



# PARTICIPANT DETAILS

## Rehab

CHART ABSTRACTION

 PD-Rehab  
 Page 1 of 2

**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 :** \_\_\_\_\_ **Last Name:** \_\_\_\_\_
  
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:** ☐ Acute ( $\leq 1$  day)  
☐ Sub-acute ( $> 1$  day but  $\leq 7$  days)  
☐ Prolonged ( $> 7$  days but  $\leq 1$  month)  
☐ Lengthy ( $> 1$  month)  
☐ Unknown  

(Non -Traumatic participants only. Approximate length of time over which symptoms developed.)

## CHART ABSTRACTION

PD-REHAB

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**Identifiers**

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)