## Loss of consciousness

1. Did participant/subject experience loss of consciousness? (choose one)

Yes No Suspected Unknown

1. Duration of loss of consciousness\* (choose one):

None

<1 minute

1-29 minutes

30-59 minutes

1-24 hours

1-7 days

> 7 days

No return of consciousness prior to death or discharge

Unknown

1. How the loss of consciousness was verified (choose one):

Self-report Witness Clinical interview Medical chart Not available

## Post-traumatic amnesia

1. Did participant/subject experience post-traumatic amnesia? (choose one)

Yes No Suspected Unknown

1. Duration of post-traumatic amnesia\* (choose one):

None

<1 minute

1-29 minutes

30-59 minutes

1-24 hours

1-7 days

> 7 days

N/A (e.g., Death)

Unknown

1. How the post-traumatic amnesia was verified (choose one):

Self-report Witness Clinical interview Medical chart Not available

## Alteration of consciousness

1. Did participant/subject experience alteration of consciousness? *(choose one)*

Yes No Suspected Unknown

1. Duration of alteration of consciousness *(choose one)*:

None

<1 minute

1-29 minutes

30-59 minutes

1-24 hours

1-7 days

> 7 days

Unknown

1. How the alteration of consciousness was verified *(choose one):*

Self-report Witness Clinical interview Medical chart Not available

## Additional Supplemental Elements:

This element may be included if relevant to the study.

Lucid interval indicator

Yes No Suspected Unknown

\*Element classified as core