

DATE OF ENTRY:
DATA CLERK:
REGISTER #:

NON-FATAL INJURY SURVEILLANCE SYSTEM

NAME OF HOSPITAL/FACILITY.....

Case-definition: First time visit for an external cause of physical injury attended in ED

MODULE I – DEMOGRAPHIC INFORMATION

1. Last Name			2. First Name			3. Parent's Name (for children <1)			4. Source of information: 1. Self 2. Family/relatives 3. Other		
5. Age	6. Date of birth			7. Birthday (< 1 year)		8. Sex			9. Occupation or job title (paid work):		
	Day	Month	Year	# months	# days	M	F	Other	Unk.	10. Education (highest year completed):	
11. Domicile		Town / City / Village		Region / State		FULL ADDRESS			9. Unknown		
12. Address where the injury occurred		Town / City / Village		Region / State		FULL ADDRESS			9. Unknown		

MODULE II- GENERAL INFORMATION ABOUT THE INJURY EVENT (CLOSE IN CIRCLES) (For every variable check only one)

13. Day and Time of Event				16. Event Type				17. Intent				18. Place (Where were you when you were injured?)				19. Activity (What were you doing when you were injured?)															
DAY	MONTH	YEAR	14. Time (24 hour clock)	1- Isolated Event	2- Natural	3- War/Civil	4- Terrorism	8- Other	1- Unintentional* (road traffic *, falls, burns, natural disasters)	2- Intentional- Interpersonal**	3- Intentional- Self-directed***	9- Undetermined/ Unknown	1- Home	2- School/education area	3- Sport or recreation area	4- Street/highway	5- Cafe, Bar or similar	6- Farm	7- Trade or service area	8- Industrial/construction area	9- Body of water	88- Other	99- Unknown	1.1- Working (inside home)	1.2- Working (outside home)	2- Educational activity	3- Organized Sports	4- Traveling	5- Leisure or play	8- Other	9- Unknown
15. Previous Visit?				20. Mechanism of injury (How was the injury sustained?)				21. Work-related injury				22. Type of industry Describe:				23. Size of workplace				24. Type of compensation											
1. Yes 2. No 9. Unkn.				1- Road Traffic Injury 2- Sexual assault 3- Fall/Push/Jump (same level) 4- Fall/Push/Jump (higher level) 5- Blunt force 6- Stab/Cut 7- Gunshot w/ handgun 8- Gunshot w/ rifle, shotgun, other long gun 9- Gunshot w/ other/unspecified firearm 10- Other projectile 11- Fire/smoke/flames 12- Steam, hot vapors, hot objects 13- Exposure to extreme heat				1. Yes 2. No 9. Unkn.				1- Motorc./three wheel driver 2- Motorc./three w passenger 3- Driver of motor vehicle (car, bus, truck, taxi, etc) 4- Passenger in motor vehicle 5- Passenger in back of truck 6- Pedal Cyclist 8- Driver/pass watercraft 9- Rider of animal or animal cart 88- Other 99- Unknown				1- Pay 2- Other compensation (goods, etc) 3- None				1- Road Traffic Injury 2- Sexual assault 3- Fall/Push/Jump (same level) 4- Fall/Push/Jump (higher level) 5- Blunt force 6- Stab/Cut 7- Gunshot w/ handgun 8- Gunshot w/ rifle, shotgun, other long gun 9- Gunshot w/ other/unspecified firearm 10- Other projectile 11- Fire/smoke/flames 12- Steam, hot vapors, hot objects 13- Exposure to extreme heat				14- Exposure to extreme cold 15- Exposure to extreme pressure 16- Hanging/strangulation/suffocation 17- Drowning/submersion 18- Ingestion/poisoning by drugs 19- Ingestion/poisoning by pesticides 20- Ingestion/poisoning by gases or vapors 21- Ingestion/poisoning from a corrosive substance 22- Ingestion/poisoning: other or unspecified 23- Explosion from landmine 24- Other explosive 25- Bite from a person 26- Bite from an animal 27- Bite/Sting from an insect 28- Electrocution 29- Neglect/Abandonment 88- Other 99- Unknown							

MODULE III- SPECIFIC DATA ABOUT THE EVENT (For every variable check only one)

ROAD TRAFFIC EVENTS					INTERPERSONAL VIOLENCE					SELF-DIRECTED VIOLENCE					
25. Mode of Transport (How was the injured person travelling?)		26. Person injured (What was the role of the injured person)		27. Counterpart (What did the injured person collide with?)		29. Relationship of Perpetrator to the Victim (Choose only one option)					31. Prior Attempt? 1. Yes 2. No 9. Unknown				
1- Pedestrian 2- Motorcycle 2.1- Three wheel motor vehicle 3- Private car 4- Pick-up or van 5- Heavy transport, bus 6- Other land transport 7- Pedal cycle 8- Watercraft 9. Animal cart 10- Aircraft 11. Rail vehicle 88- Other 99- Unknown		1- Pedestrian 2.1- Motorc./three wheel driver 2.2 Motorc./three w passenger 3- Driver of motor vehicle (car, bus, truck, taxi, etc) 4- Passenger in motor vehicle 5- Passenger in back of truck 6- Pedal Cyclist 8. Driver/pass watercraft 9- Rider of animal or animal cart 88- Other 99- Unknown		1- Pedestrian 2- Two or three wheel motor vehicle 3- Car, pick-up, or van 4- Heavy transport vehicle, bus 5- Rail vehicle, Train 6- Other non-motor vehicle 7- Animal cart 8- Pedal cycle 9- Non-collision transport accident (thrown, fall, overturn) 88- Other 99- Unknown		1- Partner or ex-partner 2- Parent or step-parent 3- Unrelated caregiver 4- Other relative 5- Friend / Acquaintance 6- Official/legal authorities 7- Unknown person (stranger) 8- Other 9- Unknown (no information)					32. Precipitating Factors (Choose primary cause) 1- Conflict with partner 2- Conflict with family 3- Physical illness/problem 4- Psychological condition 5- Financial problems 6. Work problems 7- Legal system encounters 8- Death of family member 9- Victim of sexual or physical abuse 10- Difficulties with school 11- Unexpected pregnancy 88- Other 99- Unknown				
28. Safety Elements (Circle more than one)					30. Context					32. Precipitating Factors (Choose primary cause)					
1- Seat belt 2- Helmet 4- Child car seat					1- Family/Domestic violence (e.g. Intimate partner violence, Child Maltreatment, Sexual Assault, Elder Abuse) 2- Other interpersonal dispute (e.g. Gang-related, conflict with peers, friends, neighbors) 3- During a burglary, robbery or other crime 8- Other 9- Unknown					88- Other 99- Unknown					

MODULE IV- ALCOHOL AND SUBSTANCE USE BY VICTIM/COUNTERPART

33. Alcohol use (Victim) Clinical Observation		35. Other Psychoactive Substance Use (Victim)		36. Alcohol / Other Substance Use (Counterpart/Perpetrator)	
1- No suspicion or evidence 2- Yes, there is suspicion or evidence 3- Yes, confirmed by Breath or Blood test 7- Not applicable 9- Unknown		1- No suspicion or evidence 2- Yes, there is suspicion, which one: 7- Not applicable 9- Unknown		1- No suspicion or evidence 2- Yes, there is suspicion or evidence 3- Yes, confirmed by Breath or Blood test 7- Not applicable 9- Unknown	
34. Self-report: Did you drink alcohol 6 hours before the injury event? 1. Yes 2. No 9. Unknown					

MODULE V- CLINICAL DATA ABOUT THE INJURY

37. Nature of the Injury		38. Anatomic Location of the Injury (You can circle more than one)		39. Severity		40. Disposition			
1- Laceration, Abrasion 2- Cut / Wound / Bite 3- Systemic Organ Injury 4- Strain/Sprain or Dislocation 5- Fracture 6- Burn 7- Bruise, Contusion 8- Traumatic Brain Injury 88- Other 99- Unknown		1- Head 2- Face 3- Eyes 4- Ears 5- Nose 6- Neck 7- Thorax (front and back) 8- Back 9- Abdomen		10- Pelvis /Genitals 11- Shoulder/Arm 12- Elbow/Forearm 13- Wrist/Hand/Fingers 14- Hip/Thigh 15- Knee/Legs 16- Ankle/Feet/Toes 17- Systemic 88- Other		1- Minor or superficial (<1 hr tx; e.g. bruises, minor cuts) 2- Moderate (1-4 hrs tx; e.g. fractures, sutures) 3- Severe (>4hrs tx; e.g. internal hemorrhage, punctured organs, severed blood vessels)		1- Treated and discharged 2- Transferred to hospital 3- Admitted to the hospital 4- Referred to other facility Which one? 5- Left prior to discharge 6- Discharged against advice 7- Died on site/prior to discharge 9- Unknown	
41. Preliminary Diagnosis (ICD codes):									
42. Name of person who completes the form:									

43. Reason for Consultation:

44. Actual disease or health problem

45. Time of the last meal:

46. Hour of Attention:

47. Antecedents

48. Physical Exam:

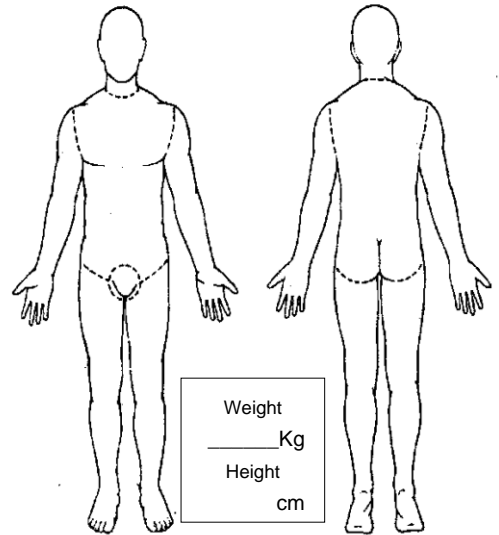
Heart Rate (HR):

Temperature (T°):

Respiratory Rate (RR):

Blood Pressure (BP):

Injuries Scheme



Glasgow:

Points

49. Presumptive Diagnosis

50. Initial Indications

51. Name of person who completes the form – stamp- if any:

52. Procedures Implemented