

Demographic data	
Name	Surname, forename
Date of birth	dd.mm.yyyy
Sex	Male/female
Unique patient ID number	CHI number/NHS number/National patient identifier
Hospital	Choose from participating hospitals
Injury data	
Date and time of injury	dd.mm.yyyy, hh:mm
Mechanism of injury	Select one: Fall: level/<2m/≥2m Vehicle collision: car/motorcycle/pedestrian/bicycle/other Assault: firearm/blade/blunt Blast Not otherwise specified: occupational/recreational/self-harm/other/unknown
Primary intracranial injury	Select one:
Secondary intracranial injury	
	Scalp injury Fracture of skull vault Base of skull fracture Compound fracture of skull Concussion Diffuse brain injury Focal brain injury or contusion Extradural haematoma Acute subdural haematoma Chronic subdural haematoma Traumatic subarachnoid haemorrhage Injury to cranial nerve Unspecified injury to head No secondary intracranial injury
Presence of major extracranial injury	Yes/No
Admission (or pre-intubation) GCS	Eye, Verbal, Motor: 1–4, 1–5, 1–6, respectively
Pupil reactivity at presentation	Left, right: Yes/No/Unassessable
Focal neurological deficit	Yes/No/Unassessable
ASA grade	I–V
Secondary transfer	Yes/No

sRR prior to resuscitation	Millimetres of mercury, option for unknown
SpO2 prior to resuscitation	%, option for unknown
Imaging data	
No imaging performed	Tick if no imaging
	If imaging performed:
Date of initial CT head	dd.mm.yyyy
Imaging pathology present	Select if present: Extradural haematoma Subdural haematoma Contusion Fracture Intraventricular blood Traumatic subarachnoid haemorrhage
Midline shift on initial CT	Millimetres
Obliteration of basal cisterns	Select one: Normal Compressed Absent
Admission data	
Date and time of hospital admission	dd.mm.yyyy, hh:mm
Pre-hospital intubation	Yes/No
Treatment	Non-operative management only If operatively managed, select if conducted: Washout or debridement (including penetrating injury) ICP monitoring EVD Burrhole(s) Fracture elevation Craniotomy Craniectomy Posterior fossa decompression Other surgical procedure
Intracranial infection during admission	Yes/No

Intubation	<p>Yes/No</p> <p>If Yes: Dates of intubation & extubation or tracheostomy (dd.mm.yyyy) Extubation Tick one: Independent ventilation/tracheostomy/terminal</p>
Intensive care unit admission	<p>Yes/No</p> <p>If Yes: Dates of ICU admission & discharge dd.mm.yyyy</p>
In-hospital mortality	<p>Yes/No</p> <p>If No: Glasgow Coma Scale on hospital discharge Eye, Verbal, Motor: 1-4, 1-5, 1-6, respectively</p>
Date of hospital discharge	dd.mm.yyyy
Outcome data	
Date of assessment	dd.mm.yyyy
GOSE	1-8