1 Form Number 30-32

2 Version Number 33

SHEP CT SCAN CODING FORM

40 518 Seq. #

1. SHEP ID: 22 23 - 24 25 26 27 - 28 29 (3) (4) (5) 2. Acrostic: 41 42 43 44 45 46 (6)

3. Date this form initiated: 36 37 (Month) 38 39 (Day) 34 35 (Year) (7)

4. a. Date of CT scan: 47 48 (Month) 49 50 (Day) 51 52 (Year) (8)

   b. Source of CT scan: 1 ☐ Available with participant's medical record
   2 ☐ SHEP (9) 53

5. Date of Final Report (SH21 or SH23, Item 3) to which this CT scan applies: 54 55 (Month) 56 57 (Day) 58 59 (Year) (10)

Clinic: Keep goldenrod copy of this page only. (12)

---

6. Date Coordinating Center sends to CT Scan Reading Center: 66 67 (Month) 68 69 (Day) 70 71 (Year)

---

7. Date of coding at CT Scan Reading Center: 74 75 (Month) 76 77 (Day) 78 79 (Year) (14)

8. Technical adequacy of this study: 1 ☐ Adequate
   2 ☐ Inadequate
   3 ☐ Unknown (16) 81

9. Is CT scan normal? (17) 1 ☐ Normal
   2 ☐ Abnormal 82

   STOP

10. Number of lesions related to this event: 83 (18)

    If none, skip to Item 25.

DESCRIPTION OF LESIONS:	1	2	3	4	5	6
11. Side:	84	85	86	87	88	89
Codes: 1 Mid, 2 Left, 3 Right, 4 Both	(19)	(20)	(21)	(22)	(23)	(24)

12. Pathology (circle all applicable): Note: A maxium of 4 items will be entered.

	1	2	3	4	5	6
No longer seen	01 (25) 90-91	01 (29) 98-99	01 (33) 106-107	01 (37) 114-115	01 (41) 122-123	01 (45) 130-131
Superficial infarct	02	02	02	02	02	02
Deep, small infarct	03 (26) 92-93	03	03	03	03	03
Deep, large infarct	04	04 (30) 100-101	04 (34) 108-109	04 (38) 116-117	04 (42) 124-125	04 (46) 132-133
Super and deep infarct	05 (27) 94-95	05	05	05	05	05
Intracerebral hemorrhage (ICH)	06 (28) 96-97	06 (31) 102-103	06 (35) 110-111	06 (39) 118-119	06 (43) 126-127	06 (47) 134-135
Subarachnoid hemorrhage (SAH)	07	07 (32) 104-105	07 (36) 112-113	07 (40) 120-121	07 (44) 128-129	07 (48) 136-137
AVM	08	08	08	08	08	08
Aneurysm	09	09	09	09	09	09
Other	10	10	10	10	10	10

DESCRIPTION OF LESIONS: (Continued)

13. Anatomy (circle all applicable): Note: As many as five of each category will be entered.

	1	2	3	4	5	6
Frontal lobe	01	01	01	01	01	01
Parietal lobe	02	02	02	02	02	02
Temporal lobe	03	03	03	03	03	03
	49 138-139	54 148-149	59 158-159	64 168-169	69 178-179	74 188-189
Occipital lobe	04	04	04	04	04	04
Operculum	05	05	05	05	05	05
Insula	06	06	06	06	06	06
	50 140-141	55 150-151	60 160-161	65 170-171	70 180-181	75 190-191
Caudate	07	07	07	07	07	07
Putamen	08	08	08	08	08	08
Thalamus	09	09	09	09	09	09
	51 142-143	56 152-153	61 162-163	66 172-173	71 182-183	76 192-193
Anterior capsule	10	10	10	10	10	10
Genu	11	11	11	11	11	11
Posterior capsule	12	12	12	12	12	12
	52 144-145	57 154-155	62 164-165	67 174-175	72 184-185	77 194-195
Corona radiata	13	13	13	13	13	13
Centrum semiovale	14	14	14	14	14	14
Corpus callosum	15	15	15	15	15	15
	53 146-147	58 156-157	63 166-167	68 176-177	73 186-187	78 196-197
Midbrain	16	16	16	16	16	16
Pons	17	17	17	17	17	17
Medulla	18	18	18	18	18	18
Cerebellum	19	19	19	19	19	19
Ventricular space	20	20	20	20	20	20
Subarachnoid space	21	21	21	21	21	21
Subdural space	22	22	22	22	22	22
Epidural space	23	23	23	23	23	23

14. Volume in cc's: 170 [331][332] 171 [333][334] 172 [335][336] 173 [337][338] 174 [339][340] 175 [341][342]

15. Diameter in mm's: [343][344][345] 176 [346][347][348] 177 [349][350][351] 178 [352][353][354] 179 [355][356][357] 180 [358][359][360] 181

Explanation of Codes for Items 16-23:

Density (16):

1 Low
2 High
3 Both

Size change (18):

0 None
1 Initial
2 Smaller
3 Larger
4 Not applicable

Enhancement, type (22):

1 Gyral/deep
2 Ring
3 Other

Size scale (17):

0 Absent
1 <1 cm
2 <½ lobe
3 <1 lobe
4 >1 lobe

Edema/Mass/Enhancement (19-21):

0 Absent
1 Mild
2 Moderate
3 Marked
4 Not applicable

Relevance (23):

0 Asymptomatic
1 Symptomatic, unrelated
2 Symptomatic, related

	1	2	3	4	5	6
16. Density	103 252	104 253	105 254	106 255	107 256	108 257
17. Size, scale	109 258	110 259	111 260	112 261	113 262	114 263
18. Size, change	115 264	116 265	117 266	118 267	119 268	120 269
19. Edema	121 270	122 271	123 272	124 273	125 274	126 275
20. Mass effect	127 276	128 277	129 278	130 279	131 280	132 281
21. Enhancement	133 282	134 283	135 284	136 285	137 286	138 287
22. Enhancement, type	139 288	140 289	141 290	142 291	143 292	144 293
23. Clin relevance	145 294	146 295	147 296	148 297	149 298	150 299

SKIP ITEM 24 IF PATHOLOGY (ITEM 12) DOES NOT INCLUDE INFARCT OR HEMORRHAGE.

Explanation of codes for Item 24:

For SAH:

0 None
1 Diffuse and less than 1 mm
2 Localized clot or greater than 1 mm
3 Clots

For ICH:

0 None
1 Intraventricular extension
2 Cisternal
3 Both

For infarcts:

0 Absent
1 Mild
2 Moderate
3 Marked
4 Not applicable

	1	2	3	4	5	6
24. Hemorrhage:	151 300	152 301	153 302	154 303	155 304	156 305

CT SCAN ABNORMALITIES

25. Cortical atrophy? (157) 306
1 ☐ None
2 ☐ Minimal
3 ☐ Moderate
4 ☐ Marked
5 ☐ Unknown

26. Hydrocephalus? (158) 307
1 ☐ None
2 ☐ Minimal
3 ☐ Moderate
4 ☐ Marked
5 ☐ Unknown

27. a. If SAH, were coronal views done? (182) 351
1 ☐ Yes
2 ☐ No → STOP
3 ☐ Unknown → STOP

b. Results: (183) 362
1 ☐ No blood detected
2 ☐ Diffuse deposition but less than 1 mm thick
3 ☐ Localized clots and/or intraventricular clot
4 ☐ Intracerebral or intraventricular clot only
5 ☐ Unknown

---

313 (164) RECORD TYPE

314-319 (165) DATE RECEIVED

320-322 (166) UPDATE NUMBER

323-328 (167) DATE LAST PROCESSED

329 (168) PAPER COPY

330 (169) CROSS FORM EDIT STATUS CODE

3-8 (514) BATCH DATE

11-16 (515) DATE MODIFIED

17-20 (516) TIME MODIFIED

21 (517) EDIT STATUS CODE

30-32 (1) Form Number
33 (2) Version Number
40 (518) Seq. #

SHEP CT SCAN CODING FORM FOR STROKE

1. SHEP ID: (3) 22-23 [ ] - (4) 24-27 [ ] - (5) 28-29 [ ]

2. Acrostic: (6) 41-46 [ ]

3. Date this form initiated: (7) 34-39 [ ] Month [ ] Day [ ] Year

4. a. Date of CT scan: (8) 47-52 [ ] Month [ ] Day [ ] Year

   b. Source of CT scan: Available with participant's medical record (9) 53 ☐ 1
   SHEP ☐ 2

5. a. Date of Final Report (SH21 or SH23, Item 3) to which this CT scan applies: (10) 54-59 [ ] Month [ ] Day [ ] Year

   b. Date of onset of event/date of death: (11) 60-65 [ ] Month [ ] Day [ ] Year

Clinic: Keep goldenrod copy of this page only.

---

6. a. Date Coordinating Center sends to CT Scan Reading Center: (12) 66-71 [ ] Month [ ] Day [ ] Year

   b. Coder number: (13) 72-73 [ ]

---

7. Date of coding: 74-79 (14) [ ] Month [ ] Day [ ] Year

8. a. This is a: 80 (15)
   CT Scan ☐ 1
   MRI ☐ 2
   Other (specify _____) ☐ 3

   b. Technical adequacy of this study: (16) 81
   Adequate ☐ 1
   Inadequate ☐ 2
   Unknown ☐ 3

9. Is CT scan normal? (17) 82
   Normal ☐ 1 → STOP
   Abnormal ☐ 2

10. Number of lesions related to this event: (18) 83 [ ] → If none, skip to Item 27.

DESCRIPTION OF LESIONS: Put the most important lesion in Column 1, next in Column 2, etc.

	1	2	3	4	5	6
11. Side:	19	20	21	22	23	24

Codes:
1 Mid
2 Left
3 Right
4 Both

fields 19-24 in columns 84-89

12. Pathology (circle all applicable): CC Personnel Note: As many as 4 in each category will be entered.

	1	2	3	4	5	6
No longer seen	25 01	29 01	33 01	37 01	41 01	45 01
Superficial infarct	02	02	02	02	02	02
Deep, small infarct (<2 cm)	03	03	03	03	03	03
Deep, large infarct	26 04	30 04	34 04	38 04	42 04	46 04
Super and deep infarct	05	05	05	05	05	05
Intracerebral hemorrhage (ICH)	27 06	06	06	06	06	06
Subarachnoid hemorrhage (SAH)	28 07	31 07	35 07	39 07	43 07	47 07
AVM	08	08	08	08	08	08
Aneurysm	09	32 09	36 09	40 09	44 09	48 09
Other (specify_____)	10	10	10	10	10	10

field#	column
25-28	90-97
29-32	98-105
33-36	106-113
37-40	114-121
41-44	122-129
45-48	130-137

13. Anatomy (circle all applicable): CC Personnel Note: As many as 5 in each category will be entered.

	1	2	3	4	5	6
Frontal lobe	01	01	01	01	01	01
Parietal lobe	49 02	54 02	59 02	64 02	69 02	74 02
Temporal lobe	03	03	03	03	03	03
Occipital lobe	04	04	04	04	04	04
Operculum	50 05	55 05	60 05	65 05	70 05	75 05
Insula	06	06	06	06	06	06
Caudate	07	07	61 07	07	71 07	07
Putamen	51 08	56 08	08	66 08	08	76 08
Thalamus	09	09	62 09	09	72 09	09
Anterior capsule	52 10	10	10	67 10	10	77 10
Genu	11	57 11	11	11	11	11
Posterior capsule	12	12	63 12	68 12	73 12	78 12
Corona radiata	53 13	13	13	13	13	13
Centrum semiovale	14	58 14	14	14	14	14
Corpus callosum	15	15	15	15	15	15
Midbrain	16	16	16	16	16	16
Pons	17	17	17	17	17	17
Medulla	18	18	18	18	18	18
Cerebellum	19	19	19	19	19	19
Ventricular space	20	20	20	20	20	20
Subarachnoid space	21	21	21	21	21	21
Subdural space	22	22	22	22	22	22
Epidural space	23	23	23	23	23	23

field#	column
49-53	138-147
54-58	148-157
59-63	158-167
64-68	168-177
69-73	178-187
74-78	188-197

	1	2	3	4	5	6
14. Section thickness (mm):	79	80	81	82	83	84
15. Number of sections lesion is visible in:	85	86	87	88	89	90
16. Largest diameter (mm):	91	92	93	94	95	96
17. Diameter (mm) at right angles to diameter in Item 16:	97	98	99	100	101	102

field#	column
79-84	198-209
85-90	210-221
91-96	222-239
97-102	240-257

Explanation of Codes for Items 18-25:

Density (18):

1 Low
2 High
3 Both (mixed)
4 Isodense

Size change from previous CT (20):

0 None
1 Initial
2 Smaller
3 Larger
4 Not applicable/no previous CT

Enhancement, type (24):

1 Gyral/deep
2 Ring
3 Other
4 None

Size scale (19):

0 Absent
1 <1 cm
2 <½ lobe
3 <1 lobe
4 >1 lobe

Edema/Mass/Enhancement (21-23):

0 Absent
1 Mild
2 Moderate
3 Marked
4 Not applicable

Clin Relevance (25):

0 Lesions consistent with time from onset to CT
1 Not consistent
2 Unkown

	1	2	3	4	5	6	
18. Density	103 ☐	104 ☐	105 ☐	106 ☐	107 ☐	108 ☐	**258-263**
19. Size, scale	109 ☐	110 ☐	111 ☐	112 ☐	113 ☐	114 ☐	**264-269**
20. Size, change from previous CT	115 ☐	116 ☐	117 ☐	118 ☐	119 ☐	120 ☐	**270-275**
21. Edema	121 ☐	122 ☐	123 ☐	124 ☐	125 ☐	126 ☐	**276-281**
22. Mass effect	127 ☐	128 ☐	129 ☐	130 ☐	131 ☐	132 ☐	**282-287**
23. Enhancement	133 ☐	134 ☐	135 ☐	136 ☐	137 ☐	138 ☐	**288-293**
24. Enhancement, type	139 ☐	140 ☐	141 ☐	142 ☐	143 ☐	144 ☐	**294-299**
25. Clin relevance	145 ☐	146 ☐	147 ☐	148 ☐	149 ☐	150 ☐	**300-305**

SKIP ITEM 26 IF PATHOLOGY (ITEM 12) DOES NOT INCLUDE HEMORRHAGE.

Explanation of codes for Item 26:

For SAH:

0 None
1 Diffuse and less than 1 mm
2 Localized clot or greater than 1 mm
3 Clots

For ICH:

0 None
1 Intraventricular extension
2 Cisternal
3 Both

	1	2	3	4	5	6	
26. Hemorrhage:	151 ☐	152 ☐	153 ☐	154 ☐	155 ☐	156 ☐	**306-311**

CT SCAN ABNORMALITIES

27. Cortical atrophy?
157 312

- None ☐ 1
- Minimal ☐ 2
- Moderate ☐ 3
- Marked ☐ 4
- Unknown ☐ 5

28. Hydrocephalus?
158 313

- None ☐ 1
- Minimal ☐ 2
- Moderate ☐ 3
- Marked ☐ 4
- Unknown ☐ 5

29. Periventricular hypodensity (by CT):
159 314

- Not present ☐ 1
- Visible ☐ 2
- Not applicable ☐ 3

30. Bright plaques (T 2 image MRI):
160 315

- Not present ☐ 1
- Visible ☐ 2
- Not applicable ☐ 3

31. Comments or additional description:

316 161 P 5/1

32. CT Coder Signature: _____

STOP

Coordinating Center Use Only

33. Coding result:
162 317

- Agrees with other coder ☐ 1
- Needs adjudication ☐ 2

Adjudicator's Use Only

34. Result of adjudication:
163 318

- Use this coder's form ☐ 1
- Use alternate coder's form ☐ 2

35. Comments:

319 164 RECORD TYPE
320-325 165 DATE RECEIVED
326-328 166 UPDATE NUMBER
329-334 167 DATE LAST PROCESSED
335 168 PAPER COPY
336 169 CROSS FORM EDIT STATUS CODE

36. Signature of adjudicator: _____

3-8 514 BATCH DATE
11-16 515 DATE MODIFIED
17-20 516 TIME MODIFIED
21 517 EDIT STATUS CODE