



Form Checklist

 FC-MULT
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Form Checklist

Data Collection Point	Form Name	Form Code	Version	Completed Traumatic/Non-Traumatic/Both	Reason Not Completed	
Initial RHSCIR – Chart Abstraction <input type="checkbox"/>	Clinical Information	CI-InitialRHSCIR- <u>traumatic</u>	V22Jan2020V0 9Apr2015	Traumatic <input type="checkbox"/>	<input type="checkbox"/>	
	<u>Clinical Information</u>	CI-InitialRHSCIR-Non- traumatic (completed by first RHSCIR rehab facility)	V13Dec2019	Non-traumatic	<input type="checkbox"/>	
	Spine Diagnoses	SDIAG- <u>Acute (only acute sites)</u> InitialRHSCIR	V13Dec2019V 08Nov2013	Traumatic <input type="checkbox"/>	<input type="checkbox"/>	
Visit Details Initial RHSCIR Participant Questionnaires Consented Participants Only <input type="checkbox"/>	Sociodemographics Plus	SP-InitialRHSCIR	V13Dec2019V 06Aug2015	Traumatic <input type="checkbox"/>	<input type="checkbox"/>	
	Contact Information ¹	CONTACT- InitialRHSCIR	V13Dec2019V 08Nov2013	Traumatic <input type="checkbox"/>	<input type="checkbox"/>	
Acute <input type="checkbox"/>	Participant Details ¹	PD-Acute	V13Dec2019V 08Nov2013	Traumatic <input type="checkbox"/>	<input type="checkbox"/>	
	Visit Details	VD-Acute	V13Dec2019V 08Nov2013	Traumatic <input type="checkbox"/>	<input type="checkbox"/>	
	Clinical Information	CI-Acute	V13Dec2019V 09Apr2015	Traumatic <input type="checkbox"/>	<input type="checkbox"/>	
	<u>Clinical Information – Pain²</u>	CI-Pain-MULT	V09Apr2015	<input type="checkbox"/>		
	Clinical Information – Pressure <u>UlcersInjuries</u>	CI-Pressure <u>UlcersInjuries</u> -MULT	V13Dec2019V 07May2019V0 9Apr2015	Traumatic <input type="checkbox"/>	<input type="checkbox"/>	
	<u>Clinical Information – Respiratory²</u>	CI-Resp-MULT	V09Apr2015	<input type="checkbox"/>		
	Neurology Pack (@Admission) ²³	NS-MULT & N-MULT	V13Dec2019V 09Apr2015 V22Jan2020V2 2Jul2015	Traumatic <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	
	If participant had a spinal procedure performed:					
	Spine Surgical Procedures (may have more than one) ³⁴	SPROC-MULT	V13Dec2019V 09Apr2015	Traumatic <input type="checkbox"/>	<input type="checkbox"/>	
	<u>Consent Tracking</u>	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	<u>Participant Details¹</u>	PD-Rehab	V13Dec2019	Both	<input type="checkbox"/>	

<input type="checkbox"/>	<u>Visit Details</u>	<u>VD-Rehab</u>	<u>V13Dec2019</u>	<u>Both</u>	<input type="checkbox"/>
	<u>Clinical Information</u>	<u>CI-Rehab</u>	<u>V13Dec2019</u>	<u>Both</u>	<input type="checkbox"/>
	<u>Clinical Information – Pressure Injuries</u>	<u>CI-Pressure Injuries-MULT</u>	<u>V13Dec2019</u>	<u>Both</u>	<input type="checkbox"/>
	<u>Spinal Cord Independence Measure Pack (@Admission)</u>	<u>SCIMS-Rehab</u>	<u>V13Dec2019</u>	<u>Both</u>	<input type="checkbox"/>
		AND <u>Self-Report SCIM-MULT (SR-SCIM-MULT)</u>	<u>V13Dec2019</u>		
		Or/ <u>Clinician-Completed SCIM-MULT (CC-SCIM-MULT)</u>	<u>V13Dec2019</u>		
	<u>Spinal Cord Independence Measure Pack (@Discharge)</u>	<u>SCIMS-Rehab</u>	<u>V13Dec2019</u>	<u>Both</u>	<input type="checkbox"/>
		AND <u>Self-Report SCIM-MULT (SR-SCIM-MULT)</u>	<u>V13Dec2019</u>		
		Or/ <u>Clinician-Completed SCIM-MULT (CC-SCIM-MULT)</u>	<u>V13Dec2019</u>		
	<u>Neurology Pack (@Admission)²³</u>	<u>NS-MULT & N-MULT</u>	<u>V13Dec2019</u> <u>V22Jan2020</u>	<u>Both</u>	<input type="checkbox"/>
	<u>Neurology Pack (@Discharge)²³</u>	<u>NS-MULT & N-MULT</u>	<u>V13Dec2019</u> <u>V22Jan2020</u>	<u>Both</u>	<input type="checkbox"/>
	<i>If you are a Standing & Walking group site⁴:</i>				
		<u>Tracking Form - Basic</u>	<u>V13Dec2019</u>	<u>Both</u>	<input type="checkbox"/>
		<u>Tracking Form - Advanced</u>	<u>V13Dec2019</u>		
		<u>mMiniBESTest</u>	<u>V13Dec2019</u>		
<u>mABC</u>		<u>V13Dec2019</u>			
<u>Berg Balance Scale</u>		<u>V13Dec2019</u>			
<u>10MWT</u>		<u>V13Dec2019</u>			
<u>m6MWT</u>		<u>V13Dec2019</u>			
<u>mSCI-FAP</u>		<u>V13Dec2019</u>			
	<u>mTUG</u>	<u>V13Dec2019</u>			
<i>If participant's consent status has changed:</i>					
<u>Consent Tracking</u>	<u>CT-All</u>	<u>V13Dec2019</u> <u>08Nov2013</u>	<u>Site Specific</u>	<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"/>	<u>Participant Details¹</u>	<u>PD-Rehab</u>	<u>V08Nov2013</u>	<input type="checkbox"/>	
	<u>Visit Details</u>	<u>VD-Rehab</u>	<u>V08Nov2013</u>	<input type="checkbox"/>	
	<u>Clinical Information</u>	<u>CI-Rehab</u>	<u>V09Apr2015</u>	<input type="checkbox"/>	
	<u>Clinical Information – Pain²</u>	<u>CI-Pain-MULT</u>	<u>V09Apr2015</u>	<input type="checkbox"/>	
	<u>Clinical Information – Pressure Ulcers</u>	<u>CI-Pressure Ulcers-MULT</u>	<u>V09Apr2015</u>	<input type="checkbox"/>	

	Clinical Information— Respiratory ²	CI-Resp-MULT	V09Apr2015	<input type="checkbox"/>	
	Spinal Cord Independence Measure Pack (@Admission)	SCIMS-Rehab AND Self-Report SCIM-MULT (SR-SCIM-MULT) Or/ Clinician-Completed SCIM-MULT (CC-SCIM- MULT)	V08Nov2013	<input type="checkbox"/>	
			V03Dec2013	<input type="checkbox"/>	
			V08Nov2013	<input type="checkbox"/>	
	Spinal Cord Independence Measure Pack (@Discharge)	SCIMS-Rehab AND Self-Report SCIM-MULT (SR-SCIM-MULT) Or/ Clinician-Completed SCIM-MULT (CC-SCIM- MULT)	V08Nov2013	<input type="checkbox"/>	
			V03Dec2013	<input type="checkbox"/>	
			V08Nov2013	<input type="checkbox"/>	
	Neurology Pack (@Admission) ³	NS-MULT & N-MULT	V09Apr2015 V22Jul2015	<input type="checkbox"/> <input type="checkbox"/>	
	Neurology Pack (@Discharge) ³	NS-MULT & N-MULT	V09Apr2015 V22Jul2015	<input type="checkbox"/> <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	V13Dec2019V 08Nov2013	Both <input type="checkbox"/>	<input type="checkbox"/>
Final RHSCIR Chart Abstraction <input type="checkbox"/>	Neurology Pack (@Discharge) ²³	NS-MULT & N-MULT	V13Dec2019V 09Apr2015	Both <input type="checkbox"/>	<input type="checkbox"/>
			V22Jan2020V 22Jul2015	<input type="checkbox"/>	
	Spinal Cord Independence Measure Pack	SCIMS-FinalRHSCIR AND <u>if Level of Care = Acute;</u> Self-Report SCIM-MULT (SR-SCIM-MULT) Or/ Clinician-Completed SCIM-MULT (CC-SCIM- MULT)	V13Dec2019V 08Nov2013	Both <input type="checkbox"/>	
			V13Dec2019V 03Dec2013	<input type="checkbox"/>	<input type="checkbox"/>
			V13Dec2019V 08Nov2013	<input type="checkbox"/>	

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Final RHSCIR Participant Questionnaires Consented Participants Only	Sociodemographics Plus	SP-FinalRHSCIR	V13Dec2019V 09Apr2015	Traumatic <input type="checkbox"/>	<input type="checkbox"/>
	Contact Information ¹	CONTACT-FinalRHSCIR	V13Dec2019V 07May2019 8Nov2013	Traumatic <input type="checkbox"/>	<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 V08Nov2013	Both <input type="checkbox"/>	<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"/> Level-of-Care Only	Visit Details & Clinical Information	VD&CI-EO	V13Dec2019 V08Nov2013	Traumatic <input type="checkbox"/>	<input type="checkbox"/>
	Neurology Pack (may have more than one) ^{2,3}	NS-MULT & N-MULT	V13Dec2019 V09Apr2015 V22Jan2020V 22Jul2015	Traumatic <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
TRAUMA, DAD and NRS Extracts^{5,6} <input type="checkbox"/>	TRAUMA	TRAUMA-InitialRHSCIR	V13Dec2019 V09Apr2015	Traumatic <input type="checkbox"/>	<input type="checkbox"/>
	Discharge Abstract Database Data	DAD-Acute	V13Dec2019 V09Apr2015	Traumatic <input type="checkbox"/>	<input type="checkbox"/>
	Discharge Abstract Database Data Acute Procedures & Diagnoses	DAD-Acute PROCEDURES & DIAGNOSES	V13Dec2019 V09Apr2015	Traumatic <input type="checkbox"/>	<input type="checkbox"/>
	National Rehabilitation Reporting Service Data	NRS-Rehab	V13Dec2019 V09Apr2015	Both <input type="checkbox"/>	<input type="checkbox"/>

¹Contains 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.~~

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 V08Nov2013	Both <input type="checkbox"/>	<input type="checkbox"/>