## \*\*Date family history taken (MM/DD/YYYY):

## Pregnancy History

1. \*\*Prior pregnancy (both term and not to term):  Yes  No (Skip A-D)  Unknown (Skip A-D)
   1. Number of prior pregnancies: pregnancies
   2. Year of last delivery / miscarriage/ medical termination:
   3. Number of miscarriages: miscarriages
   4. Number of medical terminations: medical terminations

## Pediatric-specific Perinatal History

These elements are recommended for pediatric stroke studies of neonates ONLY (i.e., not appropriate for stroke studies of children).

1. \*\*Mother’s age at the time she gave birth to the participant/subject: years
2. \*\*Number of live born children the participant/subject’s mother has delivered? children
3. \*\*Total number of times the participant/subject’s mother has been pregnant, regardless of whether these pregnancies were carried to term (A current pregnancy, if any, is included in this count):
4. \*\*Did the mother experience any of the following during the prenatal period, at the time of delivery, or soon after delivery with the participant/subject?

|  |  |  |
| --- | --- | --- |
| * 1. Preeclampsia |  | Yes  No  Unknown |
| b. Other hypertensive disorder |  | Yes  No  Unknown  If YES, specify:  Prenatal  Perinatal |
| c. Oligohydramnios |  | Yes  No  Unknown |
| d. Gestational diabetes |  | Yes  No  Unknown |
| e. Prolonged (i.e., > 24 hours) rupture of membranes during delivery |  | Yes  No  Unknown |
| f. Chorioamnionitis |  | Yes  No  Unknown  IF YES, specify:  Prenatal  Perinatal |
| g. Other illness(es) |  | Yes  No  Unknown  If YES, specify illness(es):  If YES, specify:  Prenatal  Perinatal  Postnatal |
| h. Decreased fetal movement |  | Yes  No  Unknown  If YES, specify:  Prenatal  Perinatal |
| i. Fever during delivery of participant/subject |  | Yes  No  Unknown |
| j. Meconium staining of the amniotic fluid |  | Yes  No  Unknown |
| k. Intravascular catheter placed in newborn period |  | Yes  No  Unknown |
| l. Placenta sent for pathology |  | Yes  No  Unknown |
| m. Placental abnormalities |  | Yes  No  Unknown |
| n. Fetal heart rate abnormality |  | Yes  No  Unknown  If YES, specify:  Prenatal  Perinatal |
| o. Fetal abnormalities recognized in utero |  | Yes  No  Unknown  If YES, specify abnormality(ies): |
| p. Maternal infection |  | Yes  No  Unknown  If YES, specify infection(s):  If YES, specify:  Prenatal  Perinatal  Postnatal |
| q. Lack of prenatal care |  | Yes  No  Unknown |
| r. Maternal drug abuse |  | Yes  No  Unknown |
| s.Other, specify: |  | Yes  No  Unknown  If YES, specify:  Prenatal  Perinatal  Postnatal |

## Pediatric-specific Delivery History

These elements are recommended for pediatric stroke studies of neonates ONLY (i.e., not appropriate for stoke studies of children).

1. ­­\*\*Birth weight: kilograms
2. \*\*Gestational age at birth: weeks
3. \*\*APGAR 1 minute score: 0 1 2 3 4 5 6 7 8 9 10
4. \*\*APGAR 5 minute score: 0 1 2 3 4 5 6 7 8 9 10
5. \*\*APGAR 10 minute score: 0 1 2 3 4 5 6 7 8 9 10
6. \*\*\*Was the child delivered full–term (>36 weeks)?

No

Yes

1. \*\*Mode of delivery of the neonate:

Spontaneous  Induced, specify reason:  Unknown

1. \*\*Route of delivery of the neonate:

Vaginal

Caesarean

\*\*If caesarean, timing of the caesarean:  Emergency  Elective  Unknown

1. \*\*Delivery modality type of the neonate:

Breech  Cephalic  Unknown  Other

1. \*\*Instrument(s) used to assist with the delivery of the participant/subject?

None  Vacuum  Forceps  Vacuum and Forceps  Unknown

1. \*\*\*Timing of intracranial aneurysm rupture during pregnancy
2. Before delivery

During delivery

After delivery

1. \*Date of Delivery:

## General Instructions

This case report form (CRF) contains data elements related to pregnancy and perinatal history. The first question on the CRF may be applicable to both adult and pediatric stroke studies. The later questions are labeled as “pediatric-specific” and probably are only applicable for stroke studies in neonates.

Important note: Data elements included on this CRF are considered Core (i.e., strongly recommended for all stroke clinical studies to collect), Supplemental – Highly Recommended (for studies of perinatal stroke) or Exploratory, as indicated by asterisks below:

\* Element is Core

\*\* Element is Supplemental – Highly Recommended

\*\*\* Element is 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 currently.