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: ____________________________	

Antiplatelet agent(s)	□ No □ Yes:	Specify: Acetylsalicylic acid/carbasalate calcium □ No □ Yes Clopidogrel □ No □ Yes Dipyridamole □ No □ Yes Ticagrelor □ No □ Yes Other: ___________________________
Vitamin K antagonist	□ No □ Yes:	Specify: Acenocoumarol □ No □ Yes Phenprocoumon □ No □ Yes
Direct oral anticoagulant (DOAC)	□ No □ Yes:	Specify: Dabigatran (Pradaxa®) □ No □ Yes Other: ___________________________ ***Other DOACs (anti-Xa inhibitors: apixaban, edoxaban, rivaroxaban) are an exclusion criterion, re-evaluate***
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 □ No □ Yes Interleukin inhibitor □ No □ Yes Calcineurin inhibitor □ No □ Yes TNF-α-inhibitor □ No □ Yes Selective immunosuppressant □ No □ Yes Purine derivative □ No □ Yes Other: ___________________________

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	__ __ . __ °C
Height	_______________ cm	Weight	_______________ kg

Study number: [ ] Date of inclusion: ____/____/___

NIHSS at baseline – neurosurgical center

1A. Level of consciousness (LOC)
□ **0** – Alert
□ **1** – Not alert, but arousable
□ **2** – Not alert, requires repeated stimulation
□ **3** – Comatose

1B. LOC Questions
□ **0** – Answers both questions correctly
□ **1** – Answers one question correctly
□ **2** – Answers neither questions correctly

1C. LOC Commands
□ **0** – Performs both tasks correctly
□ **1 –** Performs one task correctly
□ **2** – Performs neither tasks correctly

2. Best gaze
□ **0** – Normal
□ **1** – Partial gaze palsy
□ **2** – Forced deviation

3. Visual
□ **0** – No visual loss
□ **1** – Partial hemianopia
□ **2** – Complete hemianopia
□ **3** – Bilateral hemianopia

4. Facial palsy
□ **0** – Normal
□ **1** – Minor paralysis
□ **2** – Partial paralysis
□ **3** – Complete paralysis

5A. Motor left arm
□ **0** – No drift
□ **1** – Drift
□ **2** – Some effort against gravity
□ **3** – No effort against gravity
□ **4** – No movement
□ **9** – Untestable, explain reason: ___________________

5B. Motor right arm
□ **0** – No drift
□ **1** – Drift
□ **2** – Some effort against gravity
□ **3** – No effort against gravity
□ **4** – No movement
□ **9** – Untestable, explain reason: ___________________

6A. Motor left leg
□ **0** – No drift
□ **1** – Drift
□ **2** – Some effort against gravity
□ **3** – No effort against gravity
□ **4** – No movement
□ **9** – Untestable, explain reason: ___________________

6B. Motor right leg
□ **0** – No drift
□ **1** – Drift
□ **2** – Some effort against gravity
□ **3** – No effort against gravity
□ **4** – No movement
□ **9** – Untestable, explain reason: ___________________

7. Limb ataxia
□ **0** – Absent
□ **1** – Present in one limb
□ **2** – Present in two limbs
□ **9 –** Untestable, explain reason: ___________________

8. Sensory
□ **0** – Normal
□ **1** – Mild to moderate sensory loss
□ **2** – Severe or total sensory loss

9. Best language
□ **0** – No aphasia (normal)
□ **1** – Mild to moderate aphasia
□ **2** – Severe aphasia
□ **3** – Mute, global aphasia

10. Dysarthria
□ **0** – Normal
□ **1** – Mild to moderate dysarthria
□ **2** – Severe dysarthria, anarthria, mute
□ **9** – Intubated, or other, explain:_______________

11. Extinction and inattention
□ **0** – No abnormality
□ **1** – Inattention or extinction to one sensory modality
□ **2** – Profound hemi-inattention or extinction to more than one modality

(modalities: visual/tactile/auditory/spatial/personal)

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*

Imaging at baseline

Round numbers

Non-contrast CT (NCCT):		
Multiple NCCTs performed at baseline?	□ No □ Yes	*e.g., in referring and neurosurgical center*
Date NCCT	___/___/_______	*Enter data for most recent NCCT prior to randomization*
Time NCCT	___:___	
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))**