

Additional File 1: Data Collection Form

Study ID Number:

Sex: Male ☐ Female ☐

Age (Date of birth):

Occupation:

Place where injury occurred:

Time of injury (Days prior to hospital arrival):

Patient arrival time to medical facility:

Mechanism of injury:

Road Traffic injury:

Private vehicle ☐

Public vehicle ☐

Motorcyclist ☐

Bicyclist ☐

Pedestrian ☐

Gunshot / Stabbing ☐

Fall ☐

Bite ☐

Burn ☐

Stabbing ☐

Injury intent:

Unintentional ☐

Intentional ☐

Unknown ☐

Location of injury: (Check all that apply)

None ☐

Head & neck ☐

Back ☐

Spine ☐

Face ☐

Chest ☐

Abdomen ☐

Pelvis ☐

Urogenital ☐

Extremity ☐

Type of injury: (Check all that apply)

None ☐

Bite ☐

Burn ☐

Cold-related(frost bite, nip, gangrene) ☐

Concussion ☐

Contusion ☐

Fracture ☐

Ingestion of toxic substance ☐

Laceration ☐

Paresis / Paralysis ☐

Solid organ injury ☐

Sprain / Strain ☐

Systolic blood pressure on arrival:

Pulse rate on arrival:

Respiratory rate on arrival:

Neurological status on arrival:

Alert, no neurologic impairment ☐

Responsive to verbal stimuli ☐

Responsive to painful stimuli ☐

Unresponsive ☐

Patient disposition:

Treated and released ☐

Death in the casualty ward ☐

Admission to the hospital ☐

Transferred to other facility ☐

Hospitalization course:

Surgical intervention ☐

Non-surgical care ☐

Death during hospitalization ☐

Duration of hospitalization: (days):

Diagnoses during hospitalization:

Surgical interventions: