



NATIONAL INJURY SURVEILLANCE CENTER TRAUMA (RML HOSPITAL)
NEW DELHI-110001



DATA CAPTURE FORMAT

1.	Name of the Hospital:-		
2.	Casualty No./Hospital Registration No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
3.	IP No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
4.	Brought by/ Escorted by :- 1. Family members 2. Known Persons 3. Police 4. Self 5. Ambulance 77. Others (sp) 99. Unknown		<input type="text"/>
5.	Date of Occurrence (DD/MM/YYYY)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
6.	Time of Occurrence(Hrs:Min) (24 hrs clock)	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	
7.	Date of Registration (DD/MM/YYYY)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
8.	Time of Registration(Hrs:Min) (24 hrs clock)	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	
9.	Date of Discharge / Death (DD/MM/YYYY)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
10.	Time of Discharge / Death (Hrs: Min) (24 hrs clock)	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	
11.	Place of incident (address of the place of injury) :- Street/Colony/village:..... City:-..... Pin Code:-..... State:-..... Country:-		
12.	Name of the injured :-		
13.	Age of the injured (in completed years, if age < 1 year fill in completed months):- <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> Months		
14.	Mobile Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
15.	Aadhar Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
PERSONAL DETAILS OF THE INJURED			
16.	Sex of the injured:- 1. Male 2. Female 3. Transgender		<input type="text"/>
17.	Education:- 1. Illiterate 2. Literate (Without Education level) 3. Below Primary 4. Primary 5. Middle/Lower Secondary 6. Matriculation / Junior School Certificate / Secondary 7. Higher Secondary / intermediate / Pre-University / Senior Secondary 8. Non- Technical Diploma / Certificate not equal to Degree 9. Graduate & PG 10. Not Applicable 77. Others (specify) 99. Not Know		<input type="text"/>
18.	Occupation:- 1. Professional 2. Semi Professional 3. Clerical/Shop owner/Farmer 4. Skilled worker 5. Semi-skilled worker 6. Unskilled worker 7. Unemployed 8. Not Applicable 77. Others (specify) 99. Unknown		<input type="text"/>
19.	Marital status:- 1. Never married 2. Currently married 3. Widow/Widower 4. Divorced 5. Separated 6. Not applicable 99. Unknown		<input type="text"/>
20.	Area of Residence:- 1. Urban 2. Rural 3. Urban slum 99. Unknown		<input type="text"/>
21.	Address for correspondence / Ph no :- Street/Colony/village:..... City:-..... Pin Code:-..... State:-..... Country:-		

ACTIVITY AT THE TIME INJURY

22.	<u>Place of Injury:-</u>				
	1.Road 2.Home 3.Work place	4.School/Institution/Education Area 5.Railway line 6.Farm/Place of Primary Production	7.Sports/Athletic Area 8.River/Lake/Sea 77.Others (specify)	99.Unknown	<input type="checkbox"/>
23.	<u>How are you injured :-</u>				
	1.Road Traffic injury 2.Fall 3.Assault/quarrel 4.Stab/cut 5.Firearm	6.Burns 7.Poisoning 8.Drowning 9.Hanging 10.Choking	11.Sport 12.Animal bites 13.Fall of object 77.Others (specify) 99.Unknown		<input type="checkbox"/>
24.	<u>Activity at the Time of injury:-</u>				
	1.Travelling 2.Walking 3.Standing on roadside	4.Working at office 5.Going/Coming from school 6.Working at home	7.Playing 77.Others (specify) 99.Un known		<input type="checkbox"/>
25.	<u>Object Used :-</u>				
	1.Knife /cutting tool 2.Firearm /Gun	3.Fire 4.Stick / blunt object	5.None 77.Others (specify)	99.Unknown	<input type="checkbox"/>
26.	<u>Intent:-</u> 1. Unintentional 2. Self Harm 3. Intentional /assault 77. Others (specify) 99. Unknown				
27.	<u>Alcohol Consumption :-</u> 1. Yes 2. No 99Unknown				
28.	<u>Alleged Psychoactive Substance Use / Abuse :-</u> 1. Yes 2. No 99.Unknown				
DETAILS OF ROAD TRAFFIC INJURY					
29.	<u>Place of Occurrence :-</u>				
	1.City / Muncpal roads 2.Highway 3.Inner roads	4.Rural Roads 77.Others (sp) 99.Unknown			<input type="checkbox"/>
30.	<u>Road User Category:-</u>				
	1.Padestrain 2.Pedal cyclist 3.Two wheeler rider 4.Two wheeler pillion	5.Three wheeler driver 6.Three wheeleroccupant 7.Car driver 8.Car occupant	9.Bus/Truck driver 10.Bus/Truck occupant 11.Other 4 wheeler driver (maxi cab,tempo,etc, 12.Other 4 wheeler occupant	13.Bullock Cart 14.Tricycle 77.Others (sp) 99.Unknown	<input type="checkbox"/>
31.	<u>Type of Collision :-</u>				
	1.Hit pedestrain 2.Head on Collision 3.Hit from the Back (rear end collision)	4.Hit from the side (side angel collision) 5.Overturn 6.Hit a fixed object	7.Run off road 77. Others (sp) 99. Unknown		<input type="checkbox"/>
32.	<u>If two-wheeler rider/ pillion , use of helmet :-</u> 1. Yes 2. No 3. Not applicable 99.Unknown				
33.	<u>If car driver / occupant,/other Four wheeler driver use of seat belt :-</u> 1. Yes 2. No 3. Not applicable 99.Unknown				
PRE HOSPITAL CARE DETAILS					
34.	<u>First Aid given before reaching the hospital :-</u> 1. Yes 2. No 99.Unknown				
(a)	<u>If 34 is Yes , than where was first Aid given</u>				
	1. At incident site 2.Nearby govt. Hospital 3.Nearby pvt. Hospital /clinic	4. Ambulance 5. Not Applicable 77.Others (sp) 99.Unknown			<input type="checkbox"/>
(b)	<u>If 34 is Yes ,who gave the first Aid :-</u>				
	1.Health worker 2.Doctor 3.Nurse 4.Police	5.Public 6.Family Member 77.Others (sp) 99.Unknown			<input type="checkbox"/>
35.	<u>Any other hospital / Health facilities visited before attending the registering hospital</u> 1. Yes 2. No 99.Unknown				
(a)	<u>If yes to Q.35 Number of hospitals / Health facilities visited:-</u>				
(b)	<u>If yes to Q.35, what time was taken in reaching first health facility (Hrs:Min) (24 hrs clock):-</u> <input type="text"/> : <input type="text"/>				
36.	<u>Source of Referral :-</u>				
	1.General practitioner 2.PHC 3.Dist –Hospital 4.Other Govt. Hospital	5.Private. Hospital / Nursing home 6.On their own 77.Others (sp) 99.Unknown			<input type="checkbox"/>

37.	Mode of Transportation :-			<input type="checkbox"/>
	1.Pvt. Ambulance 2.108 3. 102 4. CATS 5.Other Govt. Ambulance 6.Police van / Govt . Vehicle	7.Private vehicle or Taxi 8.Auto rickshaw (3 wheeler) 9. Good Samaritan 77.Others (sp) 99.Un known		
INJURY MANAGEMENT AND OUTCOME				
38.	Status of the injured at the time of first assessment :-			<input type="checkbox"/>
	1.Unconscious	2. Altered Sensorium	3. Conscious	4. Brought dead
	99. Unknown			
39.	Severty of injury :-			<input type="checkbox"/>
	1.Minor	2. Moderate	3. Severe	99.Unknown
40.	If head injury than GCS :-			<input type="checkbox"/>
41.	Part of the body injury :-			
	1.Head	<input type="checkbox"/>	6.Chest	<input type="checkbox"/>
	2.Face	<input type="checkbox"/>	7.Abdomen(including Pelvis)	<input type="checkbox"/>
	3.Eyes	<input type="checkbox"/>	8.Perineum & Genitalia	<input type="checkbox"/>
	4.ENT	<input type="checkbox"/>	9.Upper limbs	<input type="checkbox"/>
	5.Neck	<input type="checkbox"/>	10.Lower limbs	<input type="checkbox"/>
42.	Nature of injury :-			
	1.Fracture	<input type="checkbox"/>	6.Sharp / Penetrating cut	<input type="checkbox"/>
	2. Soft Tissue Injury	<input type="checkbox"/>	7.Haemotomas	<input type="checkbox"/>
	3. Traumatic Amputation	<input type="checkbox"/>	8.Burn (% of TBSA Burn)	<input type="checkbox"/>
	4.Sprain	<input type="checkbox"/>	9. Organ System Injury	<input type="checkbox"/>
	5.Cut or open wound	<input type="checkbox"/>	77. Others(specify.)	<input type="checkbox"/>
		99. Unknown	<input type="checkbox"/>	
43.	Treatment :-			<input type="checkbox"/>
	1.Treated in emergency room only 2. Surgical procedure done 3.Admitted for definitive care		4. Under observation 77.Others (specify)	
44.	Investigations :-			<input type="checkbox"/>
	1.Radiograph (X-ray) 2.USG 3.CT	4.MRI 5.Haematological 6.ECG	7.Urine 8.Blood Glucose 77.Others (specify)	
45.	Final Diagnosis :-			
46.	*ICD (10) classification :-			
47.	Outcome at the time of discharge:- 1. Recovered 2. Improving 3. Residual disability 4. Referred to another facility 5. LAMA 6. Dead 77. Others (specify.)			<input type="checkbox"/>

48.	Important Findings/ Remarks if any:-
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*ICD 10 Chapter 19. The nature of injury in each person, as result of the causes above would be recorded and coded here

Name & Designation

Signature with date (at the time of final data entry)