

Q2. Patient ID number □□□□/□□/□□ -□□□□

Year, month, day and 4 digit security number

Q4. Side of fracture □

1= left side 2 = right side.

Q7. Sex □ 1= Male 2= Female.

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= Trochanteric 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/ friend 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.**