

APPENDIX D

Data collection form: Questionnaire

Code:

Age:

Sex:

HISTORY: Mode of injury

MVA/PVA	ASSAULT	SELF-INFLICTED	OTHER

Presenting GCS

15	14	13	12	11	10	9	8	7	6	5	4	3

Past medical/surgical history

DM	Epilepsy	Asthma	TB	Hypertension	RVD

Social history

Smoking	Alcohol	Recreational drugs

EXAMINATION: Vitals

BP	Pulse rate	Temperature	Stats

CNS: GCS

Eye opening	Verbal response	Motor response

FOUR score

Eye response	Motor response	Brainstem reflexes	Respiration

Focal deficits

Yes	No

Other systems

If yes state	No

INVESTIGATIONS: CT scan

Rotterdam score	Injury type

MANAGEMENT:**Intubation**

Yes	No

ICP Monitoring

Yes	No

Surgery

Yes	No

ICU length of stay

Days	Weeks	Months

Outcome: GOS

1	2	3	4	5