**Appendix XXXXX: Data Collection Form for the Time Flow Study**

*Time Flow Study Data Collection Form V-XXXX DATE: XXXXX*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surgery: |  | Study Number: XXXXX | | Study Number: XXXXX | |
| Cholesteatoma Removal | Step | Date/notes | Time (min) | Date/notes | Time (min) |
|  | Cleaning Out Ear canal |  |  |  |  |
|  | Injecting Anaesthesia |  |  |  |  |
|  | Hair Trimming |  |  |  |  |
|  | Cleaning Edges of Perforation |  |  |  |  |
|  | Making Skin Incision |  |  |  |  |
|  | Raising Flap |  |  |  |  |
|  | Preparing Graft |  |  |  |  |
|  | Placing Graft |  |  |  |  |
|  | Replacing Flap |  |  |  |  |
|  | Packing Ear Canal |  |  |  |  |

Note: The study number is a randomly generated 5-digit code.