

Participating RHSCIR Site _____

Minimum age of RHSCIR participation _____

Able to enter email addresses into GRP for the sole purpose of the automated CFU:

☐ Yes☐ No

| | Minimal - ntSCI (collected only at rehab) | Minimal - tSCI | Expanded - tSCI | Initial RHSCIR | Non-participating | Emergency Hospital | Acute Care | Rehab Care | Final RHSCIR | Community Follow-Up |
|---|---|----------------|-----------------|----------------|-------------------|--------------------|------------|------------|--------------|---------------------|
| Demographic Data / Injury Detail / Medical History | | | | | | | | | | |
| Consent status and details | | X | X | X | | X | X | X | | |
| Date of birth | X | X | X | | | X | X | | | |
| Sex | X | X | X | | | X | X | | | |
| Ethnicity | | | X | X | | | | | | |
| Etiology: traumatic or non-traumatic | X | X | X | | | | X | | | |
| Weight | | | X | X | | | | X | X | |
| Height | | | X | X | | | | | | |
| Relationship status | | | X | X | | | | | | |
| Education level | | | X | X | | | | | | |
| Living setting / living with / homecare services | | | X | X | | | | X | X | |
| Employed / unemployed / retired / occupation | | | X | X | | | | | X | |
| Household income / n/o people in household | | | X | X | | | | | X | |
| Injury date / time for tSCI | | X | X | X | | X | X | | | |
| Onset date for ntSCI | X | | | | | | X | | | |
| Mechanism of injury for tSCI (including further details for injuries from falls) | | X | X | X | | | | | | |
| Etiology of ntSCI | X | | | X | | | | | | |
| Geographic region of injury | | X | X | X | | | | | | |
| Work related injury | | X | X | X | | | | | | |
| Spinal column injury | | X | X | X | | | | | | |
| Bony diagnosis | | X | X | | | X | | | | |
| Prior health conditions | X | X | X | X | | | | | | |
| Associated injuries | | X | X | X | | | | | | |
| Glasgow coma scale | | X | X | X | | | | | | |
| End of study reason (died and date of death and principal cause of death, lost to follow up (LtFu) and date of LtFu, study completed) | X | X | X | X | | X | X | X | X | |
| Drug use | | | X | X | | | | X | X | |
| Smoking/vaping and alcohol use | | | X | X | | | | | X | |
| Compensation / insurance type | | | X | | | | | X | X | |
| Regular health care provider details | | | X | | | | | X | | |
| Visit details - Traumatic | | | | | | | | | | |
| Direct or indirect admission to initial RHSCIR facility | | X | X | X | | | | | | |
| Emergency health services arrival at injury scene (date/time) | | X | X | X | | | | | | |
| Facility name | | X | X | | X | X | X | X | | |
| Level of care (LOC) | | X | X | | X | X | X | X | | |
| Facility arrival date | | X | X | | X | X | X | X | | |
| Facility arrival time | | X | X | | X | X | X | | | |
| Date / time of admission to acute care unit (if LOC=Emergency and Acute) | | X | X | | X | | X | | | |
| Special care unit admission (type, admission date, discharge date) | | X | X | | | | X | | | |
| Date / time transferred to rehab unit (if LOC=Acute and Rehab) | | X | X | | X | | | | | |
| Facility discharge date | | X | X | | X | X | X | X | | |

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| Facility discharge time (if LOC=Emergency) | | X | X | X | X | | | | | |
| Discharge destination | | X | X | | | X | X | | | |
| Visit Details - Non-Traumatic | | | | | | | | | | |
| Details of acute hospital (name, level of care) | X | | | | | | X | | | |
| Facility name | X | | | | | | X | | | |
| Level of care | X | | | | | | X | | | |
| Facility arrival date | X | | | | | | X | | | |
| Facility discharge date | X | | | | | | X | | | |
| Discharge destination | X | | | | | | X | | | |
| Interventions | | | | | | | | | | |
| Spine surgery performed (Y/N) | X | X | X | X | X | X | X | | | |
| Spine surgery details (start / stop date / time, approach and description of type of surgery) | | X | X | | | X | X | | | |
| ETT > 24 hours | | X | X | X | X | X | | | | |
| Tracheostomy | X | X | X | X | X | X | X | X | | |
| Methylprednisolone / corticosteroids | X | X | X | X | X | X | X | | | |
| Outpatient services set up and details of which service | X | X | X | | | | | X | | |
| Ventilatory assistance details | | | X | | | | | X | | |
| Complications | | | | | | | | | | |
| Intraoperative adverse events | | X | X | | | | X | | | |
| Delirium Y/N | | X | X | | | | X | | | |
| UTI Y/N | X | X | X | | | | X | X | | |
| Pain: documented pain, documented neuropathic pain | X | | X | | | | X | X | | |
| Pain: medications | X | X | X | | | | | | X | X |
| Pain: self-report questions | | | X | | | | | | X | X |
| Pulmonary complications and conditions and treatment | X | X | X | | | | X | X | | |
| Pressure injuries (including risk assessment details, documentation of interventions, staging and status of pressure injuries at admission, during stay and at discharge) | X | X | X | | | | X | X | | |
| Penn spasticity questionnaire | | | X | | | | | | X | |
| Self-Report Questionnaire: autonomic dysreflexia, light headedness/dizziness, respiratory infections, pressure ulcers, UTIs, urinary incontinence, fatigue, depression/mood, shoulder problems, neuropathic pain, spasticity, joint contractures, bone fractures, osteoarthritis/degenerative arthritis, sexual dysfunction, cerebrovascular disease, stroke, trans-ischemia attack (i.e. TIA), heart disease, diabetes,) | | | X | | | | | | | X |
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| Voluntary anal contraction | X | X | X | | | X | X | X | | |
| Deep anal pressure | X | X | X | | | X | X | X | | |
| Cauda equina syndrome/other neurological deficit | X | X | X | | | X | X | X | | |

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| ASIA impairment scale | X | X | X | | X | X | X | | | |
| Neurological level of injury | X | X | X | | X | X | X | | | |
| Motor scores | X | X | X | | X | X | X | | | |
| Sensory scores | X | X | X | | X | X | X | | | |
| Mobility (if facility participating in SWAT module) | | | | | | | | | | |
| Modified Mini-BESTest of dynamic balance | X | X | X | | | | X | | | |
| Berg balance scale | X | X | X | | | | X | | | |
| Modified 6 minute walk test | X | X | X | | | | X | | | |
| 10 meter walk test | X | X | X | | | | X | | | |
| Activities specific balance confidence scale | X | X | X | | | | X | | | |
| Modified spinal cord injury functional ambulation profile | X | X | X | | | | X | | | |
| Modified timed up and go | X | X | X | | | | X | | | |
| Standing and walking mobility tracking | X | X | X | | | | X | | | |
| Functional Independence / Qol / Life Satisfaction | | | | | | | | | | |
| FIM (via NRS linkage) | X | X | X | | | | X | | | |
| SCIM (self-report or clinician completed depending on facility) | X | X | X | | | | X | X | X | |
| SF-12 questionnaire | | | X | | | | | | | X |
| Needs measure | | | X | | | | | | | X |
| LISAT-11 | | | X | | | | | | | X |
| Health Care Utilization | | | | | | | | | | |
| Overnight stays in hospital in past 12 months / number of nights | | | X | | | | | | | X |
| Number of ED visits in past 12 months | | | X | | | | | | | X |
| Number of times health care needed but not received in past 12 months, number of times this occurred, reasons why and type of care not received | | | X | | | | | | | X |
| Contact Information | | | | | | | | | | |
| Email address | | | X | | | | | X | | |
| City | | | X | | | | | X | X | |
| Province | | | X | | | | | X | X | |
| Forward sortation area (first three digits of residential postal code) | | | X | | | | | X | X | |
| Country | | | X | | | | | X | X | |
| Data linkages | | | | | | | | | | |
| Trauma (including ISS and Abbreviated Injury Scores, method of transport, blood alcohol levels etc.) | | X | X | X | | | | | | |
| DAD (including transfer and admission details, ALC days, Resource Intensity Weights etc.) | | X | X | | | X | | | | |
| NRS (including referral and admission details, comorbid conditions, service details and FIM) | X | X | X | | | | X | | | |