL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(HEMPOBSP) <input type="text"/>	
b. If Other, specify:	(HEMPOBSP) <input type="text"/>	(HEMPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

62. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(HEMCOMM)

## Blood and Marrow Transplant Clinical Trials Network

### Hemorrhage O Measurement (HMO)

Web Version: 1.0; 2.00; 10-16-15

Segment (PROTSEG):

Visit Number (VISNO):

Hemorrhage O Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	
2. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	(HEMSRNME) <input type="text"/> (xxx)
3. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	
4. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	(HEMIMNME) <input type="text"/> (xxx)
5. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	(HEMMXDME) <input type="text"/> (xxx.xx) mm
9. Size of hemorrhage perpendicular dimension:	N/A	
10. Size of hemorrhage perpendicular dimension:	N/A	(HEMPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(HEMSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

29. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(HEMORFBF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(HEMORFBF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMDRSL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(HEMPOBSP) <input type="text"/>	
b. If Other, specify:	(HEMPOBSP) <input type="text"/>	(HEMPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

62. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(HEMCOMM)

# Blood and Marrow Transplant Clinical Trials Network

## Infarct-Like Lesion Assessment (IL1)

Web Version: 1.0; 3.00; 10-16-15

Segment (PROTSEG):

Visit Number (VISNO):

Exam Date:(IL1EXMDT)

(mm/dd/yyyy)

1. Indicate if the quality of the MRI is sufficient for determination of the presence of an infarct-like lesion:(LMRQLTY)  1 - Yes  2 - No

2. Based on the MRI results, specify the number of infarct-like lesions:(LSNQNTY)

00  
01  
02  
03  
04  
\*Additional Options Listed Below

3. Based on the MRI results, specify the total number of infarct-like lesions present prior to transplant **AND** 2 years post-transplant:(LSNQNTY)

00  
01  
02  
03  
04  
\*Additional Options Listed Below

Number of infarct-like lesions present prior to transplant:(LNMPRTXP)

00  
01  
02  
03  
04  
\*Additional Options Listed Below

*If an infarct-like lesion reported prior to transplant is no longer present, an Infarct Measurement Form is still required to be completed.*

Comments:(IL1COMM)

## Additional Selection Options for IL1

Based on the MRI results, specify the number of infarct-like lesions:

- 05
- 06
- 07
- 08
- 09
- 10
- 11
- 12
- 13
- 14
- 15



## Blood and Marrow Transplant Clinical Trials Network

### Lesion A Infarct Measurement (ILA)

Web Version: 1.0; 2.00; 10-16-15

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Lesion A Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	
2. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	(LSNSRNME) <input type="text"/> (xxx)
3. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	
4. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	(LSNIMNME) <input type="text"/> (xxx)
5. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	(LSNMXDME) <input type="text"/> (xxx.xx) mm
9. Size of lesion perpendicular dimension:	N/A	
10. Size of lesion perpendicular dimension:	N/A	(LSNPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(LSNSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(LSNOCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(LSNOCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

29. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNDRSLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(LSNPOBSP) <input type="text"/>	
b. If Other, specify:	(LSNPOBSP) <input type="text"/>	(LSNPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(LSNWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(LSNWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(LSNWECSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

62. External capsule:	(LSNWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(LSNCOMM)

## Blood and Marrow Transplant Clinical Trials Network

### Lesion B Infarct Measurement (ILB)

Web Version: 1.0; 2.00; 10-16-15

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Lesion B Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	
2. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	(LSNSRNME) <input type="text"/> (xxx)
3. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	
4. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	(LSNIMNME) <input type="text"/> (xxx)
5. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	(LSNMXDME) <input type="text"/> (xxx.xx) mm
9. Size of lesion perpendicular dimension:	N/A	
10. Size of lesion perpendicular dimension:	N/A	(LSNPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(LSNSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(LSNOCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(LSNOCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

29. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNDRSLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(LSNPOBSP) <input type="text"/>	
b. If Other, specify:	(LSNPOBSP) <input type="text"/>	(LSNPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(LSNWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(LSNWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(LSNWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

62. External capsule:	(LSNWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(LSNCOMM)

## Blood and Marrow Transplant Clinical Trials Network

### Lesion C Infarct Measurement (ILC)

Web Version: 1.0; 2.00; 10-16-15

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Lesion C Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	
2. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	(LSNSRNME) <input type="text"/> (xxx)
3. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	
4. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	(LSNIMNME) <input type="text"/> (xxx)
5. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	(LSNMXDME) <input type="text"/> (xxx.xx) mm
9. Size of lesion perpendicular dimension:	N/A	
10. Size of lesion perpendicular dimension:	N/A	(LSNPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(LSNSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(LSNOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(LSNOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

29. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNDRSLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(LSNPOBSP) <input type="text"/>	
b. If Other, specify:	(LSNPOBSP) <input type="text"/>	(LSNPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(LSNWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(LSNWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(LSNWECSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	



62. External capsule:	(LSNWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(LSNCOMM)

## Blood and Marrow Transplant Clinical Trials Network

### Lesion D Infarct Measurement (ILD)

Web Version: 1.0; 2.00; 10-16-15

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Lesion D Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	
2. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	(LSNSRNME) <input type="text"/> (xxx)
3. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	
4. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	(LSNIMNME) <input type="text"/> (xxx)
5. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	(LSNMXDME) <input type="text"/> (xxx.xx) mm
9. Size of lesion perpendicular dimension:	N/A	
10. Size of lesion perpendicular dimension:	N/A	(LSNPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(LSNSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(LSNOCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(LSNOCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

29. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNDRSLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(LSNPOBSP) <input type="text"/>	
b. If Other, specify:	(LSNPOBSP) <input type="text"/>	(LSNPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(LSNWCRCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(LSNWCRCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCRC) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(LSNWECSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

62. External capsule:	(LSNWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(LSNCOMM)

## Blood and Marrow Transplant Clinical Trials Network

### Lesion E Infarct Measurement (ILE)

Web Version: 1.0; 2.00; 10-16-15

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Lesion E Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	
2. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	(LSNSRNME) <input type="text"/> (xxx)
3. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	
4. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	(LSNIMNME) <input type="text"/> (xxx)
5. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	(LSNMXDME) <input type="text"/> (xxx.xx) mm
9. Size of lesion perpendicular dimension:	N/A	
10. Size of lesion perpendicular dimension:	N/A	(LSNPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(LSNSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(LSNOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(LSNOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

29. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNDRSLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(LSNPOBSP) <input type="text"/>	
b. If Other, specify:	(LSNPOBSP) <input type="text"/>	(LSNPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(LSNWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(LSNWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(LSNWECSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

62. External capsule:	(LSNWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(LSNCOMM)

## Blood and Marrow Transplant Clinical Trials Network

### Lesion F Infarct Measurement (ILF)

Web Version: 1.0; 2.00; 10-16-15

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Lesion F Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	
2. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	(LSNSRNME) <input type="text"/> (xxx)
3. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	
4. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	(LSNIMNME) <input type="text"/> (xxx)
5. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	(LSNMXDME) <input type="text"/> (xxx.xx) mm
9. Size of lesion perpendicular dimension:	N/A	
10. Size of lesion perpendicular dimension:	N/A	(LSNPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(LSNSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(LSNOCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(LSNOCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No



29. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNDRSLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(LSNPOBSP) <input type="text"/>	
b. If Other, specify:	(LSNPOBSP) <input type="text"/>	(LSNPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(LSNWCRCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(LSNWCRCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCRC) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(LSNWECSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

62. External capsule:	(LSNWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(LSNCOMM)

## Blood and Marrow Transplant Clinical Trials Network

### Lesion G Infarct Measurement (ILG)

Web Version: 1.0; 2.00; 10-16-15

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Lesion G Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	
2. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	(LSNSRNME) <input type="text"/> (xxx)
3. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	
4. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	(LSNIMNME) <input type="text"/> (xxx)
5. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	(LSNMXDME) <input type="text"/> (xxx.xx) mm
9. Size of lesion perpendicular dimension:	N/A	
10. Size of lesion perpendicular dimension:	N/A	(LSNPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(LSNSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(LSNOCCEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(LSNOCCEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

29. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNDRSLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(LSNPOBSP) <input type="text"/>	
b. If Other, specify:	(LSNPOBSP) <input type="text"/>	(LSNPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(LSNWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(LSNWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(LSNWECSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

62. External capsule:	(LSNWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(LSNCOMM)

## Blood and Marrow Transplant Clinical Trials Network

### Lesion H Infarct Measurement (ILH)

Web Version: 1.0; 2.00; 10-16-15

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Lesion H Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	
2. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	(LSNSRNME) <input type="text"/> (xxx)
3. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	
4. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	(LSNIMNME) <input type="text"/> (xxx)
5. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	(LSNMXDME) <input type="text"/> (xxx.xx) mm
9. Size of lesion perpendicular dimension:	N/A	
10. Size of lesion perpendicular dimension:	N/A	(LSNPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(LSNSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(LSNOCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(LSNOCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

29. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNDRSLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(LSNPOBSP) <input type="text"/>	
b. If Other, specify:	(LSNPOBSP) <input type="text"/>	(LSNPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(LSNWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(LSNWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(LSNWECSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

62. External capsule:	(LSNWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(LSNCOMM)



## Blood and Marrow Transplant Clinical Trials Network

### Lesion I Infarct Measurement (ILI)

Web Version: 1.0; 2.00; 10-16-15

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Lesion I Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	
2. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	(LSNSRNME) <input type="text"/> (xxx)
3. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	
4. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	(LSNIMNME) <input type="text"/> (xxx)
5. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	(LSNMXDME) <input type="text"/> (xxx.xx) mm
9. Size of lesion perpendicular dimension:	N/A	
10. Size of lesion perpendicular dimension:	N/A	(LSNPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(LSNSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(LSNOCCEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(LSNOCCEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

29. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNDRSLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(LSNPOBSP) <input type="text"/>	
b. If Other, specify:	(LSNPOBSP) <input type="text"/>	(LSNPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(LSNWCRCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(LSNWCRCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCRC) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(LSNWECSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

62. External capsule:	(LSNWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(LSNCOMM)

## Blood and Marrow Transplant Clinical Trials Network

### Lesion J Infarct Measurement (ILJ)

Web Version: 1.0; 2.00; 10-16-15

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Lesion J Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	
2. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	(LSNSRNME) <input type="text"/> (xxx)
3. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	
4. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	(LSNIMNME) <input type="text"/> (xxx)
5. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	(LSNMXDME) <input type="text"/> (xxx.xx) mm
9. Size of lesion perpendicular dimension:	N/A	
10. Size of lesion perpendicular dimension:	N/A	(LSNPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(LSNSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(LSNOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(LSNOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

29. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNDRSLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(LSNPOBSP) <input type="text"/>	
b. If Other, specify:	(LSNPOBSP) <input type="text"/>	(LSNPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(LSNWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(LSNWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(LSNWECSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

62. External capsule:	(LSNWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(LSNCOMM)

## Blood and Marrow Transplant Clinical Trials Network

### Lesion K Infarct Measurement (ILK)

Web Version: 1.0; 2.00; 10-16-15

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Lesion K Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	
2. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	(LSNSRNME) <input type="text"/> (xxx)
3. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	
4. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	(LSNIMNME) <input type="text"/> (xxx)
5. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	(LSNMXDME) <input type="text"/> (xxx.xx) mm
9. Size of lesion perpendicular dimension:	N/A	
10. Size of lesion perpendicular dimension:	N/A	(LSNPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(LSNSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(LSNOCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(LSNOCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

29. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNDRSLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(LSNPOBSP) <input type="text"/>	
b. If Other, specify:	(LSNPOBSP) <input type="text"/>	(LSNPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(LSNWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(LSNWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(LSNWECSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	



62. External capsule:	(LSNWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(LSNCOMM)

## Blood and Marrow Transplant Clinical Trials Network

### Lesion L Infarct Measurement (ILL)

Web Version: 1.0; 2.00; 10-16-15

Segment (PROTSEG):

Visit Number (VISNO):

Lesion L Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	
2. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	(LSNSRNME) <input type="text"/> (xxx)
3. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	
4. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	(LSNIMNME) <input type="text"/> (xxx)
5. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	(LSNMXDME) <input type="text"/> (xxx.xx) mm
9. Size of lesion perpendicular dimension:	N/A	
10. Size of lesion perpendicular dimension:	N/A	(LSNPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(LSNSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(LSNOCCEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(LSNOCCEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

29. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNDRSLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(LSNPOBSP) <input type="text"/>	
b. If Other, specify:	(LSNPOBSP) <input type="text"/>	(LSNPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(LSNWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(LSNWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(LSNWECSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

62. External capsule:	(LSNWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(LSNCOMM)

## Blood and Marrow Transplant Clinical Trials Network

### Lesion M Infarct Measurement (ILM)

Web Version: 1.0; 2.00; 10-16-15

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Lesion M Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	
2. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	(LSNSRNME) <input type="text"/> (xxx)
3. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	
4. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	(LSNIMNME) <input type="text"/> (xxx)
5. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	(LSNMXDME) <input type="text"/> (xxx.xx) mm
9. Size of lesion perpendicular dimension:	N/A	
10. Size of lesion perpendicular dimension:	N/A	(LSNPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(LSNSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(LSNOCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(LSNOCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

29. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNDRSLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(LSNPOBSP) <input type="text"/>	
b. If Other, specify:	(LSNPOBSP) <input type="text"/>	(LSNPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(LSNWCRCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(LSNWCRCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCRC) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(LSNWECSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

62. External capsule:	(LSNWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(LSNCOMM)

## Blood and Marrow Transplant Clinical Trials Network

### Lesion N Infarct Measurement (ILN)

Web Version: 1.0; 2.00; 10-16-15

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Lesion N Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	
2. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	(LSNSRNME) <input type="text"/> (xxx)
3. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	
4. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	(LSNIMNME) <input type="text"/> (xxx)
5. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	(LSNMXDME) <input type="text"/> (xxx.xx) mm
9. Size of lesion perpendicular dimension:	N/A	
10. Size of lesion perpendicular dimension:	N/A	(LSNPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(LSNSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(LSNOCCEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(LSNOCCEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No



29. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNDRSLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(LSNPOBSP) <input type="text"/>	
b. If Other, specify:	(LSNPOBSP) <input type="text"/>	(LSNPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(LSNWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(LSNWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(LSNWECSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

62. External capsule:	(LSNWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(LSNCOMM)

## Blood and Marrow Transplant Clinical Trials Network

### Lesion O Infarct Measurement (ILO)

Web Version: 1.0; 2.00; 10-16-15

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Lesion O Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	
2. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	(LSNSRNME) <input type="text"/> (xxx)
3. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	
4. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	(LSNIMNME) <input type="text"/> (xxx)
5. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	(LSNMXDME) <input type="text"/> (xxx.xx) mm
9. Size of lesion perpendicular dimension:	N/A	
10. Size of lesion perpendicular dimension:	N/A	(LSNPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(LSNSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(LSNOCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(LSNOCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

29. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNDRSLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(LSNPOBSP) <input type="text"/>	
b. If Other, specify:	(LSNPOBSP) <input type="text"/>	(LSNPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(LSNWCRCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(LSNWCRCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCRC) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(LSNWECSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

62. External capsule:	(LSNWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(LSNCOMM)

Blood and Marrow Transplant Clinical  
Trials Network

Immune Reconstitution Form - 0601 (IMU)

Web Version: 1.0; 1.00; 10-16-15

Segment (PROTSEG):

Visit Number (VISNO):

1. Were the immune reconstitution tests at one year post-transplant abnormal?  1 - Yes  2 - No

(YR1ABTS T)

2. Has the patient developed chronic GVHD in the last year?(CG VHDDEV)  1 - Yes  2 - No

If both questions are answered no, immune reconstitution assays are not required two years post-transplant.

Flow Cytometry

3. Date flow cytometry was performed:(DTFCIMU)  (mm/dd/yyyy)

4. White blood cell count:(WBCIMU)  (xxxxx) x 10<sup>9</sup>/L

5. Percent lymphocyte of CD45+ cells:(LMYPHIMU)  (xxx) %

6. CD3:(CD3IMU)  (xxxx) cells/uL

7. CD4:(CD4IMU)  (xxxx) cells/uL

8. CD8:(CD8IMU)  (xxxx) cells/uL

9. CD19:(CD19IMU)  (xxxx) cells/uL

10. CD56+/CD16+:(CD56IMU)  (xxxx) cells/uL

Quantitative Immunoglobulins

11. Date quantitative immunoglobulins assay was performed:(DTQIIMU)  (mm/dd/yyyy)

12. IgA:(IGAIMU)  (xxx) mg/dL

13. IgG:(IGGIMU)  (xxxx) mg/dL

14. IgM:(IGMIMU)  (xxx) mg/dL

Comments:(IMUCOMM)

# Blood and Marrow Transplant Clinical Trials Network

## Infection Form (INF)

Web Version: 1.0; 4.01; 10-16-15

Segment (PROTSEG):

Infection Site (INFSITE):

Infection Start Date (INFSTDT):

### INFECTION I

1. Type of infection:(INFTYP01)

B - Bacteria  
V - Viral  
F - Fungal  
P - Protozoal  
O - Other

2. Organism I:(ORG N01)

B01 - Acinetobacter (baumanii, calcoaceticus, lwoffii, other species)  
B02 - Agrobacterium radiobacter  
B03 - Alcaligenes xylosoxidans  
B04 - Anaerobic bacteria (NOS, except for Bacteroides, Clostridium)  
B05 - Bacillus (cereus, other species)  
\*Additional Options Listed Below

?

If other specify:(INFSPEC1)

3. Record the level of certainty of the fungal infection diagnosis:(CERTNTY1)

1 - Proven Fungal Infection  
2 - Probable Fungal Infection  
3 - Possible Fungal Infection

4. Severity of infection:(SVRTY01)

1 - Moderate  
2 - Severe  
3 - Life-Threatening/Fatal

### INFECTION II

5. Type of infection:(INFTYP02)

B - Bacteria  
V - Viral  
F - Fungal  
P - Protozoal  
O - Other

6. Organism II:(ORG N02)

B01 - Acinetobacter (baumanii, calcoaceticus, lwoffii, other species)  
B02 - Agrobacterium radiobacter  
B03 - Alcaligenes xylosoxidans  
B04 - Anaerobic bacteria (NOS, except for Bacteroides, Clostridium)  
B05 - Bacillus (cereus, other species)  
\*Additional Options Listed Below

If other specify:(INFSPEC2)

7. Record the level of certainty of the fungal infection diagnosis:(CERTNTY2)

1 - Proven Fungal Infection  
2 - Probable Fungal Infection  
3 - Possible Fungal Infection

8. Severity of infection:(SVRTY02)

1 - Moderate  
2 - Severe  
3 - Life-Threatening/Fatal

### INFECTION III

9. Type of infection:(*INFTYP03*)

- B - Bacteria
- V - Viral
- F - Fungal
- P - Protozoal
- O - Other

10. Organism III:(*ORGN03*)

- B01 - Acinetobacter (baumanii, calcoaceticus, lwoffii, other species)
- B02 - Agrobacterium radiobacter
- B03 - Alcaligenes xylosoxidans
- B04 - Anaerobic bacteria (NOS, except for Bacteroides, Clostridium)
- B05 - Bacillus (cereus, other species)
- \*Additional Options Listed Below

If other specify:(*INFSPEC3*)

11. Record the level of certainty of the fungal infection diagnosis:(*CERTNTY3*)

- 1 - Proven Fungal Infection
- 2 - Probable Fungal Infection
- 3 - Possible Fungal Infection

12. Severity of infection:(*SVRTY03*)

- 1 - Moderate
- 2 - Severe
- 3 - Life-Threatening/Fatal

13. Was an agent(s) administered to treat the infection(s)?(*TRTINF*)

- 1 - Yes     2 - No

**Provide agent(s) administered for this infectious period:**

14. 1<sup>st</sup> agent:(*AGENT1*)

- abacavir (Ziagen)
- acyclovir (Zovirax)
- albendazole (Albenza)
- amantadine (Symmetrel, Symadine)
- amikacin (Amikin)
- \*Additional Options Listed Below

If other specify:(*AGTSPEC1*)

15. 2<sup>nd</sup> agent:(*AGENT2*)

- abacavir (Ziagen)
- acyclovir (Zovirax)
- albendazole (Albenza)
- amantadine (Symmetrel, Symadine)
- amikacin (Amikin)
- \*Additional Options Listed Below

If other specify:(*AGTSPEC2*)

16. 3<sup>rd</sup> agent:(*AGENT3*)

- abacavir (Ziagen)
- acyclovir (Zovirax)
- albendazole (Albenza)
- amantadine (Symmetrel, Symadine)
- amikacin (Amikin)
- \*Additional Options Listed Below

If other specify:(*AGTSPEC3*)

17. Were additional agents administered for this infectious period?(*ADDAGENT*)

- 1 - Yes     2 - No

If yes, specify additional agents administered:(*INFSPEC4*)

Comments:(*INFCOM*)



## Additional Selection Options for INF

### Infection Site (*INFSITE*) (key field):

01 - Blood/Buffy Coat  
02 - Disseminated - Generalized, Isolated at 2 or More Distinct Sites  
03 - Brain  
04 - Spinal Cord  
05 - Meninges and CSF  
06 - Central Nervous System Unspecified  
07 - Lips  
08 - Tongue, Oral Cavity, and Oro-Pharynx  
09 - Esophagus  
10 - Stomach  
11 - Gallbladder and Biliary Tree (Not Hepatitis), Pancreas  
12 - Small Intestine  
13 - Large Intestine  
14 - Feces/Stool  
15 - Peritoneum  
16 - Liver  
17 - Gastrointestinal Tract Unspecified  
18 - Upper Airway and Nasopharynx  
19 - Larynx  
20 - Lower Respiratory Tract (Lung)  
21 - Pleural Cavity, Pleural Fluid  
22 - Sinuses  
23 - Respiratory Tract Unspecified  
24 - Kidneys, Renal Pelvis, Ureters and Bladder  
25 - Prostate  
26 - Testes  
27 - Fallopian Tubes, Uterus, Cervix  
28 - Vagina  
29 - Genito-Urinary Tract Unspecified  
30 - Genital Area  
31 - Rash, Pustules, or Abscesses Not Typical of Any of the Above  
32 - Skin Unspecified  
33 - Wound site  
34 - Catheter Tip  
35 - Eyes  
36 - Ears  
37 - Joints  
38 - Bone Marrow  
39 - Bone Cortex (Osteomyelitis)  
40 - Muscle (Excluding Cardiac)  
41 - Cardiac (Endocardium, Myocardium, Pericardium)  
42 - Lymph Nodes  
43 - Spleen  
99 - Other Unspecified

### Organism I:

B06 - Bacteroides (gracilis, uniformis, vulgaris, other species)  
B07 - Borrelia (Lyme disease)  
B08 - Branhamella or Moraxella catarrhalis (other species)  
B09 - Campylobacter (all species)  
B11 - Chlamydia  
B12 - Citrobacter (freundii, other species)  
B13 - Clostridium (all species except difficile)  
B14 - Clostridium difficile  
B15 - Corynebacterium (all non-diphtheria species)  
B16 - Coxiella  
B17 - Enterobacter  
B18 - Enterococcus (all species)  
B19 - Escherichia (also E. coli)  
B20 - Flavimonas oryzihabitans  
B21 - Flavobacterium  
B22 - Fusobacterium nucleatum  
B23 - Gram Negative Diplococci (NOS)  
B24 - Gram Negative Rod (NOS)  
B25 - Gram Positive Cocci (NOS)  
B26 - Gram Positive Rod (NOS)  
B27 - Haemophilus (all species including influenzae)  
B28 - Helicobacter pylori  
B29 - Klebsiella  
B30 - Lactobacillus (bulgaricus, acidophilus, other species)  
B31 - Legionella  
B32 - Leptospira  
B33 - Leptotrichia buccalis  
B34 - Leuconostoc (all species)  
B35 - Listeria  
B36 - Methylobacterium  
B37 - Micrococcus (NOS)  
B38 - Mycobacteria (avium, bovis, haemophilum, intercellulare)  
B39 - Mycoplasma  
B40 - Neisseria (gonorrhoea, meningitidis, other species)  
B41 - Nocardia  
B42 - Pharyngeal/Respiratory Flora  
B43 - Propionibacterium (acnes, avidum,

granulorum, other species)  
 B44 - Pseudomonas (all species except cepacia and maltophilia)  
 B45 - Pseudomonas or Burkholderia cepacia  
 B46 - Pseudomonas or Stenotrophomonas or Xanthomonas maltophilia  
 B47 - Rhodococcus  
 B48 - Rickettsia  
 B49 - Salmonella (all species)  
 B50 - Serratia marcescens  
 B51 - Shigella  
 B52 - Staphylococcus (coag -)  
 B53 - Staphylococcus (coag +)  
 B54 - Staphylococcus (NOS)  
 B55 - Stomatococcus mucilaginosus  
 B56 - Streptococcus (all species except Enterococcus)  
 B57 - Treponema (syphilis)  
 B58 - Tuberculosis (NOS, AFB, acid fast bacillus, Koch bacillus)  
 B59 - Typical Tuberculosis (TB, Tuberculosis)  
 B60 - Vibrio (all species)  
 B99 - Other Bacteria  
 V01 - Herpes Simplex (HSV1, HSV2)  
 V02 - Herpes Zoster (Chicken pox, Varicella)  
 V03 - Cytomegalovirus (CMV)  
 V04 - Adenovirus  
 V05 - Enterovirus (Coxsackie, Echo, Polio)  
 V06 - Hepatitis A (HAV)  
 V07 - Hepatitis B (HBV, Australian antigen)  
 V08 - Hepatitis C (includes non-A and non-B, HCV)  
 V09 - HIV-1, HTLV-III  
 V10 - Influenza (Flu)  
 V11 - Measles (Rubeola)  
 V12 - Mumps  
 V13 - Papovavirus  
 V14 - Respiratory Syncytial virus (RSV)  
 V15 - Rubella (German Measles)  
 V16 - Parainfluenza  
 V17 - HHV-6 (Human Herpes Virus)  
 V18 - Epstein-Barr Virus (EBV)  
 V19 - Polyomavirus  
 V20 - Rotavirus  
 V21 - Rhinovirus (Common Cold)  
 V22 - Other Viral  
 P1 - Pneumocystis (PCP)  
 P2 - Toxoplasma  
 P3 - Giardia  
 P4 - Cryptosporidium  
 P5 - Amebiasis  
 P6 - Echinococcal cyst  
 P7 - Trichomonas (either vaginal or gingivitis)  
 P8 - Other Protozoal (Parasite)  
 O1 - Mycobacterium Tuberculosis  
 O2 - Other Mycobacterium  
 O3 - Mycoplasma  
 O4 - Other Organism  
 F01 - Candida Albicans  
 F02 - Candida Krusei  
 F03 - Candida Parasitosis  
 F04 - Candida Tropicalis  
 F05 - Torulopsis Galbrata (a subspecies of Candida)  
 F06 - Candida (NOS)  
 F07 - Aspergillus Flavus  
 F08 - Aspergillus Fumigatus  
 F09 - Aspergillus Niger  
 F10 - Aspergillus (NOS)  
 F11 - Cryptococcus Species  
 F12 - Fusarium Species  
 F13 - Mucormycosis (Zygomycetes, Rhizopus)  
 F14 - Yeast (NOS)  
 F15 - Other Fungus

**1<sup>st</sup> agent:**

amoxicillin / clavulanate (Augmentin)  
 amphotericin b (Abelcet, Amphotec, Fungizone)  
 ampicillin (Omnipen, Polycillin)  
 ampicillin / sulbactam (Unasyn)  
 amprenavir (Agenerase)  
 atovaquone (Mepron)  
 azithromycin (Zithromax, Z-Pack)  
 cefaclor (Ceclor)  
 cefadroxil (Duricef, Ultracef)  
 cefazolin (Ancef, Kefzol)  
 cefdinir (Omnicef)  
 cefepime (Maxipime)  
 cefixime (Suprax)  
 cefoperazone (Cefobid)  
 cefotaxime (Claforan)  
 cefotetan (Cefotan)

cefoxitin (Mefoxin)  
cefepime (Vantin)  
cefprozil (Cefzil)  
ceftazidime (Fortaz, Tazicef)  
ceftriaxone (Rocephin)  
cefuroxime (Ceftin, Kefurox, Zinacef)  
cephalexin (Keflet, Keflex, Keftab)  
chloramphenicol (Chloromycetin)  
cidofovir (Vistide)  
ciprofloxacin (Cipro)  
clarithromycin (Biaxin)  
clindamycin (Cleocin)  
clotrimazole (Mycelex, Lotrimin)  
clotrimazole / betamethasone (Lotrisone)  
co-trimoxazole (Bactrim, Septra, Sulfamethoprim)  
dapsone (DDS)  
dicloxacillin (Dycill, Dynapen, Pathocil)  
didanosine (Videx, ddl)  
doxycycline (Vibramycin)  
efavirenz (Sustiva)  
erythromycin (Ery-Tab, Ilosone, Pediamycin)  
erythromycin ethylsuccinate (Pediazole)  
erythromycin topical (Akne-mycin, Eryderm)  
ethambutol (Mycambutol)  
famciclovir (Famvir)  
fluconazole (Diflucan)  
flucytosine (Ancobon)  
foscarnet (Foscavir)  
ganciclovir (Cytovene)  
gatifloxacin (Tequin)  
gentamicin (Garamycin, Gentacidin)  
grepafloxacin (Raxar)  
hepatitis a vaccine (Havrix, Vaqta)  
hepatitis b vaccine (Recombivax HB, Engerix-B)  
hepatitis c vaccine  
imipenem / cilastatin (Primaxin)  
imiquimod (Aldara)  
indinavir (Crivivan)  
interferon alfacon-1 (Infergen)  
interferon beta-1a (Avonex)  
interferon beta-1b (Betaseron)  
isoniazid (INH, Lanizid, Nydrazid)  
itraconazole (Sporonox)  
ivermectin (Stromectol)  
kanamycin (Kantrex)  
ketoconazole (Nizoral)  
lamivudine (Epi-1, 3TC)  
levofloxacin (Levaquin)  
linezolid (Zyvox)  
lopinavir/ritonavir (Kaletra)  
mefloquine (Lariam)  
meropenem (Merrem I.V.)  
metronidazole (Flagyl, Protostat)  
minocycline (Arestin)  
moxifloxacin hydrochloride (Avelox)  
mupirocin (Bactroban)  
nafcillin (Nallpen, Unipen)  
nelfinavir (Viracept)  
neomycin (Mycifradin, Myciguent)  
neomycin / polymyxin / hydrocortisone (Cortisporin)  
nevirapine (Viramune)  
nitrofurantoin (Macrobid)  
nystatin (Mycostatin)  
oseltamivir (Tamiflu)  
oxacillin (Bactocill)  
palivizumab (Synagis)  
penicillin G (Bicillin)  
penicillin VK (V-Cillin K, Veetids)  
pentamidine (Pentam 300)  
piperacillin (Pipracil)  
piperacillin/tazobactam (Zosyn)  
podofilox (Condylox)  
polymyxin (Ak-Spore H.C., Cortisporin Ophthalmic Suspension)  
PPD skin test (Mantoux Test, Tine Test)  
pyrazinamide (Rifater)  
pyrimethamine (Daraprim)  
quinidine gluconate (Duraquin, Cardioquin)  
quinupristin/dalfopristin (Synercid)  
respiratory syncytial immune globulin (Respigam)  
ribavirin (Virazole)  
rifampin (Rifadin, Rimactane)  
rifampin/isoniazid (Rifamate, Rimactane/INH)  
rifampin/isoniazid/pyrazinamide (Rifater)  
rimantadine (Flumadine)  
ritonavir (Norvir)  
saquinavir mesylate (Fortovase, Invirase)  
stavudine (d4T, Zerit)

streptomycin (Streptomycin sulfate)  
sulfamethoxazole / trimethoprim (Bactrim)  
terbinafine (Lamisil)  
terconazole (Terazol)  
tetracycline (Achromycin)  
ticarcillin / clavulanate (Ticar, Timentin)  
tobramycin (Nebcin, Tobrex, TobraDex)  
trimethoprim / sulfamethoxazole (Bactrim, Septra, Co-trimoxazole)  
valacyclovir (Valtrex)  
valganciclovir (Valcyte)  
vancomycin (Vancocin)  
zidovudine (AZT, Retrovir)  
other

## Blood and Marrow Transplant Clinical Trials Network

### Laboratory Assessment Form - 0601 (LA4)

Web Version: 1.0; 4.00; 10-16-15

Segment (*PROTSEG*):

Visit Number (*VISNO*):

#### Laboratory Assessments

1. Start of Assessment Period: (*LA4APST*)  (mm/dd/yyyy)
2. Target Assessment Date: (*LA4APEND*)  (mm/dd/yyyy)
3. End of Assessment Period: (*LA4APEND*)  (mm/dd/yyyy)

#### CBC

Record the most recent CBC results:

	Most Recent Value	Date of Sample
4. RBC	( <i>LA4RBC</i> ) <input style="width: 40px;" type="text"/> (x.x) million/mm <sup>3</sup>	( <i>LA4RBCDT</i> ) <input style="width: 40px;" type="text"/> (mm/dd/yyyy)
5. RBC	( <i>LA4RBC</i> ) <input style="width: 40px;" type="text"/> (x.x) million/mm <sup>3</sup>	( <i>LA4RBCDT</i> ) <input style="width: 40px;" type="text"/> (mm/dd/yyyy)
6. Hemoglobin	( <i>LA4HGB</i> ) <input style="width: 40px;" type="text"/> (xx.x) g/dL	( <i>LA4HGBDT</i> ) <input style="width: 40px;" type="text"/> (mm/dd/yyyy)
7. Hemoglobin	( <i>LA4HGB</i> ) <input style="width: 40px;" type="text"/> (xx.x) g/dL	( <i>LA4HGBDT</i> ) <input style="width: 40px;" type="text"/> (mm/dd/yyyy)
8. Hematocrit	( <i>LA4HCT</i> ) <input style="width: 40px;" type="text"/> (xx.x) %	( <i>LA4HCTDT</i> ) <input style="width: 40px;" type="text"/> (mm/dd/yyyy)
9. Hematocrit	( <i>LA4HCT</i> ) <input style="width: 40px;" type="text"/> (xx.x) %	( <i>LA4HCTDT</i> ) <input style="width: 40px;" type="text"/> (mm/dd/yyyy)
10. WBC	( <i>LA4WBC</i> ) <input style="width: 40px;" type="text"/> (xxxxxx) /mcL	( <i>LA4WBCDT</i> ) <input style="width: 40px;" type="text"/> (mm/d/yyyy)
11. WBC	( <i>LA4WBC</i> ) <input style="width: 40px;" type="text"/> (xxxxxx) /mcL	( <i>LA4WBCDT</i> ) <input style="width: 40px;" type="text"/> (mm/d/yyyy)
12. Platelet Count	( <i>LA4PLATE</i> ) <input style="width: 40px;" type="text"/> (xxxxxx) /mcL	( <i>LA4PLADT</i> ) <input style="width: 40px;" type="text"/> (mm/d/yyyy)
13. Platelet Count	( <i>LA4PLATE</i> ) <input style="width: 40px;" type="text"/> (xxxxxx) /mcL	( <i>LA4PLADT</i> ) <input style="width: 40px;" type="text"/> (mm/d/yyyy)
14. ANC	( <i>LA4NEUT</i> ) <input style="width: 40px;" type="text"/> (xxxx) /mcL	( <i>LA4NEUDT</i> ) <input style="width: 40px;" type="text"/> (mm/d/yyyy)
15. ANC	( <i>LA4NEUT</i> ) <input style="width: 40px;" type="text"/> (xxxx) /mcL	( <i>LA4NEUDT</i> ) <input style="width: 40px;" type="text"/> (mm/d/yyyy)
16. Lymphocytes	( <i>LA4LYMCY</i> ) <input style="width: 40px;" type="text"/> (xxxxx) /mcL	( <i>LA4LYMDT</i> ) <input style="width: 40px;" type="text"/> (mm/d/yyyy)
17. Lymphocytes	( <i>LA4LYMCY</i> ) <input style="width: 40px;" type="text"/> (xxxxx) /mcL	( <i>LA4LYMDT</i> ) <input style="width: 40px;" type="text"/> (mm/d/yyyy)

#### Chemistry and Liver Function Tests

Record the most recent chemistry and liver function tests' results:

	Most Recent Value	Date of Sample
18. Creatinine	( <i>LA4CREAT</i> ) <input style="width: 40px;" type="text"/> (x.x) mg/dL	( <i>LA4CRTDT</i> ) <input style="width: 40px;" type="text"/> (mm/dd/yyyy)
19. Creatinine	( <i>LA4CREAT</i> ) <input style="width: 40px;" type="text"/> (x.x) mg/dL	( <i>LA4CRTDT</i> ) <input style="width: 40px;" type="text"/> (mm/dd/yyyy)
20. Estimated Creatinine Clearance	( <i>LA4CRCL</i> ) <input style="width: 40px;" type="text"/> (xxx) mg/dL	( <i>LACRCLDT</i> ) <input style="width: 40px;" type="text"/> (mm/dd/yyyy)
21. Estimated Creatinine Clearance	( <i>LA4CRCL</i> ) <input style="width: 40px;" type="text"/> (xxx) mg/dL	( <i>LACRCLDT</i> ) <input style="width: 40px;" type="text"/> (mm/dd/yyyy)
22. Bilirubin	( <i>LA4BILI</i> ) <input style="width: 40px;" type="text"/> (xx.x) mg/dL	( <i>LA4BILD</i> ) <input style="width: 40px;" type="text"/> (mm/dd/yyyy)
23. Bilirubin	( <i>LA4BILI</i> ) <input style="width: 40px;" type="text"/> (xx.x) mg/dL	( <i>LA4BILD</i> ) <input style="width: 40px;" type="text"/> (mm/dd/yyyy)

24. Alkaline Phosphatase	(LA4ALKPH) <input type="text"/> (xxxx) IU/L	(LA4ALKDT) <input type="text"/> (mm/dd/yyyy)
25. Alkaline Phosphatase	(LA4ALKPH) <input type="text"/> (xxxx) IU/L	(LA4ALKDT) <input type="text"/> (mm/dd/yyyy)
26. AST	(LA4BAST) <input type="text"/> (xxxx) IU/L	(LA4ASTDT) <input type="text"/> (mm/dd/yyyy)
27. AST	(LA4BAST) <input type="text"/> (xxxx) IU/L	(LA4ASTDT) <input type="text"/> (mm/dd/yyyy)
28. ALT	(LA4ALT) <input type="text"/> (xxxx) IU/L	(LA4ALTDT) <input type="text"/> (mm/dd/yyyy)
29. ALT	(LA4ALT) <input type="text"/> (xxxx) IU/L	(LA4ALTDT) <input type="text"/> (mm/dd/yyyy)

30. Indicate the patient's Karnofsky / Lansky performance score:(LA4KALAN)

01 - 100 (Normal; No Complaints/Fully Active)  
02 - 90 (Normal Activity/Minor Restriction in Strenuous Play)  
03 - 80 (Normal Activity with Effort/Restricted in Strenuous Play)  
04 - 70 (Unable to Carry On Normal Activity/Less Time Spent in Play)  
05 - 60 (Requires Occasional Assistance/Minimal Active Play)  
\*Additional Options Listed Below

31. Record the serum ferritin level:(LA4FER)

(xxxx) ng/mL

32. Date sample obtained:(LA4FERDT)

(mm/dd/yyyy)

33. Date of the most recent hemoglobin electrophoresis:(LA4ELEDT)

(mm/dd/yyyy)

34. Date of the most recent hemoglobin electrophoresis:(LA4ELEDT)

(mm/dd/yyyy)

Specify the level of each hemoglobin type:

35. Hemoglobin F (LA4HBF)  (xx.x) %

36. Hemoglobin S (LA4HBS)  (xx.x) %

37. Hemoglobin A2 (LA4HBA2)  (xx.x) %

38. Hemoglobin A (LA4HBA)  (xx.x) %

**MRI / MRA**

Record the most recent MRI / MRA results:

39. Was an MRI done on this patient?(LA4MRI)

1 - Yes  2 - No

40. Date MRI performed:(LA4MRIDT)

(mm/dd/yyyy)

41. Date MRI performed:(LA4MRIDT)

(mm/dd/yyyy)

42. Was an MRA done on this patient?(LA4MRA)

1 - Yes  2 - No

43. Date MRA performed:(LA4MRADT)

(mm/dd/yyyy)

44. Date MRA performed:(LA4MRADT)

(mm/dd/yyyy)

Comments:(LA4CMNTS)

## Additional Selection Options for LA4

Indicate the patient's Karnofsky / Lansky performance score:

06 - 50 (Requires Considerable Assistance/No Active Play)

07 - 40 (Disabled/Able to Initiate Quiet Activities)

08 - 30 (Severely Disabled/Needs Assistance for Quiet Play)

09 - 20 (Very Sick/Limited to Very Passive Activity)

10 - 10 (Moribund; Completely Disabled)

## Blood and Marrow Transplant Clinical Trials Network

### Neurocognitive Testing Form (NCT)

Web Version: 1.0; 1.01; 10-16-15

Segment (*PROTSEG*):

Visit Number (*VISNO*):

1. Age of patient at time of neurocognitive testing: (*NCTPTAGE*)

- 2.5 - 3 years
- 3 years
- 4 years
- 5 years
- > or = 6 years

**Wechsler Preschool and Primary Scale of Intelligence, 3rd ed. (WPPSI-III)**

2. Date WPPSI performed: (*NCWPTSDT*)

(mm/dd/yyyy)

	Raw Score	Scaled Score	Composite Score	
3. Receptive Vocabulary	( <i>NCWPRVRS</i> ) <input style="width: 40px;" type="text"/> (xx)	( <i>NCWPRVSC</i> ) <input style="width: 40px;" type="text"/> (xx)		
4. Block Design	( <i>NCWPBDRS</i> ) <input style="width: 40px;" type="text"/> (xx)	( <i>NCWPBDSC</i> ) <input style="width: 40px;" type="text"/> (xx)		
5. Information	( <i>NCWPINRS</i> ) <input style="width: 40px;" type="text"/> (xx)	( <i>NCWPINSC</i> ) <input style="width: 40px;" type="text"/> (xx)		
6. Object Assembly	( <i>NCWPOARS</i> ) <input style="width: 40px;" type="text"/> (xx)	( <i>NCWPOASC</i> ) <input style="width: 40px;" type="text"/> (xx)		
7. Picture Naming	( <i>NCWPPNRS</i> ) <input style="width: 40px;" type="text"/> (xx)	( <i>NCWPPNSC</i> ) <input style="width: 40px;" type="text"/> (xx)		
8. Matrix Reasoning	( <i>NCWPMRRS</i> ) <input style="width: 40px;" type="text"/> (xx)	( <i>NCWPMRSC</i> ) <input style="width: 40px;" type="text"/> (xx)		
9. Vocabulary	( <i>NCWPVORS</i> ) <input style="width: 40px;" type="text"/> (xx)	( <i>NCWPVOSC</i> ) <input style="width: 40px;" type="text"/> (xx)		
10. Picture Concepts	( <i>NCWPPCRS</i> ) <input style="width: 40px;" type="text"/> (xx)	( <i>NCWPPCSC</i> ) <input style="width: 40px;" type="text"/> (xx)		
11. Word Reasoning	( <i>NCWPWRRS</i> ) <input style="width: 40px;" type="text"/> (xx)	( <i>NCWPWRSC</i> ) <input style="width: 40px;" type="text"/> (xx)		
12. Coding	( <i>NCWPCDRS</i> ) <input style="width: 40px;" type="text"/> (xx)	( <i>NCWPCDSC</i> ) <input style="width: 40px;" type="text"/> (xx)		
13. Verbal IQ				( <i>NCWPVIQS</i> ) <input style="width: 40px;" type="text"/> (xxx)
14. Performance IQ				( <i>NCWPPIQS</i> ) <input style="width: 40px;" type="text"/> (xxx)
15. Full Scale IQ			( <i>NCWPFIQS</i> ) <input style="width: 40px;" type="text"/> (xxx)	

**Wechsler Abbreviated Scale of Intelligence (WASI)**

16. Date WASI performed: (*NCWATSDT*)

(mm/dd/yyyy)

	Raw Score	T-Score	Standard Score
17. Vocabulary	( <i>NCWAVORS</i> ) <input style="width: 40px;" type="text"/> (xx)	( <i>NCWAVOTS</i> ) <input style="width: 40px;" type="text"/> (xx)	
18. Block Design	( <i>NCWABDRS</i> ) <input style="width: 40px;" type="text"/> (xx)	( <i>NCWABDTS</i> ) <input style="width: 40px;" type="text"/> (xx)	
19. Similarities	( <i>NCWASMRS</i> ) <input style="width: 40px;" type="text"/> (xx)	( <i>NCWASMTS</i> ) <input style="width: 40px;" type="text"/> (xx)	
20. Matrix Reasoning	( <i>NCWAMRRS</i> ) <input style="width: 40px;" type="text"/> (xx)	( <i>NCWAMRTS</i> ) <input style="width: 40px;" type="text"/> (xx)	
21. Verbal IQ			( <i>NCWAVIQS</i> ) <input style="width: 40px;" type="text"/> (xxx)
22. Performance IQ			( <i>NCWAPIQS</i> ) <input style="width: 40px;" type="text"/> (xxx)



23. Full Scale IQ

(NCWAFIQS)  (xxx)

**Adaptive Behavior Assessment System-II**

24. Date ABAS-II performed: (NCABTSDT)

(mm/dd/yyyy)

	Raw Score	Scaled Score	Composite Score	
25. Communication	(NCABCMRS) <input type="text"/> (xx)	(NCABCMSS) <input type="text"/> (xx)		
26. Community Use	(NCABCURS) <input type="text"/> (xx)	(NCABCUSS) <input type="text"/> (xx)		
27. Functional Pre-Academics	(NCABFPRS) <input type="text"/> (xx)	(NCABFPSS) <input type="text"/> (xx)		
28. Functional Academics	(NCABFARS) <input type="text"/> (xx)	(NCABFASS) <input type="text"/> (xx)		
29. Home Living	(NCABHLRS) <input type="text"/> (xx)	(NCABHLSS) <input type="text"/> (xx)		
30. Health and Safety	(NCABHSRS) <input type="text"/> (xx)	(NCABHSSS) <input type="text"/> (xx)		
31. Leisure	(NCABLSRS) <input type="text"/> (xx)	(NCABLSSS) <input type="text"/> (xx)		
32. Self-Care	(NCABSCRS) <input type="text"/> (xx)	(NCABSCSS) <input type="text"/> (xx)		
33. Self-Direction	(NCABSDRS) <input type="text"/> (xx)	(NCABSDSS) <input type="text"/> (xx)		
34. Social	(NCABSLRS) <input type="text"/> (xx)	(NCABSLSS) <input type="text"/> (xx)		
35. Motor	(NCABMRRS) <input type="text"/> (xx)	(NCABMRSS) <input type="text"/> (xx)		
36. Work	(NCABWKRS) <input type="text"/> (xx)	(NCABWKSS) <input type="text"/> (xx)		
37. GAC				(NCABGACS) <input type="text"/> (xxx)
38. Conceptual				(NCABCPTS) <input type="text"/> (xxx)
39. Social				(NCABSOCS) <input type="text"/> (xxx)
40. Practical				(NCABPRCS) <input type="text"/> (xxx)

**Behavior Rating Inventory of Executive Function (BRIEF)**

41. Date BRIEF performed: (NCBRTSDT)

(mm/dd/yyyy)

	Raw Score	T-Score	Percentile
42. Inhibit	(NCBRINRS) <input type="text"/> (xx)	(NCBRINTS) <input type="text"/> (xx)	(NCBRINPC) <input type="text"/> (xx)
43. Shift	(NCBRSHRS) <input type="text"/> (xx)	(NCBRSHTS) <input type="text"/> (xx)	(NCBRSHPC) <input type="text"/> (xx)
44. Emotional Control	(NCBRECRS) <input type="text"/> (xx)	(NCBRECTS) <input type="text"/> (xx)	(NCBREPCPC) <input type="text"/> (xx)
45. Initiate	(NCBRITRS) <input type="text"/> (xx)	(NCBRITTS) <input type="text"/> (xx)	(NCBRITPC) <input type="text"/> (xx)
46. Working Memory	(NCBRWMRS) <input type="text"/> (xx)	(NCBRWMTS) <input type="text"/> (xx)	(NCBRWMP) <input type="text"/> (xx)
47. Plan/Organize	(NCBRPORS) <input type="text"/> (xx)	(NCBRPOTS) <input type="text"/> (xx)	(NCBRPOPC) <input type="text"/> (xx)
48. Organization of Materials	(NCBROMRS) <input type="text"/> (xx)	(NCBROMTS) <input type="text"/> (xx)	(NCBROMPC) <input type="text"/> (xx)
49. Monitor	(NCBRMNRS) <input type="text"/> (xx)	(NCBRMNTS) <input type="text"/> (xx)	(NCBRMNPC) <input type="text"/> (xx)
50. Negativity	(NCBRNGRS) <input type="text"/> (xx)	(NCBRNGTS) <input type="text"/> (xx)	(NCBRNGPC) <input type="text"/> (xx)
51. Inconsistency	(NCBRICRS) <input type="text"/> (xx)	(NCBRICTS) <input type="text"/> (xx)	(NCBRICPC) <input type="text"/> (xx)
52. Inhibitory Self-Control	(NCBRISRS) <input type="text"/> (xx)	(NCBRISTS) <input type="text"/> (xx)	(NCBRISPC) <input type="text"/> (xx)
53. Flexibility	(NCBRFLRS) <input type="text"/> (xx)	(NCBRFLT) <input type="text"/> (xx)	(NCBRFLPC) <input type="text"/> (xx)

54. Behavioral Regulation	(NCBRBRRS) <input type="text"/> (xx)	(NCBRBRBS) <input type="text"/> (xx)	(NCBRBRPC) <input type="text"/> (xx)
55. Emergent Metacognition	(NCBREMRS) <input type="text"/> (xx)	(NCBREMBS) <input type="text"/> (xx)	(NCBREMPC) <input type="text"/> (xx)
56. Metacognition	(NCBRMCRS) <input type="text"/> (xx)	(NCBRMCTS) <input type="text"/> (xx)	(NCBRMCPC) <input type="text"/> (xx)
57. Global Executive Composite	(NCBRGCRS) <input type="text"/> (xx)	(NCBRGCTS) <input type="text"/> (xx)	(NCBRGCPC) <input type="text"/> (xx)

**Developmental Test of Visual - Motor Integration (VMI)**

58. Date VMI performed:(NCVMTSDT)  (mm/dd/yyyy)

	Raw Score	Standard Score	Percentile
59. VMI test	(NCVMIRS) <input type="text"/> (xx)	(NCVMISS) <input type="text"/> (xx)	(NCVMIPC) <input type="text"/> (xx)

**Conners' Continuous Performance Test (CPT-II)**

60. Date CPT-II performed:(NCCPTSDT)  (mm/dd/yyyy)

	Value	T-Score	Percentile
61. Omissions	(NCCPOMVA) <input type="text"/> (xx)	(NCCPOMTS) <input type="text"/> (xx)	(NCCPOMPC) <input type="text"/> (xx)
62. Commissions	(NCCPCMVA) <input type="text"/> (xx)	(NCCPCMBS) <input type="text"/> (xx)	(NCCPCMPC) <input type="text"/> (xx)
63. Hit Reaction Time	(NCCPHRVA) <input type="text"/> (xx)	(NCCPHRTS) <input type="text"/> (xx)	(NCCPHRPC) <input type="text"/> (xx)
64. HRT Standard Error	(NCCPHSVA) <input type="text"/> (xx)	(NCCPHSTS) <input type="text"/> (xx)	(NCCPHSPC) <input type="text"/> (xx)

**Children's Memory Scale (CMS)**

65. Date CMS performed:(NCCMTSDT)  (mm/dd/yyyy)

Test/Subtest	Raw Score	Scaled Score
<b>Dot Locations</b>		
66. Learning	(NCCMDLRS) <input type="text"/> (xx)	(NCCMDLSS) <input type="text"/> (xx)
67. Total Score	(NCCMDTRS) <input type="text"/> (xx)	(NCCMDTSS) <input type="text"/> (xx)
68. Long Delay	(NCCMDDRS) <input type="text"/> (xx)	(NCCMDDSS) <input type="text"/> (xx)
<b>Stories</b>		
69. Immediate	(NCCMSIRS) <input type="text"/> (xx)	(NCCMSISS) <input type="text"/> (xx)
70. Delayed	(NCCMSDRS) <input type="text"/> (xx)	(NCCMSDSS) <input type="text"/> (xx)
71. Delayed Recognition	(NCCMSRRS) <input type="text"/> (xx)	(NCCMSRSS) <input type="text"/> (xx)
<b>Faces</b>		
72. Immediate	(NCCMFIRS) <input type="text"/> (xx)	(NCCMFISS) <input type="text"/> (xx)
73. Delayed	(NCCMFDRS) <input type="text"/> (xx)	(NCCMFSS) <input type="text"/> (xx)
<b>Word Pairs</b>		
74. Learning	(NCCMWLRS) <input type="text"/> (xx)	(NCCMWLSS) <input type="text"/> (xx)
75. Total Score	(NCCMWTRS) <input type="text"/> (xx)	(NCCMWTS) <input type="text"/> (xx)
76. Long Delay	(NCCMWDRS) <input type="text"/> (xx)	(NCCMWSS) <input type="text"/> (xx)
77. Delayed Recognition	(NCCMWRRS) <input type="text"/> (xx)	(NCCMWSS) <input type="text"/> (xx)
<b>Numbers</b>		
78. Total Score	(NCCMNTRS) <input type="text"/> (xx)	(NCCMNTSS) <input type="text"/> (xx)

Sequences		
79. Total Score	(NCCMSQRS) <input type="text"/> (xx)	(NCCMSQSS) <input type="text"/> (xx)
Index Scores		
80. Visual Immediate	(NCCMVSIR) <input type="text"/> (xxx)	(NCCMVSIS) <input type="text"/> (xxx)
81. Visual Delayed	(NCCMVSDR) <input type="text"/> (xxx)	(NCCMVSDS) <input type="text"/> (xxx)
82. Verbal Immediate	(NCCMVBIR) <input type="text"/> (xxx)	(NCCMVBIS) <input type="text"/> (xxx)
83. Verbal Delayed	(NCCMVBDR) <input type="text"/> (xxx)	(NCCMVBDS) <input type="text"/> (xxx)
84. General Memory	(NCCMGMR) <input type="text"/> (xxx)	(NCCMGMS) <input type="text"/> (xxx)
85. Attention/Concentration	(NCCMACRS) <input type="text"/> (xxx)	(NCCMACSS) <input type="text"/> (xxx)
86. Learning	(NCCMLNRS) <input type="text"/> (xxx)	(NCCMLNSS) <input type="text"/> (xxx)
87. Delayed Recognition	(NCCMDRRS) <input type="text"/> (xxx)	(NCCMDRSS) <input type="text"/> (xxx)

**California Verbal learning Test (CVLT-C)**

88. Date CVLT-C performed:(NCCVTSDT)  (mm/dd/yyyy)

	Scaled Score	T-Score	Percentile
89. List A Total Trials 1-5	(NCCVTTSS) <input type="text"/> (xx)	(NCCVTTTS) <input type="text"/> (xx)	(NCCVTTPC) <input type="text"/> (xx)
90. Semantic Cluster Ratio	(NCCVSCSS) <input type="text"/> (xx)	(NCCVSCTS) <input type="text"/> (xx)	(NCCVSCPC) <input type="text"/> (xx)
91. List A Short Delay Free Recall	(NCCVSDSS) <input type="text"/> (xx)	(NCCVSDTS) <input type="text"/> (xx)	(NCCVSDPC) <input type="text"/> (xx)
92. List A Long Delay Free Recall	(NCCVLDSS) <input type="text"/> (xx)	(NCCVLDTS) <input type="text"/> (xx)	(NCCVLDPC) <input type="text"/> (xx)
93. Discriminability	(NCCVDCSS) <input type="text"/> (xx)	(NCCVDCTS) <input type="text"/> (xx)	(NCCVDCPC) <input type="text"/> (xx)

Comments:(NCTCOMM)

# Blood and Marrow Transplant Clinical Trials Network

## Toxicity Form - 0601 (T11)

Web Version: 1.0; 3.00; 10-16-15

Segment (PROTSEG):

Visit Number (VISNO):

1. Record date of evaluation:(T11EVLDT)

(mm/dd/yyyy)

Record the highest grade of toxicity diagnosed since the previous evaluation. If this is the first evaluation, record the highest toxicity diagnosed since Day 0. The toxicity grades are based on the NCI CTCAE Version 3.0.

### GI Toxicity

2. Mucositis/stomatitis (clinical exam):(T11MCSTS)

0 - Grades 0-2  
3 - Confluent Ulcerations or Pseudomembranes; Bleeding with Minor Trauma  
4 - Tissue Necrosis; Significant Spontaneous Bleeding; LT Consequences  
5 - Death

*Mouth pain or esophageal pain requiring IV hydration/narcotics.*

### Renal Toxicity

3. Did the patient experience renal failure severe enough to warrant dialysis?(T11RENAL)

1 - Yes  2 - No

4. Did the patient receive dialysis?(T11DIALS)

1 - Yes  2 - No

5. Hemorrhagic cystitis:(T11CYSTI)

0 - Grades 0-2  
3 - Transfusion; IV Pain Medications; Bladder Irrigation Indicated  
4 - Catastrophic Bleeding; Major Non-Elective Intervention Indicated  
5 - Death

### Hemorrhagic Toxicity

6. Hemorrhage, CNS:(T11HMCNS)

0 - None  
1 - Asymptomatic, radiographic findings only  
2 - Medical intervention  
3 - Ventriculostomy, ICP monitoring, intraventricular thrombolysis, or operative intervention  
4 - Life-threatening; neurologic deficit or disability  
\*Additional Options Listed Below

7. Hemorrhage:(T11HEMRG)

0 - Grades 0-3  
4 - Catastrophic Bleeding; Requiring Major Non-Elective Intervention  
5 - Death

### Cardiovascular Toxicity

8. Hypertension:(T11HYPER)

0 - None  
1 - Asymptomatic, transient BP increase >ULN; intervention not indicated  
2 - Recurrent or persistent BP>ULN; monotherapy may be indicated  
3 - Requiring more than one drug or more intensive therapy than previously  
4 - Life-threatening consequences (e.g., hypertensive crisis)  
\*Additional Options Listed Below

9. Hypotension:(T11HYPOT)

0 - Grades 0-2  
3 - Sustained (> or = 24 Hours) Therapy, Resolves Without Persisting Physiologic Consequences  
4 - Shock (e.g., Acidemia; Impairment of Vital Organ Function)  
5 - Death

10. Cardiac arrhythmia:(T11CRDAR)

0 - Grades 0-2  
3 - Incompletely Controlled Medically, or Controlled with Device (e.g., Pacemaker)  
4 - Life-Threatening; Disabling (e.g., Arrhythmia Associated with CHF, Syncope, Shock)  
5 - Death

11. Left ventricular systolic dysfunction:(T11LVENT)

0 - Grades 0-2  
3 - Symptomatic CHF Responsive to Intervention  
4 - Refractory CHF or Poorly Controlled; Intervention with Ventricular Assist Device  
5 - Death

**Neurologic Toxicity**

12. CNS cerebrovascular ischemia:(T11CISCH)

0 - Grades 0-1  
2 - Asymptomatic, radiographic findings only  
3 - Transient ischemic event or attack (TIA) < or = 24 hours duration  
4 - Cerebral vascular accident (CVA, stroke), neurologic deficit > 24 hours  
5 - Death

13. Somnolence:(T11SMNLN)

0 - Grades 0-2  
3 - Obtundation or Stupor; Difficult to Arouse; Interfering with ADL  
4 - Coma  
5 - Death

14. Did the patient experience any seizures during this assessment period?(T11SEZR)

1 - Yes  2 - No

15. Record seizure toxicity grade:(T11SZGRD)

2 - One Brief Generalized Seizure; Seizure(s) Well Controlled by Anticonvulsants  
3 - Seizures in Which Consciousness is Altered; Poorly Controlled Seizure Disorder  
4 - Seizures of Any Kind Which are Prolonged, Repetitive or Difficult to Control  
5 - Death

16. Did the patient experience reverse posterior leukoencephalopathy syndrome (RPLS) or posterior reversible encephalopathy syndrome (PRES)? (T11RPLS)

1 - Yes  2 - No

**Coagulation Toxicity**

17. HUS/TTP/thrombotic microangiopathy:(T11DIC)

0 - Grades 0-3  
4 - Laboratory Findings, Life-Threatening or Disabling Consequences  
5 - Death

18. Did the patient experience autoimmune thrombocytopenia during the assessment period? (T11AITHR)

1 - Yes  
2 - No

**Vascular Toxicity**

19. Vascular leak syndrome:(T11VASLK)

0 - Grades 0-3  
4 - Life-Threatening; Pressor Support or Ventilatory Support Indicated  
5 - Death

**Pulmonary Toxicity**

20. Hypoxia (for more than 24 hours):(T11HYPXI)

0 - Grades 0-2  
3 - Decreased Oxygen Saturation at Rest; Continuous Oxygen Indicated  
4 - Life-Threatening; Intubation or Ventilation Indicated  
5 - Death

21. Dyspnea:(T11DYSPN)

0 - Grades 0-2  
3 - Dyspnea with Activities of Daily Living  
4 - Dyspnea at Rest; Intubation or Ventilator Indicated  
5 - Death

22. Pulmonary hypertension:(T11PUHYP)

0 - None  
1 - Asymptomatic without therapy  
2 - Asymptomatic, therapy indicated  
3 - Symptomatic hypertension, responsive to therapy  
4 - Symptomatic hypertension, poorly controlled  
\*Additional Options Listed Below

23. Did the patient experience idiopathic pneumonia syndrome (IPS)?(T11IPS)

1 - Yes  2 - No

24. Did the patient have radiographic evidence of bilateral, multi-lobar infiltrates by chest x-ray or CT scan without evidence of an infection? (T11RADEV)

1 - Yes  2 - No

25. Date of IPS:(T11IPSDT)  (mm/dd/yyyy)

26. Did the patient have evidence for abnormal respiratory physiology based upon a room air oxygen saturation <93%, or the need for supplemental oxygen to maintain an oxygen saturation ≥93%?(T11ABRES)  1 - Yes  2 - No

27. During this assessment period, was an FEV1 performed? (T11FEVDN)  1 - Yes  2 - No

28. Record FEV1 value obtained:(T11FEVVL)  (xxx) % of predicted value

29. During this assessment period, was an FVC performed? (T11FVCDN)  1 - Yes  2 - No

30. Record FVC value obtained:(T11FVCVL)  (xxx) % of predicted value

**Hepatic Toxicity**

31. Did the patient develop abnormal liver function during this assessment period?(T11ABNLF)  1 - Yes  2 - No

**Did the patient develop any of the following clinical signs/symptoms of abnormal liver function during this assessment period?**

32. Jaundice:(T11JANDC)  1 - Yes  2 - No

33. Hepatomegaly:(T11HP TMG)  1 - Yes  2 - No

34. Right upper quadrant pain:(T11QUADP)  1 - Yes  2 - No

35. Weight gain (>5%) from baseline:(T11WGHTG)  1 - Yes  2 - No

36. Other clinical signs/symptoms:(T11OTHAB)  1 - Yes  2 - No

Specify other clinical signs/symptoms:(T11SPEC1)

**Indicate the etiology of the abnormal liver function:**

	Etiology	Biopsy Results	Doppler Ultrasound Results
37. VOD:	(T11VODET) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(T11VODBI) <input type="checkbox"/> 1 - Positive <input type="checkbox"/> 2 - Negative <input type="checkbox"/> 3 - Equivocal <input type="checkbox"/> 4 - Not Done	(T11VODDP) <input type="checkbox"/> 1 - Confirmed <input type="checkbox"/> 2 - Not Confirmed <input type="checkbox"/> 3 - Not Done
38. GVHD:	(T11GVHET) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(T11GVHBI) <input type="checkbox"/> 1 - Positive <input type="checkbox"/> 2 - Negative <input type="checkbox"/> 3 - Equivocal <input type="checkbox"/> 4 - Not Done	(T11GVHDP) <input type="checkbox"/> 1 - Confirmed <input type="checkbox"/> 2 - Not Confirmed <input type="checkbox"/> 3 - Not Done
39. Infection:	(T11INFET) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(T11INFB) <input type="checkbox"/> 1 - Positive <input type="checkbox"/> 2 - Negative <input type="checkbox"/> 3 - Equivocal <input type="checkbox"/> 4 - Not Done	(T11INFDP) <input type="checkbox"/> 1 - Confirmed <input type="checkbox"/> 2 - Not Confirmed <input type="checkbox"/> 3 - Not Done
40. Other:	(T11OTHET) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(T11OTHBI) <input type="checkbox"/> 1 - Positive <input type="checkbox"/> 2 - Negative <input type="checkbox"/> 3 - Equivocal <input type="checkbox"/> 4 - Not Done	(T11OTHDP) <input type="checkbox"/> 1 - Confirmed <input type="checkbox"/> 2 - Not Confirmed <input type="checkbox"/> 3 - Not Done
41. Unknown:	(T11UNKET) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(T11UNKBI) <input type="checkbox"/> 1 - Positive <input type="checkbox"/> 2 - Negative <input type="checkbox"/> 3 - Equivocal <input type="checkbox"/> 4 - Not Done	(T11UNKDP) <input type="checkbox"/> 1 - Confirmed <input type="checkbox"/> 2 - Not Confirmed <input type="checkbox"/> 3 - Not Done

Specify other etiology:(T11SPEC2)

**Blood/ Bone Marrow Toxicity**

42. Thrombocytopenia:(T11THRGR)

0 - Above LLN  
 1 - < LLN - 75,000/mm<sup>3</sup> or < LLN - 75.0 x 10<sup>9</sup>/L  
 2 - <75,000 - 50,000/mm<sup>3</sup> or <75.0 - 50.0 x 10<sup>9</sup>/L  
 3 - <50,000 - 25,000/mm<sup>3</sup> or <50.0 - 25.0 x 10<sup>9</sup>/L  
 4 - <25,000/mm<sup>3</sup> or <25.0 x 10<sup>9</sup>/L  
 \*Additional Options Listed Below

Indicate the etiology of the thrombocytopenia:

	<input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
44. Autoimmune thrombocytopenia after hematopoietic reconstitution	(T11THRAI) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Thrombocytopenia secondary to GVHD	(T11THRGH) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
46. Thrombocytopenia secondary to drugs (antivirals, etc) or due to viral reactivation	(T11THRDR) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Transient thrombocytopenia during the process of graft rejection	(T11THRTG) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
48. Other etiology	(T11THROT) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Specify other etiology: (T11THRSP)

49. Record the most recent platelet count: (T11PLATE)

(xxxxxxx) /mcl.

Date of sample: (T11PLADT)

(mm/dd/yyyy)

50. Is the patient currently being transfused? (T11TRANS)

1 - Yes

2 - No

51. Record the number of transfusions the patient has received during the assessment period (T11TRANM)

 (xx)

Comments: (T11COMM)

## **Additional Selection Options for T11**

**Hemorrhage, CNS:**

5 - Death

**Hypertension:**

5 - Death

**Pulmonary hypertension:**

5 - Death

**Thrombocytopenia:**

5 - Death



Blood and Marrow Transplant Clinical  
Trials Network

Transplant Form (TXP)

Web Version: 1.0; 16.00; 06-22-16

Segment (PROTSEG):

Visit Number (VISNO):

1. Record date of initiation of conditioning regimen:(CONDNGDT)

(mm/dd/yyyy)

2. Record date of hematopoietic stem cell infusion:(TXDTTXP)

(mm/dd/yyyy)

3. Record patient weight on day of transplant:(PTWGTTB)

(xxx.x) kg

4. Record the total nucleated cell (TNC) dose of the infused product:(TNCDOSE)

(xx.x) Units:(TNCUNITS)

1 - x 10<sup>7</sup> TNC/kg  
2 - x 10<sup>8</sup> TNC/kg

5. Record the CD34<sup>+</sup> count of the infused product:(CDCELLS)

(xxx.x) Units:(CDUNIT)

1 - x 10<sup>6</sup> CD34+ Cells  
2 - x 10<sup>6</sup> CD34+ Cells/Kg

6. Record the patient's pre-transplant CMV antibody (IgG) status:(CMVSTAT)

1 - Positive  2 - Negative

7. IUBMID for this patient (if available):(T\_IUBMID)

Comments:(COMMTXP1)

**Blood and Marrow Transplant Clinical  
Trials Network**

**Vasculopathy/Atrophy Assessment (VA1)**

Web Version: 1.0; 2.00; 10-16-15

Segment (PROTSEG):

Visit Number (VISNO):

Exam Date:(VA1EXMDT)

(mm/dd/yyyy)

**Vasculopathy Assessment**

1. Indicate if the quality of the MRA is sufficient for determination of the presence of cerebral vasculopathy:(VMRAQLTY)  1 - Yes  2 - No

2. Based on the results of the MRA, indicate if the patient has cerebral vasculopathy:(VA1RSLT)

1- Yes  
2- No  
3- Indeterminate

*If no, be sure to compare with baseline assessment.*

3. Indicate if the cerebral vasculopathy has progressed:(VA1PRGS)

1- Yes  
2- No  
3- Indeterminate

4. Indicate if the cerebral vasculopathy has improved:(VA1IMPRV)

1- Yes  
2- No  
3- Indeterminate

**Atrophy Assessment**

5. Indicate if there is global atrophy:(VA1ATRPY)

1- Yes  
2- No  
3- Indeterminate

6. Indicate if there is new global atrophy:(VA1ATNEW)

1- Yes  
2- No  
3- Indeterminate

7. Indicate if there is progressive global atrophy:(VA1ATPRG)

1- Yes  
2- No  
3- Indeterminate

Comments:(VA1COMM)

## Blood and Marrow Transplant Clinical Trials Network

### Vasculopathy MRA Results (VAS)

Web Version: 1.0; 2.01; 10-16-15

Segment (PROTSEG):

Visit Number (VISNO):

Based on the results of the MRA, indicate which portions of the circle of Willis exhibit cerebral vasculopathy:

Side of Brain	Left (Day -30 Baseline)	Left (Day 0730 Exit)	Left Assessment	Right (Day-30 Baseline)	Right (Day 0730 Exit)	Right Assessment
1. ICA	(ICALFTB) 1 - Yes 2 - No			(ICARGTB) 1 - Yes 2 - No		
2. ICA	(ICALFTB) 1 - Yes 2 - No	(ICALFTE) 1 - Yes 2 - No	(ICALTASE) 1- Stable 2- Progression 3- Improved	(ICARGTB) 1 - Yes 2 - No	(ICARGTE) 1 - Yes 2 - No	(ICARTASE) 1- Stable 2- Progression 3- Improved
3. A1	(A1LFTB) 1 - Yes 2 - No			(A1RGTB) 1 - Yes 2 - No		
4. A1	(A1LFTB) 1 - Yes 2 - No	(A1LFTE) 1 - Yes 2 - No	(A1LFTASE) 1- Stable 2- Progression 3- Improved	(A1RGTB) 1 - Yes 2 - No	(A1RGTE) 1 - Yes 2 - No	(A1RG TASE) 1- Stable 2- Progression 3- Improved
5. M1	(M1LFTB) 1 - Yes 2 - No			(M1RGTB) 1 - Yes 2 - No		
6. M1	(M1LFTB) 1 - Yes 2 - No	(M1LFTE) 1 - Yes 2 - No	(M1LFTASE) 1- Stable 2- Progression 3- Improved	(M1RGTB) 1 - Yes 2 - No	(M1RGTE) 1 - Yes 2 - No	(M1RG TASE) 1- Stable 2- Progression 3- Improved
7. P1	(P1LFTB) 1 - Yes 2 - No			(P1RGTB) 1 - Yes 2 - No		
8. P1	(P1LFTB) 1 - Yes 2 - No	(P1LFTE) 1 - Yes 2 - No	(P1LFTASE) 1- Stable 2- Progression 3- Improved	(P1RGTB) 1 - Yes 2 - No	(P1RGTE) 1 - Yes 2 - No	(P1RG TASE) 1- Stable 2- Progression 3- Improved

Comments: (VASCOMM)