

Appendix 3 (as supplied by the authors): Variables used in the multivariable logistic model to generate propensity scores for hospitalisation

- 1) Age (years)*
 - 2) Sex (Ref: Male)
 - I. Female
 - 3) Arrival by Ambulance
 - 4) **Systolic blood pressure during the emergency department stay: ED-SBP (<90 mmHg or >180 mmHg)**
 - 5) Diastolic blood pressure during the emergency department stay: ED-DBP (<50 mmHg or >110 mmHg)
 - 6) Prodrome (e.g. dizziness, light-headedness, vision changes, nausea or vomiting)
 - 7) **Vasovagal predisposition (e.g. warm-crowded place, prolonged standing, fear, emotion or pain)**
 - 8) **Syncope diagnosis (Ref: Other**)**
 - I. Vasovagal Syncope
 - II. Cardiac Syncope
 - 9) Past medical history of hypertension
 - 10) Past medical history of diabetes
 - 11) **History of heart disease[†]**
 - 12) **Elevated Troponin, (>99th percentile of normal population)**
 - 13) **QRS duration > 130 milliseconds**
 - 14) **QRS axis <30° or >110°**
 - 15) **Corrected QT interval >480 milliseconds**
 - 16) Hospital Site^{††}
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Note: Variables in bold were used to estimate the Canadian Syncope Risk Score

* Age left continuous

** Includes cases diagnosed with orthostatic hypotension and those that were yet to be diagnosed during the time of data collection

† Documented past medical history of any one of the following: coronary or valvular heart disease, cardiomyopathy, congestive heart failure and non-sinus rhythm (ECG evidence during index visit or documented history of ventricular or atrial arrhythmias, or device implantation)

†† Patients were prospectively enrolled within 11 study sites across Canada (Appendix 1)