Study ID #: assign at data entry in numeric order Study site: Dropdown of all contributing sites **Study Site Information** Location Urban Suburban Rural Military Other Geographic region Mid-Atlantic Mid-West North-East North-West South-East South-West Trauma Center Yes No Trauma ACS or state level verification equivalent Level I Level II Level III Level IV Designated level 1 2 3 Other Approximate number of trauma admissions/year **Baseline variables:** Age at injury (years) Sex Male Female Unknown Race White Black Asian Other Unknown

Ethnicity

Non-Hispanic

Hispanic

Unknown

Insurance

Medicare

Medicaid

Commercial

Military

None

Unknown

Other

Comorbidities and Medications:

Psychiatric

Depression Schizophrenia Other (please specify) Substance abuse (specify) Prescription drug Heroin Cocaine Alcohol Other (please specify) Alcohol - more than 7 drinks/week? Yes No Unknown **Home Medications** Unknown Total number of medications excluding OTC/vitamins Narcotics Antiplatelet agents Anticoagulants

Pre-injury location of residence

Home Assisted living Long term care/nursing home Rehabilitation facility Shelter None Other Unknown

Marital status Married Never married Divorced/separated Widowed Unknown Trauma specific frailty index: Cancer history Yes No Coronary artery disease Myocardial infarction Coronary artery bypass grafting Percutaneous coronary intervention Cardiac medication No medication Dementia Severe Moderate Mild None Daily activities Help with grooming Yes No Help with managing money Yes No Help toileting Yes No Help walking Wheelchair Walker Cane None Health attitude Feels less useful Most time Sometimes Never Feel sad Most time Sometimes Never

Feel effort to do everything	
Most time	
Sometimes	
Never	
Falls	
Most time	
Sometimes	
Never	
Function, sexually active	
Yes	
No	
Nutrition albumin	
< 3	
>3	
Hurt, Insulted, Threatened with ha	rm and Screamed (HITS)

Domestic Violence Screening Tool

Please read the following activities and place a check mark in the box that best indicates the frequency that your partner or family member acts towards you since you turned age 65?

How often does your partner or family member?	Never	Rarely	Sometimes	Fairly often	Frequently
1. Physically					
2. Insult or talk you down					
3. Threaten you with harm					
4. Scream or curse at you					
	1	2	3	4	5
Total Score					

Was the reason for this hospital admission due to someone hurting you? Yes no

Please read the following activities and place a check mark in the box that best indicates the frequency that your partner or family member acts towards you before you turned 65 years of age?

How often does your partner or family member?	Never	Rarely	Sometimes	Fairly often	Frequently
1. Physically					
2. Insult or talk you down					
3. Threaten you with harm					
4. Scream or curse at you					
	1	2	3	4	5
Total Score					

Baseline injury characteristics: Injury Type Blunt Penetrating Crush Other (please specify) Injury description location Face Head Torso Extremity ICD-10 E Code Approximate time from injury to admission (hours) Transfer from another acute care hospital Yes No ISS Admission variables: Intubated in the ED? Yes No Prehospital intubation Yes No Admission SBP Admission HR Admission Temp © Admission RR **Baseline laboratory values:** Hb Result (g/dl) Tox screen Amphetamine

Barbituates Cannabinoid Cocaine Methadone Opiate PCP Tricyclics Acetaminophen Salicylate Benzodiazepam BAC Result (mg/dl) Albumin Result (g/dl) Creatinine Result (mg/dl) Bilirubin Result (mg/dl) Initial Glucose Result (mg/dl) Platelets Result (per mm3) Operative intervention Yes No Type **Outcome variables:** Total LOS (days) ICU stay Yes No Ventilator used Yes No Discharge disposition Home w/o Services Home w/ Services Assisted living Long term care/nursing home Acute rehabilitation facility Hospice Subacute facility LTAC Psych facility Other inpatient acute

Dead

Functional evaluation at discharge per standard of care

Outcome

Good – close to baseline

Poor – not close to baseline

Performance status

-Fully active at pre-injury level performance

-Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature

-Ambulatory and capable of all selfcare but unable to carry out any work activities; up and about more than 50% of waking hours

-Capable of only limited selfcare; confined to bed or chair more than 50% of waking hours

-Completely disabled; cannot carry on any selfcare; totally confined to bed or chair

-Dead