

Study Participant ID#

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**Questionnaire for patients or caregivers:**

Study Title: Cost of Traumatic Brain Injury (TBI) in Motorcycle Crash Victims at a Public Tertiary Healthcare Facility in Karachi, Pakistan: An Analytical Cross-sectional Study.

Date of Birth of the respondent	
Date of data collection	
Respondent Contact Number	
Data Collector Name with Code#	
Supervisor's Name	
Edited by	
Entered by	

**Part-a Demographic Variables**

No.	Questions and Filters	Coding Categories	Skip	Answers
Q1	What is the Gender of the patient? Circle one best answer	1. Male 2. Female		
Q2	What is patient's level of education? Circle one best answer	1. No formal Education 2. Less than Primary School 3. Primary School 4. High School 5. College Diploma 6. Degree 7. Post Graduate and higher. 8. Madrasa education		
Q3	What is patient's marital status? Circle one best answer	1. Single 2. Married 3. Widowed 4. Divorced 5. Separated		
Q4	Is the patient a resident of Karachi city? Circle one best answer	1. Yes 2. No	If No, skip to Q5	
Q4a	Where is the patient living in Karachi?  Circle one best answer	1. Baldia Town 2. Bin Qasim Town 3. Gadap Town 4. Gulberg Town 5. Gulshan Town 6. Jamshed Town 7. Kemari Town 8. Korangi Town 9. Landhi Town 10. Liaquatabad Town 11. Lyari Town 12. Malir Town 13. New Karachi Town 14. North Nazimabad Town 15. Orangi Town 16. Saddar Town 17. Shah Faisal Town 18. S.I.T.E. Town		
Q5	How many members are there in patient's family?	Write exact number of family members in two digits number		

Q6	What is patient's role in the family in terms of earning? Circle one best answer	1. The only Breadwinner 2. Dependent 3. Partially supportive		
Q7	What is the average monthly household income in patient's family? Circle one best answer	1. <10000 PKR 2. 10000-20000 PKR 3. 20000-30000 PKR 4. 30000-40000 PKR 5. 50000 and above		
Q8	How much is patient's earning share in the total household income? Circle one best answer	1. 5000-10000 PKR 2. 10000-15000 PKR 3. 15000-20000 PKR 4. 20000-25000 PKR 5. 30000 and above		
Q9	Is the patient currently employed? Circle one best answer	1. Yes 2. No	If No go to Q10	
Q9a	If yes, what is patient's actual occupation? Circle one best answer	1. Manager 2. Professional 3. Technician or associate professional 4. Clerical support worker 5. Service and sales worker 6. Skilled agricultural, forestry or fishery 7. Craft and related trades worker 8. Plant or machine operator 9. Elementary occupation 10. Armed forces occupation 11. Others, specify		
Q10	Who was driving the motorcycle at the time of accident? Circle one best answer	1. The respondent 2. Accompanying person 3. Others		
Q11	How many people were there on the motorcycle at the time of accident? Circle one best answer	1. 1 Person 2. 2 Persons 3. 3 Persons 4. 4 or more than 4 persons		
Q12	Were there any children under age of 18 years old with the patient on the motorbike at the time of accident?	1. Yes 2. No	If No, go to Q13	
Q12a	If yes, how many children were there with you? Circle one best answer	1. 1 child 2. 2 children 3. 3 children 4. 4 and above children		
Q12b	Please mention children's ages in years.	1. Child #1 age ..... 2. Child #2 age ..... 3. Child #3 age ..... 4. Child #4 age .....		
Q13	Was the patient wearing helmet at the time accident? Circle one best answer	1. Yes, with proper fixation of chin strap 2. Yes, without proper fixation of chin strap 3. No 4. Not known (Cannot be identified)		
Q14	With what the motorcycle collided? With ..... Circle one best answer	1. Motor Vehicle 2. Motorcycle 3. Rickshaw 4. Pedestrian 5. Lone motorcycle (Falling off the bike)		

		<ul style="list-style-type: none"> <li>6. Animal</li> <li>7. Fixed object</li> <li>8. Others, specify</li> </ul>		
Q15	<p>How did the accident happen? Circle one best answer</p>	<ul style="list-style-type: none"> <li>1. Head-On Collisions ( another vehicle hit from front)</li> <li>2. Another vehicle hit while changing lane</li> <li>3. Hit by car from back</li> <li>4. High Speeding</li> <li>5. Road hazards</li> <li>6. Motorcycle defect</li> <li>7. Driver was using cellphone</li> <li>8. Weather problems</li> <li>9. Driver has Eye sight or hearing impairment</li> <li>10. Cloth got stuck in motorbike</li> <li>11. Not known</li> </ul>		
Q16	<p>What is the type of road location where the accident occurred? Circle one best answer</p>	<ul style="list-style-type: none"> <li>1. Intersection</li> <li>2. Mid-block</li> <li>3. U Turn</li> <li>4. Flyover / bridge</li> <li>5. Plain road</li> <li>6. Off-road</li> <li>7. Not Known</li> </ul>		
Q17	<p>From where or which location the patient is brought to the JPMC ER?</p>	<ul style="list-style-type: none"> <li>1. Directly from the crash site</li> <li>2. Referred from other healthcare facility</li> <li>3. Follow up visit</li> <li>4. Not Known</li> </ul>	If 1, skip to Q18	
Q17a	<p>Which medical and surgical services are provided to the patient before referring to JPMC ER? Circle as many as applicable.</p>	<ul style="list-style-type: none"> <li>1. First aid</li> <li>2. Pain medication</li> <li>3. IV fluid resuscitation</li> <li>4. Blood Transfusion</li> <li>5. Minor surgeries</li> <li>6. Wound Dressing</li> <li>7. Others, Specify</li> </ul>		
Q18	<p>How long it took the patient to arrive at the JPMC ER after the accident happened? Circle one best answer</p>	<ul style="list-style-type: none"> <li>1. 0-10 minutes</li> <li>2. 11-20 minutes</li> <li>3. 21-30 minutes</li> <li>4. 31-59 minutes</li> <li>5. 60 minutes and above</li> </ul>		
Q19	<p>What was patient's estimated speed at the time of accident (km/hour)? Circle one best answer</p>	<ul style="list-style-type: none"> <li>1. &lt;30</li> <li>2. 30-50</li> <li>3. 50-69</li> <li>4. 70-80</li> <li>5. &gt;80</li> <li>6. Not known</li> </ul>		
Q20	<p>What parts of the body are injured? Circle as many as applicable.</p>	<ul style="list-style-type: none"> <li>1. Head/Skull</li> <li>2. Maxillofacial</li> <li>3. Neck injury</li> <li>4. Chest</li> <li>5. Abdomen and internal viscera</li> <li>6. Spine</li> <li>7. Upper limb</li> <li>8. Lower limb</li> <li>9. Others, specify</li> </ul>		

Q21	What are the details of head injuries?  Circle as many as applicable. (to be extracted from patient's file)	1. Extradural haematoma 2. Acute subdural haematoma 3. Subarachnoid haematoma 4. Intracerebral haemorage 5. Concussion injury 6. Cerebral contusion 7. Diffuse axonal injury 8. Skull Fracture 9. others		
<b>Part-b Out-of-Pocket (OOP) Healthcare Expenses</b>				
This part should be filled at the end of hospital discharge				
Q22	Did the patient receive all the laboratory services free of cost from the hospital?	1. Yes 2. No 3. Not needed	If 1, skip to Q23	
Q22a	List of Laboratory Test investigated outside: _____ Paid: Yes <input type="checkbox"/> No <input type="checkbox"/> Amount if paid _____ PKR Data retrieved by: Recall <input type="checkbox"/> Record <input type="checkbox"/>			
Q23	Did the patient receive radiology services free of cost from the hospital?	1. Yes 2. No 3. Not ordered	If 1, skip to Q24	
Q23a	Radiology Test investigated: _____ Paid: Yes <input type="checkbox"/> No <input type="checkbox"/> Amount if paid _____ PKR Data retrieved by: Recall <input type="checkbox"/> Record <input type="checkbox"/>			
Q24	Did the patient receive all medicines free of cost from the hospital?	1. Yes 2. No	If 1, skip to Q25	
Q24a	List of Medicines _____ Paid: Yes <input type="checkbox"/> No <input type="checkbox"/> Amount if paid _____ PKR Data retrieved by: Recall <input type="checkbox"/> Record <input type="checkbox"/>			
Q25	Did the patient use any formula feed diet during hospital stay?	1. Yes 2. No	If No, skip to Q26	
Q25a	Which formula feed and dietary product you used during hospital stay? Circle as applicable and write down the quantity in two digit numbers	1. Ensure 2. Isocal 3. Glucerna 4. Blenderized Tube Feeding 5. Others, specify		
Q25b	Did you receive the feed diet from hospital free of cost?	1. Yes 2. No	If No, answer Q25c	

Q25c	List of Formula Feed _____ Paid: Yes <input type="checkbox"/> No <input type="checkbox"/> Amount if paid _____ PKR Data retrieved by: Recall <input type="checkbox"/> Record <input type="checkbox"/>			
Q26	Does the patient have any health insurance?	1. Yes 2. No	If No, skip to Q30	
Q26a	If yes, specify kind of health insurance	1. Employment based health insurance 2. Private health insurance 3. Community based Insurance 5. Others, specify		
Q26b	What medical expenses are covered in patient's health insurance and how much the maximum limit (cap)?	1. In-patient _____ PKR 2. Out-patient _____ PKR 3. Travel cost _____ PKR 4. Others, specify _____ PKR		
Q27	What is the average total expenses of the caregivers (family members) for food, travel and others?	Write exact amount in PKR		
Q28	What coping mechanism the patient used to manage the cost of healthcare during hospital stay?	1. Borrowed money from friends and relatives 2. Took bank loan 3. Used savings 4. Sold assets 5. Deferred other payments 6. Others, specify		
<b>Part-c Healthcare Services Provided to the Patient</b>				
Fill this data from patient's healthcare providers (Physicians or Nurses) and by reviewing patient's file				
Q29	Which initial triage and resuscitation services are provided in the emergency department?  Circle as many as applicable.	1. History and physical examination 2. Vital Signs checked 3. Trauma Protocol initiated 4. IV cannula insertion 5. IV Fluid Resuscitation 6. IV Mannitol administration 7. CPR 8. ETT inserted (advance airway maintenance) 9. Wound Dressing 10. Pain management 11. TT vaccine administered 12. Other interventions, specify		

Q30	<b>Data of Medical Surgical Interventions in ER:</b>			
Date of admission: _____ time: _____				
Laboratory Investigations: _____				
Radiological Investigations: _____				
Medications: _____				
Surgical Procedures: _____				
Nursing Procedures: _____				
Duration of Stay in ER: _____				
Q31	Next destination of the patient from ER.	<ol style="list-style-type: none"> <li>1. Admitted in general ward</li> <li>2. Admitted in ICU or other special care unit</li> <li>3. Taken to Operation Theater</li> <li>4. LAMA</li> <li>5. Referred to other hospitals</li> <li>6. Discharged</li> <li>7. others, specify</li> </ol>	If LAMA or referred to other hospitals, exclude from study	
Q32	<b>Data of Medical Surgical Interventions in General Ward:</b>			
Date of admission: _____ time: _____				
Laboratory Investigations: _____				
Radiological Investigations: _____				
Medications: _____				
Surgical Procedures: _____				
Nursing Procedures: _____				
Duration of Stay: _____				
Q33	<b>Data of Medical Surgical Interventions in Operation Theater:</b>			
Date of admission: _____ time: _____				
Laboratory Investigations: _____				
Radiological Investigations: _____				
Medications: _____				
Surgical Procedures: _____				
Nursing Procedures: _____				
Duration of Stay: _____				

Q34

**Data of Medical Surgical Interventions in ICU or other Special Care Units:**

Date of admission: \_\_\_\_\_ time: \_\_\_\_\_

Laboratory Investigations: \_\_\_\_\_

Radiological Investigations: \_\_\_\_\_

Medications: \_\_\_\_\_

Surgical Procedures: \_\_\_\_\_

Nursing Procedures: \_\_\_\_\_

Duration of Stay: \_\_\_\_\_