

**Appendix 2.** Pre-randomisation and post-randomisation CT scan forms (paper version adapted into web version for data collection).

**CRASH-3: CT Scan Sub-Study – ISRCTN 15088122**

**PRE-RANDOMISATION CT SCAN FORM**

<b>CRASH-3 SUB-STUDY: PRE-RANDOMISATION CT SCAN FORM</b>					1. a. <input type="checkbox"/> first reader	
<i>Complete as requested and circle where appropriate, please do not leave blanks.</i>					b. <input type="checkbox"/> second reader	
2.	a.Box				3. Has this patient been scanned before randomisation? YES / NO Time between injury and scan (hrs): _____	
	b.Pack					

**4. Haemorrhagic findings**

a. Is there any intracranial bleeding on CT scan? <i>(circle one option on each line)</i>				YES	NO	<i>If NO, go to Question 5 If YES, continue</i>				
<b>Please specify type and volume of haemorrhage:</b>										
b. Parenchymal		YES	NO					Codes L: Left R: Right  T: Temporal F: Frontal P: Parietal O: Occipital  BG: Basal Ganglia B: Brainstem  <b>Abbreviations</b> A: maximal diameter (mm); B: maximal diameter perpendicular to A (mm); C: number of slices on which haemorrhage is visible multiplied by slice thickness (mm); HU: Hounsfield Unit  F: Focal M: Multiple D: Diffuse		
bii. Code		A	B	C	(ABC/2)/1000	HU*	Note			
c. Subdural		YES	NO	<i>(measure width only**)</i>						
cii. Code			B			HU	Note			
d. Epidural		YES	NO							
dii. code		A	B	C	(ABC/2)/1000	HU	Note			
e. Intraventricular		YES	NO							
eii. code		A	B	C	(ABC/2)/1000	HU	Note			
f. Petechial		YES	NO	Note:						
g. Subarachnoid		YES	NO	<i>(tick one option per line for each haemorrhage)</i>						
gii. code		Small			Medium			Large		HU
		F	M	D	F	M	D	F	M	

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## 5. CT characteristics

Marshall Classification (circle YES to the most severe option only)		
a. Diffuse injury I (no visible pathology)	YES	NO
b. Diffuse injury II (cisterns present with midline shift 0-5mm; no lesion >25cm <sup>3</sup> )	YES	NO
c. Diffuse injury III (cisterns compressed/absent with midline shift 0-5mm; no lesion > 25cm <sup>3</sup> )	YES	NO
d. Diffuse injury IV (midline shift > 5mm; no lesion > 25cm <sup>3</sup> )	YES	NO
e. Evacuated mass lesion (any lesion surgically evacuated)	YES	NO
f. Non-evacuated mass lesion (lesion >25cm <sup>3</sup> ; not surgically evacuated)	YES	NO

## 6. Non-haemorrhagic findings (circle one option on each line)

a. Is there any sign of acute focal ischaemic lesion?	YES	NO	Volume:	A: ___ mm	B: ___ mm	C: ___ mm	ABC/2: ___ cm <sup>3</sup>
b. Are there any oedematous lesions?	YES	NO	bi. total volume in ml				

## 7. Mass effect findings (circle one option on each line)

Please specify if any of the following <i>mass effect</i> signs are present:							
a. Sulcal effacement	YES	NO					
b. Ventricular effacement	YES	NO					
c. Midline shift	YES	NO	ci. approximate shift (mm)				
If yes to any of the above, is the mass effect caused by:							
d. Haemorrhage	YES	NO					
e. Oedema	YES	NO					
f. Both	YES	NO					

## 8. Neurosurgery

a. Did the patient undergo neurosurgery?	YES	NO	b. Type of surgery:	c. Date of surgery	___/___/___ (dd/mm/yyyy)
			_____		
			_____		

## 9. Details of reading

a. Name of the person completing the form	_____	b. Date of reading	___/___/___ (dd/mm/yyyy)
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Has this patient been scanned after randomisation into the trial?	YES / NO
Any relevant patient notes	_____

\* Place cursor on most visually dense portion of lesion

\*\* If the width of a subdural bleed is greater than 6mm, we can assume the volume is 27cm<sup>3</sup> (i.e. to aid rating the Marshall Classification)

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## POST-RANDOMISATION CT SCAN FORM

<b>CRASH-3 SUB-STUDY: POST-RANDOMISATION CT SCAN FORM</b>		1. a. <input type="checkbox"/> first reader
Complete as requested and circle where appropriate, please do not leave blanks.		b. <input type="checkbox"/> second reader
2.	a.Box b.Pack	3. Time between randomisation and scan (hrs): _____
Are the follow-up CT scan parameters comparable with the initial CT scan?		YES NO

## 4. Haemorrhagic findings

a. Is there any intracranial bleeding on CT scan? (circle one option on each line)		YES	NO	If NO, go to Question 5 If YES, continue						
Please specify type and volume of haemorrhage:										
b. Parenchymal	YES	NO								
bii. Code	A	B	C	(ABC/2)/1000	HU*	Note				
c. Subdural	YES	NO	(measure width only**)							
cii. Code		B			HU	Note				
d. Epidural	YES	NO								
dii. code	A	B	C	(ABC/2)/1000	HU	Note				
e. Intraventricular	YES	NO								
eii. code	A	B	C	(ABC/2)/1000	HU	Note				
f. Petechial	YES	NO	Note:							
g. Subarachnoid	YES	NO	(tick one option per line for each haemorrhage)							
gii. code	Small		Medium			Large		HU		
	F	M	D	F	M	D	F		M	D
h. Is this a new haemorrhage (not seen on pre-randomisation scan)?					YES	NO				
hi. Give details (e.g. subdural present on pre-randomisation but not follow up):										

Codes  
L: Left  
R: Right  
T: Temporal  
F: Frontal  
P: Parietal  
O: Occipital  
BG: Basal Ganglia  
B: Brainstem  
Abbreviations  
A: maximal diameter (mm);  
B: maximal diameter perpendicular to A (mm);  
C: number of slices on which haemorrhage is visible multiplied by slice thickness (mm);  
HU: Hounsfield Unit  
F: Focal  
M: Multiple  
D: Diffuse

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## 5. CT characteristics

Marshall Classification (circle YES to the most severe option only)		
a. Diffuse injury I (no visible pathology)	YES	NO
b. Diffuse injury II (cisterns present with midline shift 0-5mm; no lesion >25cm <sup>3</sup> )	YES	NO
c. Diffuse injury III (cisterns compressed/absent with midline shift 0-5mm; no lesion > 25cm <sup>3</sup> )	YES	NO
d. Diffuse injury IV (midline shift > 5mm; no lesion > 25cm <sup>3</sup> )	YES	NO
e. Evacuated mass lesion (any lesion surgically evacuated)	YES	NO
f. Non-evacuated mass lesion (lesion >25cm <sup>3</sup> ; not surgically evacuated)	YES	NO

## 6. Non-haemorrhagic findings (circle one option on each line)

a. Is there any sign of acute focal ischaemic lesion?	YES	NO	Volume:	A: ___ mm	B: ___ mm	C: ___ mm	ABC/2: ___ cm <sup>3</sup>
ai. Is this a new acute focal ischaemic lesion (not seen on the pre-randomisation scan)?	YES	NO					
b. Are there any oedematous lesions?	YES	NO	bi. total volume in ml				

## 7. Mass effect findings (circle one option on each line)

Please specify if any of the following <b>mass effect</b> signs are present:			
a. Sulcal effacement	YES	NO	
b. Ventricular effacement	YES	NO	
c. Midline shift	YES	NO	ci. approximate shift in mm
If yes to any of the above, is the mass effect caused by:			
d. Haemorrhage	YES	NO	
e. Oedema	YES	NO	
f. Both	YES	NO	

## 8. Neurosurgery

a. Did the patient undergo neurosurgery?	YES	NO	b. Type of surgery:	c. Hours between surgery and CT scan: _____

## 9. Details of reading

a. Name of the person completing the form	_____	c. Date of reading	____/____/____ (dd/mm/yyyy)
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## 10. Ischaemic lesions on further post-randomisation scans

ai. Is there a second post-randomisation scan?	YES	NO
aii. If there is a second post-randomisation scan, is there a new focal ischaemic lesion?	YES	NO
bi. Is there a third post-randomisation scan?	YES	NO
bii. If there is a third post-randomisation scan, is there a new focal ischaemic lesion?	YES	NO

Any relevant patient notes (including info on further scans)	_____
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