1. \*\*Is there a family history of unruptured intracranial aneurysm (UIA) or subarachnoid hemorrhage (SAH)?

[ ]  Yes

[ ]  No

1. \*\*Specify family member with history of SAH:

[ ]  Mother

[ ]  Father

[ ]  Daughter

[ ]  Son

[ ]  Sister

[ ]  Brother

[ ]  Other:

 [ ]  Female

 [ ]  Male

1. \*\*Do you have a history of a previous SAH due to another UIA:

[ ]  Yes

[ ]  No

1. \*Do you have a history of hypertension?

[ ]  Yes

[ ]  No

[ ]  Suspected

[ ]  Unknown

1. \*\*Do you have autosomal-dominant polycystic kidney disease?

[ ]  Yes

[ ]  No

1. \*\*Ethnicity pertinent to intracranial aneurysm:

[ ]  Japanese [ ]  Arabic

[ ]  Finnish [ ]  Southeast Asian

[ ]  Eastern Asian [ ]  South Asian

[ ]  European [ ]  Pacific Islander

[ ]  Persian [ ]  American Indian

1. \*\*Blood Pressure (systolic/diastolic) mmHg:
2. \*\*\*BMI (body mass index): (kg/m2)

## 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 Q10 and Q11 are both NO)

1. \*Age stopped tobacco use (years):

[ ]  N/A – still using tobacco

(Skip if Q10 and Q11 are both NO)

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

[ ]  Filtered cigarettes (Answer Q15)

[ ]  Non-filtered cigarettes (Answer Q15)

[ ]  Low tar cigarettes (Answer Q15)

[ ]  Cigars

[ ]  Pipes

[ ]  Chewing tobacco

[ ]  Other, specify:

1. \*\*Average number of cigarettes smoked per day (Skip if cigarettes is NOT an answer in Q14):

[ ]  Less than one cigarette per day

[ ]  1 cigarette per day

[ ]  2 to 5 cigarettes per day

[ ]  6 to 15 cigarettes per day (about ½ packs)

[ ]  16 to 25 cigarettes per day (about 1 pack)

[ ]  26 to 35 cigarettes per day (about 1½ packs)

[ ]  More than 35 cigarettes per day (about 2 packs or more)

[ ]  Unknown

1. \*\*For former or current cigarette smokers only, the number of pack-years of smoking:

[(average number of cigarettes smoked daily)/20] x (number of years smoked): \_\_\_\_ pack-years

## 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 Q17 and Q18 are both NO)

1. Age quit drinking (years):

**[ ]** N/A – still drinking alcohol (Skip if Q17 and Q18 are both NO)

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

[ ]  Never (Skip to 24)

[ ]  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

## General Instructions

This CRF contains data on the risk factors associated with UIA and SAH.

Important note: The data elements included on this CRF Module are considered Core, Supplemental – Highly Recommended or Exploratory as specified by asterisks below:

\*Element is classified as Core

\*\*Element is classified as Supplemental – Highly Recommended

\*\*\*Element is classified as Exploratory

## Specific Instructions

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

* Family history: Two or more first degree relatives with a history SAH/UIA.
* Hypertension: In adults, hypertension is defined as a systolic pressure ≥ 140, and a diastolic pressure ≥ 90. In children, it is defined as systolic blood pressure > 95th percentile for age.
* Pack-years of smoking: If participant is a former or current cigarette smoker, [(average number smoked daily)/20] x (number of years smoked) = pack-years
* 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.
* Pack-years of smoking: [(average number of cigarettes smokes daily)/20] x (number of years smoked)
* 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. Consumed at least one drink prior to the past year.
* 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.
* Body Mass Index: Value of the participant/subject's body mass index, calculated from height and weight

## 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.