



Form Checklist

Data Collection Point	Form Name	Form Code	Version	Completed	Reason Not Completed
Initial RHSCIR – Chart Abstraction <input type="checkbox"/>	Clinical Information	CI-InitialRHSCIR	V09Apr2015	<input type="checkbox"/>	
	Spine Diagnoses	SDIAG-InitialRHSCIR	V08Nov2013	<input type="checkbox"/>	
Initial RHSCIR – Participant Questionnaires Consented Participants Only <input type="checkbox"/>	Sociodemographics Plus	SP-InitialRHSCIR	V06Aug2015	<input type="checkbox"/>	
	Contact Information ¹	CONTACT-InitialRHSCIR	V08Nov2013	<input type="checkbox"/>	
Acute <input type="checkbox"/>	Participant Details ¹	PD-Acute	V08Nov2013	<input type="checkbox"/>	
	Visit Details	VD-Acute	V08Nov2013	<input type="checkbox"/>	
	Clinical Information	CI-Acute	V09Apr2015	<input type="checkbox"/>	
	Clinical Information - Pain ²	CI-Pain-MULT	V09Apr2015	<input type="checkbox"/>	
	Clinical Information – Pressure Ulcers	CI-Pressure Ulcers-MULT	V09Apr2015	<input type="checkbox"/>	
	Clinical Information – Respiratory ²	CI-Resp-MULT	V09Apr2015	<input type="checkbox"/>	
	Neurology Pack (@Admission) ³	NS-MULT & N-MULT	V09Apr2015 V22Jul2015	<input type="checkbox"/> <input type="checkbox"/>	
	If participant had a spinal procedure performed:				
	Spine Surgical Procedures (may have more than one) ⁴	SPROC-MULT	V09Apr2015	<input type="checkbox"/>	
	If participant's consent status has changed:				
	Consent Tracking	CT-All	V08Nov2013	<input type="checkbox"/>	
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.					
Rehab <input type="checkbox"/>	Participant Details ¹	PD-Rehab	V08Nov2013	<input type="checkbox"/>	
	Visit Details	VD-Rehab	V08Nov2013	<input type="checkbox"/>	
	Clinical Information	CI-Rehab	V09Apr2015	<input type="checkbox"/>	
	Clinical Information - Pain ²	CI-Pain-MULT	V09Apr2015	<input type="checkbox"/>	
	Clinical Information – Pressure Ulcers	CI-Pressure Ulcers-MULT	V09Apr2015	<input type="checkbox"/>	
	Clinical Information – Respiratory ²	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 <u>AND</u> 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	<input type="checkbox"/>	
			V22Jul2015	<input type="checkbox"/>	
	Neurology Pack (@Discharge) ³	NS-MULT & N-MULT	V09Apr2015	<input type="checkbox"/>	
			V22Jul2015	<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>					
Final RHSCIR – Chart Abstraction <input type="checkbox"/>	Clinical Information	CI-FinalRHSCIR	V08Nov2013	<input type="checkbox"/>	
	Neurology Pack (@Discharge) ³	NS-MULT & N-MULT	V09Apr2015	<input type="checkbox"/>	
			V22Jul2015	<input type="checkbox"/>	
	Spinal Cord Independence Measure Pack	SCIMS-FinalRHSCIR <u>AND if Level of Care = Acute.</u> Self-Report SCIM-MULT (SR-SCIM-MULT) Or/ Clinician-Completed SCIM-MULT (CC-SCIM-MULT)	V08Nov2013	<input type="checkbox"/>	
			V03Dec2013	<input type="checkbox"/>	
V08Nov2013			<input type="checkbox"/>		
Final RHSCIR – Participant Questionnaires Consented Participants Only <input type="checkbox"/>	Sociodemographics Plus	SP-FinalRHSCIR	V09Apr2015	<input type="checkbox"/>	
	Contact Information ¹	CONTACT-FinalRHSCIR	V08Nov2013	<input type="checkbox"/>	

Non-Participating Facility <input type="checkbox"/>	Visit Details & Clinical Information	VD&CI-NP	V08Nov2013	<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"/>	Visit Details & Clinical Information	VD&CI-EO	V08Nov2013	<input type="checkbox"/>	
	Neurology Pack (may have more than one) ³	NS-MULT & N-MULT	V09Apr2015 V22Jul2015	<input type="checkbox"/> <input type="checkbox"/>	
TRAUMA, DAD and NRS Extracts⁶ <input type="checkbox"/>	TRAUMA	TRAUMA-InitialRHSCIR	V09Apr2015	<input type="checkbox"/>	
	Discharge Abstract Database Data	DAD-Acute	V09Apr2015	<input type="checkbox"/>	
	Discharge Abstract Database Data Acute Procedures & Diagnoses	DAD-Acute PROCEDURES & DIAGNOSES	V09Apr2015	<input type="checkbox"/>	
	National Rehabilitation Reporting Service Data	NRS-Rehab	V09Apr2015	<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.	End of Study	EOS-All	V08Nov2013	<input type="checkbox"/>	