To be completed by the Research Associate once informed consent has been obtained

DRAFFT

Centre ID ☐☐☐

Background Information

Patient Initials ☐☐☐

SECTION 1 - CURRENT INJURY

1. Date of injury (dd/mm/yyyy): ☐☐ ☐☐ ☐☐☐☐

2. Mechanism of injury (please select only one answer)

Low energy fall (e.g. while standing or walking) ☐

High energy fall (e.g. while running or from a height of more than 2 metres) ☐

Road traffic accident ☐

Crush injury ☐

Other   details: .... ☐

3. Does the patient have any other injuries ☐ Yes ☐ No

If Yes, please give details: ....
....

SECTION 2 - MEDICAL HISTORY

1. Height (cm) ☐☐☐ . ☐   **Weight (kg)** ☐☐☐ . ☐

2. Is the patient right-handed or left-handed?

Right ☐

Left ☐

Not clearly one or the other ☐

Is the patient currently taking any of the following;

3. Osteoporosis medication e.g. Bisphosphonates   Yes ☐   No ☐

4. Regular analgesia e.g. Paracetamol, anti-inflammatory   Yes ☐   No ☐

5. Other Medication   Yes ☐   No ☐

If Yes, please give details ....
....

6. Is the patient currently a regular smoker?   Yes ☐   No ☐

If Yes, how many cigarettes per day? ☐☐☐ and for how many years? ☐☐

7. How many units of alcohol does the patient drink in a normal week?

0-7 units ☐   8-14 units ☐   15-21 units ☐   More than 21 units ☐

8. Has the patient had previous wrist problems on the injured side?   Yes ☐   No ☐

If Yes,   Previous fracture   Yes ☐   No ☐

Ligament, tendon or nerve injury   Yes ☐   No ☐

Arthritis   Yes ☐   No ☐

Other   Yes ☐   No ☐

If Other please give details ....

9. In the last 12 months prior to this injury, how often did the patient have difficulties balancing whilst walking? (please select only one answer)

Never   ☐

Sometimes   ☐

Often   ☐

Very Often   ☐

Always   ☐

10. In the last 12 months prior to this injury, how much difficulty did the patient have with the following activities without the help of another person? (please circle one number per line)

	No difficulty	A little difficulty	Some difficulty	A lot of difficulty	Unable to perform
a. Taking a bath	1	2	3	4	5
b. Moving from a bed to a chair	1	2	3	4	5
c. Getting to the toilet	1	2	3	4	5
d. Dressing	1	2	3	4	5
e. Eating	1	2	3	4	5

11. How many times has the patient fallen in the last 12 months (including this time if the cause of the injury was a fall)? ☐☐☐

12. Please tick the box that most closely describes the patient's ethnic background

White	☐	Pakistani	☐
Black Carribbean	☐	Bangladeshi	☐
Black African	☐	Chinese	☐
Black Other	☐	Other	☐
Indian	☐	(Please specify)	

13. What is the patient's current employment status? (please select only one answer)

Full-time employed	☐	Unpaid work	☐
Part-time employed	☐	Unemployed	☐
Self-employed	☐	Full time student	☐
Retired/looking after home/inactive	☐		

If you selected 'unemployed' or 'retired', please go to Q15.

14. If the patient is employed which of the following categories best describes their employment? (please select only one answer)

Unskilled manual	☐	Skilled non manual	☐
Skilled manual	☐	Professional	☐
Unskilled non manual	☐	Other	☐
		(please describe)	

15. Although the patient will be given **one** of the treatment options by chance, if they could choose which treatment to have, which would be their preference? (please select only one answer)

K-wires	☐
Locking plate	☐
Participant does not mind which treatment they receive	☐

Research Associate signature: ....

Date completed (dd/mm/yyyy): ☐☐ ☐☐ ☐☐☐☐