\*Injury date and time: / /: : (24 hour clock) yyyy/m m/dd hh:m m:ss

1. Reliability of injury date (choose one):

[ ]  Verified

[ ]  Estimated

[ ]  Unknown

1. If estimated, the point in time estimated as injury date (choose one):

**[ ]** Time that the participant/subject became symptomatic

[ ]  Time of first trauma activation

[ ]  Time of presentation to emergency department

Symptom onset date and time: / /: : (24 hour clock) yyyy/m m/dd hh:m m:ss

If first treated at a hospital prior to arriving at study center, arrival date and time: / / : : (24hour clock) yyyy/m m/dd hh:m m:ss

Hospital admission date and time: / /: : (24 hour clock) yyyy/m m/dd hh:m m:

Were initial medical services received directly after injury? (Choose one)

**[ ]** Yes

**[ ]** No

**[ ]** Unknown

## Additional Supplemental Elements:

These elements may be included if relevant to the study. For additional details like permissible values, see the data dictionary associated with this CRF.

* Injury time reliability type
* Hospital presentation type
* Study center arrival date and time
* Injury presentation reason
* Injury presentation professional referral category
* Injury immediate medical services received type
* Emergency medical care provider type
* Emergency medical care provider training type
* Emergency service type
* Emergency services response time duration
* Emergency services time at injury scene duration
* Transport to hospital type

\*Element classified as Core