1. Date and time assessment performed:
2. First 3 digits of zip code:
3. Age (years):
4. 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. Type of transport to hospital:

[ ]  Ground ambulance with physician [ ]  Ground ambulance no physician

[ ]  Private transportation/taxi/other from home/scene [ ]  By foot

[ ]  Helicopter [ ]  Other, specify:

1. Was a pre-hospital neurologic impairment screen documented by EMS personnel?

[ ]  Yes

[ ]  No

[ ]  Unknown

1. Date and Time of EMS arrival at scene:
2. Date and Time of EMS departure from scene:
3. Type of EMS vehicle:

[ ]  Ground [ ]  Mobile Stroke Unit

[ ]  Air [ ]  Other

1. Highest level of EMS service:

[ ]  BLS

[ ]  ALS

[ ]  Paramedic

[ ]  Flight nurse

[ ]  MD

1. Was a pre-hospital identification stroke screen documented by EMS personnel?

[ ]  Yes

[ ]  No

[ ]  Unknown

1. Date and Time patient last known to be well:
2. Date and time of discovery of first subarachnoid hemorrhage (SAH) symptom:
3. Blood pressure (BP) mmHg (systolic/diastolic):
4. Temperature:

[ ]  ⁰F

[ ]  ⁰C

1. Temperature method:

[ ] Oral [ ] Rectal

[ ] Axillary [ ] Tympanic

[ ] Bladder [ ] Esophageal

[ ] Brain [ ] Other, specify:

1. Respiratory rate (breaths per minute):
2. Respiratory support type

[ ]  Bag/mask ventilation [ ]  BiPAP

[ ]  CPAP [ ]  Mechanical ventilation

[ ]  No support needed [ ]  Oral airway

1. Respiration type

[ ]  Apneic [ ]  Spontaneous regular

[ ]  Spontaneous irregular [ ]  Non-assessable due to mechanical ventilation

[ ]  Unknown

1. Airway treatment type:

[ ]  Endotracheal intubation [ ]  No specific treatment

[ ]  Supraglotic adjunctive airway [ ]  Unknown

[ ]  Tracheostomy

1. Type of residence (choose one):

[ ]  Home [ ]  N/A – patient died

[ ]  Hospital [ ]  Unknown

[ ]  Rehabilitation center [ ]  Other, specify:

[ ]  Nursing home

## Pupil Assessment

1. Left pupil measurement m m (1-9) **[ ]**  Untestable **[ ]**  Unknown
2. Right pupil measurement m m (1-9) [ ]  Untestable [ ]  Unknown
3. Left pupil shape: [ ] Round [ ]  Oval [ ]  Unknown
4. Right pupil shape: [ ] Round [ ]  Oval [ ]  Unknown
5. Left pupil reactivity: [ ]  Brisk [ ]  Sluggish [ ]  Nonreactive [ ]  Untestable [ ]  Unknown
6. Right pupil reactivity [ ]  Brisk [ ]  Sluggish [ ]  Nonreactive [ ]  Untestable [ ]  Unknown
7. Hand preference: (Hand participant/subject uses predominately, not necessarily hand he/she writes with exclusively)

[ ]  Left hand [ ]  Right hand

[ ]  Both hands [ ]  Unknown

1. Hand strength:

[ ]  6: Normal strength [ ]  4: Reduced strength in full range

[ ]  2: Some movement, fingertips do not reach palm [ ]  0: Paralysis

1. Hand function:

[ ]  15: Normal – No restriction upon the performance of any movement, even if there is a minimal weakness.

[ ]  10: Skilled – Restriction of fine movements. The more complex movements are impaired, but there is no restriction upon the performance of common, daily-life movements, even if these are executed slowly or clumsily, antagonistic movements between finger and thumb possible.

[ ]  5: Useful – Gross movements possible. Delicate movements cannot be performed, but patient can handle and carry objects of at least match-box size, use a fork or a pencil in approximate fashion, can handle a cane or grip a hand rail.

[ ]  0: Useless – Useful movements impossible. Patient cannot hold or carry objects, even if some elementary movements can be performed.

1. Limb/muscle tone
2. Upper limb tone:

[ ]  5: Normal – Near Normal. No frank hypertonia or hypotonia in comparison with the healthy side, even if the jerk reflexes are exaggerated.

[ ]  0: Overtly spastic or flaccid – Frank hypertonia or hypotonia in comparison with the healthy side; permanent rigidity, or flexion or extension induced by painful stimuli.

1. Lower limb tone:

[ ]  5: Normal – Near Normal. No frank hypertonia or hypotonia in comparison with the healthy side, even if the jerk reflexes are exaggerated.

[ ]  0: Overtly spastic or flaccid – Frank hypertonia or hypotonia in comparison with the healthy side; permanent rigidity, or flexion or extension induced by painful stimuli.

## General Instructions

This case report form (CRF) contains data elements related to the prehospital and emergency status of participants with SAH. The elements on this CRF are classified as Supplemental and should only be used if the research team considers 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.

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

* Type of transport to hospital – This refers to the method of transport to your hospital, not to the method of initial transport to another facility if the patient was subsequently transferred to your hospital.
* Date and Time of EMS arrival at scene – This data element refers to the original scene and is not applicable to inter-facility transport or to patients arriving by means other than EMS. Note that EMS includes response by volunteer and professional paramedics, EMTs, fire, police and other municipal service officers responding to 911 calls.
* Highest level of EMS service – Choose only one response. BLS = Basic Life Support. ALS = Advanced Life Support. MD = physician.
* Date and Time patient last known to be well – The purpose of this data element is to identify the earliest possible time that stroke symptoms began. This is sometimes known as "Onset Time" although the use of this term has been confusing to many in the past. If a patient experiences the onset of their symptoms in the company of another individual who can verify that the patient was functioning normally up until the time of start of symptoms, then in this patient the time "last known well" is also the time of symptom discovery. In many cases, however, no one is present at the exact start of symptoms. In this situation, we need to document the time when symptoms were first discovered (time of symptom discovery) as well as the time that the patient was last known to be well or at their baseline (time last known well), and record both of these. The time last known well should be the time closest to the time of discovery for which we have clear evidence that the patient was at their previous baseline. Depending on the type of symptoms, this might be established by a telephone or in person conversation. Family members, EMS personnel, and others, often mistakenly record the time of symptom discovery as the time the patient was last known well. It is imperative to distinguish these two times to avoid inappropriate use of IV t-PA (Intravenous Tissue Plasminogen Activator) in patients who are recently discovered to have symptoms but are many hours (>3 hrs) from their time of last being well.
* Date and Time of discovery of SAH symptoms – This date and time should generally not vary between observers unless a witness noticed the onset of symptoms but did not alert anyone else, and a different individual is the one who contacted EMS or sought medical attention. If the event was witnessed, then the last known well date and time and the discovery date and time will be identical. Record both, even if identical. (To within 15 minutes of exact time of discovery is acceptable.)
* Blood Pressure – Measure blood pressure in mmHg. Blood pressure is the ratio of systolic to diastolic.
* Temperature – It is important to record whether the temperature is measured in degrees Celsius (°C) or degrees Fahrenheit (°F).It may also be important to record the location where the temperature measurement was made.
* Temperature method– Choose one.
* Respiratory rate – Measure respiratory rate in breaths per minute.
* Hand preference - Choose one - the hand which the participant/subject uses predominantly, not necessarily the hand the participant/subject writes with exclusively.
* Hand strength (assessed by Scandinavian Stroke Scale) – The points associated with the permissible values may be less relevant when the entire Scandinavian Stroke Scale is not being used.
* Hand function (assessed by Orgogozo Stroke Scale) –Numeric scores may not be needed if the full Orgogozo Stroke Scale is not administered.
* Upper limb/muscle tone (assessed by Orgogozo Stroke Scale) – Numeric scores may not be needed if the full Orgogozo Stroke Scale is not administered.
* Lower limb/muscle tone (assessed by Orgogozo Stroke Scale) – Numeric scores may not be needed if the full Orgogozo Stroke Scale is not administered.