

CLINICAL CHECKLIST CADASIL

Cerebral Autosomal Dominant Arteriopathy with
Subcortical Infarcts and Leukoencephalopathy

1/ Patient information

Name:.....

First name(s):.....

Sex: M F

Date of birth (dd/mm/yyyy): / /

Address:.....

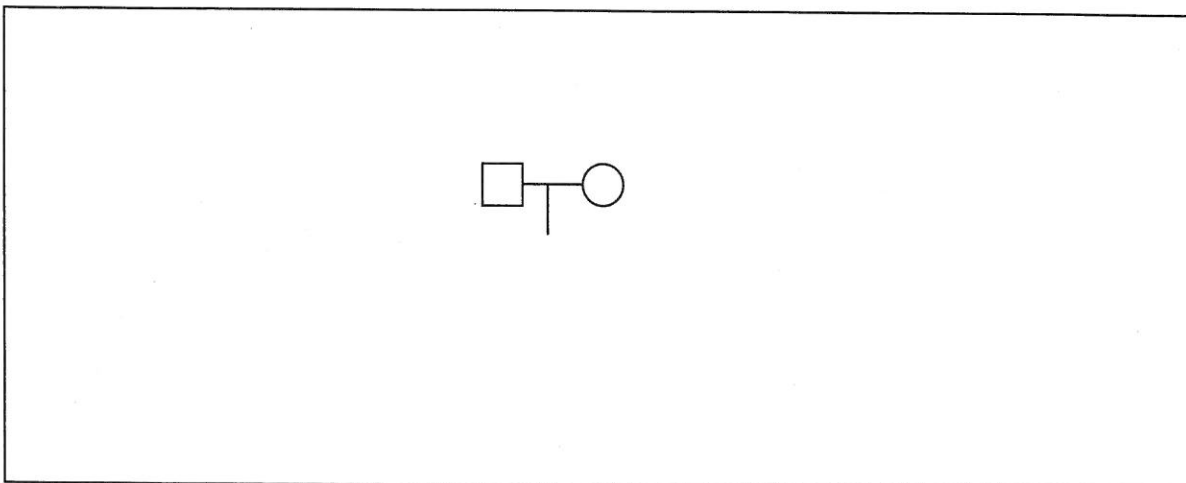
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Referring physician:.....

Referring center:.....

Date (dd/mm/yyyy): / /

2/ Pedigree



3/ Checklist for CADASIL

Please indicate the clinical characteristics for CADASIL present/absent in your patient.

	present	absent
Migraine without aura		
Migraine with aura		
TIA or CVA > 50 years		
TIA/CVA onset ≤ 50years		
Mood and anxiety disturbances		
Psychiatric disturbances		
Alterations in attention and memory		
Cognitive decline		
Dementia		
Leukoencephalopathy		
Leukoencephalopathy extended to temporal pole		
Leukoencephalopathy extended to external capsule		
Subcortical infarcts		
Family history* in at least 1 generation		
Family history* in at least 2 generations		

**For at least one of the typical features (headache, transient ischemic attack/ stroke, cognitive decline, psychiatric disturbances)*

4/ Other relevant clinical manifestations:

- seizures
- intracerebral haemorrhages
- myocardial infarction
- visual abnormalities
- acute reversible encephalopathy
- vertigo (dizziness)
- other: