

BH ID NUMBER:

University of the Witwatersrand Department of Paediatrics and Child Health

BIRTH TO TWENTY MEDICAL SCHOOL: 17TH YEAR ADOLESCENT <u>FRACTURE</u> QUESTIONNAIRE

Oid you break / fracture a bone in your body in the past 24 months (2 years)?					Yes	No	
Yes, ple	ease tell me a	about this event/s.					
,							
Incident Number	Which side of your body (Right / Left)	Which bone did you break / fracture? Please MARK the sites of fractures on the skeleton provided at the back of the page and number the fractures in order of occurrence with the year or age of occurrence next to the fracture.	When did this happen? (Year / Age)	How did this happen? Please choose from the options provided in the table below and enter for e.g. 2.2 and if not listed in the table then describe what happened			d enter
1.							
2.							
3.							
4.							
5.							
CDADE	l (Climbt traur	ma)					
	I (Slight traur	na) nd from standing on the same level (e.g whil	le walking vo	ou slipped ai	nd fell and had	l a fracture)	
		an 0.5m (falling from stools, chairs and bed		onppou u	14 1011 4114 1146	i a nastars,	
	2 (Moderate to	rauma) en 0.5 – 3 m (e.g. a wall or jungle gym or tre	20)				
		, from a bicycle, roller blades, skateboard o					
		s (e.g. wrestling or boxing)	· oming				
		soccer, rugby, netball, hockey etc)					
2.5 Slam	ming fingers in	nto a door or knocking against a solid objec	t				
CDADE 1	3 (Severe trau	uma)					
	•	nt > 3 m (falls from windows or roofs)					
		edestrian accidents					
		heavy moving or falling objects (e.g. bricks	or stones)				
4. Do not	recall or cann	ot remember	•				
Quality (checked by	: Date:					