



Data Instrument for Surgical Global Outreach

This tool is designed to help improve record keeping, track outcomes, and permit researchers to more accurately study the surgical outreach efforts to low- and middle-income countries. The data points included in this data collection sheet have been identified as important for the development of policy, conducting surgical research, performing economic analyses, among other basic analyses of global surgical outreach efforts to low- and middle-income countries. The instrument includes two components: (1) the datasheet and (2) the codebook.

- (1) **Datasheet:** The datasheet is included on pages 2-4 of this document. This document consists of three main sections. The following sections are described below. Please note that the *Patient Data Form* needs to be filled out for every individual patient provided with care during the specified dates.
 - a. **Basic Data Form:** Data regarding the basic characteristics of the surgical outreach program will be reported. This section will request you to provide basic characteristics of the surgical efforts, an overview of the interventions performed, a brief description of any educational efforts, and information regarding personnel participating on the surgical outreach effort.
 - b. **Cost Data Form:** Data regarding the cost of the surgical outreach efforts will be reported.
 - c. **Patient Data Form:** Data regarding the patients served during the surgical outreach effort will be reported. This section will request you to provide information regarding basic patient demographics, the surgical or medical condition, treatment course, and patient follow-up and outcomes.
- (2) **Codebook:** The codebook is included at the end of this document. This document is meant to help clarify each of the data points included on the datasheet.

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Data Instrument for Surgical Global Outreach

Dates of Outreach Efforts:

Data Collection Method: Prospective Retrospective

Initials of Data Collector:

Number of Patients Served:

Basic Data Form**Basic Data****Type of Organizer:** Academic institution Global health organization Private *If academic institution or organization, please indicate the name of the organizer below.***Name of Organizer:****Year of Outreach:****Host City and Country:****Host Institution:****Surgical Specialty**
(mark all that apply): General Neurosurgery Oral and Maxillofacial Pediatric Plastic Ear, Nose, and Throat
 Cardiothoracic Trauma Other: _____**Patients Receiving Care**

Number of patients receiving surgical treatment
Number of patients receiving non-surgical treatment
Number of patients receiving follow-up surgical care
Number of other patient consultations
Total number of patients served

Summary of Formal Educational Efforts**Were efforts made to educate health care professionals in the host country?** Yes No *If no, please move on to the next section.*

Name of Training Session	Hours	# Participants	Participants
			<input type="checkbox"/> Senior faculty <input type="checkbox"/> Junior faculty <input type="checkbox"/> Fellows <input type="checkbox"/> Residents/house officers <input type="checkbox"/> Nurses <input type="checkbox"/> Students <input type="checkbox"/> Volunteers <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Senior faculty <input type="checkbox"/> Junior faculty <input type="checkbox"/> Fellows <input type="checkbox"/> Residents/house officers <input type="checkbox"/> Nurses <input type="checkbox"/> Students <input type="checkbox"/> Volunteers <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Senior faculty <input type="checkbox"/> Junior faculty <input type="checkbox"/> Fellows <input type="checkbox"/> Residents/house officers <input type="checkbox"/> Nurses <input type="checkbox"/> Students <input type="checkbox"/> Volunteers <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Senior faculty <input type="checkbox"/> Junior faculty <input type="checkbox"/> Fellows <input type="checkbox"/> Residents/house officers <input type="checkbox"/> Nurses <input type="checkbox"/> Students <input type="checkbox"/> Volunteers <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Senior faculty <input type="checkbox"/> Junior faculty <input type="checkbox"/> Fellows <input type="checkbox"/> Residents/house officers <input type="checkbox"/> Nurses <input type="checkbox"/> Students <input type="checkbox"/> Volunteers <input type="checkbox"/> Other: _____

Personnel from Visiting Organization

Personnel Type	Number of Personnel	Volunteered efforts?	Compensation for efforts or estimated loss of wages
<input type="checkbox"/> Specialty surgeon <input type="checkbox"/> General surgeon <input type="checkbox"/> Nursing staff <input type="checkbox"/> Therapist <input type="checkbox"/> Administrative staff <input type="checkbox"/> Anesthesiologist <input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Specialty surgeon <input type="checkbox"/> General surgeon <input type="checkbox"/> Nursing staff <input type="checkbox"/> Therapist <input type="checkbox"/> Administrative staff <input type="checkbox"/> Anesthesiologist <input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Specialty surgeon <input type="checkbox"/> General surgeon <input type="checkbox"/> Nursing staff <input type="checkbox"/> Therapist <input type="checkbox"/> Administrative staff <input type="checkbox"/> Anesthesiologist <input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Specialty surgeon <input type="checkbox"/> General surgeon <input type="checkbox"/> Nursing staff <input type="checkbox"/> Therapist <input type="checkbox"/> Administrative staff <input type="checkbox"/> Anesthesiologist <input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Specialty surgeon <input type="checkbox"/> General surgeon <input type="checkbox"/> Nursing staff <input type="checkbox"/> Therapist <input type="checkbox"/> Administrative staff <input type="checkbox"/> Anesthesiologist <input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Specialty surgeon <input type="checkbox"/> General surgeon <input type="checkbox"/> Nursing staff <input type="checkbox"/> Therapist <input type="checkbox"/> Administrative staff <input type="checkbox"/> Anesthesiologist <input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Specialty surgeon <input type="checkbox"/> General surgeon <input type="checkbox"/> Nursing staff <input type="checkbox"/> Therapist <input type="checkbox"/> Administrative staff <input type="checkbox"/> Anesthesiologist <input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Personnel from Host Country

Personnel Type	Number of Personnel	Volunteered efforts?	Compensation for efforts or estimated loss of wages
<input type="checkbox"/> Specialty surgeon <input type="checkbox"/> General surgeon <input type="checkbox"/> Nursing staff <input type="checkbox"/> Therapist <input type="checkbox"/> Administrative staff <input type="checkbox"/> Anesthesiologist <input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Specialty surgeon <input type="checkbox"/> General surgeon <input type="checkbox"/> Nursing staff <input type="checkbox"/> Therapist <input type="checkbox"/> Administrative staff <input type="checkbox"/> Anesthesiologist <input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Specialty surgeon <input type="checkbox"/> General surgeon <input type="checkbox"/> Nursing staff <input type="checkbox"/> Therapist <input type="checkbox"/> Administrative staff <input type="checkbox"/> Anesthesiologist <input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Specialty surgeon <input type="checkbox"/> General surgeon <input type="checkbox"/> Nursing staff <input type="checkbox"/> Therapist <input type="checkbox"/> Administrative staff <input type="checkbox"/> Anesthesiologist <input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Specialty surgeon <input type="checkbox"/> General surgeon <input type="checkbox"/> Nursing staff <input type="checkbox"/> Therapist <input type="checkbox"/> Administrative staff <input type="checkbox"/> Anesthesiologist <input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Specialty surgeon <input type="checkbox"/> General surgeon <input type="checkbox"/> Nursing staff <input type="checkbox"/> Therapist <input type="checkbox"/> Administrative staff <input type="checkbox"/> Anesthesiologist <input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Specialty surgeon <input type="checkbox"/> General surgeon <input type="checkbox"/> Nursing staff <input type="checkbox"/> Therapist <input type="checkbox"/> Administrative staff <input type="checkbox"/> Anesthesiologist <input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Cost Data Form

Cost Data

Category	Description	How was it determined?	Cost
Planning	Include costs associated with planning the surgical outreach efforts. This includes meeting expenses, training of volunteers, and other administrative costs associated with organizing the outreach efforts.	<input type="checkbox"/> Budgeted <input type="checkbox"/> Estimated <input type="checkbox"/> Calculated <input type="checkbox"/> Not available	
Personal Costs	Include costs associated borne by the volunteers or workers during the outreach efforts. This may include immunization costs, medications, among others.	<input type="checkbox"/> Budgeted <input type="checkbox"/> Estimated <input type="checkbox"/> Calculated <input type="checkbox"/> Not available	
Medical Supplies	Include costs of all medical supplies, both donated and purchased. Do not include transportation cost for the medical supplies for this item.	<input type="checkbox"/> Budgeted <input type="checkbox"/> Estimated <input type="checkbox"/> Calculated <input type="checkbox"/> Not available	
Supply Transportation	Include any costs associated with the transportation of medical supplies to the host country.	<input type="checkbox"/> Budgeted <input type="checkbox"/> Estimated <input type="checkbox"/> Calculated <input type="checkbox"/> Not available	
Cost Borne by Host Country	Include costs borne by the host medical center for interventions performed during the outreach efforts. This includes operating room time and supply costs. Additionally, if possible include all maintenance costs borne by the medical institution during the surgical outreach effort.	<input type="checkbox"/> Budgeted <input type="checkbox"/> Estimated <input type="checkbox"/> Calculated <input type="checkbox"/> Not available	
Airfare and Personnel Transportation	Include the costs associated with airfare and transportation. This should include transportation to and from the airport, in addition to any transportation costs during the outreach efforts. Do not include the transportation of medical supplies.	<input type="checkbox"/> Budgeted <input type="checkbox"/> Estimated <input type="checkbox"/> Calculated <input type="checkbox"/> Not available	
Lodging	Include all costs associated with lodging (hotel, hostel, motel costs, or cost of rent).	<input type="checkbox"/> Budgeted <input type="checkbox"/> Estimated <input type="checkbox"/> Calculated <input type="checkbox"/> Not available	
Educational Resources	Include costs associated with training local physicians. This may include additional technology, models for training, textbooks used to help facilitate education of locals, among other resources.	<input type="checkbox"/> Budgeted <input type="checkbox"/> Estimated <input type="checkbox"/> Calculated <input type="checkbox"/> Not available	
Personnel from Visiting Organization	Please summate the "Compensation for efforts or estimated loss of wages" on Page 1 for Personnel from Visiting Organization.	<input type="checkbox"/> Budgeted <input type="checkbox"/> Estimated <input type="checkbox"/> Calculated <input type="checkbox"/> Not available	
Personnel from Host Country	Please summate the "Compensation for efforts or estimated loss of wages" on Page 1 for Personnel from Host Country.	<input type="checkbox"/> Budgeted <input type="checkbox"/> Estimated <input type="checkbox"/> Calculated <input type="checkbox"/> Not available	
Other: _____		<input type="checkbox"/> Budgeted <input type="checkbox"/> Estimated <input type="checkbox"/> Calculated <input type="checkbox"/> Not available	
Other: _____		<input type="checkbox"/> Budgeted <input type="checkbox"/> Estimated <input type="checkbox"/> Calculated <input type="checkbox"/> Not available	
Other: _____		<input type="checkbox"/> Budgeted <input type="checkbox"/> Estimated <input type="checkbox"/> Calculated <input type="checkbox"/> Not available	
Other: _____		<input type="checkbox"/> Budgeted <input type="checkbox"/> Estimated <input type="checkbox"/> Calculated <input type="checkbox"/> Not available	

Patient Data Form

Basic Patient Demographics

Patient ID: _____ **Encounter Date:** _____ **Age:** _____ **Sex:** Male Female

Intervention Type (mark all that apply):
 Surgical treatment Non-surgical treatment Consultation, follow-up for prior surgical treatment
 Consultation, treatment plan for future outreach Other: _____

Household Size: _____

Household Location: Rural Urban Unknown

Years of Education: _____

Known Elixhauser Comorbidities: AIDS/HIV Alcohol Abuse Anemia Deficiency Rheumatoid Arthritis Blood Loss Anemia
 Cardiac Arrhythmia Congestive Heart Failure Chronic Pulmonary Disease Coagulopathy Depression
 Diabetes without Chronic Complications Diabetes with Chronic Complications Drug Abuse Hypertension
 Hypothyroidism Obesity Liver Disease Lymphoma Fluid and Electrolyte Disorders Metastatic Cancer
 Other Neurological Conditions Paralysis Peripheral Vascular Disease Psychoses
 Pulmonary Circulation Disorder Renal Failure Solid Tumor without Metastasis Peptic Ulcer Disease
 Valvular Disease Weight Loss Other: _____

Treatment Overview

American Society of Anesthesiology (ASA) Score:
 Class I: Patient is a completely healthy fit patient.
 Class II: Patient has mild systemic disease.
 Class III: Patient has severe systemic disease that is not incapacitating.
 Class IV: Patient has incapacitating disease that is a constant threat to life.

Diagnosis: _____

Procedure: _____

Intraoperative Complications (mark all that apply):
 Puncture of a major vessel Pneumothorax
 Minor hemorrhage Major hemorrhage
 Perforation of tissue (muscle, bone, nerve, tendon)
 Airway obstruction Cardiac arrest
 Break in sterility Arrhythmia
 Other: _____

Procedure Time: _____

Challenges during Surgery:
 Lack of appropriate supplies Lack of adequate equipment
 Lack of necessary personnel Communication barrier
 Poor coordination of service
 Other: _____
 Other: _____

Complication Log

Encounter Date	Complication	Reoperation?	Outcome of Complication
		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please continue to next section.</i>	<input type="checkbox"/> Resolved <input type="checkbox"/> Unable to resolve <input type="checkbox"/> Transferred <input type="checkbox"/> Death
		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please continue to next section.</i>	<input type="checkbox"/> Resolved <input type="checkbox"/> Unable to resolve <input type="checkbox"/> Transferred <input type="checkbox"/> Death
		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please continue to next section.</i>	<input type="checkbox"/> Resolved <input type="checkbox"/> Unable to resolve <input type="checkbox"/> Transferred <input type="checkbox"/> Death

Reoperation Log

Date	Diagnosis	Procedure	ASA Score	Intraoperative Complications	Challenges during Surgery
			<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV	<input type="checkbox"/> Puncture of a major vessel <input type="checkbox"/> Pneumothorax <input type="checkbox"/> Minor hemorrhage <input type="checkbox"/> Major hemorrhage <input type="checkbox"/> Perforation of tissue <input type="checkbox"/> Airway obstruction <input type="checkbox"/> Cardiac arrest <input type="checkbox"/> Break in sterility <input type="checkbox"/> Arrhythmia <input type="checkbox"/> Other: _____	<input type="checkbox"/> Lack of appropriate supplies <input type="checkbox"/> Lack of adequate equipment <input type="checkbox"/> Lack of necessary personnel <input type="checkbox"/> Communication barrier <input type="checkbox"/> Poor coordination of service <input type="checkbox"/> Other: _____
			<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV	<input type="checkbox"/> Puncture of a major vessel <input type="checkbox"/> Pneumothorax <input type="checkbox"/> Minor hemorrhage <input type="checkbox"/> Major hemorrhage <input type="checkbox"/> Perforation of tissue <input type="checkbox"/> Airway obstruction <input type="checkbox"/> Cardiac arrest <input type="checkbox"/> Break in sterility <input type="checkbox"/> Arrhythmia <input type="checkbox"/> Other: _____	<input type="checkbox"/> Lack of appropriate supplies <input type="checkbox"/> Lack of adequate equipment <input type="checkbox"/> Lack of necessary personnel <input type="checkbox"/> Communication barrier <input type="checkbox"/> Poor coordination of service <input type="checkbox"/> Other: _____





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Basic Data Form

Basic Data

Type of Organizer: Indicate whether the efforts were organized by an academic institution, a global health organization, or if the efforts were private efforts. An example of an academic institution organizer may include efforts organized by the *University of Michigan*, an example of a global health organization organizer may include *Operation Smile*, and an example of a private organizer may include individuals from a private practice coordinating with a medical center in an underserved area of the world to deliver care. Any efforts from non-established global health organizations or institutions, such as the efforts from a local religious group, should be considered *private efforts*.

Name of Organizer: If the outreach efforts were organized by an academic institution or global health organization, then indicate the name of the organizer. An example of an academic institution organizer may include efforts organized by the *University of Michigan*, an example of a global health organization organizer may include *Operation Smile*.

Year of Outreach: Indicate the year which the efforts took place.

Host City and Country: Indicate the host city and country where the efforts were performed.

Host Institution: If the interventions were performed at a medical center or hospital, indicate the name of that entity. If the interventions were performed in a facility developed solely for the surgical outreach trip or program, leave blank.

Number of patients receiving surgical treatment: Include the total number of patients receiving any type of surgical care during the time period when these efforts were performed. If the patient received surgical treatment, in addition to non-surgical treatment, follow-up care, or another consultation, then please include them in both categories. For example, a patient who received surgery for their burns and conservative treatment for a fracture may be counted in both the “number of patients receiving surgical treatment” and “number of patients receiving non-surgical treatment” categories.

Number of patients receiving non-surgical treatment: Include the total number of patients receiving any type of non-surgical treatment during the time period when these efforts were performed. An example may include conservative treatment for a fracture. If the patient received non-surgical treatment, in addition to surgical treatment, follow-up care, or another consultation, then please include them in both categories.

Number of patients receiving follow-up care: Include the number of patients who were seen for surgical follow-up. Examples may include patients who were previously given surgical care during other global health outreach efforts or individuals who are seeking medical attention for a postoperative complication from prior surgery. If the patient received follow-up care, in addition to surgical treatment, non-surgical treatment, or another consultation, then please include them in both categories.

Number of other patient consultations: Include the total number of patients who were seen who did not receive any type of treatment or follow-up care. This may include patients who were evaluated for surgery, but could not receive surgery due to problems with capacity. Additionally, this may include patients who received a consultation but did not require any type of treatment.

Total number of patients served: Include the total number of individuals receiving care during the outreach effort. This number may be less than the sum of the four categories (surgical treatment, non-surgical treatment, follow-up care, and other consultations) if some patients received more than one type of care during the specified dates.

Summary of Formal Educational Efforts

Name of Training Session: Include a short title of the training session or lecture to provide a brief overview of the educational topic.

Hours: Indicate the length of the training session in minutes.

Number of Participants: Indicate the number of participants attending the training session or lecture.

Participants: Indicate the different educational levels of the participants to provide insight regarding the captured audience.

Personnel from Visiting Organization

Personnel Type: Indicate the role of all personnel from the visiting organization.

Number of Personnel: Indicate the number of personnel with this role from the visiting organization.

Volunteered Efforts: Indicate whether the individual volunteered their efforts (check “Yes”) or if they were compensated for their efforts (check “No”).

Compensation for efforts or estimated loss of wages: If the efforts were volunteered, indicate an estimated loss of wages for the time when the volunteer was away from work in their own country. If the efforts were compensated for, indicate the compensation for the duration of the program. This should be in the number of United States Dollars (USD) for the year of intervention. For example, if the program/efforts happened in May of 2020, all the dollars should be in 2020 USD. Such estimates of lost wages may be relevant for health economists and organizations determining the burden of volunteers during such efforts.

Personnel from Host Country

Personnel Type: Indicate the role of all personnel from the host country.

Number of Personnel: Indicate the number of personnel with this role from the host country.

Volunteered Efforts: Indicate whether the individual volunteered their efforts (check “Yes”) or if they were compensated for their efforts (check “No”).

Compensation for efforts or estimated loss of wages: If the efforts were volunteered, indicate an estimated loss of wages for the time when the volunteer was away from work. If the efforts were compensated for, indicate the compensation for the duration of the outreach efforts. This should be in the number of United States Dollars (USD) for the year of intervention. For example, if the program occurred in May of 2020, all the dollars should be in 2020 USD. Such estimates of wages may be relevant for health economists and organizations determining the burden of volunteers during such efforts.

Cost Data Form

Planning: Include costs associated with planning the surgical outreach effort. This includes meeting expenses, training of volunteers, and other administrative costs associated with organizing the program.

Personal Costs: Include costs borne by the volunteers or workers during the outreach effort. This may include immunization costs, medications, among others.

Medical supplies: Include costs of all medical supplies obtained for surgical outreach program, both donated and purchased. Do not include transportation cost for the medical supplies for this item.

Supply transportation: Include costs associated with the transportation of medical supplies to the host country. This includes all items needed to be shipped to the host country.

Costs borne by host country: Include all the costs borne by the host center during the efforts or program. This includes cost associated with operating room time, supplies, and equipment. Additionally, if possible include all maintenance costs borne by the medical institution during the time period which the outreach efforts took place. Do not include the cost associated with compensation for personnel in this category.

Airfare and Personnel Transportation: Include costs associated with airfare and transportation. This should include transportation to and from the airport, in addition to any transportation costs during the surgical outreach program. Do not include the transportation of medical supplies in this category.

Lodging: Include costs associated with lodging (hotel, hostel, motel costs, or cost of rent).

Educational resources: Include costs associated with training local physicians. This may include additional technology, models for training, textbooks used to help facilitate education of locals, among other resources.

Personnel from Visiting Organization: Summate the values for “Compensation for efforts or estimated loss of wages” on Page 1 for Personnel from Visiting Organization.

Personnel from Host Country: Summate the values for “Compensation for efforts or estimated loss of wages” on Page 1 for Personnel from Visiting Organization.

Other: Include the cost of anything not listed in the above categories, or any costs unique to the outreach efforts of the specified program.

Determining Cost Categories: Please indicate whether the reported cost for each category is budgeted, estimated, calculated, or not available. Budgeted costs include designated amounts for each category prior to departure. Estimated costs include rough estimates of the costs. Calculated costs include an accurate calculation of the costs. If no costs are available for a given category, indicate.

Reporting Cost: This should be in the number of United States Dollars (USD) for the year of intervention. For example, if the outreach efforts occurred in May of 2020, all the dollars should be in 2020 USD.

Patient Data Form

Basic Patient Demographics

Patient ID: Individuals can create an ID to track patients or use their name. Organizers should keep record of the ID for each patient for tracking purposes.

Encounter Date: The date at which the encounter has taken place should be recorded for longitudinal tracking purposes. Date should be recorded in the following format: [Day/Month/Year].

Age: Include the age of the patient at the time of the specified encounter. If the patient is under 4 years old, then the age should be reported in months. If the patient is older than 4 years old, then the age should be reported in years.

Sex: Include the sex of the patient.

Intervention Type: This indicates the type of care provided to the patient during the specified date. One or more of the following categories should be checked if applicable.

Household Size: Indicate the number of individuals living in the household of the individual being served. If unknown, please leave blank.

Years of Education: Indicate the number of years the individual has received education. If unknown, please leave blank.

Household location: Indicate whether the patient lives in a rural or urban area. If unknown, please indicate.

Known Elixhauser Comorbidities: Indicate any known comorbidities. Fill in “Other” if not mentioned in the available selections.

Treatment Overview

American Society of Anesthesiology (ASA) Score: The American Society of Anesthesiology Score is a global score used to assess patients before surgery. The score should be assessed for patients receiving surgical care on the specified date. The following criteria are used to assign this score: **Class I:** Patient is a completely healthy fit patient, **Class II:** Patient has mild systemic disease, **Class III:** Patient has severe systemic disease that is not incapacitating, **Class IV:** Patient has incapacitating disease that is a constant threat to life.

Diagnosis: Please identify the diagnosis. If possible, do so using the *International Classification of Disease, Tenth Revision, Clinical Modification* diagnosis codes (ICD-10).

Procedure: Please provide brief description of procedure performed. If possible, do so using the *Current Procedural Codes* (CPT)

Procedure Time: Identify the time from intubation to extubation. This should be in minutes.

Intraoperative Complications: Check off all intraoperative complications. Fill in “Other” if not mentioned in the available selections.

Challenges during surgery: Identify any of the listed challenges encountered during surgery. Fill in “Other” if not mentioned in the available selections.

Complication Log

Encounter Date: Identify the encounter date at which care was provided for a postoperative complication.

Complication Diagnosis: Please identify the diagnosis for the complication. If possible, do so using the *International Classification of Disease, Tenth Revision, Clinical Modification* diagnosis codes (ICD-10).

Reoperation: Identify whether the complication resulted in a reoperation. If another reoperation is needed, please fill out information regarding that reoperation in the next section, *Reoperation Log*.

Outcome of Complication: Indicate whether the complication was resolved, unable to be resolved, transferred to another physician in the host country, or if it resulted in death.

Reoperation Log

Encounter Date: Identify the encounter date for the reoperation.

Diagnosis: Identify the diagnosis that required a reoperation. If possible, do so using the *International Classification of Disease, Tenth Revision, Clinical Modification* diagnosis codes (ICD-10).

Procedure: Provide brief description of reoperation performed. If possible, do so using the *Current Procedural Codes* (CPT)

American Society of Anesthesiology (ASA) Score: The American Society of Anesthesiology Score is a global score used to assess patients before surgery. The score should be assessed for patients receiving surgical care on the specified date. The following criteria are used to assign this score: **Class I:** Patient is a completely healthy fit patient, **Class II:** Patient has mild systemic disease, **Class III:** Patient has severe systemic disease that is not incapacitating, **Class IV:** Patient has incapacitating disease that is a constant threat to life.

Intraoperative Complications: Check off all intraoperative complications. Fill in “Other” if not mentioned in the available selections.

Challenges during surgery: Identify any of the listed challenges encountered during surgery. Fill in “Other” if not mentioned in the available selections.