

CRASH-2 Intracranial Bleeding Substudy
INVESTIGATOR CT SCAN FORM



A. Section to be completed after the initial CT Scan

1. Hospital ID					
2. Patient initials		3. Patient hospital identification number		4. Box Pack	
5. CT scan compatible with head injury <i>(circle the correct answer)</i>		6. Time and date of injury		7. Time and date of initial CT scan	
Yes No		Time _____ : _____ (24 hours) Date ____/____/____ (dd/mm/yy)		Time _____ : _____ (24 hours) Date ____/____/____ (dd/mm/yy)	
8a. Haematoma evacuation decided based on initial CT results? <i>(circle the correct answer)</i>			8b. If yes, type of haematoma evacuated: <i>(tick all that apply)</i>		
Yes No			<input type="checkbox"/> Parenchymal <input type="checkbox"/> Epidural <input type="checkbox"/> Subdural		
9. CT scan Identifier: <small>(OFFICE USE ONLY)</small>		10. CT scan parameters			
		Section thickness:			
		Section spacing:			
		Matrix:			
		Field of view:			
		Scan angulations :			
11. Name of the person completing the form					12. Date

B. Section to be completed after the follow-up CT Scan

13. Patient initials		14. Patient hospital identification number		15. Box Pack	
16. Time and date of follow-up CT scan					
Time _____ : _____ (24 hours)					
Date ____/____/____ (dd/mm/yy)					
17a. Haematoma evacuation decided based on follow-up CT results? <i>(circle the correct answer)</i>			17b. If yes, type of haematoma evacuated: <i>(tick all that apply)</i>		
Yes No			<input type="checkbox"/> Parenchymal <input type="checkbox"/> Epidural <input type="checkbox"/> Subdural		
18. CT scan identifier: <small>(OFFICE USE ONLY)</small>		19. CT scan parameters			
		Section thickness:			
		Section spacing:			
		Matrix:			
		Field of view:			
		Scan angulations:			
20. Name of the person completing the form					21. Date