## 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