

ENTRY:

N°:

I. Identification

Last Name					First Name					Register		
AGE	DAY	MONTH	YEAR	BIRTHDAY minors 12 years or younger	DAY	MONTH	Y E A R	SEX		Occupation	Year Completed	
								M	F	Education		
RESIDENCE		DEPT	MUNICIPALITY					ADDRESS				
Place where the injury occurred		DEPT	MUNICIPALITY					ADDRESS				

II- General Event Data (For every variable, check only one.)

Day and Hour: History Mon Tue Wed Thur Fri Sat Sun DAY MONTH YEAR HOUR							INTENTIONALITY 1-Unintentional ("accidents ") 2-Self-inflicted (intentional suicides or attempts) 3-Intentional (interpersonal violence, assaults) 8-Other _____ 9-Unknown	PLACE Where were you when you were injured? 1-Home 2-School 3-Street 4-Work 5- Bar, or similar 8-Other _____ 9-Unknown	ACTIVITY What were you doing when you were injured? 1-Working 2-Studying 3-Sports 4-Travelling 5-Recreation/leisure 6-Drinking alcohol 8-Other _____ 9-Unknown		
Day and Hour: EVENT Mon Tue Wed Thur Fri Sat Sun DAY MONTH YEAR HOUR											
Previous Attention Yes No		MECHANISM OF INJURY (IES) (How was the injury sustained?) 1-Transport Injury 2-Sexual assault 3-Falls: a) same level b) other level (.....mts) 4-Blunt force 5-Stab/Cut 6-Gunshot								7-Fire/Smoke/heat a) fire/smoke/flame b) warm liquids c) fireworks 8-Choking/Hanging 9-Drowning/near drowning 10-Poisoning a) drugs..... b) pesticides..... c) Hydrocarbon	
Where Attention in public hospital Yes No											

III-Injury Modules

MOTOR VEHICLE RELATED			INTERPERSONAL VIOLENCE or ASSAULTS Previous episode no yes N°		SELF-INFLICTED Previous episode no yes N°	
MODE OF TRANSPORT 1- Pedestrian 2-Bicycle 3-Motorcycle 4-Car 5-Pick-Up 6-Truck 7a-Bus 7b-Microbús 8-Cart/Animal 9-Taxi 88-Other _____ 99-Unknown	COUNTERPART 1- Pedestrian 2-Bicycle 3-Motorcycle 4-Car 5-Pick-up 6-Truck 7a-Bus 7b-Microbús 8-Cart/Animal 9-Taxi 10-Fixed Object 88-Other _____ 99-Unknown	ROAD USER (what was the role of the injured person) 1-Pedestrian 2-Driver 3-Passanger 8-Other _____ 9-Unknown Safety elements 1-seat belt (Y) (N) (U/K) 2-helmet (Y) (N) (U/K) 3-child car seat (Y) (N) (U/K)	RELATIONSHIP PERPETRATOR TO THE VICTIM 1-Partner or ex-partner 2a-Parents 2b-Step-parents 3-Other relatives 4-Friends/known person 5-Unknown person 8-Other _____ 9-Unknown	CONTEXT 1-Quarrel/Fight 2-Burglary or robbery 3-Sexual Assault 4-Gang Activity 5-Family Violence/ Domestic violence 6-Lost [Stray??]Bullet 8-Other _____ 9-Unknown	PRECIPITATING FACTORS 1-Conflict with family 2-Physical illness 3-Psychological condition 4-Financial problems 5-Legal system encounters 6-Death of family member 7-Victim of sexual or physical abuse 8-Conflict with partner/boyfriend 9- Difficulties with school 10- Unexpected pregnancy 88-Other _____ 99-Unknown	

IV- Other Injury Data

VICTIM / INJURED PERSON (If the driver was injured, complete this section)		SEX OF PERPETRATOR 1-Male 2-Female 9-Unknown
ALCOHOL USE 1- No suspicion or evidence 2- Yes, there is suspicion or evidence 9- Unknown	OTHER PSYCHOACTIVE SUBSTANCES 1- No suspicion or evidence 2- Yes, there is suspicion, which is _____ 9- Unknown	

V- Clinical Data

ANATOMIC PLACE OF THE INJURY (IES) (You can check more than one) 1-Head 2-Face 2-Neck 3-Eyes 4-Ears 5-Nose 6-Thorax 7-Back 8-Abdomen 9-Pelvis/Genitals 10-Shoulder/Arm 11-Elbow/Forearm 12-Wrist/Hand/Fingers 13-Hip/Thigh 14-Knee/Legs 15-Ankle/Feet/Toes 16-Multiples 88-Other _____	NATURE OF THE INJURY 1-Laceration/Abrasion, 2-Cut/Wound/Bite,Stab 3- Systemic Organ Injury 4-Strain/Sprain/Dislocation 5-Fracture 6-Burn 7-Bruise/Contusion 8-Trauma Brain 88-Other _____ 99- Unknown	SEVERITY 1-Minor or superficial (e.g., bruises, minor cuts) 2-Moderate, requiring some skilled treatment (e.g., fractures, sutures) 3-Severe, requiring intensive medical/surgical management (e.g., internal hemorrhage, punctured organs, severed blood vessels)	DISPOSITION 1-Treated and discharged 2-Admitted to hospital 3-Referred to other hospital. Name _____ 4-Escape 5-Voluntary abandonment 6-Discharge condition a) alive b) died 7. Unknown
		ICD X-DIAGNOSIS	Physician

REASON FOR CONSULTATION:

CURRENT DISEASES OR HEALTH PROBLEMS:

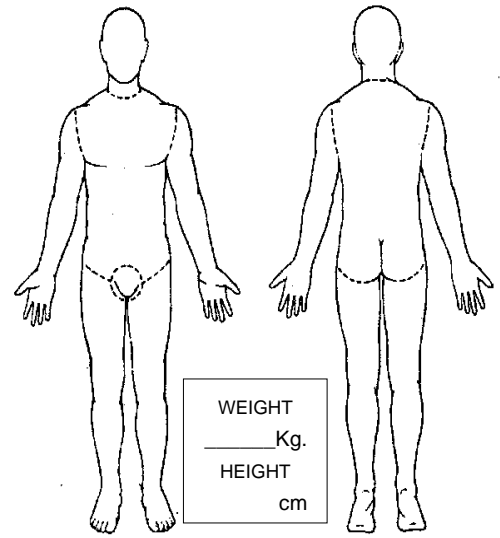
TIME OF LAST MEAL

HOUR OF ATTENTION

PRE-EXISTING CONDITIONS

PHYSICAL EXAM HR: RR: T°: BP:

INJURIES SCHEME



GLASGOW:

Points

PRESUMPTIVE DIAGNOSIS

INITIAL INDICATIONS

COMPLETED by (signature and stamp)	SUPERVISOR (signature and stamp)	AUTORIZATION (signature and stamp)
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PROCEDURES IMPLEMENTED

Signature (person who conducted the procedure)

SESSION IV - Questionnaire # 2. (from: MINISTERIO DE SALUD DE LA NACIÓN. REPUBLICA DE ARGENTINA)

A. Source of Report

Facility code:	Case number:	Medical record number (optional):
Interviewer's name	Date of consultation	Time of consultation
Informant: Injured Other specify who		No informant Date of Report to SINAVE

B. Socio-demographic Information for the Injured Person

Injured name and last name:		Doesn't know / doesn't respond	
Sex: Male Female	Age: Days / Months / Years	Birth date: / /	
Address: Street:	Nº:	Apt. Nº:	Floor Nº:
Town:	Department:	Province:	Telephone:
* Work? Yes, specify	No What do you do?: Retired Bondholder Housewife Student Unemployed Disabled Other, specify	Doesn't know / doesn't respond	
* Level of education	None Primary incomplete High school incomplete Tertiary incomplete Univ. Incomplete Primary complete High school complete Tertiary complete Univ. complete	Doesn't know / doesn't respond	
Incomplete data			

C. Incident-related Information

When did the injury occur? / /	Doesn't know	At what time did the injury occur?	Doesn't know
What day of the week? Monday Tuesday Wednesday Thursday Friday Saturday Sunday	Doesn't know		
For CHILDREN AND OTHER: Person responsible during the event	Father	Mother	Other >18 Other <18 Alone Doesn't know / doesn't respond
Do you know the address or place where the injury occurred?	No	Yes Specify:	
Town:	Department:	Province:	

D. Mechanism of the Injury

<p>1. External cause or mechanism</p> <p>Transport-related injury Trapped, crushed between objects Hit with blunt object Fall-same level Fall-from one to another level Injury due to knife / blade / cutting instrument Gun or other firearm Exposure to fire Fireworks Contact with heat source Contact with hot substances Exposure to electricity Foreign body in eye or body cavity (exclude aspiration) Aspiration or choking Suffocation and strangulation Drowning and submersion Traumatic contact with animal or plant Dog bite Earthquake Other injury, specify: _____</p> <p>Doesn't know/ doesn't respond</p> <p>Poisoning or intoxication due to: Drugs Pesticides Household products (nonpesticide) Commercial or industrial products Other substance, specify: _____ Doesn't know/ doesn't respond</p>	<p>2. Place of injury: Public place or path or open or closed space (go to 2a) →</p> <p>Home (go to 2b) →</p> <p>Institution (go to 2c) →</p> <p>Other, specify: _____</p> <p>Doesn't know/ doesn't respond</p>	<p>2a. Where in a public place did you get injured?</p> <p>Road Sports area Avenue Commercial area Highway industrial area Sidewalk Park or plaza Other, specify: _____ Vacant lot Dam or river Doesn't know / Doesn't respond Irrigation channel Off-road</p> <p>2b. Where in the home did you get injured?</p> <p>Patio / backyard Stairs Kitchen Garage Bedroom Terrace Bathroom Swimming pool Living/dining room Other, specify: _____ Balcony Window Doesn't know / Doesn't respond</p> <p>2c. In what kind of institution did you get injured?</p> <p>Day care center Prison or reformatory Kindergarten Social club (non sports) School Theater University Other, specify: _____ Nursing home Hospital Doesn't know/Doesn't respond</p>
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3. What (kind of activity) were you doing when you were injured?

(NOTE: if the activity requires use of personal protective equipment, complete section F)

Paid manual work	Household chores	Other, specify _____
Paid professional work	Activities of daily living	_____
Transport to or from work	Practicing sports	
Transport – non work-related	Recreation / playing	Doesn't know/Doesn't respond

4. INTENT OF THE EVENT

Intentional
 Assault Sexual assault (go to 4a)
 Suicide attempt
 Suicide
 Unintentional
 Legal intervention
 Undetermined intention
 Other, specify _____
 Doesn't know/Doesn't respond

4a. This question is in reference to who injured you. You are not obligated to identify him/her. Do you know who injured you?

Knows but does not want to identify him/her
Knows and identifies him(her)
 Partner or ex Male friend/acquaintance Other, specify: _____
 Father Female friend/acquaintance _____
 Mother Male stranger Does not know
 Stepfather Female stranger Does not respond
 Stepmother

E. Complete for Transportation-related Injuries only

<p>5. Type of injured: Pedestrian Passenger (go to 5a) → Driver Other, specify: _____ _____ Doesn't know/Doesn't respond Unknown</p>	<p>5a. The passenger was in: Front seat Rear seat Standing <i>In the arms of other passenger</i> in front seat in rear seat Other, specify: _____ _____ Doesn't know/Doesn't respond</p>	<p>5b. What kind of incident was it?: Run over Two-vehicle collision Collision with a fixed object Collision with animal or person Overturned vehicle Fall from vehicle in movement Other, specify: _____ _____ Doesn't know/Doesn't respond</p>	<p>5c. Type of vehicle: Car Truck Bus Trailer Bicycle Motorcycle/moped Train Wagon Other, specify: _____ _____ Doesn't know/Doesn't respond</p>
<p>5d. Complete for collisions and run overs: Type of second vehicle or other party: Car Truck Bus Trailer/wagon _____ Doesn't know/Doesn't respond</p>	<p>5e. What were the weather conditions at the time of the injury? Good weather Natural light Fog Artificial light Drizzle Without light Rain Other, specify: _____ Hail _____ Snow Doesn't know/Doesn't respond Windy</p>	<p>5f. Were there traffic signs where the injury occurred? Traffic light, YES Traffic light, NO Other, specify _____ _____ Doesn't know/Doesn't respond</p>	
<p>5g. Were you wearing protective equipment at the time of the injury? Seat belt Vehicle equipped with airbags Other protective equipment, specify _____ Helmet Did the airbags activate? Doesn't know/Doesn't respond Child safety seat/car seat No protective equipment</p>			

F. Complete for Activities that Require Use of Protective Equipment (examples: work-related, cooking, cleaning, sports and recreation activities; exclude transport)

6. Were you wearing protective equipment at the time of the injury?

Hemet	Gloves	None	Doesn't know/Doesn't respond
Protective boots	Mask	Other, specify _____	

G. Physical Examination

<p>7. Nature of injury(ies) (mark all that apply)</p> <table border="0"> <tr> <td>Wound</td> <td>Spinal cord injury</td> </tr> <tr> <td>Superficial injury / bruise</td> <td>Internal injury</td> </tr> <tr> <td>Excoriation</td> <td>Muscular trauma</td> </tr> <tr> <td>Sprain and strain</td> <td>Dislocation</td> </tr> <tr> <td>Crush injury</td> <td></td> </tr> <tr> <td>Fracture</td> <td>Poisoning</td> </tr> <tr> <td>Effect of foreign body</td> <td>Burn and corrosion</td> </tr> <tr> <td>Traumatic amputation</td> <td>Freezing with tissue necrosis</td> </tr> <tr> <td>Blood vessels trauma</td> <td>Foreign body</td> </tr> <tr> <td>Nerve trauma</td> <td>Other, specify _____</td> </tr> <tr> <td>Intracranial injury</td> <td>_____</td> </tr> <tr> <td>not specified</td> <td></td> </tr> </table>	Wound	Spinal cord injury	Superficial injury / bruise	Internal injury	Excoriation	Muscular trauma	Sprain and strain	Dislocation	Crush injury		Fracture	Poisoning	Effect of foreign body	Burn and corrosion	Traumatic amputation	Freezing with tissue necrosis	Blood vessels trauma	Foreign body	Nerve trauma	Other, specify _____	Intracranial injury	_____	not specified		<p>8. Anatomic topography of the injury(ies) (mark all that apply)</p> <table border="0"> <tr> <td>Skull</td> <td>Breast</td> </tr> <tr> <td>Face</td> <td>Abdomen</td> </tr> <tr> <td>Eyes</td> <td>Pelvis, perineum</td> </tr> <tr> <td>Ears</td> <td>Genitals</td> </tr> <tr> <td>Nose</td> <td>Thighs</td> </tr> <tr> <td>Mouth</td> <td>Legs</td> </tr> <tr> <td>Neck</td> <td>Feet</td> </tr> <tr> <td>Arm</td> <td>Toes</td> </tr> <tr> <td>Forearm</td> <td>Other, specify _____</td> </tr> <tr> <td>Hand</td> <td>_____</td> </tr> <tr> <td>Fingers</td> <td>Not specified</td> </tr> <tr> <td>Joints (specify)</td> <td>Multiple injuries</td> </tr> <tr> <td>_____</td> <td></td> </tr> <tr> <td>Thorax, back</td> <td></td> </tr> <tr> <td>Thorax, chest</td> <td></td> </tr> </table>	Skull	Breast	Face	Abdomen	Eyes	Pelvis, perineum	Ears	Genitals	Nose	Thighs	Mouth	Legs	Neck	Feet	Arm	Toes	Forearm	Other, specify _____	Hand	_____	Fingers	Not specified	Joints (specify)	Multiple injuries	_____		Thorax, back		Thorax, chest	
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<p>9. Injury severity (use the CDC Practical Injury Severity Score, if possible):</p> <p>CDC Practical Injury Severity Score: Mild Moderate Severe</p> <p>Revised Trauma Score (RTS) _____</p> <p>Index of Pediatric Trauma (IPT) _____</p> <p>Grade of Poisoning Severity Score (PSS) Asymptomatic Mild Moderate Severe Fatal</p> <p>Degree of burn-related injuries: 1° 2° 3°</p> <p>Percent of surface burned: _____%</p>	<p>10. Patient disposition</p> <p>Outpatient Observation in unit Hospitalization Referred to _____ Against medical advice Died before admission into unit Died in unit</p> <p>11. Clinical evidence of alcohol and/or illicit drug use</p> <table border="0"> <tr> <td>Alcohol</td> <td>Yes</td> <td>No</td> <td>Uncertain</td> </tr> <tr> <td>Illicit drugs</td> <td>Yes</td> <td>No</td> <td>Uncertain</td> </tr> </table>	Alcohol	Yes	No	Uncertain	Illicit drugs	Yes	No	Uncertain
Alcohol	Yes	No	Uncertain						
Illicit drugs	Yes	No	Uncertain						

12. Clinical diagnosis of the injury: _____

13. Diagnosed concurrent/co-morbid condition(s): _____

H. Optional Module 1. Injuries of the Oral Cavity (to be collected by dentist only)

<p>14. If the injury occurred in a school, specify where: Classroom Physical education Recess Doesn't know/Doesn't respond</p> <p>15. What kind of object (or weapon) caused the injury? Stick Stone Other, describe _____ _____ Doesn't know/Doesn't respond</p>	<p>16. Topography of the injury One tooth Two or more teeth Right cheek Left cheek Both cheeks</p> <p>Superior lip Inferior lip Both lips</p> <p>Tongue Gum</p>	<p>17. Dentition phase Temporary Permanent Mixed</p>				
<p>18. Nature of the injury affecting:</p> <table border="0"> <tr> <td data-bbox="87 520 565 695"> <p>Teeth: Fissure Noncomplicated coronary fracture Noncomplicated coronoradicular fracture Radicular fracture (any type) Complete coronoradicular fx (inc pulp)</p> </td> <td data-bbox="565 520 821 695"> <p>Periodontal tissue : Concussion Lateral dislocation Intrusion Avulsion Extrusion</p> </td> <td data-bbox="821 520 1206 695"> <p>Support bone: Conminution Fracture of the alveolar wall Fracture of the alveolar process Fracture of the maxilar or mandibular bone</p> </td> <td data-bbox="1206 520 1534 695"> <p>Gums and oral mucosa: Contusion Abrasion Laceration</p> </td> </tr> </table>			<p>Teeth: Fissure Noncomplicated coronary fracture Noncomplicated coronoradicular fracture Radicular fracture (any type) Complete coronoradicular fx (inc pulp)</p>	<p>Periodontal tissue : Concussion Lateral dislocation Intrusion Avulsion Extrusion</p>	<p>Support bone: Conminution Fracture of the alveolar wall Fracture of the alveolar process Fracture of the maxilar or mandibular bone</p>	<p>Gums and oral mucosa: Contusion Abrasion Laceration</p>
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