

Form Checklist

Data Collection Point	Form Name	Form Code	Version	Completed Tr Automatic/ Non- Traumatic/ Both	Reason-Not Completed	
Initial RHSCIR – Chart Abstraction <input type="checkbox"/>	Clinical Information	CI-InitialRHSCIR	V07May2019V 09Apr2015	Traumatic <input type="checkbox"/>	<input type="checkbox"/>	
	<u>Clinical Information</u>	<u>CI-InitialRHSCIR-Non-traumatic (completed by first RHSCIR rehab facility)</u>	V07May2019	Non-traumatic	<input type="checkbox"/>	
	Spine Diagnoses	SDIAG- <u>Acute (only acute sites)InitialRHSCIR</u>	V07May2019V 08Nov2013	Traumatic <input type="checkbox"/>	<input type="checkbox"/>	
	<u>Visit Details- Consent Not Obtained for Minimal Dataset</u>	<u>VD-NC for MinData</u>	V07May2019	Traumatic	<input type="checkbox"/>	
Initial RHSCIR – Participant Questionnaires – Consented Participants Only <input type="checkbox"/>	Sociodemographics Plus	SP-InitialRHSCIR	V07May2019V 06Aug2015	Traumatic <input type="checkbox"/>	<input type="checkbox"/>	
	Contact Information ¹	CONTACT-InitialRHSCIR	V07May2019V 08Nov2013	Traumatic <input type="checkbox"/>	<input type="checkbox"/>	
Acute <input type="checkbox"/>	Participant Details ¹	PD-Acute	V07May2019V 08Nov2013	Traumatic <input type="checkbox"/>	<input type="checkbox"/>	
	Visit Details	VD-Acute	V07May2019V 08Nov2013	Traumatic <input type="checkbox"/>	<input type="checkbox"/>	
	Clinical Information	CI-Acute	V07May2019V 09Apr2015	Traumatic <input type="checkbox"/>	<input type="checkbox"/>	
	Clinical Information – Pain²	CI-Pain-MULT	V09Apr2015	<input type="checkbox"/>		
	Clinical Information – Pressure <u>UlcersInjuries</u>	CI-Pressure <u>UlcersInjuries</u> -MULT	V07May2019V 09Apr2015	Traumatic <input type="checkbox"/>	<input type="checkbox"/>	
	Clinical Information – Respiratory²	CI-Resp-MULT	V09Apr2015	<input type="checkbox"/>		
	Neurology Pack (@Admission) ³	NNS-MULT-NC & N-MULT	V07May2019V 09Apr2015 V07May2019V 22Jul2015	Traumatic <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	
	If participant had a spinal procedure performed:					
	Spine Surgical Procedures (may have more than one) ⁴	SPROC-MULT	V07May2019V 09Apr2015	Traumatic <input type="checkbox"/>	<input type="checkbox"/>	
	<u>Consent Tracking</u>	<u>CT-All</u>	<u>V07May2019</u>	<u>Site Specific</u>	<input type="checkbox"/>	

¹If 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.

Rehab <input type="checkbox"/>	<u>Participant Details</u> ¹	PD-Rehab	V07May2019	Both	<input type="checkbox"/>	
	<u>Visit Details</u>	VD-Rehab	V07May2019	Both	<input type="checkbox"/>	
	<u>Clinical Information</u>	CI-Rehab	V07May2019	Both	<input type="checkbox"/>	
	<u>Clinical Information – Pressure Injuries</u>	CI-Pressure Injuries-MULT	V07May2019	Both	<input type="checkbox"/>	
	<u>Spinal Cord Independence Measure Pack (@Admission)</u>	SCIMS-Rehab AND Self-Report SCIM-MULT (SR-SCIM-MULT) Or/ Clinician-Completed SCIM-MULT (CC-SCIM-MULT)	V07May2019 V07May2019 V07May2019	Both	<input type="checkbox"/>	
	<u>Spinal Cord Independence Measure Pack (@Discharge)</u>	SCIMS-Rehab AND Self-Report SCIM-MULT (SR-SCIM-MULT) Or/ Clinician-Completed SCIM-MULT (CC-SCIM-MULT)	V07May2019 V07May2019 V07May2019	Both	<input type="checkbox"/>	
	<u>Neurology Pack (@Admission)</u> ³	NS-MULT & N-MULT	V07May2019 V07May2019	Both	<input type="checkbox"/>	
	<u>Neurology Pack (@Discharge)</u> ³	NS-MULT & N-MULT	V07May2019 V07May2019	Both	<input type="checkbox"/>	
	<i>If you are a Standing & Walking group site:</i>					
		<u>Tracking Form - Basic</u>	V07May2019	Both	<input type="checkbox"/>	
		<u>Tracking Form - Advanced</u>	V07May2019			
		<u>mMiniBESTest</u>	V07May2019			
		<u>mABC</u>	V07May2019			
		<u>Berg Balance Scale</u>	V07May2019			
	<u>10MWT</u>	V07May2019				
	<u>m6MWT</u>	V07May2019				
	<u>mSCI-FAP</u>	V07May2019				
	<u>mTUG</u>	V07May2019				
<i>If participant's consent status has changed:</i>						
<u>Consent Tracking</u>	CT-All	V07May2019 08Nov2013	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>						
Rehab <input type="checkbox"/>	<u>Participant Details</u> ³	PD-Rehab	V08Nov2013	<input type="checkbox"/>		
	<u>Visit Details</u>	VD-Rehab	V08Nov2013	<input type="checkbox"/>		
	<u>Clinical Information</u>	CI-Rehab	V09Apr2015	<input type="checkbox"/>		

	Clinical Information – Pain²	CI-Pain-MULT	V09Apr2015	<input type="checkbox"/>	
	Clinical Information – Pressure Ulcers	CI-Pressure Ulcers-MULT	V09Apr2015	<input type="checkbox"/>	
	Clinical Information – Respiratory²	CI-Resp-MULT	V09Apr2015	<input type="checkbox"/>	
	Spinal Cord Independence Measure Pack (@Admission)	SCIMS-Rehab AND Self-Report SCIM-MULT (SR-SCIM-MULT)	V08Nov2013	<input type="checkbox"/>	
		Or/ Clinician-Completed SCIM-MULT (CC-SCIM-MULT)	V03Dec2013	<input type="checkbox"/>	
		V08Nov2013	<input type="checkbox"/>		
	Spinal Cord Independence Measure Pack (@Discharge)	SCIMS-Rehab AND Self-Report SCIM-MULT (SR-SCIM-MULT)	V08Nov2013	<input type="checkbox"/>	
		Or/ Clinician-Completed SCIM-MULT (CC-SCIM-MULT)	V03Dec2013	<input type="checkbox"/>	
		V08Nov2013	<input type="checkbox"/>		
	Neurology Pack (@Admission)³	NS-MULT & N-MULT	V09Apr2015 V22Jul2015	<input type="checkbox"/> <input type="checkbox"/>	
	Neurology Pack (@Discharge)³	NS-MULT & N-MULT	V09Apr2015 V22Jul2015	<input type="checkbox"/> <input type="checkbox"/>	
	<i>If you are a Walking group site:</i>				
		TrackingForm	V09Apr2015		
		mMiniBESTest	V09Apr2015		
		ABC	V09Apr2015		
		Berg Balance Scale	V09Apr2015		
		10MWT	V09Apr2015		
		M6MWT	V09Apr2015		
		mSCI-FAP	V09Apr2015		
		mTUG	V09Apr2015		
	<i>If participant's consent status has changed:</i>				
	Consent Tracking	CT-All	V08Nov2013	<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>				
<input type="checkbox"/>	Final RHSCIR Chart Abstraction	Clinical Information	CI-FinalRHSCIR	V07May2019V 08Nov2013	Both <input type="checkbox"/> <input type="checkbox"/>
		Neurology Pack (@Discharge) ³	NS-MULT & N-MULT-NC	V07May2019V 09Apr2015 V07May2019V 22Jul2015	Both <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	Final RHSCIR Chart Abstraction	Spinal Cord Independence Measure Pack	SCIMS-FinalRHSCIR AND if Level of Care = Acute.	V07May2019V 08Nov2013	Both <input type="checkbox"/> <input type="checkbox"/>
			Self-Report SCIM-MULT (SR-SCIM-MULT)	V07May2019V 03Dec2013	<input type="checkbox"/> <input type="checkbox"/>

		Or/ Clinician-Completed SCIM-MULT (CC-SCIM- MULT)	V07May2019 V08Nov2013	<input type="checkbox"/>	
Final RHSCIR Participant Questionnaires Consented Participants Only <input type="checkbox"/>	Sociodemographics Plus	SP-FinalRHSCIR	V07May2019 V09Apr2015	Traumatic <input type="checkbox"/>	<input type="checkbox"/>
	Contact Information ¹	CONTACT-FinalRHSCIR	V07May2019 V08Nov2013	Traumatic <input type="checkbox"/>	<input type="checkbox"/>
<i>If site is carrying out Community Follow-Up</i>					
Community Follow-Up <input type="checkbox"/>	<u>Contact Information & Community Questionnaire- Community Follow Up</u>	<u>CONTACT-CFU & CQ- CFU Core or CONTACT- CFU & CQ-CFU</u>	<u>V07May2019</u>	<u>Traumatic</u>	<input type="checkbox"/>
Non-Participating Facility <input type="checkbox"/> <input type="checkbox"/>	Visit Details & Clinical Information	VD&CI-NP	V07May2019 V08Nov2013	<u>Both</u> <input type="checkbox"/>	<input type="checkbox"/>
	Neurology Pack (may have more than one)³	NS-MULT & N-MULT	V09Apr2015 V22Jul2015	<input type="checkbox"/> <input type="checkbox"/>	
Participating Facility Emergency <input type="checkbox"/> Level of Care Only <input type="checkbox"/>	Visit Details & Clinical Information	VD&CI-EO	V07May2019 V08Nov2013	Traumatic <input type="checkbox"/>	<input type="checkbox"/>
	Neurology Pack (may have more than one) ³	NS-MULT & N-MULT- <u>NC</u>	V07May2019 V09Apr2015 V07May2019 V22Jul2015	Traumatic <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
TRAUMA, DAD and NRS Extracts⁶ <input type="checkbox"/> <input type="checkbox"/>	TRAUMA	TRAUMA-InitialRHSCIR	V07May2019 V09Apr2015	Traumatic <input type="checkbox"/>	<input type="checkbox"/>
	Discharge Abstract Database Data	DAD-Acute	V07May2019 V09Apr2015	Traumatic <input type="checkbox"/>	<input type="checkbox"/>
	Discharge Abstract Database Data Acute Procedures & Diagnoses	DAD-Acute PROCEDURES & DIAGNOSES	V07May2019 V09Apr2015	Traumatic <input type="checkbox"/>	<input type="checkbox"/>
	National Rehabilitation Reporting Service Data	NRS-Rehab	07May2019 09Apr2015	<u>Both</u> <input type="checkbox"/>	<input type="checkbox"/>
¹ Contains personal identifiers and must be stored separately from main case report forms. ² Pain and Respiratory forms applicable to those facilities who have opted to collect this data ³ One Neurology form required but all Neurology exams that are related and complete can be entered. ⁴ One Spine Procedures form required for each spinal surgery. ⁵ Only applicable at specific Rehabilitation sites – see additional Standing & Walking Mobility Checklist. ⁶ Only entered into GRP at specific sites.					
If participation in RHSCIR ends: <input type="checkbox"/>	End of Study	EOS-All	V07May2019 V08Nov2013	<u>Both</u> <input type="checkbox"/>	<input type="checkbox"/>