



PARTICIPANT DETAILS

Rehab

CHART ABSTRACTION

 PD-Rehab
 Page 1 of 2

This page contains personal identifiers and must be stored separately from the main case report forms. It is advisable to store this form with the informed consent form.

Enrollment Details (enter during Enrollment; edit in GRP Enrollment form)

☐ [Check here if etiology is traumatic AND Level of Care provided by facility is both Acute and Rehab. Then skip to Question 7.](#)

1. **First Name** ~~:(do not enter into GRP):~~ **Last Name** ~~(do not enter into GRP):~~ ÷

2. **Gender** ~~Sex~~: ☐ Male ☐ Female ☐ Other (specify): _____

3. **Date of Birth**: / /
 YYYY MM DD

4. **Etiology**: ☐ Traumatic ☐ Non-traumatic
 -If there is impairment of the spinal cord or cauda equina ~~function~~ that is caused by an external event, please use "traumatic" option.

5. **Injury Date**: / /
 (Traumatic participants only) YYYY MM DD Enter as much of the date as is known.

6. **Onset Date**: / /
 (Non -Traumatic participants only. Approximate date of first physician visit for symptoms related to spinal cord dysfunction.) YYYY MM DD Enter as much of the date as is known.

7. **Timeframe of Onset of NTSCI**:
 (Non -Traumatic participants only. Approximate length of time over which symptoms developed.)

☐ Acute (≤ 1 day)
☐ Sub-acute (> 1 day but ≤ 7 days)
☐ Prolonged (> 7 days but ≤ 1 month)
☐ Lengthy (> 1 month)
☐ Unknown

CHART ABSTRACTION

PD-REHAB

~~Consented Participants~~

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Identifiers (local site use only, not entered into GRP)

1. **Personal Health Number (PHN):** _____
2. **Chart Number:** _____
3. **Encounter Number:** _____

Data Collection Details

Collected by: (please print name)		Initial Here:		Date Abstraction Completed:	YYYY-MM-DD
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(Data Collection Details are for local use only and are not data entered)