## Shunt Type

[ ]  Ventriculo-peritoneal

[ ]  Ventriculo-pleural

[ ]  Ventriculo-atrial

[ ]  Syringo-pleural

[ ]  Syringo-subarachnoid

[ ]  Syringo-subarachnoid-peritoneal

[ ]  Syringo-subarachnoid-pleural

[ ]  Subarachnoid-subarachnoid

## Valve Present? [ ]  Yes [ ]  No

## Valve Manufacturer

[ ]  Medtronic

[ ]  Codman

[ ]  Certus

[ ]  Integra

[ ]  Other:

[ ]  N/A

## Valve Type

[ ]  Strata

[ ]  Hakim

[ ]  Non-programmable

[ ]  Other:

[ ]  N/A

**Valve Location**

Table 1 Valve Location

| Valve Location | R or L |
| --- | --- |
| [ ]  Frontal | [ ] R [ ]  L |
| [ ]  Parietal | [ ] R [ ]  L |
| [ ]  Occipital | [ ] R [ ]  L |
| [ ]  Lumbar | [ ] R [ ]  L |
| [ ]  N/A | Cell intentionally left blank |

Date PlacedMM/DD/YYYY

Indicate date of surgical implantation.

## Surgical Site Status

[ ]  Normal

[ ]  Tenderness

[ ]  Redness

[ ]  Swelling

Date Removed MM/DD/YYYY [ ]  N/A

Indicate date of removal or N/A.

**Currenting In Place?** [ ]  Yes [ ]  No

**Current setting?**(confirmation, mechanical, electronic)

## Reservoir Refill Time (Sitting)

Time to refill after compression.

[ ]  N/A

[ ]  N/T

[ ]  Minutes/Seconds

## Reservoir Refill Time (Lying Down)

Time to refill after compression.

[ ]  N/A

[ ]  N/T

[ ]  Minutes/Seconds

## Resistance to Reservoir Compression

Time to refill after compression.

[ ]  N/A

[ ]  Proximal (Normal, resistant)

[ ]  Distal (Normal, resistant)

## Manometric Pressure on Needle Access (Supine)

[ ]  N/A

[ ]  N/T

[ ]  mm H2O

[ ]  Free flow on ventricular aspiration

[ ]  Free flow on pressure to distal cath

## Functional Assessment

[ ]  Functioning

[ ]  Proximal obstruction

[ ]  Distal obstruction

[ ]  Unable to reset

[ ]  Non-functioning

[ ]  Tied off surgically

[ ]  Unknown

**Hydrocephalus?** [ ]  Yes [ ]  No

**Shunt Scan Imaging**

Indicate scan and date performed.

Table 2 Shunt Scan Imaging

| Scan | Date |
| --- | --- |
| [ ]  Intact path | MM/DD/YYYY |
| [ ]  Discontinuity | MM/DD/YYYY |
| [ ]  Malposition proximal | MM/DD/YYYY |
| [ ]  Malposition distal | MM/DD/YYYY |
| [ ]  Other:  | MM/DD/YYYY |

Instructions

*Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.*

Important note: None of the data elements included on this CRF are considered Core (i.e., strongly recommended for all studies to collect). These data elements are supplemental or exploratory and should be collected on clinical trials and only if the research team considers them appropriate for their study.