\*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.