D:A:D

Event Checking Chart
Cases of Stroke

Name of centre and cohort _____

Patient ID code:_____ Gender:_____

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

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

2. Was the stroke diagnosed by (tick all applicable):
   |__| clinical presentation, findings:_____

   Focal |__| Global |__|

   Duration of symptoms (> 24 hours?): _____

   |__| CT-scanning of cerebrum, findings:_____

   |__| MR-scanning of cerebrum, findings:_____

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

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

   evidence of space-occupying lesions? Yes |__| No |__| Unknown |__|
   evidence of CNS-infection? Yes |__| No |__| Unknown |__|

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

if yes, please indicate which
condition:_____

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

_____

|__| All available information regarding this event has been collected,

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

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

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