Serious Seatbelt Injuries Questionnaire
Australian Paediatric Surveillance Unit

Please contact Dr Yvonne Zurynski on (02) 9845-1202 or yvonnez@chw.edu.au if you have any questions about this form

REPORTING CLINICIAN
1. APSU Dr Code/Name
2. Month/Year of Report
3. Date questionnaire completed

PATIENT
4. First 2 letters of first name: F F
5. First 2 letters of surname: F F
6. Date of Birth: __ __ __ / __ __ __
7. Sex: M F
8. Postal code: __ __ __ __
9. Weight: __ __ Kg
10. Height: __ __ cm

If this patient is primarily cared for by another physician who you believe will report the case and could provide additional details, please write the other clinicians name in the space below, then complete the questionnaire details above this line and return to the APSU. Please keep the patient’s name and details in your records. If no other report is received for this child we will contact you for further information.

Other Clinicians Name: ____________________________ Hospital or phone no: ____________________________

Instructions for questions below: please answer each question by ticking the appropriate box or writing your response in the space provided. DK = don’t know, NA = not applicable

THE ACCIDENT
(to get some of this information you may need to check the Ambulance record)
1. Date Of The Accident: __ __ __ __ __ __
2. Accident location: Urban suburban __ Rural __ Remote __
3. Type of motor vehicle in which the patient was a passenger:
   Sedan or station wagon __ 4-wheel drive __ Minivan __ Light truck or Utility __
   Year of manufacture of vehicle (if known): ____________ DK __
   Type of impact (select all appropriate)
   Head-on __ Rear-end __ Side __ Roll-over __ Ejection __ Entrapment __ DK __
   Other (specify): __________________________________________

4. Approximate speed at time of impact: _______ km/h (if known) DK __
5. Was another person injured in the same vehicle? Yes __ No __ DK __
6. Did another person die as a result of this accident? Yes __ No __ DK __
7. Position of injured child in vehicle (select ONE most appropriate)
   Passenger Front __ Passenger Rear Side __ Passenger Rear Centre __ Driver __ DK __
   Other (specify): __________________________________________
8. Restraint used at time of impact. The child was restrained by: (select all appropriate)
   __ Approved Child Restraint
   __ Booster seat in combination with adult lap-sash belt
   __ Adult lap-sash belt only
   __ Adult lap-only belt
   __ Booster in combination adult lap-only belt
   __ Adult lap-only belt used in conjunction with a harness
   __ Others (specify):
   __________________________________________

9. Was the restraint used appropriately?* Yes __ No __ DK __
   *Inappropriate use of adult seatbelts with or without boosters includes (please tick, if known)
   __ belts worn under arm
   __ behind back
   __ around more than one person
   __ on abdomen
10. Was the vehicle fitted with air bags? Yes __ No __ DK __
    If yes, specify: Front __ Side __
    Were airbags activated during the collision? Yes __ No __ DK __
Injuries sustained and medical management

11. Paediatric trauma score (if available): __________ DK □

12. Description of injuries (tick if injury sustained and describe briefly)
   □ Head and neck: Describe: ____________________________________________________________
   □ Face: Describe: ___________________________________________________________________
   □ Thorax: Describe: ___________________________________________________________________
   □ Abdomen: (describe according to specific injury scale attached to this questionnaire and in the APSU protocol)
     □ Duodenal: Grade: ____________________________
     □ Hepatic: Grade: ____________________________
     □ Splenic: Grade: ____________________________
     □ Renal: Grade: ______________________________
     □ Intestinal (other than duodenal): ____________________________
     □ Other abdominal injuries: ____________________________
   □ Extremities: Describe: ______________________________________________________________
   □ External: Describe (contusions, abrasions, burns or teguments):
     _______________________________________________________________________________
   □ Spine: Describe (fractures, dislocations, subluxations, and location of injury):
     _______________________________________________________________________________
   □ Spinal cord injury: Describe: _________________________________________________________

Hospitalisation

13. Admission to hospital: Yes □ No □
   a. If yes, date of admission: __________
   b. Date of discharge: ________________

14. ICU/HDU: Yes □ No □
   a. If yes, specify length of stay in ICU/HDU: ____ days ___ weeks ___months
   b. Still in ICU/HDU: Yes □ No □

15. Surgical interventions

<table>
<thead>
<tr>
<th>Date</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Outcome / complications

16. Outcome status one month after the accident: Survived: □ Deceased: □

17. If deceased: Date __________

18. Main Cause of death: ____________________________________________

18a. Contributing causes: __________________________________________

If child is deceased, you do not need to answer any further questions

19. Permanent neurologic deficits secondary to spinal cord injuries: Yes □ No: □ DK □
   If yes, describe deficits: __________________________________________

20. Other complications (specify): ________________________________

Please return this questionnaire in the addressed reply-paid envelope to Dr Yvonne Zurynski, Australian Paediatric Surveillance Unit, Locked Bag 4001, Westmead, NSW 2145

Thank you for your assistance with this study, which has been approved by a Human Ethics Committee. The APSU is a Unit of the Royal Australasian College of Physicians (Division of Paediatrics and Child Health) and is funded by the NHMCR (Enabling Grant No. 40284), the Department of Health and Ageing, and the Faculty of Medicine at the University of Sydney.