Renal Disaster Relief Task Force of the ISN - CRUSH SYNDROME PATIENTS QUESTIONNAIRE -I
(Hospital:...................)

| Case | DEMOGRAPHY |  |  |  |  |  |  |  | TRAUMA |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Name | Age | Gender | Chronic illness before disaster | $\begin{aligned} & \text { City of } \\ & \text { origin } \end{aligned}$ | City where treated | Date of admission | Time under rubble (Hr) | Extremity trauma | Abdominal trauma | Thoracic trauma | Other |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |

Renal Disaster Relief Task Force - CRUSH SYNDROME PATIENTS QUESTIONNAIRE -II


Renal Disaster Relief Task Force - CRUSH SYNDROME PATIENTS QUESTIONNAIRE -III (Hospital: ..)

| $\begin{gathered} \hline \text { Case } \\ \text { No } \end{gathered}$ | Surgical Interventions at admission |  | Medical Interventions at admission |  | Surgical Interventions during the clinical course |  | Medical Interventions during the clinical course |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Fasciotomy/Amputation | Other | Antibiotics | Other | Fasciotomy/Amputation | Other | Antibiotics | Other |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |

Renal Disaster Relief Task Force - CRUSH SYNDROME PATIENTS QUESTIONNAIRE -IV

|  | DIALYSIS |  |  | TRANSFUSIONS |  |  | COMPLICATIONS | OUTCOME <br> Discharge/death | Date of discharge (death) |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| No | Type / No. Days on Dialysis | Date of start of dialysis | Date of end of dialysis | No. Blood Transf. | No. FFP Transf. | No Hum. <br> Alb. <br> Trans. |  |  |  |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |

