

Follow Up Form

Cervical Artery Dissection in Stroke Study

Centre name

Investigator

Patient identification number Patient's initials.....

Follow up (since randomisation/entry) 3month

Date of follow up (dd/mm/yy) / /

<u>Events since last follow up</u>	<u>Y</u>	<u>N</u>	<u>Date of onset if Yes</u>
Right carotid amaurosis fugax (symptoms<24hrs)	<input type="checkbox"/>	<input type="checkbox"/>	(dd / mm / yy)
Left carotid amaurosis fugax (symptoms <24hrs)	<input type="checkbox"/>	<input type="checkbox"/>	(dd / mm / yy)
Left retinal infarction (symptoms>24hrs)	<input type="checkbox"/>	<input type="checkbox"/>	(dd / mm / yy)
Right retinal infarction (symptoms>24hrs)	<input type="checkbox"/>	<input type="checkbox"/>	(dd / mm / yy)
Left carotid TIA (symptoms<24hrs)	<input type="checkbox"/>	<input type="checkbox"/>	(dd / mm / yy)
Right carotid TIA (symptoms<24hrs)	<input type="checkbox"/>	<input type="checkbox"/>	(dd / mm / yy)
Left carotid ischemic stroke (symptoms>24hrs)	<input type="checkbox"/>	<input type="checkbox"/>	(dd / mm / yy)
Right carotid ischemic stroke (symptoms>24hrs)	<input type="checkbox"/>	<input type="checkbox"/>	(dd / mm / yy)
Vertebrobasilar ischemic stroke (symptoms>24hrs)	<input type="checkbox"/>	<input type="checkbox"/>	(dd / mm / yy)
Vertebrobasilar TIA (symptoms<24hrs)	<input type="checkbox"/>	<input type="checkbox"/>	(dd / mm / yy)

<u>Interventions since last visit</u> (Please include report)	<u>Y</u>	<u>N</u>	<u>Date performed</u>
Left carotid angioplasty/stenting	<input type="checkbox"/>	<input type="checkbox"/>	(dd / mm / yy)
Right carotid angioplasty/stenting	<input type="checkbox"/>	<input type="checkbox"/>	(dd / mm / yy)
Left vertebral angioplasty/stenting	<input type="checkbox"/>	<input type="checkbox"/>	(dd / mm / yy)
Right vertebral angioplasty/stenting	<input type="checkbox"/>	<input type="checkbox"/>	(dd / mm / yy)
Surgery for dissection	<input type="checkbox"/>	<input type="checkbox"/>	(dd / mm / yy)

<u>Imaging</u> (Please include report with this form)	<u>Y</u>	<u>N</u>
Carotid Doppler	<input type="checkbox"/>	<input type="checkbox"/>
CT	<input type="checkbox"/>	<input type="checkbox"/>
MRI	<input type="checkbox"/>	<input type="checkbox"/>
Angiography MRA	<input type="checkbox"/>	<input type="checkbox"/>
CTA	<input type="checkbox"/>	<input type="checkbox"/>
DSA	<input type="checkbox"/>	<input type="checkbox"/>

Modified Rankin on day of follow up

- 0 Asymptomatic.
- 1 Non-disabling symptoms which do not interfere with daily lifestyle.
- 2 Minor disability-symptoms which lead to some restriction in lifestyle but do not interfere with the patient's capacity to look after themselves.
- 3 Moderate disability –symptoms which significantly interfere with lifestyle or prevent totally independent existence, but able to walk without assistance.
- 4 Moderately severe disability –symptoms which prevent independent existence unable to walk without assistance but do not need constant attention day and night.
- 5 Severely disabled –totally dependant requiring constant attention day and night.
- 6 Dead.

Medication at time of follow up

	Y	N	If Yes, please specify drug and dose
(1)Antiplatelet	<input type="checkbox"/>	<input type="checkbox"/>
(2)Anticoagulant	<input type="checkbox"/>	<input type="checkbox"/>
(3)Antihypertensive agent	<input type="checkbox"/>	<input type="checkbox"/>
(4)Hypoglycemic agent	<input type="checkbox"/>	<input type="checkbox"/>
(5)Cholesterol lowering drug	<input type="checkbox"/>	<input type="checkbox"/>

Next follow up appointment arranged? Yes No

Date (dd/mm/yy) / /

Sign **Date (dd/mm/yy)**

Form completed by (Print)

***Please fax or send to CADISS central office:** Centre for Clinical Neuroscience, St George's, University of London, Cranmer Terrace, London, SW17 0RE Fax: 020 8725 2950