#Centre	Subject #	Initials

Validation PoCS Rule

Additional Questionnaire

Date of trauma (yyyy/mm/dd): ______________

Dates and hours of attempts:

____

____

Date reached (yyyy/mm/dd): ______________

Lost to Follow-Up ☐

Questionnaire completed at:

☐ 7 day Follow-Up
☐ 30 day Follow-Up
☐ 90 day Follow-Up

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Details of the accident :

1. Type of impact:

A. ☐ Car :

Has there been a collision?

No ☐ Yes ☐ : ☐ frontal impact ☐ side impact ☐ rear impact ☐ multiple impacts Unknown ☐

With what did the collision occur?

☐ car ☐ object (wall, tree, rock…)
☐ motorcycle ☐ moose
☐ bicycle ☐ other animal
☐ pedestrian ☐ other, specify ____________________

Did the vehicle flip or rollover?

No ☐ Yes ☐ Unknown ☐

Did it leave the road?

No ☐ Yes ☐ Unknown ☐

Were you ejected?

No ☐ Yes ☐ Unknown ☐

☐ other, specify ____________________

B. ☐ Other motorized vehicle:

☐ Motorcycle ☐All-Terrain Vehicle ☐ Snowmobile ☐ Other, specify :__________

Has there been a collision?

No ☐ Yes ☐ : ☐ car ☐ motorcycle ☐ bicycle ☐ pedestrian ☐ object (wall, tree, rock…) ☐ moose ☐ other animal ☐ other, specify ____________________ Unknown ☐

Did it leave the road?

No ☐ Yes ☐ Unknown ☐

Were you ejected?

No ☐ Yes ☐ Unknown ☐

Was there a fall without a collision, loss of control or an uneven road surface?

No ☐ Yes ☐ Unknown ☐

☐ other, specify ____________________

C. ☐ Bicycle :

Has there been a collision?

No ☐ Yes ☐ : ☐ car Unknown ☐
☐ motorcycle
☐ bicycle
☐ pedestrian
☐ object (wall, tree, rock…)
☐ moose
☐ other animal
☐ other, specify _____________

Were you ejected?
No ☐ Yes ☐ Unknown ☐

Was there a fall without a collision, loss of control or an uneven road surface?
No ☐ Yes ☐ Unknown ☐

☐ autre, précisez ______________________________________

D. ☐ Pedestrian :

Were you stuck by a vehicle?
No ☐ Yes ☐ ☐ car Unknown ☐
☐ motorcycle
☐ bicycle
☐ other, specify _____________

Was there a fall?
No ☐ Yes ☐ ☐ from his height Unknown ☐
☐ from a height of ___ metres *

*(1 metre = 3 foots or 5 steps)

E. ☐ Sport :

☐ hockey
☐ football/rugby
☐ soccer
☐ baseball
☐ rollerblading
☐ skiing/snowboarding
☐ ice skating
☐ sliding
☐ horseback riding
☐ skateboarding
☐ cheerleading
☐ other, specify ______________________________________

F. ☐ Work accident :

Could the accidentbest meet class sections A to E?
No ☐ Yes ☐

Have you received an object on the head?
No ☐ Yes ☐ Unknown ☐

Have you been caught between two structures?
No ☐ Yes ☐ Unknown ☐

☐ other, specify ______________________________

____

G. ☐ Blows, battle and altercation:

Was there a fight, or was the person hit?
No ☐ Yes ☐ Unknown ☐

☐ other, specify ______________________________

____

H. ☐ Other type of impact/ Not mentioned

Specify : ______________________________

____

____

2. Did you suffer any head injuries?

No ☐

Yes ☐

Wounds/contusions to the head :	No ☐	Yes ☐
Wounds/contusions to the face :	No ☐	Yes ☐
Fracture to the skull :	No ☐	Yes ☐
Fracture to the base of the skull :	No ☐	Yes ☐
Fracture to the face :	No ☐	Yes ☐

☐ other, speciy ____________________________________

3. Did you suffer any other injuries?

No ☐

Yes ☐

☐ Fractures→
- ☐ Upper spine
- ☐ Lower spine
- ☐ Ribs
- ☐ Upper limbs
- ☐ Lower limbs
- ☐ Pelvis
- ☐ Other, specify ______________________

☐ Sprain/traumatic tendinitis→
- ☐ Upper spine
- ☐ Lower spine
- ☐ Upper limbs : ☐ Wrist ☐ Elbow ☐ Shoulder ☐ Other
- ☐ Lower limbs : ☐ Ankle ☐ Knee ☐ Other
- ☐ Other, specify ______________________

☐ Wounds/contusions/hematomas
- ☐ Back
- ☐ Abdomen
- ☐ Upper limbs : ☐ Wrist ☐ Elbow ☐ Shoulder ☐ Other
- ☐ Lower limbs : ☐ Ankle ☐ Knee ☐ Hip ☐ Other

☐ Other, specify ____

4. Was there any other person injured or deceased in the accident? Specify.

- ☐ None
- ☐ Spouse
- ☐ Children(s)
- ☐ Parent(s)
- ☐ Friend(s)
- ☐ Person in the other vehicle
- ☐ Unknown
- ☐ Other: ______________________________

5. Were there any material losses caused by the accident (e.g. total loss of vehicle, etc.)**?** Specify :

- ☐ None
- ☐ Car
- ☐ Motorcycle
- ☐ Bicycle
- ☐ Other

6. In everyday life, do you have family support?

No ☐ Yes ☐

7. Medical history:
For the next questions, please answer yes or no:

A) Do you have a medical history? No ☐ Yes ☐

If Yes, were you hospitalized within the last year? No ☐ Yes ☐

B) Do you have a history of head surgeries? No ☐ Yes ☐

If Yes, were you hospitalized within the last year? No ☐ Yes ☐

C) Do you have any psychiatric history? No ☐ Yes ☐

If Yes, were you hospitalized within the last year? No ☐ Yes ☐

If Yes, which one(s)?

- ☐ Depression
- ☐ Manic Depressive Psychosis disorder (bipolar)
- ☐ Schizophrenia
- ☐ Personality disorder
- ☐ General anxiety disorder
- ☐ Hyperactivity
- ☐ Other ____

8. **Do you take any medication prescribed by a doctor?** Which one(s)? For what reason(s)?

No ☐ Yes ☐

If Yes :

A) Antidepressants : ______________________________

B) Mood stabilisers : ______________________________

C) Anxiolytics: ______________________________

D) Antipsychotics : ______________________________

E) Analgesics : ☐ Acute pain ______________________________

☐ Chronic pain (≥3 months) ______________________________

F) Other : ______________________________

____

9. How would you describe your alcohol consumption before the accident, in everyday life?

- ☐ None
- ☐ Occasional
- ☐ Moderate (< 2 consumptions per day)
- ☐ Major (≥2 consumptions per day)
- ☐ The habit interferes with my work/social function

10. How would you describe your drug use before the accident, in everyday life?

- ☐ None
- ☐ Occasional
- ☐ Moderate (each month)
- ☐ Major (each weak)
- ☐ The habit interferes with my work/social function

11. **Have you had any academic difficulties** (since elementary school) (e.g. repeated a grade, learning difficulties, hyperactivity, attention disorder, special classes, tutoring, reading/math/writing difficulties)?

No ☐ Yes ☐

If Yes, specify: ______________________________

____

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12. What is your level of education? *(completed)*

- ☐ Elementary
- ☐ Secondary 1
- ☐ Secondary 2
- ☐ Secondary 3
- ☐ Secondary 4
- ☐ Secondary 5
- ☐ Professional Education Diploma
- ☐ Collegial Education Certificate
- ☐ Collegial Education Diploma
- ☐ Undergraduate certificate (First cycle)
- ☐ Baccalaureate
- ☐ Masters
- ☐ First year Doctorate
- ☐ Doctorate (PhD)

13. What is your current work?

A) Employment status:

- ☐ Employed
- ☐ Executive
- ☐ Self-employed
- ☐ Seasonal worker
- ☐ Not working

B) Length of employment:

- ☐ < 1 year
- ☐ 1 to 2 years
- ☐ 2 to 5 years
- ☐ 5 to 7 years
- ☐ 7 to 10 years
- ☐ 10 to 15 years
- ☐ > 15 years

C) Occupation *(primarily)*:

- ☐ Office
- ☐ Sitting (transportation)
- ☐ Standing
- ☐ Physical labour
- ☐ Education
- ☐ Health-daycare
- ☐ Catering
- ☐ Other: ________________________

14. Have you experienced any stressful situation in the 12 months preceding the accident (stressors)?

No ☐ Yes ☐

15. Did you suffer any head injuries in the past (or a concussion)?

No ☐ Yes ☐

If Yes :

A) Specify how many : __________

If there were more than one, specify the type for each head injury, starting with the most recent to the oldest. If there were more than three, indicate for the last three only:

1A. The type of trauma :

- ☐ Head trauma without any brain injury
- ☐ mild Traumatic Brain Injury (TBI) (with loss of consciousness, amnesia, confusion or CT scan abnormalities)
- ☐ moderate TBI (hospitalized, non-intubated nor Intensive Care Unit)
- ☐ severe TBI (intubated, Intensive Care Unit)
- ☐ Unknown

1B. Specify the exact year of TBI. If less than one year, specify the exact month :

____

2A. The type of trauma :

- ☐ Head trauma without any brain injury
- ☐ mild Traumatic Brain Injury (TBI) (with loss of consciousness, amnesia, confusion or CT scan abnormalities)
- ☐ moderate TBI (hospitalized, non-intubated nor Intensive Care Unit)
- ☐ severe TBI (intubated, Intensive Care Unit)
- ☐ Unknown

2B. Specify the exact year of TBI. If less than one year, specify the exact month :

____

3A. The type of trauma :

- ☐ Head trauma without any brain injury
- ☐ mild Traumatic Brain Injury (TBI) (with loss of consciousness, amnesia, confusion or CT scan abnormalities)
- ☐ moderate TBI (hospitalized, non-intubated nor Intensive Care Unit)
- ☐ severe TBI (intubated, Intensive Care Unit)
- ☐ Unknown

3B. Specify the exact year of TBI. If less than one year, specify the exact month :

____