



PARTICIPANT DETAILS

Rehab

CHART ABSTRACTION

PD-Rehab
Page 1 of 1

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)

1. **First Name** (do not enter into GRP): _____ **Last Name** (do not enter into GRP): _____
2. **Sex:** ☐ Male ☐ Female ☐ Other (specify): _____
3. **Date of Birth:**

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

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YYYY
MM
DD

Enter as much of the date as is known.
6. **Onset Date:**

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YYYY
MM
DD

Enter as much of the date as is known.

(Non -Traumatic participants only. Approximate date of first physician visit for symptoms related to spinal cord dysfunction.)
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

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)