RHSCIR ID #

Rick Hansen Institute / Institut Rick Hansen | RHSCIR

Neurology Screen
Multiple Data Collection Points

CHART ABSTRACTION

NS-MULT
Page 1 of 2

Data Collection Point
(check ONE only)**:**

- ☐ Non-Participating Facility
- ☐ Participating Facility Emergency Level of Care Only
- ☐ Acute care (or Emergency and Acute care) provided
- ☐ Rehab care provided
- ☐ Final RHSCIR - Chart Abstraction
- ☐ Community Follow-Up - 1 year

☐ 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 the bedside 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

2. 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

3. 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

4. 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