

OFFSPRING HIP FRACTURE FORM

ID _____ - _____ - _____ - _____ IDTYPE – ID vr_fxrev_2012_1_0747s

DATE HIP FRACTURE OCCURRED: **OF_FXDATE** → HIP FRACTURE # FOR THIS DATE
Month Day Year

Q1. SOURCE(S) OF HIP FRACTURE CONFIRMATION: (0-No, 1-Yes)

- A) Orthopedic notes
- B) X-ray report
- C) Discharge summary
- D) OR report
- E) ER notes
- F) Framingham clinic questionnaire
- G) OP Study questionnaire
- H) Medical history update questionnaire
- I) Other _____

<p>FOR OFFICE USE ONLY DO NOT DATA ENTER</p> <input type="checkbox"/>
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Q2. HIP FRACTURE SIDE: **OF_FXSIDE**

- 1-Right, 2-Left, 9-Unknown

Q3. HIP FRACTURE LOCATION: **OF_HIPFXTYPE**

- ||||| 1.0-Unknown
- 1.1-Intertrochanteric
- 1.2-Femoral neck (subcapital)
- 1.3-Other _____

Q4. HIP FRACTURE TREATMENT:

- 1-Open Reduction Internal Fixation (ORIF or pinning)
- 2-Arthroplasty/hemiarthroplasty (femoral head replacement)
- 3-Other _____
- 4-Cast or other immobilization
- 5-None
- 9-Unknown

Q5. OTHER FRACTURE(S) OCCURED AT SAME TIME:

- 0-No, 1-Yes, 9-Unknown

Q6. CIRCUMSTANCES OF HIP FRACTURE:

- 1-Fall from standing height or less
- 2-Motor vehicle accident or fall from greater than standing height
- 3-Other
- 9-Unknown

Q7. LOCATION OF FALL OR TRAUMA:

- 1-Outside
- 2-Inside
- 3-Other _____
- 8-n/a _____
- 9-Unknown

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Q8. TIME OF DAY FRACTURE OCCURRED:

- 1-Daytime (6am-6pm)
- 2-Night (6:01pm to 5:59am)
- 3-Other _____
- 9-Unknown

Q9. DEATH OCCURED DURING HIP FRACTURE HOSPITALIZATION:

- 0-No
- 1-Yes
- 8-n/a (no hospitalization)
- 9-Unknown

Q10. SOURCE(S) OF HIP FRACTURE NOTIFICATION: (0-No, 1-Yes)

- A) Scheduling
- B) Hospitalization List (Medical Records)
- C) Death review
- D) Framingham clinic questionnaire ► IF YES: Write in exam no. when first cited _____
- E) Other _____
- F) Unknown
- G) Medical history update ► IF YES: Write in year first cited _____
- H) Framingham Union Hospital log (Deb Foulkes)
- I) Home/Nursing home visit
- J) OP Study questionnaire

Q11. DATE OP STUDY NOTIFIED OF HIP FRACTURE: _____ / _____ / _____
Month Day Year

Q12. DETAILED CIRCUMSTANCES OF HIP FRACTURE: OF_FXCIRCUM

- 1-Fall from standing height or less**-includes most injuries due to tripping over something, slips in the shower or bathtub, or falling out of a chair or bed (unless standing on it), in which the participant lands on the surface at the same height as the surface he/she was standing on
- 2-Falls on stairs, steps or curbs**-includes all falls during change of level, such as stepping up or down stairs, steps, or curbs
- 3-Fall from more than standing height, but NOT on stairs**-includes falls from heights such as off a ladder or while standing on a table or chair, off a porch, out of a window, etc.
- 4-Minimal trauma other than a fall**-includes vertebral fractures associated with coughing, stepping down a step, etc., and rib or other fractures associated with turning over in bed, etc.
- 5-Moderate trauma other than a fall**-includes collisions with objects during normal activities (e.g. stub toe, hit hand against door frame, walking into door), twisting or turning ankle (or ankle fractures).
- 6-Severe trauma other than a fall**-includes motor vehicle accidents, struck by a car, hit by rapidly moving projectile (golf ball, golf club), assault
- 7-Pathologic fracture**-usually associated with cancer in bone
- 8-Unknown/Don't know**

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Q13. DATE DATA RETRIEVAL COMPLETED: ____/____/____
Month Day Year

Q14. DATE OF ADJUDICATION BY MD FRACTURE COORDINATOR: ____/____/____
Month Day Year

Q15. FINAL ADJUDICATION BY ENDPOINTS COMMITTEE REQUIRED:

0-No, 1-Yes

Q16. DATE OF ADJUDICATION BY ENDPOINTS COMMITTEE: ____/____/____
Month Day Year

Q17. Comments (not for data entry):

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OFFSPRING NON-HIP FRACTURE FORM

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ONLY
DO NOT DATA
ENTER

Q2. FRACTURE SIDE: **OF_FXSIDE**

- 1-Right
- 2-Left
- 3-Axial (vertebral, pelvis, nasal, sacrum, sternum, skull)
- 9-Unknown

Q3. FRACTURE LOCATION: **OF_FXSITE**

|__||__|.|__||__| (see p. 4, write in) _____

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Q17. Comments (not for data entry):

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FRACTURE LOCATION CODES (FOR OF FXSITE)

1.0-Hip (USE HIP FRACTURE FORM)

- 1.1-intertrochanteric
- 1.2-femoral neck
- 1.3-other

2.0-Wrist (unspecified)

- 2.1-distal radius (Colles'; Smith)
- 2.2-distal ulna
- 2.3-both distal radius and ulna

3.0-Skull

4.0-Facial bones (includes jaw, nose, cheek)

5.0-Neck

- 5.1-first cervical vertebra
- 5.2-second cervical vertebra
- 5.3-third cervical vertebra
- 5.4-fourth cervical vertebra
- 5.5-fifth cervical vertebra
- 5.6-sixth cervical vertebra
- 5.7-seventh cervical vertebra
- 5.8-multiple cervical vertebrae

6.0-Shoulder

- 6.1-clavicle or collar bone
- 6.2-scapula (shoulder blade)

7.0-Arm (unspecified)

- 7.1-humerus (upper arm)
- 7.2-elbow
- 7.3-radius a/o ulna, proximal or mid shaft

8.0-Hand

9.0-Fingers

10.0-Other small bones in wrist

11.0-Ribs

12.0-Chest/Sternum

13.0-Thoracic Spine (unspecified)

- 13.1-first thoracic vertebra
- 13.2-second thoracic vertebra
- 13.3-third thoracic vertebra
- 13.4-fourth thoracic vertebra
- 13.5-fifth thoracic vertebra
- 13.6-sixth thoracic vertebra
- 13.7-seventh thoracic vertebra
- 13.8-eighth thoracic vertebra
- 13.9-ninth thoracic vertebra
- 13.10-tenth thoracic vertebra
- 13.11-eleventh thoracic vertebra
- 13.12-twelfth thoracic vertebra
- 13.13-multiple thoracic vertebrae

14.0-Lumbar Spine (unspecified)

- 14.1-first lumbar vertebra
- 14.2-second lumbar vertebra
- 14.3-third lumbar vertebra
- 14.4-fourth lumbar vertebra
- 14.5-fifth lumbar vertebra
- 14.6-multiple lumbar vertebrae

15.0-Pelvis

16.0-Tailbone/Coccyx/Sacrum

17.0-Leg (unspecified)

- 17.1-femur (not hip)
- 17.2-patella
- 17.3-tibia
- 17.4-fibula
- 17.5-both tibia/fibula

18.0-Ankle (includes distal tibia and fibula)

19.0-Foot/Metatarsal

20.0-Toes

21.0-Heel/Os Calcis

22.0-Spine (unspecified)