

BMS Patient Status Form

Instructions: Fill out this form for all patients eligible for BMS participation. Update the patient status form as needed at follow-up with return to work date and/or death date.

Today's date (mm/dd/yyyy): _____

NewMSID (concatentation of site and MSID): _____

MSID: _____

Site (BMS center where care was received): <input type="checkbox"/> 1. Dallas—UTSW <input type="checkbox"/> 3. Seattle—UW <input type="checkbox"/> 5. Galveston—UTMB <input type="checkbox"/> 6. Boston BMS	
Primary admission criteria to Burn Model System: <input type="checkbox"/> 1. 10%+ TBSA 65+ yrs. w/ wound closure surgery <input type="checkbox"/> 2. 20%+ TBSA 19-64 yrs. w/ wound closure surgery <input type="checkbox"/> 3. 20%+ TBSA 0-18 yrs. w/ wound closure surgery <input type="checkbox"/> 4. Elec. high volt./lightning w/ wound closure surgery <input type="checkbox"/> 5. Hand, face, feet burn w/ wound closure surgery	
Was patient alive at discharge? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No (do not collect DOB or Date of Burn)	
Consent at discharge for follow-up? <input type="checkbox"/> 1. Yes, consented (continue filling out the rest of the PSF) <input type="checkbox"/> 2. No, did not consent/refused (do not collect DOB or Date of Burn) <input type="checkbox"/> 3. No, did not consent/missed (do not collect DOB or Date of Burn) <input type="checkbox"/> 4. Eligible but unable to consent (severe cognitive impairment due to dementia, TBI, etc) (do not collect DOB or Date of Burn) <input type="checkbox"/> 5. Eligible but unable to consent (language barriers) (do not collect DOB or Date of Burn)	
Year of birth: _____ (yyyy) (code 9999 for unknown)	Date of birth: _____ (yyyy/mm/dd) (code 1900/09/09 for unknown)
Year of burn injury: _____ (yyyy) (code 9999 for unknown)	Date of burn injury: _____ (yyyy/mm/dd) (code 1900/09/09 for unknown)

Sex:

(collect via medical record rather than self-report)

- ☐ 1. Male
☐ 2. Female
☐ 3. Other, transgender
☐ 99. Unknown

Ethnicity and race data collection instructions: These items are administered as self-report in Form 1. If the participant consents, fill in this information using their self-reported race/ethnicity. **If the eligible patient does not consent**, fill in this information at the time of non-consent. If it is appropriate to ask based on interactions with the patient, gather the item by self-report by saying, "I'd like to ask you a question if that is okay...and then read the two questions below. If it is not appropriate, gather the information by medical record.

Ethnicity:

Hispanic, Latino, or Spanish Origin?

- ☐ 1. Yes, Hispanic, Latino, or Spanish origin
☐ 2. No, not of Hispanic, Latino, or Spanish origin
☐ 88. Prefer not to answer
☐ 99. Unknown

Race:

- ☐ 1. African-American or Black
☐ 2. Asian
☐ 3. White
☐ 4. American Indian/Alaskan Native
☐ 5. Native Hawaiian or Other Pacific Islander
☐ 6. More than one race (please specify):

- ☐ 7. Some other race (please specify):

- ☐ 88. Prefer not to answer
☐ 99. Unknown

Source of race and ethnicity:

- ☐ 1. Medical record
☐ 2. Self report

The following questions are only for patients who were alive at discharge and consented to participate in the BMS research study.

Date of admission to Model System hospital:

(yyyy/mm/dd)

Coding:

1900/09/09 = Unknown

Date of 2nd hospital admission:

(yyyy/mm/dd)

Coding:

1900/07/07 = Not yet determined
 1900/08/08 = N/A (no 2nd admission)
 1900/09/09 = Unknown

Date of discharge from acute burn care: (if applicable, does not include inpatient rehab) _____ (yyyy/mm/dd) <u>Coding:</u> I900/07/07 = Not yet determined I900/09/09 = Unknown	Date of 2nd discharge: (if applicable, does not include inpt rehab) _____ (yyyy/mm/dd) <u>Coding:</u> I900/07/07 = Not yet determined I900/08/08 = N/A (no 2 nd disch) I900/09/09 = Unknown
Date consent form signed by participant: _____ (yyyy/mm/dd) <u>Coding:</u> I900/07/07 = Not yet determined I900/08/08 = Not applicable I900/09/09 = Unknown	
Update the information below when follow-up information is obtained after acute burn care discharge:	
First date of return to work/school since injury: _____ (yyyy/mm/dd) <u>Coding:</u> I900/07/07 = Not yet determined I900/08/08 = Not applicable (no return to work or school) I900/09/09 = Unknown	
Date of death: _____ (yyyy/mm/dd) <u>Coding:</u> I900/07/07 = Not yet determined I900/08/08 = Not applicable (Person Alive) I900/09/09 = Unknown	Primary Cause of Death ICD-9 Code: _____ . ____ <u>Coding:</u> 77777 - Expired: Cause Unknown 88888 - Not Applicable (Person Alive) 99999 - Unknown Secondary Cause of Death ICD-9 Code: _____ . ____ <u>Coding:</u> 77777 - Expired: Cause Unknown 88888 - Not Applicable (Person Alive) 99999 - Unknown Cause of Death E-Code (External Code): _____ . ____ <u>Coding:</u> 77777 - Expired: Cause Unknown 88888 - Not Applicable (Person Alive) 99999 - Unknown