SAH History

1. Do you have a history of subarachnoid hemorrhage (SAH)?

[ ]  Yes

[ ]  No

[ ]  Unknown

1. Do you have a family history of SAH?

[ ]  Yes

[ ]  No

[ ]  Unknown

1. Is your family history of SAH indeterminate?

[ ]  Yes

[ ]  No

[ ]  Unknown

1. Do you have associated disorders with SAH?

[ ]  Yes

[ ]  No

[ ]  Unknown

1. Do you have a family history of brain aneurysms?

[ ]  Yes

[ ]  No

[ ]  Unknown

1. Do you have an unruptured brain aneurysm?

[ ]  Yes

[ ]  No

[ ]  Unknown

1. Number of unruptured brain aneurysm(s):
2. Location of unruptured brain aneurysm(s):

[ ]  A-comm [ ]  Left vertebral artery

[ ]  Left ACA [ ]  Right vertebral artery

[ ]  Right ACA [ ]  Left intradural internal cerebral artery

[ ]  Left MCA [ ]  Right intradural internal cerebral artery

[ ]  Right MCA [ ]  Basilar artery

[ ]  Left PCA [ ]  Other, specify:

[ ]  Right PCA

1. Size of unruptured brain aneurysm(s) (diameter in mm):
2. Number of days since having an unruptured brain aneurysm:
3. Have you experienced a hypertensive episode? (choose one)

[ ]  Yes

[ ]  No

[ ]  Suspected

[ ]  Unknown

1. Hormonal birth control use:

[ ]  Current user [ ]  Never used

[ ]  Former user [ ]  Unknown

## Smoking History

1. Current tobacco use? (Regular use of cigarettes, cigars, chewing tobacco or pipes within past year)

[ ]  Yes

[ ]  No

[ ]  Unknown

1. Past tobacco use? (Regular use of cigarettes, cigars, chewing tobacco or pipes prior to the past year)

[ ]  Yes

[ ]  No

[ ]  Unknown

1. Age started tobacco use (years):

(Skip if Q13 and Q14 are both NO)

1. Age stopped tobacco use (years):

[ ]  N/A – still using tobacco

(Skip if Q13 and Q14 are both NO)

1. Type(s) of tobacco used (Choose all that apply):

[ ]  Filtered cigarettes (Answer Q18)

[ ]  Non-filtered cigarettes (Answer Q18)

[ ]  Low tar cigarettes (Answer Q18)

[ ]  Cigars

[ ]  Pipes

[ ]  Chewing tobacco

[ ]  Other, specify:

1. Average number of cigarettes smoked per day (Skip if cigarettes is NOT an answer in Q17):

[ ]  Less than one cigarette per day [ ]  2 to 5 cigarettes per day

[ ]  16 to 25 cigarettes per day (about 1 pack) [ ]  More than 35 cigarettes per day (about 2 packs or more)

[ ]  1 cigarette per day [ ]  6 to 15 cigarettes per day (about ½ pack)

[ ]  26 to 35 cigarettes per day (about 1 ½ packs)

[ ]  Unknown

## Alcohol History

1. Current drinker? (Consumed at least one drink within past year)

[ ]  Yes

[ ]  No

[ ]  Unknown

1. Past drinker? (Consumed at least one drink prior to the past year)

[ ]  Yes

[ ]  No

[ ]  Unknown

1. Age started drinking (years):

(Skip if Q19 and Q20 are both NO)

1. Age quit drinking (years):

**[ ]** N/A – still drinking alcohol (Skip if Q19 and Q20 are both NO)

1. How often do you have a drink containing alcohol?1

[ ]  Never (Skip to 27)

[ ]  Monthly or less

[ ]  2 - 4 times/ month

[ ]  2 - 3 times/ week

[ ]  4 or more times/ week

Illustration of the level of alcohol in a single drink of beer, malt liquor, wine, and hard liquor



The above graphic was taken from the Alcohol Use Disorders Identification Test (AUDIT) available for free download from [NIAAA resources on alcohol consumption and alcohol-related problems](http://www.niaaa.nih.gov/Publications).

1. How many alcoholic drinks do you have on a typical day when you are drinking?1

[ ]  1 or 2

[ ]  3 or 4

[ ]  5 or 6

 [ ]  7, 8 or 9

[ ]  10 or more

[ ]  N/A (Don’t drink)

1. How often do you have six or more drinks on one occasion?1

[ ]  Never

[ ]  < Monthly

[ ]  Monthly

[ ]  Weekly

[ ]  Daily or almost daily

1. Have you ever been hospitalized for an alcohol related problem? (e.g., esophageal varices, delirium tremens (DTs), cirrhosis, etc.)

[ ]  Yes

[ ]  No

[ ]  Unknown

1. During the past three months, how often have you used amphetamine type stimulants (speed, diet pills, ecstasy, etc)?

[ ] Never

[ ] Once or twice

[ ] Monthly

[ ] Weekly

[ ] Daily or almost daily

## General Instructions

Important note: None of the data elements included on this CRF Module are classified as Core. All data elements are classified as Supplemental (i.e., non Core) and should only be collected if the research team considers them appropriate for their study. Please see the Data Dictionary for element classifications.

## Specific Instructions

Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.

* Current tobacco use - Choose one. Response is obtained from participant/ subject, family member, friend, or chart/ medical record.
* Past tobacco use - Choose one. Response is obtained from participant/ subject, family member, friend, or chart/ medical record.
* Age started tobacco use - History can be obtained from participant/ subject, family member, friend, or chart/ medical record.
* Age stopped tobacco use - History can be obtained from participant/ subject, family member, friend, or chart/ medical record.
* Type(s) of tobacco used - Choose all that apply. Response is obtained from participant/ subject, family member, friend, or chart/ medical record.
* Average number of cigarettes smoked per day - Choose one. Response is obtained from participant/ subject, family member, friend, or chart/ medical record.
* Current drinker - Choose one. Response is obtained from participant/ subject, family member, friend, or chart/ medical record.
* Past drinker - Choose one. Response is obtained from participant/ subject, family member, friend, or chart/ medical record.
* Age started drinking - History can be obtained from participant/ subject, family member, friend, or chart/ medical record.
* Age quit drinking- History can be obtained from participant/ subject, family member, friend, or chart/ medical record.
* How often do you have a drink containing alcohol? - Choose one. Response is obtained from participant/ subject, family member, friend, or chart/ medical record.
* How many alcoholic drinks do you have on a typical day when you are drinking?- Choose one. Response is obtained from participant/ subject, family member, friend, or chart/ medical record.
* How often do you have six or more drinks on one occasion? - Choose one. Response is obtained from participant/ subject, family member, friend, or chart/ medical record.
* Have you ever been hospitalized for an alcohol related problem? - Choose one. Response is obtained from participant/ subject, family member, friend, or chart/ medical record.

## Reference

1Babor TF, Higgins-Biddle JC, Saunders JB, Monteiro MG. AUDIT. The Alcohol Use Disorders. Identification Test. Guidelines for Use in Primary Care. 2nd edition, 2001. Department of Mental Health and Substance Dependence, World Health Organization, Geneva, Switzerland.