

# **Registration forms**

## **For UCAS Japan**

## Hospital registration form (FORM H)

**Register this information before starting case entry**

- Registration Date :  /  /   
(Example;2001 / 01 / 15)
- Institution name :
- Japan Neurosurgical Society Institutional code  
 A-  C-  N-
- UCAS J local investigator :
- E-mail address :
- Sub-investigator :
- E-mail :
- MRA machine model name :  :  tesla
- CTA machine model name :
- Annual case volume:

Year	Aneurysm surgery including ruptured/unruptured	Total Neurosurgical Surgical volume	Endovascular procedures for aneurysms (ruptured/unruptured)	Total endovascular procedures
<b>1999</b>				
<b>2000</b>				

- Basic management criteria of the institution (check one for the indication of observation and timing)

Observation criteria

- All unruptured intracranial aneurysms
- Aneurysm less than 10mm
- Aneurysms less than 5mm
- Aneurysms less than 3mm
- None of above

Timing of treatment if indicated

- Within 1 months
- During 1~3 months
- After 3 months
- None of above

## Privacy information form (FORM P)

***This data should be filled for all new patients, printed and stored at each institution. This data is not for online registration***

- Date of diagnosis :
- Patient's hospital identification number(ID) :
- Name :
- Date of birth :
- Age :
- Current Address :
- TEL :
- Name of Next to Kin :
- Contact address :
- Sex :  Male  Female
- Location of aneurysms(may check multiple boxes) :  R  L  Midline

<input type="checkbox"/> IC-P Com	<input type="checkbox"/> IC-A Choroidal	<input type="checkbox"/> IC Bifurcation		
<input type="checkbox"/> IC-Paraclinoid	<input type="checkbox"/> So-called IC dorsal	<input type="checkbox"/> IC cavernous (extradural)		
<input type="checkbox"/> MCA	<input type="checkbox"/> A Com	<input type="checkbox"/> A1	<input type="checkbox"/> A2	<input type="checkbox"/> Other supratentorial
<input type="checkbox"/> VA-PICA	<input type="checkbox"/> VA union(VB junction)	<input type="checkbox"/> VA dissection		
<input type="checkbox"/> BA-Top	<input type="checkbox"/> BA-SCA	<input type="checkbox"/> Other infratentorial		

## Initial registration (FORM I) DAY 0

**Register within 2 weeks after obtaining informed consent**

● Informed consent :  Yes  No

● Hospital code :  A-  C-  N-

● Patient ID :

● Sex :  Male  Female

● Patient's name (initials only) :

● Age :

● Date of birth :

● Date of initial consult\* :

● Date of Diagnosis confirmation :

\*: Date of initial consult regarding the medial issue, which resulted in the detection of unruptured intracranial aneurysm (UIA)

● Diagnostic measure confirmed UIA :  Angiography(including digital subtraction angiography)  MRA  3 D CTA

● Reason of medical consult and diagnosis:

- Brain dock
- Screening of central nervous system disease during check-up of general health
- Evaluation of vague symptoms such as headache, vertigo, or dizziness
- Symptoms probably related with aneurysm (such as cranial nerve palsies, embolic events, etc.)
- Evaluation of subarachnoid hemorrhage (SAH) (UIAs associated with other aneurysm caused SAH)
- Other

● Past medical/social history (May check multiple boxes) :

- SAH  Hypertension with good medical control  Poorly controlled Hypertension  Smoking(current)  Diabetes mellitus  Hyperlipidemia  Ischemic strokes  Polycystic kidney disease  none, or other

● Family history of SAH (May check multiple boxes) :

- Parents, or children (Father, Mother, Son, Daughter)

- Siblings (Brother, Sister)
- Other relatives (Male, Female)
- None, or unknown

● Neurological Findings:

1) Neurological deficits (May check multiple boxes)

- none       motor palsy       sensory disturbance
- Speech disturbance     Cranial nerve deficits     Disequilibrium
  
- Other

2) Modified Rankin scale:  (Reference table 1)

● Number of UIAs :

(Register up to 5 aneurysms per patients in case with multiple aneurysms)

(Repeat following column according to the number of UIAs)

● UIA index:  1  2  3  4  5 (Register from larger aneurysm)

● Location of aneurysms :  R  L  Midline

<input type="checkbox"/> IC-P Com	<input type="checkbox"/> IC-A Choroidal	<input type="checkbox"/> IC Bifurcation
<input type="checkbox"/> IC-Paraclinoid	<input type="checkbox"/> So-called IC dorsal	<input type="checkbox"/> IC cavernous (extradural)
<input type="checkbox"/> MCA	<input type="checkbox"/> A Com	<input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> Other supratentorial
<input type="checkbox"/> VA-PICA	<input type="checkbox"/> VA union(VB junction)	<input type="checkbox"/> VA dissection
<input type="checkbox"/> BA-Top	<input type="checkbox"/> BA-SCA	<input type="checkbox"/> Other infratentorial

● Maximum diameter of the aneurysm :  mm(register by mm unit)

● Shape:

<input type="checkbox"/> Saccular	<input type="checkbox"/> Fusiform
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● Calcification:

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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● Thrombosis:

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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● Daughter sac:

<input type="checkbox"/> Yes (>1mm)
<input type="checkbox"/> Yes (<1mm)
<input type="checkbox"/> No

● Initial management plan:

<input type="checkbox"/> Observation without special restriction
<input type="checkbox"/> Observation with careful follow-up and medical consult
<input type="checkbox"/> Craniotomy
<input type="checkbox"/> Endovascular intervention
<input type="checkbox"/> Undetermined

● Follow basic management protocol registered in the FORM H

<input type="checkbox"/> Follow basic plan	<input type="checkbox"/> No
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● Reason of choosing observation (record one main reason)

<input type="checkbox"/> Refuse of the treatment by the patient or family	<input type="checkbox"/> Patient's age
<input type="checkbox"/> Health status	<input type="checkbox"/> Risk of surgery
<input type="checkbox"/> Size of UIA	<input type="checkbox"/> Location of UIA
<input type="checkbox"/> Protocol	<input type="checkbox"/> Other

### 3 months registration(FORM II)

Register the patient's status 3months after the initial consult (Day 0 of Form I)

- **UA number\*** :
- Date of observation :
- Hospital code :  A-  C-  N-
- Name of the hospital :
- Patient hospital ID :
- Patient's name (initials only) :

Blue information will be automatically indicated when registering at the online registration page.

\* UA number is the UCAS Japan patient identification number, which is assigned to each patient automatically as soon as the initial registration is recorded.

- Change of patient's status during the interim  
(such as rupture, neurological change, death, etc.) :

Yes  No (Register FORM II C if Yes)

➤ Date of change: / /

- Any treatment during the interim:

Yes  No (Register FORM II T if Yes)

➤ Date of Treatment: / /

- Any Imaging during the interim:

Yes  No (Register FORM II D if Yes)

➤ Date of Imaging: / /

- Neurological Findings:

1) Neurological deficits (May check multiple boxes)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> none               | <input type="checkbox"/> motor palsy            | <input type="checkbox"/> sensory disturbance |
| <input type="checkbox"/> Speech disturbance | <input type="checkbox"/> Cranial nerve deficits | <input type="checkbox"/> Disequilibrium      |
| <input type="checkbox"/> Other              |   |  |

2) Disturbed consciousness  Yes  No

If yes, register Glasgow Coma Scale(reference table 2):

Best Eye Response:	Best Verbal response:	Best Motor Response:
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3) Modified Rankin scale:  (Reference table 1)

## Change record 3months(FORM II C)

*Register if any change of patient's clinical or aneurysm rupture during the interim*

- UA number :
- Hospital code :  A-  C-  N-
- Name of the hospital :
- Patient hospital ID :
- Patient's name (initials only) :
- Date of change :
- Change type

- Rupture of aneurysm ( Recorded aneurysm : UIA index  1  2  3  4  5、  
 new aneurysm  unknown)
- Intracerebral hemorrhage (Relation with aneurysm :  Yes  No  Unknown)
- Cerebral infarction (Relation with aneurysm :  Yes  No  Unknown)
- Cranial nerve palsy
- Death unrelated with UIAs

### In case of rupture, register following information

- Status of stress when rupture occurred  
Physical :  Heavy duty labor  During Sleep  Other   
Emotional :  Stressed  During sleep  Other
- Level of consciousness at the Emergency room

Glasgow Coma Scale [Reference table 2] :

Best eye response: Best verbal response: Best motor response:

WFNS grade [Reference table 3] :

- Diagnosis of SAH

CT scan  Cerebrospinal fluid  Autopsy  None, other

- Grade of SAH (C T classification)

Fischer's classification [Reference table 3]

I  II  III  IV

- Last known modified Rankin scale:  (Reference table 1)
- End of the study? :  End  Continue



- Reason of End :  Aneurysm rupture     Death      
 Other

○ **Return to 3motnhs registration form**

## Treatment record 3moths (FORM II T)

**Register if any treatment during the interim**

- UA number\* : UA
- Hospital code :  A-  C-  N-
- Name of the hospital :
- Patient hospital ID :
- Patient's name (initials only) :

- Number of aneurysms treated:

- 
- UIA index treated:  1  2  3  4  5

- Method of treatment:

- Craniotomy (Clipping, etc)
- Endovascular treatment
- Both (combined)

- Reason of treatment (Chose one reason, which influenced the decision most)

- Desire of the patient or family
- Age
- Related with SAH  
High risk of rupture ( Size  Shape  Location)
- Change of aneurysm (such as enlargement, etc.)
- Appearance of symptoms (such as cranial nerve palsy, etc.)
- Rupture
- Other

- Date of treatment :

- Imaging after the treatment :

- Yes  No

If Yes :

- Type of imaging :  Angiography  MRA,  3 D CTA
- Effect of treatment :  Complete occlusion  Incomplete occlusion

(Incomplete occlusion; Residual neck+ after clipping or obliteration rate <90% after coiling)

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Repeat 2~5tmes if multiple aneurysms were treated (up to 5 times)

● Outcome/ Neurological status 1months after the treatment

1) Neurological deficits (May check multiple boxes)

<input type="checkbox"/> none	<input type="checkbox"/> motor palsy	<input type="checkbox"/> sensory disturbance
<input type="checkbox"/> Speech disturbance	<input type="checkbox"/> Cranial nerve deficits	<input type="checkbox"/> Disequilibrium
<input type="checkbox"/> Other		

2) Rankin scale:  (Reference table 1)

3) Relation between neurological deficits and treatment (if there is new neurological deficits)

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
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➤ List intra- or peri-operative events most likely induce the deficits, if Yes

<input type="checkbox"/> Perforator injury	<input type="checkbox"/> Parent artery occlusion	<input type="checkbox"/> Venous injury
<input type="checkbox"/> Cerebral retraction, temporary occlusion of the parent artery		
<input type="checkbox"/> Intraoperative rupture	<input type="checkbox"/> Other surgical insults	
<input type="checkbox"/> General complication during surgery	<input type="checkbox"/> Complication after surgery	

4) Other peri-operative complications  Yes  No

➤ If Yes, check below:

<input type="checkbox"/> Hydrocephalus	<input type="checkbox"/> Intracerebral hemorrhage	<input type="checkbox"/>	
Seizure	<input type="checkbox"/> Wound infection	<input type="checkbox"/> Meningitis	<input type="checkbox"/> Olfactory disturbance
<input type="checkbox"/> Vision change		<input type="checkbox"/> Subdural hygroma, hematoma	
<input type="checkbox"/> Facial frontal branch palsy		<input type="checkbox"/> Pneumonia	
<input type="checkbox"/> Deep vein thrombosis of lower extremities			
<input type="checkbox"/> Gastrointestinal bleeding	<input type="checkbox"/> Drug allergy	<input type="checkbox"/> Other	

**OReturn to 3motnhs registration form**

## Image follow-up record 3months(FORM II D)

**Register if any imaging was obtained during the interim**

- Date of imaging :  /  /
- **UA number :**
- **Hospital code :**  A-  C-  N-
- **Name of the hospital :**
- **Patient hospital ID :**
- **Patient's name (initials only) :**
- **Type of imaging :**  MRA  CTA  Angiography  CT  MRI
- **Findings :**

- Cerebral infarction  Hydrocephalus  Brain atrophy  New aneurysm
- Intracerebral hemorrhage  Other  None

- **Findings on aneurysms:**  Change+  No change
- **If any change record followings:**

**UIA index with any change:**  1  2  3  4  5

- **Size:**
- Same  Enlargement (  mm,  % )  Shrinkage (  mm,  % )
- Complete obliteration by the treatment
- Incomplete obliteration by the treatment
- **Shape:**
- Unchanged  Changed

(Repeat if nay changes in multiple aneurysms)

- **Is the imaging obtained after treatment :**  Post treatment  No

Register below if this is post-rearmament

- **Any imaging change by the treatment :**  Yes  No

➤ **Record below if yes :**

- Cerebral infarction  Brain contusion  Subdural hygroma  Subdural hematoma
- Hydrocephalus  Other

**Return to 3motnhs registration form**

## 12 months registration(FORM III)

Register the patient's status 12months after the initial consult (Day 0 of Form I)

- **UA number\*** :
- Date of observation :
- Hospital code :  A-  C-  N-
- Name of the hospital :
- Patient hospital ID :
- Patient's name (initials only) :

Blue information will be automatically indicated when registering at the online registration page.

\* UA number is the UCAS Japan patient identification number, which is assigned to each patient automatically as soon as the initial registration is recorded.

- Change of patient's status during the interim  
(such as rupture, neurological change, death, etc.) :

Yes  No (Register FORM II C if Yes)

➤ Date of change: / /

- Any treatment during the interim:

Yes  No (Register FORM II T if Yes)

➤ Date of Treatment: / /

- Any Imaging during the interim:

Yes  No (Register FORM II D if Yes)

➤ Date of Imaging: / /

- Neurological Findings:

1) Neurological deficits (May check multiple boxes)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> none               | <input type="checkbox"/> motor palsy            | <input type="checkbox"/> sensory disturbance |
| <input type="checkbox"/> Speech disturbance | <input type="checkbox"/> Cranial nerve deficits | <input type="checkbox"/> Disequilibrium      |
| <input type="checkbox"/> Other              |   |  |

2) Disturbed consciousness  Yes  No

If yes, register Glasgow Coma Scale(reference table 2):

Best Eye Response:	Best Verbal response:	Best Motor Response:
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3) Modified Rankin scale:  (Reference table 1)

## Change record 12 months(FORM III C)

*Register if any change of patient's clinical or aneurysm rupture during the interim*

- UA number :
- Hospital code :  A-  C-  N-
- Name of the hospital :
- Patient hospital ID :
- Patient's name (initials only) :
- Date of change :
- Change type

<input type="checkbox"/> Rupture of aneurysm ( <input type="checkbox"/> Recorded aneurysm : <u>UIA index</u> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5、 <input type="checkbox"/> new aneurysm <input type="checkbox"/> unknown)
<input type="checkbox"/> Intracerebral hemorrhage (Relation with aneurysm : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown)
<input type="checkbox"/> Cerebral infarction (Relation with aneurysm : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown)
<input type="checkbox"/> Cranial nerve palsy
<input type="checkbox"/> Death unrelated with UIAs

### In case of rupture, register following information

- Status of stress when rupture occurred  
Physical :  Heavy duty labor  During Sleep  Other   
Emotional :  Stressed  During sleep  Other
- Level of consciousness at the Emergency room

Glasgow Coma Scale [Reference table 2] : Best eye response: Best verbal response: Best motor response: <input type="text"/>
WFNS grade [Reference table 3] :

- Diagnosis of SAH

<input type="checkbox"/> CT scan <input type="checkbox"/> Cerebrospinal fluid <input type="checkbox"/> Autopsy <input type="checkbox"/> None, other
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- Grade of SAH (C T classification)

Fischer's classification [Reference table 4] <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV
---

- Last known modified Rankin scale:  (Reference table 1)
- End of the study? :  End  Continue

- Reason of End :  Aneurysm rupture     Death      
 Other

○ **Return to 12 months registration form**

## Treatment record 12 moths (FORM III T)

**Register if any treatment during the interim**

- UA number\* : UA
- Hospital code :  A-  C-  N-
- Name of the hospital :
- Patient hospital ID :
- Patient's name (initials only) :

- Number of aneurysms treated:

- 
- UIA index treated:  1  2  3  4  5

- Method of treatment:

- Craniotomy (Clipping, etc)
- Endovascular treatment
- Both (combined)

- Reason of treatment (Chose one reason, which influenced the decision most)

- Desire of the patient or family
- Age
- Related with SAH
- High risk of rupture ( Size  Shape  Location)
- Change of aneurysm (such as enlargement, etc.)
- Appearance of symptoms (such as cranial nerve palsy, etc.)
- Rupture
- Other

- Date of treatment :

- Imaging after the treatment :

- Yes  No

If Yes :

- Type of imaging :  Angiography  MRA,  3 D CTA
- Effect of treatment :  Complete occlusion  Incomplete occlusion

(Incomplete occlusion; Residual neck+ after clipping or obliteration rate <90% after coiling)

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Repeat 2~5tmes if multiple aneurysms were treated (up to 5 times)



● Outcome/ Neurological status 1months after the treatment

1) Neurological deficits (May check multiple boxes)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> none               | <input type="checkbox"/> motor palsy            | <input type="checkbox"/> sensory disturbance |
| <input type="checkbox"/> Speech disturbance | <input type="checkbox"/> Cranial nerve deficits | <input type="checkbox"/> Disequilibrium      |
| <input type="checkbox"/> Other              |   |  |

2) Rankin scale:  (Reference table 1)

3) Relation between neurological deficits and treatment (if there is new neurological deficits)

- |                              |                             |                                  |
|------------------------------|-----------------------------|----------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
|------------------------------|-----------------------------|----------------------------------|

➤ List intra- or peri-operative events most likely induce the deficits, if Yes

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Perforator injury   | <input type="checkbox"/> Parent artery occlusion    | <input type="checkbox"/> Venous injury |
| <input type="checkbox"/> Cerebral retraction, temporary occlusion of the parent artery |   |  |
| <input type="checkbox"/> Intraoperative rupture  | <input type="checkbox"/> Other surgical insults     |  |
| <input type="checkbox"/> General complication during surgery                           | <input type="checkbox"/> Complication after surgery |  |

4) Other peri-operative complications  Yes  No

➤ If Yes, check below:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Hydrocephalus                             | <input type="checkbox"/> Intracerebral hemorrhage | <input type="checkbox"/>                            |  |
| Seizure  | <input type="checkbox"/> Wound infection          | <input type="checkbox"/> Meningitis                 | <input type="checkbox"/> Olfactory disturbance |
| <input type="checkbox"/> Vision change                             |   | <input type="checkbox"/> Subdural hygroma, hematoma |  |
| <input type="checkbox"/> Facial frontal branch palsy               |   | <input type="checkbox"/> Pneumonia                  |  |
| <input type="checkbox"/> Deep vein thrombosis of lower extremities |   |   |  |
| <input type="checkbox"/> Gastrointestinal bleeding                 | <input type="checkbox"/> Drug allergy             | <input type="checkbox"/> Other                      |  |

○Return to 12months registration form

## Image follow-up record 12months(FORM III D)

**Register if any imaging was obtained during the interim**

- Date of imaging :  /  /
- **UA number :**
- **Hospital code :**  A-  C-  N-
- **Name of the hospital :**
- **Patient hospital ID :**
- **Patient's name (initials only) :**
- **Type of imaging :**  MRA  CTA  Angiography  CT  MRI
- **Findings :**

- Cerebral infarction  Hydrocephalus  Brain atrophy  New aneurysm
- Intracerebral hemorrhage  Other  None

- **Findings on aneurysms:**  Change+  No change
- **If any change record followings:**

**UIA index with any change:**  1  2  3  4  5

- **Size:**
- Same  Enlargement (  mm,  % )  Shrinkage (  mm,  % )
- Complete obliteration by the treatment
- Incomplete obliteration by the treatment
- **Shape:**
- Unchanged  Changed

(Repeat if nay changes in multiple aneurysms)

- **Is the imaging obtained after treatment :**  Post treatment  No

Register below if this is post-rearmament

- **Any imaging change by the treatment :**  Yes  No

➤ **Record below if yes :**

- Cerebral infarction  Brain contusion  Subdural hygroma  Subdural hematoma
- Hydrocephalus  Other

**Return to 12motnhs registration form**

## 36 months registration(FORM IV)

Register the patient's status 36months after the initial consult (Day 0 of Form I)

- **UA number\*** :
- Date of observation :
- Hospital code :  A-  C-  N-
- Name of the hospital :
- Patient hospital ID :
- Patient's name (initials only) :

Blue information will be automatically indicated when registering at the online registration page.

\* UA number is the UCAS Japan patient identification number, which is assigned to each patient automatically as soon as the initial registration is recorded.

- Change of patient's status during the interim  
(such as rupture, neurological change, death, etc.) :

Yes  No (Register FORM II C if Yes)

➤ Date of change: / /

- Any treatment during the interim:

Yes  No (Register FORM II T if Yes)

➤ Date of Treatment: / /

- Any Imaging during the interim:

Yes  No (Register FORM II D if Yes)

➤ Date of Imaging: / /

- Neurological Findings:

1) Neurological deficits (May check multiple boxes)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> none               | <input type="checkbox"/> motor palsy            | <input type="checkbox"/> sensory disturbance |
| <input type="checkbox"/> Speech disturbance | <input type="checkbox"/> Cranial nerve deficits | <input type="checkbox"/> Disequilibrium      |
| <input type="checkbox"/> Other              |   |  |

2) Disturbed consciousness  Yes  No

If yes, register Glasgow Coma Scale(reference table 2):

Best Eye Response:	Best Verbal response:	Best Motor Response:
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3) Modified Rankin scale:  (Reference table 1)

## Change record 36months(FORM IV C)

*Register if any change of patient's clinical or aneurysm rupture during the interim*

- UA number :
- Hospital code :  A-  C-  N-
- Name of the hospital :
- Patient hospital ID :
- Patient's name (initials only) :
- Date of change :
- Change type

<input type="checkbox"/> Rupture of aneurysm ( <input type="checkbox"/> Recorded aneurysm : <u>UIA index</u> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5、 <input type="checkbox"/> new aneurysm <input type="checkbox"/> unknown)
<input type="checkbox"/> Intracerebral hemorrhage (Relation with aneurysm : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown)
<input type="checkbox"/> Cerebral infarction (Relation with aneurysm : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown)
<input type="checkbox"/> Cranial nerve palsy
<input type="checkbox"/> Death unrelated with UIAs

### In case of rupture, register following information

- Status of stress when rupture occurred  
Physical :  Heavy duty labor  During Sleep  Other   
Emotional :  Stressed  During sleep  Other
- Level of consciousness at the Emergency room

Glasgow Coma Scale [Reference table 2] : Best eye response: Best verbal response: Best motor response: <input type="text"/>
WFNS grade [Reference table 3] :

- Diagnosis of SAH

<input type="checkbox"/> CT scan <input type="checkbox"/> Cerebrospinal fluid <input type="checkbox"/> Autopsy <input type="checkbox"/> None, other
---

- Grade of SAH (C T classification)

Fischer's classification [Reference table 3] <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV
---

- Last known modified Rankin scale:  (Reference table 1)
- End of the study? :  End  Continue

- Reason of End :  Aneurysm rupture     Death      
 Other

○ **Return to 36motnhs registration form**

## Treatment record 36 moths (FORM IV T)

**Register if any treatment during the interim**

- UA number\* : UA
- Hospital code :  A-  C-  N-
- Name of the hospital :
- Patient hospital ID :
- Patient's name (initials only) :

- Number of aneurysms treated:

- 
- UIA index treated:  1  2  3  4  5

- Method of treatment:

- Craniotomy (Clipping, etc)
- Endovascular treatment
- Both (combined)

- Reason of treatment (Chose one reason, which influenced the decision most)

- Desire of the patient or family
- Age
- Related with SAH
- High risk of rupture ( Size  Shape  Location)
- Change of aneurysm (such as enlargement, etc.)
- Appearance of symptoms (such as cranial nerve palsy, etc.)
- Rupture
- Other

- Date of treatment :

- Imaging after the treatment :

- Yes  No

If Yes :

- Type of imaging :  Angiography  MRA,  3 D CTA
- Effect of treatment :  Complete occlusion  Incomplete occlusion

(Incomplete occlusion; Residual neck+ after clipping or obliteration rate <90% after coiling)

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Repeat 2~5tmes if multiple aneurysms were treated (up to 5 times)

● Outcome/ Neurological status 1months after the treatment

1) Neurological deficits (May check multiple boxes)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> none               | <input type="checkbox"/> motor palsy            | <input type="checkbox"/> sensory disturbance |
| <input type="checkbox"/> Speech disturbance | <input type="checkbox"/> Cranial nerve deficits | <input type="checkbox"/> Disequilibrium      |
| <input type="checkbox"/> Other              |   |  |

2) Rankin scale:  (Reference table 1)

3) Relation between neurological deficits and treatment (if there is new neurological deficits)

- |                              |                             |                                  |
|------------------------------|-----------------------------|----------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
|------------------------------|-----------------------------|----------------------------------|

➤ List intra- or peri-operative events most likely induce the deficits, if Yes

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Perforator injury   | <input type="checkbox"/> Parent artery occlusion    | <input type="checkbox"/> Venous injury |
| <input type="checkbox"/> Cerebral retraction, temporary occlusion of the parent artery |   |  |
| <input type="checkbox"/> Intraoperative rupture  | <input type="checkbox"/> Other surgical insults     |  |
| <input type="checkbox"/> General complication during surgery                           | <input type="checkbox"/> Complication after surgery |  |

4) Other peri-operative complications  Yes  No

➤ If Yes, check below:

- |  |   |                                     |  |
|--|---|-------------------------------------|--|
| <input type="checkbox"/> Hydrocephalus                             | <input type="checkbox"/> Intracerebral hemorrhage   | <input type="checkbox"/>            |  |
| Seizure  | <input type="checkbox"/> Wound infection            | <input type="checkbox"/> Meningitis | <input type="checkbox"/> Olfactory disturbance |
| <input type="checkbox"/> Vision change                             | <input type="checkbox"/> Subdural hygroma, hematoma |                                     |  |
| <input type="checkbox"/> Facial frontal branch palsy               | <input type="checkbox"/> Pneumonia                  |                                     |  |
| <input type="checkbox"/> Deep vein thrombosis of lower extremities |   |                                     |  |
| <input type="checkbox"/> Gastrointestinal bleeding                 | <input type="checkbox"/> Drug allergy               | <input type="checkbox"/> Other      |  |

○Return to 36motnhs registration form

## Image follow-up record 36 months(FORM IV D)

**Register if any imaging was obtained during the interim**

- Date of imaging :  /  /
- **UA number :**
- **Hospital code :**  A-  C-  N-
- **Name of the hospital :**
- **Patient hospital ID :**
- **Patient's name (initials only) :**
- **Type of imaging :**  MRA  CTA  Angiography  CT  MRI
- **Findings :**

- Cerebral infarction  Hydrocephalus  Brain atrophy  New aneurysm
- Intracerebral hemorrhage  Other  None

- **Findings on aneurysms:**  Change+  No change
- **If any change record followings:**

**UIA index with any change:**  1  2  3  4  5

- **Size:**
- Same  Enlargement (  mm,  % )  Shrinkage (  mm,  % )
- Complete obliteration by the treatment
- Incomplete obliteration by the treatment
- **Shape:**
- Unchanged  Changed

(Repeat if nay changes in multiple aneurysms)

- **Is the imaging obtained after treatment :**  Post treatment  No

Register below if this is post-rearmament

- **Any imaging change by the treatment :**  Yes  No

➤ **Record below if yes :**

- Cerebral infarction  Brain contusion  Subdural hygroma  Subdural hematoma
- Hydrocephalus  Other

**Return to 36 months registration form**



## Final follow-up registration(FORM F)

Register the patient's status more than 36months after the initial consult  
(Day 0 of Form I)

- **UA number\*** :
- Date of observation :
- Hospital code :  A-  C-  N-
- Name of the hospital :
- Patient hospital ID :
- Patient's name (initials only) :

Blue information will be automatically indicated when registering at the online registration page.

\* UA number is the UCAS Japan patient identification number, which is assigned to each patient automatically as soon as the initial registration is recorded.

- Change of patient's status during the interim  
(such as rupture, neurological change, death, etc.) :

Yes  No (Register FORM II C if Yes)

➤ Date of change: / /

- Any treatment during the interim:

Yes  No (Register FORM II T if Yes)

➤ Date of Treatment: / /

- Any Imaging during the interim:

Yes  No (Register FORM II D if Yes)

➤ Date of Imaging: / /

- Neurological Findings:

1) Neurological deficits (May check multiple boxes)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> none               | <input type="checkbox"/> motor palsy            | <input type="checkbox"/> sensory disturbance |
| <input type="checkbox"/> Speech disturbance | <input type="checkbox"/> Cranial nerve deficits | <input type="checkbox"/> Disequilibrium      |
| <input type="checkbox"/> Other              |   |  |

2) Disturbed consciousness  Yes  No

If yes, register Glasgow Coma Scale(reference table 2):

Best Eye Response:	Best Verbal response:	Best Motor Response:
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3) Modified Rankin scale:  (Reference table 1)

## Change record Final (FORM F C)

*Register if any change of patient's clinical or aneurysm rupture during the interim*

- UA number :
- Hospital code :  A-  C-  N-
- Name of the hospital :
- Patient hospital ID :
- Patient's name (initials only) :
- Date of change :  /  /
- Change type

- Rupture of aneurysm ( Recorded aneurysm : UIA index  1  2  3  4  5、  
 new aneurysm  unknown)
- Intracerebral hemorrhage (Relation with aneurysm :  Yes  No  Unknown)
- Cerebral infarction (Relation with aneurysm :  Yes  No  Unknown)
- Cranial nerve palsy
- Death unrelated with UIAs

### In case of rupture, register following information

- Status of stress when rupture occurred  
Physical :  Heavy duty labor  During Sleep  Other   
Emotional :  Stressed  During sleep  Other
- Level of consciousness at the Emergency room

Glasgow Coma Scale [Reference table 2] :

Best eye response:  Best verbal response:  Best motor response:

WFNS grade [Reference table 3] :

- Diagnosis of SAH

CT scan  Cerebrospinal fluid  Autopsy  None, other

- Grade of SAH (C T classification)

Fischer's classification [Reference table 3]

I  II  III  IV

- Last known modified Rankin scale:  (Reference table 1)
- End of the study? :  End  Continue

- Reason of End :  Aneurysm rupture     Death      
 Other

○ **Return to registration form F**

## Treatment record Final (FORM F T)

**Register if any treatment during the interim**

- UA number\* : UA
- Hospital code :  A-  C-  N-
- Name of the hospital :
- Patient hospital ID :
- Patient's name (initials only) :

- Number of aneurysms treated:

- 
- UIA index treated:  1  2  3  4  5

- Method of treatment:

- Craniotomy (Clipping, etc)
- Endovascular treatment
- Both (combined)

- Reason of treatment (Chose one reason, which influenced the decision most)

- Desire of the patient or family
- Age
- Related with SAH  
High risk of rupture ( Size  Shape  Location)
- Change of aneurysm (such as enlargement, etc.)
- Appearance of symptoms (such as cranial nerve palsy, etc.)
- Rupture
- Other

- Date of treatment :

- Imaging after the treatment :

- Yes  No

If Yes :

- Type of imaging :  Angiography  MRA,  3 D CTA
- Effect of treatment :  Complete occlusion  Incomplete occlusion

(Incomplete occlusion; Residual neck+ after clipping or obliteration rate <90% after coiling)

-----

Repeat 2~5tmes if multiple aneurysms were treated (up to 5 times)

● Outcome/ Neurological status 1months after the treatment

1) Neurological deficits (May check multiple boxes)

<input type="checkbox"/> none	<input type="checkbox"/> motor palsy	<input type="checkbox"/> sensory disturbance
<input type="checkbox"/> Speech disturbance	<input type="checkbox"/> Cranial nerve deficits	<input type="checkbox"/> Disequilibrium
<input type="checkbox"/> Other		

2) Rankin scale:  (Reference table 1)

3) Relation between neurological deficits and treatment (if there is new neurological deficits)

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
------------------------------	-----------------------------	----------------------------------

➤ List intra- or peri-operative events most likely induce the deficits, if Yes

<input type="checkbox"/> Perforator injury	<input type="checkbox"/> Parent artery occlusion	<input type="checkbox"/> Venous injury
<input type="checkbox"/> Cerebral retraction, temporary occlusion of the parent artery		
<input type="checkbox"/> Intraoperative rupture	<input type="checkbox"/> Other surgical insults	
<input type="checkbox"/> General complication during surgery	<input type="checkbox"/> Complication after surgery	

4) Other peri-operative complications  Yes  No

➤ If Yes, check below:

<input type="checkbox"/> Hydrocephalus	<input type="checkbox"/> Intracerebral hemorrhage	<input type="checkbox"/>	
Seizure	<input type="checkbox"/> Wound infection	<input type="checkbox"/> Meningitis	<input type="checkbox"/> Olfactory disturbance
<input type="checkbox"/> Vision change		<input type="checkbox"/> Subdural hygroma, hematoma	
<input type="checkbox"/> Facial frontal branch palsy		<input type="checkbox"/> Pneumonia	
<input type="checkbox"/> Deep vein thrombosis of lower extremities			
<input type="checkbox"/> Gastrointestinal bleeding	<input type="checkbox"/> Drug allergy	<input type="checkbox"/> Other	

○Return to registration form F

## Image follow-up record Final (FORM F D)

**Register if any imaging was obtained during the interim**

- Date of imaging :  /  /
- **UA number :**
- **Hospital code :**  A-  C-  N-
- **Name of the hospital :**
- **Patient hospital ID :**
- **Patient's name (initials only) :**
- **Type of imaging :**  MRA  CTA  Angiography  CT  MRI
- **Findings :**

- Cerebral infarction  Hydrocephalus  Brain atrophy  New aneurysm
- Intracerebral hemorrhage  Other  None

- **Findings on aneurysms:**  Change+  No change
- **If any change record followings:**

**UIA index with any change:**  1  2  3  4  5

- **Size:**
- Same  Enlargement (  mm,  % )  Shrinkage (  mm,  % )
- Complete obliteration by the treatment
- Incomplete obliteration by the treatment
- **Shape:**
- Unchanged  Changed

(Repeat if nay changes in multiple aneurysms)

- **Is the imaging obtained after treatment :**  Post treatment  No

Register below if this is post-rearmament

- **Any imaging change by the treatment :**  Yes  No

➤ **Record below if yes :**

- Cerebral infarction  Brain contusion  Subdural hygroma  Subdural hematoma
- Hydrocephalus  Other

○Return to registration form F

## Emergency Event Registration(FORM E)

**Register if the aneurysm rupture, the patient died, or the patient became unable to be followed by any reason**

- UA number: UA
- Date of Emergency event:  /  /
- Hospital code :  A-  C-  N-
- Name of the hospital :
- Patient hospital ID :
- Patient's name (initials only) :

- Type of Event

- Rupture of the UIA (  Known UIA : UIA index  1  2  3  4  5 ,  
 New aneurysm  Unknown)
- Death other than SAH
- Other: Patient became unable to be followed

### In case of rupture, register following information

- Status of stress when rupture occurred

Physical :  Heavy duty labor  During Sleep  Other

Emotional :  Stressed  During sleep  Other

- Level of consciousness at the Emergency room

Glasgow Coma Scale [Reference table 2] :

Best eye response: Best verbal response: Best motor response:

WFNS grade [Reference table 3] :

- Diagnosis of SAH

CT scan  Cerebrospinal fluid  Autopsy  None, other

- Grade of SAH (C T classification)

Fischer's classification [Reference table 4]

I  II  III  IV

- Last known modified Rankin scale:  (Reference table 1)

- Reason of study termination :

Aneurysm rupture  Death  Inability of follow-up

**Reference tables****Table 1 : Modified Rankin scale (modified for UCAS Japan)**

<b>Grade</b>	<b>Description</b>
0	No symptoms
1	Minor symptoms that do not interfere with life style
2	Minor handicap; symptoms that lead to some restriction in lifestyle but do not interfere with the patient's capacity to look after himself
3	Moderate handicap; symptoms that significantly restrict lifestyle and prevent totally independent existence
4	Moderately severe handicap; symptoms that clearly prevent independent existence though not needing constant attention
5	Severe handicap; totally dependent patient requiring constant attention night and day
6	Death

**Table 2 : Glasgow Coma Scale**

<b>Points</b>	<b>Best Eye Response</b>	<b>Best Verbal response</b>	<b>Best Motor Response</b>
6	-	-	Obeys commands
5	-	Oriented	Localizes pain
4	Spontaneous open	Confused	Withdraw to pain
3	Open to speech	Inappropriate	Abnormal flexion (Decorticate)
2	Open to pain	Incomprehensive	Abnormal extension (Decerebrate)
1	None	None	None

**Table 3 : WFNS SAH grade**(World Federation of Neurological Societies) grading scale

<b>Grade</b>	<b>Glasgow Coma Scale</b>	<b>Neurologic Deficit</b>
I	15	(-)
II	14~13	(-)
III	14~13	(+)



IV	12~7	With or without focal neurologic deficit
V	6~3	With or without abnormal posturing

**Table 4: Fischer CT classification of subarachnoid hemorrhage**

<b>Group</b>	<b>Blood clot on CT scan</b>
1	No blood detected
2	Diffuse or vertical layers, thickness < 1 mm
3	Diffuse or vertical layer, and/or localized clot, thickness $\geq$ 1 mm
4	Intracerebral or Intraventricular clot with diffuse or no SAH