1. Vital status (choose one):

[ ]  Alive [ ]  Dead

1. Death from neurological cause after subarachnoid hemorrhage (SAH):

[ ]  Yes [ ]  No

1. Date of death:
2. Primary cause of death after SAH:

[ ]  Initial bleeding [ ]  Rebleeding [ ]  Delayed cerebral ischemia [ ]  Other, specify:

## General Instructions

This CRF Module is recommended to collect information on death for SAH studies.

All elements on this CRF are classified as Supplemental.

Specific Instructions

* The cause of death is the complication that resulted in a (further) decrease in clinical condition and subsequent death.

1) In patients with a poor clinical condition on admission and withdrawal-of-care but without in-hospital complications that resulted in a further decrease in clinical condition, the cause of case-fatality is the initial bleeding.

2) Re-bleeding is defined as a sudden clinical deterioration with signs of increased hemorrhage on CT scan compared with previous CT imaging, or a sudden clinical deterioration suspect for re-bleeding with fresh blood in the ventricular drain in which no CT scan was obtained. Acute clinical deteriorations at the emergency department or at the CT scan before imaging was obtained are also considered to be caused by re-bleeding. Acute clinical deterioration before admission is not taken into account.

3) DCI is defined as the presence of cerebral infarction on CT or MR scan of the brain within 6 weeks after SAH, or on the latest CT or MR scan made before death within 6 weeks, or proven at autopsy, not present on the CT or MR scan within 48 hours after early aneurysm occlusion, and not attributable to other causes such as surgical clipping or endovascular treatment. Hypodensities on CT imaging resulting from ventricular catheter or intraparenchymal hematoma should not be regarded as cerebral infarctions from DCI.

Reference

Vergouwen MD, Jong-Tjien-Fa AV, Algra A, Rinkel GJ. Time trends in causes of death after aneurysmal subarachnoid hemorrhage: A hospital-based study. Neurology. 2016;86(1):59–63.