

### Data Collection Grid

<b>Case Report Form</b>	<i>Completed By</i>	<i>Pre-Op</i>	<i>Day of Surgery</i>	<i>Post-Op (24hrs)</i>	<i>1 week</i>	<i>3 weeks</i>	<i>6 weeks</i>	<i>3 mo</i>	<i>6 mo</i>	<i>9 mo</i>	<i>12 mo</i>	<i>24 mo</i>
Inclusion/Exclusion Criteria	Physician	X										
Patient Information	Physician	X										
Fracture Characteristics Form	Physician	X										
Radiographic Evaluation form	Physician	X		X (ct optional)				X (no CT)				
Radiographic form AP only	Physician	X		X (ct optional)			X		X		X	
Majeed Pelvic Score	Physician	X						X	X	X	X	X
SMFA	Patient	X						X	X	X	X	X
MMSE	Patient	X						X	X	X	X	X
VAS	Patient	X		X	X	X	X	X	X	X	X	X
Surgical Summary	Physician		X									
Follow-up Clinical Evaluation	Physician						X	X	X	X	X	X
Adverse Event	Physician	As Needed										