

UK Paediatric Ocular Trauma Study
In association with BOSU
Confidential Reporting Questionnaire

Case definition

All children aged 16 years and under who require 1) hospital admission for observation / treatment / surgery; or 2) day case admission / procedure due to acute ocular and/or orbital trauma.

Instructions

1. This questionnaire pertains to the cause of the injury and management of the patient until discharge from hospital.
2. Please complete the questionnaire by ticking the shaded boxes and filling in blank boxes when requested.
3. If you have referred the patient to another ophthalmic unit please answer the questionnaire as completely as possible. If unable to answer any question please leave blank.
4. After completing the questionnaire please return in the enclosed envelope to:

Dr Freda Sii,
UK Paediatric Ocular Trauma Study,
Department of Ophthalmology,
Queen Elizabeth Hospital Birmingham,
Mindelsohn Way,
Edgbaston,
Birmingham,
B15 2WB.

If you require further information or further questionnaires please contact:

Dr Freda Sii	OR	Mr Joseph Abbott
Telephone: xxxxxxxxxxxx		Telephone: xxxxxxxxxxxx
Email: xxxxxxxxxxxxxxxxx		Email: xxxxxxxxxxxxxxxxx

Thank you for taking the time to fill in this questionnaire!

1. Patient Details			
1a	Hospital number		
1b	Month & year of birth		
1c	Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female
1d	Ethnicity <small><i>(as defined by UK Census 2011)</i></small>	White	
		<input type="checkbox"/> English/Welsh/Scottish/North Irish/British	<input type="checkbox"/> Irish
		<input type="checkbox"/> Gypsy or Irish Traveller	<input type="checkbox"/> Other
		Mixed/multiple ethnic groups	
		<input type="checkbox"/> White and Black Caribbean	<input type="checkbox"/> White and Asian
		<input type="checkbox"/> White and Black African	<input type="checkbox"/> Other
		Asian / Asian British	
		<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani
		<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Chinese
		Black/African/Caribbean/Black British	
		<input type="checkbox"/> African	<input type="checkbox"/> Caribbean
		<input type="checkbox"/> Other	<input type="checkbox"/> Other
		Other	
		<input type="checkbox"/> Arab	<input type="checkbox"/> Unknown
		<input type="checkbox"/> Other	<input type="checkbox"/> Other

2. History			
2a	Was the patient referred to you from another unit?	Yes	No
2b	Date of injury		
2c	Eye injured	Right	Left
2d	Activity at time of injury	Education	Paid employment
		Play	Unknown
		Sports (<i>please specify</i>)	Other (<i>please specify</i>)
2e	Place of injury	Home	Sports or leisure facility
		School	Unknown
		Street	Other (<i>please specify</i>)
		Work	
2f	Object of injury	Household chemical	Firework
		Sharp implement	Unknown
		Sports equipment (<i>please specify</i>)	Other (<i>please specify</i>)
2g	Mechanism of injury	Vehicle collision	Animal bites/injury
		Assault	Other (<i>please specify</i>)
		Unknown	
2h	Evidence of alcohol intoxication or drug use at the time of injury	Yes	No
		Unknown	
2i	Time from injury to presentation at an eye unit	Less than 24 hours	Greater than 7 days
		24 hours to 7 days	Unknown
2j	A brief description of the injury at presentation (<i>Please tick more than one if necessary</i>)	Perforating (entry and exit wounds)	
		Penetrating without IOFB	Penetrating with IOFB
		Rupture	Contusion
		Thermal injury	Chemical injury
		Orbital fracture	Other (<i>please specify</i>)
		No globe injury	
2k	Significant associated non-ocular/orbital injury	None	Skull fracture
		Facial injury	Long bone fracture
		Intracranial injury	Other (<i>please specify</i>)
2l	Ocular co-morbidity prior to injury, including refractive errors and amblyopia	Right (<i>please specify</i>)	Left (<i>please specify</i>)
		None	Unknown
2m	Suspicion of non-accidental injury	Yes	No

3. Examination			
3a	Was examination under anaesthesia (EUA) required?	Yes	
		No	
3b	Date of EUA		
3c	Visual acuity (<i>Please specify the format of testing</i>)	Right	Left
			Best corrected
			Pinhole

3d	<i>(Please tick all that apply in this section)</i>	Right		Left
		RAPD		
		Orbit		
			Orbital fracture	
			Orbital foreign body	
			Orbital haemorrhage	
		Eyelid		
			Laceration/Foreign body	
			Canalicular injury	
		Conjunctiva		
			Conjunctival laceration	
		Cornea		
			Corneal blood staining	
			Corneal oedema	
			Corneal abscess	
			Corneal abrasion	
			Corneal laceration	
		Anterior Chamber		
			Flat AC	
			Partial hyphaema	
			Eight ball (total) hyphaema	
			Hypopyon	
		Iris		
			Iris/uveal prolapse	
			Traumatic mydriasis	
			Iridodialysis	
		Drainage Angle		
			Angle recession	
			Cyclodialysis cleft	
		Lens		
			Traumatic cataract	
			Subluxed/dislocated lens	
			Loss of lens	
		Intraocular pressure		
			Raised IOP	
			Hypotony	
		Vitreous		
			Vitreous haemorrhage	
			Vitreous prolapse	
			IOFB	
		Retina		
	Retinal haemorrhage			
	Retinal tear			
	Retinal detachment			
	Commotio retinae			
Macula				
	Macular haemorrhage			
	Macular hole			
	Macular commotio			
	No fundus view			
Choroid				
	Choroidal rupture			
	Suprachoroidal haemorrhage			
Optic nerve				
	Traumatic optic neuropathy			

3e	Presence of endophthalmitis	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
3f	Other relevant findings				

4. Immediate Management					
4a	Date of admission				
4b	Date of discharge				
4c	Was surgical procedure required?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
		<input type="checkbox"/>	Other <i>(please specify)</i>		
4d	Time from first seen by ophthalmologist to operating theatre <i>(if applicable)</i>	<input type="checkbox"/>	Less than 6 hours		
		<input type="checkbox"/>	Between 6 hours and 24 hours		
		<input type="checkbox"/>	Greater than 24 hours		
4e	Was the patient transferred to another unit? <i>(We will not contact other clinicians. This is to check for duplicate reporting)</i>	<input type="checkbox"/>	Yes		
		<input type="checkbox"/>	No		
		<input type="checkbox"/>			

5. Your details	
5a	Name
5b	Contact phone no.
5c	Email address

Thank you for completing this questionnaire!

We hope that this project will provide us with the information that will help us reduce the incidence of this potentially blinding condition. Your help is much appreciated and we are extremely grateful for your time.

Freda Sii, Joseph Abbott, Richard Blanch, Caroline MacEwen, Peter Shah

Please return in the enclosed envelope to:

Dr Freda Sii
 UK Paediatric Ocular Trauma Study
 Department of Ophthalmology
 Queen Elizabeth Hospital Birmingham
 Mindelsohn Way
 Edgbaston
 Birmingham
 B15 2WB

A follow up questionnaire will be sent to you in 12 months.

Figure S1 Incident Questionnaire.

UK Paediatric Ocular Trauma Study
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Confidential Reporting Questionnaire

Case definition

All children aged 16 years and under who require 1) hospital admission for observation / treatment / surgery; or 2) day case admission / procedure due to acute ocular and/or orbital trauma.

Instructions

1. This questionnaire pertains to the patient's most recent visit, or final visit if discharged. Please answer all questions from this perspective.
2. Please complete the questionnaire by ticking the shaded boxes and filling in blank boxes when requested.
3. If you have referred the patient to another ophthalmic unit please answer the questionnaire as completely as possible. If unable to answer any question please leave blank.
4. After completing the questionnaire please return in the enclosed envelope to:

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Telephone: xxxxxxxxxxxx
Email: xxxxxxxxxxxxxxxx

OR

Mr Joseph Abbott
Telephone: xxxxxxxxxxxx
Email: xxxxxxxxxxxxxxxx

Thank you for taking the time to fill in this questionnaire!

1. Patient details	
1a	Hospital number
1b	Month and year of birth

Please complete this questionnaire using information from the last clinic visit

2. Attendance					
2a	The patient's current status in your department		Ongoing follow-up		Referred on and not followed up
			Discharged		Did not attend follow-up

3. Progress				
3a	Date patient last seen			
3b	No. of EUAs/operations related to the injury since it occurred	Right	Left	
3c	Any further surgery planned?	Yes	No	
3d	Ongoing non-surgical treatment	Yes	<i>Please specify</i>	
		No		
3e	Sequelae of injury <i>(please tick all that applies)</i>	Right	Left	
			None	
			Cataract	
			Pseudophakia	
			Aphakia	
			Corneal decompensation	
			Corneal scar	
			Corneal blood staining	
			Persistent raised IOP	
			Persistent hypotony / Phthisis bulbi	
			Endophthalmitis	
			Uveitis	
			Retinal detachment	
			Proliferative vitreo-retinopathy	
			Chorioretinal atrophy	
			Siderosis bulbi	
	Sympathetic ophthalmia			
	Chronic pain			
	Secondary amblyopia			
	Diplopia			
	Poor cosmesis			
	Other <i>(please specify)</i>			
3e	Has(ve) the eye(s) been enucleated/eviscerated?	Right	Yes	No
		Left	Yes	No
3f	Visual acuity <i>(please state the unit used)</i>	Right	Best corrected	Pinhole
		Left	Best corrected	Pinhole
3g	Cause(s) of reduced visual acuity in your opinion	Right		
		Left		
3h	Any suspicion of non-accidental injury?	Yes	No	

4. Consequence of the injury			
4a	Is the patient eligible for sight-impaired registration?		Yes, severely sight-impaired registration
			Yes, sight-impaired registration
			No
4b	Is this due to the injury?	Yes	No

Thank you for completing this questionnaire!

We hope to help reduce the incidence of this potentially blinding condition. Your help is much appreciated and we are extremely grateful for your time.

Freda Sii, Joseph Abbott, Richard Blanch, Caroline MacEwen, Peter Shah

Please return in the pre-paid envelope to:

Dr Freda Sii
UK Paediatric Ocular Trauma Study
Department of Ophthalmology
Queen Elizabeth Hospital Birmingham
Mindelsohn Way
Edgbaston
Birmingham
B15 2WB

Figure S2 Follow-up Questionnaire.