



SOCIODEMOGRAPHICS PLUS

Final RHSCIR

INTERVIEW

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Sociodemographics Plus- Final RHSCIR

☐ Information unavailable, unable to complete.

Specify Reason: _____

Instructions: Ask the participant the following questions.

~~1.~~ **What, if any, compensation are you receiving as a result of your spinal cord injury?** (check ALL that apply)

~~2.~~

- ☐ Worker's insurance (e.g., Worker's Compensation Board (WCB) or similar)
- ☐ Other disability insurance (e.g., Federal CPP Disability, Provincial Persons with Disability (PWD), private short or long term disability)
- ☐ Vehicle insurance (government or private)
- ☐ Other insurance (i.e., Employment Insurance, private insurance including payment protection plans, life insurance, accidental death and dismemberment, Veterans Benefits or Veterans Affairs Canada Benefits)
- ☐ Other compensation (specify): _____
- ☐ Unknown compensation type
- ☐ None

~~3.1.a)~~ **What is your current body weight?** (if the individual is unsure of the appropriate response, check with a member of the individual's health care team)

Round up to the nearest whole number.

☐ lbs

☐ kg

☐ Unknown

☐ (skip to Question 3)

~~b)~~ **How was weight obtained?**

☐ Measured

☐ Verbal (participant reported)

☐ Estimated (clinician or coordinator approximated)

1. a) Since your injury, have you used cannabis/marijuana prescribed medications or street drugs for **NON-MEDICAL reasons?**

(This includes use for any medical purpose even if not prescribed by a physician)

~~3.~~

- ☐ Yes
☐ No
☐ Unknown
☐

3. a) Since your injury, have you used prescribed medications, street drugs or cannabis/marijuana for NON-MEDICAL reasons?

- ☐ Yes
☒ No
☒ Unknown

Sociodemographics Plus - continued

b) If Yes, check ALL that apply:

- ☐ Cocaine
☐ CannabisPot/marijuana
☐ Hallucinogens
☐ Heroin
☐ Opiates/opiates
☐ Speed/stimulants
☐ Medications prescribed for you
☐ Medications prescribed for someone else
☐ Other or unknown type

4. Upon discharge, if you are not going to be living in a nursing home, hospital or correctional institute:

a) Who will you be living with? (choose ALL that apply)

- ☐ Partner/spouse
☐ Family member
☐ Non-family, unpaid (e.g., roommate)
☐ Paid attendant
☐ Alone
☐ Other (specify): _____
☐ N/A – I will be living in a nursing home, hospital or correctional institute

b) Will you be receiving health services at home? (e.g., homecare/support, home OT, etc.)

- ☐ Yes
☐ No

- ☐ Unknown
- ☐ N/A – I will be living in a nursing home, hospital or correctional institute

5. a) Do you have a regular health care provider? By this, we mean one health professional that you regularly see or talk to when you need care or advice for your health.

- ☐ Yes
- ☐ No
- ☐ Unknown

b) Is that regular health care provider a...?

- ☐ Family doctor or general practitioner
- ☐ Medical specialist such as a cardiologist or a pediatrician
- ☐ Nurse practitioner
- ☐ Other (specify): _____
- ☐ Unknown

Sociodemographics Plus - continued

5-6. a) Do you use any type of ventilatory assistance including (but not limited to) a mechanical ventilator, phrenic nerve stimulator, diaphragmatic pacer, external negative pressure device or Bi-Level Positive Airway Pressure (BIPAP®)? (this does not include routine administration of oxygen, intermittent positive pressure breathing (IPPB), or continuous positive airway pressure (CPAP))

- ☐ Yes, 24 hours per day at discharge (this includes if you are weaning from ventilator)

If you use a ventilator, how long can you breathe on your own off the ventilator?

_____ minutes

☐ Unknown # of minutes

☐ N/A, I don't use a ventilator

- ☐ Yes, less than 24 hrs per day at discharge

☐ Nighttime only

☐ Daytime as needed and nighttime

☐ Other (specify): _____

- ☐ Yes, unknown number of hours per day at discharge

- ☐ No (skip to Question [86 on page 4](#))

b) If Yes, please indicate type and complete additional information (please collect this information from participant's medical record, if required)

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- ☐ Non-Invasive Ventilation with Bi-Level Positive Airway Pressure (BIPAP®)

(please complete the BIPAP® table on page 4)

- ☐ Non-Invasive Ventilation with ventilator (e.g., Trilogy, Stellar, etc.)

- ☐ Tracheostomy Ventilation

- ☐ Diaphragmatic Pacing÷

Date inserted÷

/ /
 YYYY MM DD

Enter as much of the date as is known. If no details available, check Unknown.

☐ Unknown

- ☐ Phrenic Nerve Stimulation÷

Date
inserted÷

/ /
 YYYY MM DD

Enter as much of the date as is known. If no details available, check Unknown.

☐ Unknown

- ☐ Other (specify): _____

Sociodemographics Plus—continued

i) BiPAP® Table: (collect this information from the medical record)

What is the BiPAP® mode? (choose ONE only)

**What is the
BiPAP® rate?**

☐ Pressure

IPAP: _____ cmH₂O

☐ Unknown

EPAP: _____ cmH₂O

☐ Unknown

_____ breaths per minute

☐ Unknown

☐ Volume Assured
Pressure Support
(VAPS)

IPAP range: _____ cmH₂O _____ cmH₂O

☐ Unknown

EPAP range: _____ cmH₂O _____ cmH₂O

☐ Unknown

Volume: _____ mL

☐ Unknown

_____ breaths per minute

☐ Unknown

☐ Unknown

6) a) On discharge, are you still receiving any lung volume recruitment or cough assistance?

☐ Yes

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☐ ~~NO~~ (skip to Question 7 on page 5)☐ ~~Unknown~~**b) If YES, specify method of lung volume recruitment and/or cough assistance:** (check ALL that apply)☐ ~~Breath stacking/lung volume recruitment with modified resuscitation bag~~☐ ~~Mechanical insufflation-exsufflation (i.e. cough-assist machine)~~☐ ~~Manual assisted cough maneuver~~☐ ~~Other (specify): _____~~☐ ~~Unknown type~~**7. How do you manage your bladder?**

Method		Main Method (check ONE only)	Supplementary Method(s) (additional or occasional) (check ALL that apply)
Normal Voiding (able to urinate normally)		<input type="checkbox"/>	<input type="checkbox"/>
Intermittent Catheterization			
	Self-Catheterization	<input type="checkbox"/>	<input type="checkbox"/>
	Catheterization by attendant	<input type="checkbox"/>	<input type="checkbox"/>
Bladder reflex triggering			
	Voluntary (tapping, scratching, anal stretch, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
	Involuntary	<input type="checkbox"/>	<input type="checkbox"/>
Bladder Expression			
	Straining (e.g., abdominal straining, Valsalva's Manoeuvre: Sitting and letting the abdomen protrude forward on the thighs and straining)	<input type="checkbox"/>	<input type="checkbox"/>
	External Compression (e.g., Crede Manoeuvre: compression of suprapubic area downward using both hands in order to press bladder body.)	<input type="checkbox"/>	<input type="checkbox"/>
Indwelling catheter			
	Transurethral	<input type="checkbox"/>	<input type="checkbox"/>

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Suprapubic	<input type="checkbox"/>	<input type="checkbox"/>
Sacral anterior root stimulation	<input type="checkbox"/>	<input type="checkbox"/>
Non-continent		
Condom catheter	<input type="checkbox"/>	<input type="checkbox"/>
Urinary diversion/ostomy	<input type="checkbox"/>	<input type="checkbox"/>
Other method, specify: _____	<input type="checkbox"/>	<input type="checkbox"/>

Penn Spasticity Scale

1.8. Do you ever have muscle spasms? (muscle spasms are uncontrolled tightening or contracting and then releasing of muscles [this may cause unintended movement of your body])

- ☐ Yes
- ☐ No (skip to Pain questionnaire)
- ~~☐~~ Unknown
- ~~☐~~

2.9. Which best describes your spasms?

- ☐ Induced only by stimulation (e.g., when a muscle is stretched, or there is a painful stimulus below the level of your injury, etc.)
- ☐ Infrequent spontaneous spasms occurring < 1 per hr
- ☐ Spontaneous spasms occurring < 10 per hr
- ☐ Spontaneous spasms occurring > 10 per hr
- ~~☐~~ Unknown



Pain Questionnaire

These questions ask your opinion about any pain you may be experiencing and how it may interfere with your daily living. Also, you will be asked to describe what you do to manage it.

1.10. _____ a) Are you currently using or receiving any treatment for a pain problem?

- ☐ Yes (e.g., medications, recreational drugs, physical therapies, psychological treatment, etc.)
- ☐ No
- ☐ Unknown

b) If Yes, What treatments do you use to manage your pain? (check ALL that apply)

- ☐ Complementary (e.g., biofeedback, acupuncture, hypnosis)
- ☐ Medical and procedural or neuromodulation (e.g., nerve blocks, injections, implanted stimulators, intrathecal pump, TENS)
- ☐ Non-prescription medications (e.g., non-prescription pain killers such as Tylenol®)

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- ☐ Non-traditional (e.g., naturopathy, homeopathy, herbal remedies)
- ☐ Psychotherapeutic (e.g., psychotherapy, cognitive behavioural therapy, relaxation, stress management, psycho-education, support group)
- ☐ Physical therapies (e.g., physiotherapy, massage, chiropractic)
- ☐ Recreational drugs (e.g., marijuana)
- ☐ Prescription medications (e.g., morphine, codeine)
- ☐ Other (specify): _____

2-11. Overall, how satisfied are you with the management of your pain?

0 1 2 3 4 5 6 7 8 9 10 ☐ Unknown

Not at all satisfied → Completely satisfied

3-12. a) Have you had any pain during the last 7 days, including today?

- ☐ Yes
- ☐ No (skip to question [134](#))

b) If YES, in the LAST WEEK:

i) In general, how much has pain interfered with your day to day activities in the last week?

0 1 2 3 4 5 6 7 8 9 10 ☐ Unknown

No interference → Extreme interference

ii) In general, how much has pain interfered with your overall mood in the past week?

0 1 2 3 4 5 6 7 8 9 10 ☐ Unknown

No interference → Extreme interference

iii) In general, how much has pain interfered with your ability to get a good night's sleep?

0 1 2 3 4 5 6 7 8 9 10 ☐ Unknown

No interference → Extreme interference

10-13. a) **13.** Since your injury, have you experienced neuropathic pain? (pain that is often ongoing and intense that occurs spontaneously or by light touching and is characterized by feelings of burning, shooting, tingling, etc.)

4-

- ☐ ~~Everyday~~ Yes
- ☐ ~~Few times a week~~ No (skip to Data Collection Details)
- ☐ ~~Few times a month~~
- ☐ ~~Few times a year~~
- ☐ ~~Once a year~~


- ☐ ~~Never~~ (skip to [Data Collection Details The General Self Efficacy Scale on page 8](#))
- ☐ ~~Don't know~~ (skip to [Data Collection Details The General Self Efficacy Scale on page 8](#))

b) 14. Location(s) of your neuropathic pain (check ALL that apply):

- ☐ Head
- ☐ Neck and/or shoulders
- ☐ Arms and/or hands
- ☐ Torso (chest, abdomen, pelvis, and/or genitals)
- ☐ Back (upper and/or lower back)
- ☐ Hips, buttocks, and/or anus
- ☐ Upper legs/thighs
- ☐ Lower legs or feet

c) 15. a) Average pain intensity of your neuropathic pain in the past week:

0 1 2 3 4 5 6 7 8 9 10 ☐ Unknown

No pain  Pain as bad as you can imagine

d) b) Have you received some form of treatment for the neuropathic pain?

- ☐ Yes
- ☐ No
- ☐ Unknown

e) c) When you had ~~this neuropathic pain~~, to what extent did it limit your activities?

- ☐ ~~Not at all~~ Yes
- ☐ ~~Very little~~ No
- ☐ ~~To some extent~~
- ☐ ~~To a great extent~~
- ☐ ~~Completely~~
- ☐ ~~Don't know~~

The General Self-Efficacy Scale (English version by Ralf Schwarzer & Matthias Jerusalem, 1995)

~~For each of the following statements, please check the choice that is closest to how true you think it is for you. The questions ask about your opinion. There are no right or wrong answers.~~

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~~1. I can always manage to solve difficult problems if I try hard enough.~~☐ ~~Not at all true~~☐ ~~Hardly true~~☐ ~~Moderately true~~☐ ~~Exactly true~~**~~2. If someone opposes me, I can find the means and ways to get what I want.~~**☐ ~~Not at all true~~☐ ~~Hardly true~~☐ ~~Moderately true~~☐ ~~Exactly true~~**~~3. It is easy for me to stick to my aims and accomplish my goals.~~**☐ ~~Not at all true~~☐ ~~Hardly true~~☐ ~~Moderately true~~☐ ~~Exactly true~~**~~4. I am confident that I could deal efficiently with unexpected events.~~**☐ ~~Not at all true~~☐ ~~Hardly true~~☐ ~~Moderately true~~☐ ~~Exactly true~~**~~5. Thanks to my resourcefulness, I know how to handle unforeseen situations.~~**☐ ~~Not at all true~~☐ ~~Hardly true~~☐ ~~Moderately true~~☐ ~~Exactly true~~**~~6. I can solve most problems if I invest the necessary effort.~~**☐ ~~Not at all true~~☐ ~~Hardly true~~☐ ~~Moderately true~~☐ ~~Exactly true~~**~~7. I can remain calm when facing difficulties because I can rely on my coping abilities.~~**☐ ~~Not at all true~~☐ ~~Hardly true~~☐ ~~Moderately true~~☐ ~~Exactly true~~**~~8. When I am confronted with a problem, I can usually find several solutions.~~**☐ ~~Not at all true~~☐ ~~Hardly true~~☐ ~~Moderately true~~☐ ~~Exactly true~~**~~9. If I am in trouble, I can usually think of a solution.~~**☐ ~~Not at all true~~☐ ~~Hardly true~~☐ ~~Moderately true~~☐ ~~Exactly true~~**~~10. I can usually handle whatever comes my way.~~**☐ ~~Not at all true~~☐ ~~Hardly true~~☐ ~~Moderately true~~☐ ~~Exactly true~~

Data Collection Details					
Interviewer Name: (please print)		Initial Here:		Date Interview Completed:	YYYY-MM-DD