1. Did participant/subject experience hypotensive episode? (choose one)

**[ ]** Yes

**[ ]** No

**[ ]** Suspected

**[ ]** Unknown

1. Did participant/subject experience hypoxic episode? (choose one)

[ ]  Yes

[ ]  No

[ ]  Suspected

[ ]  Unknown

1. Did participant/subject experience cardiac arrest? (choose one)

[ ]  Yes

[ ]  No

[ ]  Suspected

[ ]  Unknown

1. Did participant subject experience seizure(s)? (choose one)

[ ]  Yes

[ ]  No

[ ]  Suspected

[ ]  Unknown

1. Presentation of seizure (choose one):

[ ]  Convulsive

[ ]  Non-convulsive

## 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.

* Hypertension indicator
* Hypothermia indicator
* Hyperthermia indicator
* Inadvertent hypocapnia indicator
* Seizure TBI duration type
* EEG monitoring type
* Hyperventilation indicator
* Aspiration indicator