



Form Checklist

FC-MULT
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Form Checklist

Data Collection Point	Form Name	Form Code	Version	Traumatic/ Non- Traumatic/ Both	Completed
Initial RHSCIR – Chart Abstraction <input type="checkbox"/>	Clinical Information	CI-InitialRHSCIR-traumatic	V22Jan2020	Traumatic	<input type="checkbox"/>
	Clinical Information	CI-InitialRHSCIR-Non-traumatic (completed by first RHSCIR rehab facility)	V13Dec2019	Non-traumatic	<input type="checkbox"/>
	Spine Diagnoses	SDIAG-Acute (only acute sites)	V13Dec2019	Traumatic	<input type="checkbox"/>
Initial RHSCIR –Participant Questionnaires <i>Consented Participants Only</i>	Sociodemographics Plus	SP-InitialRHSCIR	V13Dec2019	Traumatic	<input type="checkbox"/>
	Contact Information ¹	CONTACT-InitialRHSCIR	V13Dec2019	Traumatic	<input type="checkbox"/>
Acute <input type="checkbox"/>	Participant Details ¹	PD-Acute	V13Dec2019	Traumatic	<input type="checkbox"/>
	Visit Details	VD-Acute	V13Dec2019	Traumatic	<input type="checkbox"/>
	Clinical Information	CI-Acute	V13Dec2019	Traumatic	<input type="checkbox"/>
	Clinical Information – Pressure Injuries	CI-Pressure Injuries-MULT	V13Dec2019	Traumatic	<input type="checkbox"/>
	Neurology Pack (@Admission) ²	NS-MULT & N-MULT	V13Dec2019 V22Jan2020	Traumatic	<input type="checkbox"/>
	If participant had a spinal procedure performed:				
	Spine Surgical Procedures (may have more than one) ³	SPROC-MULT	V13Dec2019	Traumatic	<input type="checkbox"/>
	Consent Tracking	CT-All	V13Dec2019	Traumatic	<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	V13Dec2019	Both	<input type="checkbox"/>
	Visit Details	VD-Rehab	V13Dec2019	Both	<input type="checkbox"/>
	Clinical Information	CI-Rehab	V13Dec2019	Both	<input type="checkbox"/>
	Clinical Information – Pressure Injuries	CI-Pressure Injuries-MULT	V13Dec2019	Both	<input type="checkbox"/>
		SCIMS-Rehab	V13Dec2019	Both	<input type="checkbox"/>

	Spinal Cord Independence Measure Pack (@Admission)	AND Self-Report SCIM-MULT (SR-SCIM-MULT) Or/ Clinician-Completed SCIM-MULT (CC-SCIM-MULT)	V13Dec2019		
			V13Dec2019		
	Spinal Cord Independence Measure Pack (@Discharge)	SCIMS-Rehab AND Self-Report SCIM-MULT (SR-SCIM-MULT) Or/ Clinician-Completed SCIM-MULT (CC-SCIM-MULT)	V13Dec2019	Both	<input type="checkbox"/>
			V13Dec2019		
			V13Dec2019		
	Neurology Pack (@Admission) ²	NS-MULT & N-MULT	V13Dec2019 V22Jan2020	Both	<input type="checkbox"/>
	Neurology Pack (@Discharge) ²	NS-MULT & N-MULT	V13Dec2019 V22Jan2020	Both	<input type="checkbox"/>
	<i>If you are a Standing & Walking group site⁴:</i>				
		Tracking Form - Basic	V13Dec2019	Both	<input type="checkbox"/>
		Tracking Form - Advanced	V13Dec2019		
		mMiniBESTest	V13Dec2019		
		mABC	V13Dec2019		
		Berg Balance Scale	V13Dec2019		
		10MWT	V13Dec2019		
		m6MWT	V13Dec2019		
		mSCI-FAP	V13Dec2019		
		mTUG	V13Dec2019		
	<i>If participant's consent status has changed:</i>				
Consent Tracking	CT-All	V13Dec2019	Site Specific	<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	V13Dec2019	Both	<input type="checkbox"/>
	Neurology Pack (@Discharge) ²	NS-MULT & N-MULT	V13Dec2019 V22Jan2020	Both	<input type="checkbox"/>
	Spinal Cord Independence Measure Pack	SCIMS-FinalRHSCIR AND Self-Report SCIM-MULT (SR-SCIM-MULT) Or/ Clinician-Completed SCIM-MULT (CC-SCIM-MULT)	V13Dec2019 V13Dec2019 V13Dec2019	Both	<input type="checkbox"/>

Final RHSCIR -Participant Questionnaires Consented Participants Only	Sociodemographics Plus	SP-FinalRHSCIR	V13Dec2019	Traumatic	<input type="checkbox"/>
	Contact Information ¹	CONTACT-FinalRHSCIR	V13Dec2019	Traumatic	<input type="checkbox"/>
If site is carrying out Community Follow-Up					
Community Follow-Up	Contact Information & Community Questionnaire-Community Follow Up	CONTACT-CFU CQ-CFU	V13Dec2019 V22Jan2020	Traumatic	<input type="checkbox"/>

Non-Participating Facility <input type="checkbox"/>	Visit Details & Clinical Information	VD&CI-NP	V13Dec2019	Both	<input type="checkbox"/>
Participating Facility Emergency <input type="checkbox"/>	Visit Details & Clinical Information	VD&CI-EO	V13Dec2019	Traumatic	<input type="checkbox"/>
	Neurology Pack (may have more than one) ²	NS-MULT & N-MULT	V13Dec2019 V22Jan2020	Traumatic	<input type="checkbox"/>
TRAUMA, DAD and NRS Extracts⁵ <input type="checkbox"/>	TRAUMA	TRAUMA-InitialRHSCIR	V13Dec2019	Traumatic	<input type="checkbox"/>
	Discharge Abstract Database Data	DAD-Acute	V13Dec2019	Traumatic	<input type="checkbox"/>
	Discharge Abstract Database Data Acute Procedures & Diagnoses	DAD-Acute PROCEDURES & DIAGNOSES	V13Dec2019	Traumatic	<input type="checkbox"/>
	National Rehabilitation Reporting Service Data	NRS-Rehab	V13Dec2019	Both	<input type="checkbox"/>

¹Contains personal identifiers and must be stored separately from main case report forms.

²One Neurology form required but all Neurology exams that are related and complete can be entered.

³One Spine Procedures form required for each spinal surgery.

⁴Only applicable at specific Rehabilitation sites

⁵Only entered into GRP at specific sites.

Consent Not Obtained for Minimal Dataset	Visit Details- Consent Not Obtained for Minimal Dataset	VD-NC for MinData	V13Dec2019	Traumatic	<input type="checkbox"/>
If participation in RHSCIR ends	End of Study	EOS-All	V13Dec2019	Both	<input type="checkbox"/>