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.