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

CRFs Second hospital (transfer)

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) – Second hospital (transfer)

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) – Second hospital (transfer)

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 6 ± 1 day (or discharge, if earlier) – Second hospital (transfer)

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) – Second hospital (transfer)

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: ____/____/___

Treatment limitations at day 6 ± 1 day (or discharge if earlier) – Second hospital (transfer)

Date of examination: ___/___/_____

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) – Second hospital (transfer)

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) – Second hospital (transfer)

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) – Second hospital (transfer)

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 – Second hospital (transfer)

Neuroimaging in second hospital

Was there neuroimaging performed at your center? □ No □ Yes

Interventions and diagnoses during hospital stay in second hospital

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 in second hospital

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 in second hospital

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 in second hospital

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 in second hospital

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 in second hospital

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 in second hospital

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 (destination after second hospital)		
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 □ **3** - Geriatric rehabilitation □ **4** - Nursing home long stay □ **5** - Rehabilitation center □ **6** - Other:_____ Name of discharge destination: _____

Treatment limitations at discharge – Second hospital (transfer)

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 – Second hospital (transfer)

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