## \*\*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 [ ]  UnknownIf 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 [ ]  UnknownIF YES, specify: **[ ]**  Prenatal **[ ]**  Perinatal |
| g. Other illness(es) |  | [ ]  Yes [ ]  No [ ]  UnknownIf YES, specify illness(es):If YES, specify: **[ ]**  Prenatal **[ ]**  Perinatal **[ ]**  Postnatal |
| h. Decreased fetal movement |  | [ ]  Yes [ ]  No [ ]  UnknownIf 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 [ ]  UnknownIf YES, specify: **[ ]**  Prenatal **[ ]**  Perinatal |
| o. Fetal abnormalities recognized in utero |  | [ ]  Yes [ ]  No [ ]  UnknownIf YES, specify abnormality(ies): |
| p. Maternal infection |  | [ ]  Yes [ ]  No [ ]  UnknownIf 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 [ ]  UnknownIf 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.