BASELINE (To be returned as soon as completed)

BASELINE ASSESSMENT

PATIENT DETAILS

Pariticipant Initials: ☐☐☐

Date of Birth: DD / MMM / YY

Subject ID: ☐ - ☐☐☐☐☐☐

Evaluation Date: DD / MMM / YY

ACCIDENT DETAILS

Major extra cranial injury requiring hospital admission ☐ Yes ☐ No

Type of Injury ☐ Closed ☐ Penetrating ☐ Blast ☐ Crushed

Place of Injury ☐ Street/Highway/Railway ☐ Home/Domestic ☐ Sport/Recreation

☐ Public Location E.g. bar/hotel/night ☐ Work/School ☐ Military deployment

☐ Other, please specify ☐

INJURY MECHANISM (select as appropriate)

☐ Motor cycle occupant ☐ Cyclist ☐ Motor Bike ☐ Pedestrian

☐ Violence /Assault ☐ Gunshot ☐ Suicide attempt ☐ Act of mass violence

☐ Incidental fall ☐ Other non intentional injury ☐ Other penetrating

☐ Other, please specify → ☐

OTHER INJURY DETAILS

EXTRA CRANIAL INJURIES

Externa (Skin)	☐ Minor/ Moderate	☐ Severe	☐ Critical	☐ Unsurvivable
Head and Neck	☐ Minor/ Moderate	☐ Severe	☐ Critical	☐ Unsurvivable
Spinal (including Cervical , thoracic and lumbar)	☐ Minor/ Moderate	☐ Severe	☐ Critical	☐ Unsurvivable
Face	☐ Minor/ Moderate	☐ Severe	☐ Critical	☐ Unsurvivable
Thorax /chest	☐ Minor/	☐ Severe	☐ Critical	☐ Unsurvivable
Abdomen/pelvic	☐ Minor/	☐ Severe	☐ Critical	☐ Unsurvivable
Extremities	☐ Minor/ Moderate	☐ Severe	☐ Critical	☐ Unsurvivable

BASELINE (To be returned as soon as completed)

BASELINE ASSESSMENT

PATIENT DETAILS

Participant Initials: ☐☐☐

Date of Birth: DD / MMM / YY

Subject ID: ☐ - ☐☐☐☐☐☐

Evaluation Date: DD / MMM / YY

PRE HOSPITAL ADMISSION EVENT

If any delay in transfer, please specify:

Hypoxia episodes prior to admission

☐ No ☐ Suspected ☐ Unknown

☐ Yes, Definite PO_2a < 8 Kpa(60mmHg)/ Sa2a < 90%

Hypotension prior to admission

☐ No ☐ Suspected ☐ Unknown

☐ Yes, Definite Sys BP < 90mmHg

Hypothermia prior to admission

☐ No ☐ Suspected ☐ Unknown

☐ Yes, Definite Temp <35°C

Cardiac Arrest

☐ No ☐ Yes

Seizures

☐ No ☐ Yes ☐ Unknown

Clinical Deterioration

☐ No ☐ Yes ☐ Unknown

Date & Time of deterioration (approx)

DD / MMM / YY ☐☐ : ☐☐

VITAL SIGNS AT ADMISSION

Systolic Blood pressure ☐☐☐ mmHg

Diastolic Blood pressure ☐☐☐ mmHg

Heart Rate ☐☐☐ bpm

Core Temperature ☐☐☐.☐ **°C** or **°F** *(Circle appropriately As shown)*

Respiratory rate ☐☐ **Cycles per minute**

Completed by ☐ DD / MMM / YY

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

Cambridge Clinical Trials Unit, Cambridge University Hospitals NHS Foundation Trust, Addenbrookes Hospital, Clinical School Level 3 - Box 111, Hills Road Cambridge CB2 0QQ

BASELINE (To be returned as soon as completed)

CLINICAL LABORATORY TESTS AT ADMISSION

PATIENT DETAILS

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

Subject ID: ☐ - ☐☐☐☐☐☐☐

FULL BLOODS

Were the Full Bloods done at admission ☐ Yes ☐ No

If Yes, please fill details below :

☐ Data Management/Coordination will fill the grey boxes for all sites

FULL BLOODS			
	NOT DONE	RESULTS	UNITS (e.g. mg/L)
HAEMOGLOBIN	☐		
HAEMATOCRIT	☐		
WBC	☐		
LYMPHOCYTES	☐		
EOSINOPHILES	☐		
NEUTROPHILES	☐		
MONOCYTES	☐		
BASOPHILES	☐		
PLATELETS	☐		
CLINICAL CHEMISTRY			
GLUCOSE	☐		
UREA	☐		
CREATININE	☐		
AMYLASE	☐		
SODIUM	☐		
POTASSIUM	☐		
COAGULATION TESTS			
PROTHROMBINE TIME	☐		Seconds
INR	☐		

Completed by ☐ DD / MMM / YY

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BASELINE (To be returned as soon as completed)

MEDICAL HISTORY & COMORBIDITIES

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

MEDICAL HISTORY

Any Medical History ? ☐ Yes ☐ No

Data Collected from ☐ Patient ☐ Next of kin/Family/Friends ☐ GP ☐ Medical Notes/Hospital records

☐ Other _____

If YES, Please fill this form, TICK Yes or unknown, if condition exists. IF NOT ticked, we will assume that the condition does not exist.

	YES	UNKNOWN
CARDIOVASCULAR		
Congestive Heart Failure		
Myocardial Infarction		
Arrhythmia		
Ischemic Heart Disease		
Hypertension		
Thromboembolic		
Peripheral Vascular Disease		
ENDOCRINE		
Thyroid Disorder		
Insulin Dependent Diabetes Mellitus (IDDM)		
Non-Insulin Dependent Diabetes Mellitus (NIDDM)		
Diabetes - caused End organ damage		
EYE,EAR,NOSE & THROAT		
Vision (Eye Disease)		
Hearing deficit		
GASTROINTESTINAL		
Gastro esophageal Reflux Disease (GERD)		
GI bleed		
Inflammatory Bowel Disease		
Peptic Ulcer Disease		
HAEMATOLOGIC		
Anemia		
HIV Positive/AIDS		
Sickle Cell Disease		
HEPATIC		
Mild Liver disease (without portal hypertension, includes Chronic hepatitis)		
Moderate to Severe Liver damage (eg. Cirrhosis)		
MUSCULOSKELETAL		
Arthritis		
PULMONARY		
COPD		
Asthma		
Tuberculosis		
OTHER		

	YES	UNKNOWN
NEUROLOGIC		
Cerebrovascular Accident/Disease		
Dementia		
Pre-existing Hemiplegia		
Transient Ischemic Attacks		
Febrile Seizures (Children)		
Epilepsy : Partial		
Epilepsy : Focal		
Epilepsy : Other		
Headache (non migraine)		
Migraine headaches		
Previous TBI		
Number of exposures ☐		
Number of prior Concussions ☐		
ONCOLOGIC		
Leukemia (Chronic or Acute)		
Lymphoma		
Metastatic Solid Tumors		
Tumours without metastases		
Other Cancer_____		
PSYCHIATRIC		
Anxiety		
Depression		
Sleep Disorder		
Schizophrenia		
Other Psychiatric disorder_____		
RENAL		
Insufficiency		
Failure		
Chronic UTI's		
> Stage 3, Chronic Kidney disease		
DEVELOPMENTAL HISTORY		
Learning Disabilities		
Attention Deficit/hyperactivity disorder		
Other developmental Disorder _____		
SKIN		
Connective Tissue Disease		

BASELINE (To be returned as soon as completed)

MEDICATION (PRIOR TO ADMISSION)

PATIENT DETAILS

Participant Initials: ☐☐☐

Date of Birth: DD / MMM / YY

Subject ID: ☐ - ☐☐☐☐☐☐

Evaluation date DD / MMM / YY

FULL BLOODS

Anticoagulants used ? ☐ Yes ☐ No ☐ Unknown

If Yes, please check box below :

☐ Coumarin Derivative
E.g. Acenocoumarol, Warfarin derived

☐ Heparin

☐ Low-molecular weight heparin

☐ Inhibitor of factor Xa (e.g. Xarelto, Rifaxaban)

☐ Direct thrombin inhibitor (e.g. Dabigatran, argratoban, melagatran)

☐ Antithrombin protein therapeutics

Platelet aggregation inhibitors used ? ☐ Yes ☐ No ☐ Unknown

If Yes, please check box below :

☐ Aspirin

☐ ADP receptor inhibitors (e.g. Clopidogrel (plavix), Ti-clopidine (Ticlid), parasgre (effient)

☐ Adenosine re-uptake inhibitor (e.g. Persantin, Dipyridamole)

☐ Glycoprotein IIb/IIIa inhibitors (e.g. Aggrastat)

Reason for Anticoagulants

Cardiac indications

☐ Atrial fibrillation
☐ Paroxysmal atrial fibrillation
☐ Atrial flutter
☐ Elective cardioversion
☐ Valvular heart disease
☐ Mechanical valve replacement
☐ Cardiomyopathy
☐ Coronary heart disease
☐ Left Ventricular aneurysm

Non Cardiac indications

☐ Stroke
☐ Prevention of thromboembolism asso. with orthopaedic surgery
☐ Deep vein thrombosis (DVT)
☐ Pulmonary embolism
☐ Antiphospholipid syndrome
☐ Peripheral arterial thrombosis
☐ Mural thrombus

☐ **Other** _____

Completed by ☐ DD / MMM / YY

BASELINE (To be returned as soon as completed)

MEDICATION HISTORY

Patient Details

Participant Initials: ☐☐☐

Subject ID: ☐ - ☐☐☐☐☐☐

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

Evaluation date D D / M M M / Y Y

STEROIDS

Steroids used ?

- ☐ Yes, Replacement therapy
  - ☐ Glucocorticoid (e.g. hydrocortisone)
  - ☐ Mineralocorticoid (e.g. Fludrocortisone)
- ☐ Yes, Anti-inflammatory therapy
  - ☐ Short acting (e.g. hydrocortisone)
  - ☐ Intermediate acting (e.g. Prednisolone)
  - ☐ Long Acting (e.g. Dexamethasone)
- ☐ Yes, Other _____
- ☐ No
- ☐ Unknown

Reason for Steroids

- ☐ Endocrinological
- ☐ Dermatological disease
- ☐ Autoimmune disease
  - ☐ Systemic
  - ☐ Dermatological
  - ☐ Neurological
  - ☐ GI-tract
- ☐ Other

Completed by ☐ D D / M M M / Y Y

BASELINE (To be returned as soon as completed)

SOCIO-DEMOGRAPHICS

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

DEMOGRAPHY

Age ☐☐ Years

Gender ☐ Female ☐ Male

Weight ☐☐☐☐.☐ kg OR lb

Height ☐☐☐.☐ cm OR ft

(Circle units for weight and height as appropriate)

Race

White

- ☐ North American
- ☐ South American
- ☐ European
- ☐ Middle Eastern
- ☐ North African
- ☐ Australian

Indian (American)

- ☐ North American Indian
- ☐ South/Central
- ☐ American Indian

Alaska Native/Inuit

- ☐ Alaska Native
- ☐ Inuit

Asian

- ☐ South Asian
- ☐ Far Eastern Asian

Black

- ☐ African American
- ☐ African
- ☐ Afro-Caribbean

Native Hawaiian/Pacific Islander

- ☐ Native Hawaiian
- ☐ Pacific Islander

Other

- ☐ N/A
- ☐ Unknown
- ☐ Would rather not say

MARITAL STATUS

Current Marital Status

(please select any one)

- ☐ Single
- ☐ Married
- ☐ Living with Partner
- ☐ Separated
- ☐ Divorced
- ☐ Widowed
- ☐ Would rather not say

Person Living with the patient

(please select any one)

- ☐ Alone
- ☐ Spouse including common law partner
- ☐ Parents
- ☐ Siblings
- ☐ Child/Children
- ☐ Other (care home etc)
- ☐ Would rather not say

How many persons are living with the patient in the same household ☐☐

BASELINE (To be returned as soon as completed)

SOCIO-DEMOGRAPHICS

PATIENT DETAILS

Participant Initials: ☐☐☐

Date of Birth: DD / MMM / YY

Subject ID: ☐ - ☐☐☐☐☐☐

Evaluation Date: DD / MMM / YY

EDUCATION

Education

Highest diploma/degree attained : Please select any one.

- ☐ None
- ☐ Basic vocational training (no high school diploma or GCSE)
- ☐ Vocational training (post high school)
- ☐ Associate degree
- ☐ Other
- ☐ GCSE/GED/ A Levels
- ☐ High School Diploma/ Secondary School
- ☐ Bachelors degree
- ☐ Masters degree
- ☐ Professional degree (MD , JD, PhD etc.)

EMPLOYMENT

Employment Type

(please select any one)

- ☐ None
- ☐ Manual /Skilled labour
- ☐ Professional
- ☐ Office work

If other, please specify

Current employment status *Please select any one.*

- ☐ Employed full time (minimum 35 hrs/week)
- ☐ Employed part time (minimum 20 hrs/week)
- ☐ Home working
- ☐ Not employed
- ☐ Not employed , but looking for work
- ☐ Other (please specify)
- ☐ Home maker
- ☐ Student
- ☐ Military
- ☐ Retired
- ☐ Unable to work
- ☐ Prefer not to say

ENROLMENT IN OTHER STUDIES

Is the patient participating in any other Study/Trials ☐ YES ☐ NO

If yes, name of the Study/Trial

- ☐ CENTER-TBI
- ☐ EuroTherm
- ☐ Other, Please Specify

BASELINE (To be returned as soon as completed)

SOCIO-DEMOGRAPHICS

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

BEHAVIOURAL HISTORY

Tobacco products (Cigarettes, cigar, pipe, Chewing tobacco etc) ☐ Yes, current user ☐ Yes, Past user ☐ No, Never used ☐ Unknown

If current or past user, please specify number of years used since started ☐☐ (Years)

Alcoholic beverages (Beer, Wine, Spirits etc) ☐ Yes, Daily ☐ Yes, Weekly ☐ Yes, Occasional ☐ No, Never used ☐ Unknown

If yes, please specify average amounts per day/week ☐☐ (Units)

Sedatives or Sleeping pills ☐ Yes, Daily ☐ Yes, Occasional ☐ No, Never used ☐ Unknown

If Yes, please specify number of years used since started ☐☐ (Years)

Cannabis (marijuana, pot, grass, hash etc) ☐ Yes, Daily ☐ Yes, Occasional ☐ No, Never used ☐ Unknown

If Yes, please specify number of years used since started ☐☐ (Years)

Other Drugs (name below) ☐ Yes, Daily ☐ Yes, Occasional ☐ No, Never used ☐ Unknown

1._____

2._____

3._____

If yes, please specify number of years used since started ☐☐ (Years)

HANDEDNESS

Please indicate participants preferences in the use of hands in the following activities or objects prior to acquiring their injury

Writing	☐ Always Right	☐ Usually Right	☐ Both Equally	☐ Always Left	☐ Usually Left
Throwing	☐ Always Right	☐ Usually Right	☐ Both Equally	☐ Always Left	☐ Usually Left
Toothbrush	☐ Always Right	☐ Usually Right	☐ Both Equally	☐ Always Left	☐ Usually Left
Spoon	☐ Always Right	☐ Usually Right	☐ Both Equally	☐ Always Left	☐ Usually Left

INSURANCE DETAILS

Insurance status of participant ☐ Insured (Social/Tax-based system) ☐ Unknown ☐ Insured (Private) ☐ Not Insured

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