1. Vital status on discharge (choose one):

Alive  Dead Unknown

1. Hospital discharge date and time:
2. Destination upon discharge from hospital (choose one):

Discharge to rehabilitation unit

Discharge to other hospital

Discharge to nursing home

Discharge to home/private residence

N/A - patient died

Other, specify:

Unknown

## Intensive care unit (ICU) discharge date and time:

1. ICU discharge destination type:

Discharge to other ICU  Discharge to general ward

Discharge to rehabilitation unit  N/A – patient died

Discharge to other hospital  Other, specify:

Discharge to nursing home  Unknown

## General Instructions

This CRF contains data on discharge status that would be collected for a subarachnoid hemorrhage (SAH) study.

Important note: The data elements included on this CRF Module are considered Supplemental (should only be collected if the research team considers them appropriate for their study).

## Specific Instructions

Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.