**Appendix 5.** Proposed data collection form for systematic media reviews.

* **Article title:** \_\_\_\_\_\_\_\_\_\_
* **Who published article?** (newspaper name) \_\_\_\_\_\_\_\_\_\_
* **Language of article:** English / Other (adapt to relevant context)
* **Date of publication (YYMMDD):** \_\_\_\_\_\_\_\_\_\_
* **Date of trauma event (YYMMDD):** \_\_\_\_\_\_\_\_\_\_
* **Geographical location of the event:** adapt to relevant context
* **What was the mechanism of trauma?** Road traffic accident / natural hazards / Act of violence/terrorism / other
	+ If “road traffic accident”:
		- **What type of vehicles/persons were involved in the road traffic accident (check all that apply)?** Bus, car or truck / motorcycle / bicycle / pedestrians / other
		- **What happened in the accident?** Collision / derailment (slid off the road) / Other
	+ If “natural hazard”:
		- **What type of natural hazard was it?** Landslide or flooding / earthquake / storm, hurricane or cyclone / other
	+ If “Act of Violence/ terrorism”:
		- **What type of act of Violence/ terrorism-related mechanism was it?** Machete or knife / gun, rifle, or firearm / explosion or detonation / other
* **Number of persons injured (not dead; including mild and critical injuries):** \_\_\_\_\_\_\_\_\_\_
* **Number of persons critically injured (if specified):** \_\_\_\_\_\_\_\_\_\_\_
* **Number of on-site deaths:** \_\_\_\_\_\_\_\_\_\_
* **To what extent was demographic data (names, age, gender, nationality) provided**? None / data for some of the deceased only / data for all the deceased only / data for some of the victims (injured and deceased) / data for all victims (injured and deceased)
* **Demographic data provided (check all that apply):** names of victims / gender / age / age-group (e.g. “children”, “students” or “elderly”) / none / other
* **Was there information on to which health facilities the victims were taken?** Yes / no / partially
* **To what level of health facility were the victim(s) taken (check all that apply)?** Health center / district hospital / provincial hospital / tertiary hospital
* **Name of hospital patients were taken to:** \_\_\_\_\_\_\_\_\_\_
* **Any other relevant information shared:** \_\_\_\_\_\_\_\_\_\_