

BMS Medical Record Data Abstraction Form: Follow-up

Instructions: Fill out these items by using the information from the participant's medical record. This data should only be collected if it is within the data collection window of the participant's follow-up. Otherwise, please indicate that the data is missing/unknown, and enter accordingly into the database.

Date Medical Record Abstraction Form Collected: ____ / ____ / ____

Follow-up period:	
<input type="checkbox"/> 1. 6-month follow-up <input type="checkbox"/> 2. 12-month follow-up <input type="checkbox"/> 3. 24-month follow-up <input type="checkbox"/> 4. 5 year follow-up	<input type="checkbox"/> 5. 10 year follow-up <input type="checkbox"/> 6. 15 year follow-up <input type="checkbox"/> 7. 20 year follow-up <input type="checkbox"/> 8. 25 year follow-up
Burn Surgeries <i>Please note: When the medical record is reviewed for number of surgeries, those surgeries that occurred for ONLY a dressing or cast change should NOT be counted.</i>	
Since the last follow-up, has the participant had any burn related surgeries (such as surgeries for open wounds or scar management)? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 99. Unknown	
How many surgeries did the participant have? _____ <i>Coding:</i> 77 = N/A—no surgery 99 = Unknown number of surgeries	Which burn related surgeries has the participant had since the last follow-up? (Choose all that apply) <input type="checkbox"/> 1. Surgery for open wounds <input type="checkbox"/> 2. Surgery for joint contractures <input type="checkbox"/> 3. Surgery for scar management (laser) <input type="checkbox"/> 4. Amputation <input type="checkbox"/> 5. Other (if so, what? _____) <input type="checkbox"/> 77. Not applicable (no surgery) <input type="checkbox"/> 99. Unknown

Amputations <i>Instructions: if the participant hasn't had surgery for amputation since the last follow-up, fill in "I-No" for these two items</i>	
Upper extremity amputation due to burn injury since last follow-up? (Choose all that apply)	
<input type="checkbox"/> 1. No upper extremity amputation <input type="checkbox"/> 2. Yes, above elbow right <input type="checkbox"/> 3. Yes, above elbow left <input type="checkbox"/> 4. Yes, above elbow bilateral <input type="checkbox"/> 5. Yes, below elbow right <input type="checkbox"/> 6. Yes, below elbow left <input type="checkbox"/> 7. Yes, below elbow bilateral	<input type="checkbox"/> 8. Yes, digits only right _____ (fill in # of digits) (Thumb amputated? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> 9. Yes, digits only left _____ (fill in # of digits) (Thumb amputated? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> 10. Yes, digits only bilateral _____ (fill in # of digits) (Thumbs amputated? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> 99. Unknown

Lower extremity amputation due to burn injury since last follow-up? (choose all that apply)	
<input type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes, above knee right <input type="checkbox"/> 3. Yes, above knee left <input type="checkbox"/> 4. Yes, above knee bilateral <input type="checkbox"/> 5. Yes, below knee right <input type="checkbox"/> 6. Yes, below knee left <input type="checkbox"/> 7. Yes, below knee bilateral <input type="checkbox"/> 8. Yes, digits only right _____ (fill in # of digits)	<input type="checkbox"/> 9. Yes, digits only left _____ (fill in # of digits) <input type="checkbox"/> 10. Yes, digits only bilateral _____ (fill in # of digits) <input type="checkbox"/> 11. Transmetatarsal right (partial foot amputation rt) <input type="checkbox"/> 12. Transmetatarsal left (partial foot amputation left) <input type="checkbox"/> 13. Transmetatarsal bilateral (partial foot amputation bilateral) <input type="checkbox"/> 99. Unknown
Geographic information of residence at follow-up (fill in using geocoding website):	
State ID:	Tract code:
County ID:	Block code:
Latitude:	Longitude:
Status of geographic data: <input type="checkbox"/> 0. Address not found in recommended web look-up sites (geo-ID codes will be blank) <input type="checkbox"/> 1. All geocode fields known <input type="checkbox"/> 2. State, County, Census Tract ID and Block Group codes known <input type="checkbox"/> 3. State, County and Census Tract ID codes known <input type="checkbox"/> 4. State and County codes known	<input type="checkbox"/> 5. State code known <input type="checkbox"/> 6. Out of country residence <input type="checkbox"/> 7. Participant declined <input type="checkbox"/> 8. Not applicable, participant is experiencing houselessness <input type="checkbox"/> 9. Address Unknown (geo-ID codes will be blank)
Pain Medication Data Collection (only pain medication prescribed within the data collection window needs to be collected)	
<input type="checkbox"/> 0. No pain medication <input type="checkbox"/> 1. Methadone <input type="checkbox"/> 2. Codeine <input type="checkbox"/> 3. Hydrocodone (Norco, Vicoden) <input type="checkbox"/> 4. Oxycodone (Percodet, OxyContin) <input type="checkbox"/> 5. Hydromorphone (Dilaudid)	<input type="checkbox"/> 6. Fentanyl (Duragesic) <input type="checkbox"/> 7. Morphine <input type="checkbox"/> 8. Acetaminophen with codeine (Tylenol #3) <input type="checkbox"/> 9. Gabapentin (Neurontin) <input type="checkbox"/> 10. Amitriptyline <input type="checkbox"/> 99. Unknown
Name of Pain Medication (prescribed in data collection window), if other than above	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	