## ACT Emergency Department Data Collection - Variable checklist

The variables listed below are available subject to data custodian and ethical approval. Please indicate the variables requested and provide justification for their inclusion in your study.

|  | Variable | Justification |
| --- | --- | --- |
| Date of birth (select one) |       |
| [ ]  | Year  |
| [ ]  | Year and month  |
| [ ]  | Year, month and day of week |
| [ ]  | Date  |
| [ ]  | Age  |       |
| [ ]  | Sex |       |
| [ ]  | Indigenous status |       |
| [ ]  | Country of birth |       |
| [ ]  | Marital status |       |
| [ ]  | State of residence |       |
| [ ]  | Postcode of residence |       |
| [ ]  | Statistical Local Area of residence  |       |
| [ ]  | Hospital Identifier |       |
| [ ]  | Insurance status |       |
| Arrival date and time (select one) |       |
| [ ] [ ] [ ] [ ] [ ] [ ]  | Year Year and month Year, month and day of weekYear, month, day of week and time Date Date and time |
| Triage date and time (select one) |       |
| [ ] [ ] [ ] [ ] [ ] [ ]  | Year Year and month Year, month and day of weekYear, month, day of week and time Date Date and time |
| [ ]  | Triage category |       |
| Seen date and time (select one)  |  |
| [ ] [ ] [ ] [ ] [ ] [ ]  | Year Year and month Year, month and day of weekYear, month, day of week and time Date Date and time |       |
| [ ]  | Mode of arrival |       |
| [ ]  | Type of visit |       |
| [ ]  | Referral source |       |
| [ ]  | ICD Edition |       |
| [ ]  | Diagnosis |       |
| [ ]  | Departure status |       |
| Ready date and time (select one) |  |
| [ ] [ ] [ ] [ ] [ ] [ ]  | Year Year and month Year, month and day of weekYear, month, day of week and time Date Date and time |       |
| Actual departure date and time (select one) |  |
| [ ] [ ] [ ] [ ] [ ] [ ]  | Year Year and month Year, month and day of weekYear, month, day of week and time Date Date and time |       |

|  |
| --- |
| Other/comments  |
|       |