Appendix to Arne Johan Norheim, Einar Kristian Borud. Frostbite in the Norwegian Armed Forces.

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This appendix is a supplement to the article and has not been editorially processed.

## **Online supplement:**

Questions answered by 460 persons registered with frostbite in the Armed Forces Health Registry in the period 1 January 2010 – 31 December 2014.
1. Did you sustain frostbite while in the service of the Armed Forces in the period 1 January 2010 – 31 December 2014?
1. ☐ Yes, I sustained frostbite while in the service of the Armed Forces during this period.
2. ☐ No, I did not sustain frostbite while in the service of the Armed Forces during this period.
3. $\square$ I do not know whether I sustained frostbite during this period or not.
2. If you sustained frostbite, can you recall what you were doing at the time when you were
injured (mark all that apply):
1. ☐ Winter exercise, field exercise
2. □ Daily activity in the garrison/camp
3. ☐ Basic army training
4. □ Don't know/cannot remember
3. If you sustained frostbite, can you indicate the part of your body where the frostbite occurred:
1. ☐ Fingers/hands
2. ☐ Toes/feet
3. ☐ Face/ears/cheeks
4. ☐ Other places
4. If you sustained frostbite, can you recall whether you had any blisters in the frostbitten
area?
1. ☐ Yes, I had blisters
2. ☐ No, I had no blisters
3. □ I don't know whether I had any blisters or not
5. How has the frostbite developed since you were injured?
1. ☐ I have no symptoms of the frostbite today
2. □ I have moderate symptoms that do not affect me in daily life
3. □ I have symptoms from the frostbite that affect me in work and leisure

6 Since you sustained the frostbite, have you received any medical treatment for symptoms and afflictions?  1. □ No, I have not received any treatment	4. ☐ I am partially or fully disabled as a result of the frostbite that I sustained	
symptoms and afflictions?	5.   I don't know whether I have any symptoms and afflictions from the frostbite or not	
symptoms and afflictions?		
	6 Since you sustained the frostbite, have you received any medical treatment for	
1. ☐ No, I have not received any treatment	symptoms and afflictions?	
$\cdot$	1. □ No, I have not received any treatment	

2.	. $\square$ Yes, I have attempted medical treatment for symptoms and afflictions from the
	frostbite
3.	.   I don't know whether I have received any medical treatment for the frostbite or not