

Supplementary materials

Box 1: Inclusion and exclusion criteria for the DRUE-TBI population

Inclusion criteria	<p>The DRUE-TBI cohort was defined as the patients in DRUE with a traumatic brain diagnostic code (ICD-10, S06.1-S06.9)*, which in the period October 2013 to December 2016 were referred to one of the five outpatient clinics and invited to an interdisciplinary examination less than a year after the injury [2].</p> <p>Identification was based on:</p> <ul style="list-style-type: none">- the diagnose given after the first interdisciplinary examination or the referral diagnostic group (non-attendees).- the date of injury and the data of the first visit/the date of visitation (non-attendees) [2]. <p>* The diagnosis T90.5 (late effects of TBI), which also enabled DRUE inclusion, was mistakenly assigned to three patients although they were examined within a year after their TBI.</p>
Exclusion criteria	Skull fracture or facial fractures without intracranial Lesions [2].

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Box 2: Description of data

Outcome	Measurement/Type	Description
Depression	Major depression inventory (MDI) [7]	MDI is a Danish developed self-reporting questionnaire with 12 symptoms-questions scored on a six-point Likert deviation scale. In this study, the ICD-10 algorithm was used [2,3].
Cognitive sequelae	Neuropsychological assessment: - Trail making test A and B [8] - Coding from WAIS-IV [9] - Word learning with selective reminding – learning and retention [10] - Fluency – category and letter [11] - Matrix reasoning from WAIS-IV [9]	For Trail making test A and B, Fluency and Word learning with selective reminding the age group 20-29 [12] was chosen as reference group, while the age group 20-24 was chosen for Matrix reasoning and Coding [9]. For further details see Ryttersgaard et al. (2020b) [2].
Rehabilitation between the first and second visit	Based on a semi-structured interview constructed to DRUE in which the patients were asked whether they had had rehabilitation in relation to: Activities of daily living, educational or work skills, physical function, language/communication, cognition, vision, as well as whether the patient have had therapy at a psychologist and/or counselling from a social worker [5].	Rehabilitation refers to all services initiated by the young survivors' municipalities between the first visit and follow-up to improve functioning and reduce the experience of disability.
Global functional outcome	The Glasgow outcome scale – extended (GOS-E) [12]	GOS-E is a structured interview-based outcome scale, dividing functional outcome into 8 categories from Dead to Upper good recovery.
Return to work/school	Patient reported employment status and absence from job/school. Employment status before the injury was reported at the first visit [5,6]	Having an employment or being enrolled in education without being absent owing to illness. Employment was defined as self-supportive labour market attachment or flex-job (welfare-supported labour market attachment with fewer workhours).