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

Patient sticker/label;

OR:

Patient name: _____ +

Patient ID: _____

DUTCH ICH Surgery trial (pilot) BASELINE CRF

Demographics

Ethnicity	□ White □ Black □ Asian □ Hispanic □ Chinese □ 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		
Known hypertension	□ No □ Yes		
Known hypercholesterolemia	□ No □ Yes		
Known labile INR	□ No □ Yes		
Known liver disease	□ No □ Yes	If yes: specify:	
		Liver cirrhosis	□ No □ Yes
		Other	□ No □ Yes
Known renal disease	□ No □ Yes	If yes: specify:	
		Dialysis	□ No □ Yes
		Renal transplant	□ No □ Yes
		Other	□ No □ Yes
Intracerebral hemorrhage (previous)	□ No □ Yes		
Previous ischemic stroke	□ No □ Yes		
Major bleeding	□ No □ Yes		
Mechanical aorta and/or mitral valve replacement	□ No □ Yes		
Myocardial infarction	□ No □ Yes		
Peripheral artery disease	□ No □ Yes		
Predisposition to bleeding	□ No □ Yes		
TIA	□ No □ Yes		
Premorbid cognitive dysfunction	□ No □ Yes		
Falls in the past year	□ No □ Yes	If Yes, number: _____	
Comorbidity influencing mRS	□ No □ Yes	If Yes: specify: _____	
Intoxication(s):			
Smoking status	□ Never □ Current □ Stopped < 6 months ago □ Stopped > 6 months ago		
Use of alcohol	□ No □ Yes	If yes, units/day: _____	
Use of drugs	□ No □ Yes	If Yes, specify:	
		Amphetamines	□ No □ Yes
		Cannabis	□ No □ Yes
		Cocaine	□ No □ Yes
		GHB	□ No □ Yes
		MDMA (XTC)	□ No □ Yes
		Opiates	□ No □ Yes
Medication (home) – use of:			
Antiplatelet agent(s)	□ No □ Yes:	Specify:	
		Acetylsalicylic acid/carbasalate calcium	□ No □ Yes
		Clopidogrel	□ No □ Yes
		Dipyridamol	□ No □ Yes
		Ticagrelor	□ No □ Yes
		Other: _____	
Antihypertensive drug(s)	□ No □ Yes	Specify:	
		ACE-inhibitor	□ No □ Yes

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

Patient sticker/label;

OR:

Patient name: _____ +

Patient ID: _____

		Angiotensin II receptor antagonist	□ No □ Yes
		Beta blocker	□ No □ Yes
		Calcium channel blocker	□ No □ Yes
		Diuretic	□ No □ Yes
		Other: _____	
Vitamin K antagonist	□ No □ Yes		
Direct oral anticoagulant (DOAC)	□ No □ Yes	Specify:	
		Apixaban (Eliquis®)	□ No □ Yes
		Dabigatran (Pradaxa®)	□ No □ Yes
		Edoxaban (Lixiana®)	□ No □ Yes
		Rivaroxaban (Xarelto®)	□ No □ Yes
		Other: _____	
Therapeutic heparin *(all types, including LMWH)*	□ No □ Yes		
NSAID (daily in last 7 days)	□ No □ Yes		
Statin	□ No □ Yes		
Gastro-protective agent	□ No □ Yes	If Yes, specify:	
		H2-antagonist (ranitidine, cimetidine)	□ No □ Yes
		Mucosaprotectiva (misoprostol, sucralfaat)	□ No □ Yes
		Proton pump inhibitor	□ No □ Yes

Pre-ICH functional status

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

Name examiner: _____

Glasgow coma Scale - first intra-hospital/ER

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	

Name examiner: _____

Vital parameters – first intra-hospital/ER

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: ____/____/___

Patient sticker/label;

OR:

Patient name: _____ +

Patient ID: _____

NIHSS at baseline – first intra-hospital/ER

Name examiner: _____

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
- □ **0** – 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
- □ **0** – 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
- □ **0** – 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
- □ **0**– Untestable, explain reason: _____

7 Limb ataxia
- □ **0** – Absent
- □ **1** – Present in one limb
- □ **2** – Present in two limbs

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
- □ **0** – Intubated, or other, explain:_____

11 Extinction and inattention
- □ **0** – No abnormality
- □ **1** – Inattention 1 modality /extinction
- □ **2** – Profound hemi-inattention or extinction

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

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

Patient sticker/label;

OR:

Patient name: _____ +

Patient ID: _____

Laboratory results at baseline

Round numbers, except for INR 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):	__/__/___ __:__
Anti-Xa*	□ No □ Yes	If Yes: *specify which & value:*	_____
Correction DOAC**	□ No □ Yes □ NA		
Thrombocyte count	_____ *10^9/L		
APTT*	_____ sec	PT*	_____ sec
Other laboratory results			
Hb	_____ mmol/L	Leukocytes	_____*10^9/L
Serum glucose	__ __ . __ mmol/L	CRP	_____ mg/L
ASAT	_____U/L	ALAT	_____U/L
Alkaline phosphatase	_____U/L	Bilirubin (total)	_____U/L
Serum creatinine	_____ umol/L	e-GFR	
Cholesterol (total)	_____ mmol/L	*Fasting*	□ No □ Yes
Triglycerides	_____ mmol/		
HDL	_____ mmol/L	LDL	_____ mmol/L

**If available **Idarucizumab (Dabigatran), Andexanet.*

Imaging at baseline

Round numbers

First non contrast CT			
Date first NCCT	___/___/_____		
Time first NCCT	___:___		
Location hemorrhage supratentorial	□ 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-a/CT-p			
CT-a performed?	□ No □ Yes		
CT-a made at another time (not directly after first NCCT)	□ No □ Yes	If Yes:	
		Date CT-angiography	___/___/_____
		Time CT-angiography	___:___
CT-a performed?	□ No □ Yes		
CT-p made at another time (not directly after first NCCT)	□ No □ Yes	If Yes:	
		Date CT-perfusion	___/___/_____
		Time CT-perfusion	___:___

Acute treatment (medication)

Round numbers

Intravenous treatment of hypertension	□ No □ Yes	If Yes, specify:	
		Intravenous labetalol treatment	□ No □ Yes
		Other: _____	
Vitamin K administration	□ No □ Yes	If Yes: Time of administration: _____:_____	
Administration of 4- factor prothrombin complex concentrate	□ No □ Yes	If Yes: Time of administration: _____:_____	
Platelet transfusion	□ No □ Yes	If Yes: Time of administration: _____:_____	

(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))**