|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| * Check here if you are completing a ‘Final RHSCIR’ data collection point and have already completed a discharge neurology as part of a ‘Rehab’ data collection point, then proceed to Data Collection Details. | | | | | | | | |
| **Neurology Screen completed at:** | | * Admission to facility (within 72 hours after admission) | | | | | | |
| * Discharge from facility or ‘Final RHSCIR’ data collection point (within 72 hours prior to discharge) | | | | | | |
| * Community Follow-Up Year 1 | | | | | | |
| * Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
|  | | | | | | |
|  | | | | | | | | |
| 1. **Was any part of the neurology assessment performed?** (i.e., **ANY** part of thebedside physical neurology assessment/exam.Bedside physical neurology assessment/exam includes sensory & motor testing as well as the rectal exam.) | | | | | | | | |
|  | | * + - Yes (enter Collection Method below, then skip to and complete N-MULT) | | | | | | |
|  | |  | * + - ISNCSCI (aka “ASIA”) worksheet completed by clinician | | | | | |
|  | |  | * + - Abstracted from multiple medical record sources | | | | | |
|  | | * + - No | | | | | | |
|  | | | | | | | | |
| 1. **What was the reason the neurology assessment was not done?** | | | | | | | | |
|  | | * + - Significant concurrent traumatic brain injury, participant unable to participate in exam | | | | | | |
|  | | * + - Significant mental illness or developmental delay, participant unable to participate in exam | | | | | | |
|  | | * + - Participant died before exam performed | | | | | | |
|  | | * + - Participant discharged before exam performed | | | | | | |
|  | | * + - Non-consented participant - Not collected as a standard of care at this centre | | | | | | |
|  | | * + - Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
|  | | * + - Unknown | | | | | | |
|  | | | | | | | | |
| 1. **a) What is the clinician-determined single neurological level?** | | | | | | | | |
|  | |  | | | | | | |
|  | | * + - Unknown | | | | | | |
|  | | | |  | | | | |
| **b) Date Determined:** | | | | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  | / |  |  | / |  |  |  | Enter as much of the date as is known. | | YYYY | | | |  | MM | |  | DD | |  | | | | | |
|  | | | |  | | | | |
| 1. **a) What is the clinician-determined ASIA impairment scale?** | | | | | | | | |
|  | |  | | | | | | |
|  | | * Unknown | | | | | | |
|  | | | |  | | | | |
| **b) Date Determined:** | | | | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  | / |  |  | / |  |  |  | Enter as much of the date as is known. | | YYYY | | | |  | MM | |  | DD | |  | | | | | |
|  | | | |  | | | | |
|  | | | |  | | | | |
|  | | | | | | | | |
| Data Collection Details (these apply to both NS-MULT & N-MULT) | | | | | | | | |
| **Collected by**  (please print name)**:** |  | | | | **Initial Here:** |  | **Date Abstraction Completed:** | YYYY-MM-DD |