

Study number:

Date of inclusion: ___/___/___

24 hours follow-up CRF

NIHSS

Date of NIHSS at 24h: ___/___/___

NIHSS total: _____/42,

- | | | |
|--|---|--|
| <input type="radio"/> 1a Level of consciousness: ___ (0-1-2-3) | <input type="radio"/> 4 Facial Palsy: ___ (0-1-2-3) | <input type="radio"/> 7 Limb Ataxia: ___ (0-1-2-9) |
| <input type="radio"/> 1b LOC questions: ___ (0-1-2) | <input type="radio"/> 5a Motor L arm: ___ (0-1-2-3-4-9) | <input type="radio"/> 8 Sensory: ___ (0-1-2) |
| <input type="radio"/> 1c LOC Commands: ___ (0-1-2) | <input type="radio"/> 5b Motor R arm: ___ (0-1-2-3-4-9) | <input type="radio"/> 9 Best language: ___ (0-1-2-3) |
| <input type="radio"/> 2 Best gaze: ___ (0-1-2) | <input type="radio"/> 6a Motor L leg: ___ (0-1-2-3-4-9) | <input type="radio"/> 10 Dysarthria: ___ (0-1-2-9) |
| <input type="radio"/> 3 Visual: ___ (0-1-2-3) | <input type="radio"/> 6b Motor R leg: ___ (0-1-2-3-4-9) | <input type="radio"/> 11 Extinction & inattention: ___ (0-1-2) |
- If 9, please explain:

(S)AE Check after 24 hours

Was there evidence for any of the following:

- Symptomatic intracerebral hemorrhage
- Asymptomatic intracerebral hemorrhage
- Extracranial hemorrhage
- Embolization in new vascular territories
- Complications at the vascular access site
- No

- i** Symptomatic intracranial hemorrhage = a new intracranial hemorrhage associated with any of the following:
- ≥4 point increase in NIHSS
 - ≥2 point increase in one NIHSS subcategory
 - leading to major medical/surgical intervention such as intubation, hemicraniectomy, or ventricular drain placement
 - absence of an alternative explanation for deterioration

If complications at the vascular access site within 72 hours after the intervention which:

- Aneurysm
- Bleeding
- Vascular occlusion

Did the patient experience one or more (serious) adverse events:

- No
- Yes

If yes, please complete SAE form(s) in Castor and report to sponsor!

Imaging

Non contrast CT scan performed at 24 hours:

- No (!Part of trial protocol!)
 - Yes
- Date & Time of NCCT: ___/___/___ :___

CT-angiography scan performed at 24 hours:

- No (!Part of trial protocol!)
 - Yes
- Date & Time of CTA: ___/___/___ :___

If no, please specify: _____

What alternative imaging was performed:

- MRA
- Carotid duplex ultrasound
- DSA
- Other, _____
- No alternative imaging performed

Date & Time of alternative imaging: ___/___/___ :___

Is there carotid re-occlusion at 24 hours:

- No
- Yes

Study number:

Date of inclusion: ___/___/___

6 ± 1 day follow-up CRF

Day 6±1 assessment performed in: Intervention center Second hospital (transfer)

NIHSS

Date of NIHSS at 6 ± 1 days: ___/___/___

NIHSS total: _____/42,

- | | | |
|--|---|--|
| <input type="radio"/> 1a Level of consciousness: ___ (0-1-2-3) | <input type="radio"/> 4 Facial Palsy: ___ (0-1-2-3) | <input type="radio"/> 7 Limb Ataxia: ___ (0-1-2-9) |
| <input type="radio"/> 1b LOC questions: ___ (0-1-2) | <input type="radio"/> 5a Motor L arm: ___ (0-1-2-3-4-9) | <input type="radio"/> 8 Sensory: ___ (0-1-2) |
| <input type="radio"/> 1c LOC Commands: ___ (0-1-2) | <input type="radio"/> 5b Motor R arm: ___ (0-1-2-3-4-9) | <input type="radio"/> 9 Best language: ___ (0-1-2-3) |
| <input type="radio"/> 2 Best gaze: ___ (0-1-2) | <input type="radio"/> 6a Motor L leg: ___ (0-1-2-3-4-9) | <input type="radio"/> 10 Dysarthria: ___ (0-1-2-9) |
| <input type="radio"/> 3 Visual: ___ (0-1-2-3) | <input type="radio"/> 6b Motor R leg: ___ (0-1-2-3-4-9) | <input type="radio"/> 11 Extinction & inattention: ___ (0-1-2) |
- If 9, please explain:

(S)AE check at 6 ± 1 day

- Was there evidence for any of the following:
- Symptomatic intracerebral hemorrhage
 - Asymptomatic intracerebral hemorrhage
 - Extracranial hemorrhage
 - Embolization in new vascular territories
 - Complications at the vascular access site
 - No

- i** Symptomatic intracranial hemorrhage = a new intracranial hemorrhage associated with any of the following:
- ≥4 point increase in NIHSS
 - ≥ 2 point increase in one NIHSS subcategory
 - leading to major medical/surgical intervention such as intubation, hemicraniectomy, or ventricular drain placement
 - absence of an alternative explanation for deterioration

- If complications at the vascular access site within 72 hours after the intervention, which:
- Aneurysm
 - Bleeding
 - Vascular occlusion

- Did the patient experience one or more (serious) adverse events: No Yes

If yes, please complete SAE form(s) in Castor and report to sponsor!

Review all Data for this Visit

Physician	Study Nurse
Date: ___/___/___	Date: ___/___/___
Signature: _____	Signature: _____

Other, comments: _____

