

THE NATIONAL SPINAL CORD INJURY DATABASE
PERSONAL DATA

To be submitted on all patients - Registry and Form I patients

100. System ID__ __ 101. Patient Number__ - - - - -

102. Patient Name

_____ | _____ | _____

First Initial Last

103. Social Security Number - - - - -

104. Date of Birth / /

mm dd yyyy

105I. Zip Code for Residence at Injury /

105_1. Zip Code for Residence at Year 01 Anniversary /	<i>Complete these variables in anniversary years 01, 05, 10, 15, 20, 25 and 30.</i>
105_5. Zip Code for Residence at Year 05 Anniversary /	
105_10. Zip Code for Residence at Year 10 Anniversary /	
105_15. Zip Code for Residence at Year 15 Anniversary /	
105_20. Zip Code for Residence at Year 20 Anniversary /	
105_25. Zip Code for Residence at Year 25 Anniversary /	
105_30. Zip Code for Residence at Year 30 Anniversary /	

Export Variables:

Check the boxes for those Personal Data items you have the patient's permission to export to the NSCISC:

Name SSN Birth Date Zip Codes Note: this includes all V105 items

A separate consent must be obtained to submit the data on this form to the NSCISC.

NOTE: The Personal Data data entry screen also contains additional fields for entering Patient Notes, Address, Phone Number, Alternate ID and Contact Information.
Those items are not included on this form since they will not be exported to the NSCISC.

THE NATIONAL SPINAL CORD INJURY DATABASE

FORM I

Unless indicated, data are to be collected on all patients

- 100. System ID.....
101. Patient Number.....
106. Date of Injury (mm/dd/yyyy)
107. Date of First System Admission (mm/dd/yyyy)
108. Date of First System Inpatient Rehab Admission..... (mm/dd/yyyy)
109. Number of Days from Injury to
A. First System Admission..... computer-generated
R. First System Inpatient Rehab Admission computer-generated
110. Date of Discharge (mm/dd/yyyy)
111. Age At Injury.....
112. Sex
113. Racial or Ethnic Group.....
114. Hispanic Origin
115. Is English The Patient's Primary Language?
116. Traumatic Etiology.....
118_1. External Cause of Injury.....
118_2. SCI Nature of Injury.....
119. Work Relatedness.....
120. Place of Residence..... (Injury) (Discharge)
121. Marital Status at Injury.....
122. Level of Education.....
123. Primary Occupational, Educational or Training Status
124. Job Census Code.....
125. Are You A Veteran Of The U.S. Military Forces?
126. VA Healthcare System Services Used During System..... 1 2 3 4 5
During System
127. Sponsors of SCI Care and Services 1 2 3 4 5
128. Type of Reimbursement 1 2 3 4 5
129. Medical Case Manager.....

THE NATIONAL SPINAL CORD INJURY DATABASE

FORM I

Unless indicated, data are to be collected on all patients

100. System ID..... _ _ _

101. Patient Number..... _ _ _ _ _

TREATMENT PHASES

Document the following treatment phases occurring from the time of injury to discharge from the System:

- | | |
|--------------------------|------------------------------------|
| 1) Acute Hospitalization | 4) Inpatient Subacute Medical Care |
| 2) Nursing Home Bed | 5) Inpatient Subacute Rehab |
| 3) Inpatient Acute Rehab | |

Document each of these treatment phases separately, in sequence by date. At least 1 treatment phase must be documented.

➤ *If there is a delay in obtaining some information (e.g., hospitalization charges), submit this form when 80% or more of the information is available and code the missing items "unknown". Then, update the record when the missing data are available.*

Treatment Phase #	<u>1</u>	<u>2</u>	<u>3</u>
148. Treatment Phase	_ _ _ _	_ _ _ _	_ _ _ _
149. System or Non-system	_ _	_ _	_ _
150. Date of Admission (or Start of Phase)	_ / _ / _ _ _ _ mm dd yyyy	_ / _ / _ _ _ _ mm dd yyyy	_ / _ / _ _ _ _ mm dd yyyy
151. Date of Discharge (or End of Phase)	_ / _ / _ _ _ _ mm dd yyyy	_ / _ / _ _ _ _ mm dd yyyy	_ / _ / _ _ _ _ mm dd yyyy
152. Number of Short-term Discharge Days	_ _ _	_ _ _	_ _ _
153. Number of Days in Treatment Phase (computer-generated)	_ _ _	_ _ _	_ _ _
154. Charges (System only)	_ _ _ _ _	_ _ _ _ _	_ _ _ _ _
155. Charges Reliability Code (System only)	_	_	_
156. Hours of Physical Therapy (Deleted 12/2004)	_ _ _ _ _	_ _ _ _ _	_ _ _ _ _
157. Hours of Occupational Therapy (Deleted 12/2004)	_ _ _ _ _	_ _ _ _ _	_ _ _ _ _
158. Hours of Recreational Therapy (Deleted 12/2004)	_ _ _ _ _	_ _ _ _ _	_ _ _ _ _
159. Hours of Vocational Rehab (Deleted 12/2004)	_ _ _ _ _	_ _ _ _ _	_ _ _ _ _
160. Hours of Psychological Counseling (Deleted 12/2004)	_ _ _ _ _	_ _ _ _ _	_ _ _ _ _
161. Hours of Social Worker (Deleted 12/2004)	_ _ _ _ _	_ _ _ _ _	_ _ _ _ _

◆ *If V149 = "0", leave variables 154 and 155 blank.*

THE NATIONAL SPINAL CORD INJURY DATABASE

FORM I

Unless indicated, data are to be collected on all patients

100. System ID..... ___ ___ 101. Patient Number..... _____

Treatment Phase #	<u>10</u>	<u>11</u>	<u>12</u>
148. Treatment Phase	_____	_____	_____
149. System or Non-system	_____	_____	_____
150. Date of Admission (or Start of Phase)	___/___/___ mm dd yyyy	___/___/___ mm dd yyyy	___/___/___ mm dd yyyy
151. Date of Discharge (or End of Phase)	___/___/___ mm dd yyyy	___/___/___ mm dd yyyy	___/___/___ mm dd yyyy
152. Number of Short-term Discharge Days	_____	_____	_____
153. Number of Days in Treatment Phase (computer-generated)	_____	_____	_____
154. Charges (System only)	_____	_____	_____
155. Charges Reliability Code (System only)	_____	_____	_____
156. Hours of Physical Therapy (Deleted 12/2004)	_____	_____	_____
157. Hours of Occupational Therapy (Deleted 12/2004)	_____	_____	_____
158. Hours of Recreational Therapy (Deleted 12/2004)	_____	_____	_____
159. Hours of Vocational Rehab (Deleted 12/2004)	_____	_____	_____
160. Hours of Psychological Counseling (Deleted 12/2004)	_____	_____	_____
161. Hours of Social Worker (Deleted 12/2004)	_____	_____	_____

◆ If V149 = "0", leave variables 154 and 155 blank.

163. Number of Days Hospitalized in the System's

A. Acute Care Unit..... _____ (computer-generated)

R. Inpatient Rehab Unit..... _____ (computer-generated)

164. Total System Hospitalization Charges (day-1's only)..... _____ (computer-generated)

165. Total System Hospitalization Charges - Reliability Code(day-1's only) _____ (computer-generated)

THE NATIONAL SPINAL CORD INJURY DATABASE

FORM II

Unless indicated, data are to be collected in post-injury years 1, 5, 10, 15, 20, 25, 30

100. System ID..... __ __ 101. Patient Number __ __ __ __ __ __ 200. Post-injury Year __ __

Craig Handicap Assessment and Reporting Technique (CHART) - Short Form

- !+ 229_1A. The CHART- Number of Hours of Paid Assistance/Day__ __
- !+ 229_1B. The CHART - Number of Hours of Unpaid Assistance/Day.....__ __
- !+ 229_2. The CHART- How much time is someone with you to assist you in your home__
- !+ 229_3. The CHART- How much time is someone with you to assist you away from your home? ..__
- !+ 229_4. The CHART - Number of Hours Out of Bed/Day__ __
- !+ 229_5. The CHART - Number of Days Out of the House/Week__
- !+ 229_6. The CHART - Number of Nights Away from Home In the Past Year__
- !+ 229_7. The CHART - Number of Hours/Week at Paid Job.....__ __
- !+ 229_8. The CHART - Number of Hours/Week at School/Study.....__ __
- !+ 229_9. The CHART - Number of Hours/Week at Homemaking.....__ __
- !+ 229_10. The CHART - Number of Hours/Week at Home Maintenance.....__ __
- !+ 229_11. The CHART - Number of Hours/Week at Recreation.....__ __
- !+ 229_12. The CHART – How many people do you live with?__ __
- !+ 229_13. The CHART – Is one of them your spouse or significant other?__
- !+ 229_14. The CHART – Of the people you live with how many are relatives?__ __
- !+ 229_15. The CHART - Number of Business/Organizational Contacts/Month.....__ __
- !+ 229_16. The CHART - Number of Contacts/Month With Friends.....__
- !+ 229_17. The CHART - How Many Strangers Have You Initiated a Conversation With/Month?__
- !+ 229_18. The CHART - Combined Annual Family Income__
- !+ 229_19. The CHART – Unreimbursed Medical Care Expenses__
- !+ 229_20. The CHART - Physical Independence Total (*computer-generated*).....__ __ __
- !+ 229_21. The CHART- Cognitive Independence Total (*computer-generated*)__ __ __
- !+ 229_22. The CHART - Mobility Total (*computer-generated*)__ __ __
- !+ 229_23. The CHART - Occupation Total (*computer-generated*).....__ __ __
- !+ 229_24. The CHART - Social Integration (*computer-generated*).....__ __ __
- !+ 229_25. The CHART - Economic Self-sufficiency (*computer-generated*).....__ __ __
- !+ 229T. Total CHART Score (*computer-generated*).....__ __ __

◇ Window variable (Annual Exam and Neuro Exam): *may be collected 6 months prior to through 6 months after the anniversary date*
! Window variable (Interview Data): *may be collected 6 months prior to through 1 year after the anniversary date (year 01 up to 6 months after the anniversary)*
+ Collect this on patients whose age at the time of the interview is 18 or older.
* Only responses from the patient are acceptable.

THE NATIONAL SPINAL CORD INJURY DATABASE

FORM II

Unless indicated, data are to be collected in post-injury years 1, 5, 10, 15, 20, 25, 30

100. System ID..... _ _ _ 101. Patient Number _ _ _ _ _ 200. Post-injury Year _ _

CHIEF-SF: Craig Hospital Inventory of Environmental Factors

- !+* 230_1. Problems with availability of transportation _
A. When this problem occurs, has it been a big problem or little problem? _
- !+* 230_2. Problems with the natural environment make it difficult to do what you want or need to do?.... _
A. When this problem occurs, has it been a big problem or little problem? _
- !+* 230_3. Difficulties with other aspects of your surroundings make it difficult for you
to do what you want or need to do? _
A. When this problem occurs, has it been a big problem or little problem? _
- !+* 230_4. Information you wanted or needed not been available in a format you can use or understand? . _
A. When this problem occurs, has it been a big problem or little problem? _
- !+* 230_5. Availability of health care services and medical care been a problem for you? _
A. When this problem occurs, has it been a big problem or little problem? _
- !+* 230_6. Need someone else's help in your home and could not get it easily? _
A. When this problem occurs, has it been a big problem or little problem? _
- !+* 230_7. Need someone else's help at school or work and could not get it easily? _
A. When this problem occurs, has it been a big problem or little problem? _
- !+* 230_8. Other people's attitudes toward you been a problem at home? _
A. When this problem occurs, has it been a big problem or little problem? _
- !+* 230_9. Other people's attitudes toward you been a problem at school or work? _
A. When this problem occurs, has it been a big problem or little problem? _
- !+* 230_10. Experience prejudice or discrimination? _
A. When this problem occurs, has it been a big problem or little problem? _
- !+* 230_11. Policies and rules of businesses and organizations make problems for you? _
A. When this problem occurs, has it been a big problem or little problem? _
- !+* 230_12. Government programs and policies make it difficult to do what you want or need to do? _
A. When this problem occurs, has it been a big problem or little problem? _
- !+* 230_13. Policies Subscale (*computer-generated*)..... _ _ _
- !+* 230_14. Physical/Structural Subscale (*computer-generated*) _ _ _
- !+* 230_15. Work/School Subscale (*computer-generated*) _ _ _
- !+* 230_16. Attitudes/Support Subscale (*computer-generated*) _ _ _
- !+* 230_17. Services/Assistance Subscale (*computer-generated*)..... _ _ _
- !+* 230T. CHIEF-SF Total (*computer-generated*)..... _ _ _

◇ Window variable (Annual Exam and Neuro Exam): *may be collected 6 months prior to through 6 months after the anniversary date*

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100. System ID..... __ __ 101. Patient Number __ __ __ __ __ 200. Post-injury Year __ __

ALL THE VARIABLES ON THIS PAGE ARE TO BE COLLECTED ONLY AT YEAR 01 (OR YEAR 02 *)

240. From Injury to the First* Anniversary – Outpatient Physical and/or Occupational Therapy:

- A. Prescribed..... __
B. Hours Completed... __
C. Location..... __

241. From Injury to the First* Anniversary – Outpatient Psychological and/or Vocational Counseling:

- A. Prescribed..... __
B. Hours Completed... __
C. Location..... __

242. Utilization of Mechanical Ventilation at the First* Anniversary __

243. Post-operative Wound Infection at the Site of the Spinal Surgery Post-discharge to First* Anniversary.... __

* see syllabus pages 114, 124 and 291 to 294 for details when year 02 is substituted for year 01.

NEUROLOGIC EXAM [Data are required for year 01 (or year 02*); data for subsequent years are optional]

244. Category of Neurologic Impairment..... __

245. ASIA Impairment Scale __

246. ASIA Motor Index Score Left Right

Table with 3 columns: Muscle Group, Left, Right. Rows include Elbow flexors (C5), Wrist extensors (C6), Elbow extensors (C7), Finger flexors (C8), Small finger abductors (T1), Hip flexors (L2), Knee extensors (L3), Ankle dorsiflexors (L4), Long toe extensors (L5), and Ankle plantarflexors (S1).

Subtotal (computer-generated)

Total..... (computer-generated)

Left Right

247. Sensory Level.....

248. Motor Level..... (computer-generated)

249. Level Preserved Neurologic Function.....

Window variable (Annual Exam and Neuro Exam): may be collected 6 months prior to through 6 months after the anniversary date
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100. System ID..... __ __ 101. Patient Number __ __ __ __ __ 200. Post-injury Year __ __

ASSISTIVE TECHNOLOGY

! 250A. Walk for 150 feet in your home?

! 250B. Walk for one street block outside?.....

! 250C. Walk up one flight of steps?

! 251. Mobility Aid(s) | | | | |
1 2 3 4 5

! 252. Wheelchair or Scooter Use.....

! 253. Type of Wheelchair (or Scooter) Used Most Often

! 254. Wheelchair (or Scooter) Used Most Often..... Manufacturer (V254A) Model (V254B)

! 255. Primary Funding Source for Wheelchair (or Scooter) Used Most Often ...

! 256. Features on Wheelchair (or Scooter) Used Most Often | | | | | |
1 2 3 4 5 6

! 257. Number of Repairs on Wheelchair (or Scooter) Used Most Often

! 258. Consequences of Breakdown of Wheelchair (or Scooter) Used Most Often ... | | | |
1 2 3 4

! 259. Number of Additional Wheelchairs or Scooters:

- A. Manual
B. Power
C. Power Assisted.....
D. Other
E. Scooters.....

! 260. Use a Computer?.....

! 261. Type of Computer Access Device(s)
| | | | | | | | | |
1 2 3 4 5 6 7 8 9 10

! 262. Internet or Email Usage

! 263. Location of Internet /Email Use | | |
1 2 3

! 264. Internet Categories:

- A. Employment/vocation information
B. Disability/health information
C. Email.....
D. Chat rooms
E. Games
F. Shopping
G. Other

! 265. Modified Vehicle?.....

! 266. Driving a Modified Vehicle?

! 267. Cell Phone?

Window variable (Annual Exam and Neuro Exam): may be collected 6 months prior to through 6 months after the anniversary date
Window variable (Interview Data): may be collected 6 months prior to through 1 year after the anniversary date (year 01 up to 6 months after the anniversary)
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