Intracerebral Hemorrhage Disease Elements

Principal Investigator Responsible for Accuracy of Data (Name):_____ **Subject ID Number:**_____

Is this data Longitudinal (Follow-Up) Data? Yes ☐ No ☐

Subject Zip Code (1st 3 digits): _____ Country of Residence _____

Family Member Samples in Repository? Yes ☐ No ☐ Unknown (subject adopted) ☐ If Yes, list subject ID/s: _____

Year of birth: _____ **Gender**: Male ☐ Female ☐

Ethnic Category (as reported by subject) Check one: Hispanic or Latino ☐ Not Hispanic or Latino ☐

Racial Categories (as reported by subject) Check One:

American Indian/Alaska Native ☐ Asian ☐ Native Hawaiian/ Other Pacific Islander ☐

Black/African American ☐ White/Caucasian ☐ More than One Race ☐ Other ☐ Unknown ☐

Additional Racial and Ethnicity Information: _____

Diagnosed By: Neurosurgeon ☐ Neurologist ☐ Pediatric Neurologist ☐ Pediatrician ☐
Primary Care Physician ☐ Psychiatrist ☐ Psychologist ☐ Does Not Apply (Population or Family-Based Control) ☐

Data Collected By: Neurosurgeon ☐ Neurologist ☐ Pediatric Neurologist ☐ Primary Care Physician ☐ Pediatrician ☐
Psychiatrist ☐ Psychologist ☐ Research Coordinator ☐ Registered Nurse ☐ Research Coordinator/ RN ☐

Clinical Elements

Hemorrhage Type: Lobar ☐ Non-lobar ☐ Cerebellum ☐ Brainstem ☐

Number of Hemorrhages at Acute Event: Single ☐ Multiple ☐

	Present	Absent	Unknown
History of Head Trauma	☐	☐	☐
Vascular Malformation(s)	☐	☐	☐
Vasculitis	☐	☐	☐
Pathology-proven Cerebral Amyloid Angiopathy	☐	☐	☐

Laboratory Data

PT: _____ INR: _____

Platelet Count: _____

Anticoagulant Use

	Yes	No	Dose (optional)		Yes	No	Dose (optional)
Warfarin (Coumadin)	☐	☐	_____	Aspirin	☐	☐	_____
Low Molecular Weight Heparin**	☐	☐	_____	Clopidogrel (Plavix)	☐	☐	_____
Unfractionated Heparins (IV Heparins)	☐	☐	_____	Ticlopidine (Ticlid)	☐	☐	_____
Other (specify): _____			_____	Prasugrel (Effient)	☐	☐	_____

**Dalteparin (Fragmin), Ttinzaparin (Innohep), Enoxaparin (Lovenox), Ardeparin (Normiflo), Danaparoid (Orgaran)

Smoking History Never ☐ Previous ☐ Current ☐ Years Smoking, if Applicable_____

Medical History

	Yes	No	Unknown
Hypertension	☐	☐	☐
Alcohol Use	☐	☐	☐
Hypercholesterolemia	☐	☐	☐
Diabetes	☐	☐	☐