

Sacral Fracture Study

Data Collection Grid

Case Report Form	<i>Completed By</i>	<i>Pre-Injury</i>	<i>Day of¹ Surgery</i>	<i>Post-Tx (24hrs)</i>	<i>1² week</i>	<i>3² weeks</i>	<i>6 weeks</i>	<i>3 mo</i>	<i>6 mo</i>	<i>12 mo</i>	<i>24 mo</i>
Inclusion/Exclusion Criteria	Physician	X									
Patient Information Form	Physician	X									
Patient Injury Form	Physician	X									
Fracture Characteristics Form	Physician	X									
Radiographic Evaluation form	Physician	X (inc. CT)		X ¹ (3views)			X (AP only)	X (3views)	X (AP ⁴)	X (AP only)	
Majeed Pelvic Score	Physician	X						X	X	X	X
SMFA	Patient	X						X	X	X	X
VAS	Patient	X		X ³	X	X	X	X	X	X	X
Treatment Summary	Physician		X ³								
Follow-up Clinical Evaluation	Physician						X	X	X	X	X
Adverse Event	Physician	As Needed									

1 - Operative patients only

2 - Can be done by mail

3 - For all patients regardless of treatment

4 - Inlet and Outlet required only if change in reduction