Patient Questionnaire

#1 Research Type:

1.1 Participant ID: _____ **1.2 BHT Number:** _____

1.3 Is the patient interested in participating in research? ◯ Yes ◯ No

1.4 Patient Language: ◯ English ◯ Tamil ◯ Sinhalese

1.5 Consent Type: ◯ Adult (16+) able to consent for self ◯ Adult (16+) unable to consent for self ◯ Child (7-15) able to consent for self ◯ Child (7-15) Unable to consent for self ◯ Child (<7)

#2 Patient Demographics:

2.1 Name: _____ **2.2 Phone Number:** _____

2.3 Email Address: _____

2.4 Legal Representative/Alternate (LAR) Contact Name: _____

2.5 LAR Contact Phone Number: _____ **2.6 LAR Email Address:** _____

2.7 Years Old: _____ **2.8 Birth Date:** _____

2.9 Sex: ◯ Male ◯ Female ◯ Other _____ ◯ Prefer not to state

2.10 Ethnicity/Race: ◯ Sinhala ◯ Tamil ◯ Muslim ◯ Malay ◯ Berger ◯ Other _____

2.11 Religion: ◯ Buddhist ◯ Hindu ◯ Roman Catholic ◯ Christian (other) ◯ Islam ◯ Other _____

2.12 Educational Level ◯ Below O/L ◯ O/L Certificate ◯ A/L Certificate ◯ Degree Holder

2.13 Grade of Study Completed: _____

2.14 Occupation Category: ◯ Managers ◯ Professionals ◯ Technicians and associate professionals ◯ Clerical support workers ◯Service and sales workers ◯ Skilled agricultural, forestry, and fishery workers ◯ Craft and related trade workers ◯ Plant and machine operators and assemblers ◯ Elementary occupations ◯ Armed forces occupations ◯ Unemployed ◯ Other _____

#3 Introductory Information:

3.1 Site of Road Traffic Accident: _____**3.2 District** _____

3.3 Town: _____**3.4 Street Name:** _____

3.5 Junction: _____**3.6 Date of Road Traffic Accident:** _____

3.7 Type of Road User: ◯ Auto/Vehicle Driver ◯ Auto/Vehicle Passenger ◯ Pedestrian ◯ Pedal Cyclist ◯ Pedal Cycle Passenger ◯ Motorcycle Driver ◯ Motorcycle Passenger/Pillion ◯ Scooter Driver ◯ Scooter Passenger ◯ Three Wheeler Driver ◯ Three Wheeler Passenger ◯ Other _____

#4 Driving History:

4.1 Do you have a driver's license? ◯ Yes ◯ No

4.2 What Type of License? _____

#5 Vehicular Characteristics:

5.1 What Type of Vehicle at Time of Accident? ◯ Car ◯ Van ◯ SLTB bus◯ Private bus ◯ Lorry ◯ Motorcycle ◯ Pedal Cycle ◯ Container ◯ Three wheeler/Tuk Tuk ◯ Double Cab ◯ Jeep ◯ Scooter ◯ Ambulance ◯ Other _____

5.2 Were you wearing a helmet at the time of the accident? ◯ Yes ◯ No

5.3 Were you using a cellphone at the time of the accident?◯ Yes ◯ No

5.4 Were you wearing the seat belt at the time of the accident? ◯ Yes ◯ No

5.5 Are there airbags incorporated in this vehicle? ◯ Yes ◯ No

5.6 Did the airbags get deployed? ◯ Yes ◯ No

5.7 Were you using a child car seat at the time of the accident ◯ Yes ◯ No

5.8 How were you positioned in the vehicle? ◯ Independently on seat ◯ Adults lap ◯ Child lap ◯ In front of adult ◯ Between adults ◯ Behind adult ◯ Other _____

5.9 Have you consumed alcohol in the past 4 hours before the accident? ◯ Yes ◯ No

5.10 Have you used illicit drugs in the past 4 hours before the accident (i.e. marijuana, opioids, or methamphetamines)? ◯ Yes ◯ No

#6 Accident Characteristics:

6.1 Type of Road Traffic Accident ◯ Single vehicle accident ◯ Vehicle vs pedestrian accident ◯ Multiple vehicle accident ◯ Other _____

6.2 If you/your vehicle was hit by another vehicle, what type was the other vehicle? ◯ Car ◯ Van ◯ SLTB bus ◯ Private bus ◯ Lorry ◯ Motorcycle ◯ Pedal Cycle ◯ Container ◯ Three wheeler/Tuk Tuk ◯ Double Cab ◯ Jeep ◯ Scooter ◯ Ambulance ◯ Other _____

#7 Vehicle Pedestrian Accidents:

7.1 Accident took place while the pedestrian was: ◯ Crossing the road ◯ On the side of the road ◯ Other _____ ◯ Information unavailable

7.2 If the pedestrian was on the road were they: ◯ On pedestrian crossing ◯ Not on pedestrian crossing ◯ Other _____ ◯ Information Unavailable

7.3 If the pedestrian was on the side of the road, were they ◯ On pavement ◯ Not on pavement ◯ Other _____◯ Information Unavailable

#8 Transportation to Hospital:

8.1 Was this the first hospital at which you sought care for your traumatic injury? ◯ Yes ◯ No

8.2 From what hospital did you first receive care from? _____

8.3 How many facilities did you visit before this facility? ◯ 0 ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5

8.4 Mode of transport to the Hospital ◯ Ambulance ◯ Three wheeler ◯ Car ◯ Other vehicle

8.5 If an ambulance was used, which category does the ambulance service fall into? ◯ Public (X1990) ◯ Private ◯ Hospital based ◯ Other _____

8.6 Was payment needed prior to transport? ◯ Yes ◯ No

8.7 How much did transport to the hospital cost? _____

8.8 Time duration between accident and arrival to hospital? ◯ <30 min ◯ < 1 hr ◯ 1-2 hrs ◯ 2-4 hrs ◯ 4-6 hrs ◯ > 6 hrs

8.9 Mode of Transport to <u>First</u> Facility ◯ Ambulance ◯ Three wheeler ◯ Car ◯ Other vehicle

8.10 If an ambulance was used, which category does the ambulance service fall? ◯ Public (X1990) ◯ Private ◯ Hospital based ◯ Other _____

8.11 Was a payment needed prior to transport? ◯ Yes ◯ No

8.12 How much did transport to the hospital cost? _____

8.13 Time duration between accident and arrival to hospital? ◯ <30 min ◯ < 1 hr ◯ 1-2 hrs ◯ 2-4 hrs ◯ 4-6 hrs

8.14 Mode of Transport to <u>Second</u> Facility ◯ Ambulance ◯ Three wheeler ◯ Car ◯ Other vehicle

8.15 If an ambulance was used, which category does the ambulance service fall? ◯ Public (X1990) ◯ Private ◯ Hospital based ◯ Other _____

8.16 Was a payment needed prior to transport? ◯ Yes ◯ No

8.17 How much did transport to the hospital cost? _____

8.17 Time duration between accident and arrival to hospital? ◯ <30 min ◯ < 1 hr ◯ 1-2 hrs ◯ 2-4 hrs ◯ 4-6 hrs

8.18 Mode of Transport to <u>Third</u> Facility ◯ Ambulance ◯ Three wheeler ◯ Car ◯ Other vehicle

8.19 If an ambulance was used, which category does the ambulance service fall? ◯ Public (X1990) ◯ Private ◯ Hospital based ◯ Other _____

8.20 Was a payment needed prior to transport? ◯ Yes ◯ No

8.21 How much did transport to the hospital cost?_____

8.22 Time duration between accident and arrival to hospital? ◯ <30 min ◯ < 1 hr ◯ 1-2 hrs ◯ 2-4 hrs ◯ 4-6 hrs

8.23 Other facility description: _____
_____
_____

#9 Identifying Information:

9.1 BHT Number of the Injured Individual _____

9.2 National Identity Number _____

9.3 Hospital ◯ National Hospital Kandy ◯ Teaching Hospital Peradeniya

9.4 Ward Name and Number _____

9.5 Date of Admission: _____ **9.6 Date of Discharge:** _____

#10 Alcohol and Other Drug Consumption:

10.1 Is there an indication that the patient is under the influence of alcohol in the medical record? ◯ Yes ◯ No

10.2 If "yes," result of laboratory testing for alcohol? ◯ Positive ◯ Negative ◯ Testing not done

10.3 Is there an indication that the patient is under the influence of illicit drugs in the medical record? ◯ Yes ◯ No

10.4 If "yes," result of laboratory testing for illicit drugs? ◯ Positive ◯ Negative ◯ Testing not done

#11 Description of Injuries:

11.1 Head ◯ Fracture ◯ Penetrating Injury ◯ Laceration ◯ Burn ◯ Crush Injury
◯ Other injury Type _____

11.2 Neck ◯ Fracture ◯ Penetrating Injury ◯ Laceration ◯ Burn ◯ Crush Injury
◯ Other injury Type _____

11.3 Chest ◯ Fracture ◯ Penetrating Injury ◯ Laceration ◯ Burn ◯ Crush Injury
◯ Other injury Type _____

11.4 Abdomen ◯ Fracture ◯ Penetrating Injury ◯ Laceration ◯ Burn ◯ Crush Injury
◯ Other injury Type _____

11.5 Pelvis ◯ Fracture ◯ Penetrating Injury ◯ Laceration ◯ Burn ◯ Crush Injury
◯ Other injury Type _____

11.6 Upper extremity ◯ Fracture ◯ Penetrating Injury ◯ Laceration ◯ Burn ◯ Crush Injury

11.7 Lower extremity ◯ Fracture ◯ Penetrating Injury ◯ Laceration ◯ Burn ◯ Crush Injury

11.8 Spine ◯ Fracture ◯ Penetrating Injury ◯ Laceration ◯ Burn ◯ Crush Injury
◯ Other injury Type

_____

11.8 Systolic blood pressure (mHg) on admission (first available in record from any hospital) (ex. 120/80)

_____

11.9 Respiratory rate on admission (breaths/min) (first available in record from any hospital)

_____

11.10 Neurological status on admission (first available in record from any hospital) ◯ Alert (GCS = 15)
◯ Responds to verbal stimuli (GCS 11-14) ◯ Responds to painful stimuli (GCS 3-10) ◯ Unresponsive (GCS = 3)

11.11 Number of serious injuries (RA do not need to complete this field, to be completed by clinicians)
◯ None ◯ One serious injury ◯ More than one

#12 Onward Referrals:

12.1 Speciality/Facility patient was referred to _____

12.2 Reason for Referral _____

12.3 Reason for Selecting Facility _____

_____

#13 Pre-Hospital Care and Transportation to the Hospital:

13.1 Time duration between accident and arrival to hospital ◯ <30 Min ◯ < 1 hr ◯ 1-2 hrs ◯ 2-4 hrs ◯ 4-6 hrs ◯ > 6 hrs

13.2 Pre hospital care ◯ Given ◯ Not given

#14 Follow-Up at 3 weeks

14.1 Standing for long periods such as 30 minutes ○ None ○ Mild ○ Moderate ○ Severe ○ Extreme or cannot do
14.2 Standing up from sitting down ○ None ○ Mild ○ Moderate ○ Severe ○ Extreme or cannot do
14.3 Moving around in the hospital ○ None ○ Mild ○ Moderate ○ Severe ○ Extreme or cannot do
14.4 Walking a long distance such as a kilometer ○ None ○ Mild ○ Moderate ○ Severe ○ Extreme or cannot do
14.5 Washing your whole body ○ None ○ Mild ○ Moderate ○ Severe ○ Extreme or cannot do
14.6 Getting dressed ○ None ○ Mild ○ Moderate ○ Severe ○ Extreme or cannot do
14.7 Eating ○ None ○ Mild ○ Moderate ○ Severe ○ Extreme or cannot do
14.8 How much have you been emotionally affected by your health problems ○ None ○ Mild ○ Moderate ○ Severe ○ Extreme or cannot do
14.9 Concentrating on doing something for ten minutes ○ None ○ Mild ○ Moderate ○ Severe ○ Extreme or cannot do
14.10 Your day to day work ○ None ○ Mild ○ Moderate ○ Severe ○ Extreme or cannot do

#15 Follow-Up at 6 weeks

15.1 Standing for long periods such as 30 minutes ○ None ○ Mild ○ Moderate ○ Severe ○ Extreme or cannot do
15.2 Standing up from sitting down ○ None ○ Mild ○ Moderate ○ Severe ○ Extreme or cannot do
15.3 Moving around in the hospital ○ None ○ Mild ○ Moderate ○ Severe ○ Extreme or cannot do
15.4 Walking a long distance such as a kilometer ○ None ○ Mild ○ Moderate ○ Severe ○ Extreme or cannot do
15.5 Washing your whole body ○ None ○ Mild ○ Moderate ○ Severe ○ Extreme or cannot do
15.6 Getting dressed ○ None ○ Mild ○ Moderate ○ Severe ○ Extreme or cannot do
15.7 Eating ○ None ○ Mild ○ Moderate ○ Severe ○ Extreme or cannot do
15.8 How much have you been emotionally affected by your health problems ○ None ○ Mild ○ Moderate ○ Severe ○ Extreme or cannot do
15.9 Concentrating on doing something for ten minutes ○ None ○ Mild ○ Moderate ○ Severe ○ Extreme or cannot do
15.10 Your day to day work ○ None ○ Mild ○ Moderate ○ Severe ○ Extreme or cannot do