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:			*Round numbers*
Systolic blood pressure	_____ mm Hg	Diastolic blood pressure	_____ mm Hg
Heart rate	_____ /min		

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

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

Vital parameters at 24 hours:			*Round numbers*
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?	□ 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 24 hours	□ **0** - ICU □ **1** - Medium care □ **2** - Stroke Unit □ **3** - General ward	

Neuroimaging at 24 hours (±6 hours)

Did you perform a non-contrast CT-scan at 24 hours?	□ No □ Yes

(S)AE Check at 24 hours

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: ____/____/___

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: ___/___/_____

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

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

EQ-5D-5L at day 6 ± 1 day (or discharge if earlier)

Date of examination: ___/___/_____

1. Mobility	**2. Self-care**
□ **1** – I have no problems in walking about	□ **1** – I have no problems washing or dressing myself
□ **2** – I have slight problems in walking about	□ **2** – I have slight problems washing or dressing myself
□ **3** – I have moderate problems in walking about	□ **3** – I have moderate problems washing or dressing myself
□ **4** – I have severe problems in walking about	□ **4 –** I have severe problems washing or dressing myself
□ **5** – I am unable to walk about	□ **5 –** I am unable to wash and dress myself
3. Usual activities	**4. Pain/discomfort**
□ **1** – I have no problems doing my usual activities	□ **1** – I have no pain or discomfort
□ **2** – I have slight problems doing my usual activities	□ **2** – I have slight pain or discomfort
□ **3** – I have moderate problems doing my usual activities	□ **3** – I have moderate pain or discomfort
□ **4** – I have severe problems doing my usual activities	□ **4 –** I have severe pain or discomfort
□ **5** – I am unable to do my usual activities	□ **5 –** I have extreme pain or discomfort
5. Anxiety/depression	**EQ-VAS**
□ **1** – I am not anxious or depressed	Reported health today (0-100):
□ **2** – I am slightly anxious or depressed	_____
□ **3** – I am moderately anxious or depressed	
□ **4** – I am severely anxious or depressed	
□ **5** – I am extremely anxious or depressed	
EQ-5D-5L completed by	□ patient □ proxy

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 (NIHSS ≥4) due to ICH 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 __/__/____
Intravenous nicardipine	□ 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	Discharge destination:
Date of discharge (dead or alive)	__ /__ /____	□ **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))**