



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 ( $\leq 1$  day)

☐ Sub-acute ( $> 1$  day but  $\leq 7$  days)

☐ Prolonged ( $> 7$  days but  $\leq 1$  month)

☐ Lengthy ( $> 1$  month)

☐ Unknown

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

CHART ABSTRACTION  
~~Consented Participants~~

PD-REHAB

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~~1. Personal Health Number (PHN):~~ \_\_\_\_\_~~2. Chart Number:~~ \_\_\_\_\_~~3. Encounter Number:~~ \_\_\_\_\_

## Data Collection Details

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