Study number: _____ Date of inclusion: ___/___/___

Baseline CRF

Demographics

Age of patient at onset: _____		
Sex:	o Female	o Male

Event characteristics

Suspected location of stroke:	o Left hemisphere	o Right hemisphere
Witnessed stroke onset:	o No Date of last seen well: ___/___/____ Time of last seen well: ___:___ Date of symptoms noticed: ___/___/__ Time of symptoms noticed: ___:____	o Yes Date of symptom onset: ___/___/___ Time of symptom onset: ___:____
Transferred from primary stroke center:	o No	o Yes
If yes,	Date and time of arrival in the first hospital: ___/___/___ ___:___ Name of first hospital:_____	
Date and time arrival intervention center: ___/___/____ ___:___		
Was IV tPA administered:	o No	o Yes
If yes,	Date and Time of IVT bolus: ___/___/___ ___:___ Planned IVT dose (mg) _____mg Was the IVT pump stopped early: o No o Yes Administered IVT dose: _____ mg Reason IVT pump was stopped early: _____	

If no IV tPA administered, which contra-indications intravenous thrombolysis:

- o Time window exceeding 4,5 hours
- o Severe head trauma in past 2 months
- o Ischemic stroke in past 2 months
- o Intracranial hemorrhage in past 3 months
- o GI or urinary tract hemorrhage in past 2 weeks
- o Major surgery in past 2 weeks
- o Arterial BP ≥ 185 systolic and/or ≥110mmHg diastolic
- o Active hemorrhage/severe trauma at time of randomization
- o Use of Vit. K antagonist with INR > 1.7
- o Use of direct thrombin or factor X inhibitors
- o Use of therapeutic dose of (LMW) heparin
- o Known thrombocyte count <100*10^9/L
- o Blood glucose <2.7 or >22.0 mmol.L
- o Other, _____

(Medical) History

Atrial fibrillation or flutter:	o No	o Yes
Chronic heart failure:	o No	o Yes
Diabetes Mellitus:	o No	o Yes
Hypertension:	o No	o Yes
Hypercholesterolemia:	o No	o Yes
Intracranial hemorrhage:	o No	o Yes
Ischemic stroke:	o No	o Yes
Transient Ischemic attack:	o No	o Yes
Mech. aorta/mitral valve replacement:	o No	o Yes
Myocardial infarction:	o No	o Yes
Peripheral artery disease:	o No	o Yes
Premorbid cognitive complaints:	o No	o Yes
Falls in the past year:	o No	o Yes, number of falls:_____
Sleep apnea:	o No	o Yes

Intoxication

Smoking status:	o Never o Current: pack years_____	o Stopped < 6 months ago o Stopped > 6 months ago
Use of alcohol:	o No	o Yes; units/week_____
Use of drugs:	o No	o Yes

Study number: _____ Date of inclusion: ___/___/___

Baseline CRF

Medication (at home)

Antihypertensive drugs:	o No	o Yes
ACE-inhibitor:	o No	o Yes
Angiotensin II receptor blocker:	o No	o Yes
Beta blocker:	o No	o Yes
Calcium channel blocker:	o No	o Yes
Diuretic:	o No	o Yes
Other:	o No	o Yes
		If yes, please specify;_____
Antiplatelet agents:	o No	o Yes
Acetylsalicylic acid/carbasalate calcium:	o No	o Yes
Clopidogrel:	o No	o Yes
Dipyridamole:	o No	o Yes
Ticagrelor:	o No	o Yes
Other:	o No	o Yes
		If yes, please specify;_____
Benzodiazepine:	o No	o Yes
Vitamin K antagonist:	o No	o Yes
Acenocoumarol:	o No	o Yes
Phenprocoumon:	o No	o Yes
Direct Oral Anticoagulants:	o No	o Yes
Rivaroxaban (Xarelto):	o No	o Yes
Dabigatran (Pradaxa):	o No	o Yes
Apixaban (Eliqius):	o No	o Yes
Edoxaban (Lixiana):	o No	o Yes
Other:	o No	o Yes
		If yes, please specify;_____
Therapeutic heparin:	o No	o Yes
NSAID:	o No	o Yes
Lipid lowering therapy:	o No	o Yes
High intensity statin:	o No	o Yes
Low/moderate intensity statin:	o No	o Yes
Ezetimibe:	o No	o Yes
Fibrate:	o No	o Yes
PCSK9-inhibitor:	o No	o Yes
Other:	o No	o Yes
		If yes, please specify;_____

ⓘ High-intensity statin; Atorvastatin 40-80mg daily or Rosuvastatin 20-40mg daily

Low/moderate intensity statin: Atorvastitin 10-20mg daily, Rosuvastatin 5-10mg daily, Simvastatin 10-40mg daily, Pravastatin 10-90mg daily, Lovastatin 20-40mg daily, Fluvastatin 20-80mg daily, Pitavastatin 1-4mg daily

Anti-diabetic medication:	o No	o Yes
Insulin:	o No	o Yes
Oral antidiabetic agents:	o No	o Yes
Other:	o No	o Yes
		If yes, please specify;_____

Pre-stroke mRS

o 0: no symptoms	o 3: Moderate disability, requires assistance
o 1: minor symptoms, no limitations	o 4: Moderate severe disability
o 2: Slight disability, no help needed	o 5: Severe disability, completely dependent

Comorbidity influencing mRS:	o No	o Yes
		If yes, please specify;_____

Study number: _____ Date of inclusion: ____/____/____

Baseline CRF

Physical examination Referring center

Referral from other hospital: o Yes o No (—> intervention center)

Glasgow Coma Scale referring center total: _____/15, If available:

Eye	Motor	Verbal
o 4: Opens eyes spontaneously	o 6: Obeys commands	o 5: Oriented/converses normally
o 3: Opens eyes in response to voice	o 5: Localizes painful stimuli	o 4: Confused/disoriented
o 2: Opens eyes in resp. to pain stimuli	o 4: Flexion/withdrawal to stimuli	o 3: Utters inappropriate words
o 1: Does not open eyes	o 3: Abnormal flexion to stimuli	o 2: Incomprehensible sounds
	o 2: Extension to pain stimuli	o 1: Makes no sounds.
	o 1: Makes no movements	

Vital signs referring center: Systolic BP:_____mmHg Diastolic :_____mmHg

NIHSS referring center total: _____/42, If available:

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

Physical Examination Intervention center

Glasgow Coma Scale intervention center total: _____/15:

Eye	Motor	Verbal
o 4: Opens eyes spontaneously	o 6: Obeys commands	o 5: Oriented/converses normally
o 3: Opens eyes in response to voice	o 5: Localizes painful stimuli	o 4: Confused/disoriented
o 2: Opens eyes in resp. to pain stimuli	o 4: Flexion/withdrawal to stimuli	o 3: Utters inappropriate words
o 1: Does not open eyes	o 3: Abnormal flexion to stimuli	o 2: Incomprehensible sounds
	o 2: Extension to pain stimuli	o 1: Makes no sounds.
	o 1: Makes no movements	

Vital signs intervention center:

Systolic BP:_____mmHg	Diastolic BP:_____mmHg
Heart rate (bpm):_____	Height (cm):_____cm
Saturation O2: _____%	Weight (kg): _____kg
Body temperature (°C):_____°C	BMI: _____

NIHSS intervention center total: _____/42,

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

Laboratory results intervention center

Date of laboratory results: ___/___/___	Hemoglobin (mmol/L):_____
Time of laboratory results: ___:___	Leukocyte count (x10^9/L)_____
INR (baseline): _____	CRP (mg/L):_____
Thrombocytes (x10^9/L):_____	Serum Glucose (mmol/L): _____
APTT (sec): _____	Serum creatinine (umol/L):_____
PT (sec): _____	E-GFR (ml/min/1.73m2): _____

Please fill in with 1 decimal, e.g. 8.2mmol/L

Conversion formulas:

Thrombocyte/leukocyte count: /uL x 0.001 = x10^9 /L

Hemoglobin: g/dL x 0.6206 = mmol/L

CRP: mg/dL x 10= mg/L

Serum glucose: mg/dL x 0.0555 = mmol/L

Serum creatinine: mg/dL x 88.4=umol/L

Study number: _____ Date of inclusion: ___/___/___

Imaging

Non contrast CT scan performed at baseline:	o No (!Part of trial protocol!) Date & Time of NCCT: ___/___/___	o Yes ___:___
CT-angiography scan performed at baseline:	o No (!Part of trial protocol!) Date & Time of CTA: ___/___/___ **Side of intracranial occlusion:** o Left **Location of intracranial occlusion:** Location of target occlusion on DSA: o ICA o ICA-T o M1 o M2 proximal (temporal) o M2 distal (frontotemporal) o A1 o A2 o VA **Grading of stenosis of ICA (NASCET):** o 0-49% o 50-69% o 70-89%	o Yes ___:___ o Right o BA o P1 o P2 o Multiple distal microthrombi/emboli o Unable to determine (due to carotid artery stenosis/occlusion) o No proximal intracranial occlusion, specify; _____ o Other, _____ o ≥ 90% o Near-occlusion o Occlusion
CT perfusion scan performed at baseline:	o No Date & Time of CTP: ___/___/___	o Yes ___:___
MRI performed at baseline:	o No Date & Time of MRI: ___/___/___	o Yes ___:___
MRI-angiography scan performed at baseline:	o No Date & Time of CTA: ___/___/___ **Side of intracranial occlusion:** o Left **Location of intracranial occlusion:** Location of target occlusion on DSA: o ICA o ICA-T o M1 o M2 proximal (temporal) o M2 distal (frontotemporal) o A1 o A2 o VA **Grading of stenosis of ICA (NASCET):** o 0-49% o 50-69% o 70-89%	o Yes ___:___ o Right o BA o P1 o P2 o Multiple distal microthrombi/emboli o Unable to determine (due to carotid artery stenosis/occlusion) o No proximal intracranial occlusion, specify; _____ o Other, _____ o ≥ 90% o Near-occlusion o Occlusion

(S)AE check at baseline

Did the patient experience one or more (serious) adverse events?:	o No	o Yes **If yes, please complete SAE form(s) in Castor and report to sponsor!**

Review all Data for this Visit

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

Other, comments:_____
_____
_____
_____