

We held separate meetings with three potential user groups: paramedics ($n = 1$), military personnel ($n = 4$) and emergency medicine consultants ($n = 5$).

In each meeting we first provided information about the purpose of the study and made a short presentation. We then explained what the CRASH-2 trial was, the data available from the CRASH-2 trial cohort and what prognostic models are.

The following questions were posed and used as triggers for discussion:

1. Which are the most important outcomes to predict?
2. Which are the most important variables that you consider when you want to predict death in trauma patients?
3. Do you think prognostic models should be different for different populations, and if so specify?
4. Do you usually use a prognostic model (or risk score) to assess prognosis in trauma patients?
5. Thinking about the day-to-day use of the model, would you prefer a paper-based one you can use on your computer or mobile telephone?

In general, there was agreement in the responses of the different user groups, whether they were from the pre-hospital, battlefield or hospital emergency setting. Most of them prioritised death as the overall main outcome. Regarding potential predictors there was also agreement that, among the physiological variables, capillary refill time was not very useful and was difficult to measure. Emergency consultants suggested that laboratory tests could be added, but unfortunately these variables were not available in the CRASH-2 trial data set. The interactions most commonly mentioned as important to explore were the ones regarding prognostic variables with different type of injuries and age. Almost all of the users confirmed not using a prognostic model currently, but most of them were positive about using one if it was accurate, user friendly and informative for clinical practice. There were mixed responses regarding the presentation; some preferred an electronic version that could be available online, whereas others were more inclined to a paper-based version of the prognostic model.