\*Date family history taken:

## Has a doctor or other medical professional ever told an immediate family member (i.e., parent, sibling, child) that he/she has or has had the following?

1. \*Stroke:

Yes

No (Skip to 2)

Unknown (Skip to 2)

* 1. Youngest age immediate family member suffered a stroke (years):

Unknown

* 1. Ischemic stroke:

Yes

No

Unknown

* 1. Hemorrhagic stroke:

Yes

No

Unknown

1. \*Brain aneurysm:

Yes

No

Unknown

If YES, please indicate relationship to patient (i.e grandparents, parents, siblings, children, or other member):

1. \*Subarachnoid hemorrhage (SAH):

Yes

No

Unknown

If YES, please indicate relationship to patient (i.e grandparents, parents, siblings, children, or other member)

1. \*\*\*Migraines:

Yes

No

Unknown

1. \*Coronary artery disease (e.g., heart attack):

Yes

No

Unknown

If YES, youngest age immediate family member was diagnosed with condition/ suffered a heart attack (years):

1. \*\*\*Epilepsy:

Yes

No

Unknown

1. \*\*\*Dementia:

Yes

No

Unknown

1. \*\*\*Abdominal aortic aneurysm:

Yes  Unknown

No

1. \*\*\*Psychiatric illness:

Yes

No

Unknown

1. \*\*\*Multiple miscarriages:

Yes

No

Unknown

1. \*\*\*Bleeding disorder (e.g., hemophilia):

Yes

No

Unknown

1. \*\*\*Clotting disorder (e.g., thrombophilia):

Yes

No

Unknown

1. \*\*\*Sudden deaths of unknown etiology:

Yes

No

Unknown

1. Intracranial vascular malformations:

Yes

No

Unknown

1. Hereditary Hemorrhagic Telangiectasia (HHT):

Yes

No

Unknown

1. \*\*\*Polycystic kidney disease

Yes  Unknown

No

1. \*\*\*Multiple endocrine neoplasia type I

Yes  Unknown

No

1. \*\*\*Ehlers-Danlos Syndrome Type IV

Yes  Unknown

No

1. \*\*\*Marfan Syndrome

Yes  Unknown

No

1. \*\*\*Neurofibromatosis type I (NF1)

Yes  Unknown

No

1. \*\*\*Other, specify:

Yes  Unknown

No

## General Instructions

Family history data are collected to determine if subarachnoid hemorrhage (SAH) or other related diseases/disorders run in the participant’s/ subject’s immediate family.

Important note: Some of the data elements included on this CRF Module are considered Core (i.e., strongly recommended for all SAH clinical studies to collect).The remaining data elements (i.e., non Core) are supplemental or exploratory (as indicated by asterisks below) and should only be collected if the research team considers them appropriate for their study.

\*Element is classified as Core

\*\*\*Element is classified as Exploratory

## Specific Instructions

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

The majority of the data elements on the CRF have the following instructions:

History can be obtained from participant/ subject, family member, friend, or chart/ medical record.

There are no other specific instructions for the data elements not already included on the CRF.