

Participating RHSCIR Site _____

Minimum age of RHSCIR participation _____

Able to enter participant identifiers into GRP?

☐ Yes ☐ No

	Minimal - ntSCI (collected only at rehab)	Minimal - tSCI	Expanded - tSCI	Initial RHSCIR	Non-participating	Emergency Hospital	Acute Care Only	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 (LtFu) up 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		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			
Chart #	X	X	X			X	X			
Encounter #	X	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			
Chart #	X	X	X				X			
Encounter #	X		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		
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
Neurology										
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		
ASIA impairment scale	X	X	X			X	X	X		

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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
Participant Identifiers										
First name	X	X	X	X						
Last name	X	X	X	X						
Personal Health Number	X	X	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			