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**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:………………………………………………………………..………

…………………………………………………………………….….

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 **□** acute reversible encephalopathy

**□** intracerebral haemorrhages **□** vertigo (dizziness)

**□** myocardial infarction □ other: ……………………………………….

**□** visual abnormalities