

Study number:

Date of inclusion: ___/___/___

CLINICAL FOLLOW UP CRF

24 hours follow-up

Vital parameters at 1, 6, 12 and 24 hours

Vital parameters at 1 hour after arrival in ER neurosurgical center:		<i>Round numbers</i>
Systolic blood pressure _____ mm Hg	Diastolic blood pressure _____ mm Hg	
Heart rate _____ /min		

Vital parameters at 6 hours:		<i>Round numbers</i>
Systolic blood pressure _____ mm Hg	Diastolic blood pressure _____ mm Hg	
Heart rate _____ /min		

Vital parameters at 12 hours:		<i>Round numbers</i>
Systolic blood pressure _____ mm Hg	Diastolic blood pressure _____ mm Hg	
Heart rate _____ /min		

Vital parameters at 24 hours:		<i>Round numbers</i>
Systolic blood pressure _____ mm Hg	Diastolic blood pressure _____ mm Hg	
Heart rate _____ /min		

Treatment limitations at 24 hours

Any combination of these strategies is possible	
Did the treatment limitations at 24 hours change compared to baseline?	<input type="checkbox"/> No <input type="checkbox"/> Yes: if Yes, please fill out below
Do-not-resuscitate	<input type="checkbox"/> No <input type="checkbox"/> Yes
Withholding endotracheal intubation	<input type="checkbox"/> No <input type="checkbox"/> Yes
Withholding intensive care admission	<input type="checkbox"/> No <input type="checkbox"/> Yes
Withholding other treatments that may prolong life	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>(e.g. antibiotics, blood transfusion)</i>
Withholding food and fluids	<input type="checkbox"/> No <input type="checkbox"/> Yes
Palliation with morphine	<input type="checkbox"/> No <input type="checkbox"/> Yes
Palliation with benzodiazepine	<input type="checkbox"/> No <input type="checkbox"/> Yes
Withdrawal of care	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>(discontinuation of life-prolonging treatments, e.g. mechanical ventilation, vasopressor medications)</i>
Location of the patient at 24 hours	<input type="checkbox"/> 0 - ICU <input type="checkbox"/> 1 - Medium care <input type="checkbox"/> 2 - Stroke Unit <input type="checkbox"/> 3 - General ward

Neuroimaging at 24 hours (±6 hours)

Did you perform a non-contrast CT-scan at 24 hours?	<input type="checkbox"/> No <input type="checkbox"/> Yes
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(S)AE Check at 24 hours

Did the patient experience one or more (serious) adverse event(s)?	<input type="checkbox"/> No <input type="checkbox"/> Yes (if Yes, please complete (S)AE form(s))
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Study number:

Date of inclusion: ___/___/___

Day 3 (± 12 hours) follow-up (DIST-INFLAME sub-study only)

Inclusion in the DIST-INFLAME sub-study

Is the patient included in the DIST-INFLAME sub-study? No Yes: **if Yes, please fill in information below**

Vital parameters at day 3 (± 12 hours)

Date of examination: ___/___/___

Vital parameters at day 3:

Round numbers

Systolic blood pressure _____ mm Hg

Diastolic blood pressure _____ mm Hg

Heart rate _____ /min

DIST-INFLAME sub-study blood sample at day 3 (± 12 hours)

Did you take a DIST-INFLAME sub-study blood sample at day 3? No Yes

Study number:

Date of inclusion: ___/___/___

Day 6 ± 1 day follow-up (or discharge, if earlier)

Vital parameters at day 6 ± 1 day

Date of examination: ___/___/___

Round numbers

Vital parameters at 6 ± 1 days (or discharge if earlier):

Systolic blood pressure _____ mm Hg

Diastolic blood pressure _____ mm Hg

Heart rate _____ /min

NIHSS at day 6 ± 1 day (or discharge if earlier)

Date of examination: ___/___/___

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)

Study number:

Date of inclusion: ___/___/___

Treatment limitations at day 6 ± 1 day (or discharge if earlier)

Date of assessment: ___/___/___

Any combination of these strategies is possible

Did the treatment limitations at day 6 ± 1 day change compared to 24 hours?

No Yes: **if Yes, please fill out below**

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)

Location of the patient at day 6 ± 1 day

- 0** - ICU
 1 - Medium care
 2 - Stroke Unit
 3 - General ward

Neuroimaging at day 6 ± 1 day (or discharge if earlier)

Did you perform a non-contrast CT-scan at day 6 ± 1 day (or discharge if earlier)?

No Yes

DIST-INFLAME sub-study blood sample at day 6 ± 1 day (or discharge if earlier)

Did you take a DIST-INFLAME sub-study blood sample at day 6 ± 1 day? (DIST-INFLAME sub-study only)

No Yes NA

(S)AE Check at day 6 ± 1 day (or discharge if earlier)

Did the patient experience one or more (serious) adverse event(s)?

No Yes (if Yes, please complete (S)AE form(s))

Study number:

Date of inclusion: ___/___/___

Discharge – Neurosurgical center

Neuroimaging

Any additional neuroimaging performed during hospital stay? (excluding study neuroimaging) No Yes

Interventions and diagnoses during hospital stay

Neurological deterioration due to intracerebral hemorrhage expansion No Yes: **fill out SAE form**

Intracranial infection No Yes: **fill out SAE form**

Seizure(s) No Yes: **fill out SAE form**

Intubation (excluding intubation for study surgery) No Yes: **fill out SAE form**

Surgical intervention (excluding study surgery) No Yes: **fill out SAE form**

If yes, specify:

External ventricular drain (EVD) No Yes Date of intervention: ___/___/___

Craniotomy with hematoma evacuation No Yes Date of intervention: ___/___/___

Hemicraniectomy with hematoma evacuation No Yes Date of intervention: ___/___/___

Hemicraniectomy without hematoma evacuation No Yes Date of intervention: ___/___/___

ICP monitoring No Yes Date of intervention: ___/___/___

Burr hole(s) No Yes Date of intervention: ___/___/___

Other: _____ Date of intervention: ___/___/___

Other major medical intervention No Yes: **fill out SAE form and describe:** _____

Antihypertensive medication during hospital stay

Any type of antihypertensive medication No Yes:

If applicable:

Intravenous labetalol No Yes Start date ___/___/___ Stop date ___/___/___

ACE inhibitor No Yes Start date ___/___/___ Stop date ___/___/___

Angiotensin II receptor antagonist No Yes Start date ___/___/___ Stop date ___/___/___

Beta blocker No Yes Start date ___/___/___ Stop date ___/___/___

Calcium channel blocker No Yes Start date ___/___/___ Stop date ___/___/___

Diuretic No Yes Start date ___/___/___ Stop date ___/___/___

Other (intravenous or oral): _____ Start date ___/___/___ Stop date ___/___/___

Platelet inhibitor(s) during hospital stay

Any type of platelet inhibitor No Yes:

If applicable:

Acetylsalicylic acid/carbasalate calcium No Yes Start date ___/___/___ Stop date ___/___/___

Clopidogrel No Yes Start date ___/___/___ Stop date ___/___/___

Dipyridamole No Yes Start date ___/___/___ Stop date ___/___/___

Ticagrelor No Yes Start date ___/___/___ Stop date ___/___/___

Other: _____ Start date ___/___/___ Stop date ___/___/___

Direct oral anticoagulant (DOAC) during hospital stay

Any type of DOAC No Yes:

If applicable:

Apixaban (Eliquis®) No Yes Start date ___/___/___ Stop date ___/___/___

Dabigatran (Pradaxa®) No Yes Start date ___/___/___ Stop date ___/___/___

Edoxaban (Lixiana®) No Yes Start date ___/___/___ Stop date ___/___/___

Rivaroxaban (Xarelto®) No Yes Start date ___/___/___ Stop date ___/___/___

Vitamin K antagonist(s) during hospital stay

Any type of vitamin K antagonist No Yes:

If applicable:

Acenocoumarol No Yes Start date ___/___/___ Stop date ___/___/___

Phenprocoumon No Yes Start date ___/___/___ Stop date ___/___/___

Heparin during hospital stay

Any type of heparin No Yes:

If applicable:

Prophylactic heparin No Yes Start date ___/___/___ Stop date ___/___/___

Therapeutic heparin No Yes Start date ___/___/___ Stop date ___/___/___

Admission

Was the patient admitted to the: Total number of days in:

- ICU No Yes - ICU _____

- Medium care No Yes - Medium care _____

- Stroke Unit No Yes - Stroke Unit _____

- General ward (not stroke unit) No Yes - General ward _____



Study number:

Date of inclusion: ___/___/___

Discharge

Was the patient discharged

No Yes

Date of discharge (dead or alive)

___/___/___

Discharge destination:

0 - Patient died (please fill out SAE form)

1 - Home

2 - Other hospital (transfer; please fill out transfer CRF)

3 - Geriatric rehabilitation

4 - Nursing home long stay

5 - Rehabilitation center

6 - Other: _____

Name of discharge destination: _____

Treatment limitations at discharge – Neurosurgical center

Any combination of these strategies is possible

Did the treatment limitations at discharge change compared to day 6 ± 1 day?

No Yes: **if Yes, please fill out below**

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)

(S)AE Check at discharge – Neurosurgical center

Did the patient experience one or more (serious) adverse event(s) during hospital stay?

No Yes (if Yes, please complete (S)AE form(s))