

Patient Study ID Number:

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Study #

Site #

Patient #

Telephone Follow-up Survey

Survey Questions

In the next few minutes, we would like to ask you a few questions about how _____(child's name)____ is doing, and whether he/she has received any medical care for an abdominal injury since their ER Visit. Again, you can choose not to answer questions and stop this interview at any time.

1. Since leaving the ER on ____(date)____ , has _____(child's name)____ had any problems from an injury to his/her abdomen (such as vomiting or worsening abdominal pain) so that you had him/her seen by another doctor in an office or in an ER?

No: Go to question ***2***.

Yes

1a) What were those problems that caused you to bring him/her to the doctor? (check all that apply)

Abdominal pain vomiting blood in urine passing out
 Other (describe) _____

2. Has _____(child's name)____ had an x-ray test of the abdomen called a CT scan or ultrasound after leaving the ER on ____(date)____ to see if anything was wrong inside his/her abdomen?

No: Go to question ***4***.

Yes: Could you describe the test

CT scan **Ultrasound**
 Other (please write down guardian's description) _____

3. Did the doctor say that the CT or ultrasound scan was normal or not normal?

- Normal *** Go to Question 4 ***
 Not Normal *** Go to Question 3a and 3b***
 Unknown *** Go to Question 3b ***

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3a. What was not normal? Please describe in detail what the doctor/hospital staff told you.

Traumatic findings Yes (specify below if possible) No

- Liver Spleen Gastrointestinal Kidney Pancreas
 Gallbladder Fascial injury Adrenal gland
 Urinary bladder Vascular structure
 Other (list) _____
 Unable to tell from guardian's report

3b. Where was the CT or ultrasound done? (list site) _____

- PECARN Hospital *** Go to Question 4 ***
 Non PECARN Hospital or health care facility (continue with this question)
Can we send you a release of information form, which is a form that allows us to request (child's name) medical record from _____. We would like to obtain the report of the CT/ultrasound as well as information about what happened while you were at the hospital in order to use the results for our research study. Again, we will keep this information private and will not release it to anyone outside the research team
 No
 Yes, If Yes – send the release of information to what address?

*** Go to Question 4 ***

4. At any time after his/her injury Has _____ (child's name) been admitted to the hospital because of a possible intra-abdominal injury?

- No**
 Yes, *** Go to Question 4a ***

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4a) From what date to what date was your child admitted?

Admit date _____/_____/_____

Discharge date _____/_____/_____

Currently admitted

4b) While in the hospital, was your child diagnosed with an intra-abdominal injury?

No *** Go to Question 4c ***

Yes, What organ was injured?

Liver Spleen Gastrointestinal Kidney Pancreas

Gallbladder Fascial injury Adrenal gland

Urinary bladder Vascular structure Other (list) _____

4c) Can we send you a release of information form, which is a form that allows us to request (child's name) medical record from _____.
We would like to obtain the discharge summary as well as information about what happened while you were at the hospital in order to use the results for our research study to ensure that we are providing the best care to children with abdominal injuries. Again, we will keep this information private and will not release it to anyone outside the research team

No *** Finished, read conclusion ***

Yes, If Yes – send the release of information to what address?

Final Section: Conclusion

Thank you very much for your assistance. I hope _____(child's name)_____ is feeling better.

Telephone follow-up completed on _____/_____/_____

RA name: _____