

1.Country name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Hospital name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.Hospital type

❑ 1st level (Primary/District)

❑ 2nd level (Provincial, Regional, Secondary)

❑ 3rd level (Tertiary)

❑Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Date of accident (dd/mm/yyyy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5.Date of admission (dd/mm/yyyy)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6.Date of discharge/death (dd/mm/yyyy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7.Still admitted at 30 days ❑ Yes ❑ No

8.Age (yrs) \_\_\_\_\_\_

9.Sex ❑ Male ❑ Female ❑ Non-binary ❑ Unknown

10.Residence type (as locally defined)

❑ Rural ❑ Urban ❑ Unknown

11.Mechanism of injury *(tick all that apply)*

❑ Fall/slip/trip from standing ❑ Road traffic collision

❑ Fall from height ❑ Gunshot

❑ Assault ❑ Unknown

❑ Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case Report Form Patient REDCAP No:

12.Femur fracture site

❑ Left ❑ Right ❑ Bilateral ❑ Unknown

13.Was an x-ray done?

❑ Yes ❑ No ❑ Unknown

14.What type of fracture did the patient have?

❑ Open ❑ Closed

15.Where was the location of the fracture?

❑ Femur ❑ Hip ❑ Unknown

15.1. Please specify

❑ Femur distal ❑ Femur shaft

❑ Femoral neck or head ❑ Intertrochanteric

16. Treatment delays

16.1. Number of facilities visited before this admission

❑ 0 ❑ 1 ❑ 2 ❑ 3+ ❑Unknown

16.2. Traditional healer(s) visit prior to this admission

❑ Yes ❑ No ❑ Unknown

17.How was the patient managed at your facility?

❑ Non-operatively ❑ Operatively

17.1. If non-operative, specify the approach (tick all that apply)

❑ Skin traction

❑ Skeletal traction

❑ Plaster of Paris

❑ Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

17.2. If operative, specify the approach (tick all that apply)

❑ Internal fixation ❑ Hemiarthroplasty

❑ External fixation ❑ Total Hip Replacement

❑ Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

18. Date of operation \_\_\_\_\_\_\_\_\_ (dd/mm/yyyy)

19. Outcomes (Patient to be followed up for 30 days of admission or at discharge. Not both!)

19.1. Mobility status

❑ Bed bound/carried out of the hospital

❑ Wheelchair

❑ Walking unaided

❑ Walking with a stick/crutch

❑ Walking with a frame

❑ Unknown

❑ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

19.2. Were pressure sores observed during admission?

❑ No pressure sores ❑ Pressure sore(s)

❑ Unknown

19.3. What was the patient’s final outcome at your facility?

❑ Discharge home/rehabilitation facility

❑ Transferred to another hospital for definitive care

❑ Dead

19.4. If the patient died, what was the date of death \_\_\_\_\_\_\_\_\_ (dd/mm/yyyy)