PATIENT´S BASELINE CHARACTERISTICS	
Record ID	
Sex	Male
	Female
Age	
Weight	
BMI	
ASA grade	Grade I, A normal healthy patient
	Grade II, A patient with mild systemic disease
	Grade III, A patient with severe systemic disease
	Grade IV, A patient with severe systemic disease that is a constant threat to life
	Grade V, A moribund patient who is not expected to survive without the operation
	Unknown
Karnofsky Performance Status Scale (only for oncology patients)	100 Normal no complaints; no evidence of disease
	90 Able to carry on normal activity; minor signs or symptoms of disease
	80 Normal activity with effort; some signs or symptoms of disease
	70 Cares for self; unable to carry on normal activity or to do active work
	60 Requires occasional assistance, but is able to care for most of his personal needs
	50 Requires considerable assistance and frequent medical care
	40 Disabled; requires special care and assistance
	30 Severely disabled; hospital admission is indicated although death not imminent
	20 Very sick; hospital admission necessary; active supportive treatment necessary
	10 Moribund; fatal processes progressing rapidly
Medical past history	None
	Hypertension
	Diabetes
	Dyslipidemia
	Current smoker
	Asthma
	Cancer
	Chronic kidney disease
	Chronic obstructive pulmonary disease
	Congenital abnormalities (cardiac)
	Congenital abnormalities (non cardiac)
	Ischemic heart disease
	Congestive heart failure
	Obesity
	Dementia
	Peripheral vascular disease
	Stroke/TIA
	Other

NEUROSURGICAL DISEASE	
Record ID	
Main group	Oncology
	Hemorrhagic cerebrovascular disease
	Traumatic brain injury
	Traumatic spine injury
	Degenerative spine disease
	CSF disorders
	Pediatric
	Functional
	Infectious
In cases of hemorrhagic cerebrovascular disease, the symptom at diagnosis was…	Cerebral hematoma
	Seizure
	Steal
	Asymptomatic
Specific hemorrhagic cerebrovascular disease	Aneurysm
	AVM
	Dural AV fistula
	Cavernoma
	Hypertensive hematoma
	Malignant stroke
Neoplasm location	Supratentorial intracerebral
	Supratentorial extracerebral
	Intraventricular
	Infratentorial intracerebral
	Infratentorial extracerebral
	Sellar region
	Spinal
Neoplasm histology	Low-grade Glioma (WHO I and II)
	High-grade Glioma (WHO III and IV)
	Meningioma (WHO I)
	Meningioma (WHO II and III)
	Metastasis
	Lymphoma
	Schwannoma
	Pituitary adenoma
	Other
Planned surgery is considered…	Primary curative
	Surgery for relapse disease
Determine the level of the spine affected by the degenerative disease	Cervical
	Dorsal
	Lumbar

Specific pediatric pathology	Supratentorial intracerebral tumor
	Supratentorial extracerebral tumor
	Intraventricular tumor (I-III ventricle)
	Infratentorial intracerebral tumor
	Infratentorial extracerebral tumor
	Intraventricular infratentorial tumor
	Sellar region
	Hydrocephalus
	Intraventricular hemorrhage
	Arachnoid cyst
	Craniosynostosis (one suture)
	Craniosynostosis (multiple sutures)
	Occipito-cervical junction disorder
	Simple lipoma
	Complex lipoma
	Vascular
Specific functional pathology	Parkinson and other movement disorder
	Epilepsy
	Pain
Specific infectious pathology	Brain abscess
	Epidural/ subdural cranial empyema
	Epidural/ subdural spinal empyema
	Superficial surgical site cranial infection
	Superficial surgical site spine infection
	Osteosynthesis-associated infection
	Osteomyelitis
Date of diagnosis	
Date of inclusion in surgical list	
Urgency of surgery	Inmediate
	Urgent
	Expedited
	Elective
Confirm if it was the initial decision for surgical treatment?	Yes
	No

TREATMENT DECISION AND EFFECTS OF THE PANDEMIC	
Record ID	
Did the patient undergo any neurosurgical procedure during the pandemic?	Yes
	No
Which of the following reasons was the most influencing one to maintain your indication?	Imminent effect on survival or suspect of malignancy
	Mass effect in neuroimaging/ progressive neurological decline
	There is no reduction in hospital resources due to pandemic
	Patients assume excess of risk of being operated during the pandemic regardless surgeon recommendations
Although the patient was operated during the pandemic, do you consider that the pandemic has affect the surgery someway?	No change to care
	Delayed surgery
	Advanced surgery
	Change in the surgical technique
	Transfer to a COVID-free center
	Neoadyuvancy was administered while the patient was waiting for the procedure.
If no operation was performed by 3 months from study entry, is there still a plan for surgery?	Yes
	No
What was/were the main reason/s to not performed any operation by 3 months from study?	Patient choice to avoid surgery during pandemic
	Surgeon decision to delay surgery due to risk to patient
	No bed/intensive care space/theatre space
	Disease progression, surgery no longer indicated
	SARS-CoV2 detection in the preoperative screening
	Change in clinical status unrelated to neurosurgical pathology
	Died awaiting surgery
	Other reason

PERIOPERATIVE DETAILS	
Record ID	
GCS	
GCS- motor response	Obeys commands
	Localising
	Normal flexion
	Abnormal flexion
GCS- verbal reponse	Extension
	None
	Orientated
	Confused
	Words
	Sounds
GCS- Eye opening	None
	Spontaneous
Preoperative focal deficits due to neurosurgical pathology	To sound
	To pressure
	None
	None
	Language
	Motor
	Sensitivity
	Visual acuity
	Cognitive
	Cranial nerves palsy
	Cerebellar syndrome
	Spinal cord syndrome
	Radiculopathy
	Non testable due to level of consciousness
Preoperative airway support	None / nasal prongs
	Venturi mask
	Non-invasive high pressure respiratory support
	Mechanical ventilation
	OMEC
Was COVID-19 infection suspected at the time of the surgery?	Yes
	No
Reason to suspect COVID-19 infection	Symptoms
	Recent close contact to a confirmed COVID 19 patient
	Laboratory findings
	Thorax imaging

Symptoms of suspicion	Fever
	Cough
	Dyspnea
	Anosmia
	Abdominal pain or diarrhea
	Nausea/vomits
	Tiredness/ muscle aches
CT thorax findings	Not done
	Normal
	Consolidation
	Ground glass opacity
	Linear opacity
	Other
Swab test result in suspect patients	Positive
	Negative
	Not done
In absence of COVID19 suspicion, was COVID19 screening performed preoperatively?	Yes
	No
Type of screening test	Structured survey
	Swab test
	CT thorax
Date of screening test	
Swab test result in non- suspect patients	Positive
	Negative
	Not done
Chest X ray findings in non-suspect patients	Not done
	Normal
	Abnormal
CT thorax findings in non-suspect patients	Not done
	Normal
	Consolidation
	Ground glass opacity
	Linear opacity
	Other
Date of surgery	
Anaesthesia	General
	Regional
	Local

Operation performed?	Supratentorial craniotomy
	Infratentorial craniotomy
	Endoscopic trans-sphenoidal
	Burr-holes
	CSF diversion
	Spine surgery (oncology)
	Spine surgery (non-oncology) with stabilization
	Spine surgery (non-oncology) without stabilization
	Intraventricular endoscopy
	Craniofacial remodeling
	ICP monitoring/ external ventricular drainage
	Deep brain stimulation
	Vague nerve stimulation device
	Other
Operative time (minutes)	
Surgical resources used at the theatre	None especial
	Neuronavigation
	Neurophysiological monitoring
	Tractography
	Specific fluorescence
	Intraoperative echography
	Intraoperative MRI
	Awake surgery
	Cortical mapping
Opinion about surgical conditions	No change to care
	Reduced with direct effect on outcome
	Reduced without effect on outcome

POSTOPERATIVE COURSE	
Record ID	
Postoperative ICU stay	No
	Planned before theatre
	No planned, due to intraop findings
	No planned, due to postop complications
Post-operative airway support	None / nasal prongs
	Venturi mask
	Non-invasive high pressure respiratory support
	Mechanical ventilation
	OMEC
Re-operation	Yes
	No
Complications	None
	Acute renal injury (creatinine >2mg/dl)
	Respiratory failure/ Pneumonia
	Blood transfusion
	Cardiac arrest
	Neurological new focal symptoms
	Deep vein thrombosis
	Pulmonary thromboembolism
	Myocardial infarction
	Sepsis
	Septic shock
	Stroke/TIA
	SSI superficial
	SSI deep
	Meningitis
	Urinary tract infection
	CSF leak
	Postoperative hematoma (asymptomatic)
	Postoperative hematoma (symptomatic but not requiring re-op)
	Postoperative hematoma requiring re-op
	Seizure
	Status epilepticus
	Other
Date of hospital discharge	

OUTCOME	
Record ID	
Mortality	Yes
	No
Situation at the end of the period of study	Alive, in-hospital
	Alive, admitted at other hospital
	Alive, at rehabilitation nursing
	Alive, at home
Outcome of patients awaiting surgery	No clinical worsening or radiological progression
	No clinical worsening but the patient experienced radiological progression
	Clinical worsening without radiological progression
	Clinical worsening and radiological progression
	Change in clinical status unrelated to neurosurgical pathology or COVID19 infection
	Death due to neurosurgical disease progression
	Death unrelated to neurosurgical pathology or COVID19 infection (new medical condition)
	Death due to accident
	Death related to COVID-19 or its complications
Date of death	On table
	Postoperative day 0-7
	Postoperative day 8-30
	Postoperative >30
	Death in a non-operated patients
Cause of death	Death due to neurosurgical disease
	Death unrelated to neurosurgical pathology or COVID19 infection (new medical condition)
	Death related to COVID-19 or its complications
	Unknown

CONFIRMED COVID-19 INFECTION	
Record ID	
Did the patient suffered COVID-19 post-operatively ?	Yes
	No
When was detected a confirmed COVID-19 infection?	Awaiting surgery
	Preoperative screening
	During in-hospital stay
	After hospital discharge within 30 days
	After hospital discharge > 30 days
Date of positive swab test	
Severity of COVID-19 infection	Mild: patient was not admitted to hospital care
	Moderate: patient required hospital admission but not airway support
	Severe: those patients that required airway support (at least venturi mask) or ICU admission or suffered severe thromboembolic complications
Prognostic factors related to COVID-19 outcome	Respiratory rate
	Heart rate
	SBP
	DBP
	Peripheric O2 saturation
	Hemoglobin
	Leucocytes
	Linfocytes
	C reactive protein
	Albumin
	Ure
	Creatinine
	Ferritin
	LDH
	D dimer
	Arterial gasometry pO2
	Arterial gasometry pCO2
	Arterial gasometry pO2 Lactate
	Arterial gasometry pO2 Bicarbonate
Did the patient receive NSAIDS	No
	Yes, preoperatively
	Yes, after admission
	Both
Specific treatment for COVD19 infection	Antibiotics
	Lopinavir/ritonavir
	Quinine
	Corticosteroids
	Interferon
	IV inmunoglobulines
	Anti-IL6

	Anti-IL1
	Remdesivir
	Antibodies
Highest airway support during COVID19 infection	None / nasal prongs
	Venturi mask
	Non-invasive high pressure respiratory support
	Mechanical ventilation
	OMEC
Days of invasive mechanical ventilation	
Renal dialysis during admission?	Yes
	No