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

RESCUE ASDH

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 *Surgery codes*

Date of Neurosurgical Intervention D D / M M M / Y Y ☐
Date of Neurosurgical Intervention D D / M M M / Y Y ☐
Date of Neurosurgical Intervention D D / M M M / Y Y ☐
Date of Neurosurgical Intervention D D / M M M / Y Y ☐
Date of Neurosurgical Intervention D D / M M M / Y Y ☐
Date of Neurosurgical Intervention D D / M M M / Y Y ☐
Date of Neurosurgical Intervention D D / M M M / Y Y ☐
Date of Neurosurgical Intervention D D / M M M / Y Y ☐
Date of Neurosurgical Intervention D D / M M M / Y Y ☐
Date of Neurosurgical Intervention D D / M M M / Y Y ☐

Surgery *codes:*
1 Craniectomy **2** Subdural haematoma 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 _____

If the admission is in a different hospital from where the initial surgery was conducted, please provide address of the hospital

AE AND SAE

ANY AE/SAE during hospital stay should be filled in the AE/SAE Form in Stage 2

GLASGOW COMA SCALE (GCS)

EYE OPENING

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

MOTOR

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

VERBAL

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

PUPILS

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

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

DISCHARGE DETAILS

Discharge destination after NSU *(Select any one)*
☐ Home ☐ Rehabilitation ☐ Unknown ☐ Died, please fill details below. ☐ Different Hospital
☐ Other, _____

If Participant died, what is the principle cause ? *(Tick as applicable)*
☐ Head Injury/ Initial Injury ☐ Systemic Trauma ☐ Unknown
☐ Medical Complications ☐ Head Injury/ Secondary Intracranial damage
☐ 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

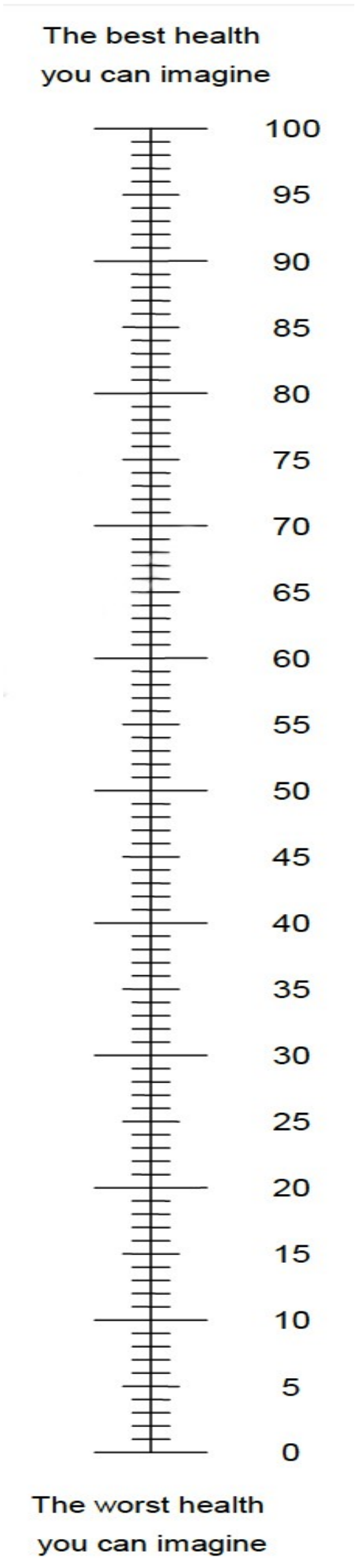
Participant Initials: ☐☐☐ **Date of Birth:** DD/MMM/YY

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 = ☐



EQ5D™—5L PROXY FORM—DISCHARGE FROM NSU

PATIENT DETAILS

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

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

Instructions for the RESCUE-ASDH participant:
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 today if he/she could tell us. 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 ☐

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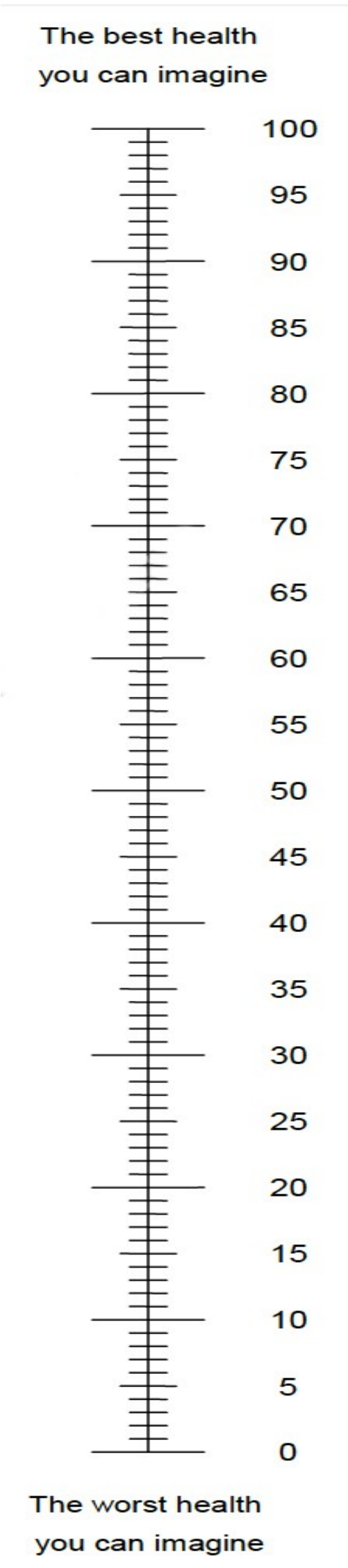
- We would like to know how good or bad you think **the person you care for** would say his/her health is TODAY, if he/she could tell us.
- This scale is numbered from 0 to 100
- 100 means the best health imaginable.
  0 means the worst health imaginable
- Mark an X on the scale to indicate how good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

YOUR HEALTH TODAY = ☐



Section has been completed by:

RELATIVE ☐ FRIEND ☐ CARER ☐ OTHER _____ ☐

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