APPENDIX A:
DATA SHEETS

Trauma Data Sheet – Cover Page

Study Identification Number: [ ]

Date of Data Collection (DD/MM/YYYY):

__ __ / __ __ / __ __ __ __

Time of Data Collection (Hours:Minutes): __ __ : __ __

Name of Patient: ____________________________

Patient File Number: __ __ __ __ __ __ __ / __ __

Trauma Data Sheet

Study ID Number [ ]

Date of Data Collection (DD/MM/YYYY): [ ][ ] / [ ][ ] / [ ][ ][ ][ ]
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Data Collector Identification Number: [ ][ ]

Time of Data Collection (Hours:Minutes): [ ][ ] : [ ][ ]
HRS MINS

Patient Admitted: ☐ Yes ☐ No

Question	Response
1. Sex:	☐ Male ☐ Female
2. Address of Residence **a. District:**	☐ Chongwe ☐ Lusaka ☐ Kafue ☐ Unknown ☐ Luangwa ☐ Other:________
b. Compound/Suburb:	________
c. City/Village:	________
3. Occupation (Choose Best Fit):	☐ Student/Pupil/On Break ☐ Housewife ☐ Subsistence Farmer ☐ Labourer ☐ Civil Servant/Private Employee ☐ Child/Baby ☐ Businessman ☐ Unemployed ☐ Driver/Conductor ☐ Unknown ☐ Other:________
4. Place Where Injury Occurred **a. District:**	☐ Chongwe ☐ Lusaka ☐ Kafue ☐ Unknown ☐ Luangwa ☐ Other:________
b. Compound/Suburb: Do not record a street name	________
c. City/Village:	________
d. Setting of Injury (Check One):	☐ Farm ☐ Industry ☐ Home ☐ Paved Road/Street ☐ School ☐ Unpaved Road/Street ☐ Sport/Recreation ☐ Unknown ☐ Public Building ☐ Other: ________
5. Method of Transport to Hospital	☐ Private Car ☐ Public Transport ☐ Walked/Carried/Bicycle ☐ Private Ambulance ☐ Public Ambulance ☐ Unknown ☐ Other: ________

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Trauma Data Sheet

Question	Response
6. Time of Injury and Patient Arrival to Hospital (cas) a. Date of Inujury (DD/MM/YYYY)	☐☐ / ☐☐ / ☐☐☐☐ D D M M Y Y Y Y
b. Approximate Time of Injury (Hours:Minutes)	☐☐ : ☐☐ HRS MIN
c. Date of Arrival (DD/MM/YYYY)	☐☐ / ☐☐ / ☐☐☐☐ D D M M Y Y Y Y
d. Approximate Time of Arrival (Hours:Minutes)	☐☐ : ☐☐ HRS MIN
7. Cause of Injury (Traffic) If 'No', skip to #8. a. Traffic Related Injury	☐ Yes ☐ No ☐ Unknown
b. Motor Vehicle Involved: Choose the car the patient was either inside, or the car that hit the patient, if the patient was a pedestrian.	☐ Car/SUV ☐ Small Truck ☐ Bus ☐ Minibus ☐ Motorcycle ☐ Unknown ☐ Truck/Lorry ☐ Not Applicable
c. Patient Role in Traffic:	☐ Pedestrian ☐ Passenger ☐ Bicyclist ☐ Driver ☐ Motorcyclist ☐ Not Applicable ☐ Unknown
d. Seatbelt Worn	☐ Yes ☐ No ☐ Vehicle did not have seatbelts ☐ Not Applicable (for pedestrians) ☐ Unknown
e. Fatalities (Deaths) at Traffic Scene	☐ Single Death ☐ Multiple Deaths ☐ No Deaths ☐ Not Applicable ☐ Unknown
f. If a Child under the Age of 12 Was Involved, Location of Child	☐ Front Seat ☐ Not Applicable ☐ Back Seat ☐ Unknown ☐ Truck Bed ☐ Other: ________
g. Child Restraint	☐ Seatbelt ☐ Not Applicable ☐ Child Seat ☐ Unknown ☐ No Restraint
8. Other Trauma Causes (Choose One) If the cause of injury was traffic related, skip to #9 or check 'Not Applicable' for #8.	☐ Home Accident ☐ Stab/Cut ☐ Fall ☐ Gunshot ☐ Animal Bite ☐ Assault ☐ Industrial Accident ☐ Unknown ☐ Blunt Injury ☐ Not Applicable ☐ Burns ☐ Other: ________
9. Intent of Injury	☐ Unintentional ☐ Intentional/Self-inflicted ☐ Assault ☐ Unknown

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Trauma Data Sheet

Question	Response
10. Alcohol Use	☐ Yes ☐ Suspected ☐ No ☐ Unknown
11. Breathalyzer Used If 'No', skip to #13	☐ Yes ☐ No ☐ Unknown
12. Breathalyzer Score	. ☐☐☐
13. Area(s) of Significant Injury (Check All That Apply):	☐ Chest ☐ Spinal cord ☐ Head/Neck/Face ☐ Abdomen ☐ Extremities/Bony Pelvis ☐ None
14. Pulse on Admission (Beats per Minute) For Example: '090'.	☐☐☐

Kampala Trauma Score

Question	Score
15. Patient Age ☐ Known ☐ Guessed Years: ☐☐ Months: ☐☐	☐ If patient is 5-55 yrs, record 2 If patient <5 yrs or >55 yrs, record 1
16. Systolic BP on Admission ☐ >89 mmHg (4) ☐ 50-89 mmHg (3) ☐ 1-49 mmHg (2) ☐ Undetectable (1) ☐ Not Recorded (0)	☐ Record the number in parenthesis next to the #16 choice.
17. Respiratory Rate on Admission ☐ 10-29/min (3) ☐ 30+ (2) ☐ <9/min (1) ☐ Not Recorded (0)	☐ Record the number in parenthesis next to the #17 choice.
18. Neurological Status (AVPU Score) ☐ Alert (4) ☐ Responds to Verbal Stimuli (3) ☐ Responds to Painful Stimuli (2) ☐ Unresponsive (1)	☐ Record the number in parenthesis next to the #18 choice.
19. Number of Serious Injuries ☐ None (3) ☐ Single (2) ☐ Multiple (1)	☐ Record the number in parenthesis next to the #19 choice.
20. KTS Total: ____________	☐☐ Add up all of the scores and enter the total score in the boxes provided.

Signature of Data Supervisor

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Trauma Data Sheet: Hospital Utilization

Date of Data Collection (DD/MM/YYYY): ☐☐/☐☐/☐☐☐☐
D D M M Y Y Y Y

Study ID Number ☐

Time of Data Collection (Hours:Minutes): ☐☐:☐☐ HRS MINS

Data Collector Identification Number: ☐☐

Question	Response
21. Patient Disposition in First 24 Hours	☐ Admitted to MSW/FSW for 24 hours or less ☐ Admitted to Main Ward/ICU ☐ Transferred to another hospital ☐ Brought in dead/died within 24 hours ☐ Died in casualty/admission ward/ICU after 24 hours ☐ Left against medical advice
22. X-Ray(s) Performed (Check All That Apply)	☐ None ☐ Chest ☐ Skull ☐ Abdomen ☐ C-spine ☐ Pelvis ☐ Extremities ☐ Other: ________
23. Other Imaging (Check All That Apply)	☐ None ☐ CT Other: ________ ☐ CT Head ☐ U/S: ________ ☐ CT C-Spine
24. Patient Status at 30 Days or Disposition	☐ Discharged ☐ Still In Hospital ☐ Died ☐ Left Against Medical Advice ☐ Unknown
If patient discharged, list date (DD/MM/YYYY)	☐☐/☐☐/☐☐☐☐ D D M M Y Y Y Y
If patient died, list date of death (DD/MM/YYYY)	☐☐/☐☐/☐☐☐☐ D D M M Y Y Y Y
If patient died, list cause of death	________
If patient left against medical advice, list date of leave (DD/MM/YYYY)	☐☐/☐☐/☐☐☐☐ D D M M Y Y Y Y
25. Operation Details **a. Had Operation** **If 'No', skip to #27**	☐ Yes ☐ No ☐ Unknown
b. Date to Theatre for First Operation (DD/MM/YYYY)	☐☐/☐☐/☐☐☐☐ D D M M Y Y Y Y
c. Time to Theater for First Operation (hours:minutes)	☐☐ : ☐☐ HRS MIN
d. Name/Type of First Operation	________
e. Number of Times Patient Has Gone to Theatre	☐☐
26. Complications of Surgical Site Infection	☐ Yes ☐ No ☐ Unknown ☐ Not Applicable

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Trauma Data Sheet: Hospital Utilization

Question	Response	
27. Blood Products (Choose One)	☐ Received Transfusion ☐ Refused Transfusion ☐ No Blood Required ☐ Unknown	
28. HIV Status of Patient	☐ Reactive ☐ Non-Reactive ☐ Not Tested ☐ Indeterminate ☐ Unknown	
29. Was a Chest Drain/Tube Performed during Hospitalization	☐ Yes ☐ No ☐ Unknown	
30. Primary Diagnosis (Check One) Closed Head Injury (e.g. Concussion) Traumatic Brain Injury (e.g. Elevated ICP or Hemorrhage)	☐ Fracture - Minor ☐ Fracture - Major ☐ Burn ☐ Laceration ☐ Dislocation ☐ Contusion ☐ Abdominal Injury - Solid Organ	☐ Abdominal Injury - Bowel ☐ Pneumothorax ☐ Hemothorax ☐ Urological Injury ☐ Closed Head Injury - Minor ☐ Traumatic Brain Injury ☐ Facial/Eye Trauma
31. Secondary Diagnoses (Check All That Apply) Closed Head Injury (e.g. Concussion) Traumatic Brain Injury (e.g. Elevated ICP or Hemorrhage)	☐ Fracture - Minor ☐ Fracture - Major ☐ Burn ☐ Laceration ☐ Dislocation ☐ Contusion ☐ Abdominal Injury - Solid Organ	☐ Abdominal Injury - Bowel ☐ Pneumothorax ☐ Hemothorax ☐ Urological Injury ☐ Closed Head Injury - Minor ☐ Traumatic Brain Injury ☐ Facial/Eye Trauma

Signature of Data Supervisor

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Brought in Dead Data Sheet

Study ID Number

Date of Data Collection (DD/MM/YYYY):

☐☐ / ☐☐ / ☐☐☐☐
D D M M Y Y Y Y

Time of Data Collection (Hours:Minutes): ☐☐ : ☐☐
HRS MINS

Data Collector Identification Number: ☐☐

Question	Response
1. Deceased Age ☐ Known ☐ Guessed	☐☐ Years ☐☐ Months
2. Sex	☐ Male ☐ Female
3. Is death suspected to be injury/trauma related? If 'No', skip to #12.	☐ Yes ☐ No
4. Date of Original Trauma Injury (DD/MM/YYYY)	☐☐ / ☐☐ / ☐☐☐☐ D D M M Y Y Y Y
5. Setting of Original Trauma Injury (Check One)	☐ Farm ☐ Public Building ☐ Home ☐ Road/Street Paved ☐ School ☐ Road/Street Unpaved ☐ Sport/Recreation ☐ Unknown ☐ Industry ☐ Other: ______
6. Date of Trauma-Related Death (DD/MM/YYYY)	☐☐ / ☐☐ / ☐☐☐☐ D D M M Y Y Y Y
7. Setting of Trauma-Related Death (Check One)	☐ Home ☐ Scene of Injury ☐ Transit ☐ Government Hospital/Clinic ☐ Private Hospital/Clinic ☐ Unknown ______

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Question	Response
8. Cause of Trauma-Related Death (Traffic) **a. Traffic Related Death** If 'No' skip to #9	☐ Yes ☐ No ☐ Unknown
b. Motor Vehicle Involved Choose the car the patient was either inside, or the car that hit the patient if the patient was a pedestrian	☐ Bus ☐ Small Truck ☐ Car/SUV ☐ Minibus ☐ Motorcycle ☐ Not Applicable ☐ Truck/Lorry ☐ Unknown
c. Role in Traffic Accident	☐ Pedestrian ☐ Driver ☐ Bicyclist ☐ Not Applicable ☐ Motorcyclist ☐ Unknown ☐ Passenger
d. Seatbelt Worn	☐ Yes ☐ No ☐ Child Restraint ☐ Vehicle does not have a seatbelt ☐ Not Applicable ☐ Unknown
e. Deaths at Traffic Scene	☐ Single Death ☐ Multiple Deaths ☐ No Deaths ☐ Not Applicable ☐ Unknown
9. Other Causes of Trauma Death	☐ Blunt Injury ☐ Stab/Cut ☐ Animal Bite ☐ Gunshot ☐ Industrial Accident ☐ Drowning ☐ Fall ☐ Assault ☐ Burns ☐ Unknown ☐ Other: ________________
10. Alcohol Use	☐ Yes ☐ No ☐ Suspected ☐ Unknown
11. Intent of Trauma-Related Death FOrM COMPLETE FOR TRAUMA-RELATED DEATHS	☐ Unintentional ☐ Intentional/Self-inflicted ☐ Assault ☐ Unknown
12. Setting of Other Non-Trauma Deaths (Check One)	☐ Home ☐ Public Setting ☐ Transit ☐ Government Hospital/Clinic ☐ Private Hospital/Clinic ☐ UTH Filter Clinic ☐ Unknown ☐ Other ________________

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Brought in Dead Data Sheet

Question	Response	
13. Suspected Cause of Other Non-Trauma Death (Check One)	☐ Heart Attack/MI	☐ HIV-Related Illness
	☐ Hypertension/BP-Related	☐ GI Bleeding
	☐ Stroke/CVA	☐ Liver Failure/Problems
	☐ Meningitis/CNS	☐ Sepsis
	☐ Diarrhea/GI Illness	☐ Poisoning
	☐ Malaria	☐ Occupational Exposures
	☐ TB	☐ Sudden Death
	☐ Pneumonia (PNA)	☐ Natural Death/Old Age
	☐ Unknown	☐ Other ____________
14. Suspected Alcohol Use	☐ Yes ☐ No ☐ Suspected ☐ Unknown	

Signature of Data Supervisor

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