

Standardised
Audit of
Hip
Fractures in
Europe



1. - Country and hospital code
First 3 numbers are the countries international dialling code, then 6 numbers for the hospital code.
2. Patient ID number
Each hospital may chose their own ID number, e.g. social security number, hospital record number.
Even if the patient is admitted later for a second fracture the same number is used.
3. SAHFE number (Computer generated when form 1 is registred).
4. Side of fracture 1=Left 2=Right (If simultaneous bilateral fracture, use 2 forms.)
5. / / Date of fracture (If not known, use "Date of admission", form 1.)
6. / / Date of birth (e.g. 25/06/1945)
7. Sex 1=Male 2=Female
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20. / / Date of assessment
21. Assessment done by
1=Face to face interview with patient 2=Face to face interview with carer/relative friend 3=Phone to patient
4=Phone to carer/relative/friend 5=Postal questionnaire completed by patient
6=Postal questionnaire completed by carer/relative/friend 7=Other (specify)
22. Residential status Choose the one option that best applies. For full explanation see on the back of this form.
1=Own home 2=Sheltered housing 3=Institutional care 4=Nursing home
5=Permanent hospital inpatient 6=Rehabilitation unit 7=Acute hospital 8=Other 9=Died
23. Locomotor ability Refers to the patients normal walking ability at 4 months after the fracture occurred.
1=Walks alone out of doors 2=Walks out of doors only if accompanied
3=Walks alone indoors but not out of doors 4=Walks indoors only if accompanied 5=Unable to walk
24. Walking aids Refers to the walking aids normally used at 4 months after the fracture occurred.
1=Walks without aids 2=One aid (stick, crutch, tripod or hemiwalker)
3=Two aids (stick, crutch, tripod or hemiwalker) 4=Frame (walking frame or rollator) 5=Wheelchair/bedbound
25. Pain at the hip (choose the one most relevant option)
1=The pain in my hip is severe and spontaneous. I experience it even when I am not moving.
2=The pain in my hip is severe when I attempt to walk and prevents all activity.
3=The pain in my hip is tolerable, permitting limited activity.
4=The pain in my hip occurs only after some activity and disappears quickly with rest.
5=The pain in my hip is slight or intermittent. I experience pain when starting to walk but the pain gets less with normal activity.
6=I experience no pain in my hip. 7=Unable to answer.
26. **Type of stay/re-admissions**
For type of stay, use options in question 9 (se the back of this form). For days, give number of days stay at each residential category from the time of discharge from primary admission up to 120 from fracture. For reason, use the following codes.
1=Surgical complications requiring re-operation (ensure questions 28–34 have been completed for each re-operation).
2=Surgical complications not requiring re-operation. 3=Medical complications related to hip fracture.
4=Failure to manage at place of origin due to hip fracture. 5=Admitted for reasons not related to hip fracture.
6=Return to place of origin 7=Unknown/not stated.
- 1: type , days and reason 5: type , days and reason
- 2: type , days and reason 6: type , days and reason
- 3: type , days and reason 7: type , days and reason
- 4: type , days and reason 8: type , days and reason
27. / / Death (If death within 4 month of fracture give date of death.)