

Event Checking Chart

Bone fracture

Name of Centre Gender Year of Birth

Patient ID Date of event

1. Is the type of fracture traumatic, osteoporotic/fragility or pathologic?

If yes: Traumatic No Unknown
 Osteoporotic/Fragility
(low energy, also includes atypical fracture as a consequence of long term bisphosphonate treatment)
 Pathologic (e.g. due to bone metastases)

2. Was the fracture diagnosed by imaging?

If yes: X-ray No Unknown
 CT-scan
 MR-scan

3. Is the location of the fracture known?

If yes: Hip No Unknown
 Femur
 Lower leg (including feet and toes)
 Shoulder
 Upper arm
 Lower arm (including hands and fingers)
 Cervical spine
 Thoracic spine
 Lumbar spine
 Other

4. Was the fracture treated?

If yes: Surgery No Unknown
 Conservative (no surgery)

5. Did the patient die in relation to the fracture event?

Yes No Unknown

All available information regarding this event has been collected.

Reported by:

Date:

Stamp/signature:

Verified by

Date:

(Senior physician):

Stamp/signature: