

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 & | V09Apr2015 | <input type="checkbox"/> | |
| | | | N-MULT | V22Jul2015 | <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"/> | |
| <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"/> | 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 | V08Nov2013 | <input type="checkbox"/> | |
| | | | AND Self-Report SCIM-MULT (SR-SCIM-MULT) | V03Dec2013 | <input type="checkbox"/> | |
| Or/ Clinician-Completed SCIM-MULT (CC-SCIM-MULT) | | | V08Nov2013 | <input type="checkbox"/> | | |

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|---|---|---|--------------------------|--------------------------|--|--|
| | 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) | 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"/> | |