

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 registered).
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

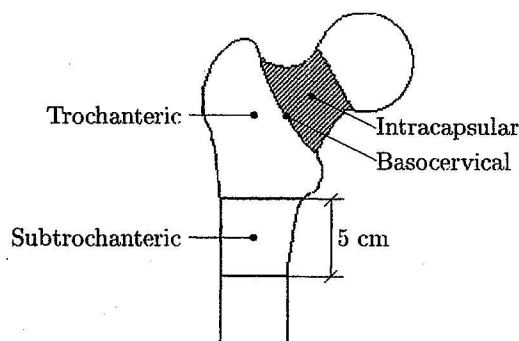
8. ____ / ____ / _____ Date of admission
9. ☐ Admitted from Choose the one option that best applies. For full explanation see on the back of this form.
1=Own home 2=Sheltered housing 3=Institutional care 4=Nursing home
5=Permanent hospital inpatient 6=Rehabilitation unit 7=Acute hospital 8=Other 9=Died
10. ☐ Living alone (A modification to this is available in the optional section)
1.0=Yes 2.0=No 3.0=Institutional care (categories 3-7 above)
11. ☐ Walking Refers to the patients normal walking ability immediately before the fracture occurred.
1=Walked alone out of doors 2=Walked out of doors only if accompanied
3=Walked alone indoors but not out of doors 4=Walked indoors only if accompanied 5=Unable to walk
12. ☐ Walking aids Refers to the walking aids normally used before the fracture occurred.
1=Can walk 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
13. ☐ ASA grade
1=Completely fit and healthy, 2=Some illness but this has no effect on normal daily activity, that is an asymptomatic condition such as hypertension, 3=Symptomatic illness present, but minimal restriction on life, e.g. mild diabetes mellitus, 4=Symptomatic illness causing severe restriction, e.g. severe chronic bronchitis, unstable diabetes, 5=Moribund.
14. ☐ Type of fracture (see figure on the back of this form)
Choose the area of bone in which the main fracture line crossing femur is predominately found.
1=Undisplaced intracapsular 2=Displaced intracapsular 3=Basocervical
4=Trochanteric two fragments 5=Trochanteric multi-fragments 6=Subtrochanteric (any number of fragments)
15. ☐ Pathological fracture
1=No 2=Malignant secondary bone tumor 3=Malignant primary bone tumor
4=Bone cyst 5=Paget's disease 6=Other (specify)
16. ____ / ____ / _____ Date of operation Leave blank only if not operated on.
17. ____ . ____ Primary operation (A modification to this is available in the optional section)
1=Single screw, pin or nail 2=Two screws, pins or nails 3=Three or more screws, pins or nails
4=Single screw, pin or nail with side plate 5=Intramedullary nail 6=Hemiarthroplasty
7=Total hip arthroplasty 8=Conservative 9=Other (specify)
18. ____ / ____ / _____ Date of discharge or death from primary admission ward
Has any re-operation been performed? If yes, complete form 3 (questions 28-34) for each re-operation
19. ☐ Discharged to (code as question 9)

Codes for "Admitted from"

- 1=Own home. Independent living accommodation although the person may receive assistance from relatives and outside agencies at home. Own, rented house, family member's home.
- 2=Sheltered housing, warden controlled accommodation, special flat. Partly independent living accommodation where major assistance is given.
- 3=Institutional care. Long term/permanent placement in a full service residential home, home for the elderly or infirm where meals are provided but the patient is mobile and generally able to carry out basic activities of daily living (dressing, washing, feeding toileting). A social provision with minimum nursing input.
- 4=Nursing home. Long term/permanent placement in an institutional home which has provision of nursing facilities to provide assistance in the basic activities of daily living of dressing, washing and toileting.
- 5=Permanent hospital inpatient. Long term/permanent placement of a patient in hospital which has nursing and medical support and for which there are no plans for discharge.
- 6=Rehabilitation unit. Short term/temporary placement in either a community rehabilitation unit, temporary nursing care, geriatric assessment unit, respite care, convalescent home.
- 7=Acute hospital. Short term/temporary placement.
- 8=Other (specify)
- 9=Died (only applies when answering question 19, 34)

Codes for "Type of fracture"

- 1=Undisplaced intracapsular (subcapital or cervical). Garden grade 1 or 2
- 2=Displaced intracapsular (subcapital or cervical). Garden grade 3 or 4
- 3=Basocervical (basal)
- 4=Trochanteric two fragments (a two part fracture, stable fracture) Trochanteric fractures are also termed intertrochanteric or pertrochanteric fractures.
- 5=Trochanteric multi-fragments (the extra fragments are generally the greater or lesser trochanter or both)
- 6=Subtrochanteric (any number of fragments)



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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

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 7=Other (specify)
6=Postal questionnaire completed by carer/relative/friend
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). 3=Medical complications related to hip fracture.
2=Surgical complications not requiring re-operation. 5=Admitted for reasons not related to hip fracture.
4=Failure to manage at place of origin due to hip fracture. 7=Unknown/not stated.
6=Return to place of origin
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.)

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SAHFE number (Computer generated when form 1 is registered).

Side of fracture 1=Left 2=Right (If simultaneous bilateral fracture, use 2 forms.)

Date of fracture (If not known, use "Date of admission", form 1.)

Date of birth (e.g. 25/06/1945)

Sex 1=Male 2=Female

Date of admission

If already in hospital and not discharged since primary admission use same date as question 8

Admitted from 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
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Date of re-operation

Type of re-operation

1=Removal implant 2=Hemiarthroplasty 3=Total hip arthroplasty
4=Re-osteosynthesis (revision with internal fixation) 5=Girdlestone/excision arthroplasty
6=Drainage haematoma or infection 7=Reduction dislocation 8=Other (specify)

Reason for re-operation

1=Fracture displacement
2=Loss of position of osteosynthesis material without fracture displacement
3=Additional fracture around the implant
4=Non-union (pseudarthrosis). Non-union normally takes 3-6 months to occur so fracture displacement or loss of position of implant before this time should normally be coded as 1 or 2
5=Femoral head necrosis (segmental collapse, avascular necrosis in a fracture that has healed)
6=Local pain or tenderness at operation site or prominent implant causing discomfort with healed fracture
7=Wound infection
8=Wound haematoma
9=Dislocation of arthroplasty
10=Breakage of the implant
11=Disassembly of the implant
12='Elective' removal of implant. Fracture healed and no significant symptoms
13=Cut-out of the implant
14=Rotational mal-alignment
15=Fracture mal-union
16=Loosening of the implant
99= Other (specify)

Date of discharge or death in hospital

Discharged to (code as question 29)

Codes for "Residential status"

- 1=Own home. Independent living accommodation although the person may receive assistance from relatives and outside agencies at home. Own, rented house, family member's home.
- 2=Sheltered housing, warden controlled accommodation, special flat. Partly independent living accommodation where major assistance is given.
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- 8=Other (specify)
- 9=Died (only applies when answering question 19, 34)

Codes for "Admitted from"

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- 5—Permanent hospital inpatient. Long term/permanent placement of a patient in hospital which has nursing and medical support and for which there are no plans for discharge.
- 6—Rehabilitation unit. Short term/temporary placement in either a community rehabilitation unit, temporary nursing care, geriatric assessment unit, respite care, convalescent home.
- 7—Acute hospital. Short term/temporary placement.
- 8—Other (specify)
- 9—Died (only applies when answering question 19, 34)