STAGE 3 (TO BE RETURNED* WITHIN 2 WEEKS OF DISCHARGE FROM NSU)

PATIENT DETAILS

Participant Initials: ☐☐☐ **Date of Birth:** D D / M M M / Y Y **Subject ID:** ☐-☐☐☐☐☐☐

NEUROSURGICAL INTERVENTIONS

Did the participant have any neurosurgical intervention after the index surgery?

☐ No ☐ Yes

If yes, please fill below the date and the code of neurosurgical intervention

Neurosurgical Intervention D D / M M M / Y Y ☐
Neurosurgical Intervention D D / M M M / Y Y ☐
Neurosurgical Intervention D D / M M M / Y Y ☐
Neurosurgical Intervention D D / M M M / Y Y ☐
Neurosurgical Intervention D D / M M M / Y Y ☐
Neurosurgical Intervention D D / M M M / Y Y ☐
Neurosurgical Intervention D D / M M M / Y Y ☐
Neurosurgical Intervention D D / M M M / Y Y ☐
Neurosurgical Intervention D D / M M M / Y Y ☐
Neurosurgical Intervention D D / M M M / Y Y ☐

Surgery *codes:*
1 Craniectomy
2 Subdural haema-toma evacuation
3 Epidural haematoma evacuation
4 Intracerebral haematoma evacuation
5 EVD placement
6 Shunt placement
7 ICP monitoring inserted
8 Wound revision
9.Other _____
10.Other _____
11.Other _____

ADVERSE EVENTS AND SERIOUS ADVERSE EVENTS

ANY AE/SAE during hospital stay should be filled in the AE/SAE Form in Baseline CRF pack

GLASGOW COMA SCALE (GCS) AT DISCHARGE FROM NSU

EYE OPENING
☐ E4 Spontaneously
☐ E3 To Speech
☐ E2 To Pain
☐ E1 None
☐ Untestable
☐ Closed to swelling
☐ Other_____
☐ Unknown

MOTOR
☐ M6 Obeys Command
☐ M5 Localized pain
☐ M4 Flexion withdrawal
☐ M3 Abnormal flexion
☐ M2 Abnormal extension
☐ M1 None
☐ Untestable
☐ Deep sedation/paralysis
☐ Other_____
☐ Unknown

VERBAL
☐ V5 Oriented
☐ V4 Confused
☐ V3 Inappropriate words
☐ V2 Incomprehensible sound
☐ V1None
☐ Untestable
☐ Tracheotomy/ Endotrach tube
☐ Other_____
☐ Unknown

PUPILS REACTIVITY

LEFT EYE ☐ - NEGATIVE ☐ + POSITIVE ☐ UNTESTABLE ☐ UNKNOWN **SIZE (1– 9** ☐

RIGHT EYE ☐ - NEGATIVE ☐ + POSITIVE ☐ UNTESTABLE ☐ UNKNOWN **SIZE (1– 9 mm)** ☐

DISCHARGE DETAILS

Discharge destination after NSU
☐ Died, please give Principal cause →
☐ Home
☐ Rehabilitation
☐ Different Hospital
☐ Nursing Home
☐ Unknown ☐ Other_____

Date of discharge D D / M M M / Y Y

☐ Head Injury/ Initial Injury
☐ Head Injury/ Secondary Intracranial damage
☐ Medical Complications
☐ Systemic Trauma
☐ Unknown ☐ Other, _____

Completed by _____ D D / M M M / Y Y

EQ5D™—5L FORM—DISCHARGE FROM NSU

PATIENT DETAILS

Participant Initials: ☐☐☐ **Date of Birth:** D D / M M M / Y Y

Subject ID: ☐ - ☐☐☐☐☐☐ **Evaluation Date:** D D / M M M / Y Y

Section to be completed by the RESCUE- ASDH Participant

Instructions for the RESCUE-ASDH participant:
By placing a tick in one box in each group below, please indicate which statement best describes your own health state today.
Do not tick more than one box in each group.

MOBILITY

- I have no problems in walking about ☐
- I have slight problems in walking about ☐
- I have moderate problems in walking about ☐
- I have severe problems in walking about ☐
- I am unable to walk about ☐

SELF CARE

- I have no problems washing or dressing myself ☐
- I have slight problems washing or dressing myself ☐
- I have moderate problems washing or dressing myself ☐
- I have severe problems washing or dressing myself ☐
- I am unable to wash or dress myself ☐

USUAL ACTIVITIES (e.g. work, study, housework family or leisure activities)

- I have no problems doing my usual activities ☐
- I have slight problems doing my usual activities ☐
- I have moderate problems doing my usual activities ☐
- I have severe problems doing my usual activities ☐
- I am unable to do my usual activities ☐

PAIN/DISCOMFORT

- I have no pain or discomfort ☐
- I have slight pain or discomfort ☐
- I have moderate pain or discomfort ☐
- I have severe pain or discomfort ☐
- I have extreme pain or discomfort ☐

ANXIETY /DEPRESSION

- I am not anxious or depressed ☐
- I have slightly anxious or depressed ☐
- I have moderately anxious or depressed ☐
- I have severely anxious or depressed ☐
- I am extremely anxious or depressed ☐

Return forms to the RESCUE ASDH Data Manager by either email (**CRF@RESCUEASDH.ORG**) or fax (+44 1223 596471)

EQ5D™ FORM—DISCHARGE FROM NSU

PATIENT DETAILS

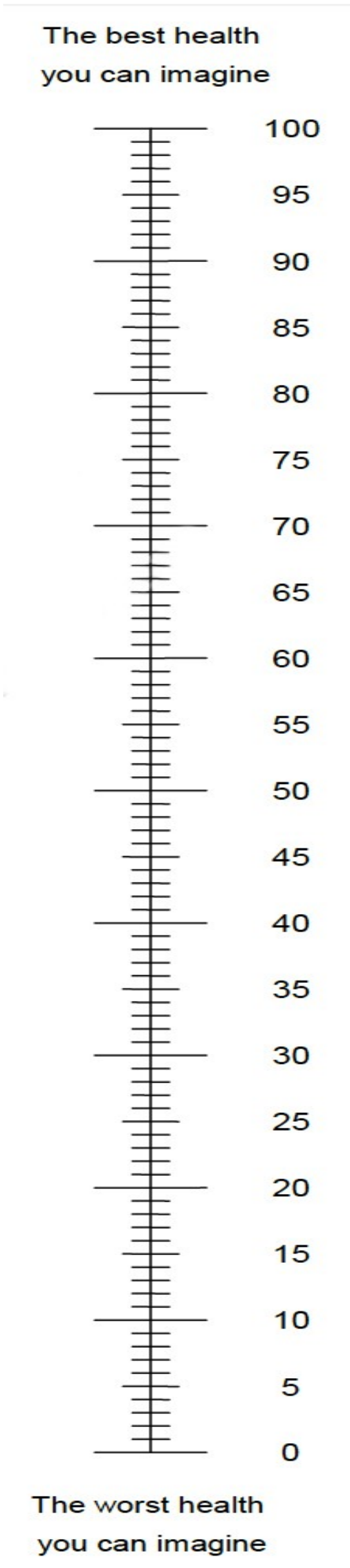
Participant Initials: ☐☐☐ **Date of Birth:** DD / MMM / YY

Subject ID: ☐-☐☐☐☐☐☐ **Evaluation Date:** DD / MMM / YY

Section to be completed by the RESCUE- ASDH Participant

- We would like to know how good or bad your health is TODAY.
- This scale is numbered from 0 to 100
- 100 means the best health you can imagine. 0 means the worst health you can imagine
- Mark an X on the scale to indicate how your health is TODAY.
- Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY = ☐



Return forms to the RESCUE ASDH Data Manager by either email (**CRF@RESCUEASDH.ORG**) or fax (+44 1223 596471)

EQ5D™—5L PROXY FORM—DISCHARGE FROM NSU

PATIENT DETAILS

Participant Initials: ☐☐☐ **Date of Birth:** DD/MMM/YY

Subject ID: ☐-☐☐☐☐☐☐ **Evaluation Date:** DD/MMM/YY

By placing a tick in one box in each group below, please indicate which statement **the person you care for** would choose to describes his/her health state if he/she could tell us. Do not tick more than one box in each group.

MOBILITY

- ☐ No problems in walking about
- ☐ Slight problems in walking about
- ☐ Moderate problems in walking about
- ☐ Severe problems in walking about
- ☐ Unable to walk about

SELF CARE

- ☐ Problems washing or dressing myself
- ☐ Slight problems washing or dressing myself
- ☐ Moderate problems washing or dressing myself
- ☐ Severe problems washing or dressing myself
- ☐ Unable to wash or dress myself

USUAL ACTIVITIES (e.g. work, study, housework family or leisure activities)

- ☐ No problems doing my usual activities
- ☐ Slight problems doing my usual activities
- ☐ Moderate problems doing my usual activities
- ☐ Severe problems doing my usual activities
- ☐ Unable to do my usual activities

PAIN/DISCOMFORT

- ☐ No pain or discomfort
- ☐ Slight pain or discomfort
- ☐ Moderate pain or discomfort
- ☐ Severe pain or discomfort
- ☐ Extreme pain or discomfort

ANXIETY /DEPRESSION

- ☐ Not anxious or depressed
- ☐ Slightly anxious or depressed
- ☐ Moderately anxious or depressed
- ☐ Severely anxious or depressed
- ☐ Extremely anxious or depressed

EQ5D™ FORM—DISCHARGE FROM NSU

PATIENT DETAILS

Participant Initials: ☐☐☐

Date of Birth: D D / M M M / Y Y

Subject ID: ☐-☐☐☐☐☐☐

Evaluation Date: D D / M M M / Y Y

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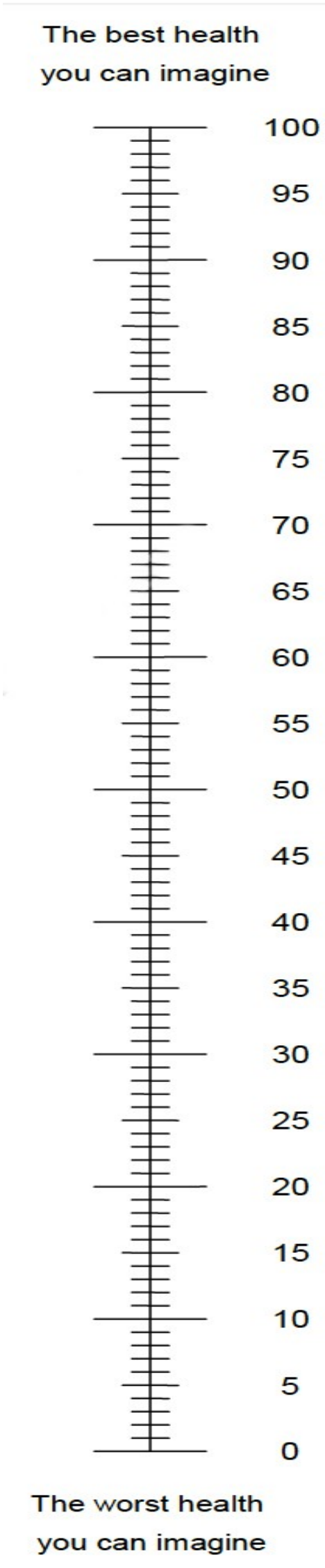
- We would like to know how good or bad you think **the person you care for** would say his/her health is TODAY, if he/she could tell us.
- This scale is numbered from 0 to 100
- 100 means the best health imaginable.
  0 means the worst health imaginable
- Mark an X on the scale to indicate how good or bad you think **the person you care for** would say his/her health is TODAY.
- Now, please write the number you marked on the scale in the box below.



The person you care for would rate his/her own HEALTH TODAY as ☐

Section has been completed by:

☐ RELATIVE ☐ FRIEND ☐ CARER ☐ OTHER _____

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