A STUDY TO IDENTIFY RISK FACTORS IN THE AETIOLOGY AND CAUSE OF TRAUMATIC SPINAL CORD PARALYSIS

VOLUME 4 — APPENDICES
APPENDICES

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APPENDIX A1

Austin Hospital, Ethics Review
Committee Approval Letter, August 1982
AUSTIN HOSPITAL

INTERNAL MEMORANDUM

TO: Dr. J. Toscano
   Prof. K.J. Hardy

FROM: MR. C.S. VINCENT, SECRETARY,
       ETHICAL REVIEW COMMITTEE

DATE: 13/9/82

SUBJECT: The Prevention of Traumatic Spinal Cord Paralysis

I wish to advise that at the meeting of the Ethical Review Committee held on the 31st August, 1982, the above Research Project was considered and approved.

The Committee has requested me to make arrangements for progress reports to be submitted by the Investigator to the Committee at the end of each twelve (12) months. Therefore, I would appreciate it if you will advise me of the actual date of which this project will commence, and also let me have your progress report at the end of each twelve (12) months.

C.S. VINCENT
Secretary,
Ethical Review Committee

CSV/LDeB
APPENDIX A2.1

Patients' Description of Study
APPENDIX A2.2

Patients Consent Form
THE PREVENTION OF TRAUMATIC SPINAL CORD PARALYSIS

Description of Study

In this study I intend to collect a wide variety of data about each new patient who has had a spinal injury in Victoria (during the project period) and has been admitted to the Austin Hospital's Spinal Injuries Unit.

Once I have analysed the data collected I hope to be able to draw up a prevention programme which will assist community and Government agencies to:

(a) Decrease the incidence of Spinal Cord Injury in Australia.
(b) Minimize possible risks which acute spinal patients are exposed to before they reach a specialised spinal injuries unit.

Unfortunately this study will not directly benefit you but hopefully the information I am able to gather about your accident and the treatment you received before you arrived at the Austin, may be of benefit to the general population.

This study will be conducted by:

(1) A series of interviews with yourself, family, medical and paramedical staff.
(2) Study of records kept by the ambulance, hospitals etc. before you arrive at Austin.
(3) Detailed analysis of the accident site and of anything involved in your accident, e.g. car, road etc.
(4) The estimation of the amount of alcohol in your blood.

All information collected will be CONFIDENTIAL and only the researcher (Dr. Joseph Toscano) will know the details about each individual patient. A code will be used for blood alcohol estimations, so that NO ONE except the researcher (Dr. Joseph Toscano) will know the result of your blood alcohol.

Those patients who need a blood alcohol taken by law and those involved in a road accident within two hours of a road accident will have blood alcohol tests done according to the law, and will not need a second blood alcohol test taken.
RESEARCH CONSENT FORM

I, _______________________________ agree to participate in
(name of patient)
a research project entitled THE PREVENTION OF TRAUMATIC SPINAL CORD PARALYSIS
being conducted by

DR. JOSEPH TOSCANO

(name of investigators)

My agreement is based on the understanding that:

1. My involvement entails
   (1) Removal of 5mls of blood on admission for blood alcohol testing
   (2) A series of interviews with myself, family, friends, bystanders and
       medical and paramedical staff, involved in my initial treatment

2. The following risks, inconvenience and discomforts have been explained to me:
   Possible inconvenience of having accident and injury discussed
   with the above people.

3. I have read the attached "Description of Study" and understand the
   general purposes, methods and demands of the study* where appropriate.

4. I understand that the project may not be of direct benefit to me.

5. I can withdraw from the study at any time, without prejudicing my further
   management.

6. I am satisfied with the explanation given in relation to the project so far as
   it affects me and my consent is freely given.

Signatures
Read over and explained to the patient
Signed by investigator ___________________________ Date __________

Signed by patient ___________________________ Date __________

Witness ___________________________ Date __________

* A brief written description of the study must be shown to any patient prior to
their involvement to the proposed study.
APPENDIX A2.3

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APPENDIX A2.4

Identification Sheet
PREVENTION OF TRAUMATIC SPINAL CORD PARALYSIS

IDENTIFICATION SHEET

1. PATIENT'S NUMBER: ____________________________________________

2. PATIENT'S NAME: ____________________________________________

3. CHRISTIAN NAME(S): __________________________________________

4. ADDRESS: No. and Street _______________________________________

   Town ___________________ Country ____________________________

   Phone Number ______________________________________________

5. GENERAL PRACTITIONER: Name _________________________________

   Address _____________________________________________________

   Phone Number ______________________________________________

6. REFERRING DOCTOR: Name _____________________________________

   Address _____________________________________________________

   Phone Number ______________________________________________

7. LESION: _____________________________________________________

8. CAUSE: _____________________________________________________

9. U.R. NUMBER: __________________________

10. DATE OF ADMISSION: Day _____ Month _____ Year _____

11. DATE OF BIRTH: Day _____ Month _____ Year _____
APPENDIX A2.5

Data Sheet - Part A
Personal Data
DATA SHEET PART A

PREVENTION OF TRAUMATIC SPINAL CORD PARALYSIS

Personal Information

A. AGE

Patient's Age/Years

B. SEX

Patient's Sex □

Male = 1
Female = 2

C. HEIGHT

Patient's Height (in centimeters)

D. MARITAL STATUS

Patient's Marital Status □

Single = 1
Married = 2
Divorced = 3
Remarried = 4
Separated = 5
Widowed = 6
Common-Law = 7
Unknown = 8
Other = 9

E. INCOME

E.1 TOTAL PERSONAL INCOME PER YEAR AT TIME OF SPINAL INJURY

E.2 SOCIAL SECURITY BENEFITS

F. CHILDREN/DEPENDANTS

F.1 NUMBER OF CHILDREN

F.2 HOW MANY DEPENDANTS DOES PATIENT SUPPORT?

F.3 RELATIONSHIP OF DEPENDANTS TO PATIENT □

Spouse
Children
Parents
In-laws
Grandparents
Adopted children
Siblings
Other
PART A

G. PATIENT'S HABITATION

G.1 HOW MANY KILOMETRES FROM G.P.O.  

G.2 HOW LONG HAS THE PATIENT LIVED IN THE PRESENT ACCOMMODATION  

G.3 NUMBER OF TIMES PATIENT MOVED HOUSE PAST TEN YEARS?  

G.4 TYPE OF ACCOMMODATION?  

Buying own home = 1  
Owns own home  = 2  
Renting house/flat = 3  
Caravan = 4  
Nursing Home = 5  
Hostel = 6  
Nil = 7  
Other = 8  

H. ALCOHOL CONSUMPTION HISTORY

H.1 DO YOU NORMALY DRINK ALCOHOLIC DRINKS?  

Yes = 1  
No = 2  

IF YES:

H.1.1 WHAT TYPE OF ALCOHOL DO YOU NORMALY DRINK?  

Beer = 1  
Wine = 2  
Spirits = 3  
Mixed = 4  
Unknown = 5  

H.2 HOW MANY GLASSES PER DAY DO YOU DRINK?  

H.3 DID YOU DRINK ANY ALCOHOL IN THE PRECEDING  

0 - 1 hours = 1  
1 - 2 hours = 2  
2 - 3 hours = 3  
3 - 4 hours = 4  
4 - 6 hours = 5  
6 - 12 hours = 6  
12 - 18 hours = 7  
18 - 24 hours = 8  
More than 24 hours = 9  
Don't know = 10  

H.3.1 IF YES, WHAT TYPE OF ALCOHOL?  

Beer = 1  
Wine = 2  
Spirits = 3  
Don't know = 4  


II.3.2 HOW MANY GLASSES? ____________

H.4 WHERE/WITH WHOM WERE YOU DRINKING?

H.4.1 WERE YOU DRINKING WITH FRIENDS? □

Yes = 1
No = 2

H.4.2 WERE YOU DRINKING ALONE? □

Yes = 1
No = 2

H.4.3 WERE YOU DRINKING AT HOME? □

Yes = 1
No = 2

H.4.4 WERE YOU DRINKING IN A HOTEL? □

Yes = 1
No = 2

H.4.5 WERE YOU DRINKING AT A PARTY? □

Yes = 1
No = 2

H.4.6 WERE YOU DRINKING AT WORK? □

Yes = 1
No = 2

H.5 BLOOD ALCOHOL ESTIMATION BY BIOCHEMICAL ANALYSIS

H.5.1 TIME GAP BETWEEN INJURY AND TIME SAMPLE TAKEN?

H.6 DO YOU CONSIDER YOU HAVE AN ALCOHOL PROBLEM?

Yes □
No □

H.7 DO YOU BELIEVE ALCOHOL PLAYED A PART IN YOUR INJURY?

Yes □
No □

I. NATIONALITY

I.1 COUNTRY OF ORIGIN □

Australian born = 1
Naturalised Australian = 2
Non-Naturalised = 3
PART A

1.2 IF NATURALISED OR NON-NATURALISED AUSTRALIAN, WHERE INITIALLY BORN?

- Great Britain = 1
- Ireland = 2
- Greece = 3
- Italy = 4
- Lebanon = 5
- Vietnam = 6
- Turkey = 7
- Other = 8

1.2.1 IF OTHER, WHERE BORN?

- Western Europe = 1
- Eastern Europe = 2
- Asia = 3
- Africa = 4
- Middle East = 5
- Indian Subcontinent = 6
- U.S.A. = 7
- Canada = 8
- South America = 9
- Other = 10

1.3 IF NOT AUSTRALIAN-BORN, HOW MANY YEARS RESIDENT IN AUSTRALIA?

1.4 MAIN LANGUAGE SPOKEN

- English = 1
- Greek = 2
- Italian = 3
- Lebanese = 4
- Turkish = 5
- Vietnamese = 6
- Russian = 7
- German = 8
- French = 9
- Other = 10

J. MEDICATIONS

J.1 DO YOU TAKE MEDICATIONS?

- Yes = 1
- No = 2

J.2 WERE THEY PRESCRIBED BY A MEDICAL PRACTITIONER?

- Yes = 1
- No = 2
PART A

J.3 WHAT TYPE OF MEDICATIONS DO YOU TAKE? □

- anti-depressants = 1
- tranquillisers = 2
- antihypertensives = 3
- insulin = 4
- painkillers = 5
- antibiotics = 6
- unknown = 7
- Other = 8

J.4 IF YOU HAVE BEEN TAKING ANTI-DEPRESSANTS, HOW LONG HAVE YOU BEEN TAKING THEM?

J.4.1 LIST TYPE OF TRANQUILLIZER/ANTIDEPRESSANTS YOU ARE TAKING

Name of medication ____________________________

Dosage ____________________________

Strength ____________________________

J.5 HOW LONG BEFORE YOUR INJURY DID YOU TAKE MEDICATIONS?

J.5.1 NAME OF MEDICATION ____________________________

DOSE ____________________________

STRENGTH ____________________________

of the last lot of medication you took before your injury.

J.6 DO YOU TAKE NON PRESCRIBED DRUGS?

Yes □

No □

J.6.1 IF YES WHAT TYPE?

- Marijuana □
- Amphetamines □
- Cocaine □
- Heroin □
- Glue Sniffing □
- Petrol Sniffing □
- Hashish Oil □
- Morphine □
- Other □
PART A

J.6.2 If yes would you consider yourself a regular user?

Yes □
No □

J.6.3 If you are a regular user, how often would you take the drug?

Number of times in 24 hours □
Daily □
Second Daily □
Weekly □
Monthly □
Don't know □

J.6.4 Do you consider you have a drug problem?

Yes □
No □

J.6.5 Do you feel drug abuse contributed to your injury?

Yes □
No □

K. Criminal convictions

K.1 Do you have any past criminal convictions? □

Yes = 1
No = 2

K.1.1 If yes, how many criminal convictions?

K.2 How long ago was the last time you were convicted?

K.3 What type of conviction?

Thief = 1
Motor vehicle offence = 2
Drink driving = 3
Assault = 4
Sexual assault = 5
Property offence = 6
Other = 7
K.4 WERE YOU TAKING PART IN AN UNLAWFUL ACTIVITY AT THE TIME OF YOUR INJURY?

Yes = 1
No = 2
PART A

M. FAMILY DYNAMICS

M.1 WITH WHOM DO YOU LIVE? ☑️
   - at home with parents  [ ]
   - with husband/wife  [ ]
   - with children  [ ]
   - alone  [ ]
   - with relatives  [ ]
   - with friends  [ ]
   - with common-law partner  [ ]
   - siblings  [ ]
   - Other  [ ]

M.2 DISTANCE LIVES FROM NEAREST CLOSE RELATIVES, e.g. MOTHER/FATHER/CHILDREN, etc.

M.3 RELATIONSHIP OF YOUR PARENTS
   - Dead = 1
   - Married = 2
   - Divorced = 3
   - Separated = 4
   - Unknown = 5
   - Other = 6

M.4 WHAT IS YOUR MARITAL STATUS?
   - Single = 1
   - Married = 2
   - Divorced = 3
   - Separated = 4
   - Remarried = 5
   - Common-law = 6
   - Other = 7

M.5 WITH WHOM DID YOU SPEND YOUR CHILDHOOD?
   - Parents = 1
   - Relatives = 2
   - Adoptive parents = 3
   - Institution = 4
   - One adopted parent = 5
   - Other = 6

M.6 IF MARITAL/COMMON-LAW RELATIONSHIP, HOW LONG LASTED?

M.7 WOULD YOU CONSIDER YOUR RELATIONSHIP STABLE?
   - Yes = 1
   - No = 2

M.8 DID EITHER OF YOUR PARENTS DIE DURING YOUR CHILDHOOD?
   - Yes = 1
   - No = 2
   - Don't know = 3
N.  PERR GROUP DYNAMICS

N.1  DID YOUR INJURY OCCUR IN A GROUP SITUATION?  

Yes  = 1  
No  = 2

N.1.1  IF OCCURRED IN A GROUP SITUATION, WERE OTHER PEOPLE PARTICIPATING IN THE SAME ACTIVITY?  

Yes  = 1  
No  = 2  
Don't know  = 3

N.1.2  HAD OTHER PEOPLE IN THE SAME GROUP WARNED YOU ABOUT THE DANGER OF THIS ACTIVITY?  

Yes  = 1  
No  = 2

O.  WORK HISTORY

O.1  WERE YOU WORKING AT THE TIME OF YOUR INJURY  

Yes  = 1  
No  = 2

O.1.1  IF YES, HOW EMPLOYED?  

Wage earner  = 1  
Self-employed  = 2  
Other  = 3

O.2  IF UNEMPLOYED, WHY?  

Can't find work  = 1  
Too young  = 2  
Too old  = 3  
Student  = 4  
Housewife  = 5  
Invalid Pensioner  = 6  
Other  = 7

O.3  IF EMPLOYED WHAT TYPE OF EMPLOYMENT?  

Professional, Technical workers  = 1  
Administrative, Executive and Management Position  = 2  
Clerical Workers  = 3  
Sales Workers  = 4  
Fishermen, hunters, farm, forest workers  = 5  
Miners, quarrymen and related workers  = 6  
Transport, Communications workers  = 7  
Tradesmen, Production workers  = 8  
Labourers  = 9  
Service Sport & Recreation Workers  = 10  
Members of armed forces  = 11  
Other  = 12
0.4 If employed what type of employment were you doing at the time of injury?

Professional, Executive workers = 1
Administrative, Executive and Managerial Position = 2
Clerical workers = 3
Sales workers = 4
Fishermen, hunters, farm, forest workers = 5
Miners, quarrymen and related workers = 6
Transport, Communication workers = 7
Tradesmen, Production workers = 8
Labourers = 9
Service, Sport & Recreation workers = 10
Members of armed forces = 11
Other = 12

0.5 Age finished school/university

0.6 At what age started work

0.7 How many different occupations have you had since you left school?

0.8 How many times have changed your employer since you started work?

0.9 How long have you been in your current employment?

0.10 Have you been unemployed at any time during the past two years

Yes = 1
No = 2

0.10.1 If yes, how long?

0.11 Have you had time off work due to sickness over the past two years?

Yes = 1
No = 2

0.11.1 If yes, how long?

0.12 Do you feel work pressures contributed to your injury?

Yes = 1
No = 2

0.13 Did your injury occur while going to work?

Yes = 1
No = 2
PART A

0.14 DID YOUR INJURY OCCUR WHILE COMING HOME FROM WORK? □

Yes = 1
No = 2

P. INSURANCE: MEDICAL/PERSOANL

P.1 AT THE TIME OF INJURY WERE YOU COVERED BY MEDICAL INSURANCE? □

Yes = 1
No = 2
Not applicable (Health Card) = 3

P.1.1 IF YES, HOW LONG HAD YOU BEEN COVERED? __________

P.2 TIME OF INJURY WERE YOU COVERED BY HOSPITAL INSURANCE? □

Yes = 1
No = 2
Not applicable = 3

P.2.1 IF YES HOW LONG HAD YOU BEEN COVERED? __________

P.3 AT THE TIME OF INJURY WERE YOU COVERED BY PERSONAL INSURANCE? □

Yes = 1
No = 2

P.3.1 IF COVERED BY PERSONAL INSURANCE WHAT TYPE? □

Loss of Wages = 1
Related to degree of injury = 2
Other = 3

Q. EDUCATION

Q.1 HOW OLD WERE YOU WHEN YOU LEFT SCHOOL? __________

Q.2 TO WHAT LEVEL DID YOU GO TO HIGH SCHOOL? □

Primary = 1
Form 3 = 2
Form 4 = 3
Leaving = 4
H.S.C. = 5
Unknown = 6
PART A

Q.3 HAVE YOU HAD ANY POST HIGH SCHOOL EDUCATION? □

Yes = 1
No = 2

Q.3.1 IF YES WHAT TYPE?

Technical College = 1
Teachers College = 2
University = 3
Other = 4

Q.4 IF YOU DID NOT COMPLETE HIGH SCHOOL WHAT WAS THE MAIN REASON WHY YOU DID NOT COMPLETE HIGH SCHOOL? □

Did Not Like High School = 1
School Work too hard = 2
Wanted to earn money = 3
Left because of disagreements staff = 4
Family pressures = 5
Other = 6

Q.5 HAVE YOU PURSUED FURTHER EDUCATION SINCE YOU FINISHED SCHOOL? □

Yes = 1
No = 2

Q.5.1 IF YES WHAT TYPE OF FURTHER EDUCATION?

Returned High School = 1
Technical School = 2
University = 3
Leaving Certificate = 4
H.S.C. = 5
T.A.F.E. = 6
Other = 7

R MEDICAL HISTORY

R.1 DO YOU CONSIDER YOURSELF TO BE IN GOOD HEALTH? □

Yes = 1
No = 2

R.2 HAVE YOU HAD ANY SERIOUS ILLNESSES IN THE PAST? □

Yes = 1
No = 2

R.2.1 IF YES WHAT TYPE?

Myocardial Infarction = 1
Hypertension = 2
Heart Failure = 3
Diabetes = 4
Epilepsy = 5
Carcinoma = 6
Arthritis = 7
Other = 8
PART A

R.3. HAVE YOU HAD ANY SERIOUS ACCIDENTS IN THE PAST? 

Yes = 1
No = 2

R.3.1 IF YES WHAT TYPE? 

Head Injury = 1
Chest Injuries = 2
Broken Limbs = 3
Abdominal Injury = 4
Eye Injuries = 5
Spinal Injuries = 6
Other = 7

R.4 HOW MANY TIMES HAVE YOU HAD A SERIOUS ACCIDENTAL INJURY OVER THE PAST FIVE YEARS? 

——

R.5 DO YOU SUFFER FROM ANY CHRONIC ILLNESSES? 

Yes = 1
No = 2

R.5.1 IF YES WHAT TYPE? 

Hypertension = 1
Diabetes = 2
Epilepsy = 3
Arthritis = 4
Other = 5

R.6 HAVE YOU NEEDED TO SEE A MEDICAL PRACTITIONER IN THE PAST TWELVE MONTHS? 

Yes = 1
No = 2

R.6.1 IF YES WHY? 

Accident = 1
Recurring medical problem = 2
New medical problem = 3
Pregnancy = 4
Other = 5

R.7 HAVE YOU HAD ANY PERIODS OF LOSS OF CONSCIOUSNESS IN THE PAST TWELVE MONTHS? 

Yes = 1
No = 2

R.7.1 IF YES WHY? 

Fall = 1
Head Injury = 2
Stroke = 3
Trans Ischaemic Attacks = 4
High Blood Pressure = 5
Low Blood Pressure = 6
Unknown = 7
Other = 8
R.8 HAVE YOU HAD ANY falls in the past twelve months? □

YES = 1
No = 2

R.8.1 IF YES how often? □

Only Once = 1.
Daily = 2
Weekly = 3
Monthly = 4

R.8.2 IF YOU HAVE HAD A fall in the past twelve months what is the cause? □

Accidental = 1
Medical = 2
Other = 3

R.9 HAVE YOU HAD ANY surgery over the past twelve months □

YES = 1
No = 2

R.9.1 IF YES what type of surgery □

Head = 1
Spine = 2
Abdomen = 3
Renal = 4
Respiratory = 5
Limbs = 6
Skin = 7
Vascular = 8
Gynaecological = 9
Unknown = 10
Other = 11

S. PSYCHIATRIC HISTORY

S.1 HAVE YOU EVER BEEN UNDER PSYCHIATRIC TREATMENT? □

Yes = 1
No = 2

S.1.1 IF YES how long ago?

S.2. WERE YOU UNDER PSYCHIATRIC TREATMENT AT THE TIME of your injury? □

Yes = 1
No = 2
PART A

S.2.1 IF YES FOR WHAT REASON? □

Depression = 1
Suicide Attempts = 2
Schizophrenia = 3
Difficulty in coping = 4
Don't know = 5
Other = 6

S.3 IF UNDER TREATMENT WHAT IS THE TREATMENT? □

Medications = 1
E.C.T. Therapy = 2
Group Therapy = 3
Individual Psychotherapy = 4
Other = 5

S.3.1 IF TAKING MEDICATIONS FOR PSYCHIATRIC ILLNESS LIST:

Medication ____________________________

Dosage ________________________________

Strength ______________________________

S.4. IF UNDER PSYCHIATRIC TREATMENT HOW LONG HAD YOU BEEN
UNDER TREATMENT ____________________________

S.5. HAVE YOU EVER ATTEMPTED SUICIDE? □

Yes = 1
No = 2

S.5.1 IF YES HOW LONG AGO?

S.5.2 IF ATTEMPTED SUICIDE IN THE PAST HOW MANY ATTEMPTS

S.6 WAS YOUR INJURY DUE TO A SUICIDE ATTEMPT? □

Yes = 1
No = 2

S.7 AT THE TIME OF YOUR INJURY DO YOU CONSIDER YOU WERE
UNDER INCREASED STRESS?

Yes □
No □
S.7.1  IF YES WHAT ASPECT OF YOUR LIFE WAS CONTRIBUTING TO THIS STRESS?

Marital  
Personal Relationships  
Work related  
Financial  
Parental  
Problems with children  
Problems with Police  
Other  

S.7.2  IF OTHER, LIST

__________________________________________________________________________
__________________________________________________________________________

S.7.3  DO YOU CONSIDER THIS STRESS CONTRIBUTED TO YOUR INJURY?

Yes  
No  

S.8  DID YOU HAVE ANY MAJOR ARGUMENTS IN THE WEEK PRECEDING YOUR INJURY?

Yes  
No  

S.8.1  IF YES WHAT WERE THESE ARGUMENTS ABOUT?

Marriage  
Personal Relationships  
Work Related  
Financial  
Parental  
Problems with Children  
Problems with Police  
Other  

S.8.2 WITH WHOM DID YOU HAVE THESE ARGUMENTS?

- Husband
- Wife
- Partner
- Children
- Parents
- Police
- Government Agencies
- Employer
- Friends
- Other

S.8.2 IF OTHER, LIST

_____________________________
_____________________________
_____________________________

S.8.4 DO YOU FEEL THESE ARGUMENTS CONTRIBUTED TO YOUR INJURY?

- Yes
- No
APPENDIX A2.6

Data Sheet - Part B
Bony and Neurological Classification
DATA SHEET  PART B

PREVENTION OF TRAUMATIC SPINAL CORD PARALYSIS

Classification

A. NEUROLOGICAL LESION ON ADMISSION

A.1 IS THE NEUROLOGICAL INJURY □

complete = 1
or incomplete = 2

A.2 IF COMPLETE WHAT NEUROLOGICAL TYPE? □

upper motor neurone = 1
lower motor neurone = 2
mixed = 3
inappropriate flaccid = 4
hysterical = 5
Other = 6

A.3 IF INCOMPLETE WHAT NEUROLOGICAL TYPE? □□

Anterior cervical cord syndrome = 1
Central cervical cord syndrome = 2
Brown Sguard Syndrome = 3
Sacral Sparing = 4
Cauda Equina lesion = 5
Root escape = 6
Spinal Concussion = 7
Hysterical = 8
Posterior Cervical Cord Syndrome = 9
Unknown = 10
Other = 11

A.4 WHAT IS THE LAST NORMAL MOTOR NEUROLOGICAL SEGMENT?

Yes □
No - leave blank

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PART B

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A.5 WHAT IS THE LAST MOTOR NEUROLOGICAL SEGMENT PRESENT?

Yes [✓] No - leave blank

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PART B

A.6 WHAT IS THE LAST NORMAL SENSORY NEUROLOGICAL LEVEL PRESENT?

Yes ☑ No - leave blank

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A.7 WHAT IS THE LAST SENSORY NEUROLOGICAL LEVEL PRESENT/

Yes [✓] No - leave blank

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A.8 IN INCOMPLETE MOTOR LESIONS WHAT IS THE GRADE OF STRENGTH BETWEEN THE LAST NORMAL SEGMENT AND THE LAST MOTOR SEGMENT PRESENT?

Yes ☑ No - leave blank

LEFT

GRADE 1
(flicker) ☐

GRADE 2 ☐

GRADE 3 ☐
(Muscle works against gravity)

GRADE 4 ☐

GRADES (Normal) ☐

RIGHT

GRADE 1
(Flicker) ☐

GRADE 2 ☐

GRADE 3 ☐
(Muscle works against gravity)

GRADE 4 ☐

GRADE 5 ☐
(Normal)
**PART B**

A.9 **IN INCOMPLETE LESIONS WHAT IS THE DEGREE OF SENSORY SPARING BETWEEN THE LAST NORMAL SENSORY SEGMENT PRESENT AND THE LAST SENSORY SEGMENT PRESENT?**

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A.10 **IN INCOMPLETE LESIONS WHAT IS THE DEGREE OF SENSORY/MOTOR SPARING BETWEEN THE LAST NORMAL SEGMENT AND THE LAST SEGMENT PRESENT?**

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A.11 **IS ANAL TONE PRESENT?**

Yes   = 1  
No    = 2

A.12 **IS BULBOCAVERNOSUS RESPONSE PRESENT?**

Yes   = 1  
No    = 2

A.13 **ARE REFLEXES PRESENT BELOW LEVEL OF LESION?**

Yes   = 1  
No    = 2

A.13.1 **IF REFLEXES PRESENT WHAT TYPE?**

Some reflexes present = 1  
Reflexes present but abnormal = 2  
Normal reflexes = 3  
Unknown = 4
PART B

A.13.2 IF PRESENT WHAT STRENGTH?

1. Hyporeflexia
2. Normal
3. Hypereflexia

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B. SKELETAL CLASSIFICATION - BASED ON INITIAL X-RAYS PERFORMED OUTSIDE THE AUSTIN HOSPITAL

B.1 WERE X-RAYS PERFORMED OUTSIDE THE AUSTIN HOSPITAL? □

Yes = 1
No = 2

B.2 IF YES WHAT VERTEBRA/E DAMAGED Yes □ No - leave blank

C1 □
C2 □
C3 □
C4 □
C5 □
C6 □
C7 □
T1 □
T2 □
T3 □
T4 □
T5 □
T6 □

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PART B
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T7  □
T8  □
T9  □
T10 □
T11 □
T12 □
L1  □
L2  □
L3  □
L4  □
L5  □
S1  □
S2 - S5 □
No bony damage □

B.3 UPPER CERVICAL SKELETAL INJURIES

B.3.1 Atlanto-occipital  Occiput/C1 □
Jefferson Fracture  = 1
Other  = 2

B.3.2 Atlanto-axial  C1/C2 □
Anterior subluxation without fractured odontoid  = 1
Posterior subluxation without fractured odontoid  = 2
Anterior subluxation with fractured odontoid  = 3
Posterior subluxation with fractured odontoid  = 4
Fractured odontoid without subluxation  = 5
Other  = 6

B.3.3 Cervical 2 / Cervical 3 □
Transpedicle fracture C2 with anterior subluxation C2/C3  = 1
Other  = 2
PART B

B.4 REST OF VERTEBRAL COLUMN

(If more than one fracture present repeat question for each fracture)

B.4.1. 3RD CERVICAL - SACRAL VERTEBRAE SKELETAL INJURIES

- Flexion Rotation dislocation       = 1
- Flexion Rotation Fracture dislocation = 2
- Compression fracture           = 3
- Hyperextension injury         = 4
- Open injury                   = 5
- No bony injury                = 6
- Spinous process fracture      = 7
- Fracture of transverse process = 8
- Chance fracture               = 9
- Other                        = 10

B.4.2A DEGREE OF LATERAL SHIFT (RIGHT) ON X-RAY

- Less than 1/3                  = 1
- 1/3                           = 2
- 1/2                           = 3
- 2/3                           = 4
- 1                            = 5
- More than 1                   = 6
- Not applicable               = 7

B.4.2B DEGREE OF LATERAL SHIFT (LEFT) ON X-RAY

- Less than 1/3                  = 1
- 1/3                           = 2
- 1/2                           = 3
- 2/3                           = 4
- 1                            = 5
- More than 1                   = 6
- Not applicable               = 7

B.4.3A IF FRACTURE/DISLOCATION DEGREE OF FORWARD SHIFT OF FRACTURED VERTEBRAE

- Less than 1/3                  = 1
- 1/3                           = 2
- 1/2                           = 3
- 2/3                           = 4
- 1                            = 5
- More than 1                   = 6
- Not applicable               = 7
PART B

B.4.3B IF FRACTURE/DISLOCATION DEGREE OF BACKWARD SHIFT OF FRACTURED VERTEBRAE

- Less than 1/3 = 1
- 1/3 = 2
- 1/2 = 3
- 2/3 = 4
- 1 = 5
- More than 1 = 6
- Not applicable = 7

B.4.4 DEGREE OF COMPRESSION OF VERTEBRAE

- Nil = 1
- Less than 1/3 = 2
- 1/3 = 3
- 1/2 = 4
- 2/3 = 5
- More than 2/3 = 6

B.4.5A WHAT IS THE FACET BONY INJURY SEEN - LEFT

- Normal
- Unilateral facet subluxation
- Unilateral facet dislocation
- Point to point facet
- Unilateral facet fracture subluxation
- Unilateral facet fracture dislocation
- Not able to determine
- Other

B.4.5B WHAT IS THE FACET BONY INJURY SEEN - RIGHT

- Normal
- Unilateral facet subluxation
- Unilateral facet dislocation
- Point to point facet
- Unilateral facet fracture subluxation
- Unilateral facet fracture dislocation
- Not able to determine
- Other
PART B

B.5 WHAT IS THE DEGREE OF BONY ENCROACHMENT INTO SPINAL CANAL?

- Nil = 1
- Less than 1/3 = 2
- 1/3 = 3
- 1/2 = 4
- 2/3 = 5
- More than 2/3 = 6
PART B

B.5 WHAT IS THE DEGREE OF ENCROACHMENT INTO SPINAL CANAL?

- Less than 10% = 1
- 10 - 29% = 2
- 30 - 49% = 3
- 50 - 69% = 4
- More than 70% = 5

B.6 IF HYPEREXTENSION INJURY, WHAT DAMAGE FOUND?

- No bony damage = 1
- Widened Disc Space = 2
- Oblique fracture through anterior portion of body = 3
- Other = 4

B.6.1 IF HYPEREXTENSION INJURY, DEGREE ANTERIOR INTERVERTEBRAL SPACE WIDENED?

- Less than 1/3 = 1
- 1/3 = 2
- 1/2 = 3
- 2/3 = 4
- More than 1 = 5

B.6.2 IF HYPEREXTENSION INJURY, IS THERE A SPONDYLOTIC SPINE?

- Yes = 1
- No = 2

B.6.3 IS THERE EVIDENCE OF OSTEOARTHRITIS ON X-RAY?

- Yes = 1
- No = 2

B.7 IF THE SPINAL CORD INJURY IS DUE TO AN OPEN INJURY, WAS THERE A FOREIGN BODY IN THE NEURAL CANAL?

- Yes = 1
- No = 2

C. ALTERNATIVE BONY CLASSIFICATION

ALTERNATIVE CLASSIFICATION OF CLOSED INDIRECT FRACTURES AND DISLOCATIONS OF THE LOWER CERVICAL SPINE

C.1 Compression Flexion CF

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### PART B

#### C.2 Vertical Compression (VC)
- Vertical Compression Stage 1 = 1
- Vertical Compression Stage 2 = 2
- Vertical Compression Stage 3 = 3

#### C.3 Distractive Flexion (DF)
- Distractive Flexion Stage 1 = 1
- Distractive Flexion Stage 2 = 2
- Distractive Flexion Stage 3 = 3
- Distractive Flexion Stage 4 = 4

#### C.4 Compressive Extension
- Compression Extension Stage 1 = 1
- Compression Extension Stage 2 = 2
- Compression Extension Stage 3 = 3
- Compression Extension Stage 4 = 4
- Compression Extension Stage 5 = 5

#### C.5 Distractive Extension
- Distractive Extension Stage 1 = 1
- Distractive Extension Stage 2 = 2

#### C.6 Lateral Flexion
- Lateral Flexion Stage 1 = 1
- Lateral Flexion Stage 2 = 2

### D. CERVICAL PREVERTEBRAL TISSUE SPACE

#### D.1 IN CERVICAL INJURIES WIDTH OF PREVERTEBRAL SOFT TISSUE SPACE AT ANTERIOR INTERIOR BORDER 3RD CERVICAL VERTEBRAL BODY

- Less than 2 mm = 1
- 2 - 3 mm = 2
- 2 - 4 mm = 3
- 4 - 5 mm = 4
- 5 - 6 mm = 5
- More than 6 mm = 6
PART B

R/B.  SKELETAL CLASSIFICATION - BASED ON INITIAL X-RAYS PERFORMED AT THE AUSTIN HOSPITAL

R/B.1  WERE X-RAYS PERFORMED AT THE AUSTIN HOSPITAL  

Yes = 1  
No = 2

R/B.2  IF YES WHAT VERTEBRA/E DAMAGED?  Yes  No - leave blank

C1
C2
C3
C4
C5
C6
C7
T1
T2
T3
T4
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T6
T7
T8
T9
T10
T11
T12
L1
L2
L3

...Contd.
PART B

Continued from previous page

L4
L5
S1
S2 - S5
No bony damage

R/B.3 UPPER CERVICAL SKELETAL INJURIES

R/B.3.1 Atlanto-occipital Occiput/C1

Other = 0
Jefferson Fracture = 1

R/B.3.2 Atlanto-axial Cl/C2

Other = 0
Anterior subluxation without fractured odontoid = 1
Posterior subluxation without fractured odontoid = 2
Anterior subluxation with fractured odontoid = 3
Posterior subluxation with fractured odontoid = 4
Fractured odontoid without subluxation = 5

R/B.3.3 Cervical 2 / Cervical 3

Other = 0
Transpedicle fracture C2 with anterior subluxation C2/C3 = 1

R/B.4 REST OF VERTEBRAL COLUMN

(If more than one fracture present repeat question for each fracture)
PART B

R/B.4  REST OF VERTEBRAL COLUMN

(If more than one fracture present repeat question for each fracture)

R/B.4.1.  3RD CERVICAL - SACRAL VERTEBRAL SKELETAL INJURIES

Flexion Rotation dislocation  =  1
Flexion Rotation Fracture dislocation  =  2
Compression fracture  =  3
Hyperextension injury  =  4
Open injury  =  5
No bony injury  =  6
Spinous process fracture  =  7
Fracture of transverse process  =  8
Chance fracture  =  9
Other  =  10

R/B.4.2A  DEGREE OF LATERAL SHIFT (RIGHT) ON X-RAY

Less than 1/3  =  1
1/3  =  2
1/2  =  3
2/3  =  4
1  =  5
More than 1  =  6
Not applicable  =  7

R/B.4.2B  DEGREE OF LATERAL SHIFT (LEFT) ON X-RAY

Less than 1/3  =  1
1/3  =  2
1/2  =  3
2/3  =  4
1  =  5
More than 1  =  6
Not applicable  =  7

R/B.4.3A  IF FRACTURE/DISLOCATION DEGREE OF FORWARD SHIFT
OF FRACTURED VERTEBRAE

Less than 1/3  =  1
1/3  =  2
1/2  =  3
2/3  =  4
1  =  5
More than 1  =  6
Not applicable  =  7
PART B

R/B.4.3B IF FRACTURE/DISLOCATION DEGREE OF BACKWARD SHIFT OF FRACTURED VERTEBRAE

Less than 1/3 = 1
1/3 = 2
1/2 = 3
2/3 = 4
1 = 5
More than 1 = 6
Not applicable = 7

R/B.4.4 DEGREE OF COMPRESSION OF VERTEBRAE

Nil = 1
Less than 1/3 = 2
1/3 = 3
1/2 = 4
2/3 = 5
More than 2/3 = 6

R/B.4.5A WHAT IS THE FACET BONY INJURY SEEN - LEFT

Normal [ ]
Unilateral facet subluxation [ ]
Unilateral facet dislocation [ ]
Point to point facet [ ]
Unilateral facet fracture subluxation [ ]
Unilateral facet fracture dislocation [ ]
Not able to determine [ ]
Other [ ]

R/B.4.5B WHAT IS THE FACET BONY INJURY SEEN - RIGHT

Normal [ ]
Unilateral facet subluxation [ ]
Unilateral facet dislocation [ ]
Point to point facet [ ]
Unilateral facet fracture subluxation [ ]
Unilateral facet fracture dislocation [ ]
Not able to determine [ ]
Other [ ]
PART B

R/B.5 WHAT IS THE DEGREE OF BONY ENCOACHMENT INTO SPINAL CANAL?

Nil = 1
Less than 1/3 = 2
1/3 = 3
1/2 = 4
2/3 = 5
More than 2/3 = 6
PART B

R/B.6 IF HYPEREXTENSION INJURY, WHAT DAMAGE FOUND?

- No bony damage = 1
- Widened disc space = 2
- Oblique fracture through anterior portion of body = 3
- Other = 4

R/B.6.1 IF HYPEREXTENSION INJURY, DEGREE ANTERIOR INTERVERTEBRAL SPACE WIDENED?

- Less than 1/3 = 1
- 1/3 = 2
- 1/2 = 3
- 2/3 = 4
- More than 1 = 5

R/B.6.2 IF HYPEREXTENSION INJURY, IS THERE A SPONDYLOTIC SPINE?

- Yes = 1
- No = 2

R/B.6.3 IS THERE EVIDENCE OF OSTEOARTHRITIS ON X-RAY?

- Yes = 1
- No = 2

R/B.7 IF THE SPINAL CORD INJURY IS DUE TO AN OPEN INJURY, WAS THERE A FOREIGN BODY IN THE NEURAL CANAL?

- Yes = 1
- No = 2

R/C. ALTERNATIVE BONY CLASSIFICATION

ALTERNATIVE CLASSIFICATION OF CLOSED INDIRECT FRACTURES AND DISLOCATIONS OF THE LOWER CERVICAL SPINE

R/C.1 Compression Flexion CF

- Compression Fracture Stage 1 = 1
- Compression Fracture Stage 2 = 2
- Compression Fracture Stage 3 = 3
- Compression Fracture Stage 4 = 4
- Compression Fracture Stage 5 = 5

R/C.2 Vertical Compression VC

- Vertical Compression Stage 1 = 1
- Vertical Compression Stage 2 = 2
- Vertical Compression Stage 3 = 3
PART B

R/C.3 Distractive Flexion DF

- Distractive Flexion Stage 1 = 1
- Distractive Flexion Stage 2 = 2
- Distractive Flexion Stage 3 = 3
- Distractive Flexion Stage 4 = 4

R/C.4 Compressive Extension

- Compression Extension Stage 1 = 1
- Compression Extension Stage 2 = 2
- Compression Extension Stage 3 = 3
- Compression Extension Stage 4 = 4
- Compression Extension Stage 5 = 5

R/C.5 Distractive Extension

- Distractive Extension Stage 1 = 1
- Distractive Extension Stage 2 = 2

R/C.6 Lateral Flexion

- Lateral Flexion Stage 1 = 1
- Lateral Flexion Stage 2 = 2

R/D. CERVICAL PREVERTEBRAL TISSUE SPACE

R/D.1 IN CERVICAL INJURIES WIDTH OF PREVERTEBRAL SOFT TISSUE SPACE AT ANTERIOR INFERIOR BORDER 3rd CERVICAL VERTEBRAL BODY

- Less than 2 mm = 1
- 2 - 3 mm = 2
- 3 - 4 mm = 3
- 4 - 5 mm = 4
- 5 - 6 mm = 5
- More than 6 mm = 6

E. ASSOCIATED INJURIES

E.1 ARE ASSOCIATED INJURIES PRESENT?

- Yes = 1
- No = 2

If yes, what type of injuries?
### PART B

**E.2 RESPIRATORY INJURIES**

<table>
<thead>
<tr>
<th></th>
<th>Left</th>
<th>Right</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fractured ribs</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Haemothorax</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Pneumothorax</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Ruptured Diaphragm</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Pneumomediastinum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paravertebral haematoma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**E.2.1 IF HAS FRACTURED RIBS, NUMBER OF RIBS FRACTURED**

<table>
<thead>
<tr>
<th></th>
<th>Left</th>
<th>Right</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
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<td>☐</td>
</tr>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>More than 4</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**E.3 CARDIOVASCULAR INJURIES**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dissecting Aorta</td>
<td>1</td>
</tr>
<tr>
<td>Haemopericardium</td>
<td>2</td>
</tr>
<tr>
<td>Pneumopericardium</td>
<td>3</td>
</tr>
<tr>
<td>Other vascular damage</td>
<td>4</td>
</tr>
<tr>
<td>Rupture Aorta</td>
<td>5</td>
</tr>
</tbody>
</table>

**E.3.1 IF DISSECTING AORTA, WHAT PORTION OF AORTA?**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ascending Aorta</td>
<td>1</td>
</tr>
<tr>
<td>Arch of Aorta</td>
<td>2</td>
</tr>
<tr>
<td>Descending Aorta</td>
<td>3</td>
</tr>
</tbody>
</table>

**E.4 GASTROINTESTINAL**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Damaged Spleen</td>
<td>1</td>
</tr>
<tr>
<td>Liver</td>
<td>2</td>
</tr>
<tr>
<td>R) Kidney</td>
<td>3</td>
</tr>
<tr>
<td>L) Kidney</td>
<td>4</td>
</tr>
<tr>
<td>Mesenteric Damage</td>
<td>5</td>
</tr>
<tr>
<td>Infarcted Bowel</td>
<td>6</td>
</tr>
<tr>
<td>Bowel rupture</td>
<td>7</td>
</tr>
<tr>
<td>Oesophageal rupture</td>
<td>8</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
</tr>
</tbody>
</table>
### E.5 LACERATIONS

<table>
<thead>
<tr>
<th>Yes</th>
<th>No - leave blank</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Head**
- **Neck**
- **L) Shoulder**
- **R) Shoulder**
- **Trunk**
- **Genitals**
- **Buttocks**
- **L) Leg**
- **R) Leg**
- **L) Arm**
- **R) Arm**
- **Other**

#### E.5.1 IF LACERATION ON HEAD, WHERE IS THE LACERATION?

| Occiput  | 1 |
| Crown    | 2 |
| Forehead R) side | 3 |
| Forehead L) side | 4 |
| L) side head | 5 |
| R) side head | 6 |
| Other     | 7 |

#### E.5.2 MARK ON DIAGRAM POSITION OF LACERATIONS ON HEAD

### E.6 BRUISES

<table>
<thead>
<tr>
<th>Yes</th>
<th>No leave blank</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Head**
- **Neck**
- **L) Shoulder**
- **R) Shoulder**
- **Trunk**
- **Genitals**
- **Buttocks**
- **L) Leg**
- **R) Leg**
- **L) Arm**
- **R) Arm**
PART B

E.6.1 IF BRUISE ON HEAD WHERE IS IT FOUND?

Occiput = 1
Crown = 2
Forehead L) side = 3
Forehead R) side = 4
L) side head = 5
R) side head = 6
Other = 7

E.6.2 MARK ON DIAGRAM POSITION OF BRUISES ON HEAD

E.7 ABRASIONS

Yes ☑ No leave blank

Head
Neck
Left shoulder
Right shoulder
Trunk
Genitals
Buttocks
Left leg
Right leg
Left arm
Right arm
Other

E.7.1 IF ABRASIONS ON HEAD WHERE ARE THE ABRASIONS?

Occiput = 1
Crown = 2
Forehead L) side = 3
Forehead R) side = 4
L) side head = 5
R) side head = 6
Other = 7

E.7.2 MARK ON DIAGRAM POSITION OF ABRASIONS ON HEAD
F. NEUROLOGICAL INJURY (APART FROM SPINAL CORD INJURY)

F.1 IF NEUROLOGICAL INJURY (APART FROM SPINAL CORD INJURY), WHAT TYPE?

Head injury = 1
Peripheral nerve injury = 2
Brachial plexus injury = 3
Other = 4

F.2 IF HEAD INJURY, WHAT TYPE?

Closed head injury = 1
Compound head injury = 2

F.3 IF HEAD INJURY, WAS SKULL FRACTURED?

Yes

No

F.3.1 IF SKULL FRACTURED, WHAT TYPE OF FRACTURE WAS SUSTAINED?

Linear = 1
Depressed = 2
Comminuted = 3
Complicated = 4
i.e. Dural penetration brain injury
Other = 5

F.3.2 IF SKULL FRACTURED, WHAT BONE/S FRACTURED

Frontal

Parietal (left)

Parietal (right)

Temporal (left)

Temporal (right)

Occipital

Other

F.4 DID THE PATIENT HAVE A C.S.F. LEAK?

Yes

No
PART B

P.4.1 IF YES, WHAT TYPE?

Rhinorrhoa  
Otorrhoea  

P.5 PATIENTS LEVEL OF RESPONSE
(CONSCIOUS LEVEL AT ACCIDENT SITE)

A) Eyes Open - Spontaneously
   Speech
   Pain
   None
   Unknown

B) Verbal Response - Orientated
   Confused
   Inappropriate words
   Incomprehensible sounds
   None
   Unknown

C) Motor - Obeys Commands
   Purposeful response to pain
   (Stimulation)
   Purposeless response to pain
   (Stimulation)
   None
   Unknown

P.6 PATIENTS LEVEL OF RESPONSE
(CONSCIOUS LEVEL ADMISSION AUSTIN HOSPITAL)

A) Eyes Open - Spontaneously
   Speech
   Pain
   None
   Unknown

...Contd.
Continued from previous page

B) Verbal Response - Orientated
   Confused
   Inappropriate words
   Incomprehensive sounds
   None
   Unknown

C) Motor - Obeys Commands
   Purposeful response to pain (Stimulation)
   Purposeless response to pain (Stimulation)
   None
   Unknown

F.7 DID THE HEAD INJURY PRODUCE MOTOR DAMAGE?
   Yes
   No

F.7.1 IF YES, WHAT TYPE?
   Monoparesis
   Monoplegia
   Hemiparesis
   Hemiplegia
   Triparesis
   Tetraplegia
   Cranial Nerve
   Unknown
   Other

F.8 WERE HEAD INJURY INVESTIGATIONS PERFORMED?
   Yes
   No
PART B

F.8.1 IF YES, WHAT TYPE?

Skull X-Ray □
C.A.T. Scan Brain □
Angiography □
Burr Holes □
Lumbar Puncture □
Other/List

F.8.2 IF ABNORMAL FINDINGS FOUND, LIST

A
B
C
D

F.9 DID THE PATIENT SUSTAIN PERIPHERAL NERVE INJURIES?

Yes □
No □

F.9.1 IF YES, WHAT PERIPHERAL NERVE/S WAS INJURED?

A
B
C
D

F.9.2 WAS THE INJURY.......

Complete □
Incomplete □

F.10 DID THE PATIENT SUSTAIN A BRACHIAL PLEXUS INJURY?

Yes □
No □

F.10.1 IF YES, LIST PLEXUS/S INJURED?

A
B
C
PART B

F.10.2 WAS THE INJURY........

Complete  □
Incomplete □

G. FRACTURES

G.1 ARE FRACTURES PRESENT? □

Yes    = 1
No     = 2

G.2 IF FRACTURES PRESENT, WHAT BONES FRACTURED?

Yes [ ] No - leave blank

Skull    □
L) Ribs □ R) Ribs □
Pelvis    □
L) Tibia □ R) Tibia □
L) Fibula □ R) Fibula □
L) Femur □ R) Femur □
Facial    □
L) Ulna □ R) Ulna □
L) Radius □ R) Radius □
L) Humerus □ R) Humerus □
L) Metacarpals □ R) Metacarpals □
L) Phalanges □ R) Phalanges □
L) Metatarsals □ R) Metatarsals □
Other     □

G.2.1 IF FRACTURED FACIAL BONES, WHAT REGION? □

Zygoma    = 1
Mandible  = 2
Other      = 3

G.3 IF FRACTURED SKULL, WHAT REGION? □

Frontal   = 1
Parietal  = 2
Temporal  = 3
Occiput   = 4
Other     = 5
PART B

G.4 WHAT TYPE OF FRACTURES PRESENT?

- Open = 1
- Closed = 2
- Mixed = 3
APPENDIX A2.7

Data Sheet - Part C
Details of Injury
DATA SHEET  PART C

PREVENTION OF TRAUMATIC SPINAL CORD PARALYSIS

Details of Injury

A.  TIME

A.1  TIME INJURY OCCURRED?

B.  DAY

B.1  DAY OF WEEK INJURY OCCURRED?

B.2  DID INJURY OCCUR ON A PUBLIC HOLIDAY OR ON A WORKING DAY?

Public holiday  = 1
Working day     = 2

C.  MONTH

C.1  MONTH INJURY OCCURRED

D.  WEATHER

D.1  WHAT WAS THE WEATHER LIKE AT THE TIME OF INJURY?

Rain  = 1
Drizzle = 2
Hail   = 3
Fog    = 4
Snow   = 5
Cold (less than 10°C) = 6
Hot (more than 28°C)  = 7
Windy (more than 20 km/hr) = 8
Sunny  = 9
Other  = 10

E.  LOCATION

E.1  LOCATION OF ACCIDENT?

Capital City = 1
Town greater than 10,000 = 2
Town 2,000 - 10,000 = 3
Town less than 2,000 = 4
Rural = 5
Seaside = 6
Other = 7

E.2  WAS A BUILDING INVOLVED IN THE ACCIDENT?

Yes = 1
No  = 2
PART C

E.2.1 IF YES WHAT TYPE OF BUILDING? □

- Private Dwelling = 1
- Public Dwelling = 2
- Factory = 3
- Shop = 4
- Motel = 5
- Hotel = 6
- Other = 7

E.3 HOW FAR WAS ACCIDENT SITE FROM PATIENT'S USUAL DWELLING?

____________________

E.4. IF PATIENT WORKING HOW FAR ACCIDENT SITE FROM PATIENT'S USUAL WORK?

____________________

E.5 HAVE PREVIOUS INJURIES OCCURRED AT THIS SITE? □

- Yes = 1
- No = 2
- Unknown = 3

E.5.1 IF YES WERE INJURIES SPINAL INJURIES? □

- Yes = 1
- No = 2

E.6 WERE YOU FAMILIAR WITH THE LOCALITY WHERE YOU HAD YOUR INJURY

- Yes = 1
- No = 2

E.7 WHERE DID INJURY OCCUR?

- Work = 1
- Home = 2
- Public Building = 3
- Friend's House = 4
- Relatives' House = 5
- Hotel = 6
- Motel = 7
- Shop = 8
- Road = 9
- Other = 10

E.8 IF INJURY OCCURRED IN RURAL ENVIRONMENT WHAT TYPE OF RURAL ENVIRONMENT?

- Mountainous = 1
- Gully = 2
- Creek/River = 3
- Beach = 4
- Flat treeless area = 5
- Area with trees = 6
- Unknown = 7
- Other = 8
**PART C**

**F. ACTIVITY PERFORMED AT TIME OF INJURY**

**F.1 HOW WOULD YOU CLASSIFY YOUR ACTIVITY AT TIME OF INJURY**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working</td>
<td>1</td>
</tr>
<tr>
<td>Leisure</td>
<td>2</td>
</tr>
<tr>
<td>Travelling to work</td>
<td>3</td>
</tr>
<tr>
<td>Travelling from work</td>
<td>4</td>
</tr>
<tr>
<td>Domestic</td>
<td>5</td>
</tr>
<tr>
<td>Sport</td>
<td>6</td>
</tr>
<tr>
<td>Travel</td>
<td>7</td>
</tr>
<tr>
<td>Hobby</td>
<td>8</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
</tr>
</tbody>
</table>

**F.2 WERE YOU IN FAMILIAR SURROUNDINGS WHEN INJURED**

<table>
<thead>
<tr>
<th>Answer</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>

**F.3 DID YOU FEEL THERE WAS ANY RISK OF BEING INJURED IN THE TASK YOU WERE PERFORMING**

<table>
<thead>
<tr>
<th>Answer</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>

**F.3.1 IF YES DID THIS MODIFY THE WAY YOU TACKLED THE PROBLEM?**

<table>
<thead>
<tr>
<th>Answer</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>

**F.3.2 DID YOU FEEL/KNOW WHAT YOU WERE DOING COULD RESULT IN A SPINAL CORD INJURY?**

<table>
<thead>
<tr>
<th>Answer</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>

**F.4 DO YOU FEEL YOU CONTRIBUTED TO YOUR INJURY?**

<table>
<thead>
<tr>
<th>Answer</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>

**F.4.1 IF YES WHY?**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did not consider risks involved</td>
<td>1</td>
</tr>
<tr>
<td>Judgement clouded by alcohol</td>
<td>2</td>
</tr>
<tr>
<td>Judgement clouded by medications</td>
<td>3</td>
</tr>
<tr>
<td>Goaded on by friends</td>
<td>4</td>
</tr>
<tr>
<td>Not taking recognised precautions</td>
<td>5</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
</tr>
</tbody>
</table>

**F.5 DO YOU FEEL OTHER PEOPLE CONTRIBUTED TO YOUR INJURY?**

<table>
<thead>
<tr>
<th>Answer</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>

**F.5.1 IF YES HOW?**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negligence</td>
<td>1</td>
</tr>
<tr>
<td>Not taking proper precautions</td>
<td>2</td>
</tr>
<tr>
<td>Skylarking</td>
<td>3</td>
</tr>
<tr>
<td>Assault</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
</tr>
</tbody>
</table>
PART C

F.6 DO YOU FEEL YOUR INJURY WAS DUE TO CIRCUMSTANCES BEYOND YOUR CONTROL? ☐

Yes  =  1
No    =  2

G. ANALYSIS OF ACTIVITIES UNDERTAKEN DURING THE TWENTY-FOUR HOURS PRECEDING THE SPINAL CORD INJURY

G.1. HAVE YOU HAD ANY SLEEP DURING THE PAST 24 HOURS? ☐

Yes  =  1
No    =  2

G.1.1 IF YES HOW LONG? _______________________

G.2 WERE YOU SLEEPING DURING THE TIME OF YOUR INJURY? ☐

Yes  =  1
No    =  2

G.3 WHAT IS THE TIME GAP BETWEEN YOUR LAST SLEEP AND YOUR INJURY? _______________________

G.4 HOW LONG BEFORE YOUR INJURY DID YOU HAVE YOUR LAST ALCOHOLIC DRINK? _______________________

G.5 IF YOU WERE DRINKING WHERE WERE YOU DRINKING? ☐

Hotel  =  1
Home   =  2
Restaurant  =  3
Friend's house  =  4
Party   =  5
Motel   =  6
In car  =  7
Work   =  8
Other  =  9

G.6 HAVE YOU BEEN WORKING DURING THE PAST 24 HOURS? ☐

Yes  =  1
No    =  2

G.6.1 IF YES FOR WHAT PERIOD OF TIME? _______________________

G.7 HAD YOU BEEN TRAVELLING IN THE TWENTY-FOUR HOURS BEFORE YOUR INJURY? ☐

Yes  =  1
No    =  2

G.7.1 IF YES HOW MANY HOURS HAD YOU BEEN TRAVELLING (IN THE LAST TWENTY-FOUR HOURS BEFORE YOUR INJURY?) ______________________
PART C

G.8 DID YOU HAVE ANY SERIOUS ARGUMENTS IN THE TWENTY-FOUR HOUR PERIOD BEFORE YOUR INJURY?

Yes = 1
No = 2

G.9 WOULD YOU CONSIDER THAT YOU HAD MORE ARGUMENTS THAN NORMAL IN THE TWENTY-FOUR HOURS BEFORE YOUR INJURY?

Yes = 1
No = 2

G.10 DID YOU HAVE ANY EMOTIONAL TRAUMAS IN THE TWENTY-FOUR HOURS BEFORE YOUR INJURY?

Yes = 1
No = 2

G.11 DO YOU THINK ANY OTHER SIGNIFICANT FACTORS WHICH HAPPENED TO YOU IN THE TWENTY-FOUR HOURS BEFORE YOUR INJURY CONTRIBUTED TO YOUR INJURY?

Yes = 1
No = 2

G.11.1 IF YES, STATE

Illegal Drug Ingestion
Legal Drug Ingestion
Medical Problem
Psychiatric Problem
Tiredness
Other, please state

H. WHO SUSPECTED DIAGNOSIS

H.1 HOW LONG AFTER THE INJURY WAS THE DIAGNOSIS FIRST SUSPECTED

H.2 WHO FIRST SUSPECTED THE DIAGNOSIS?

Patient = 1
Bystanders = 2
Friends = 3
Ambulance man = 4
Doctor = 5
Other = 6

H.2.1 DID THE PATIENT SUSPECT HE SHE HAD SPINAL CORD TRAUMA AT THE TIME OF INJURY?

Yes = 1
No = 2
H.2.2 IF THE PATIENT SUSPECTED HE/SHE HAD A SPINAL CORD INJURY WHAT MADE THEM SUSPICIOUS?

Yes ☑️ No leave blank ☐

Pain injured part of body ☐
Inability to move legs/arms ☐
Inability to feel legs/arms ☐
Abnormal sensation arms/legs ☐
Mode of injury ☐
Other ☐

H.2.3 IF THE DIAGNOSIS WAS SUSPECTED BY SOMEONE ELSE WHAT MADE THEM SUSPICIOUS?

Patient complaining of pain = 1
Patient complaining of lack of sensation = 2
Patient complaining of inability to move = 3
Mode of injury = 4
Position patient found = 5
Paradoxical respiration = 6
Other = 7

H.3 WAS THE DIAGNOSIS SUSPECTED BEFORE THE PATIENT'S INITIAL MOVE?

Yes = 1
No = 2

H.3.1 IF THE DIAGNOSIS WAS NOT INITIALLY SUSPECTED HOW MANY TIMES WAS THE PATIENT MOVED BEFORE THE DIAGNOSIS WAS MADE?

H.3.2 IF THE DIAGNOSIS WAS INITIALLY SUSPECTED HOW MANY TIMES WAS THE PATIENT MOVED BEFORE THE DIAGNOSIS WAS MADE

H.4 WHAT WAS THE PATIENT'S CONSCIOUS STATE AT THE TIME OF INJURY?

Conscious/Lucid = 1
Semi conscious/Not Lucid = 2
Unconscious = 3
Unknown = 4
APPENDIX A2.8

Data Sheet – Part D
Secondary Risk Factors
DATA SHEET   PART D

PREVENTION OF TRAUMATIC SPINAL CORD PARALYSIS

Secondary Risk Factors

A. AMBULANCE ASSESSMENT

A.1 HOW LONG AFTER THE INJURY WAS THE FIRST AMBULANCE ON THE SCENE

A.2 WAS THE DIAGNOSIS OF SPINAL CORD INJURY SUSPECTED BY THE AMBULANCE PERSONNEL ON THEIR INITIAL ASSESSMENT OF THE PATIENT

Yes  = 1
No   = 2

A.2.1 IF YES WHY? Yes  No leave blank

Patient complains of pain
Nature of accident
Patient complains of loss of feeling
Patient complains of loss of power
Paradoxical respiration
Position patient found in
Low B.P. normal pulse
Told by patient
Told by bystanders
Unknown
Other
A.3 IF PATIENT UNCONSCIOUS WHAT MADE AMBULANCE PERSONNEL SUSPECT SPINAL CORD INJURY?

- Paradoxical respiration
- Low B.P. normal pulse
- No response to painful stimuli
- Nature of injury
- Position patient found
- Erection in male
- Flaccid legs/arms
- Spastic legs/arms
- Spinal deformity
- Unknown
- Other

A.4 IF A DIAGNOSIS OF SPINAL INJURY WAS SUSPECTED BY AMBULANCE PERSONNEL WHAT ANCILLARY AIDS WERE USED TO HELP MAKE THE DIAGNOSIS?

- Blood pressure machine
- General examination
- Pin/Needle
- Other

A.5 IF DIAGNOSIS SUSPECTED WHAT LEVEL WAS INJURY SUSPECTED AT?

- Cervical = 1
- Thoracic = 2
- Lumbar = 3
- Sacral = 4

A.6 HAD THE PATIENT BEEN MOVED BY BYSTANDERS FRIENDS BEFORE AMBULANCE PERSONNEL ARRIVED?

- Yes = 1
- No = 2

A.6.1 IF PATIENT MOVED WAS A SPINAL CORD INJURY SUSPECTED?

- Yes = 1
- No = 2
PART D
A.6.2 WHY WAS PATIENT MOVED BY Bystanders Friends?

Yes [ ] No leave blank [ ]

Danger of other accidents [ ]
Danger of fire [ ]
Respiratory difficulties [ ]
Patient needed resuscitation [ ]
Patient unconscious [ ]
Unknown [ ]
Other [ ]

A.6.3 IF MOVED BY FRIENDS/Bystanders HOW MOVED?

Yes [ ] No leave blank [ ]

Patient picked up by arms and legs [ ]
Patient dragged out by arms [ ]
Patient dragged out by legs [ ]
Patient dragged out by head/chin [ ]
Patient lifted in one piece [ ]
Other [ ]

A.7 IN WHAT POSITION DID AMBULANCE PERSONNEL FIND PATIENT? [ ]

On back = 1
On side right = 2
On side left = 3
On front = 4
Curling up in a ball = 5
Hyperextended = 6
Unknown = 7
Other = 8

A.8 WAS THE DIAGNOSIS SUSPECTED WHEN INITIALLY MOVED BY AMBULANCE PERSONNEL?

Yes = 1
No = 2
PART D

A.9 HOW WAS PATIENT MOVED BY AMBULANCE PERSONNEL? □

Left in position found in = 1
  Turned on left side = 2
  Turned on right side = 3
  Turned onto back = 4
  Unknown = 5
  Other = 6

A.10 HOW WAS PATIENT LIFTED? □

Stretcher = 1
  Jordan Frame = 2
  By a group of people supervised by ambulance personnel = 3
  Unknown = 4
  Other = 5

A.11 DID PATIENT NEED RESUSCITATION AT THE ACCIDENT SITE? □

Yes = 1
  No = 2

A.12 IF YES WHO DID THE RESUSCITATION? □

Bystanders = 1
  Friends = 2
  Ambulance Personnel = 3
  Unknown = 4
  Other = 5

A.13 IF RESUSCITATED WAS THE INJURED PART MOVED DURING THE RESUSCITATION □

Yes = 1
  No = 2
  Unknown = 3

A.13.1 IF THE INJURED PART MOVED HOW MOVED? □

Extended = 1
  Flexed = 2
  Rotated = 3
  Unknown = 4
  Other = 5

A.14 IF DIAGNOSIS FIRST SUSPECTED BY FRIENDS BYSTANDERS ETC. WHAT MADE THEM RECOGNIZE THE SIGNIFICANCE OF THE SYMPTOMS AND SIGNS THEY SAW?

Yes [ ] No leave blank [ ]

First Aid Course [ ]
General Knowledge [ ]
Media [ ]
Previous Training [ ]
Reading [ ]
Other [ ]
PART D

A.15 HOW FAR FROM THE ACCIDENT SITE WAS THE NEAREST MEDICAL AID?

A.16 WHAT OTHER INJURIES (APART FROM THE INJURY SPINAL CORD), WERE NOTED BY AMBULANCE PERSONNEL?

- Inhalation
- Chest injuries
- Abdominal injuries
- Upper limb injuries
- Head injuries
- Lower limb injuries
- Bleeding
- Other

A.17 DID THE INJURIES INTERFERE WITH THE AMBULANCE PERSONNELS HANDLING OF THE PATIENTS SPINAL CORD INJURY

- Yes
- No

A.17.1 IF YES, WHAT INJURIES INTERFERED WITH THE AMBULANCE PERSONNELS HANDLING OF THE PATIENT

- Inhalation
- Chest injuries
- Abdominal injuries
- Bleeding
- Head injuries
- Upper limb injuries
- Lower limb injuries
- Other

A.18 HOW DID THESE INJURIES INTERFERE WITH THE MANAGEMENT OF THE PATIENT?

- Spine not able to immobilize injured
- The injured spine needed to be extended
- The injured spine needed to be flexed
- Patient needed to be resuscitated before the spine was immobilized
- Other
PART D

B. LOCAL HOSPITAL ASSESSMENT

B.1 HOW DID PATIENT ARRIVE AT THE HOSPITAL?  

Ambulance = 1  
Friend's car = 2  
Walked in = 3  
Unknown = 4  
Other = 5

B.2 HOW LONG AFTER THE ACCIDENT DID THE PATIENT ARRIVE AT THE LOCAL HOSPITAL?

__________________________

B.3 WAS ANY TREATMENT INSTITUTED BY LOCAL AMBULANCE PERSONNEL BEFORE ARRIVAL AT THE LOCAL HOSPITAL?  

Yes = 1  
No = 2

B.3.1 IF YES WHAT TYPE?  Yes ✔  No leave blank ☐

Intravenous  ☐  
Immobilization  ☐  
Oxygen  ☐  
Endo Tracheal Tube  ☐  
Urinary Catheter  ☐  
Nasogastric Tube  ☐  
Other  ☐

B.4 WAS A DIAGNOSIS OF SPINAL CORD INJURY SUSPECTED BY THE AMBULANCE PERSONNEL BEFORE THE PATIENT ARRIVED AT THE LOCAL HOSPITAL?  

Yes = 1  
No = 2

B.4.1 IF PATIENT BROUGHT TO LOCAL HOSPITAL BY PEOPLE OTHER THAN AMBULANCE PERSONNEL WAS A SPINAL CORD INJURY SUSPECTED?  

Yes = 1  
No = 2

B.5 WHO INITIALLY ASSESSED THE PATIENT AT THE LOCAL HOSPITAL  

Nursing Sister = 1  
Resident = 2  
Registrar = 3  
Specialist = 4  
General Practitioner = 5  
Unknown = 6  
Other = 7
B.6 WAS THE POSSIBILITY OF A SPINAL CORD INJURY RAISED WITH THE ASSESSING STAFF BY AMBULANCE PERSONNEL/FRIENDS WHO BROUGHT THE PATIENT TO HOSPITAL?

Yes = 1
No = 2

B.7 IF DIAGNOSIS NOT INITIALLY SUSPECTED HOW LONG AFTER ADMISSION TO THE LOCAL HOSPITAL WAS THE DIAGNOSIS SUSPECTED?

B.8 WHAT LED THE DOCTOR OF FIRST CONTACT (AT LOCAL HOSPITAL) TO SUSPECT A SPINAL CORD INJURY?

Yes ☑️ No leave blank ☐

History ☐

Paradoxical respiration ☐

Low blood pressure normal pulse ☐

Erection in male ☐

Pain ☐

Inability to void ☐

Loss of power ☐

Loss of sensation ☐

Flaccid legs/arms ☐

Spinal deformity ☐

Other ☐

B.9 IF PATIENT UNCONSCIOUS WHAT ASPECT OF EXAMINATION MADE THE LOCAL DOCTOR SUSPECT A SPINAL CORD INJURY?

Yes ☑️ No leave blank ☐

Lack of painful stimuli ☐

Paradoxical respiration ☐

Erection in male ☐

Low blood pressure normal pulse ☐

Flaccid legs/arms ☐

Spinal deformity ☐

Other ☐
### PART D

**B.10** IF A DIAGNOSIS OF SPINAL CORD INJURY WAS SUSPECTED BY THE LOCAL MEDICAL OFFICER WHAT LEVEL WAS SUSPECTED?

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**B.10.1** WHEN AN INITIAL DIAGNOSIS OF A SPINAL CORD INJURY WAS MADE BY THE LOCAL MEDICAL OFFICER WAS THE INJURY:  

- Complete = 1  
- Incomplete = 2

**B.10.2** IF THE INJURY WAS SUSPECTED TO BE INCOMPLETE WAS A RECORD MADE OF THE DEGREE OF INCOMPLETENESS?  

- Yes = 1  
- No = 2

**B.11** DID THE LOCAL MEDICAL OFFICER'S EXAMINATION TALLY WITH THE AMBULANCE PERSONNEL'S SUSPICIONS?  

- Yes = 1  
- No = 2

**B.12** WERE ANY ASSOCIATED INJURIES SUSPECTED?  

- Yes = 1  
- No = 2
PART D

12.1 IF YES WHAT SYSTEMS DID THE LOCAL MEDICAL OFFICER BELIEVE WERE INJURED?  
Yes ☑ No leave blank

- C.N.S.
- Respiratory
- Gastro Intestinal Tract
- Genito-urinary
- Skin
- Abdominal
- Cardiovascular
- Other

13. WERE ANY INVESTIGATIONS PERFORMED AT THE LOCAL HOSPITAL? □

Yes = 1
No = 2

13.1 IF YES WHAT TYPE?  Yes ☑ No leave blank  □

- Radiological
- Urinary
- Blood
- Abdominal tap
- Other

14. WAS ANY TREATMENT INSTITUTED AT THE LOCAL HOSPITAL LEVEL? □

Yes = 1
No = 2
### PART D

B.14.1 **IF YES WHAT TYPE?**  
- Yes 
- No leave blank

- Intravenous
- Resuscitation
- Transfusion
- Oxygen nasogastric tube
- Catheter Urinary
- Splints
- Operative procedure
- Space blankets
- Intercostal tube
- Spinal immobilization
- Head tongs
- Ventilation
- Tracheostomy
- Postural reduction
- Open reduction
- Other

B.15 **HAD THE AMBULANCE PERSONNEL WHO PICKED UP THE PATIENT ANY PREVIOUS EXPERIENCE WITH TRAUMATIC SPINAL CORD PARALYSIS?**

- Yes = 1
- No = 2

B.15.1 **IF YES HOW MANY PATIENTS HAD THEY SEEN WITH TRAUMATIC SPINAL CORD PARALYSIS?**


B.16 **DID THE ATTENDING DOCTOR AT THE LOCAL HOSPITAL HAVE PREVIOUS EXPERIENCE WITH TRAUMATIC SPINAL CORD PARALYSIS?**

- Yes = 1
- No = 2

B.16.1 **IF YES HOW LONG AGO HAD THE LOCAL MEDICAL OFFICER SEEN A PATIENT WITH TRAUMATIC SPINAL CORD PARALYSIS?**
C. NOTIFICATION OF SPINAL CORD INJURY TO THE SPINAL INJURIES UNIT—AUSTIN HOSPITAL

C.1. WAS THE SPINAL INJURIES UNIT NOTIFIED OF THE PATIENT'S SPINAL CORD INJURY?

Yes = 1
No = 2

C.1.1 IF YES HOW LONG AFTER THE INJURY WAS THE SPINAL UNIT CONSULTED?

C.2 WHO WAS NOTIFIED AT THE AUSTIN HOSPITAL OF THE PATIENT'S CONDITION?

Admitting Officer = 1
Spinal Registrar = 2
Spinal Resident = 3
Spinal Consultant = 4
Other = 5

C.2.1 WHO NOTIFIED THE SPINAL CONSULTANT?

Ambulance personnel = 1
Local doctor = 2
Admitting Officer Austin Hosp. = 3
Admitting Officer local hosp. = 4
Nursing Sister = 5
Resident doctor Austin hospital = 6
Other = 7

C.3 DID THE SPINAL CONSULTANT ON CALL DISCUSS THE PATIENT'S CONDITION WITH THE LOCAL TREATING MEDICAL OFFICER?

Yes = 1
No = 2

C.3.1 DID THE DISCUSSION WITH THE SPINAL CONSULTANT CHANGE THE PATIENT'S MANAGEMENT AT THE LOCAL LEVEL?

Yes = 1
No = 2
C.3.2 HOW WAS THE MANAGEMENT CHANGED AT THE LOCAL LEVEL BY THE DISCUSSION WITH THE SPINAL CONSULTANT?

Yes ☑ No leave blank ☐

X-Rays performed ☐
Intravenous inserted ☐
Nasogastric catheter inserted ☐
Urinary catheter inserted ☐
Space blankets applied ☐
Injured part immobilized ☐
Head tongs inserted ☐
Fluid replacement ☐
Postural reduction ☐
Open reduction ☐
Other ☐

C.4 WHAT INFORMATION REGARDING THE PATIENT'S CONDITION WAS THE CONSULTANT GIVEN

Yes ☑ No leave blank ☐

Neurological level ☐
Bony level ☐
Associated injuries ☐
Radiological evidence ☐
Other ☐

C.5 DID THE INFORMATION GIVEN TO THE CONSULTANT TALLY WITH THE PATIENT'S CONDITION ON ARRIVAL?

Yes = 1
No = 2

C.5.1 IF THE ANSWER IS NO HOW DID THE PATIENT'S ASSESSMENT AT THE AUSTIN DIFFER WITH THE ASSESSMENT AT THE LOCAL?

Yes ☑ No leave blank ☐

Neurological level ☐
Bony level ☐
Associated injuries ☐
Radiological assessment ☐
Other ☐
### PART D

#### C.5.2 IF THE ASSESSMENTS DIFFER LIST NEUROLOGICAL LEVEL ASSESSED AT THE LOCAL LEVEL?

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#### C.5.3 IF THE ASSESSMENTS DIFFER LIST THE BONY LEVEL ASSESSED AT THE LOCAL LEVEL?

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PART D

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T5 □ S2 □
T6 □ S3 □
T7 □ S4 □
  S5 □

D. DISTANCE

D.1 DISTANCE BETWEEN ACCIDENT SITE AND LOCAL AMBULANCE?

D.2 DISTANCE BETWEEN LOCAL HOSPITAL AND SPINAL INJURIES UNIT?

E. TRANSPORT

E.1 TYPE OF TRANSPORT USED TO MOVE PATIENT FROM SITE OF INJURY TO THE AUSTIN HOSPITAL SPINAL INJURIES UNIT?

Yes ☑ No leave blank □

Airplane □
Private car □
Truck □
Ambulance □
Boat □
Air Ambulance □
Helicopter □
Commercial Airline □
Other □

E.2 NUMBER OF TIMES PATIENT MOVED BEFORE ARRIVAL AT THE AUSTIN HOSPITAL SPINAL INJURIES UNIT?
E.3 DOCUMENT MOVES OF PATIENT?

Yes ☑ No - leave blank

Accident site to stretcher
Ambulance
Stretcher
Local hospital bed
Stretcher
X-ray table
Stretcher
Local hospital bed
Stretcher
Ambulance
Stretcher
Spinal injuries unit
Emergency bed

Other moves documented:

E.4 HOW WAS PATIENT MOVED?

Yes ☑ No leave blank

Jordan frame
Stretcher
Lifted by a group of people
Other

E.5 WAS THE PATIENT IMMOBILIZED DURING TRANSPORT? ☐

Yes = 1
No = 2

E.6 AVERAGE SPEED OF LAND AMBULANCE TRANSPORT USED?

E.7 WERE DELAYS EXPERIENCED DURING TRANSPORT? ☐

Yes = 1
No = 2
PART D

E.7.1 IF YES, WHY?
Yes ☑ No leave blank ☐

Patient in inaccessible place ☐
Transport not available ☐
Medical assessment not available ☐
Other ☐

F. INVESTIGATIONS

F.1 WHAT INVESTIGATIONS WERE PERFORMED BEFORE THE
PATIENT ARRIVED AT THE SPINAL INJURIES UNIT?

Yes ☑ No leave blank ☐

Radiological ☐
Full blood examination ☐
Urea/Electrolytes ☐
Liver function tests ☐
Microurine ☐
Blood alcohol ☐
Cross match ☐
Other ☐

F.1.1 IF OTHERS, PLEASE LIST

____________________________________
____________________________________
____________________________________
____________________________________

F.1.2 HOW LONG DID IT TAKE TO PERFORM THE
RADIOLOGICAL EXAMINATION?

____________________________________
F.1.3 IF A SPINAL RADIOLOGICAL EXAMINATION WAS PERFORMED, WHAT FILMS WERE TAKEN?

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F.1.4 HOW MANY TIMES WAS THE PATIENT MOVED IN PERFORMING THE X-RAYS, INCLUDING ON AND OFF THE X-RAY TABLE?
PART D

F.1.5 DOCUMENT MOVES  Yes [ ]  No leave blank [ ]

Off stretcher to X-ray table [ ]
L lateral position [ ]
R lateral position [ ]
Prone [ ]
Patient lifted [ ]
Off X-ray table to stretcher [ ]
Other [ ]

If other, please list:

F.1.6 DID THE RADIOLOGICAL EXAMINATION HELP THE LOCAL MEDICAL OFFICER MAKE A DIAGNOSIS? [ ]

Yes = 1
No = 2

G. ASSESSMENT OF PATIENT BY LOCAL DOCTOR

G.1 ONCE PATIENT ARRIVED AT THE LOCAL HOSPITAL WAS HE/SHE ASSESSED IN THE AMBULANCE BEFORE HE/SHE WAS MOVED INTO THE HOSPITAL? [ ]

Yes = 1
No = 2

G.1.1 IF YES, BY WHOM? Yes [ ]  No leave blank [ ]

Medical Officer [ ]
Nursing sister [ ]
General Practitioner [ ]
Other [ ]

G.1.2 DID THE PERSON WHO EXAMINED THE PATIENT IN THE AMBULANCE CONFIRM THE AMBULANCE PERSONNEL'S SUSPICIONS? [ ]

Yes = 1
No = 2

G.1.3 IF THE PATIENT WAS ASSESSED IN THE AMBULANCE WAS IT FELT HIS/HER CONDITION WAS STABLE? [ ]

Yes = 1
No = 2

G.2 WAS THE AUSTIN HOSPITAL CONSULTANT NOTIFIED BEFORE THE PATIENT WAS REMOVED FROM THE AMBULANCE? [ ]

Yes = 1
No = 2
PART D

G.3 WAS THE PATIENT MOVED FROM THE AMBULANCE BEFORE HE/SHE WAS SEEN BY THE LOCAL MEDICAL OFFICER?

Yes = 1
No = 2

G.4 WAS THE INJURED PART IMMOBILIZED BEFORE THE PATIENT WAS MOVED FROM THE AMBULANCE?

Yes = 1
No = 2

G.4.1 IF THE INJURED PART WAS IMMOBILIZED HOW WAS IT IMMOBILIZED?

Soft = 1
Collar
Hard = 2
Sandbags = 3
Newspaper = 4
Other = 5

If other, list:

H. TIME

H.1 HOW LONG DID IT TAKE THE AMBULANCE TO REACH THE PATIENT?

H.2 HOW LONG DID IT TAKE FOR THE PATIENT TO ARRIVE AT THE SPINAL INJURIES UNIT?

H.3 HOW LONG DID IT TAKE TO TRANSPORT THE PATIENT FROM THE SCENE OF THE INJURY TO LOCAL MEDICAL AID?

H.4 HOW LONG AFTER THE INJURY WAS THE DIAGNOSIS SUSPECTED?
H.5 Breakdown of time spent from the time of the injury to admission to the spinal injuries unit

- Unknown [✓]

- Time injury occurred

- Time help arrived

- Time ambulance arrived

- Time ambulance left accident site

- Time arrive local hospital

- Time spent at local hospital

- Time left local hospital

- Time arrived spinal injuries unit

I. Experience of people involved in the assessment and care of the patient with spinal injury before arrival at Austin Hospital spinal injuries unit?

I.1 Who was involved in the initial treatment and management of patient with spinal cord injury?

- Yes [✓], No leave blank [☐]

- Bystanders [☐]

- Ambulance personnel [☐]

- Medical officer [☐]

- Nursing sister [☐]

- Other [☐]

If other list:

______________________________
PART D

I.2 HAD PEOPLE INVOLVED IN INITIAL ASSESSMENT AND TREATMENT ...
   1. PREVIOUS KNOWLEDGE )
   2. PREVIOUS EXPERIENCE ) CORD TRAUMA?

Yes [ ]  No - leave blank

Bystander/s
   knowledge [ ]
   experience [ ]

Ambulance personnel
   knowledge [ ]
   experience [ ]

Medical officer
   knowledge [ ]
   experience [ ]

Nursing sister
   knowledge [ ]
   experience [ ]

Other
   knowledge [ ]
   experience [ ]

I.2.1 IF AMBULANCE PERSONNEL HAVE KNOWLEDGE, FROM WHAT SOURCE GAINED?

Yes [ ]  No leave blank [ ]

Lectures [ ]
Conversations with colleagues [ ]
Part of training course [ ]
Newspaper [ ]
Media [ ]
Other [ ]

I.2.2 IF MEDICAL OFFICER HAS KNOWLEDGE, FROM WHAT SOURCE?

Yes [ ]

Lectures [ ]
Seminars [ ]
Medical school [ ]
General knowledge [ ]
Media [ ]
Other [ ]
PART D

1.2.3 IF NURSING SISTER HAS KNOWLEDGE,
FROM WHAT SOURCE? Yes ☐ No leave blank ☐

Lectures ☐
Seminars ☐
Medical school ☐
General knowledge ☐
Media ☐
Other ☐

J. ESCORT

J.1 WAS AN ESCORT PROVIDED FOR THE PATIENT
FROM THE LOCAL HOSPITAL TO THE SPINAL
INJURIES UNIT? ☐

Yes = 1
No = 2

J.1.1 IF YES, WHAT WAS THE ESCORT'S OCCUPATION? ☐

Nurse = 1
Nursing sister = 2
Medical officer = 3
General Practitioner = 4
Other = 5

J.2 WHAT SIGNS DID ESCORT MONITOR?

Yes ☑ No leave blank ☐

Blood pressure ☐
Respiratory rate ☐
Pulse ☐
Neurological level ☐
Other ☐

J.3 DID ESCORT HAVE ANY PREVIOUS EXPERIENCE
WITH PATIENT WITH ACUTE SPINAL CORD TRAUMA? ☐

Yes = 1
No = 2
K. DETERIORATION IN PATIENT'S CONDITION

K.1 WAS THERE ANY DETERIORATION IN PATIENT'S CONDITION FROM THE TIME OF INJURY TO TIME ADMISSION TO THE SPINAL INJURIES UNIT?

Yes = 1
No = 2

K.1.1 IF YES WHAT TYPE? Yes ☑ No leave blank ☐

- Neurological ☐
- Respiratory ☐
- Skin ☐
- Urinary ☐
- Abdominal ☐
- Neurosurgical ☐
- Cardiovascular ☐
- Other ☐

IF YES, WHAT TYPE? Yes ☑ No - leave blank

- Decrease in power ☐
- Decrease in sensation ☐
- Neurological ☐
- Loss of reflexes ☐
- Loss of power ☐
- Loss of sensation ☐
- Other ☐

- Aspiration ☐
- Bronchopneumonia ☐
- Respiratory ☐
- Collapsed lung, sputum plug ☐
- Other ☐
- Natal cleft split ☐
- Hyperaemic skin ☐
- Pressure area ☐
- Other ☐...Contd.
Continued from previous page

- Distended bladder [ ]
- Urinary overflow [ ]
- Urinary infection [ ]
- Other [ ]

- Paralytic ileus [ ]
- Vomiting [ ]
- Other [ ]

- Deterioration
  - conscious state [ ]
  - Other [ ]

- Cardiac arrest [ ]
- Severe hypotension [ ]
- Other [ ]

K.1.2 WHERE DID THE DETERIORATION OCCUR? Yes [ ] No leave blank [ ]

- Accident site [ ]
- Ambulance - local hospital [ ]
- Local hospital [ ]
- Ambulance - spinal injuries unit [ ]
- Unknown [ ]
- Other [ ]

K.1.3 HOW LONG AFTER THE INJURY WAS DETERIORATION NOTED?

L. ARRIVAL - AUSTIN HOSPITAL SPINAL INJURIES UNIT

L.1 WAS PATIENT MOVED FROM AMBULANCE BEFORE HE/SHE ARRIVED AT THE SPINAL INJURIES UNIT WHILE THE AMBULANCE WAS IN THE AUSTIN HOSPITAL?

- Yes = 1
- No = 2
L.2 HAD ADMITTING OFFICER BEEN NOTIFIED OF PATIENT'S ARRIVAL?  

Yes = 1  
No = 2  

L.2.1 IF YES, BY WHOM?  
Yes ☑ No leave blank ☐  
Ambulance personnel ☐  
Referring hospital ☐  
Spinal Consultant/Registrar ☐  
General Practitioner ☐  
Other ☐  

L.3 DID THE ADMITTING OFFICER TRANSFER THE INITIAL CALL ABOUT THE PATIENT TO THE SPINAL CONSULTANT ON CALL?  

Yes ☐  
No ☐  

L.3.1 IF YES, DID CONSULTANT DISCUSS THE PATIENT'S TREATMENT WITH THE REFERRING DOCTOR?  

Yes ☐  
No ☐  

L.4 DID THE CONSULTANT ON CALL SUGGEST TO THE LOCAL REFERRING DOCTOR THAT FURTHER TREATMENT BE CARRIED OUT BEFORE THE PATIENT WAS TRANSFERRED?  

Yes ☐  
No ☐  

L.4.1 IF YES, WHAT TREATMENT WAS SUGGESTED?  

Yes ☑ No leave blank ☐  
Nasogastric ☐  
Intravenous ☐  
Urinary catheter ☐  
Oxygen ☐  
Assessment other hospital ☐  
Immobilization spine ☐  
Intubation/Ventilation ☐  
Other ☐
L.5  WAS PATIENT SEEN IN AMBULANCE BY RESIDENT?  □

Yes  =  1
No   =  2

L.5.1 IF YES, WAS NEUROLOGICAL EXAMINATION PERFORMED?

Yes  =  1
No   =  2

L.6  WAS THERE ANY DIFFERENCE BETWEEN RESIDENT'S
AND LOCAL DOCTOR'S EXAMINATIONS?

Yes  =  1
No   =  2

L.6.1 IF YES, ARE THERE DIFFERENCES IN ....

Yes  □  No - leave blank

Degree of completeness □
Neurological level □  Sensory level □
Reflexes present □
Motor level □

L.6.2 IF THERE IS DIFFERENCE IN DEGREE OF COMPLETENESS,
WHAT IS THE DIFFERENCE?

Incomplete has become complete  □
Complete has become incomplete  □
Degree of incompleteness has  □
Decreased  □
Unable to be determined  □
Other  □

L.6.3 IF THERE IS A DIFFERENCE IN REFLEXES PRESENT,
WHAT IS THE DIFFERENCE?

Reflexes that were present □
have disappeared  □
Reflexes that were absent □
have reappeared  □
Reflexes have diminished □
in strength  □
Reflexes have increased □
in strength  □
Unable to be determined □
Other  □
L.6.4  IF THERE IS A DIFFERENCE IN NEUROLOGICAL SENSORY EXAMINATION, WHAT IS THIS DIFFERENCE?

Difference in level = 1
Decrease in degree of sensation = 2
Increase in degree of sensation = 3
Decrease in response to painful stimuli = 4
Increase in response to painful stimuli = 5
Unable to be determined = 6
Other = 7

L.6.4A  IF THERE IS A DIFFERENCE IN SENSORY LEVELS, HOW MANY NEUROLOGICAL SEGMENTS DIFFERENCE EXISTS?

________________________

L.6.5  IF THERE IS A DIFFERENCE IN NEUROLOGICAL MOTOR EXAMINATION, WHAT IS THIS DIFFERENCE?

Difference in levels = 1
Increase in strength of affected muscles = 2
Decrease in strength of affected muscles = 3
Complete loss of power of affected muscles = 4
Complete loss of power of non-affected muscles = 5
Cannot be determined = 6
Other = 7

L.6.5A  IF THERE IS A DIFFERENCE IN MOTOR LEVELS, HOW MANY NEUROLOGICAL SEGMENTS DIFFERENCE IS PRESENT

________________________

L.7  WAS THERE ANY DIFFERENCE BETWEEN SPINAL CONSULTANT'S AND RESIDENT'S EXAMINATIONS?

________________________

Yes = 1
No = 2
PART D

L.7.1 IF YES ARE THE DIFFERENCES IN

Yes ☑ No - Leave blank

Degree of completeness ☐ Sensory ☐

Neurological level ☐ Motor ☐

Reflexes present ☐

L.7.2 IF THERE IS A DIFFERENCE IN DEGREE OF COMPLETENESS
WHAT IS THE DIFFERENCE

Incomplete has become complete = 1
Complete has become incomplete = 2
The degree of incompleteness has decreased = 3
Unable to be determined = 4
Other = 5

L.7.3 IF THERE IS A DIFFERENCE IN REFLEXES PRESENT
WHAT IS THE DIFFERENCE?

Reflexes that were present have disappeared = 1
Reflexes that were absent have have reappeared = 2
Reflexes have diminished in strength = 3
Reflexes have increased in strength = 4
Other, unable to be determined = 5
Other = 6

L.7.4 IF THERE IS A DIFFERENCE IN NEUROLOGICAL SENSORY EXAMINATION WHAT IS THIS DIFFERENCE?

Difference in level = 1
Decrease in degree of sensation = 2
Increase in degree of sensation = 3
Decrease in response to painful stimuli = 4
Increase in response to painful stimuli = 5
Unable to be determined = 6
Other = 7

L.7.4A IF THERE IS A DIFFERENCE IN SENSORY LEVELS HOW MANY NEUROLOGICAL SEGMENTS DIFFERENCE IS THERE?
L.7.5  IF THERE IS A DIFFERENCE IN NEUROLOGICAL MOTOR EXAMINATION WHAT IS THIS DIFFERENCE?

- Differences in levels = 1
- Increase in strength of muscles = 2
- Decrease in strength of muscles = 3
- Complete loss of power on affected muscles = 4
- Complete loss of power in non-affected muscles = 5
- Cannot be determined = 6
- Other = 7

L.7.5A  IF THERE IS A DIFFERENCE IN MOTOR LEVELS HOW MANY NEUROLOGICAL SEGMENTS DIFFERENCE IS THERE?

---

M.1  IN WHAT POSITION WAS THE PATIENT INITIALLY FOUND?

- Back straight = 1
- Back curved = 2
- Prone straight = 3
- Prone curved = 4
- Left side straight = 5
- Left side curved = 6
- Right side straight = 7
- Right side curved = 8
- Unknown = 9
- Other = 10

M.2  IN WHAT POSITION WAS THE PATIENT'S NECK INITIALLY FOUND?

- Neutral = 1
- Flexed = 2
- Extended = 3
- Rotated flexed = 4
- Rotated extended = 5
- Unknown = 6
- Other = 7

M.3  IN WHAT POSITION WAS THE PATIENT'S BACK INITIALLY FOUND?

- Neutral = 1
- Flexed = 2
- Extended = 3
- Rotated flexed = 4
- Rotated extended = 5
- Unknown = 6
- Other = 7
PART D

M.4  IN WHAT POSITION WAS THE PATIENT FOUND?

    Lying      =  1
    Sitting    =  2
    Standing   =  3
    Unknown    =  4
    Other      =  5

M.5  IN WHAT POSITION DID THE PATIENT ARRIVE
    AT AUSTIN HOSPITAL?

    Prone      =  1
    Back       =  2
    Left side  =  3
    Right side =  4
    Unknown    =  5
    Other      =  6

M.6  IN WHAT POSITION WAS THE PATIENT'S NECK
    ON ARRIVAL AT AUSTIN HOSPITAL?

    Neutral    =  1
    Flexed     =  2
    Extended   =  3
    Rotated flexed =  4
    Rotated extended =  5
    Unknown    =  6
    Other      =  7

M.7  IN WHAT POSITION WAS THE PATIENT'S BACK ON ARRIVAL AT
    THE AUSTIN HOSPITAL?

    Neutral    =  1
    Flexed     =  2
    Extended   =  3
    Rotated flexed =  4
    Rotated extended =  5
    Unknown    =  6
    Other      =  7

N.  ANALYSIS OF ACCIDENT SITE

N.1  HAD A MAJOR INJURY OCCURRED AT THIS SITE
    IN THE PAST?

    Yes       =  1
    No         =  2
    Unknown    =  3

N.1.1 IF YES, HOW LONG AGO?

    Less than 3 months
    3 - 6 months
    6 - 12 months
    1 - 5 years
    More than 5 years
PART D

N.2  HAD A SPINAL CORD INJURY OCCURRED AT THIS SITE IN THE PAST?

   |   |
---|---|
Yes | 1 |
No  | 2 |
Unknown | 3 |

N.2.1  IF YES, HOW LONG AGO?  

   |   |
---|---|
Less than 3 months | 1 |
3 - 6 months       | 2 |
6 - 12 months      | 3 |
1 - 5 years        | 4 |
More than 5 years  | 5 |

N.3  DID THE PATIENT NEED TO BE REMOVED FROM THE SITE OF INJURY?

   |   |
---|---|
Yes | 1 |
No  | 2 |

N.3.1  IF YES, WHY?  

   |   |
---|---|
Drowning      | 1 |
Fire          | 2 |
Danger from other vehicles | 3 |
Falling debris | 4 |
Other         | 5 |

If other, please specify:

_________________________________________________________

_________________________________________________________

N.4  WAS THE ACCIDENT SITE ACCESSIBLE TO RESCUE WORKERS?

   |   |
---|---|
Yes | 1 |
No  | 2 |

N.4.1  IF NO, HOW WAS THE PATIENT MOVED TO AN ACCESSIBLE SITE?

   |   |
---|---|
Yes | ☑ |
No leave blank | ☐ |
Winch | ☐ |
Helicopter | ☐ |
Boat | ☐ |
People's hands/arms | ☐ |
Stretcher | ☐ |
Other | ☐ |
0.1 Neurological Frankel classification of patient at

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
</tr>
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<tbody>
<tr>
<td>Accident Site</td>
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<td></td>
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<td></td>
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<tr>
<td>Ambulance Assessment</td>
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<tr>
<td>Local Hospital Assessment</td>
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<tr>
<td>Spinal Injuries Unit Assessment</td>
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APPENDIX A2.9

Data Sheet - Part E
Road Traffic Accidents
APPENDIX A2.9.1

Data Sheet - Part E-1
Motor Vehicle Accidents
DATA SHEET  PART H-1

PREVENTION OF TRAUMATIC SPINAL CORD PARALYSIS

ASSESSMENT OF MOTOR VEHICLE ACCIDENTS CAUSING SPINAL CORD PARALYSIS

Primary/Secondary Risk Factors

A.  TYPE OF VEHICLE PATIENT IN

A.1  TYPE OF VEHICLE INVOLVED IN MOTOR VEHICLE ACCIDENT?

<table>
<thead>
<tr>
<th>Vehicle Type</th>
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<tbody>
<tr>
<td>Sedan four door</td>
<td>1</td>
</tr>
<tr>
<td>Sedan two door</td>
<td>2</td>
</tr>
<tr>
<td>Utility</td>
<td>3</td>
</tr>
<tr>
<td>Truck</td>
<td>4</td>
</tr>
<tr>
<td>Panel van</td>
<td>5</td>
</tr>
<tr>
<td>Sports car</td>
<td>6</td>
</tr>
<tr>
<td>Bus</td>
<td>7</td>
</tr>
<tr>
<td>Camper van</td>
<td>8</td>
</tr>
<tr>
<td>Tray truck</td>
<td>9</td>
</tr>
<tr>
<td>Articulated truck</td>
<td>10</td>
</tr>
<tr>
<td>Rigid truck</td>
<td>11</td>
</tr>
<tr>
<td>Unknown</td>
<td>12</td>
</tr>
<tr>
<td>Other</td>
<td>13</td>
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</table>

A.2  TYPE OF CAR INVOLVED IN ACCIDENT?

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<thead>
<tr>
<th>Car</th>
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<tbody>
<tr>
<td>Celica</td>
<td>Mazda</td>
<td></td>
</tr>
<tr>
<td>Chevrolet</td>
<td>Mercedes</td>
<td></td>
</tr>
<tr>
<td>Chrysler</td>
<td>Mini</td>
<td></td>
</tr>
<tr>
<td>Commodore</td>
<td>Monaro</td>
<td></td>
</tr>
<tr>
<td>Corolla</td>
<td>Nissan</td>
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<tr>
<td>Corona</td>
<td>Passat</td>
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<tr>
<td>Cortina</td>
<td>Peugeot</td>
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<td>Corvette</td>
<td>Pontiac</td>
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<td>Daimler</td>
<td>Porsche</td>
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<td>Daihatsu</td>
<td>Range Rover</td>
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<td>Rolls Royce</td>
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<td>Rover</td>
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<td>Saab</td>
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<td>Fairmont</td>
<td>Sigma</td>
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...Contd.
## PART E-1

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| Falcon       | Statesman |   | Fiat        | Subaru   |   | Gemini      | Suzuki  |   | Galant      | Torona   |   | Holden      | Triumph  |   | Honda       | Valiant  |   | Humber      | Volkswagen |   | Jaguar      | Volvo    |   | Lancer      | Other    |   | Lancia      | If other list: |
|--------------|-----------|---|-------------|----------|---|-------------|---------|---|-------------|----------|---|-------------|----------|---|-------------|----------|---|-------------|----------|---|-------------|----------|---|-------------|----------|---|

### A.3 YEAR MOTOR VEHICLE MANUFACTURED


### B PEOPLE IN PATIENT'S VEHICLE

#### B.1 NUMBER OF PEOPLE IN MOTOR VEHICLE?


### C SEAT BELTS IN PATIENT'S VEHICLE

#### C.1 WERE SEAT BELTS INSTALLED IN THE ACCIDENT VEHICLE? □

Yes = 1
No = 2

#### C.1.1 IF YES HOW MANY BELTS WERE INSTALLED?


#### C.1.2 WHERE WERE SEAT BELTS INSTALLED?

Yes [ ] No leave blank □

Front driver □
Front left □
Front middle □
Back left □
Back right □
Middle □
Other □
### PART E-1

**C.1.3 WHAT TYPE OF SEAT BELT WERE INSTALLED?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No - Leave blank</th>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Front/driver</td>
<td>Lap</td>
</tr>
<tr>
<td></td>
<td>Lap/sash</td>
</tr>
<tr>
<td></td>
<td>Harness</td>
</tr>
<tr>
<td></td>
<td>Sash</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
<tr>
<td>Front left</td>
<td>Lap</td>
</tr>
<tr>
<td></td>
<td>Lap/sash</td>
</tr>
<tr>
<td></td>
<td>Harness</td>
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<td>Sash</td>
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<td>Middle front</td>
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<td></td>
<td>Lap/sash</td>
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<td>Harness</td>
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<td>Sash</td>
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<td>Other</td>
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<td>Back right</td>
<td>Lap</td>
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<td>Lap/sash</td>
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**C.1.4 TYPE OF SEAT BELT**

<table>
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<tr>
<th>Inertia</th>
<th>Static</th>
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<td>Back/Left</td>
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<td>Back/Middle</td>
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Yes [✓] No - Leave blank

**C.2 WAS THE SEAT BELT WORN BY PATIENT?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
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<tr>
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Yes = 1  
No = 2  
Unknown = 3

**C.2.1 IF NO WHY NOT?**

<table>
<thead>
<tr>
<th>Not Installed</th>
<th>Not Functioning</th>
<th>Did not wear it</th>
<th>Unknown</th>
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</thead>
<tbody>
<tr>
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</table>

Not Installed = 1  
Not Functioning = 2  
Did not wear it = 3  
Unknown = 4

**C.2.2 IF A SEAT BELT NOT WORN DOES THE PATIENT USUALLY WEAR A SEAT BELT?**

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<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</table>

Yes = 1  
No = 2

**C.2.3 IF NOT WEARING A SEAT BELT WHY NOT?**

Yes [✓] No leave blank ☑

Short distance ☑  
Afraid of being trapped ☑  
Forgot ☑  
Never wear one ☑  
Can't be bothered ☑  
Don't know ☑  
Other ☑
PART E-1

C.3 IF A SEAT BELT WAS WORN WAS IT ADJUSTED?  ____

Yes  = 1  
No   = 2  
Unknown = 3

C.3.1 IF NO HOW WAS IT WORN?  ____

Loose  = 1  
Not buckled = 2  
Very firm = 3  
Unknown = 4  
Other = 5

C.4 DID THE SEAT BELT COME WITH THE CAR?  ____

Yes  = 1  
No   = 2

C.4.1 IF NO WHO INSTALLED IT?  ____

Driver = 1  
Motor Mechanic = 2  
Friends = 3  
Unknown = 4  
Other = 5

C.5 DID OTHER PASSENGERS IN CAR WEAR SEAT BELTS?  ____

Yes  = 1  
No   = 2

C.5.1 IF YES WHERE WERE THEY SEATED?

Yes  [ ]  No leave blank  [ ]

Front right  [ ]  
Front left  [ ]  
Front middle  [ ]  
Back left  [ ]  
Back right  [ ]  
Back centre  [ ]  
Unknown  [ ]  
Other  [ ]
PART E-1

C.5.2 IF NO WHERE WERE THEY SITTING?

<table>
<thead>
<tr>
<th>Location</th>
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<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Front right</td>
<td>3</td>
</tr>
<tr>
<td>Front left</td>
<td>4</td>
</tr>
<tr>
<td>Front middle</td>
<td>5</td>
</tr>
<tr>
<td>Back left</td>
<td>6</td>
</tr>
<tr>
<td>Back right</td>
<td>7</td>
</tr>
<tr>
<td>Back centre</td>
<td>8</td>
</tr>
<tr>
<td>Unknown</td>
<td>9</td>
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<tr>
<td>Other</td>
<td>10</td>
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</table>

C.5.3 WHAT TYPE OF SEAT BELT WAS WORN? 11

<table>
<thead>
<tr>
<th>Type</th>
<th>Code</th>
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<tbody>
<tr>
<td>Lap</td>
<td>1</td>
</tr>
<tr>
<td>Lap/Sash</td>
<td>2</td>
</tr>
<tr>
<td>Sash</td>
<td>3</td>
</tr>
<tr>
<td>Harness</td>
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<td>Unknown</td>
<td>5</td>
</tr>
<tr>
<td>Other</td>
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</tbody>
</table>

C.5.4 IF A SEAT BELT WAS WORN WAS IT ADJUSTED? 12

<table>
<thead>
<tr>
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<td>Yes</td>
<td>1</td>
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<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Unknown</td>
<td>3</td>
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</table>

C.5.5 IF NO HOW WAS IT WORN? 13

<table>
<thead>
<tr>
<th>Worn</th>
<th>Code</th>
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<tr>
<td>Loose</td>
<td>1</td>
</tr>
<tr>
<td>Not buckled</td>
<td>2</td>
</tr>
<tr>
<td>Very firm</td>
<td>3</td>
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<tr>
<td>Unknown</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
</tr>
</tbody>
</table>

D. EJECTION FROM PATIENT'S VEHICLE

D.1 WAS PATIENT EJECTED FROM VEHICLE? 14

<table>
<thead>
<tr>
<th>Ejected</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>

D.2 WERE OTHER PASSENGERS EJECTED FROM VEHICLE? 15

<table>
<thead>
<tr>
<th>Ejected</th>
<th>Code</th>
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<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>
PART E-1

D.3 IF YES HOW MANY WERE EJECTED?

D.4 WAS PATIENT FOUND PARTIALLY EJECTED FROM VEHICLE?

Yes = 1
No = 2

D.5 IF PATIENT EJECTED HOW FAR WAS THE PATIENT FOUND FROM THE VEHICLE

D.6 WHAT WAS THE POSITION OF THE PATIENT IN THE VEHICLE BEFORE THE ACCIDENT

Sitting = 1
Lying = 2
Standing = 3
Other = 4

D.7 IF OTHER PEOPLE WERE EJECTED DID THEY SUFFER ANY INJURIES?

Yes = 1
No = 2

D.7.1 IF YES OUTLINE THESE INJURIES? Yes □ No leave blank □

Skeletal fractures □
Long limb fractures □
Neurological disfunction □
Respiratory injuries □
Cardiovascular injuries □
Abdominal injuries □
Spinal fractures □
Head injuries □
Unknown □
Other □

D.8 IF EJECTED WERE THERE ANY BROKEN WINDOWS?

Yes = 1
No = 2
Not able to examine vehicle = 3
D.8.1 IF YES WHICH ONE WAS:  Yes ☑  No leave blank ☐

Front windscreen ☐
Rear windscreen ☐
Front left ☐
Front right ☐
Rear left ☐
Rear right ☐
Not able to examine vehicle ☐
Other ☐

D.8.2 WERE ANY OF THE UNBROKEN WINDOWS FOUND TO BE MORE THAN 70% OPEN?

Yes = 1 ☐
No = 2 ☐
Not able to examine vehicle = 3 ☐

D.8.3 IF YES WHICH ONES?  Yes ☑  No leave blank ☐

Left front ☐
Right front ☐
Left rear ☐
Right rear ☐
Not able to examine vehicle ☐
Other ☐

D.8.4 WERE ANY DOORS FOUND OPEN AT THE ACCIDENT SITE? ☐

Yes = 1 ☐
No = 2 ☐
Not able to examine vehicle = 3 ☐

D.8.5 IF YES WHICH ONE/S?  Yes ☑  No leave blank ☐

Front left ☐
Front right ☐
Rear left ☐
Rear right ☐
Unknown ☐
PART B-1

E. POSITION IN MOTOR VEHICLE

E.1 POSITION OF PATIENT IN THE MOTOR VEHICLE

   Driver    = 1
   Front left = 2
   Front middle = 3
   Rear left  = 4
   Rear middle = 5
   Rear right = 6
   Unknown   = 7
   Other     = 8

F. SPEED OF CAR (IN PATIENT'S VEHICLE)

F.1 APPROXIMATE SPEED OF CAR

G. DISTANCE BETWEEN PROTRUSIONS IN MOTOR VEHICLE
   (IN PATIENT'S VEHICLE)

G.1 DISTANCE BETWEEN MIDDLE OF FRONT SEAT AND ROOF (in cms)

G.1.1 WHAT IS THE DISTANCE BETWEEN THE MIDDLE OF THE
       BACK SEAT AND THE ROOF OF THE VEHICLE? (in cms)

G.2 WHAT IS THE DISTANCE BETWEEN THE BACK OF THE FRONT SEAT
    AND THE STEERING WHEEL (HORIZONTAL LINE)? (in cms)

G.2.1 TYPE OF STEERING COLUMN

   Collapsible = 1
   Non-collapsible = 2

G.3 DISTANCE BETWEEN THE BACK OF FRONT SEAT AND THE
    DASH BOARD (HORIZONTAL LINE)? (in cms)

G.4 DISTANCE BETWEEN THE BACK OF FRONT SEAT AND
    WINDSCREEN (HORIZONTAL LINE)? (in cms)
G.4.1 WHAT WAS THE TYPE OF DASHBOARD IN THE MOTOR VEHICLE?

Yes ☑ No leave blank ☐

Hard ☐
Soft ☐
Plastic ☐
Wood ☐
Metal ☐
Foam ☐
Not able to examine vehicle ☐
Other ☐

G.5 PROTRUSIONS FOUND IN THE MOTOR VEHICLE?

Yes ☑ No leave blank ☐

Door handles ☐
Window handles ☐
Dashboard ☐
Steering wheel ☐
Steering column ☐
Gear stick ☐
Roof light ☐
Not able to examine vehicle ☐
Other ☐

If other list:

____________________________________________________

____________________________________________________


________________________________________
PART E-1

H. POSITION OF PATIENT IN VEHICLE

H.1 WHERE WAS THE PATIENT FOUND IN THE MOTOR VEHICLE

Front seat = 1
Rear seat = 2
Floor rear = 3
Floor front = 4
Under dashboard = 5
Draped over seat front = 6
Draped over seat rear = 7
Other = 8

H.2 IN WHAT POSITION WAS THE PATIENT FOUND?

Sitting = 1
Left side = 2
Right side = 3
Prone = 4
On back = 5
Other = 6

I. MECHANISM OF ACCIDENT (PATIENT'S VEHICLE)

I.1 HOW DID THE MOTOR VEHICLE ACCIDENT OCCUR?

Yes ☑ No leave blank □
Ran off road □
Hit other vehicle □
Hit multiple vehicles □
Hit stationary object □
Overturned □
Other □

I.2 WHAT DID THE MOTOR VEHICLE COLLIDE WITH?

Yes ☑ No leave blank □
Other vehicle □
Tree □
Light pole □
Animal □
Kerb □
Pedestrian □
Unknown □
Other □
PART E-1

I.3 DID THE MOTOR VEHICLE ROLL?  □

Yes = 1
No = 2

I.3.1 IF YES HOW OFTEN? ______________________

I.4 IN WHAT POSITION WAS THE CAR FOUND? □

On side = 1
On roof = 2
On wheels = 3
Unknown = 4
Other = 5

I.5 WHAT WAS THE CAR DOING AT THE TIME OF IMPACT? □

Overtaking = 1
Following another car = 2
Negotiating a corner = 3
Going through an intersection = 4
Vehicle stationary = 5
Unknown = 6
Other = 7

I.6 WHAT WAS THE PATIENT DOING AT THE TIME OF IMPACT?

Yes □ No leave blank □

Drinking □
Driving □
Talking □
Fighting □
Arguing □
Sleeping □
Unknown □
Other □
I.7 WHERE DID THE ACCIDENT OCCUR IN RELATION TO THE ROAD?

Yes ☑ No leave blank ☐

- Intersection ☐
- T Junction ☐
- Double lane highway ☐
- Tram tracks ☐
- Parked side of road ☐
- Traffic lights ☐
- Single lane road ☐
- Driveway ☐
- Unknown ☐
- Other ☐

J. DAMAGE TO VEHICLE (PATIENT'S VEHICLE)

J.1 PART OF VEHICLE DAMAGED

Yes ☑ No leave blank ☐

- Front ☐
- Rear ☐
- Front left ☐
- Front right ☐
- Left side front door ☐
- Left side back door ☐
- Right side front door ☐
- Right side back door ☐
- Rear left ☐
- Rear right ☐
- Crushed roof ☐
- Not able to examine vehicle ☐
- Other ☐

J.2 WAS THERE ANY INTERNAL DAMAGE TO THE CAR? ☐

Yes = 1
No = 2
PART E-1

J.2.1 IF YES WHERE? Yes ☑ No leave blank □

- Broken steering wheel □
- Collapsed steering column □
- Broken dashboard □
- Front seat broken □
- Rear seat broken □
- Crushed roof □
- Not able to examine vehicle □
- Other □

J.3 WAS THE AREA WHICH SUFFERED THE IMPACT PUSHED IN? □

- Yes = 1
- No = 2

J.3.1 IF YES HOW FAR WAS THE PANEL PUSHED IN? (in cms)

J.3.2 WAS THE COMPARTMENT AROUND THE PATIENT REDUCED IN SIZE? □

- Yes = 1
- No = 2

J.3.3 IF YES BY HOW MUCH? (in cms)

J.4 DID THE PATIENT NEED TO BE CUT OUT OF THE WRECKAGE? □

- Yes = 1
- No = 2

J.4.1 IF YES HOW LONG WAS THE PATIENT TRAPPED IN THE WRECKAGE (in mins)

K. NATURE OF ROAD

K.1 NATURE OF ROAD SURFACE □

- Sealed = 1
- Gravel = 2
- Dirt = 3
- Track = 4
- Unknown = 5
- Other = 6
PART K-1

K.1.1 TYPE OF ROAD? □

Highway major = 1
Highway minor = 2
Peripheral road/sealed = 3
Peripheral road/unsealed = 4
Track = 5
Other = 6

L. INJURIES OF PEOPLE IN ACCIDENT

L.1 HOW MANY PEOPLE WERE INVOLVED IN ACCIDENT?

L.2 HOW MANY PEOPLE WERE INJURED?

L.3 HOW MANY PEOPLE SUFFERED A SPINAL CORD INJURY?

L.4 HOW MANY PEOPLE IN ACCIDENT HAD A SKELETAL SPINAL INJURY?

M. HEAD-REST

M.1. WAS THERE A HEAD-REST IN THE CAR FOR THE PATIENT? □

Yes = 1
No = 2

M.1.1 IF YES WAS IT: □

Adjustable = 1
Non-adjustable = 2

M.1.2 DID THE HEAD-REST COME WITH THE CAR? □

Yes = 1
No = 2

N. OTHER VEHICLE INVOLVED IN MOTOR VEHICLE ACCIDENT

N.1 WAS ANOTHER VEHICLE INVOLVED IN THE ACCIDENT?

Yes □
No □
### N.1.1 IF YES, WHAT TYPE OF VEHICLE WAS INVOLVED IN THE ACCIDENT?

<table>
<thead>
<tr>
<th>Type</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sedan four door</td>
<td>1</td>
</tr>
<tr>
<td>Sedan two door</td>
<td>2</td>
</tr>
<tr>
<td>Utility</td>
<td>3</td>
</tr>
<tr>
<td>Truck</td>
<td>4</td>
</tr>
<tr>
<td>Panel Van</td>
<td>5</td>
</tr>
<tr>
<td>Sports car</td>
<td>6</td>
</tr>
<tr>
<td>Bus</td>
<td>7</td>
</tr>
<tr>
<td>Camper van</td>
<td>8</td>
</tr>
<tr>
<td>Tray truck</td>
<td>9</td>
</tr>
<tr>
<td>Articulated truck</td>
<td>10</td>
</tr>
<tr>
<td>Rigid truck</td>
<td>11</td>
</tr>
<tr>
<td>Unknown</td>
<td>12</td>
</tr>
<tr>
<td>Other</td>
<td>13</td>
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</tbody>
</table>

### N.2 TYPE OR CAR IN ACCIDENT? (other vehicle)

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<tr>
<th>Car</th>
<th>Option 1</th>
<th>Option 2</th>
<th>Option 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Celica</td>
<td></td>
<td>Mazda</td>
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</tr>
<tr>
<td>Chevrolet</td>
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<td>Mercedes</td>
<td></td>
</tr>
<tr>
<td>Chrysler</td>
<td></td>
<td>Mini</td>
<td></td>
</tr>
<tr>
<td>Commodore</td>
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<td>Monaro</td>
<td></td>
</tr>
<tr>
<td>Corolla</td>
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<td>Nissan</td>
<td></td>
</tr>
<tr>
<td>Corona</td>
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<td>Passat</td>
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<td>Cortina</td>
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</tr>
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<td>Porsche</td>
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</tr>
<tr>
<td>Daihatsu</td>
<td></td>
<td>Range Rover</td>
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<td>Rolls Royce</td>
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<tr>
<td>Fairmont</td>
<td></td>
<td>Sigma</td>
<td></td>
</tr>
</tbody>
</table>

...Contd.
PART E-1

Continued from previous page

Falcon  Statesman  
Fiat  Subaru  
Gemini  Suzuki  
Galant  Torona  
Holden  Triumph  
Honda  Valiant  
Humber  Volkswagen  
Jaguar  Volvo  
Lancer  Other  
Lancia  If other list:—  
Ferrari  

N.3 YEAR MOTOR VEHICLE MANUFACTURED? (other vehicle)

O. PEOPLE IN OTHER VEHICLE

O.1 NUMBER OF PEOPLE IN OTHER MOTOR VEHICLE?

P. SEAT BELTS IN OTHER VEHICLE

P.1 WERE SEAT BELTS INSTALLED IN THE VEHICLE?

Yes  
No  

P.1.1 IF YES, WERE THEY USED?

Yes  
No  

Q. OUTLINE OF INJURIES

Q.1 WAS ANYBODY IN THIS VEHICLE INJURED?

Yes  
No  

Q.1.1 IF YES, HOW MANY PEOPLE WERE INJURED?
Q.1.2  FOR EACH PERSON OUTLINE TYPE OF INJURIES SUSTAINED

Yes   [ ]  No leave blank   [ ]

- Skeletal fractures   [ ]
- Long limb fractures   [ ]
- Neurological dysfunction   [ ]
- Respiratory injuries   [ ]
- Cardiovascular injuries   [ ]
- Abdominal injuries   [ ]
- Spinal fractures   [ ]
- Head injuries   [ ]
- Unknown   [ ]
- Other   [ ]

R. EJECTION FROM VEHICLE

R.1  WERE ANY PEOPLE EJECTED FROM THE VEHICLE?

Yes   [ ]
No   [ ]

R.2  IF YES, HOW MANY PEOPLE WERE EJECTED?

________________________
S. POINT OF IMPACT

S.1 OUTLINE THE POINT OF IMPACT OF BOTH VEHICLES
T. DISTANCE BETWEEN PROTRUSIONS IN MOTOR VEHICLE?

T.1 DISTANCE BETWEEN MIDDLE OF FRONT SEAT AND ROOF (in cms)


T.2 WHAT IS THE DISTANCE BETWEEN THE BACK OF THE FRONT SEAT AND THE STEERING WHEEL (HORIZONTAL LINE)? (in cms)

T.2.1 TYPE OF STEERING COLUMN? □

Collapsible = 1
Non-collapsible = 2

T.3 DISTANCE BETWEEN THE BACK OF FRONT SEAT AND THE DASH BOARD (HORIZONTAL LINE)? (in cms)

T.4 DISTANCE BETWEEN THE BACK OF FRONT SEAT AND WINDSCREEN (HORIZONTAL LINE)? (in cms)

T.4.1 WHAT WAS THE TYPE OF DASH BOARD IN THE MOTOR VEHICLE?

Yes [ ] No leave blank [ ]

Hard [ ]
Soft [ ]
Plastic [ ]
Wood [ ]
Metal [ ]
Foam [ ]

Not able to examine vehicle [ ]
Other [ ]
T.5  PROTRUSIONS FOUND IN THE MOTOR VEHICLE?

Yes [✓]  No leave blank [ ]

Door handles [ ]
Window handles [ ]
Dashboard [ ]
Steering wheel [ ]
Steering column [ ]
Gear stick [ ]
Roof light [ ]
Not able to examine vehicle [ ]
Other [ ]

If other list:

________________________
________________________
________________________


________________________
APPENDIX A2.9.2

Data Sheet - Part E-2
Motor Cycle Accidents
A. MOTOR CYCLE ACCIDENTS

A.1 MAKE OF MOTOR CYCLE

- Suzuki = 1
- Yamaha = 2
- Harley Davidson = 3
- Honda = 4
- Laverda = 5
- Lambretta = 6
- Triumph = 7
- Kawasaki = 8
- Ducati = 9
- Scooter = 10
- Other = 11

A.2 POWER OF MOTOR CYCLE

A.3 YEAR MOTOR CYCLE MANUFACTURED?

A.4 WHAT TYPE OF HELMET WAS WORN?

- Full face = 1
- Half face with chin strap = 2
- Half face without chin strap = 3
- Unknown = 4
- Other = 5

A.5 TYPE OF VISOR ON HELMET?

- No visor = 1
- Clear = 2
- Dark = 3
- Unknown = 4
- Other = 5

A.6 WHAT POSITION WAS THE PATIENT ON THE MOTOR CYCLE BEFORE THE ACCIDENT?

- Driver = 1
- Pillion passenger = 2
- Side car = 3
- Unknown = 4
- Other = 5

A.7 WHERE WAS THE PATIENT FOUND IN RELATION TO THE MOTOR CYCLE AFTER THE ACCIDENT?

- Under the motor cycle = 1
- Beside the motor cycle = 2
- Thrown off the motor cycle = 3
- Unknown = 4
- Other = 5
**A.7.1 IF THROWN OFF THE MOTOR CYCLE HOW FAR FROM THE MOTOR CYCLE WAS THE PATIENT FOUND? (in metres)**

**A.8 HOW DID THE ACCIDENT OCCUR?**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motor cycle skidded</td>
<td>1</td>
</tr>
<tr>
<td>Hit parked car</td>
<td>2</td>
</tr>
<tr>
<td>Hit pedestrian</td>
<td>3</td>
</tr>
<tr>
<td>Lost control of motor cycle</td>
<td>4</td>
</tr>
<tr>
<td>Hit stationary object</td>
<td>5</td>
</tr>
<tr>
<td>Hit moving vehicle</td>
<td>6</td>
</tr>
<tr>
<td>Unknown</td>
<td>7</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
</tr>
</tbody>
</table>

**A.8.1 IF PATIENT STRUCK A STATIONARY OBJECT WHAT STATIONARY OBJECT WAS DAMAGED?**

<table>
<thead>
<tr>
<th>Object</th>
<th>Code</th>
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<td>Tree</td>
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</tr>
<tr>
<td>Rock</td>
<td>2</td>
</tr>
<tr>
<td>House</td>
<td>3</td>
</tr>
<tr>
<td>Motor Vehicle</td>
<td>4</td>
</tr>
<tr>
<td>Hedge</td>
<td>5</td>
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<tr>
<td>Fence</td>
<td>6</td>
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<td>Unknown</td>
<td>7</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
</tr>
</tbody>
</table>

If other specify: ________________________________

**A.9 WHAT PART OF THE MOTOR CYCLE WAS DAMAGED?**

<table>
<thead>
<tr>
<th>Part</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Front wheel</td>
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<tr>
<td>Rear wheel</td>
<td>2</td>
</tr>
<tr>
<td>Left side</td>
<td>3</td>
</tr>
<tr>
<td>Right side</td>
<td>4</td>
</tr>
<tr>
<td>Not able to examine vehicle</td>
<td>5</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
</tr>
</tbody>
</table>
APPENDIX A2.9.3

Data Sheet - Part E-3
Bicycle Accidents
A. BICYCLE ACCIDENTS

A.1 TYPE OF BICYCLE INVOLVED IN ACCIDENT?

<table>
<thead>
<tr>
<th>Bicycle Type</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.M.X.</td>
<td>1</td>
</tr>
<tr>
<td>Cyclops</td>
<td>2</td>
</tr>
<tr>
<td>Peugeot</td>
<td>3</td>
</tr>
<tr>
<td>Hero</td>
<td>4</td>
</tr>
<tr>
<td>Malvern Star</td>
<td>5</td>
</tr>
<tr>
<td>Redline</td>
<td>6</td>
</tr>
<tr>
<td>Gitane</td>
<td>7</td>
</tr>
<tr>
<td>Robinson</td>
<td>8</td>
</tr>
<tr>
<td>National</td>
<td>9</td>
</tr>
<tr>
<td>Crossrider</td>
<td>10</td>
</tr>
<tr>
<td>Other</td>
<td>11</td>
</tr>
</tbody>
</table>

A.2 YEAR BICYCLE WAS MADE?

A.3 APPROXIMATE SPEED OF BICYCLE (in km)

A.4 IF THE BICYCLE WAS DAMAGED WHERE WAS IT DAMAGED?

<table>
<thead>
<tr>
<th>Type</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not applicable</td>
<td>0</td>
</tr>
<tr>
<td>Left</td>
<td>1</td>
</tr>
<tr>
<td>Right</td>
<td>2</td>
</tr>
<tr>
<td>Left side</td>
<td>3</td>
</tr>
<tr>
<td>Right side</td>
<td>4</td>
</tr>
<tr>
<td>Unknown</td>
<td>5</td>
</tr>
</tbody>
</table>

A.4.1 IF THE BICYCLE WAS DAMAGED HOW WAS IT DAMAGED?

<table>
<thead>
<tr>
<th>Type</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ran into kerb</td>
<td>1</td>
</tr>
<tr>
<td>Hit pedestrian</td>
<td>2</td>
</tr>
<tr>
<td>Hit by motor cycle</td>
<td>3</td>
</tr>
<tr>
<td>Hit by car</td>
<td>4</td>
</tr>
<tr>
<td>Lost control</td>
<td>5</td>
</tr>
<tr>
<td>Hit stationary object</td>
<td>6</td>
</tr>
<tr>
<td>Not able to examine bicycle</td>
<td>7</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
</tr>
</tbody>
</table>

A.5 WHERE WAS THE CYCLIST FOUND AFTER THE ACCIDENT?

<table>
<thead>
<tr>
<th>Location</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under bicycle</td>
<td>1</td>
</tr>
<tr>
<td>Under car</td>
<td>2</td>
</tr>
<tr>
<td>On car bonnet</td>
<td>3</td>
</tr>
<tr>
<td>On road</td>
<td>4</td>
</tr>
<tr>
<td>On footpath</td>
<td>5</td>
</tr>
<tr>
<td>Amongst bushes/trees</td>
<td>6</td>
</tr>
<tr>
<td>Unknown</td>
<td>7</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
</tr>
</tbody>
</table>

A.6 HOW FAR WAS THE CYCLIST FOUND FROM THE BICYCLE? (in metres)

__________________________
APPENDIX A2.9.4

Data Sheet - Part E-4
Pedestrian Accidents
A. PEDESTRIAN ACCIDENTS

A.1 WHERE WAS THE PEDESTRIAN HIT?  □

- Chest = 1
- Pelvis = 2
- Abdomen = 3
- Lower limbs = 4
- Unknown = 5
- Other = 6

A.2 HOW FAR WAS THE PEDESTRIAN THROWN? (in metres)

A.3 WHAT CAUSED THE PATIENT'S INJURY? □

- Motor vehicle = 1
- Truck = 2
- Motor cycle = 3
- Bicycle = 4
- Unknown = 5
- Other = 6

A.4 WHERE WAS THE PEDESTRIAN WHEN INJURED? □

- Footpath = 1
- Side of road = 2
- On road = 3
- In garden = 4
- In building = 5
- Unknown = 6
- Other = 7
APPENDIX A2.9.5

Data Sheet - Part E-5
Machinery Accidents
A. MACHINERY ACCIDENTS

A.1 TYPE OF MACHINERY INVOLVED IN ACCIDENT?

Tractor four wheel = 1
Tractor two wheel = 2
Front end loader = 3
Bulldozer = 4
Harvester = 5
Other = 6

A.2 YEAR MACHINERY MADE?

A.3 PURPOSE OF MACHINERY

Ploughing = 1
Planting = 2
Irrigation = 3
Harvesting = 4
Digging = 5
Other = 6

A.4 DID THE MACHINERY HAVE SAFETY FEATURES?

Yes = 1
No = 2

A.4.1 IF YES WHAT ARE THE SAFETY FEATURES?

Roll bars = 1
Cabin = 2
Seat belts = 3
Other = 4

A.5 HOW DID THE ACCIDENT OCCUR?

Tractor rolled = 1
Hit other vehicle = 2
Patient fell beneath machinery = 3
Patient fell into machinery = 4
Patient fell into a hole/ditch = 5
Unknown = 6
Other = 7
APPENDIX A2.9.6

Data Sheet - Part E-6
Past Driving History
DATA SHEET PART E-6

A. PAST DRIVING HISTORY

A.1. DID THE PATIENT HAVE A CURRENT DRIVER'S LICENCE?

Yes = 1
No = 2

A.1.1 IF YES HOW MANY YEARS OF DRIVING LICENCE?

A.2 DID THE PATIENT HAVE A "P" PLATE LICENCE AT THE TIME OF INJURY

Yes = 1
No = 2

A.3 WAS THE PATIENT'S LICENCE EVER CANCELLED?

Yes = 1
No = 2

A.3.1 IF CANCELLED WHY?

More than 9 points over 2 years = 1
Drunken driving = 2
Culpable driving = 3
Motor offence = 4
Criminal offence = 5
Other = 6

A.4 NUMBER OF POINTS PATIENT HAS ACCUMULATED OVER THE PAST TWO YEARS

A.5 WHAT TRAFFIC OFFENCES HAS THE PATIENT COMMITTED OVER THE PAST TWO YEARS

Unroadworthy vehicle = 1
Speeding = 2
Overtaking on double lines = 3
Drunken driving = 4
Overtaking stationary tram = 5
Failure to stop at stop sign = 6
Failure to give way at give way sign = 7
Unlicensed driving = 8
Other = 9

A.6 HAS THE PATIENT HAD A PREVIOUS DRUNKEN DRIVING CHARGE?

Yes = 1
No = 2

A.6.1 IF YES HOW MANY TIMES?
A.7 NUMBER OF MOTOR VEHICLE ACCIDENTS PATIENT HAS HAD OVER THE PAST TEN YEARS?

B. PREVIOUS ROAD TRAUMA

B.1 HAS THE PATIENT PREVIOUSLY SUFFERED ROAD TRAUMA? □

Yes = 1
No = 2

B.1.1 IF YES DID THE PATIENT REQUIRE HOSPITALIZATION? □

Yes = 1
No = 2

B.1.2 IF YES HOW LONG WAS THE PATIENT HOSPITALIZED
APPENDIX A2.10

Data Sheet - Part F
Fall From a Height
A. FALL FROM A HEIGHT

A.1 STRUCTURE FROM WHICH THE PATIENT FELL

<table>
<thead>
<tr>
<th>Structure</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ladder</td>
<td>1</td>
</tr>
<tr>
<td>Tree</td>
<td>2</td>
</tr>
<tr>
<td>Roof</td>
<td>3</td>
</tr>
<tr>
<td>Window</td>
<td>4</td>
</tr>
<tr>
<td>Building</td>
<td>5</td>
</tr>
<tr>
<td>Hill</td>
<td>6</td>
</tr>
<tr>
<td>Cliff</td>
<td>7</td>
</tr>
<tr>
<td>Embankment</td>
<td>8</td>
</tr>
<tr>
<td>Unknown</td>
<td>9</td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
</tr>
</tbody>
</table>

A.2 WHERE WAS THIS STRUCTURE SITUATED

<table>
<thead>
<tr>
<th>Location</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home</td>
<td>1</td>
</tr>
<tr>
<td>Work/Factory</td>
<td>2</td>
</tr>
<tr>
<td>Park</td>
<td>3</td>
</tr>
<tr>
<td>Garden</td>
<td>4</td>
</tr>
<tr>
<td>Countryside</td>
<td>5</td>
</tr>
<tr>
<td>Public space</td>
<td>6</td>
</tr>
<tr>
<td>Unknown</td>
<td>7</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
</tr>
</tbody>
</table>

A.3 HEIGHT FROM WHICH THE PATIENT FELL

A.3.1 WHERE DID THE FALL OCCUR?

<table>
<thead>
<tr>
<th>Location</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indoors</td>
<td>1</td>
</tr>
<tr>
<td>Outdoors</td>
<td>2</td>
</tr>
<tr>
<td>Unknown</td>
<td>3</td>
</tr>
</tbody>
</table>

A.4 CAUSE OF FALL

<table>
<thead>
<tr>
<th>Cause</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slipped</td>
<td>1</td>
</tr>
<tr>
<td>Lost grip</td>
<td>2</td>
</tr>
<tr>
<td>Jumped/suicide</td>
<td>3</td>
</tr>
<tr>
<td>Jumped/survival</td>
<td>4</td>
</tr>
<tr>
<td>Structurally unsound object</td>
<td>5</td>
</tr>
<tr>
<td>Failed machinery</td>
<td>6</td>
</tr>
<tr>
<td>Unknown</td>
<td>7</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
</tr>
</tbody>
</table>
PART F

A.5  STRUCTURE ONTO WHICH PATIENT FELL?  Yes □  No leave blank

Concrete □
Bitumen □
Hard earth □
Soft earth □
Water □
Tree/s □
Snow □
Unknown □
Other □

A.6  WAS PATIENT'S FALL BROKEN?  □

Yes  = 1
No   = 2
Unknown  = 3

A.6.1  IF YES BY WHAT WAS THE FALL BROKEN?  □

Wall  = 1
Tree/Branch  = 2
Building  = 3
Shrubs  = 4
Fence  = 5
Unknown  = 6
Other  = 7

A.7  WHAT PART OF THE PATIENT'S BODY INITIALLY HIT THE GROUND  Yes □  No leave blank □

Buttocks □
Head □
Chest □
Thoracic □
Lower back □
Feet □
Legs □
Arms □
Hand □
Unknown □
Other □
A.8 IN WHAT POSITION WAS THE PATIENT FOUND?

- Back = 1
- Prone = 2
- Left side = 3
- Right side = 4
- Unknown = 5

A.9 WAS THE PATIENT FAMILIAR WITH THE STRUCTURE FROM WHICH HE/SHE FELL?

- Yes = 1
- No = 2
- Unknown = 3

A.10 WAS THE PATIENT CLIMBING A LADDER?

- Yes = 1
- No = 2

A.10.1 IF YES WHAT TYPE?

- Wood = 1
- Metal = 2
- Plastic = 3
- Cement = 4
- Other = 5

A.10.2 WHAT TYPE OF LADDER WAS BEING USED?

- Triangular = 1
- Lean type = 2
- Other = 3

A.10.3 DID THE LADDER HAVE A SAFETY CHAIN?

- Yes = 1
- No = 2

A.11 IF CLIMBING DID THE PATIENT HAVE PREVIOUS EXPERIENCE?

- Yes = 1
- No = 2

A.12 IF FELL OVER HILLOCK, MOUNTAIN CLIFF ETC. WHAT WAS THE NATURE OF THE FALL?

- Rolled head over heels = 1
- Rolled sideways, over and over = 2
- Fell head first = 3
- Fell feet first = 4
- Unknown = 5
- Other = 6
PART F

A.13 IF SAFETY FEATURES WERE EMPLOYED DID THEY FAIL? □
   Yes = 1
   No = 2

A.14 IF A RENOVATION/MAINTENANCE ACCIDENT DID THE PATIENT NORMALLY CARRY OUT HIS/HER OWN REPAIRS? □
   Yes = 1
   No = 2

A.15 WHAT WAS THE TIME LAPSE BETWEEN THE TIME THE PATIENT BEGAN HIS/HER ACTIVITY AND THE TIME HE/SHE FELL?

A.16 HAD THE PATIENT FALLEN FROM THE SAME STRUCTURE PREVIOUSLY? □
   Yes = 1
   No = 2

A.16.1 IF YES HAD THE PATIENT SUSTAINED INJURIES FROM THE FALL □
   Yes = 1
   No = 2

A.16.2 IF YES WHAT TYPE OF INJURIES? □
   Head Injuries = 1
   Respiratory = 2
   Abdominal = 3
   Fractured spine = 4
   Fractured upper limbs = 5
   Fractured lower limbs = 6
   Neurological injuries = 7
   Other = 8

A.17 HAD THE PATIENT SUFFERED ANY FALLS BEFORE THIS? □
   Yes = 1
   No = 2

A.17.1 WAS THE FALL/FALLS CAUSED BY A MEDICAL PROBLEM? □
   Yes = 1
   No = 2
   Unknown = 3

A.17.2 IF YES WHAT TYPE OF MEDICAL PROBLEM? □
   Epilepsy = 1
   Hypoglycemia = 2
   Myocardial infarction = 3
   Stoke Adams attack = 4
   Cardiac arrhythmia = 5
   Unknown = 6
   Other = 7
APPENDIX A2.11

Data Sheet - Part G
Diving Injury
A. **DIVING INJURY**

A.1 **HEIGHT FROM WHICH THE PATIENT DIVED?**

<table>
<thead>
<tr>
<th>Height</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head first</td>
<td>1</td>
</tr>
<tr>
<td>Feet first</td>
<td>2</td>
</tr>
<tr>
<td>Buttocks first</td>
<td>3</td>
</tr>
<tr>
<td>Arms first</td>
<td>4</td>
</tr>
<tr>
<td>Side ways</td>
<td>5</td>
</tr>
<tr>
<td>Somersault</td>
<td>6</td>
</tr>
<tr>
<td>Unknown</td>
<td>7</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
</tr>
</tbody>
</table>

A.2 **TYPE OF DIVE?**

<table>
<thead>
<tr>
<th>Type</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head first</td>
<td>1</td>
</tr>
<tr>
<td>Feet first</td>
<td>2</td>
</tr>
<tr>
<td>Buttocks first</td>
<td>3</td>
</tr>
<tr>
<td>Arms first</td>
<td>4</td>
</tr>
<tr>
<td>Side ways</td>
<td>5</td>
</tr>
<tr>
<td>Somersault</td>
<td>6</td>
</tr>
<tr>
<td>Unknown</td>
<td>7</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
</tr>
</tbody>
</table>

A.3 **PART OF THE PATIENT'S BODY WHICH HIT THE WATER FIRST**

<table>
<thead>
<tr>
<th>Part</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hands</td>
<td>1</td>
</tr>
<tr>
<td>Elbows</td>
<td>2</td>
</tr>
<tr>
<td>Back of shoulders</td>
<td>3</td>
</tr>
<tr>
<td>Spine</td>
<td>4</td>
</tr>
<tr>
<td>Buttocks</td>
<td>5</td>
</tr>
<tr>
<td>Knees</td>
<td>6</td>
</tr>
<tr>
<td>Feet</td>
<td>7</td>
</tr>
<tr>
<td>Unknown</td>
<td>8</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
</tr>
</tbody>
</table>

A.4 **NUMBER OF DIVES PATIENT EXECUTED AT THE SAME SPOT IN THE SIX HOURS BEFORE THE INJURY**

<table>
<thead>
<tr>
<th>Dive Number</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial dive</td>
<td>1</td>
</tr>
<tr>
<td>Second</td>
<td>2</td>
</tr>
<tr>
<td>Third</td>
<td>3</td>
</tr>
<tr>
<td>Fourth</td>
<td>4</td>
</tr>
<tr>
<td>5 - 10</td>
<td>5</td>
</tr>
<tr>
<td>More than 10</td>
<td>6</td>
</tr>
<tr>
<td>Unknown</td>
<td>7</td>
</tr>
</tbody>
</table>

A.4.1 **WAS THE PATIENT DIVING ALONE OR WITH FRIENDS?**

<table>
<thead>
<tr>
<th>Status</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alone</td>
<td>1</td>
</tr>
<tr>
<td>Friends</td>
<td>2</td>
</tr>
<tr>
<td>Bystanders</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
</tr>
</tbody>
</table>

A.5 **SURFACE FROM WHICH THE PATIENT DIVED?**

<table>
<thead>
<tr>
<th>Surface</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cliff edge</td>
<td>1</td>
</tr>
<tr>
<td>Diving board</td>
<td>2</td>
</tr>
<tr>
<td>Edge of river</td>
<td>3</td>
</tr>
<tr>
<td>Edge of swimming pool</td>
<td>4</td>
</tr>
<tr>
<td>Beach</td>
<td>5</td>
</tr>
<tr>
<td>Unknown</td>
<td>6</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
</tr>
</tbody>
</table>
A.6 WHAT DID THE PATIENT DIVE INTO?

- Surf = 1
- Creek = 2
- River = 3
- Public swimming pool = 4
- Private swimming pool = 5
- Dam = 6
- Unknown = 7
- Other = 8

A.6.1 IF BACKYARD SWIMMING POOL WHAT TYPE?

- Above ground = 1
- Below ground = 2
- Above and below ground = 3

A.6.2 IF ABOVE GROUND WHAT TYPE OF SWIMMING POOL?

- Cement = 1
- Canvas = 2
- Other = 3

A.6.3 IF BELOW GROUND WHAT TYPE?

- Cement = 1
- Canvas = 2
- Other = 3

A.6.4 IF ABOVE-GROUND SWIMMING POOL HOW HIGH?

A.7 IF INJURY OCCURRED AT A SWIMMING POOL WHAT WAS THE TYPE OF SURFACE AROUND THE SWIMMING POOL?

- Pebbles = 1
- Concrete = 2
- Earth = 3
- Gravel = 4
- Other = 5

A.8 WHAT WAS THE NATURE OF THE DIVE?

- Accidental = 0
- Intentional = 1
- Unknown = 2

A.9 IF THE INJURY WAS ACCIDENTAL HOW DID IT OCCUR?

- Slipped = 1
- Pushed = 2
- Thrown into = 3
- Unknown = 4
- Other = 5
PART G

A.10 DEPTH OF WATER PATIENT DIVED INTO?

A.11 IF THE PATIENT'S HEAD SUFFERED THE INITIAL IMPACT WHICH PART WAS INJURED?

- Forehead = 1
- Crown = 2
- Occipital = 3
- Unknown = 4
- Other = 5

A.12 TIME GAP BETWEEN THE PATIENT'S DIVE AND THE TIME HE/SHE WAS NOTED TO BE IN DIFFICULTY

A.13 WAS THERE CLINICAL EVIDENCE THAT THE PATIENT INHALED WATER?

- Yes = 1
- No = 2

A.14 TIME GAP BETWEEN DIVE AND TIME DRAGGED/PLACED ONTO LAND

A.15 HOW WAS THE PATIENT REMOVED FROM THE WATER?

- Floated with head in neutral = 1
- Floated with head extended = 2
- Floated with head flexed = 3
- Dragged out with arm around the patient's neck = 4
- Dragged out by legs = 5
- Dragged out by arms = 6
- Unknown = 7
- Other = 8

A.16 DID THE PATIENT REQUIRE ARTIFICIAL RESPIRATION?

- Yes = 1
- No = 2

A.16.1 IF YES WHAT TYPE?

- Mouth to mouth = 1
- Mouth to nose = 2
- Intubated - Ventilated = 3
- Other = 4

A.17 WAS ANYBODY AWARE OF THE POSSIBILITY OF SPINAL CORD INJURY WHEN THE PATIENT WAS REMOVED FROM THE WATER?

- Yes = 1
- No = 2
- Unknown = 3
PART G

A.18 WAS THE SPINAL CORD INJURY SUSPECTED ONCE THE PATIENT WAS REMOVED FROM THE WATER?

Yes = 1
No = 2
Unknown = 3

A.19 WHAT SURFACE DID THE PATIENT'S BODY MAKE CONTACT WITH?

Sand = 1
Rock = 2
Mud = 3
Water = 4
Branch/Tree trunk = 5
Unknown = 6
Other = 7

A.20 IF THE PATIENT DIVED INTO A CREEK/RIVER/WATERHOLE ETC., WAS IT NOTED THAT DEBRIS WAS FLOATING IN THE RIVER BEFORE THE PATIENT DIVED?

Yes = 1
No = 2
Unknown = 3

A.20.1 IF YES WHAT TYPE?

Branches = 1
Tree trunks = 2
Industrial debris = 3
Rocks = 4
Unknown = 5
Other = 6

A.21 HAD THE PATIENT CHECKED THE DEPTH OF THE WATER HE/SHE DIVED INTO?

Yes = 1
No = 2
Unknown = 3

A.21.1 IF NO WAS THE PATIENT AWARE OF THE DANGERS OF DIVING INTO WATER?

Yes = 1
No = 2

A.22 HAD DIVING INJURIES OCCURRED AT THIS SITE BEFORE THIS INJURY?

Yes = 1
No = 2
Unknown = 3

A.23 WERE THERE WARNING SIGNS IN THE VICINITY OF THE AREA WHERE THE PATIENT DIVED?

Yes = 1
No = 2
PART G

A.23.1 IF YES WHAT DID THEY SAY?

Shallow water = 1
Rocks = 2
Floating debris = 3
Unknown = 4
Other = 5

A.24 IF YES HAD THE PATIENT DIVED HERE BEFORE?

Yes = 1
No = 2

A.25 WAS THERE ANY CHANGE IN THE WATER LEVEL IN THE LAST TWELVE MONTHS?

Yes = 1
No = 2
Unknown = 3

A.25.1 IF YES WHAT TYPE?

Decrease in water level = 1
Increase in water level = 2
Unknown = 3

A.26 IF THE PATIENT HAD DIVED AT THIS SPOT BEFORE HOW LONG AGO HAD HE/SHE DIVED?

Less than 2 weeks = 1
2 - 4 weeks = 2
1 - 3 months = 3
3 - 6 months = 4
More than 6 months = 5

A.27 HAD THE PATIENT HAD FORMAL DIVING LESSONS?

Yes = 1
No = 2

A.28 HAD THE PATIENT HAD PREVIOUS DIVING EXPERIENCE?

Yes = 1
No = 2
APPENDIX A2.12

Data Sheet - Part H
Falling Weights
DATA SHEET    PART II

A.    FALLING WEIGHTS

A.1    HOW HEAVY WAS THE WEIGHT WHICH CAUSED THE INJURY

A.2    HEIGHT WEIGHT FELL?

A.3    WHAT TYPE OF OBJECT FELL?  Yes ☑  No leave blank ☐
      Metal ☐
      Rock ☐
      Soil ☐
      Concrete ☐
      Wood ☐
      Ice ☐
      Plastic ☐
      Unknown ☐
      Other ☐

A.4    WHAT PART OF THE PATIENT MADE CONTACT WITH THE OBJECT
     Yes ☑  No leave blank ☐
     Head ☐
     Neck ☐
     Shoulder ☐
     Middle of back ☐
     Lower back ☐
     Abdomen ☐
     Chest ☐
     Unknown ☐
     Other ☐

A.5    POSITION OF PATIENT WHEN HIT BY THE FALLING OBJECT?
      Standing = 2
      Lying down prone = 3
      Lying down on back = 4
      Bending over = 5
      Unknown = 6
      Other = 7

A.6    WAS THE PATIENT PINNED UNDER THE WEIGHT? ☐
      Yes = 1
      No = 2
PART II

A.6.1 IF PINNED DOWN WHAT PART OF THE PATIENT WAS TRAPPED?

- Head = 1
- Neck = 2
- Chest = 3
- Abdomen = 4
- Pelvis = 5
- Legs = 6
- Unknown = 7
- Other = 8

A.6.2 HOW LONG WAS THE PATIENT PINNED UNDER THE WEIGHT?

A.7 WHERE WAS THE PATIENT FOUND IN RELATION TO THE FALLING WEIGHT?

- Under the weight = 3
- Beside the weight = 4
- More than 5 metres from the weight = 5
- Above the weight = 6
- Unknown = 7
- Other = 8

A.8 WHAT WAS THE PATIENT DOING AT THE TIME THE WEIGHT FELL?

- Walking = 1
- Climbing = 2
- Lifting = 3
- Working under the weight = 4
- Unknown = 5
- Other = 6

A.9 DISTANCE FALLING OBJECT TRAVELLED BEFORE IT HIT THE PATIENT?

A.10 WAS THE PATIENT WORKING WHEN HIT BY THE FALLING OBJECT?

- Yes = 1
- No = 2

A.10.1 IF YES WERE FALLING OBJECTS A RECOGNIZED HAZARD IN THE WORK BEING PERFORMED?

- Yes = 1
- No = 2

A.10.2 IF YES WERE THERE ANY SAFETY FEATURES AT THE WORK SITE?

- Yes = 1
- No = 2
- Unknown = 3

A.10.3 IF YES WHAT WERE THESE SAFETY FEATURES?

- Net = 1
- Safety ropes = 2
- Safety officer = 3
- Other = 4
APPENDIX A2.13

Data Sheet - Part I
Bullet Injury
DATA SHEET  PART I

A.  BULLET INJURY

A.1  TYPE OF BULLET WHICH CAUSED THE INJURY?

Other      = 1  
Twenty-two = 2  
Shot gun pellets = 3  
M16 carbine = 4  
Dum dum bullets = 5  
Unknown    = 6

A.2  WAS THERE AN ENTRY WOUND?

Yes      = 1  
No       = 2

A.2.1  IF YES WHERE WAS THE ENTRY WOUND?

Other      = 1  
Vertebral column = 2  
Thorax     = 3  
Abdomen    = 4  
Neck       = 5  
Shoulders  = 6  
Pelvis      = 7

A.2.2  IF ENTRY WOUNDED VERTEBRAL COLUMN LIST REGION?

Cervical   = 1  
Thoracic   = 2  
Lumbar     = 3  
Sacral     = 4

A.3  WAS THERE AN EXIT WOUND?

Yes      = 1  
No       = 2
PART I

A.3.1 IF YES WHERE WAS THE EXIT WOUND? □

Other = 1
Head = 2
Neck = 3
Thorax = 4
Abdomen = 5
Vertebral column = 6
Pelvis = 7
Shoulders = 8

A.3.2 IF EXIT WOUNDED VERTEBRAL COLUMN WHAT REGION? □

Cervical = 1
Thoracic = 2
Lumbar = 3
Sacral = 4

A.4 DID THE BULLET LODGE IN THE PATIENT'S BODY? □

Yes = 1
No = 2

A.4.1 IF YES WHERE? □

Other = 1
Vertebral column = 2
Spinal cord = 3
Thorax = 4
Abdomen = 5
Pelvis = 6
Head = 7
Neck = 8

A.4.2 IF VERTEBRAL COLUMN, SPINAL CORD WHAT REGION? □

Cervical = 1
Thoracic = 2
Lumbar = 3
Sacral = 4
### A.5  How can the injury be described?

<table>
<thead>
<tr>
<th>Category</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td>1</td>
</tr>
<tr>
<td>Accidental</td>
<td>2</td>
</tr>
<tr>
<td>Suicidal</td>
<td>3</td>
</tr>
<tr>
<td>Homicidal</td>
<td>4</td>
</tr>
<tr>
<td>Unknown</td>
<td>5</td>
</tr>
</tbody>
</table>

### A.6  What distance did the bullet travel?

<table>
<thead>
<tr>
<th>Distance</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 metre</td>
<td>1</td>
</tr>
<tr>
<td>1 - 2 metres</td>
<td>2</td>
</tr>
<tr>
<td>3 - 5 metres</td>
<td>3</td>
</tr>
<tr>
<td>6 - 10 metres</td>
<td>4</td>
</tr>
<tr>
<td>11 - 15 metres</td>
<td>5</td>
</tr>
<tr>
<td>16 - 20 metres</td>
<td>6</td>
</tr>
<tr>
<td>More than 20 metres</td>
<td>7</td>
</tr>
<tr>
<td>Unknown</td>
<td>8</td>
</tr>
</tbody>
</table>

### A.7  Had the patient previous experiences with firearms?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>
APPENDIX A2.14

Data Sheet - Part J
Other Injuries
A. OTHER INJURIES

A.1 ARE THERE INJURIES WHICH CANNOT BE CLASSIFIED IN THE ABOVE CATEGORIES OF ROAD TRAUMA, DIVING, FALL FROM HEIGHT, FALLING WEIGHT AND BULLET INJURY?

☐

Yes = 1
No = 2

A.2 IF YES WHAT TYPE OF INJURY?
GIVE A BRIEF DESCRIPTION:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

LIST ANY DISTINGUISHING FEATURES OF THIS PARTICULAR TYPE OF TRAUMA:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
APPENDIX A3

Cartographs
APPENDIX A3.1

Cartography of accidents which occurred more than 50 kilometres from the Melbourne G.P.O.
APPENDIX A3.2

Cartography of accidents which occurred within 50 kilometres from the Melbourne G.P.O.
A STUDY TO IDENTIFY RISK FACTORS IN THE AETIOLOGY AND CAUSE OF TRAUMATIC SPINAL CORD INJURIES, 1st March 1983 - 28th December 1984.

Location of Accident Sites Within 50 Kilometres of the Melbourne GPO.
APPENDIX A3.3

Cartography of motor car accidents which occurred within 50 kilometers from the Melbourne G.P.O.
A STUDY TO IDENTIFY RISK FACTORS IN THE AETIOLOGY AND CAUSE OF TRAUMATIC SPINAL CORD INJURIES, 1st March 1983 - 28th December 1984.

Location of Motor Car Accidents Within the Melbourne Urban Boundary.

Motor Car Accident Sites
APPENDIX A4

Neurological examination sheet used to record patients' neurological status when admitted to the Victorian Spinal Injuries Unit, Austin Hospital
### Motor Power:
Examination to be recorded on M.C.R. scale:

- **0** - Absent
- **1** - Flicker
- **2** - Movement of joint with gravity eliminated
- **3** - Movement of joint against gravity
- **4** - Movement against gravity and resistance
- **5** - Normal power

<table>
<thead>
<tr>
<th>Right</th>
<th>Date</th>
<th>Left</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIGNATURE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trapezius</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deltoid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biceps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Br-Radialis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pec. major</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serratus ant.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lat. Dorsi</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ext. carpi rad.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Triceps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fl. carpi rad.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ext. digitorum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ext. poll. long.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fl. dig. subl.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fl. dig. prof.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fl. poll. long.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ab. poll. long.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fl. carpi. uln.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ext. carpi. uln.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hand intrinsics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intercostals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdominals — upper.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>— mid.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>— lower</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sartorius</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Il-psoas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adductors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quads</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inner hamstrings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tib. ant.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biceps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tib. post.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peronei</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ext. dig. long.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ext. hall. long.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gastrocnemius</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fl. dig. long.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fl. hall. long.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gluteus max.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gluteus med.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Reflexes

<table>
<thead>
<tr>
<th>Reflexes</th>
<th>+ Present, diminished</th>
<th>++ Present, normal</th>
<th>+++ Hyperactive</th>
<th>C Cionus</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Upgoing</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Plantar</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Downgoing</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Plantar</td>
</tr>
</tbody>
</table>

## Right

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIGNATURE</td>
</tr>
<tr>
<td>Biceps</td>
</tr>
<tr>
<td>Supinator</td>
</tr>
<tr>
<td>Triceps</td>
</tr>
<tr>
<td>S.F.R.</td>
</tr>
<tr>
<td>S.A.R. (upper)</td>
</tr>
<tr>
<td>S.A.R. (lower)</td>
</tr>
<tr>
<td>Cremaster</td>
</tr>
<tr>
<td>Knee</td>
</tr>
<tr>
<td>Ankle</td>
</tr>
<tr>
<td>Plantar</td>
</tr>
<tr>
<td>Anal</td>
</tr>
<tr>
<td>Bulbo-cavernous</td>
</tr>
</tbody>
</table>

## SENSATION

Indicate last unaffected segment, for example, hypoesthesia below C5, anaesthesia below C7, normaesthesia below L4 (sacral sparing).

## Left

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIGNATURE</td>
</tr>
<tr>
<td>Normaesthesia</td>
</tr>
<tr>
<td>Hypoesthesia</td>
</tr>
<tr>
<td>Anaesthesia</td>
</tr>
<tr>
<td>Hyperaesthesia</td>
</tr>
<tr>
<td>Normalgesia</td>
</tr>
<tr>
<td>Hypoalgesia</td>
</tr>
<tr>
<td>Analgesia</td>
</tr>
<tr>
<td>Hyperalgesia</td>
</tr>
</tbody>
</table>
APPENDIX A5

Spinex Card
Accident and emergency spinal cord injury card produced for use by ambulance officers as a direct consequence of the study.

**SPINAL CORD INJURY CARD**

**THE LEVEL AT WHICH SENSATION IS ALTERED OR ABSENT IS THE LEVEL OF INJURY**

IT IS VITAL TO CARRY OUT MOTOR AS WELL AS SENSORY EXAMS AS THE PATIENT MAY HAVE MOTOR DAMAGE WITHOUT SENSORY DAMAGE AND VICE VERSA

**SENSORY EXAMINATION**

1. **EXAMINE BY:**
   - A. Light touch.
   - B. Response to pain.

2. **USE:**
   - The forehead as your guide to what is normal sensation.

3. **EXAMINE:**
   - A. Upper limbs and hands.
   - B. Lower limbs and feet.

4. **EXAMINE:**
   - Both Sides.

5. **T4 EXAMINATION:**
   - Must be carried out in the MID-AXILLARY line, NOT the MID-CLAVICULAR line, as C2, C3 and C4 all supply sensation to the nipple line.

**MOTOR EXAMINATION**

**THE LEVEL AT WHICH WEAKNESS OR ABSENT MOVEMENT IS NOTED, IS THE LEVEL OF INJURY**

**MOTOR EXAMINATION: EXAMINE BOTH SIDES**

<table>
<thead>
<tr>
<th>UPPER LIMB MOTOR EXAM</th>
<th>LOWER LIMB MOTOR EXAM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASK PATIENT TO:</strong></td>
<td><strong>ASK PATIENT TO:</strong></td>
</tr>
<tr>
<td>A. Shrug Shoulders</td>
<td>A. Flex Hip</td>
</tr>
<tr>
<td>B. Bend the Elbow</td>
<td>B. Extend Knee</td>
</tr>
<tr>
<td>C. Push Wrist back</td>
<td>C. Pull Foot up</td>
</tr>
<tr>
<td>D. Open/Closed Hands</td>
<td>D. Push Foot down</td>
</tr>
</tbody>
</table>

**THORACIC AND ABDOMINAL MOTOR EXAMINATION**

**LOOK FOR ACTIVITY OF INTERCOSTAL & ABDOMINAL MUSCLES**

**DIAGNOSIS OF SPINAL CORD INJURY IN THE UNCONSCIOUS PATIENT**

<table>
<thead>
<tr>
<th><strong>A</strong></th>
<th><strong>D</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Look</td>
<td>Loss</td>
</tr>
<tr>
<td>for</td>
<td>of</td>
</tr>
<tr>
<td>paradoxical</td>
<td>reflexes below</td>
</tr>
<tr>
<td>respiration</td>
<td>level of lesion.</td>
</tr>
<tr>
<td>(a Quad has lost</td>
<td></td>
</tr>
<tr>
<td>intercostal muscles so he</td>
<td></td>
</tr>
<tr>
<td>relies on the diaphragm</td>
<td></td>
</tr>
<tr>
<td>to breathe).</td>
<td></td>
</tr>
<tr>
<td>B. Flaccid limbs.</td>
<td>E. Erection in the unconscious male.</td>
</tr>
<tr>
<td>C. Loss of response to painful stimuli below the level of lesion</td>
<td>F. Low B.P. (systolic less than 100) associated with a normal pulse or brady-cardia indicates Pt. may be QUADRIPLEGIC.</td>
</tr>
</tbody>
</table>

**IF YOU DON'T THINK ABOUT A SPINAL CORD INJURY YOU WILL MISS IT!!**

**TREATMENT:**

1. A.B.C.
2. Immobilise injured part.
3. Lift Pt. in one piece in position found.
4. *Don't move patient too many times.*

Sponsored By: COBURG LIONS & A.S.M.
Supplied By: BROADMEADOWS BRANCH A.S.M.
Thanks to: Dr. J. TOSCANO

The Australian Paramedic — March 1985
APPENDIX A6

Lectures/Presentations
carried out by investigator as a
direct consequence of the study
APPENDIX 6

I  Ambulance

(a) Ambulance Institute of Victoria - Lecture

(b) Ambulance Institute of Tasmania - Lectures

   (i) Hobart

   (ii) Launceston

   (iii) Devonport

(c) Ambulance Officer Training Centre - Victoria - Lectures

   (i) 1st Year Students

   (ii) 3rd Year Students

   (iii) Mobile Intensive Care Students

   (iv) Station Officers

(d) Series of Lectures for the 400 Melbourne Regional Ambulance Officers.

(e) Swan Hill Region Ambulance Officers - Lecture

(f) Wangaratta Region Ambulance Officers - Lecture
II  Life Saving Associations

(a)  Royal Life Saving Association of Victoria - Lecture/Demonstration

(b)  Seaford Life Saving Club - Lecture/Demonstration

III  Medical Colleges

Australian College of Emergency Medicine -
Tutorial Advanced Training Programme

IV  Medical Officers

(a)  Albury Base Hospital (N.S.W.) - Lecture

(b)  Barham Base Hospital (N.S.W.) - Lecture

(c)  Box Hill Base Hospital (Vic.) - Lecture

(d)  Hamilton Base Hospital (Vic.) - Lecture
V  Nursing

(a) Alfred Hospital Melbourne - Critical Care Student Nurses - Lecture

(b) Association of Accident and Emergency Nurses Victoria - Lecture

(c) Austin Hospital Melbourne - Spinal Nurses - Lecture

(d) Preston Institute of Technology - Nurses Course - Lecture

VI  Other

(a) Ships Captain Course Austin Hospital - Lecture

(b) Spinal Seminar Austin Hospital - Lecture

(c) St. John Ambulance Brigade - Victoria District Training Seminar Spinal Injuries

(d) Sunbury State Emergency Service - Lecture
VII Videos

Production of training videos for

(a) Ambulance Officers

(b) Nurse Training - Preston Institute of Technology

The demonstrations, lectures, seminars and tutorials listed occurred as a direct consequence of the study.
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and

spinal cord lesion. Paraplegia. 12, 33-37.


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APPENDUM

1.0 CLASSIFICATION OF RISK FACTORS
APPENDUM

1.0

CLASSIFICATION OR RISK FACTORS

An alternative classification which can be used to classify risk factors can be listed as:

A. Primary Risk Factors:

   a. Specific

   b. General

   1. Personal

   2. Non Personal

   c. Specific causes eg. M.V.P. etc.

B. Secondary Risk Factors:

   Therapeutic Hiatus

   Diagnosis
Author/s: Toscano, Giuseppe

Title: A study to identify risk factors in the aetiology and cause of traumatic spinal cord paralysis

Date: 1986

Citation: Toscano, G. (1986). A study to identify risk factors in the aetiology and cause of traumatic spinal cord paralysis. Doctorate, Department of Surgery, Austin Hospital, The University of Melbourne.

Publication Status: Unpublished

Persistent Link: http://hdl.handle.net/11343/38309

File Description: Vol.4: Appendices

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