

# Giant-Aneurysm-Registry

## Follow-up examination

(please conduct follow-up examinations at year 1, 3 and 5 after inclusion into the registry)

**Please fax to:**

**++49- 30- 450 560 900 (Dengler)**

patient-ID: \_\_\_\_\_

date of follow-up \_\_\_\_\_  
day / month / year

### health condition

asymptomatic  yes  no

if "no":

cranial nerve palsy  yes  no

motor deficit (arm/leg)  yes  no

aphasia  yes  no

mRS

dead  yes  no

if "yes": date of death \_\_\_\_\_  
( day / month / year)

Was death caused by the giant aneurysm  
(e.g. brain stem compression or rupture)?  yes  no

### Was further intervention regarding the giant aneurysm conducted since the last examination?

yes  no

if „yes“: when? date \_\_\_\_\_  
day / month / year

why?  aneurysm rupture  
 residual aneurysm lumen  
 hydrocephalus  
 bypass related problems  
 others

what kind of intervention?  
 surgical aneurysm treatment  
 endovascular aneurysm treatment  
 others

### Has a rupture of the giant aneurysm occurred ever since the last examination that was not treated surgically or endovascularly?

yes  no

if "yes": date of rupture: \_\_\_\_\_  
day / month / year

### Has a different intracranial aneurysm been treated since the last examination?

yes  no if "yes": what kind of treatment?  conservative  
 surgical  
 endovascular

if "surgical" or "endovascular": date of intervention: \_\_\_\_\_  
day / month / year