

RECREATION & SPORTS INJURY DENTAL QUESTIONNAIRE

(to be completed by Dental Operator or Dental Assistant)

ID Listing (Allocated institution number or initials) _____

Patient Details: Initials (3 please) _____ Age last birthday _____ Gender M / F Residential Post code _____

Date of injury _____ Time of injury _____ (24hr clock) Date of presentation _____ Time of presentation _____ (24 hr clock)

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| <p>1. Reason for presentation (see definition)</p> <ul style="list-style-type: none"> <input type="radio"/> New injury <input type="radio"/> Exacerbated injury <input type="radio"/> Recurrent injury <input type="radio"/> Ongoing Treatment <p>2. Activity /Sport when injured.</p> <hr/> <p>Was it ? (see activity coding guidelines)</p> <ul style="list-style-type: none"> <input type="radio"/> AO Sport :Competition (go to Q3, Q4) <input type="radio"/> BO Leisure: Social and informal sport <input type="radio"/> CO Leisure Fitness activity <input type="radio"/> DO Leisure Recreational activity <input type="radio"/> EO Education | <p>5. Where did the injury happen ?. (See code list <u>Domain</u>)</p> <p>Code _____</p> <p>6. Injury Factors. (See code list <u>Factors</u>) May be multiple. Description (if necessary)</p> <p>a) Code _____ b) Code _____ c) Code _____</p> <p>7. Facial protective devices worn at the time of injury.</p> <ul style="list-style-type: none"> <input type="radio"/> None <input type="radio"/> Helmet without face mask <input type="radio"/> Helmet with face mask <input type="radio"/> Face mask <input type="radio"/> Mouthguard (Boil and Bite Self Fitted or intra oral fitted by dental personel) <input type="radio"/> Mouthguard (Boil and bite Vacuum fitted with impression by Dental Personel) <input type="radio"/> Mouthguard (Dental professionally custom fitted) <p>8. Mechanism of injury. (See code <u>Mechanism</u>) Description if necessary</p> <p>Code _____</p> | <p>9. Injury sustained (See code <u>Diagnosis</u>) When multiple injuries have been sustained in the one event please indicate with X 2 etc. Site is to be used to record any teeth involved use FDI notation. Eg HG1a x 3, Site 12.11,21 for three avulsed teeth</p> <p>a) Code _____ Site _____ b) Code _____ Site _____ c) Code _____ Site _____</p> <p>10. Initial dental treatment. (See code <u>Treatment</u>) Instructions as per Q9</p> <p>a) Code _____ b) Code _____ c) Code _____</p> <p>RA or GA used (Circle if appropriate)</p> <p>11. Predicted time frame of loss of normal daily duties/ activities.</p> <ul style="list-style-type: none"> <input type="radio"/> Nil <input type="radio"/> One day or less <input type="radio"/> A few days <input type="radio"/> Up to a week <input type="radio"/> Up to a month <input type="radio"/> Several months <p>12. At the time of injury was the patient wearing :</p> <ul style="list-style-type: none"> <input type="radio"/> Bands / Braces <input type="radio"/> Plate <input type="radio"/> None of the above |
| Answers B to E go to Question 5 | | |
| <p>3. If organized sport:</p> <p>What grade was being played _____</p> <p>Was it?</p> <ul style="list-style-type: none"> <input type="radio"/> Organized training <input type="radio"/> Competition <input type="radio"/> Informal training <input type="radio"/> Other _____ <p>4. Time into sport/activity ?</p> <ul style="list-style-type: none"> <input type="radio"/> Pre game <input type="radio"/> Warm up <input type="radio"/> Game <input type="radio"/> Cool Down <input type="radio"/> Post game | | |

Thankyou