

## Form Checklist

Data Collection Point	Form Name	Form Code	Version	Traumatic/ Non-Traumatic/ Both	Completed	
<b>Initial RHSCIR – Chart Abstraction</b> <input type="checkbox"/>	Clinical Information	CI-InitialRHSCIR	V07May2019	Traumatic	<input type="checkbox"/>	
	Clinical Information	CI-InitialRHSCIR-Non-traumatic (completed by first RHSCIR rehab facility)	V07May2019	Non-traumatic	<input type="checkbox"/>	
	Spine Diagnoses	SDIAG-Acute (only acute sites)	V07May2019	Traumatic	<input type="checkbox"/>	
	Visit Details- Consent Not Obtained for Minimal Dataset	VD-NC for MinData	V07May2019	Traumatic	<input type="checkbox"/>	
<b>Initial RHSCIR -Participant Questionnaires Consented Participants Only</b>	Sociodemographics Plus	SP-InitialRHSCIR	V07May2019	Traumatic	<input type="checkbox"/>	
	Contact Information <sup>1</sup>	CONTACT-InitialRHSCIR	V07May2019	Traumatic	<input type="checkbox"/>	
<b>Acute</b> <input type="checkbox"/>	Participant Details <sup>1</sup>	PD-Acute	V07May2019	Traumatic	<input type="checkbox"/>	
	Visit Details	VD-Acute	V07May2019	Traumatic	<input type="checkbox"/>	
	Clinical Information	CI-Acute	V07May2019	Traumatic	<input type="checkbox"/>	
	Clinical Information – Pressure Injuries	CI-Pressure Injuries-MULT	V07May2019	Traumatic	<input type="checkbox"/>	
	Neurology Pack (@Admission) <sup>3</sup>	N-MULT-NC & N-MULT	V07May2019 V07May2019	Traumatic	<input type="checkbox"/>	
	If participant had a spinal procedure performed:					
	Spine Surgical Procedures (may have more than one) <sup>4</sup>	SPROC-MULT	V07May2019	Traumatic	<input type="checkbox"/>	
	Consent Tracking	CT-All	V07May2019	Site Specific	<input type="checkbox"/>	
<i><sup>1</sup>If participant came from one or more Non-Participating facility(ies), or Participating facility(ies) where they received Emergency Level of Care only, complete a corresponding Non-Participating Facility or Participating Facility Emergency Only Data Collection Point for each facility.</i>						
<b>Rehab</b> <input type="checkbox"/>	Participant Details <sup>1</sup>	PD-Rehab	V07May2019	Both	<input type="checkbox"/>	
	Visit Details	VD-Rehab	V07May2019	Both	<input type="checkbox"/>	
	Clinical Information	CI-Rehab	V07May2019	Both	<input type="checkbox"/>	

	Clinical Information – Pressure Injuries	CI-Pressure Injuries-MULT	V07May2019	Both	<input type="checkbox"/>
	Spinal Cord Independence Measure Pack (@Admission)	SCIMS-Rehab AND Self-Report SCIM-MULT (SR-SCIM-MULT)	V07May2019	Both	<input type="checkbox"/>
		Or/ Clinician-Completed SCIM-MULT (CC-SCIM-MULT)	V07May2019		
		SCIMS-Rehab AND Self-Report SCIM-MULT (SR-SCIM-MULT)	V07May2019		
	Spinal Cord Independence Measure Pack (@Discharge)	SCIMS-Rehab AND Self-Report SCIM-MULT (SR-SCIM-MULT)	V07May2019	Both	<input type="checkbox"/>
		Or/ Clinician-Completed SCIM-MULT (CC-SCIM-MULT)	V07May2019		
		NS-MULT & N-MULT	V07May2019		
	Neurology Pack (@Discharge) <sup>3</sup>	NS-MULT & N-MULT	V07May2019	Both	<input type="checkbox"/>
<i>If you are a Standing &amp; Walking group site:</i>					
		Tracking Form - Basic	V07May2019	Both	<input type="checkbox"/>
		Tracking Form - Advanced	V07May2019		
		mMiniBESTest	V07May2019		
		mABC	V07May2019		
		Berg Balance Scale	V07May2019		
		10MWT	V07May2019		
		m6MWT	V07May2019		
		mSCI-FAP	V07May2019		
		mTUG	V07May2019		
<i>If participant's consent status has changed:</i>					
	Consent Tracking	CT-All	V07May2019	Site Specific	<input type="checkbox"/>
<i>If participant came from one or more Non-Participating facility(ies), or Participating facility(ies) where they received Emergency Level of Care only, complete a corresponding Non-Participating Facility or Participating Facility Emergency Only Data Collection Point for each facility.</i>					
<b>Final RHSCIR – Chart Abstraction</b> <input type="checkbox"/>	Clinical Information	CI-FinalRHSCIR	V07May2019	Both	<input type="checkbox"/>
	Neurology Pack (@Discharge) <sup>3</sup>	NS-MULT & N-MULT-NC	V07May2019	Both	<input type="checkbox"/>
			V07May2019		
Spinal Cord Independence Measure Pack	SCIMS-FinalRHSCIR AND if Level of Care = <u>Acute</u> , Self-Report SCIM-MULT (SR-SCIM-MULT)	Or/	V07May2019	Both	<input type="checkbox"/>
			V07May2019		
			V07May2019		

		Clinician-Completed SCIM-MULT (CC-SCIM-MULT)			
<b>Final RHSCIR -Participant Questionnaires Consented Participants Only</b>	Sociodemographics Plus	SP-FinalRHSCIR	V07May2019	Traumatic	<input type="checkbox"/>
	Contact Information <sup>1</sup>	CONTACT-FinalRHSCIR	V07May2019	Traumatic	<input type="checkbox"/>
If site is carrying out Community Follow-Up					
<b>Community Follow-Up</b>	Contact Information & Community Questionnaire-Community Follow Up	CONTACT-CFU & CQ-CFU Core or CONTACT-CFU & CQ-CFU	V07May2019	Traumatic	<input type="checkbox"/>

<b>Non-Participating Facility</b> <input type="checkbox"/>	Visit Details & Clinical Information	VD&CI-NP	V07May2019	Both	<input type="checkbox"/>
<b>Participating Facility Emergency</b> <input type="checkbox"/>	Visit Details & Clinical Information	VD&CI-EO	V07May2019	Traumatic	<input type="checkbox"/>
	Neurology Pack (may have more than one) <sup>3</sup>	NS-MULT & N-MULT-NC	V07May2019 V07May2019	Traumatic	<input type="checkbox"/>
<b>TRAUMA, DAD and NRS Extracts<sup>6</sup></b> <input type="checkbox"/>	TRAUMA	TRAUMA-InitialRHSCIR	V07May2019	Traumatic	<input type="checkbox"/>
	Discharge Abstract Database Data	DAD-Acute	V07May2019	Traumatic	<input type="checkbox"/>
	Discharge Abstract Database Data Acute Procedures & Diagnoses	DAD-Acute PROCEDURES & DIAGNOSES	V07May2019	Traumatic	<input type="checkbox"/>
	National Rehabilitation Reporting Service Data	NRS-Rehab	07May2019	Both	<input type="checkbox"/>

<sup>1</sup>Contains personal identifiers and must be stored separately from main case report forms.  
<sup>2</sup>Pain and Respiratory forms applicable to those facilities who have opted to collect this data  
<sup>3</sup>One Neurology form required but all Neurology exams that are related and complete can be entered.  
<sup>4</sup>One Spine Procedures form required for each spinal surgery.  
<sup>5</sup>Only applicable at specific Rehabilitation sites – see additional Standing & Walking Mobility Checklist.  
<sup>6</sup>Only entered into GRP at specific sites.

<b>If participation in RHSCIR ends</b>	End of Study	EOS-All	V07May2019	Both	<input type="checkbox"/>
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