**Q2.     Patient ID number** ☐☐☐☐/☐☐/☐☐ -☐☐☐☐
    Year, month, day and 4 digit security number

**Q4.     Side of fracture** ☐                    **Q7. Sex** ☐ 1= Male   2= Female.
    1= left side  2 = right side.

**Q14.    Type of Fracture** ☐ (see figure on the back of this form)
    1=Undisplaced cervical fracture 2=Displaced cervical fracture 3= Basocervical fracture 4= Trochanteric two fragments fracture
    5= Trohcanteric fracture multi fragments  6=Subtrochanteric fracture

**Q20.    Date of assessment** ☐☐☐☐/☐☐/☐☐
    Year/ Month/ Day

**Q 21. Assessment done by** ☐
    1= Face to face interview with patient 2= Face to face interview with carer/relative/friend 3= Phone to patient 4= Phone to carer/
    relative/ fiend 5= Postal questionnaire completed by patient 6= Postal questionnaire completed by carer / relative 7 friend 7= Other

**Q22.    Residential status** ☐
    1=Own home  2=Sheltered housing 3= Institutional care  6=Rehabilitation unit  7= Acute hospital 8=Other

**Q23.    Locomotor ability** ☐(refers to the patients normal walking ability at 4 months after the fracture  occurred)
    1= Walks alone out of doors  2= Walks out of doors only if accompanied 3= Walks alone indoors but not out of doors
    4= Walks indoors only if accompanied  5= Unable to walk

**Q 24. Walking aids** ☐ (normally used at 4 months after the fracture occurred)
    1 – Can walk without aids 2= One aid (stick, crutch tripod or hemiwalker) 3 = Two aids 4=Frame/Rollator 5=Wheelchair/bedbound

**Q 25. Pain at the hip** ☐
    1= The pain in my hip is severe and spontaneous. I experience it even when I am not moving.
    2= The pain in my hip is severe when I attempt to walk and prevents all activity.
    3= The pain in my hip is tolerable, permitting limited activity.
    4= The pain in my hip occurs only after some activity and disappears quickly with rest.
    5= The pain in my hip is slight or intermittent. I experience pain when starting to walk but the pain gets less with normal activity.
    6= I experience no pain in my hip                          7= Unable to answer.

**Q 370. Still on pain relief medication because of the fracture** ☐ 1= Yes 2= No

**Q26. Type of stay / readmissions**
    For type of stay use options in Q 22. for days, give number of days at each residential category from the time of discharge from
    primary admission up to 120 days from fracture. For reason, use the following codes
    1= Surgical complication requiring re-operation
    2= Surgical complication not requiring re-operation
    3= Medical complication related to the fracture
    4= Failure to manage at place of origin due to hip fracture
    5= Admitted for reasons not related to the hip fracture
    6= Return to place of origin
    7= Unknown/not stated

**1: Type** ☐ **days** ☐☐☐ **and reason** ☐         **5: Type** ☐ **days** ☐☐☐ **and reason** ☐

**2: Type** ☐ **days** ☐☐☐ **and reason** ☐         **6: Type** ☐ **days** ☐☐☐ **and reason** ☐

**3: Type** ☐ **days** ☐☐☐ **and reason** ☐         **7: Type** ☐ **days** ☐☐☐ **and reason** ☐

**4: Type** ☐ **days** ☐☐☐ **and reason** ☐         **8: Type** ☐ **days** ☐☐☐ **and reason** ☐

**Q27.    Death** ☐☐☐☐/☐☐/☐☐ (if death  within 4 month of fracture)
    Year/ Month/ Day

**Own Questions** (only analyzed by the own clinic)

**Q 372.  …………………………………      Q373.  …………………………………………**