Study number: | Date of inclusion: ____/____/___

BASELINE CRF

Demographics

Ethnicity/race	□ White □ Black or African American □ Asian □ Hispanic or Latino □ Mixed □ Other: _____

Medical history/comorbidities at baseline

Medical history of:		
Atrial fibrillation or flutter	□ No □ Yes	
Chronic heart failure	□ No □ Yes	
Deep venous thrombosis	□ No □ Yes	
Pulmonary embolism	□ No □ Yes	
Diabetes mellitus	□ No □ Yes	*(on treatment for diabetes or 2x fasting glucose >7 mmol/l)*
Hypertension	□ No □ Yes	*(on treatment for hypertension or known with high blood pressure (2x SBP >140 or DBP >90 mm Hg))*
Hypercholesterolemia	□ No □ Yes	*(using lipid-lowering drugs or total cholesterol >6.2 mmol/l)*
Labile INR	□ No □ Yes	*(unstable/high INRs, time in therapeutic range <60%)*
Liver disease	□ No □ Yes:	Specify: Liver cirrhosis □ No □ Yes Other, please specify: _____
Renal disease	□ No □ Yes:	Specify: Dialysis □ No □ Yes Renal transplant □ No □ Yes Other, please specify: _____
Previous intracerebral hemorrhage	□ No □ Yes	
Ischemic stroke	□ No □ Yes	
Transient ischemic attack	□ No □ Yes	
Prior major bleeding	□ No □ Yes	
Predisposition to bleeding	□ No □ Yes	
Mechanical aorta and/or mitral valve replacement	□ No □ Yes	
Myocardial infarction	□ No □ Yes	
Peripheral artery disease	□ No □ Yes	
Premorbid cognitive complaints	□ No □ Yes	
Falls in the past year	□ No □ Yes:	Specify: number of falls _____
Comorbidity influencing mRS	□ No □ Yes:	Specify: _____
Intoxication(s):		
Smoking status	□ Never □ Current □ Stopped < 6 months ago □ Stopped > 6 months ago	
Use of alcohol	□ No □ Yes:	units/week: _____
Use of drugs	□ No □ Yes:	Specify: Amphetamines □ No □ Yes Cannabis □ No □ Yes Cocaine □ No □ Yes GHB □ No □ Yes MDMA (XTC) □ No □ Yes Opiates □ No □ Yes Other: _____
Medication (home) – use of:		
Antihypertensive drug(s)	□ No □ Yes:	Specify: ACE-inhibitor *(e.g. lisinopril, enalapril)* □ No □ Yes Angiotensin II rec antagonist *(e.g. losartan)* □ No □ Yes Beta blocker *(e.g. metoprolol, atenolol)* □ No □ Yes Calcium channel blocker *(e.g. amlodipine)* □ No □ Yes Diuretic *(e.g. furosemide, hydrochlorothiazide)* □ No □ Yes Other: _____

Study number: _____ Date of inclusion: ____/____/___

Antiplatelet agent(s)	□ No □ Yes:	Specify: Acetylsalicylic acid/carbasalate calcium Clopidogrel Dipyridamole Ticagrelor Other: _____	 □ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes
Vitamin K antagonist	□ No □ Yes:	Specify: Acenocoumarol Phenprocoumon	 □ No □ Yes □ No □ Yes
Direct oral anticoagulant (DOAC)	□ No □ Yes:	Specify: Dabigatran (Pradaxa®) Other: _____ ***Other DOACs (anti-Xa inhibitors: apixaban, edoxaban, rivaroxaban) are an exclusion criterion, re-evaluate***	 □ No □ Yes
Therapeutic heparin *(all types, including LMWH)*	□ No □ Yes	***Usage of therapeutic heparin is an exclusion criterion, re-evaluate. Prophylactic heparin is allowed.***	
NSAID *(daily in last 7 days)*	□ No □ Yes		
Statin	□ No □ Yes		
Immunosuppressive- or modulating drugs ***Immunosuppressive- or modulating drugs are an exclusion criterion for participation in the DIST-INFLAME sub-study***	□ No □ Yes:	Specify: Corticosteroid Interleukin inhibitor Calcineurin inhibitor TNF-α-inhibitor Selective immunosuppressant Purine derivative Other: _____	 □ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes

Pre-ICH modified Rankin Scale (mRS) score

□ **0** No symptoms
□ **1** Minor symptoms, no limitations
□ **2** Slight disability, no help needed
□ ***3*** *Moderate disability, requires some help but able to walk on assistance*
□ ***4*** *Moderate severe disability, not able to walk*
□ ***5*** *Severe disability, completely dependent*

Pre-ICH mRS 3-5 is an exclusion criterion, re-evaluate

Physical examination at baseline – referring center

Referral from other hospital? □ No □ Yes **If yes, please fill in below**

Glasgow Coma Scale - first intra-hospital/at ER in referring center

Eye	Motor	Verbal
□ **4** - Opens eyes spontaneously	□ **6** - Obeys commands	□ **5** - Oriented/converses normally
□ **3** - Opens eyes in response to voice	□ **5** - Localizes painful stimuli	□ **4** - Confused/disoriented
□ **2** - Opens eyes in resp. to painful stimuli	□ **4** - Flexion/withdrawal to painful stimuli	□ **3** - Utters inappropriate words
□ **1** - Does not open eyes	□ **3** - Abnormal flexion to painful stimuli	□ **2** - Incomprehensible sounds
	□ **2** - Extension to painful stimuli	□ **1** - Makes no sounds
	□ **1** - Makes no movements	

Vital parameters – first intra-hospital/at ER in referring center

Systolic blood pressure _____ mm Hg Diastolic blood pressure _____ mm Hg

Physical examination at baseline – neurosurgical center

Glasgow Coma Scale - first intra-hospital/at ER in neurosurgical center

Eye	Motor	Verbal
□ **4** - Opens eyes spontaneously	□ **6** - Obeys commands	□ **5** - Oriented/converses normally
□ **3** - Opens eyes in response to voice	□ **5** - Localizes painful stimuli	□ **4** - Confused/disoriented
□ **2** - Opens eyes in resp. to painful stimuli	□ **4** - Flexion/withdrawal to painful stimuli	□ **3** - Utters inappropriate words
□ **1** - Does not open eyes	□ **3** - Abnormal flexion to painful stimuli	□ **2** - Incomprehensible sounds
	□ **2** - Extension to painful stimuli	□ **1** - Makes no sounds
	□ **1** - Makes no movements	

Vital parameters – first intra-hospital/at ER in neurosurgical center *Round numbers except for body temp (1 decimal)*

Systolic blood pressure	_____ mm Hg	Diastolic blood pressure	_____ mm Hg
Heart rate	_____ /min	Body temperature	__ __ . __ ^{0}C
Height	_____ cm	Weight	_____ kg

Study number: _____ Date of inclusion: ____/____/___

NIHSS at baseline – neurosurgical center

1A. Level of consciousness (LOC)	1B. LOC Questions
□ **0** – Alert	□ **0** – Answers both questions correctly
□ **1** – Not alert, but arousable	□ **1** – Answers one question correctly
□ **2** – Not alert, requires repeated stimulation	□ **2** – Answers neither questions correctly
□ **3** – Comatose	
1C. LOC Commands	**2. Best gaze**
□ **0** – Performs both tasks correctly	□ **0** – Normal
□ **1 –** Performs one task correctly	□ **1** – Partial gaze palsy
□ **2** – Performs neither tasks correctly	□ **2** – Forced deviation
3. Visual	**4. Facial palsy**
□ **0** – No visual loss	□ **0** – Normal
□ **1** – Partial hemianopia	□ **1** – Minor paralysis
□ **2** – Complete hemianopia	□ **2** – Partial paralysis
□ **3** – Bilateral hemianopia	□ **3** – Complete paralysis
5A. Motor left arm	**5B. Motor right arm**
□ **0** – No drift	□ **0** – No drift
□ **1** – Drift	□ **1** – Drift
□ **2** – Some effort against gravity	□ **2** – Some effort against gravity
□ **3** – No effort against gravity	□ **3** – No effort against gravity
□ **4** – No movement	□ **4** – No movement
□ **9** – Untestable, explain reason: _____	□ **9** – Untestable, explain reason: _____
6A. Motor left leg	**6B. Motor right leg**
□ **0** – No drift	□ **0** – No drift
□ **1** – Drift	□ **1** – Drift
□ **2** – Some effort against gravity	□ **2** – Some effort against gravity
□ **3** – No effort against gravity	□ **3** – No effort against gravity
□ **4** – No movement	□ **4** – No movement
□ **9** – Untestable, explain reason: _____	□ **9** – Untestable, explain reason: _____
7. Limb ataxia	**8. Sensory**
□ **0** – Absent	□ **0** – Normal
□ **1** – Present in one limb	□ **1** – Mild to moderate sensory loss
□ **2** – Present in two limbs	□ **2** – Severe or total sensory loss
□ **9 –** Untestable, explain reason: _____	
9. Best language	**10. Dysarthria**
□ **0** – No aphasia (normal)	□ **0** – Normal
□ **1** – Mild to moderate aphasia	□ **1** – Mild to moderate dysarthria
□ **2** – Severe aphasia	□ **2** – Severe dysarthria, anarthria, mute
□ **3** – Mute, global aphasia	□ **9** – Intubated, or other, explain:_____
11. Extinction and inattention	
□ **0** – No abnormality	
□ **1** – Inattention or extinction to one sensory modality	*(modalities: visual/tactile/auditory/spatial/personal)*
□ **2** – Profound hemi-inattention or extinction to more than one modality	

Laboratory results at baseline

Round numbers, except for INR, hemoglobin and glucose (1 decimal)

Coagulation:					
INR (1st)	__ __ . _		Date & time INR (1st):	__/__/___ __:__	
Correction for VKA	□ No □ Yes □ NA		If yes: INR (after correction): Date & time INR (after correction):	 __ __ . _ __/__/___ __:__	
Thrombocyte count	_____	*10^9/L			
APTT*	_____	sec	PT*	_____	sec
Other laboratory results:					
Hemoglobin	__ __ . __	mmol/L	Leukocyte count	_____	*10^9/L
Neutrophil count*	_____	*10^9/L	CRP	_____	mg/L
Serum glucose	__ __ . __	mmol/L	ASAT	_____	U/L
ALAT	_____	U/L	Alkaline phosphatase	_____	U/L
Bilirubin (total)*	_____	µmol/L	Serum creatinine	_____	umol/L
e-GFR	_____	ml/min/1.73m²			

** If available*

Study number: | Date of inclusion: ____/____/___

Imaging at baseline

Round numbers

Non-contrast CT (NCCT) neurosurgical center:		
Date NCCT neurosurgical center	___/___/_____	
Time NCCT neurosurgical center	___:___	
Supratentorial location of hemorrhage	□ No □ Yes	***Infratentorial is an exclusion criterion, re-evaluate***
Specify: Deep	□ No □ Yes	
Lobar	□ No □ Yes	
Uncertain	□ No □ Yes	
ICH-volume (supratentorial)	_____ mL	*ABC/2 score*
Intraventricular hemorrhage	□ No □ Yes	
CT angiography (CTA) / CT perfusion (CTP):		
CT angiography performed?	□ No □ Yes	date & time of CTA: ___/___/_____ ___:___
CT perfusion performed?	□ No □ Yes	date & time of CTP: ___/___/_____ ___:___

Acute treatment at baseline (medication)

Hypertension treatment:		
Intravenous treatment of hypertension	□ No □ Yes:	Specify:
		Intravenous labetalol treatment □ No □ Yes
		Other: _____
Anticoagulant/coagulopathy reversal agents:		
Vitamin K	□ No □ Yes	time of administration: ___:___
4-factor prothrombin complex concentrate	□ No □ Yes	time of administration: ___:___
Idarucizumab	□ No □ Yes	time of administration: ___:___
Other coagulation reversal agent	□ No □ Yes:	Specify: _____
		time of administration: ___:___
Intracranial pressure lowering drugs:		
Hypertonic saline	□ No □ Yes	time of administration: ___:___
Mannitol	□ No □ Yes	time of administration: ___:___

Treatment limitations at admission

Any combination of these strategies is possible*		
Do-not-resuscitate	□ No □ Yes	
Withholding endotracheal intubation	□ No □ Yes	
Withholding intensive care admission	□ No □ Yes	
Withholding other treatments that may prolong life	□ No □ Yes	*(e.g. antibiotics, blood transfusion)*
Withholding food and fluids	□ No □ Yes	
Palliation with morphine	□ No □ Yes	
Palliation with benzodiazepine	□ No □ Yes	
Withdrawal of care	□ No □ Yes	*(discontinuation of life-prolonging treatments, e.g. mechanical ventilation, vasopressor medications)*
**** Participants in the DIST must have an active treatment strategy at admission (to prevent treatment bias)***		

CONTRAST biobank blood samples at baseline

Did you take a CONTRAST biobank study blood sample after randomization?	□ No □ Yes

(S)AE Check at baseline

Did the patient experience one or more (serious) adverse event(s)?	□ No □ Yes **(if Yes, please complete (S)AE form(s))**