

CRASH-2 Intracranial Bleeding Substudy

Radiologist CT Scan Form

Fill in the information and circle where appropriate, please do not leave blanks.

1. a. first reader
b. second reader

2. CT Identifier		3.	a.Box				4. Time and date of CT scan
			b.Pack				

Section to be completed after the initial CT Scan

5. CT characteristics

Overall appearance of the CT Scan <i>(circle one option on each line)</i>		
a. Normal	YES	NO
b. Mild Focal Injury	YES	NO
c. Medium Focal Injury	YES	NO
d. Mild/Moderate diffuse injury	YES	NO
e. Massive focal (\pm diffuse)	YES	NO
f. Massive diffuse (\pm focal)	YES	NO

6. Haemorrhagic findings

a. Is there any intracranial haemorrhage? <i>(circle one option on each line)</i>	YES	NO	<i>If NO go to Question 7</i>
Please classify type of haemorrhage: (List location and volume of each individual bleed in notes fields)	<i>If YES</i>		
b. Parenchymal haematoma	YES	NO	bi. <i>total volume in ml</i>
bii. Notes			Codes: L=Left R=Right, T=temporal, F=frontal, P=parietal, O=occipital, BG=basal ganglia, B=brainstem
c. Subdural haematoma	YES	NO	ci. <i>total volume in ml</i>
cii. Notes			Codes: L=Left R=Right, T=temporal, F=frontal, P=parietal, O=occipital, BG=basal ganglia, B=brainstem <i>Also specify if there is tentorial subdural haematoma (TSH)</i>
d. Epidural haematoma	YES	NO	di. <i>total volume in ml</i>
dii. Notes			Codes: L=Left R=Right, T=temporal, F=frontal, P=parietal, O=occipital, BG=basal ganglia, B=brainstem
e. Subarachnoid haemorrhage	YES	NO	ei. <i>score</i>
eii. Notes			Codes: L=Left R=Right, T=temporal, F=frontal, P=parietal,

				O=occipital Also specify if there is convexity subarachnoid haemorrhage (CSH)
f. Intraventricular haemorrhage	YES	NO	fi. <i>score</i>	
g. Haemorrhagic contusions	YES	NO	gi. <i>total volume in ml</i>	
gii. Notes				Codes: L=Left R=Right, T=temporal, F=frontal, P=parietal, O=occipital, BG=basal ganglia, B=brainstem
h. Petechial haemorrhages	YES	NO		

7. Non-haemorrhagic findings (*circle one option on each line*)

a. Is there any sign of acute focal ischaemic lesion?	YES	NO		
b. Are there any non-haemorrhagic contusions?	YES	NO	bi. <i>total volume in ml</i>	

8. Mass effect findings (*circle one option on each line*)

Please specify if any of the following mass effect signs are present:				
a. Sulcal effacement	YES	NO		
b. Ventricular effacement	YES	NO		
c. Uncal herniation	YES	NO		
d. Cisterns compressed	YES	NO		
e. Cisterns absent	YES	NO		
f. Midline shift	YES	NO	fi. <i>approximate shift in mm</i>	
If yes to any of the above, is the mass effect caused by:				
g. Haemorrhage	YES	NO		
h. Oedema	YES	NO		
i. Both	YES	NO		

9. Details of reading

a. Name of the person completing the form		b. Date of reading	____/____/____ (dd/mm/yyyy)
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CRASH-2 Intracranial Bleeding Substudy

RADIOLOGIST CT SCAN FORM

Fill in the information and circle where appropriate, please do not leave blanks.

1. a. first readerb. second reader

2. CT Identifier	3.	a.Box				4. Time and date of CT scan a.Time ____:____ (24 hours) b.Date ____/____/____ (dd/mm/yy)
		b.Pack				

Section to be completed after the follow-up CT Scan

5. CT characteristics

a. Follow-up CT scan parameters comparable with the initial CT scan	YES	NO
Overall appearance of the CT Scan (circle one option on each line)		
b. Normal	YES	NO
c. Mild Focal Injury	YES	NO
d. Medium Focal Injury	YES	NO
e. Mild/Moderate diffuse injury	YES	NO
f. Massive focal (\pm diffuse)	YES	NO
g. Massive diffuse (\pm focal)	YES	NO

6. Haemorrhagic findings

a. Is there any intracranial haemorrhage? (circle one option on each line)	YES	NO	<i>If NO go to Question 7</i>	
Please classify type of haemorrhage: (List location and volume of each individual bleed in notes fields)		<i>If YES</i>		
b. Parenchymal haematoma	YES	NO	bi. total volume in ml	
bii. Notes			Codes: L=Left R=Right, T=temporal, F=frontal, P=parietal, O=occipital, BG=basal ganglia, B=brainstem	
c. Subdural haematoma	YES	NO	ci. total volume in ml	
ciii. Notes			Codes: L=Left R=Right, T=temporal, F=frontal, P=parietal, O=occipital, BG=basal ganglia, B=brainstem <i>Also specify if there is tentorial subdural haematoma (TSH)</i>	
d. Epidural haematoma	YES	NO	di. total volume in ml	
dii. Notes			Codes: L=Left R=Right, T=temporal, F=frontal, P=parietal, O=occipital, BG=basal ganglia, B=brainstem	

e. Subarachnoid haemorrhage	YES	NO	ei. <i>score</i>	
eii. Notes				Codes: L=Left R=Right, T=temporal, F=frontal, P=parietal, O=occipital <i>Also specify if there is convexity subarachnoid haemorrhage (CSH)</i>
f. Intraventricular haemorrhage	YES	NO	fi. <i>score</i>	
g. Haemorrhagic contusions	YES	NO	gi. <i>total volume in ml</i>	
gii. Notes				Codes: L=Left R=Right, T=temporal, F=frontal, P=parietal, O=occipital, BG=basal ganglia, B=brainstem
h. Petechial haemorrhages	YES	NO		
Compared to the first CT scan, are there any new areas of haemorrhage?				YES NO
If yes please describe:				

7. Non-haemorrhagic findings (circle one option on each line)

a. Is there any new acute focal ischaemic lesion not present in the first CT scan	YES	NO	
b. Are there any non-haemorrhagic contusions?	YES	NO	bi. <i>total volume in ml</i>

8. Mass effect findings (circle one option on each line)

Please specify if any of the following mass effect signs are present:				
a. Sulcal effacement	YES	NO		
b. Ventricular effacement	YES	NO		
c. Uncal herniation	YES	NO		
d. Cisterns compressed	YES	NO		
e. Cisterns absent	YES	NO		
f. Midline shift	YES	NO		
If yes to any of the above, is the mass effect caused by:				
g. Haemorrhage	YES	NO		
h. Oedema	YES	NO		
i. Both	YES	NO		

9. Details of reading

a. Name of the person completing the form		b. Date of reading	____/____/____ (dd/mm/yyyy)
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