1. \*From whom/ what were the medical history data obtained? (Choose all that apply)

[ ]  Participant/ subject

[ ]  Friend

[ ]  Chart/Medical record

[ ]  Family, specify relation:

[ ]  Physician

[ ]  Other, specify:

1. \*If the medical history data were NOT obtain from the participant/ subject, indicate the reason(s) why:

(Choose all that apply. All permissible values describe the participant/ subject.)

[ ]  Dementia

[ ]  Other cognitive impairment

[ ]  Poor historian

[ ]  Participant/subject too young

[ ]  Aphasia

[ ]  Not fluent in examiner's language

[ ]  Other, specify:

1. \*\*\*Overall assessment of the reliability of the medical history data obtained:

[ ]  Definitely reliable [ ]  Probably reliable [ ]  Not reliable

## General Instructions

This case report form (CRF) contains data elements related to the data source and reliability of the responses.

Important note: The elements on this form are classified as either Core (strongly recommended for subarachnoid hemorrhage (SAH) clinical studies to collect) or Exploratory as indicated by asterisks below:

\*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 CRF includes all instructions available for the data elements at this time.