

A LARGE SIMPLE PLACEBO CONTROLLED TRIAL, AMONG ADULTS WITH HEAD INJURY AND IMPAIRED CONSCIOUSNESS, OF THE EFFECTS OF A 48-HOUR INFUSION OF CORTICOSTEROIDS ON DEATH AND NEUROLOGICAL DISABILITY

DATA DICTIONARY FOR THE DATA SET CRASH DATA (CRASH data.csv)

**EXCLUDED FROM THE CRASH DATA SET ARE THE VARIABLES:**

***Country, hospital code and intervention***

**THESE VARIABLES MAY BE REQUESTED FROM THE CTU. A SUMMARY PROTOCOL DETAILING THE**

**USE THAT WILL BE MADE OF THIS DATA MUST BE PROVIDED WITH THE REQUEST.**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **DATA DEFINITION FILE FOR CRASH DATASET: CRASH data.csv (Excel comma separated value file)** | | | | |  |  |  |
| **Variable** | **Label** | **Comments** | **Maximum** | **Type** |  | **Codes** |  |
| **Length** |  |  |
|  |  |  |  |  |  |  |
| **BASELINE DATA** |  |  |  |  |  |  |  |
| Patient ID | Six digit unique identifier for | Derived from the | 7 | String |  |  |  |
|  | each patient | treatment box-pack |  |  |  |  |  |
|  |  | number |  |  |  |  |  |
| SEX | Gender of the patient |  | 1 | Number | 0 = Male | |  |
|  |  |  |  |  | 1 | = Female |  |
| AGE | Estimated age in years if |  | 2 | Number | -1 = DOB known and entered | |  |
|  | DOB not known |  |  |  |  |  |  |
| DRAND | Date of randomisation | DD/MM/YYYY | 10 | Date |  |  |  |
| TRAND | Time of randomisation | HH:MM:SS | 8 | Time |  |  |  |
| MINS\_SINCE\_INJURY | Number of minutes since |  | 4 | Number |  |  |  |
|  | injury |  |  |  |  |  |  |
| GCS\_EYE | Glasgow Coma Scale: Eye |  | 1 | Number | 4 = Spontaneous | |  |
|  | opening |  |  |  | 3 | = To sound |  |
|  |  |  |  |  | 2 | = To pain |  |
|  |  |  |  |  | 1 | = None |  |
| GCS\_MOTOR | Glasgow Coma Scale: Motor |  | 1 | Number | 6 = Obeys commands | |  |
|  | response |  |  |  | 5 | = Localising |  |
|  |  |  |  |  | 4 | = Normal flexion |  |
|  |  |  |  |  | 3 | = Abnormal flexion |  |
|  |  |  |  |  | 2 | = Extending |  |
|  |  |  |  |  | 1 | = None |  |
| GCS\_VERBAL | Glasgow Coma Scale: Verbal |  | 1 | Number | 5 = Orientated | |  |
|  | response |  |  |  | 4 | = Confused speech |  |
|  |  |  |  |  | 3 | = Words |  |
|  |  |  |  |  | 2 | = Sounds |  |
|  |  |  |  |  | 1 | = None |  |

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|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Variable** | **Label** | **Comments** | **Maximum** | **Type** |  | **Codes** |  |
| **Length** |  |  |
|  |  |  |  |  |  |  |
| IS\_GCS\_CURRENT | Indicates whether GCS is |  | 1 | Number | 1 = Current | |  |
|  | current or most recent |  |  |  | 2 | = Most recent |  |
| PUPIL\_REACT\_LEFT | Pupil reactiveness left eye |  | 1 | Number | 1 = Yes | |  |
|  |  |  |  |  | 2 | = No |  |
|  |  |  |  |  | 3 | = Unable to assess |  |
| PUPIL\_REACT\_RIGHT | Pupil reactiveness right eye |  | 1 | Number | 1 = Yes | |  |
|  |  |  |  |  | 2 | = No |  |
|  |  |  |  |  | 3 | = Unable to assess |  |

**EARLY OUTCOME DATA – within two weeks from randomisation – FORM COMPLETED AT ADMITTING HOSPITAL [EO= early outcome form]**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| EO\_Cause | Cause of injury |  | 1 | Number | 1 = Road Traffic Accident | |
|  |  |  |  |  | 2 | = Fall >2 metres |
|  |  |  |  |  | 3 | = Other |
| EO\_Cause specified | Description of other cause |  | 68 | String | Free text | |
|  | of injury |  |  |  |  |  |
| EO\_Outcome | Dead or alive within two |  | 1 | Number | 1 = Death in hospital | |
|  | weeks after injury |  |  |  | 2 | = Transferred to other acute care |
|  |  |  |  |  | hospital | |
|  |  |  |  |  | 3 | = Discharged to rehabilitation centre |
|  |  |  |  |  | or nursing home | |
|  |  |  |  |  | 4 | = Discharged home |
|  |  |  |  |  | 5 | = Still in this hospital now |
| EO\_Date of outcome | Date of outcome |  | 10 | Date |  |  |

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|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Variable** | **Label** | **Comments** | **Maximum** | **Type** |  | **Codes** |  |
| **Length** |  |  |
|  |  |  |  |  |  |  |
| EO\_Symptoms | Condition of patient at early |  | 1 | Number | 1 = No symptoms | |  |
|  | outcome |  |  |  | 2 | = Minor symptoms |  |
|  |  |  |  |  | 3 | = Some restriction in lifestyle but |  |
|  |  |  |  |  | independent | |  |
|  |  |  |  |  | 4 | = Dependent, but not requiring |  |
|  |  |  |  |  | constant attention | |  |
|  |  |  |  |  | 5 | = Fully dependent, requiring attention |  |
|  |  |  |  |  | day and night | |  |
|  |  |  |  |  | 6 | = Dead |  |
|  |  |  |  |  | 9 | = Known to be alive at 6M but |  |
|  |  |  |  |  | symptoms not known at day 14 | |  |
| EO\_Days ICU | Number of days spent in |  | 2 | Number |  |  |  |
|  | Intensive Care Unit |  |  |  |  |  |  |
| EO\_Seizure | Seizure Yes or No |  | 1 | Number | 1 = Yes | |  |
|  |  |  |  |  | 2 | = No |  |
| EO\_Haematemesis or | Haematemesis or melaena |  | 1 | Number | 1 = Yes | |  |
| melaena | requiring transfusion Yes or |  |  |  | 2 | = No |  |
|  | No |  |  |  |  |  |  |
| EO\_Wound infection | Wound infection with pus |  | 1 | Number | 1 = Yes | |  |
|  | Yes or No |  |  |  | 2 | = No |  |
| EO\_Pneumonia | Pneumonia treated with |  | 1 | Number | 1 = Yes | |  |
| TWAB | antibiotics Yes or No |  |  |  | 2 | = No |  |
| EO\_Other TWAB | Other treated with |  | 1 | Number | 1 = Yes | |  |
|  | antibiotics Yes or No |  |  |  | 2 | = No |  |
| EO\_Neurosurgical | Neurosurgical operation Yes |  | 1 | Number | 1 = Yes | |  |
|  | or No |  |  |  | 2 | = No |  |
| EO\_Major EC injury | Major extracranial injury |  | 1 | Number | 1 = Yes | |  |
|  | Yes or No |  |  |  | 2 | = No |  |

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|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Variable** | **Label** | **Comments** | **Maximum** | **Type** |  | **Codes** |  |
| **Length** |  |  |
|  |  |  |  |  |  |  |
| EO\_Head CT scan | Head CT scan done Yes or |  | 1 | Number | 1 | = Yes |  |
|  | No |  |  |  | 2 | = No |  |
| EO\_Date of CT | Date and time of CT scan | DD/MM/YYYY | 10 | Date and |  |  |  |
|  |  | HH:MM:SS |  | time |  |  |  |
| EO\_Normal scan | Normal scan Yes or No |  | 1 | Number | 1 | = Yes |  |
|  |  |  |  |  | 2 | = No |  |
| EO\_1 or more PH | 1 or more petechial |  | 1 | Number | 1 | = Yes |  |
|  | haemorrhages within the |  |  |  | 2 | = No |  |
|  | brain Yes or No |  |  |  |  |  |  |
| EO\_Obliteration | Obliteration of the 3rd |  | 1 | Number | 1 | = Yes |  |
| 3rdVorBC | ventricle or basal cisterns |  |  |  | 2 | = No |  |
|  | Yes or No |  |  |  |  |  |  |
| EO\_Subarachnoid | Subarachnoid bleed Yes or |  | 1 | Number | 1 | = Yes |  |
| bleed | No |  |  |  | 2 | = No |  |
| EO\_Midline shift | Midline shift >5mm Yes or |  | 1 | Number | 1 | = Yes |  |
| >5mm | No |  |  |  | 2 | = No |  |
| EO\_Non-evac haem | Intracranial haematoma |  | 1 | Number | 1 | = Yes |  |
|  | non-evacuated Yes or No |  |  |  | 2 | = No |  |
| EO\_Evac haem | Intracranial haematoma |  | 1 | Number | 1 | = Yes |  |
|  | evacuated Yes or No |  |  |  | 2 | = No |  |
| EO\_Loading | Loading dose of trial |  | 1 | Number | 1 | = Yes |  |
|  | treatment given Yes or No |  |  |  | 2 | = No |  |
| EO\_Maintenance | Number of hours of |  | 2 | Number |  |  |  |
|  | maintenance dose of trial |  |  |  |  |  |  |
|  | treatment given |  |  |  |  |  |  |

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**EARLY OUTCOME DATA – within two weeks from randomisation – FORM COMPLETED AT HOSPITAL PATIENT WAS TRANSFERRED TO [TH=transfer hospital early outcome form]**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Variable** | **Label** | **Comments** | **Maximum** | **Type** |  | **Codes** |  |
| **Length** |  |  |
|  |  |  |  |  |  |  |
| TH\_Cause | Cause of injury |  | 1 | Number | 1 = Road Traffic Accident | |  |
|  |  |  |  |  | 2 | = Fall >2 metres |  |
|  |  |  |  |  | 3 | = Other |  |
| TH\_Cause specified | Description of other cause |  | 48 | String | Free text | |  |
|  | of injury |  |  |  |  |  |  |
| TH\_Outcome | Dead or alive at transfer |  | 1 | Number | 1 = Death in hospital | |  |
|  | hospital within two weeks |  |  |  | 2 = Transferred to other acute care | |  |
|  | after injury |  |  |  | hospital | |  |
|  |  |  |  |  | 3 | = Discharged to rehabilitation centre |  |
|  |  |  |  |  | or nursing home | |  |
|  |  |  |  |  | 4 | = Discharged home |  |
|  |  |  |  |  | 5 | = Still in this hospital now |  |
| TH\_Date of outcome | Date of outcome | DD/MM/YYYY | 10 | Date |  |  |  |
| TH\_Symptoms | Condition of patient at early |  | 1 | Number | 1 = No symptoms | |  |
|  | outcome |  |  |  | 2 = Minor symptoms | |  |
|  |  |  |  |  | 3 | = Some restriction in lifestyle but |  |
|  |  |  |  |  | independent | |  |
|  |  |  |  |  | 4 | = Dependent, but not requiring |  |
|  |  |  |  |  | constant attention | |  |
|  |  |  |  |  | 5 | = Fully dependent, requiring attention |  |
|  |  |  |  |  | day and night | |  |
|  |  |  |  |  | 6 | = Dead |  |
|  |  |  |  |  | 9 | = Known to be alive at 6M but |  |
|  |  |  |  |  | symptoms not known at day 14 | |  |
| TH\_Days ICU | Number of days spent in |  | 2 | Number |  |  |  |
|  | Intensive Care Unit |  |  |  |  |  |  |

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| **Variable** | **Label** | **Comments** | **Maximum** | **Type** |  | **Codes** |  |
| **Length** |  |  |
|  |  |  |  |  |  |  |
| TH\_Seizure | Seizure Yes or No |  | 1 |  | 1 | = Yes |  |
|  |  |  |  |  | 2 | = No |  |
| TH\_Haem or mel | Haematemesis or melaena |  | 1 | Number | 1 = Yes | |  |
|  | requiring transfusion Yes or |  |  |  | 2 | = No |  |
|  | No |  |  |  |  |  |  |
| TH\_Wound infection | Wound infection with pus |  | 1 | Number | 1 = Yes | |  |
|  | Yes or No |  |  |  | 2 | = No |  |
| TH\_Pneumonia | Pneumonia treated with |  | 1 | Number | 1 = Yes | |  |
| TWAB | antibiotics |  |  |  | 2 | = No |  |
| TH\_Other TWAB | Other treated with |  | 1 | Number | 1 = Yes | |  |
|  | antibiotics Yes or No |  |  |  | 2 | = No |  |
| TH\_Neurosurgical | Neurosurgical operation Yes |  | 1 | Number | 1 = Yes | |  |
|  | or No |  |  |  | 2 | = No |  |
| TH\_Major EC injury | Major extracranial injury |  | 1 | Number | 1 = Yes | |  |
|  | Yes or No |  |  |  | 2 | = No |  |
| TH\_Head CT scan | Head CT scan done Yes or |  | 1 | Number | 1 = Yes | |  |
|  | No |  |  |  | 2 | = No |  |
| TH\_Date of CT | Date of CT scan |  | 10 | Date |  |  |  |
| TH\_Normal scan | Normal scan Yes or No |  | 1 | Number | 1 = Yes | |  |
|  |  |  |  |  | 2 | = No |  |
| TH\_1 or more PH | One or more petechial |  | 1 | Number | 1 = Yes | |  |
|  | haemorrhages within the |  |  |  | 2 | = No |  |
|  | brain Yes or No |  |  |  |  |  |  |
| TH\_Obliteration | Obliteration of the 3rd |  | 1 | Number | 1 = Yes | |  |
| 3rdVorBC | ventricle or basal cisterns |  |  |  | 2 | = No |  |
| TH\_Subarachnoid | Subarachnoid bleed Yes or |  | 1 | Number | 1 = Yes | |  |
| bleed | No |  |  |  | 2 | = No |  |

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| **Variable** | **Label** | **Comments** | **Maximum** | **Type** |  | **Codes** |  |
| **Length** |  |  |
|  |  |  |  |  |  |  |
| TH\_Midline shift | Midline shift >5mm Yes or |  | 1 | Number | 1 = Yes | |  |
| >5mm | No |  |  |  | 2 | = No |  |
| TH\_Non-evac haem | Intracranial haematoma |  | 1 | Number | 1 = Yes | |  |
|  | non-evacuated Yes or No |  |  |  | 2 | = No |  |
| TH\_Evac haem | Intracranial haematoma |  | 1 | Number | 1 = Yes | |  |
|  | evacuated Yes or No |  |  |  | 2 | = No |  |
| TH\_Loading | Loading dose of trial |  | 1 | Number | 1 = Yes | |  |
|  | treatment given Yes or No |  |  |  | 2 | = No |  |
| TH\_Maintenance | Number of hours |  | 2 | Number |  |  |  |
|  | maintenance dose of trial |  |  |  |  |  |  |
|  | treatment given |  |  |  |  |  |  |
| **SIX MONTH OUTCOME (5 level questionnaire)** | |  |  |  |  |  |  |
| 6M5\_Who | Who completed the |  | 1 | Number | 1 = Patient alone | |  |
|  | questionnaire |  |  |  | 2 | = Relative, friend or carer alone |  |
|  |  |  |  |  | 3 | = Patient and relative, friend or carer |  |
|  |  |  |  |  | together | |  |
| 6M5\_Living | Where the patient lives |  | 1 | Number | 1 = In own home | |  |
|  |  |  |  |  | 2 | = In hospital |  |
|  |  |  |  |  | 3 | = In residential care |  |
| 6M5\_Home | Help required in the home |  | 1 | Number | 1 = No | |  |
|  |  |  |  |  | 2 | = Yes. I need some help in the home |  |
|  |  |  |  |  | but not every day | |  |
|  |  |  |  |  | 3 | = Yes. I need help in the home every |  |
|  |  |  |  |  | day | |  |
|  |  |  |  |  | 4 | = I need help in the home, but not |  |
|  |  |  |  |  | because of the injury | |  |

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|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Variable** | **Label** | **Comments** | **Maximum** | **Type** |  | **Codes** |  |
| **Length** |  |  |
|  |  |  |  |  |  |  |
| 6M5\_Shopping | Help needed to shop |  | 1 | Number | 1 = No | |  |
|  |  |  |  |  | 2 | = Yes. I need some help, but can go to |  |
|  |  |  |  |  | the shops on my own | |  |
|  |  |  |  |  | 3 | = Yes. I need help to shop even |  |
|  |  |  |  |  | locally, or I cannot shop at all | |  |
|  |  |  |  |  | 4 | = I need help to shop, but not because |  |
|  |  |  |  |  | of the injury | |  |
| 6M5\_Travelling | Help needed to travel |  | 1 | Number | 1 = No | |  |
|  |  |  |  |  | 2 | = Yes. I need some help but can travel |  |
|  |  |  |  |  | on my own (e.g. by arranging a taxi) | |  |
|  |  |  |  |  | 3 | = Yes. I need help to travel even |  |
|  |  |  |  |  | locally, or I cannot travel at all | |  |
|  |  |  |  |  | 4 | = I need help to travel, but not |  |
|  |  |  |  |  | because of the injury | |  |
| 6M5\_Working | Any change in ability to |  | 1 | Number | 1 = No | |  |
|  | work, ( or to study if a |  |  |  | 2 = Yes. I still work, but at a reduced | |  |
|  | student; or to look after |  |  |  | level (e.g. a change from full-time to | |  |
|  | family) |  |  |  | part-time, or a change in level of | |  |
|  |  |  |  |  | responsibility) | |  |
|  |  |  |  |  | 3 | = Yes. I am unable to work at present |  |
|  |  |  |  |  | 4 | = My ability to work is restricted, but |  |
|  |  |  |  |  | not because of the injury, or I have | |  |
|  |  |  |  |  | retired | |  |
| 6M5\_Leisure | Change in ability to take |  | 1 | Number | 1 = No | |  |
|  | part in social and leisure |  |  |  | 2 = Yes. I take part a bit less, but at | |  |
|  | activities outside home |  |  |  | least half as often | |  |
|  |  |  |  |  | 3 | = Yes. I take part much less, or do not |  |
|  |  |  |  |  | take part at all | |  |
|  |  |  |  |  | 4 | = My ability to take part is restricted |  |
|  |  |  |  |  | for some other reason, not because of | |  |
|  |  |  |  |  | the injury | |  |

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|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Variable** | **Label** | **Comments** | **Maximum** | **Type** |  | **Codes** |  |
| **Length** |  |  |
|  |  |  |  |  |  |  |
| 6M5\_Relationships | Problems in getting on with |  | 1 | Number | 1 = No | |  |
|  | friends and relatives |  |  |  | 2 | = Yes. There are occasional problems |  |
|  |  |  |  |  | (less than once a week) | |  |
|  |  |  |  |  | 3 | = Yes. There are frequent or constant |  |
|  |  |  |  |  | problems | |  |
|  |  |  |  |  | 4 | = There are problems for some other |  |
|  |  |  |  |  | reason, not because of the injury | |  |
| GOS5 | Overall assessment |  | 3 | String | GR = Good Recovery | |  |
|  |  |  |  |  | MD = Moderate Disability | |  |
|  |  |  |  |  | SD = Severe Disability | |  |
|  |  |  |  |  | SD\* = Severe Disability not related to | |  |
|  |  |  |  |  | the injury | |  |
|  |  |  |  |  | VS = Vegetative State | |  |
|  |  |  |  |  | D = Death | |  |
| **SIX MONTH OUTCOME (8 level questionnaire)** | |  |  |  |  |  |  |
| 6M8\_Who | Who completed the |  | 1 | Number | 1 = Patient alone | |  |
|  | questionnaire |  |  |  | 2 | = Relative, friend or carer alone |  |
|  |  |  |  |  | 3 | = Patient and relative, friend or carer |  |
|  |  |  |  |  | together | |  |
| 6M8\_Living | Where the patient lives |  | 1 | Number | 1 = In own home | |  |
|  |  |  |  |  | 2 | = In hospital |  |
|  |  |  |  |  | 3 | = In residential care |  |
| 6M8\_Home Pre- | Able to look after oneself at |  | 1 | Number | 1 = Yes | |  |
| injury | home before the injury |  |  |  | 2 | = No |  |

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|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Variable** | **Label** | **Comments** | **Maximum** | **Type** |  | **Codes** |  |
| **Length** |  |  |
|  |  |  |  |  |  |  |
| 6M8\_Home | Help required in the home |  | 1 | Number | 1 = I do not need help or supervision in | |  |
|  |  |  |  |  | the home | |  |
|  |  |  |  |  | 2 | = I need some help in the home, but |  |
|  |  |  |  |  | not every day | |  |
|  |  |  |  |  | 3 | = I need help in the home every day, |  |
|  |  |  |  |  | but I could look after myself for at least | |  |
|  |  |  |  |  | 8 hours if necessary | |  |
|  |  |  |  |  | 4 | = I could not look after myself for 8 |  |
|  |  |  |  |  | hours during the day | |  |
|  |  |  |  |  | 5 | = I need help in the home, but not |  |
|  |  |  |  |  | because of the injury | |  |
| 6M8\_Shopping Pre- | Help needed to shop before |  | 1 | Number | 1 = Yes | |  |
| injury | the injury |  |  |  | 2 = No | |  |
| 6M8\_Shopping | Help needed to shop |  | 1 | Number | 1 = I do need help to shop | |  |
|  |  |  |  |  | 2 | = I need some help, but I can go to |  |
|  |  |  |  |  | local shops on my own | |  |
|  |  |  |  |  | 3 | = I need help to shop even locally, or I |  |
|  |  |  |  |  | cannot shop at all | |  |
|  |  |  |  |  | 4 | = I need help to shop, but not because |  |
|  |  |  |  |  | of the injury | |  |
| 6M8\_Travelling Pre- | Help needed to travel |  | 1 | Number | 1 = Yes | |  |
| injury | before the injury |  |  |  | 2 = No | |  |
| 6M8\_Travelling | Help needed to travel |  | 1 | Number | 1 = I do not need help to travel | |  |
|  |  |  |  |  | 2 | = I need some help, but can travel |  |
|  |  |  |  |  | locally on my own (e.g. by arranging a | |  |
|  |  |  |  |  | taxi) | |  |
|  |  |  |  |  | 3 | = I need help to travel even locally, or I |  |
|  |  |  |  |  | cannot travel at all | |  |
|  |  |  |  |  | 4 | = I need help to travel but not because |  |
|  |  |  |  |  | of the injury | |  |

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|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Variable** | **Label** | **Comments** | **Maximum** | **Type** |  | **Codes** |  |
| **Length** |  |  |
|  |  |  |  |  |  |  |
| 6M8\_Working Pre- | Employment before the |  | 1 | Number | 1 = Working | |  |
| injury | injury |  |  |  | 2 = Looking after the family | |  |
|  |  |  |  |  | 3 | = Retired |  |
|  |  |  |  |  | 4 | = Looking for work |  |
|  |  |  |  |  | 5 | = Studying as a student |  |
|  |  |  |  |  | 6 | = None of these (e.g. unfit for work) |  |
| 6M8\_Working | Change in ability to work |  | 1 | Number | 1 = I can still do the same work | |  |
|  |  |  |  |  | 2 | = I can still work, but at a reduced |  |
|  |  |  |  |  | level (e.g. change from full-time to part- | |  |
|  |  |  |  |  | time, or change in level of responsibility | |  |
|  |  |  |  |  | 3 | = I am unable to work, or only able to |  |
|  |  |  |  |  | work in sheltered workshop | |  |
|  |  |  |  |  | 4 | = My ability to work has changed, but |  |
|  |  |  |  |  | not because of the injury | |  |
| 6M8\_Leisure Pre- | Able to take part in regular | Social and leisure | 1 | Number | 1 = Yes | |  |
| injury | social and leisure activities | activities include: going |  |  | 2 = No | |  |
| out to a pub or club, |  |  |  |
|  | outside the home before |  |  |  |  |  |
|  | visiting friends, going to |  |  |  |  |  |
|  | the injury |  |  |  |  |  |
|  | the cinema or bingo, |  |  |  |  |  |
|  |  | going out for a walk, |  |  |  |  |  |
|  |  | attending a football |  |  |  |  |  |
|  |  | match, taking part in sport |  |  |  |  |  |
| 6M8\_Leisure | Able to take part in regular |  | 1 | Number | 1 = I take part about as often as before | |  |
|  | social and leisure activities |  |  |  | (the activities may be different from | |  |
|  | outside the home |  |  |  | before) | |  |
|  |  |  |  |  | 2 | = I take part less often, but at least |  |
|  |  |  |  |  | half as often | |  |
|  |  |  |  |  | 3 | = I take part much less, less than half |  |
|  |  |  |  |  | as often | |  |
|  |  |  |  |  | 4 | = I do not take part at all |  |
|  |  |  |  |  | 5 | = My ability to take part has changed |  |
|  |  |  |  |  | for some other | |  |

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| **Variable** | **Label** | **Comments** | **Maximum** | **Type** |  | **Codes** |  |
| **Length** |  |  |
|  |  |  |  |  |  |  |
| 6M8\_Relationships | Problems getting on with |  | 1 | Number | 1 = Yes | |  |
| Pre-injury | friends or relatives before |  |  |  | 2 | = No |  |
|  | the injury |  |  |  |  |  |  |
| 6M8\_Relationships | Problems getting on with |  | 1 | Number | 1 = Things are still much the same | |  |
|  | friends or relatives |  |  |  | 2 | = There are occasional problems (less |  |
|  |  |  |  |  | than once a week) | |  |
|  |  |  |  |  | 3 | = There are frequent problems (once a |  |
|  |  |  |  |  | week or more) | |  |
|  |  |  |  |  | 4 | = There are constant problems |  |
|  |  |  |  |  | (problems every day) | |  |
|  |  |  |  |  | 5 | = There are problems for some other |  |
|  |  |  |  |  | reason, not because of the injury | |  |
| 6M8\_Other | Any problems resulting | Problems sometimes | 1 | Number | 1 = I have no current problems | |  |
| problems | from the injury which | reported after head |  |  | 2 | = I have some problems, but these do |  |
| injury: headaches, |  |  |  |
|  | interfere with daily life |  |  | not interfere with my daily life | |  |
|  | dizziness, tiredness, |  |  |  |
|  |  |  |  | 3 | = I have some problems, but these |  |
|  |  | sensitivity to noise or |  |  |  |
|  |  | light, slowness, memory |  |  | have affected my daily life | |  |
|  |  | failures, and |  |  | 4 | = I have some problems for other |  |
|  |  | concentration problems |  |  | reasons, not because of the head injury | |  |
|  |  |  |  |  |  |
| 6M8\_Similar | Similar problems before the |  | 1 | Number | 1 = I had no problems before, I had | |  |
| problems Pre-injury | injury |  |  |  | minor problems before | |  |
|  |  |  |  |  | 2 | = I had similar problems before |  |
| GOS8 |  |  | 3 | String | GR - = lower Good Recovery | |  |
|  |  |  |  |  | GR + = upper Good Recovery | |  |
|  |  |  |  |  | MD - = lower Moderate Disability | |  |
|  |  |  |  |  | MD + = upper Moderate Disability | |  |
|  |  |  |  |  | SD - = lower Severe Disability | |  |
|  |  |  |  |  | SD + = upper Severe Disability | |  |
|  |  |  |  |  | SD\* = Severe Disability not related to | |  |
|  |  |  |  |  | the injury | |  |
|  |  |  |  |  | D = Death | |  |

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| **Variable** | **Label** | **Comments** | **Maximum** | **Type** |  | **Codes** |  |
| **Length** |  |  |
|  |  |  |  |  |  |  |
| EO\_Tracking code | Lost to follow up |  | 1 | Number | 11 | = Lost to follow up |  |
| 6M\_Tracking code | Status of patient lost to |  | 1 | Number | 35 | = Lost to follow-up |  |
|  | follow up and known to be |  |  |  | 36 | = Known to be dead |  |
|  | dead or alive 6 months after |  |  |  | 38 | = Known to be alive |  |
|  | injury from source other |  |  |  |  |  |  |
|  | than 6 month outcome |  |  |  |  |  |  |
|  | form |  |  |  |  |  |  |

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