

**Supplementary Table S1. Motor Behavior Tool revised (MBTr)**

Item	Notes/ins tructions	
Positive signs		
1	Spontaneous non-reflexive movements	Observation of the patient without any stimulation. At least one non-reflexive movement defined as non-stereotypical, non-contextualized and non-repetitive intentional motor pattern
2	Response to command	Any scorable response to verbal command
3	Visual fixation or visual pursuit	Any clearly discernible visual fixation or visual pursuit in any direction
4	Responses in a motivational context	Any increase in frequency of non-reflexive motor responses in a salient context (e.g., mother tongue, patient's own name)
5	Defensive non-reflexive response to a noxious stimulation—Nipple	Twisting the patient's nipple while keeping the patient's healthier arm between the patient's body and the examiner's arm. Any attempt to push away the examiner's arm that is not a stereotypical posture involving extension and internal rotation of the arms
6	Defensive non-reflexive response to a noxious stimulation—Nailbed	Deep pressure to nail beds of four extremities. Any limb movement whose kinematics differs from a motor reflex response in terms of orientation planes and the type of elicited muscles is scored as defensive.
7	Response to a noxious stimulation—Grimace	Observation of at least one grimace during administration of noxious stimulation
Negative signs		
8	Abnormal motor or neurovegetative responses to stimulation	Observation of slow, stereotyped flexion or extension of the upper and/or lower extremities after noxious stimulation or neurovegetative responses (i.e., tachycardia, hypo/hyper-ventilation, hypertension, excessive sweating) to stimulation.
9	Signs of roving eyes or absence of oculoccephalic reflex	Slowly roving eyes movements are typical of metabolic encephalopathy indicating diffuse cerebral dysfunction. Oculoccephalic responses imply intact brain-stem pathways