

PRIMARY DATA

Tribal Injury Office
Severe Injury Surveillance Data

Note: For all variables, U=Unknown/Unspecified

Service Unit: 72 Tribal Affiliation: **A / B / Other Tribe / Non-Indian / Unknown**

Resident Community: **A / B / C / D / Other / Unknown**

Chart #: _____ Sex: **M or F** DOB: _____ Age: _____

Date of injury _____ Day of the Week : **M Tu Wd Th Fr Sa Su** Clock Time _____ Year _____

Severity: **Hospitalized or Fatal** LOS: _____

Nature of Injury:

N-Code1: _____ N-Code2: _____ N-Code3: _____ (NOTE: N-Codes 800-999.9 Only)

E-Code: _____ Circumstance of Injury:

External Cause of Injury: **MVC Fall Poisoning Drowning Fire/Burn Violence-related Other**

Describe Injury Event:

Indication of alcohol (ETOH) involvement in this injury? **Yes No**

ETOH determination based on:

- A. BAC Test**
- B. Patient Reported**
- C. Medical Provider reported in chart**
- D. Police Report**
- E. Other**

Indication of other drug? **Yes No** If Yes, what drug(s)?