PATIENT DEMOGRAPHICS		
Variable name	**Definition**	**Completeness**
Age at time of ICH		100%
Gender		100%
COMORBIDITIES PRESENT BEFORE ICH		
Variable name	**Definition**	**Completeness**
Pre-morbid Rankin	Modified Rankin Scale score before the index ICH.	99%
Angina pectoris within 30 days before admission	Angina pectoris as defined by ICD-10 (International Statistical Classification of Diseases and Related Health Problems) codes that begin with I20 occuring within 30 days before admission.	99%
Peripheral vascular disease within 30 days before admission	Peripheral vascular diseases as defined by ICD-10 codes that begin with I73 occuring within 30 days before admission.	99%
Deep venous thrombosis within 30 days before admission	Deep venous thrombosis as defined by ICD-10 codes that begin with I80 or with I82 occuring within 30 days before admission.	99%
Myocardial infarction within 30 days before admission	Myocardial infarction as defined by ICD-10 codes that begin with I21 occuring within 30 days before admission.	99%
Cerebral infarction 30 days before admission	Cerebral infarction as defined by ICD-10 codes that begin with I63 occuring within 30 days before admssion.	99%
Any history of a malignant neoplasm	Any forms of a malignant neoplasm as defined by any ICD-10 codes that begin with C00 through to C43 and C45 through to C97 diagnosed at any time before admission.	99%
Malignant neoplasm within 2 years before admission	Any forms of a malignant neoplasm as defined by any ICD-10 codes that begin with C00 through to C43 and C45 through to C97 diagnosed within 2 years before admission.	99%
Any history of ischaemic events	Any history prior to admission for the index ICH of a vaso-occlusive/ischemic event (e.g. myocaridal infarction, angina pectoris, TIA, cerebral infarction, peripheral vascular disease, pulmonary embolism) .	99%
Any history of deep venous thrombosis	Any history prior to admission for the index ICH of deep venous thrombosis.	99%
Any history of heart failure	Any history prior to admission for the index ICH of heart failure.	99%
Any history of ischaemic stroke	Any history prior to admission for the index ICH of ischaemic stroke.	99%
Any history of pulmonary embolism	Any history prior to admission for the index ICH of pulmonary embolism.	99%
Any history of peripheral vascular disease	Any history prior to admission for the index ICH of peripheral vascular disease.	99%
Any history of	Any history prior to admission for the index ICH of transient	99%

transient ischaemic attacks	ischaemic attacks.	
MEDICATION AT TIME OF ICH		
Variable name	**Definition**	**Completeness**
On antihypertensives at time of ICH	Includes any medication commonly prescribed as an antihypertensive (not furosemide, since this is usually prescribed for heart failure.)	99%
On anticoagulants at time of ICH	Includes warfarin, enoxaparin (both long term, short term – prophylactic and therapeutic doses if given immediately prior to the ICH.)	100%
On antiplatelets at time of ICH	Includes aspirin, dipyridamol and clopidogrel.	99%
FIRST ASSESSMENT AFTER ICH		
Variable name	**Definition**	**Completeness**
Present in the hospital	Patient presented to the hospital for their ICH.	100%
Nature of symptom onset	The nature of sypmtom onset was divided into three categories: ▪ Awake at onset ▪ Awoke from sleep ▪ Last seen well	87%
Delay in hours from onset to CT scan (rounded up)	▪ Delay in hours from the nature of onset until the CT scan that diagnosed the ICH was performed. ▪ Completeness varies depending on the search mode: for "Equal or less" and "Less than" the completeness is 100%. However over-estimations have been applied in 32%. ▪ For the other search modes the completeness is 68%. ▪ Also note that the nature of onset determines the true delay from ICH symptom onset to when a CT scan was made.	68 or 100%
Systolic BP on admission	Systolic blood pressure measured at the first assessment in hospital after ICH.	88%
Diastolic BP on admission	Diastolic blood pressure measured at the first assessment in hospital after ICH.	87%
GCS Eye score on admission	Glasgow Coma Scale Eye score at the first assessment in hospital after ICH.	96%
GCS Verbal score on admission	Glasgow Coma Scale Verbal score at the first assessment in hospital after ICH.	97%
GCS Motor score on admission	Glasgow Coma Scale Motro score at the first assessment in hospital after ICH.	96%
GCS Total score on admission	Glasgow Coma Scale Total score at the first assessment in hospital after ICH.	96%
Total prognostic ICH score	Total prognostic ICH score derived from the first assessments in hospital after ICH.	95%
RADIOGRAPHIC CHARACTERISTICS		
Variable name	**Definition**	**Completeness**
First-ever ICH	The intracerebral haemorrhage that made the patient part of this study was the first one in the patient's lifetime.	100%
Total ICH volume (ml)	Intracerebral haemorrhage volume (excluding subarachnoid or intraventricular blood) was measured with the ABC/2 method.	98%
Number of bleeds	Single intracerebral haemorrhage versus mutiple intracerebral haemorrhages.	100%

ICH cause (primary /secondary)	Primary causes include: ▪ Acquired small vessel disease ▪ Cerebral amyloid angiopathy – without a detected genetic mutation; ▪ Cerebral amyloid angiopathy – with a detected genetic mutation ▪ Genetic small artery diseases – CADASIL ▪ Genetic small artery diseases – COL4A1 mutation ▪ Genetic small artery diseases – familial without an identified mutation ▪ Unknown cause Secondary causes include: ▪ Moya-moya phenomenon ▪ Vasculitis, reversible cerebral vasoconstriction syndrome ▪ Arterial aneurysm ▪ Arteriovenous malformation ▪ Dural arteriovenous fistula ▪ Cavernous malformation ▪ Acute leucoencephalopathy syndromes ▪ Intracranial venous thrombosis ▪ Malignancy	100%
Specific ICH cause	The following specific ICH causes were defined: ▪ Acquired small vessel disease ▪ Cerebral amyloid angiopathy – without a detected genetic mutation; ▪ Cerebral amyloid angiopathy – with a detected genetic mutation ▪ Genetic small artery diseases – CADASIL ▪ Genetic small artery diseases – COL4A1 mutation ▪ Genetic small artery diseases – familial without an identified mutation ▪ Moya-moya phenomenon ▪ Vasculitis, reversible cerebral vasoconstriction syndrome ▪ Arterial aneurysm ▪ Arteriovenous malformation ▪ Dural arteriovenous fistula ▪ Cavernous malformation ▪ Acute leucoencephalopathy syndromes ▪ Intracranial venous thrombosis ▪ Malignancy Multiple – evidence of at least 2 of the previously mentioned causes ▪ Unknown	100%
Strictly lobar ICH	Haemorrhage classified as lobar.	100%
Supratentorial ICH	ICH limited to the supratentorial compartment.	100%
Hydrocephalus	Dilated ventricles caused by an increase in volume of the cerebrospinal fluid.	98%
Intraventricular extension	Presence or absence of blood in the intraventricular spaces as determined from radiographic or pathological examination.	98%

Subarachnoid extension	Presence or absence of blood in the subarachnoid spaces as determined from radiographic or pathological examination.	98%
Subdural extension	Presence or absence of blood in the subdrual spaces as determined from radiographic or pathological examination.	98%
LABORATORY RESULTS		
Variable name	**Definition**	**Completeness**
Creatinine (mcmol/l) on admission	Serum creatinine determined on admission to the hospital.	96%
Glucose (mmol/l) on admission	Serum glucose determined on admission to the hospital.	78%
INR on admission	INR determined on admission to the hospital.	58%
Platelets (x 10^9/L) on admission	Platelet count determined on admission to the hospital.	95%