

Trauma Patient Reported Measures (PRMs)

Record ID

Date of Survey Completion (Health Utilisation)

How many times in the past month have you seen a general practitioner in regard to your injury ?

0 1 2 3
 4 5 6 or more

How many times in the past month have you seen a medical specialist (such as a bone or orthopedic specialist) in regard to your injury ?

0
 1
 2
 3
 4
 5
 6 or more

How many times in the past month have you seen health professionals other than doctors (such as a physiotherapist or psychologist) in regard to your injury ?

0
 1
 2
 3
 4
 5
 6 or more

How many times in the past month have you visited a hospital emergency department in regard to your injury (includes all visits even if you were or were not admitted to the hospital from the emergency department)

0
 1
 2
 3
 4
 5
 6 or more

How many times in the past month have you been admitted to hospital as an inpatient because of your injury?

0
 1
 2
 3
 4
 5
 6 or more

How many diagnostic tests (such as x-rays or CT scans, ultrasounds, blood) have you had in the last month relating to your injury?

0
 1
 2
 3
 4
 5
 6 or more

Survey Progress: 100%.

You have completed all sections of this survey. Please click on the 'submit' button below to finish