CLINICAL REPORT FORM – INVESTIGATOR

ARMED SERVICES TRAUMA REHABILITATION OUTCOME STUDY

Participant Study Number: ☐☐☐ ☐☐☐☐

Investigator name: _____

Date: ____/ ____/ _____ (dd/mm/yyyy)

Version 5.0 20171207

Participant Study Number: ☐☐☐ ☐☐☐☐

CONTENTS

Participant Study Number: ☐☐☐ ☐☐☐☐

INCLUSION & EXCLUSION CRITERIA

NB. For a participant to be excluded from the Study due to acute infection they must fulfill 2 out of 3 criteria marked with an (*)[1]

(Please tick appropriate box)		**Yes**	**No**	
(a)	Patient unwilling or unable to give Informed Consent	☐	☐	
(b)	Sustained battlefield trauma, while on deployment, with Aeromedical evacuation and direct UK hospital admission	☐	☐	
(c)	Patient has established CVD (eg. previous stroke or TIA, ischaemic heart disease, peripheral vascular disease)	☐	☐	
(d)	Past medical history of diabetes	☐	☐	
(e)	Past medical history of renal or liver disease	☐	☐	
(f)	Active acute infection	☐	☐	
(g)	Temperature >38°C or <36°C (*)	☐	☐	
(h)	Resting heart rate >90 beats/min (*)	☐	☐	
(i)	Respiratory rate >20 breaths/min (*)	☐	☐	
(j)	Other (please specify) _____	☐	☐	
(k)	All inclusion criteria met	☐	☐	
(l)	Exclusion criteria met	☐	☐	
(m)	Informed Consent Form signed (dd/mm/yyyy)	☐	☐	Date: ___/___/_____
(n)	Initials of person taking Consent	_____		
(o)	Initials of person confirming inclusion/exclusion criteria	_____		
(p)	Reasons participant failed screening (please specify)	_____		

[1] Reference: American College of Chest Physicians/Society of Critical Care Medicine Consensus Conference: definitions for sepsis and organ failure and guidelines for the use of innovative therapies in sepsis (1992)

Participant Study Number: ☐☐☐ ☐☐☐☐

SECTION A: BIOMETRIC EXAMINATION

Q1. Has the participant fasted for 8 hours? Yes ☐ No ☐

*If **No**, please specify plan of action:* _____

_____

Q2. Height (m) ☐.☐☐ Actual: ☐ Reported: ☐ Estimated: ☐

(please tick the appropriate box)

Q3. Weight (kg) ☐☐☐.☐☐

(without prosthesis)

Q4. Amputee Yes ☐ No ☐ Date of injury (if applicable) ___/___/_____

Q5. *Circle the appropriate box(es) to indicate type of amputation*

Right side	SD	TH	ED	TR	WD	Digit No.[2]	HD	TF	KD	TT	AD	PF
Left side	SD	TH	ED	TR	WD	Digit No.	HD	TF	KD	TT	AD	PF

Q6. Abdominal circumference (cm) ☐☐☐.☐

Q7. Hip circumference (cm) ☐☐☐.☐

Q8. Body mass index (BMI) ☐☐.☐

Q9. Waist to hip ratio ☐.☐☐

[2] This refers to the number of digits amputated

Participant Study Number: ☐☐☐ ☐☐☐☐

SECTION B: DEMOGRAPHIC DATA

Q10. Postcode: ☐☐☐☐ ☐☐☐

Q11. Date of birth: ____/____/_____ (dd/mm/yyyy)

Q12. Ethnicity *(please tick the box which most applies to you)*

White

- ☐ British
- ☐ Irish
- ☐ White (other)

Mixed

- ☐ White & Black African
- ☐ White & Black Caribbean
- ☐ White & Asian
- ☐ Any other mixed background

Asian or Asian British

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Any other Asian background

Black or Black British

- ☐ Caribbean
- ☐ African
- ☐ Any other Black background

Other ethnic groups

- ☐ Chinese
- ☐ Any other ethnic group

(please specify) _____

_____

For the following questions, please tick the relevant box

Q13. Marital status

Single ☐ Married/Civil partner ☐ Divorced ☐

Widowed ☐ Cohabiting ☐ In long-term relationship ☐

Q14. Who do you live with? *multiple answers allowed*

Alone ☐ Parents ☐ Spouse/partner ☐

Children* ☐ *Ages of the children: _____

Other (please specify):_____

Do you live in: Assisted living ☐ Base/Unit ☐

Participant Study Number: ☐☐☐ ☐☐☐☐

Q15. Are you currently:

Still serving, full-time in the armed forces	☐	Volunteering	☐
Still serving, medically downgraded	☐	Not working due to ill-health	☐
Still serving, not active due to ill-health	☐	Not working by choice	☐
Working full/part-time in civilian paid employment	☐	Not working, seeking employment	☐
Self-employed	☐	Retired	☐
Other *(please specify)*	☐	_____	

Q16. If no longer in the Service what was your:

(a) Date of discharge: ____/____/_____ (dd/mm/yyyy)

(b) Method of discharge:

End of engagement/commission	☐	Premature voluntary release/signed off	☐
Medical discharge	☐	Personal choice	☐
Medical downgrade	☐	Voluntary redundancy	☐
Administrative	☐	Other (please specify)	☐
Compulsory redundancy	☐	_____	

Q17. What is/was your length of service (to the nearest year) ?

(a) As a regular/FTRS _____ years

(b) As a volunteer reservist _____ years

Q18. What is/was your current rank or equivalent?

Royal Navy		**Army & Royal Marines**		**RAF**	
AB	☐	Pte/MNE	☐	AC/LAC/JT	☐
LH	☐	LCpl to Cpl	☐	Cpl/LCpl/SAC	☐
PO to WO1	☐	Sgt toWO1	☐	Sgt to WO	☐
Mid to Lt Cdr	☐	2nd Lt to Ma	☐	Plt Off to Sqn Ldr	☐
Cdr & above	☐	Lt Col & above	☐	Wg Cdr & above	☐
Other *(please specify)*	☐	Other *(please specify)*	☐	Other *(please specify)*	☐
_____		_____		_____	

Q19. Have you trained for a new primary role since your deployment/injury?

Yes ☐ No ☐

Participant Study Number: ☐☐☐ ☐☐☐☐

Q20. Please identify using the numbers 1 and 2 the change in your primary role/trade within your parent unit pre and post deployment/injury.

Combat	☐	Military police	☐
Medical	☐	Flight operations	☐
Welfare	☐	Training local army/police	☐
EOD (bomb disposal)	☐	CIMIC	☐
Logistics/supply	☐	Administration	☐
Aircrew	☐	Driver	☐
Engineering	☐	Warfare Branch	☐
Catering/chef	☐	Force protection	☐
Intelligence	☐	Other (please specify) _____(1)	
Communications	☐	_____(2)	

Participant Study Number: ☐☐☐ ☐☐☐☐

Q21. Which operation did you deploy on?

a) Iraq (Telic) Yes ☐ No ☐

Code	Operation	Dates	Tick all relevant boxes
1	Telic 1	Up to Apr 2003	☐
2	Telic 2	May 2003 – Oct 2003	☐
3	Telic 3	Nov 2003 – Apr 2004	☐
4	Telic 4	May 2004 – Oct 2004	☐
5	Telic 5	Nov 2004 – Apr 2005	☐
6	Telic 6	May 2005 – Oct 2005	☐
7	Telic 7	Nov 2005 – Apr 2006	☐
8	Telic 8	May 2006 – Nov 2006	☐
9	Telic 9	Nov 2006 – May 2007	☐
10	Telic 10	Jun 2007 – Oct 2007	☐
11	Telic 11	Nov 2007 – Apr 2008	☐
12	Telic 12	May 2008 – Oct 2008	☐
13	Telic 13	Nov 2008 – Apr 2009	☐
14	Telic 14	May 2009 – Oct 2009	☐
15	Telic 15	Nov 2009 – Apr 2010	☐
16	Telic 16	May 2010 – Oct 2010	☐
17	Telic 17	Nov 2010 – May 2011	☐

Participant Study Number: ☐☐☐ ☐☐☐☐

a) Afghanistan (Herrick) Yes ☐ No ☐

Code	Operation	Dates	Tick all relevant boxes
1	**Herrick 1**	**Oct 2004 – Apr 2005**	☐
2	**Herrick 2**	**Apr 2005 – Oct 2005**	☐
3	**Herrick 3**	**Oct 2005 - Apr 2006**	☐
4	**Herrick 4**	**Apr 2006 – Oct 2006**	☐
5	**Herrick 5**	**Oct 2006 – Apr 2007**	☐
6	**Herrick 6**	**Apr 2007 – Oct 2007**	☐
7	**Herrick 7**	**Oct 2007 – Apr 2008**	☐
8	**Herrick 8**	**Apr 2008 – Oct 2008**	☐
9	**Herrick 9**	**Oct 2008 – Apr 2009**	☐
10	**Herrick 10**	**Apr 2009 – Oct 2009**	☐
11	**Herrick 11**	**Oct 2009 – Apr 2010**	☐
12	**Herrick 12**	**Apr 2010 – Oct 2010**	☐
13	**Herrick 13**	**Oct 2010 – Apr 2011**	☐
14	**Herrick 14**	**Apr 2011 – Oct 2011**	☐
15	**Herrick 15**	**Oct 2011 – Apr 2012**	☐
16	**Herrick 16**	**Apr 2012 - Oct 2012**	☐
17	**Herrick 17**	**Oct 2012 – Apr 2013**	☐
18	**Herrick 18**	**Apr 2013 - Oct 2013**	☐
19	**Herrick 19**	**Oct 2013 – Jun 2014**	☐
20	**Herrick 20**	**Jun 2014 and later**	☐

Participant Study Number: ☐☐☐ ☐☐☐☐

SECTION C: FAMILY HISTORY

Q22. Has anyone in your family suffered from *(Please tick appropriate boxes)*

		Yes	No	Don't know	If yes, who in your family	Age at onset (<50 or >50 years)	Resolved/ Ongoing/Died (R) / (O) / (D)
(i)	Ischaemic heart disease (heart attack/angina)	☐	☐	☐			
(ii)	Stroke	☐	☐	☐			
(iii)	High blood pressure	☐	☐	☐			
(iv)	Diabetes	☐	☐	☐			
(v)	Mental health problems	☐	☐	☐			
(vi)	Arthritis	☐	☐	☐			
(vii)	Cancer	☐	☐	☐			

*If the answer is **Don't Know**, please explain* _____

Key: Family relationship

Father **[F]** Brother **[B]** Paternal grandfather **[PGF]** Paternal grandmother **[PGM]**
Paternal uncle **[PU]** Paternal aunt **[PA]** Nephew **[NP]** Niece **[NC]** Paternal cousin **[PC]**

Mother **[M]** Sister **[S]** Maternal grandfather **[MGF]** Maternal grandmother **[MGM]**
Maternal uncle **[MU]** Maternal aunt **[MA]** Maternal cousin **[MC]**

Participant Study Number: ☐☐☐ ☐☐☐☐

SECTION D: PAST MEDICAL HISTORY

Q23. Have you EVER experienced or suffered any of the following (including dates)?
(Please tick all boxes which apply to you and given the date)

	Approximate date (year)/age *(delete as necessary)*	Diagnosis and comments
(a) Musculoskeletal Yes ☐ No ☐ *(eg. back pain, arthritis)*	_____	_____
	_____	_____
	_____	_____
(b) Cardiovascular Yes ☐ No ☐ *(eg. MI, AF, angina)*	_____	_____
	_____	_____
	_____	_____
(c) Respiratory Yes ☐ No ☐ *(eg. asthma, pneumonia)*	_____	_____
	_____	_____
	_____	_____
(d) Gastrointestinal Yes ☐ No ☐ *(eg. ulcers)*	_____	_____
	_____	_____
	_____	_____
(e) Genitourinary Yes ☐ No ☐ *(eg. kidney stones, infections)*	_____	_____
	_____	_____
	_____	_____

Participant Study Number: ☐☐☐ ☐☐☐☐

		Approximate date (year)/age *(delete as necessary)*	Diagnosis and comments
(a) Liver *(eg. gall stones)*	Yes ☐ No ☐	_____	_____
		_____	_____
		_____	_____
(g) Neurological *(eg. fits)*	Yes ☐ No ☐	_____	_____
		_____	_____
		_____	_____
(i) Mental health *(eg. depression)*	Yes ☐ No ☐	_____	_____
		_____	_____
		_____	_____
(h) Other *(eg. chronic pain)*	Yes ☐ No ☐	_____	_____
		_____	_____
		_____	_____

ASAS EXPERTS FOR INFLAMMATORY BACK PAIN

Q24.	Chronic back pain >3 months (now or previously) *(If **YES** continue, if **No** stop)*	Yes ☐	No ☐
Q25.	Age at onset <40 years	Yes ☐	No ☐
Q26.	Insidious onset	Yes ☐	No ☐
Q27.	Improvement with exercise	Yes ☐	No ☐
Q28.	Pain at night *(without improvement on getting up)*	Yes ☐	No ☐
Q29.	Are 4 of 5 parameters present?	Yes ☐	No ☐

Participant Study Number: ☐☐☐ ☐☐☐☐

SPONDYLOARTHROPATHY (SPA) FEATURES

Q30. Does the participant have a previous diagnosis of:

	Yes	No	Comments
(a) Inflammatory back pain	☐	☐	_____
(b) Arthritis	☐	☐	_____
(c) Enthesitis (heel pain)	☐	☐	_____
(d) Uveitis	☐	☐	_____
(e) Dactylitis (sausage-like digits)	☐	☐	_____
(f) Psoriasis	☐	☐	_____
(g) Crohn's Disease / Colitis	☐	☐	_____
(h) Good response to NSAIDS	☐	☐	_____
(i) Family history for SpA	☐	☐	_____

Participant Study Number: ☐☐☐ ☐☐☐☐

MEDICATIONS

Q31. Are you currently taking any medications? Yes ☐ No ☐

Q32. If **Yes**, what medicines are you currently taking?

	Drug name	Dosage	Amount	Route	PSP/ OTC	Indication	Date started	Age started
(a)								
(b)								
(c)								
(d)								
(e)								
(f)								
(g)								
(h)								
(i)								

Key for dosage:

Abbreviation	**od**	**bd**	**tds**	**qds**	**prn**	**nocte**	**mane**
Definition	once daily	twice daily	3 times daily	4 times daily	as required	at nighttime	in the morning

Key to route:

Abbreviation	**IV**	**IM**	**SC**	**SL**	**TD**	**PR**	**Top**	**PO**
Definition	Intra venous	Intra-muscular	Sub-cutaneous	Sub-lingual	Trans dermal	Rectal	Topical	Oral

Key for prescription/OTC:

Abbreviation	**PSP**	**OTC**
Definition	Pre-scription	Over the counter

Participant Study Number: ☐☐☐ ☐☐☐☐

SMOKING/TOBACCO USE

Q33. Do you currently smoke or have you ever smoked?

Never ☐

Ex-smoker ☐ Number cigarettes/roll-ups per day ☐☐☐

Smoker ☐ Number cigarettes/roll-ups per day ☐☐☐

Age started smoking *(approx.):* _____ (years)

Date stopped *(approx):* _____ (years)

Q34. Current nicotine replacement therapy Yes ☐ No ☐
(If yes, please give details)

(a) Champix ☐
(b) Zyban ☐
(c) e-Cigarette ☐
(d) Nasal spray ☐
(i) Gum ☐
(e) Inhaler ☐
(f) Sublingual tablet ☐
(g) Lozenger ☐
(h) Patches ☐
(i) Other ☐
(please specify below)

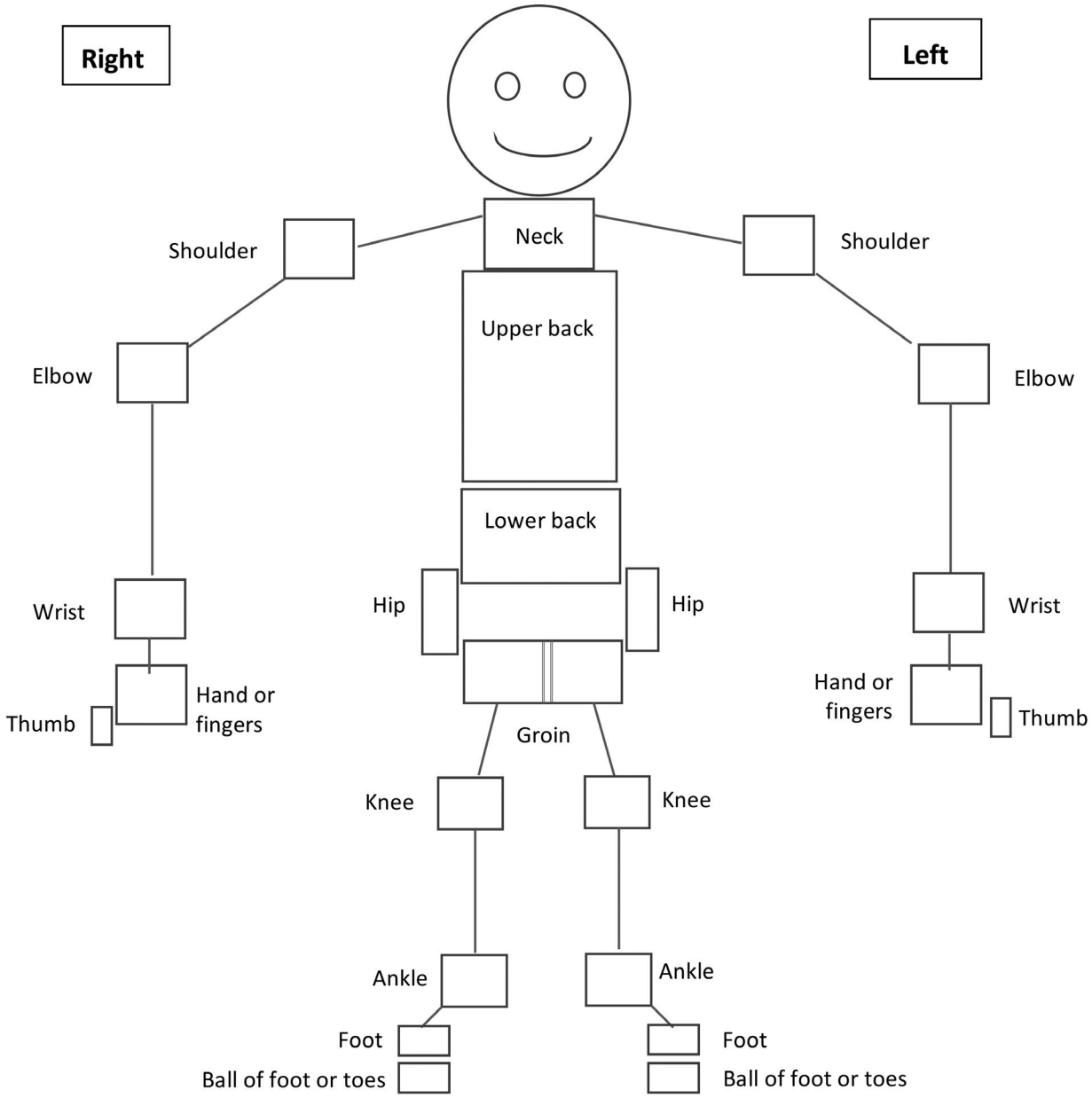
_____

_____

Participant Study Number: ☐☐☐ ☐☐☐☐

SECTION E: TRAUMA SCORE/INJURY SEVERITY SCORE

Q35. Indicate which region of your body received the major injuries *(please use the 'human' figure below to identify injury sites and tick boxes below to register injury).*



Were these injuries:

Bl (Blast) ☐ Bu (Burns) ☐ G (Gunshot) ☐ O (Other) ☐ *(please specify)*

_____

_____

Participant Study Number: ☐☐☐ ☐☐☐☐

Q36. Did you receive any injuries (at time of deployment)? Yes ☐ No ☐

Q37. If **Yes**, what injuries did you sustain?

	Body region	**Injury**	**Cause of injury**	**Date of injury**
1.	☐			___/___/____
2.	☐			___/___/____
3.	☐			___/___/____
4.	☐			___/___/____
5.	☐			___/___/____
6.	☐			___/___/____
7.	☐			___/___/____
8.	☐			___/___/____

If the Participant has sustained more injuries than can be listed here, please use a separate piece of paper to list these and attach the sheet to the back of the Clinical Report Form.

Use the following codes to identify 'body region': **H** = Head; **T** = Torso; **LL** = Lower Limb; **UL** = Upper Limb

Key to cause of injuries:
Bl = Blast; **Bu**=Burns; **G** = Gunshot; **O** = Other *(please specify)* _____

Participant Study Number: ☐☐☐ ☐☐☐☐

	Body region	Injury	Cause of injury	Date of injury
9.	☐			___/___/____
10.	☐			___/___/____
11.	☐			___/___/____
12.	☐			___/___/____
13.	☐			___/___/____
14.	☐			___/___/____
15.	☐			___/___/____
16.	☐			___/___/____
17.	☐			___/___/____
18.	☐			___/___/____

Use the following codes to identify 'body region': **H** = Head; **T** = Torso; **LL** = Lower Limb; **UL** = Upper Limb

Key to cause of injuries:
Bl = Blast; **Bu**=Burns; **G** = Gunshot; **O** = Other *(please specify)* _____

Participant Study Number: ☐☐☐ ☐☐☐☐

	Body region	Injury	Cause of injury	Date of injury
19.	☐			___/___/____
20.	☐			___/___/____
21.	☐			___/___/____
22.	☐			___/___/____
23.	☐			___/___/____
24.	☐			___/___/____
25.	☐			___/___/____
26.	☐			___/___/____

Use the following codes to identify 'body region': **H** = Head; **T** = Torso; **LL** = Lower Limb; **UL** = Upper Limb

Key to cause of injuries:
Bl = Blast; **Bu**=Burns; **G** = Gunshot; **O** = Other *(please specify)* _____

Q38. Injury score? *(obtained from JTTR)* NISS ☐☐☐☐☐ AIS ☐☐☐☐☐

Participant Study Number: □□□ □□□□

Q39. Please give details of ALL your prostheses *(Please use codes where appropriate – see key below)*

Limb	**Level**	**Prosthesis**	**Used for**	**Regularity**	**Date received dd//mm/yy**	**Received HC (Y/N)**	**Centre** *(if not from HC)*	**Reason for getting this new/ alternative prosthesis**
					/ /			
					/ /			
					/ /			
					/ /			
					/ /			
					/ /			
					/ /			
					/ /			
					/ /			
					/ /			
					/ /			
					/ /			
					/ /			
					/ /			
					/ /			

Participant Study Number: ☐☐☐ ☐☐☐☐

SECTION F: POST DEPLOYMENT OPERATIONS/SURGERY *(STUDY GROUP ONLY)*

Q40. Since your injury sustained in Afghanistan/Iraq/ *(delete as appropriate)* have you had any other operations/surgery? *(If **Yes**, please give details and include dates dd/mm/yyyy)*

Yes ☐ No ☐

	Date of operation/ surgery *(dd/mm/yy) If unknown, use date of administration*	Body region	Indication	Type of surgery	(O)	(R)
1.	____/____/_____	_____	_____	_____	☐	☐
2.	____/____/_____	_____	_____	_____	☐	☐
3.	____/____/_____	_____	_____	_____	☐	☐
4.	____/____/_____	_____	_____	_____	☐	☐
5.	____/____/_____	_____	_____	_____	☐	☐
6.	____/____/_____	_____	_____	_____	☐	☐
7.	____/____/_____	_____	_____	_____	☐	☐
8.	____/____/_____	_____	_____	_____	☐	☐
9.	____/____/_____	_____	_____	_____	☐	☐
10.	____/____/_____	_____	_____	_____	☐	☐
11.	____/____/_____	_____	_____	_____	☐	☐
12.	____/____/_____	_____	_____	_____	☐	☐
13.	____/____/_____	_____	_____	_____	☐	☐
14.	____/____/_____	_____	_____	_____	☐	☐
15.	____/____/_____	_____	_____	_____	☐	☐

Key: **H** = Head; **T** = Torso; **UL** = Upper limb; **LL** = Lower limb
O = Ongoing; **R** = Resolved

Participant Study Number: ☐☐☐ ☐☐☐☐

SECTION F: POST DEPLOYMENT OPERATIONS/SURGERY *(STUDY GROUP ONLY)*

Q40. Continued...

	Date of operation/ surgery *(dd/mm/yy)* *If unknown, use date of administration*	Body region	Indication	Type of surgery	(O)	(R)
16.	____/____/_____	_____	_____	_____	☐	☐
17.	____/____/_____	_____	_____	_____	☐	☐
18.	____/____/_____	_____	_____	_____	☐	☐
19.	____/____/_____	_____	_____	_____	☐	☐
20.	____/____/_____	_____	_____	_____	☐	☐
21.	____/____/_____	_____	_____	_____	☐	☐
22.	____/____/_____	_____	_____	_____	☐	☐
23.	____/____/_____	_____	_____	_____	☐	☐
24.	____/____/_____	_____	_____	_____	☐	☐
25.	____/____/_____	_____	_____	_____	☐	☐
26.	____/____/_____	_____	_____	_____	☐	☐
27.	____/____/_____	_____	_____	_____	☐	☐
28.	____/____/_____	_____	_____	_____	☐	☐
29.	____/____/_____	_____	_____	_____	☐	☐
30.	____/____/_____	_____	_____	_____	☐	☐
31.	____/____/_____	_____	_____	_____	☐	☐

Key: **H** = Head; **T** = Torso; **UL** = Upper limb; **LL** = Lower limb
O = Ongoing; **R** = Resolved

Participant Study Number: ☐☐☐ ☐☐☐☐

POST DEPLOYMENT OPERATIONS/SURGERY *(CONTROL GROUP ONLY)*

Q41. Since your deployment in Afghanistan/Iraq/ (delete as appropriate) have you had any operations or surgery? *(If **Yes**, please give details and include dates dd/mm/yyyy)*

Yes ☐ No ☐

	Date of operation/ surgery *(dd/mm/yy) If unknown, use date of administration*	Body region	Indication	Type of surgery	(O)	(R)
1.	____/____/_____	_____	_____	_____	☐	☐
2.	____/____/_____	_____	_____	_____	☐	☐
3.	____/____/_____	_____	_____	_____	☐	☐
4.	____/____/_____	_____	_____	_____	☐	☐
5.	____/____/_____	_____	_____	_____	☐	☐
6.	____/____/_____	_____	_____	_____	☐	☐
7.	____/____/_____	_____	_____	_____	☐	☐
8.	____/____/_____	_____	_____	_____	☐	☐
9.	____/____/_____	_____	_____	_____	☐	☐
10.	____/____/_____	_____	_____	_____	☐	☐
11.	____/____/_____	_____	_____	_____	☐	☐
12.	____/____/_____	_____	_____	_____	☐	☐
13.	____/____/_____	_____	_____	_____	☐	☐
14.	____/____/_____	_____	_____	_____	☐	☐
15.	____/____/_____	_____	_____	_____	☐	☐

Key: **H** = Head; **T** = Torso; **UL** = Upper limb; **LL** = Lower limb
O = Ongoing; **R** = Resolved

Participant Study Number: ☐☐☐ ☐☐☐☐

POST DEPLOYMENT OPERATIONS/SURGERY *(CONTROL GROUP ONLY)*

Q41. Continued...

	Date of operation/ surgery *(dd/mm/yy)* *If unknown, use date of administration*	Body region	Indication	Type of surgery	(O)	(R)
16.	____/____/_____	_____	_____	_____	☐	☐
17.	____/____/_____	_____	_____	_____	☐	☐
18.	____/____/_____	_____	_____	_____	☐	☐
19.	____/____/_____	_____	_____	_____	☐	☐
20.	____/____/_____	_____	_____	_____	☐	☐
21.	____/____/_____	_____	_____	_____	☐	☐
22.	____/____/_____	_____	_____	_____	☐	☐
23.	____/____/_____	_____	_____	_____	☐	☐
24.	____/____/_____	_____	_____	_____	☐	☐
25.	____/____/_____	_____	_____	_____	☐	☐
26.	____/____/_____	_____	_____	_____	☐	☐
27.	____/____/_____	_____	_____	_____	☐	☐
28.	____/____/_____	_____	_____	_____	☐	☐
29.	____/____/_____	_____	_____	_____	☐	☐
30.	____/____/_____	_____	_____	_____	☐	☐
31.	____/____/_____	_____	_____	_____	☐	☐

Key: **H** = Head; **T** = Torso; **UL** = Upper limb; **LL** = Lower limb
O = Ongoing; **R** = Resolved

Participant Study Number: ☐☐☐ ☐☐☐☐

POST DEPLOYMENT MEDICAL CONDITIONS/TRAUMA *(STUDY GROUP ONLY)*

Q42. Since you sustained your injury in Afghanistan/Iraq (delete as appropriate) have you had any other significant medical conditions/traumas? *(If **Yes**, please give details and include dates dd/mm/yyyy)*

Yes ☐ No ☐

Type of medical condition/trauma	Hospital admission *(this includes A&E visits)*	Indication	Admission date *(dd/mm/yy)*	# inpatient days	(O)	(R)
____________	Yes ☐ No ☐	________	___/___/_____	______	☐	☐
____________	Yes ☐ No ☐	________	___/___/_____	______	☐	☐
____________	Yes ☐ No ☐	________	___/___/_____	______	☐	☐
____________	Yes ☐ No ☐	________	___/___/_____	______	☐	☐
____________	Yes ☐ No ☐	________	___/___/_____	______	☐	☐
____________	Yes ☐ No ☐	________	___/___/_____	______	☐	☐
____________	Yes ☐ No ☐	________	___/___/_____	______	☐	☐
____________	Yes ☐ No ☐	________	___/___/_____	______	☐	☐
____________	Yes ☐ No ☐	________	___/___/_____	______	☐	☐
____________	Yes ☐ No ☐	________	___/___/_____	______	☐	☐
____________	Yes ☐ No ☐	________	___/___/_____	______	☐	☐
____________	Yes ☐ No ☐	________	___/___/_____	______	☐	☐
____________	Yes ☐ No ☐	________	___/___/_____	______	☐	☐
____________	Yes ☐ No ☐	________	___/___/_____	______	☐	☐

Key: **H** = Head; **T** = Torso; **UL** = Upper limb; **LL** = Lower limb
O = Ongoing; **R** = Resolved

Participant Study Number: ☐☐☐ ☐☐☐☐

POST DEPLOYMENT MEDICAL CONDITIONS/TRAUMA *(STUDY GROUP ONLY)*

Q42. Continued...

Type of medical condition/trauma	Hospital admission *(this includes A&E visits)*	Indication	Admission date *(dd/mm/yy)*	# inpatient days	(O)	(R)
____________	Yes ☐ No ☐	________	___/___/___	______	☐	☐
____________	Yes ☐ No ☐	________	___/___/___	______	☐	☐
____________	Yes ☐ No ☐	________	___/___/___	______	☐	☐
____________	Yes ☐ No ☐	________	___/___/___	______	☐	☐
____________	Yes ☐ No ☐	________	___/___/___	______	☐	☐
____________	Yes ☐ No ☐	________	___/___/___	______	☐	☐
____________	Yes ☐ No ☐	________	___/___/___	______	☐	☐
____________	Yes ☐ No ☐	________	___/___/___	______	☐	☐
____________	Yes ☐ No ☐	________	___/___/___	______	☐	☐
____________	Yes ☐ No ☐	________	___/___/___	______	☐	☐
____________	Yes ☐ No ☐	________	___/___/___	______	☐	☐
____________	Yes ☐ No ☐	________	___/___/___	______	☐	☐
____________	Yes ☐ No ☐	________	___/___/___	______	☐	☐
____________	Yes ☐ No ☐	________	___/___/___	______	☐	☐
____________	Yes ☐ No ☐	________	___/___/___	______	☐	☐
____________	Yes ☐ No ☐	________	___/___/___	______	☐	☐

Key: **H** = Head; **T** = Torso; **UL** = Upper limb; **LL** = Lower limb
O = Ongoing; **R** = Resolved

Participant Study Number: ☐☐☐ ☐☐☐☐

POST DEPLOYMENT MEDICAL CONDITIONS/TRAUMA *(CONTROL GROUP ONLY)*

Q43. Since your deployment in Afghanistan/Iraq (delete as appropriate) have you had any other significant medical conditions/traumas? *(If **Yes**, please give details and include dates dd/mm/yyyy)*

Yes ☐ No ☐

Type of medical condition/trauma	Hospital admission *(this includes A&E visits)*	Cause of medical condition/trauma	Admission date *(dd/mm/yy)*	# inpatient days	(O)	(R)
____________	Yes ☐ No ☐	____________	___/___/_____	________	☐	☐
____________	Yes ☐ No ☐	____________	___/___/_____	________	☐	☐
____________	Yes ☐ No ☐	____________	___/___/_____	________	☐	☐
____________	Yes ☐ No ☐	____________	___/___/_____	________	☐	☐
____________	Yes ☐ No ☐	____________	___/___/_____	________	☐	☐
____________	Yes ☐ No ☐	____________	___/___/_____	________	☐	☐
____________	Yes ☐ No ☐	____________	___/___/_____	________	☐	☐
____________	Yes ☐ No ☐	____________	___/___/_____	________	☐	☐
____________	Yes ☐ No ☐	____________	___/___/_____	________	☐	☐
____________	Yes ☐ No ☐	____________	___/___/_____	________	☐	☐
____________	Yes ☐ No ☐	____________	___/___/_____	________	☐	☐
____________	Yes ☐ No ☐	____________	___/___/_____	________	☐	☐
____________	Yes ☐ No ☐	____________	___/___/_____	________	☐	☐
____________	Yes ☐ No ☐	____________	___/___/_____	________	☐	☐

Key: **H** = Head; **T** = Torso; **UL** = Upper limb; **LL** = Lower limb
O = Ongoing; **R** = Resolved

Participant Study Number: ☐☐☐ ☐☐☐☐

POST DEPLOYMENT MEDICAL CONDITIONS/TRAUMA *(CONTROL GROUP ONLY)*

Q43. Continued...

Type of medical condition/trauma	Hospital admission *(this includes A&E visits)*	Cause of medical condition/trauma	Admission date *(dd/mm/yy)*	# inpatient days	(O)	(R)
___________	Yes ☐ No ☐	___________	___/___/___	________	☐	☐
___________	Yes ☐ No ☐	___________	___/___/___	________	☐	☐
___________	Yes ☐ No ☐	___________	___/___/___	________	☐	☐
___________	Yes ☐ No ☐	___________	___/___/___	________	☐	☐
___________	Yes ☐ No ☐	___________	___/___/___	________	☐	☐
___________	Yes ☐ No ☐	___________	___/___/___	________	☐	☐
___________	Yes ☐ No ☐	___________	___/___/___	________	☐	☐
___________	Yes ☐ No ☐	___________	___/___/___	________	☐	☐
___________	Yes ☐ No ☐	___________	___/___/___	________	☐	☐
___________	Yes ☐ No ☐	___________	___/___/___	________	☐	☐
___________	Yes ☐ No ☐	___________	___/___/___	________	☐	☐
___________	Yes ☐ No ☐	___________	___/___/___	________	☐	☐
___________	Yes ☐ No ☐	___________	___/___/___	________	☐	☐
___________	Yes ☐ No ☐	___________	___/___/___	________	☐	☐

Key: **H** = Head; **T** = Torso; **UL** = Upper limb; **LL** = Lower limb
O = Ongoing; **R** = Resolved

Participant Study Number: ☐☐☐ ☐☐☐☐

SECTION G: BLOOD & URINE TESTS

		Taken	Not taken	Reason *(if not taken)*	Date
Q44.	Blood	☐	☐	_____	___/___/_____
Q45.	Urine	☐	☐	_____	___/___/_____

Q46. Sample collection and amount taken

(a) **HAEMATOLOGY** Date of test ___/___/_____

FBC	HB	☐☐☐ g/l
	WBC	☐☐.☐☐ 10^9/l
	PLT	☐☐☐ 10^9/l
	Neutrophils	☐.☐ 10^9/l
	Lymphocytes	☐.☐ 10^9/l
	Eosinophils	☐.☐ 10^9/l
	Basophils	☐.☐ 10^9/l

BIOCHEMISTRY Date of test ___/___/_____

LIPIDS	CHL	☐☐.☐☐ mmol/l
	HDL	☐☐.☐☐ mmol/l
	LDL	☐☐.☐☐ mmol/l
Triglyceride		☐☐.☐☐ mmol/l
Non HDL CHL		☐☐.☐☐ mmol/l
HDL/CHL Ratio		☐☐.☐☐ mmol/l

OTHER HLA-B27 Date of test ___/___/_____

+ve ☐ -ve ☐

Participant Study Number: ☐☐☐ ☐☐☐☐

Blood & urine tests – continued

GLUCOSE Date of test ___/___/_____

Fasting glucose	☐☐.☐☐ mmol/l
HbA1C	☐☐.☐☐ mmol/l

LFT Date of test ___/___/_____

ALT	☐☐☐☐ u/l
ALP	☐☐☐☐ u/l
Albumin	☐☐ g/l
Bilirubin	☐☐☐☐ umol/l
Gamma GT	☐☐☐☐ u/l

UREA & ELECTROLYTES Date of test ___/___/_____

Sodium	☐☐☐ mmol/l
Potassium	☐☐☐.☐ mmol/l
Urea	☐☐☐.☐ mmol/l
Creatinine	☐☐☐☐ µmol/l
eGFR	< ☐☐☐ ml / min
	> ☐☐☐ ml / min

HsCRP Date of test ___/___/_____

☐☐.☐☐

Participant Study Number: ☐☐☐ ☐☐☐☐

(b) **Storage**	Yes	No	Amount (mls) *(please identify number of cryovials stored by ticking relevant box(es)*
Serum	☐	☐	1 ☐ 2 ☐ 3 ☐ 4 ☐
Plasma	☐	☐	1 ☐ 2 ☐ 3 ☐ 4 ☐
WB	☐	☐	1 ☐ 2 ☐ 3 ☐
Urine	☐	☐	1 ☐ 2 ☐ 3 ☐
Whatman card	☐	☐	

Participant Study Number: ☐☐☐ ☐☐☐☐

SECTION H: PULSE WAVE FORM

Q47. Resting heart rate (bpm) ☐☐☐

Rater: _____

Q48. (a) **IPSILATERAL** (standard is left side, if not possible measure right side)

	Yes	No	Investigator comments
Performed	☐	☐	_____

	Central blood pressure (mmHg)	Augmentation Index (%)
PWA Measurement 1	☐☐☐/☐☐	☐☐
PWA Measurement 2	☐☐☐/☐☐	☐☐
PWA Measurement 3	☐☐☐/☐☐	☐☐

	Pulse Wave Velocity (m/s)
PWA Measurement 1	☐☐.☐☐
PWA Measurement 2	☐☐.☐☐
PWA Measurement 3	☐☐.☐☐

(b) **CONTRALATERAL** (standard is left leg/right arm, if not possible measure right leg/left am)

	Yes	No	Investigator comments
Performed	☐	☐	_____

	Central blood pressure (mmHg)	Augmentation Index (%)
PWA Measurement 1	☐☐☐/☐☐	☐☐
PWA Measurement 2	☐☐☐/☐☐	☐☐
PWA Measurement 3	☐☐☐/☐☐	☐☐

	Pulse Wave Velocity (m/s)
PWA Measurement 1	☐☐.☐☐
PWA Measurement 2	☐☐.☐☐
PWA Measurement 3	☐☐.☐☐

Participant Study Number: ☐☐☐ ☐☐☐☐

SECTION I: SPIROMETRY

		Yes	No	
Q49.	Performed	☐	☐	Date performed: ___/___/_____

Q50. Position when taken:

(a) Standing ☐

(b) Sitting ☐

		FEV1	FVC
Q51.	Measurement (litres)	☐.☐☐	☐.☐☐

Comments: _____

_____

How many tests attempted: _____

Rater: _____

Participant Study Number: ☐☐☐ ☐☐☐☐

SECTION J: OTOSCOPE EXAMINATION

Q52. Are you still serving in the military? Yes ☐ No ☐

*(If **Yes**, continue to Section L as hearing test is not required – please populate results from last hearing test result in Q57)*

Q53. Examination normal Right ear: Yes ☐ No ☐ Not done ☐ Date: ____/____/_____

Left ear: Yes ☐ No ☐ Not done ☐

Q54. If No or not done, please give details: _____

Q55. Hearing booth used for test? Yes ☐ No ☐ N/A ☐

Q56. If No please comment: _____

_____

Q57. Date test performed: ____/___/_____

Frequency (dB)	Left ear +/-	Right ear +/-
500 Hz	☐☐☐	☐☐☐
1 kHz	☐☐☐	☐☐☐
2 kHz	☐☐☐	☐☐☐
3 kHz	☐☐☐	☐☐☐
4 kHz	☐☐☐	☐☐☐
6 kHz	☐☐☐	☐☐☐
8 kHz	☐☐☐	☐☐☐
H	☐☐☐	☐☐☐

Rater: _____

Participant Study Number: ☐☐☐ ☐☐☐☐

SECTION K: AUDIOMETRY

Q58. ENT

	Yes	No
(a) Have you noticed any change in your hearing?	☐	☐
(b) Do you have trouble hearing or understanding normal conversation?	☐	☐
(c) Do other people complain about your hearing and/or the loudness at which you listen to radio or TV?	☐	☐
(d) Do you experience frequent earaches, ear infections, excess earwax or discharge from your ear?	☐	☐
(e) Do you experience ringing or buzzing in the ear?	☐	☐
(f) Have you ever been diagnosed with deaf ear/total loss of hearing?	☐	☐
If so, which ear? Left ☐ Right ☐ Both ☐		
(g) Have you ever had a perforated/burst ear drum?		
If yes, which ear Left ☐ Right ☐ Both ☐		
When did this happen and why *(please give details)* ___/___/___ (dd/mm/yy)		
Reason _____		
(h) Have you consulted an ENT specialist in the last year?	☐	☐
If yes, when? ___/___ (mm/yy)		
(i) Have you had ear surgery recommended or performed?	☐	☐
(j) Do you use a hearing aid or have you been fitted for one? *(Remove for test)*	☐	☐

PMH

(k) Have you had a cold, flu or sinus problem(s) in the last 7 days?	☐	☐
(l) Have you suffered any head injuries or loss of consciousness?	☐	☐
If yes, when? (please give further details) ___/___/___ (dd/mm/yy)		
Reason _____		

OM

(m) Does your current role involve regular exposure to loud noise (eg. firearms, artillery fire, power tools, aircraft, motor boats, Heavy machinery)? If yes, please give details.	☐	☐
Reason _____		
Do you regularly use an iPod, MP3 player or equivalent device?	☐	☐
(n) Do you have any noisy hobbies?	☐	☐
(o) Have you had past exposure to explosion or blast?	☐	☐
(p) In the past 48 hours have you been exposed to loud noise?	☐	☐

Rater: _____

Participant Study Number: ☐☐☐ ☐☐☐☐

SECTION L: IMAGING

Q59. X-Ray: Osteoarthritis

Pelvis Anterior/posterior (rotation 15°) Date: ____/____/_____

		Left	Right	N/A	
Knee	Posterior/anterior view (semi-flexed 7-10°)	☐	☐	☐	Date: ____/____/_____
	Anterior/lateral (flexion 30°)	☐	☐	☐	Date: ____/____/_____
	Inferior/superior/skyline	☐	☐	☐	Date: ____/____/_____

		Yes	No
Q60.	X-ray or MRI sacroilitis	☐	☐

Comments: _____

_____

Q61. Dexa (g/cm2):

(a) BMD

Whole Body Composition Date: ____/____/_____

Region	(g/cm3)	T-score	
Total L/spine	☐.☐☐☐	☐☐.☐☐	Date: ____/____/_____
Total [L] hip	☐.☐☐☐	☐☐.☐☐	Date: ____/____/_____
Total [R] hip	☐.☐☐☐	☐☐.☐☐	Date: ____/____/_____

Rater: _____

Participant Study Number: ☐☐☐ ☐☐☐☐

SECTION M: SIX MINUTE WALK TEST

Q60. Test completed Yes ☐ No ☐ Date: ____/____/_____

If No, please give reason _____

_____

Q63. Mobility aid used? Yes ☐ No ☐ Type of aid _____

Q64. (a) Distance (m) _____ (b) Total time to complete (mins) _____

Rater: _____

Participant Study Number: ☐☐☐ ☐☐☐☐

SECTION N: AMPUTEE MOBILITY PREDICTOR QUESTIONNAIRE

Initial instructions:

- The participant is seated on a hard chair with arms.
- The following manoeuvers are tested with or without the use of a prosthesis.
- Advise the person of each task or group of tasks prior to performance.
- Avoid unnecessary chatter throughout the test.
- Safety first, no task should be performed if either the participant is uncertain of a safe outcome.

Q65. Date performed: ____/____/_____ N/A ☐ Rater: _____

Please tick the relevant box (you can tick more than one box):

Q66. The right limb is:

- PF ☐
- AD ☐
- TT ☐
- KD ☐
- TF ☐
- HD ☐
- Intact ☐

Q67. The left limb is:

- PF ☐
- AD ☐
- TT ☐
- KD ☐
- TF ☐
- HD ☐
- Intact ☐

Q68. The test is:

- With prosthesis ☐
- Without prosthesis ☐

Please answer each question and tick the relevant box

Q69. Sitting balance: sit forward in chair with arms folded across chest for 60s

		Score
(a) Can't sit upright independently for 60 seconds	☐	0
(b) Can sit upright independently for 60 seconds	☐	1

Q70. Sitting reach: reach forward and grasp ruler (hold for 12" beyond extended arms midline to sternum)

(a) Doesn't attempt	☐	0
(b) Can't grasp/needs arm support	☐	1
(c) Successfully grasps item	☐	2

Participant Study Number: ☐☐☐ ☐☐☐☐

Q71 . Chair to chair transfer: 2 chairs at 90° (patient may choose direction and use ULs)

		Score
(a) Can't do/requires physical aid	☐	0
(b) Independent but appears unsteady	☐	1
(c) Independent, appears steady + safe	☐	2

Q72. Arises from chair: ask patient to fold arms across chest and stand. If unable, use arms or assistive device

(a) Unable without physical aid	☐	0
(b) Able with ULs/assistive device	☐	1
(c) Able without using ULs	☐	2

***Score 1 = requires physical assistance**
Able without using ULs
***Score 2 = May use chair arms or assistive device**

Q73. Attempts to arise from chair (stopwatch ready): if attempt in Q73 was without arms then ignore and allow another attempt without penalty

(a) Unable without physical aid	☐	0
(b) Able requires >1 attempt	☐	1
(c) Able in 1 attempt	☐	2

***May use chair arms or assistive device**

Q74. Immediate standing balance (first 5s): begin timing immediately

(a) Unsteady (staggers/sways/moves foot)	☐	0
(b) Steady with w/aid or support	☐	1
(c) Steady without w/aid or support	☐	2

***May move feet to adjust BO/socket fit**

Q75. Standing balance (30s stopwatch ready): for Q75 and Q76 first attempt is without assistive device. If support required, allow after first attempt

(a) Unsteady	☐	0
(b) Steady with w/aid or support	☐	1
(c) Stands without w/aid or support	☐	2

Participant Study Number: ☐☐☐ ☐☐☐☐

Q76. Single limb standing balance (stopwatch ready): time duration of single limb stand on both sound and prosthetic limb up to 30s. Grade quality not time.

Please identify which limb (L or R) is the **prosthetic** limb and which is **sound** limb

	[Left]		**[Right]**	
	☐ **Sound limb**	☐ **Prosthetic llimb**	☐ **Sound limb**	☐ **Prosthetic limb**
		Score		
(a) Unsteady	☐	0	☐	0
(b) Steady with w/aid or support for 30 secs	☐	1	☐	1
(c) Steady without support for 30 secs	☐	2	☐	2

Q77. Standing reach: reach forward and grasp ruler (hold ruler 12" beyond extended arms midline to sternum)

(a) Doesn't attempt	☐	0
(b) Can't grasp/requires support	☐	1
(c) Successfully grasps item, no support	☐	2

Q78. Nudge test (subject at maximum position 7): feet as close together as possible, examiner pushes firmly on subject's sternum with palm of hand x3 (toes should rise)

(a) Begins to fall	☐	0
(b) Staggers/catches self/uses support	☐	1
(c) Steady	☐	2

Q79. Eyes closed (at maximum position 7): if support is required grade as unsteady

(a) Unsteady/uses support	☐	0
(b) Steady without support	☐	1

Q80. Picking up objects from the floor (pick up a pencil from the floor placed midline 12" in front of foot)

(a) Unable to pick up and return to stand	☐	0
(b) Performs with support	☐	1
(c) Performs without support	☐	2

Participant Study Number: ☐☐☐ ☐☐☐☐

Q81. Sitting down: ask patient to fold arms across chest and sit. If unable, use arm or assistive device

		Score
(a) Unsafe (falls into chair/misjudges)	☐	0
(b) Uses arms/support/not smooth motion	☐	1
(c) Safe, smooth motion	☐	2

***Score 0 not applicable**
*** Score 1 = Unsafe (falls into chair/misjudges)**
*** Score 2 = May use arms for assistance**

Q82. Initiation of gait (immediately after told to "go")

(a) Any hesitancy/multiple attempts to start	☐	0
(b) No hesitancy	☐	1

Q83. Step length and height: walk a measured distance of 12' x 2. 4 scores are required or 2 scores **(a & b)** For each leg. "Marked deviation" is defined as extreme substitute movements to permit clearing the floor

Please identify which limb (L or R) is the **prosthetic** limb and which is **sound** limb

	[Left]		**[Right]**	
	☐	☐	☐	☐
	Sound limb	**Prosthetic llimb**	**Sound limb**	**Prosthetic limb**
Swing foot Score				**Score**
(a) Advances <12"	☐	0	☐	0
(b) Advances >12"	☐	1	☐	1
(i) Foot clearance				
(a) Deviates to clear	☐	0	☐	0
(b) Clear no deviation	☐	1	☐	1

Q84. Step continuity:

(a) Stopping/discontinuity between steps	☐	0
(b) Steps appear continuous	☐	1

Q85. Turning: 180° when returning to chair

(a) Unable to turn/requires intervention	☐	0
(b) >3 steps, without intervention	☐	1
(c) <3 steps, with/without support	☐	2

Participant Study Number: ☐☐☐ ☐☐☐☐

Q86. Variable cadence: walk a 12" distance as fast as is safely possible x4. (Speeds may vary from slow to fast, varying cadence)

		Score
(a) Unable to vary cadence with control	☐	0
(b) Asymmetrical controlled increase	☐	1
(c) Symmetrical controlled increase	☐	2

Q87. Stepping over obstacle: place a moveable box of 4" in height in the walking path

(a) Can't step over box	☐	0
(b) Catches foot/interrupts stride	☐	1
(c) Steps over without interrupting stride	☐	2

Q88. Stairs (≥2 steps): try to go up and down stairs without holding onto railing. Don't hesitate to permit patient to hold rail – safety first. If examiner feels there is any risk omit and score as 0

	Ascent	Descent
(a) Unsteady/can't do	☐ 0	☐ 0
(b) 1 step at time, holds rail/aid	☐ 1	☐ 1
(c) Step over step, no support	☐ 2	☐ 2

***Score 1 = May require physical assistance**

***Score 2 = May hold onto railing/aid**

Q89. Assistive device selection: add points for use of an assistive device if used for >2 items. If testing without prosthesis use of assistive device is mandatory

(a) Bedbound	0
(b) Wheelchair	1
(c) Walker	2
(d) Crutches	3
(e) Walking stick(s)	4
(f) None	5

Total score: ☐ / **47**

Participant Study Number: ☐☐☐ ☐☐☐☐

SECTION O: ADVERSE EVENT REPORTING

Q90. Has an Adverse Event occurred as a result of this visit? **Yes** ☐ **No** ☐
*If **Yes**, please answer the following*

Q91. Date event occurred ___/___/_____

Q92. Please give a brief description of the event

_____

_____

_____

_____

_____

_____

Q93. Does the event meet the criteria for a Serious Adverse Event (SAE)? **Yes** ☐ **No** ☐
*If **Yes**, please answer the following questions and use the attached flowchart to determine severity*

Q94. Is this event related to procedures performed for the ADVANCE Study? **Yes** ☐ **No** ☐

Q95. Has participation in the ADVANCE Study caused this event? **Yes** ☐ **No** ☐

Q96. Was this event an expected result from the procedure administered? **Yes** ☐ **No** ☐

Q97. Has this event been resolved? **Yes** ☐ **No** ☐

Please refer to SAE Log and completed Forms

Participant Study Number: ☐☐☐ ☐☐☐☐

Participant Study Number: ☐☐☐ ☐☐☐☐

ARMED
SERVICES
TRAUMA
REHABILITATION
OUTCOME
STUDY