THE SPINAL CORD INJURY MODEL SYSTEMS’

DATA COLLECTION SYLLABUS

FOR THE

NATIONAL SPINAL CORD INJURY DATABASE

2006-2011 PROJECT PERIOD

V 9.2010

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INTRODUCTION

The data collection syllabus was developed by the National Spinal Cord Injury Statistical Center (NSCISC) staff. This document will continuously be updated, as needed, with recommendations and input from the Spinal Cord Injury Model Systems (SCIMS) project directors and data collectors. The syllabus provides detailed information on how to collect and code all variables included in the current National Spinal Cord Injury Database (Database) as a means to standardize data collection methods amongst all SCIMS.

Over the last three decades, the Database has gone through a number of major revisions. Failure to recognize these evolutionary changes in the planning and conduct of research projects that analyze the Database could essentially skew the results and produce misinterpretation of findings. Therefore, the syllabus also serves as an initial guide for researchers to ensure proper use and interpretation of the Database.

Objectives of the National Spinal Cord Injury Database

One of the NSCISC’s major priorities is continual refinement and improvement of the Database. Within the scope of the SCIMS program, the purposes of the Database are as follows:

1. To study the longitudinal course of traumatic spinal cord injury (SCI) and factors that affect that course.
2. To identify and evaluate trends over time in etiology, demographic, and injury severity characteristics of persons who incur a SCI.
3. To identify and evaluate trends over time in health services delivery and treatment outcomes for persons with SCI.
4. To establish expected rehabilitation treatment outcomes for persons with SCI.
5. To facilitate other research such as the identification of potential persons for enrollment in appropriate SCI clinical trials and research projects or as a springboard to population-based studies.

The Database, however, is not intended to study the effectiveness of model systems care as compared to other systems of health care delivery. It is also not by itself intended to gather and maintain population-based data on spinal cord injuries.

Database History 1973-2006

The Database began in 1975 in Phoenix, Arizona with funding from the National Institute on Disability and Rehabilitation Research (NIDRR). Data were collected retrospectively back to 1973 and prospectively since 1975. In 1981, federal funding was terminated, which temporarily suspended all collaborative data collection efforts among the SCIMS. By 1983, the University of Alabama at Birmingham (UAB) proposed to recreate the database and provide all necessary services to the model systems for a small monthly fee. The monthly fee was to be paid by each individual SCIMS from the grant funds they received. At that time, 16 of the 17 SCIMS agreed to contract with UAB for this service. In October of 1984, NIDRR re-established separate funding for the National SCIMS Data Center. Funding was awarded to UAB and the National SCIMS Data Center became known as NSCISC. A detailed description of the history of the Database can be found in the November 1999 issue of the Archives of Physical Medicine and Rehabilitation (pages 1365-1371).
Historical eligibility criteria
The model systems that have participated in the collaborative Database activities have varied over the years, depending on the amount of the federal funds available (table 1).

<table>
<thead>
<tr>
<th>Model System</th>
<th>Year(s) Funded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama, Birmingham</td>
<td>1973-Present</td>
</tr>
<tr>
<td>Arizona, Phoenix</td>
<td>1973-1985</td>
</tr>
<tr>
<td>California, San Jose</td>
<td>1973-1985; 1990-2006</td>
</tr>
<tr>
<td>Colorado, Denver</td>
<td>1974-Present</td>
</tr>
<tr>
<td>District of Columbia</td>
<td>2006-Present</td>
</tr>
<tr>
<td>Georgia, Atlanta</td>
<td>1982-Present</td>
</tr>
<tr>
<td>Louisiana, New Orleans</td>
<td>1983-1985</td>
</tr>
<tr>
<td>Massachusetts, Boston</td>
<td>1976-1990; 1995-Present</td>
</tr>
<tr>
<td>Michigan, Ann Arbor</td>
<td>1985-Present</td>
</tr>
<tr>
<td>Michigan, Detroit</td>
<td>1982-2000</td>
</tr>
<tr>
<td>New Jersey, West Orange</td>
<td>1990-Present</td>
</tr>
<tr>
<td>New York, Mt Sinai</td>
<td>1990-Present</td>
</tr>
<tr>
<td>New York, New York University</td>
<td>1973-1990</td>
</tr>
<tr>
<td>New York, Rochester</td>
<td>1982-1990</td>
</tr>
<tr>
<td>Ohio, Cleveland</td>
<td>1995-2000; 2006-Present</td>
</tr>
<tr>
<td>Pennsylvania, Philadelphia</td>
<td>1979-Present</td>
</tr>
<tr>
<td>Pennsylvania, Pittsburgh</td>
<td>2000-Present</td>
</tr>
<tr>
<td>Texas, Houston</td>
<td>1973-Present</td>
</tr>
<tr>
<td>Virginia, Richmond</td>
<td>1995-2006</td>
</tr>
<tr>
<td>Washington, Seattle</td>
<td>1974-1985; 1990-Present</td>
</tr>
<tr>
<td>Wisconsin, Milwaukee</td>
<td>1995-1999</td>
</tr>
</tbody>
</table>

Table 1. Participating model systems of the Database 1973-2006.

With some exceptions, data have been collected on all persons receiving initial inpatient rehabilitation at a SCIMS within one year of injury. The following eligibility criteria have remained unchanged throughout the course of the Database: patients must have had a clinically discernible degree of neurologic deficit, must reside in the geographic catchment area of the SCIMS, must be a U.S. citizen or permanent resident, and must have sustained a SCI due to a traumatic event. The remaining eligibility criteria for inclusion in the Database, nevertheless, have changed somewhat over the years in an attempt to obtain as much information as possible and yet restrict entry into the Database so that meaningful data could be obtained both at the initial injury and later follow-up (table 2).
Table 2. History of major changes in the eligibility criteria for Form I.

<table>
<thead>
<tr>
<th>Year</th>
<th>Changes</th>
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</thead>
<tbody>
<tr>
<td>1976</td>
<td>1. Admission to a model system within one year of injury.</td>
</tr>
<tr>
<td></td>
<td>2. Injured and residing in the catchment area of the model system.</td>
</tr>
<tr>
<td></td>
<td>3. Continual hospitalization from injury to model system admission,</td>
</tr>
<tr>
<td></td>
<td>except for brief periods no longer than normally accepted as a therapeutic leave of absence;</td>
</tr>
<tr>
<td></td>
<td>not completed rehabilitation prior to system admission.</td>
</tr>
<tr>
<td></td>
<td>4. Discharge from the model system as either neurologically normal,</td>
</tr>
<tr>
<td></td>
<td>having completed rehabilitation, or deceased.</td>
</tr>
<tr>
<td>1987</td>
<td>Above criteria, except patients are eligible for either Form I or Registry:</td>
</tr>
<tr>
<td></td>
<td>Form I: Admission to a model system within 60 days of injury.</td>
</tr>
<tr>
<td></td>
<td>Registry: Patients admitted to a model system between 61 and 365 days of injury; or within</td>
</tr>
<tr>
<td></td>
<td>60 days but for whom no follow-up is planned.</td>
</tr>
<tr>
<td>October 2000</td>
<td>To increase enrollment and incorporate treatment phases into Form I,</td>
</tr>
<tr>
<td></td>
<td>several changes were made:</td>
</tr>
<tr>
<td></td>
<td>1. Form I - admission to a model system within one year of injury;</td>
</tr>
<tr>
<td></td>
<td>Registry – patients excluded from Form I, for whom no follow-up is planned.</td>
</tr>
<tr>
<td></td>
<td>2. Reside in the catchment area, but may be injured outside the area.</td>
</tr>
<tr>
<td></td>
<td>3. Receive acute care, rehabilitation, or both in the system.</td>
</tr>
<tr>
<td>January 2005</td>
<td>1. Form I - admission to a model system within one year of injury;</td>
</tr>
<tr>
<td></td>
<td>Registry – patients excluded from Form I, for whom no follow-up is planned.</td>
</tr>
<tr>
<td></td>
<td>2. Reside in the catchment area, but may be injured outside the area.</td>
</tr>
<tr>
<td></td>
<td>3. Continual hospitalization from injury to model system admission,</td>
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<td>except for brief periods no longer than normally accepted as a therapeutic leave of absence;</td>
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<td>4. Discharge from the model system as either neurologically normal,</td>
</tr>
<tr>
<td></td>
<td>having completed rehabilitation, or deceased.</td>
</tr>
</tbody>
</table>

Form I & Registry: Initial hospitalization data files

Two sets of data have been established to collect information during the initial hospitalization period. Form I includes demographic data and information on acute care and rehabilitation experiences and treatment outcomes on all patients who meet the inclusion criteria. The registry data set was created in 1987 for patients who are not fully qualified for Form I and on whom no follow-up data are collected. The Registry includes only very limited demographic and clinical data, which serves to provide a complete picture of patients who receive initial hospital care at each SCIMS.

Form II: Follow-up data file

Originally, Form II follow-up was completed on a yearly basis for all Form I patients. Patients were followed until one of the following occurred: death, neurologic recovery, or withdrawal of consent. From 1996 through September 2000, Form II was collected in post-injury years 1, 2, 5, 10 and every 5 years thereafter except for a sample of 125 patients from each SCIMS who continued to have a reduced set of Form II data collected every year. To further reduce the workload, beginning in October 2000, Form II data collection was no longer required at year 2, and the sampling process of 125 patients per SCIMS was terminated.
Variables included in the Database

Beginning in 1995, a more detailed set of the Form I variables were collected on persons admitted to the SCIMS within 24 hours of injury (Day 1). Changes in the exact variables included in both Form I and Form II have occurred every two or three years as variables with poor reliability or diminished utility are deleted and new items of importance and interest are added. Lists of all changes have been documented in the NSCISC statistical reports. Additionally, each variable page of the syllabus briefly documents the historical changes a variable has gone through over the years. Whenever changes are made to a variable in the Database, the previously existing formats and coding schemes are converted to coincide with the new format and coding scheme for a particular variable. All previous versions of the Database are stored at the NSCISC.

Summary of Changes for the 2006-2011 Project Period

Database structure

As decided through a series of project directors meetings, the structure of the Database for the 2006-2011 grant cycle will consist of a longitudinal core component and several detailed research modules. All model systems will participate in the core data set that includes a slightly expanded Registry, substantially reduced Form I, and reduced Form II. A research module project is typically a collaborative research project that involves several model systems. These research modules will be selected from the approved applications jointly by the project directors and NIDRR. Personal identifiers are no longer requested for inclusion in the Database for research.

Variables included in the core data set

Recommendations for addition and/or deletion of the variables included in the core database were proposed by the various standing committees of the SCIMS project directors. These modifications were approved at the June 2005 Project Directors’ meeting and were set to take effect in October of 2006. The major changes are as follows:

1. The following variables were deleted: Form I treatment phases and hospital charges. On Form II nursing home stay, CHART Cognitive Independence and Economic Self-sufficiency subscales, CHIEF, CAGE, drug use, several assistive technology variables, and therapy hours. Variables that were removed from both Form I and Form II are: secondary medical complications, surgical procedures, sponsors of care, type of reimbursement, and medical case manager.

2. To conform to the International SCI Data Set, three variables were added to the Registry and Form I: presence of vertebral injury, associated injury, and any spinal surgery.

3. The following variables were added: discharge disposition and neurologic examination data at admission and discharge (Registry); height, weight, sacral sensation, and voluntary sphincter contraction (Form I and Form II); and reside in catchment area (Registry, Form I, and Form II).

4. In May 2009, the mid-cycle revision of variables included the addition of neurological data at admission to rehab for all patients receiving rehabilitation. Previously, neurological data for rehabilitation admission was only collected for ‘Day 1’ patients.
Web-based data management system
During the summer of 2005, the NSCISC began the process of evaluating the feasibility of a web-based centralized system to replace the distributed desktop application. Part of this process included consulting with each SCIMS regarding their site-specific Institutional Review Board (IRB) and Health Information Portability and Accountability Act (HIPAA) regulations. Beginning with the 2006-2011 grant cycle, SCIMS data collectors will enter, retrieve, and update all of their patient data into a single centralized database through the web-based software developed by the NSCISC. Each SCIMS will only have access to its own data and not to the data submitted by other SCIMS. Twice a year, the NSCISC staff will export data from the centralized database and create a limited dataset as defined by the HIPAA for data analysis and research purposes.

Funded Model Systems
NIDRR has funded 14 systems for the 2006-2011 project period. Two previously funded systems (Chicago, IL and Cleveland, OH) have returned and one new system (National Rehabilitation Hospital, Washington D.C.) has been added. Funding was not continued for those systems located in Columbia, MO; Miami, FL; Richmond, VA; San Jose, CA; and Downey, CA.

Collection of Form II data from discontinued model system
As per the agreement with NIDRR, the NSCISC will sub-contract with up to four previously funded SCIMS to allow for continued Form II follow-up data collection. Since funds were not available in the NSCISC budget to contract with every possible former model system, a review was undertaken to determine which model systems should be offered contracts to collect and submit the Form II data to the Database. Factors considered during this review included past performance and data quality, available sample size, ability to perform the required tasks (some model systems cannot identify their former patients), history of database usage for published research, and cost. Plans and contract terms were developed in full consultation with NIDRR. As of February 2007, two contracts have been signed with San Jose, CA (formerly Northern California SCI System) and Richmond, VA (formerly Virginia Commonwealth SCI System). In 2008, Phoenix AZ (formerly Southwest Regional System for Treatment of Spinal Injury) began submitting data. In 2009, UAB entered into an agreement with Columbia MO (formerly Missouri Model SCI System) to allow UAB data collectors to collect Form 2 interview data from Missouri participants. In spring of 2010, UAB entered into a similar agreement with Fishersville, VA (formerly Virginia Regional SCI System). In September 2010, Downey CA (formerly Regional SCI Care System of Southern California) began submitting data to the national database.
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THE NATIONAL SPINAL CORD INJURY STATISTICAL CENTER
(NSCISC)

NSCISC Organization Chart

Internal Advisory Board

Executive Management Team
Chen (Project Director)
DeVivo, Richards, Jackson

External Advisory Board

Community Outreach Advisory Team

Data Management Services

Cultural Competence Services
Klebine

Statistical Services
DeVivo

Dissemination/Research Services
Mott (Director)
Klebine

Data Quality and Reports
Allen (Manager)
Marsh

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Farris

Software Development and Maintenance
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## 2006-2011 Project Period

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</thead>
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<td></td>
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<tr>
<td><strong>COLORADO</strong></td>
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<tr>
<td>Rocky Mountain Regional SCI System</td>
<td></td>
</tr>
<tr>
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<tr>
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<td></td>
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<tr>
<td>National Capital Model SCI System</td>
<td></td>
</tr>
<tr>
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</tr>
<tr>
<td><strong>GEORGIA</strong></td>
<td></td>
</tr>
<tr>
<td>Georgia Regional SCI System</td>
<td></td>
</tr>
<tr>
<td>David F. Apple, Jr., M.D.</td>
<td>Pat Duncan</td>
</tr>
<tr>
<td>Shepherd Center</td>
<td>Shepherd Center</td>
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<td>(404) 350-7353 (V); 355-1826 (F)</td>
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</tr>
<tr>
<td><strong>ILLINOIS</strong></td>
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<tr>
<td>Midwest Regional SCI Care System</td>
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<tr>
<td>David Chen, M.D.</td>
<td>Holly DeMark</td>
</tr>
<tr>
<td>Rehabilitation Institute of Chicago</td>
<td>Rehabilitation Institute of Chicago</td>
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<td>345 East Superior Street, Room O-952</td>
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</tr>
</tbody>
</table>
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<table>
<thead>
<tr>
<th>PROJECT DIRECTOR</th>
<th>PRIMARY DATA COLLECTOR</th>
</tr>
</thead>
</table>
| **PENNSYLVANIA—PHILADELPHIA**
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### Spinal Cord Injury Model Systems
#### Follow-up Centers 2006-2011 Project Period

<table>
<thead>
<tr>
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| **ARIZONA - PHOENIX**  
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Spinal Cord Injury Model Systems
Follow-up Centers  2006-2011 Project Period

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<td><strong>VIRGINIA – FISHERSVILLE</strong></td>
<td>Woodrow Wilson Rehabilitation Center</td>
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<tr>
<td>Yuying Chen, M.D., Ph.D</td>
<td>Todd Bice, PhD</td>
</tr>
<tr>
<td>1717 6th Avenue South, SRC Room 515</td>
<td>1717 6th Avenue South, SRC</td>
</tr>
<tr>
<td>Birmingham, AL  35233-7330</td>
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<tr>
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<tr>
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<th>Medical College of Virginia</th>
</tr>
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<tr>
<td>William McKinley, M.D.</td>
<td>Sheila Luellen</td>
</tr>
<tr>
<td>Physical Medicine and Rehabilitation</td>
<td>Medical College of Virginia</td>
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<td>Virginia Commonwealth University</td>
<td>Box 980677</td>
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<tr>
<td>Richmond, VA  23298-0677</td>
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<td>(804) 628-0277 (V); 828-2378 (F)</td>
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</tbody>
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The NATIONAL SPINAL CORD INJURY DATABASE

THE DATA COLLECTION MECHANISM

In order to obtain accurate and complete data, a system must establish an effective data collection mechanism. The personnel required and the mechanism for retrieving data will depend, of course, on the system's resources.

Minimally, a system must have a Project Director and a Primary Data Collector. Together they should assess what data are routinely being collected and documented at their system and develop a mechanism to collect and document the data for all other required variables.

The **Project Director** assigns data collection activities to staff members and must be familiar with the data collection syllabus and study objectives.

This person provides support for the Primary Data Collector and is a source of information regarding syllabus questions.

The **Primary Data Collector** assumes the responsibility of compiling all data required in the data collection syllabus. Most often this person needs the cooperation of several other staff members in order to obtain all required data. For example, the Social Services department might be responsible for variables such as Level of Education, Marital Status, etc. The primary data collector may also wish to attend rounds as another means of gathering data.

Often the Primary Data Collector must furnish "in-house" data collection forms on which all variables to be collected by a particular department are listed. Such a form provides a checklist of all required data items. Staff members completing "in-house" forms must also have copies of the syllabus pages for all variables they document.

The Primary Data Collector may also have the responsibility of scheduling patients for follow-up visits since this person may use the database software to generate lists of patients who will be due for follow-up in the future. If this person schedules patient visits, he/she will know when to distribute the "in-house" forms to collect follow-up data.

This person is designated to receive all NSCISC mail outs to data collectors.

A **Liaison Nurse** is helpful for obtaining the initial consent forms from a potential patient as well as acute care data.

Since data for the majority of the follow-up variables may be obtained by phone, an **Interviewer** may also be needed. An interviewer who speaks languages other than English is also very useful for systems that have high percentages of non-English speaking patients.

A **Data Entry Clerk** may be needed if the Primary Data Collector does not have sufficient time to collect and enter data. Often this clerical level person may do other tasks such as record filing, contacting patients to schedule visits, confirming appointments, etc.

An **Analyst** may be needed if a system wishes to utilize statistical software (such as SAS, SPSS, BMDP) to analyze its data and/or the national database.
THE DATA COLLECTION SYLLABUS

Optimum accuracy and data comparability in the National SCI Database can be achieved only if all data are collected prospectively according to the specifications in this data collection syllabus. This document contains extensive information on the National SCI Database including reporting procedures and guidelines, eligibility criteria, definitions of data collection periods, complete descriptions of all variables, record formats for analysts, samples of data collection forms and other data-submission forms, as well as any other information and/or documentation that the NSCISC feels may be beneficial to anyone using the National SCI Database. Also included in the syllabus are the names and addresses of the Project Directors and Primary Data Collectors for each of the currently participating Model SCI Care Systems and Sub-Contract Centers, the NSCISC staff members, and the NIDRR Program and Project Officers.

In the 2000-2006 version of the syllabus only one page was provided if a variable appeared in more than 1 dataset (i.e., Personal Data, Registry, Form I and Form II). In the current 2006-2011 version of the syllabus, each variable has its own page regardless of whether it appears in more than one dataset. The variable name and dataset name is listed at the top right hand corner of each variable page. This section is also color coded by dataset as follows:

- Personal Data—Black
- Registry—Red
- Form I—Blue
- Form II—Green
- Data Management Variables—Grey Shaded

Use the List of Variables Tables beginning on page 35 to locate the syllabus page for each variable. The variables in these tables are ordered by the way in which they appear on their respective data collection forms. These tables also contain the "old variable number" (i.e., that variable's number in the 2000-2006 version of the database), as well as the Variable ID and 8-Character Description for each variable.

Whenever applicable each syllabus page contains the following sections:

<table>
<thead>
<tr>
<th>Variable Name</th>
<th>The name assigned to that variable in the database.</th>
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<tr>
<td>Description</td>
<td>Descriptive information on that variable including the data collection time(s)</td>
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<tr>
<td>Character</td>
<td>The number of characters for each coding position in the variable</td>
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<tr>
<td>Codes</td>
<td>A list of all valid codes for that variable</td>
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<tr>
<td>QC</td>
<td>Comments on the quality control checks performed on that variable</td>
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<tr>
<td>Software</td>
<td>Instructions/clarification regarding how the software processes the variable.</td>
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<tr>
<td>Revisions</td>
<td>Dates and historical information on changes in the variable</td>
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<tr>
<td>Conversion</td>
<td>Information on how data in the variable were converted whenever there were coding and/or reporting criteria revisions.</td>
</tr>
<tr>
<td>Example(s)</td>
<td>Hypothetical situations and the appropriate code(s)</td>
</tr>
<tr>
<td>Variable Aliases</td>
<td>Information for data management. Includes the following sections:</td>
</tr>
<tr>
<td>Variable ID:</td>
<td>Name provided in the National Database for analysis/research purposes. 8-character names for Personal Data variables begin with ‘P’, Registry with ‘R’, Form I with ‘A’, and Form II with ‘B’.</td>
</tr>
<tr>
<td>8-Character Name:</td>
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</tr>
</tbody>
</table>
REPORTING PROCEDURES AND GUIDELINES

Variables in the National Spinal Cord Injury Database are divided into 4 data files:

1) **Personal Data** - for all patients.
2) **Registry** – limited data for patients who are not eligible for Form I.
3) **Form I** – for all patients who are eligible. Additional data are collected for patients who enter the system within 24 hours.
4) **Form II** – for all Form I patients. Data collection is done in follow-up years 1, 5, 10, and every 5 years thereafter. Additional data are collected in year 1.

**PERSONAL DATA**

Personal Data information may be collected on all patients. Centers may elect to store their Personal Data on a centralized secure SQL Server Database to allow data collectors to track patients eligible for follow-up and utilize the data management features through the new web-based software system. Those centers who opt not store their Personal Data items on the centralized SQL Server, are required to keep a separate database to track participant for follow-up. Please note that in order to assign a patient ID to a new entry, a Personal Data form must be submitted; however, entry of the patient’s personal identifiers is not required. See page 35 for a complete listing of the Personal Data variables and corresponding syllabus page number where you will find complete details on each variable.

**REGISTRY**

Registry data are selected Form I variables for patients who are not eligible for Form I data collection. A list of all Registry variables may be found on page 37, as well as, the corresponding syllabus page number where you will find complete details on each variable.

**FORM I**

Form I variables provide extensive data on the patient’s status at the time of SCI and document events occurring during the initial hospitalization period and death data. Beginning in November 1995 Form I consists of Day-1 and Non Day-1 variables. **Non Day-1** items are collected on all patients who meet the Form I eligibility criteria. The **Day-1** items are additional variables that are collected only on those who enter the system within 24 hours of injury. A list of all Form I variables begins on page 38. This table also contains the corresponding syllabus page number where you will find complete details on each variable.

**FORM II**

Form II – follow-up data – are required on all patients who are eligible for follow-up in year 1 and in every 5th post-injury year (i.e., years 1, 5, 10, 15, 20, 25, 30, etc). For patients who are still in the initial hospitalization/rehabilitation process on their first anniversary of injury, a year 2 replaces the year 1 Form II. Form IIs are allowed to be submitted for other (non-required) years. See page 224 for rules on patients who neurologically recover. Form II data submission is required of all patients who have a Form I [except for patients who die during the initial System hospitalization period or who recover (or have minimal deficit) by the end of the initial rehabilitation period]. A complete list of all Form II variables begins on page 42. This table also contains the corresponding syllabus page number where you will find complete details on each variable. Any patient having Form II data must have a Form I record also.

**DATA MANAGEMENT VARIABLES**

Data management variables (QC Status, Indate and Update) are included in all datasets. The Sample variable is present only in the Form I data file. Data management variables are generated by the NSCISC’s software and cannot be modified by the user. Additional data management variables (Follow-up Status, Registry, Form I, Form II, and Last Form II) are present in the Personal Data file.
DEFINITIONS FOR DATA COLLECTION PERIODS

**REGISTRY AND FORM I**

All Registry and Form I data collection periods occur during the “Initial System Hospitalization Period” (i.e., from the time of spinal cord injury until definitive discharge from the System). The initial System hospitalization period is an individually planned program of acute medical/surgical and/or rehabilitation services following spinal cord injury.

*First System Admission (System Admit)*

This is the first admission to the System after the trauma. This may be an admission to the System’s acute medical/surgical, sub-acute medical/surgical, acute rehab or sub-acute rehab unit.

*During Acute Medical/Surgical Care*

Inpatient hospitalization, in the System, following spinal cord injury until the initial System inpatient rehabilitation program (or the patient’s death, whichever comes earlier) that takes place for medical or surgical care or the treatment of a secondary medical complication.

- Acute Medical/Surgical Care includes all medical surgical care provided in the intensive care unit (ICU), non-ICU beds, SCI specialty unit beds and subacute medical care units.

*During Inpatient Rehabilitation*

This is the period of time between admission to and definitive discharge from the System’s inpatient (acute and/or subacute) rehab unit.

- Rehabilitation includes some combination of physical therapy, occupational therapy, speech therapy, recreational therapy, patient and family education, and rehabilitation psychology, medicine and nursing care.

*Initial Rehab*

The initial individually planned program of rehabilitation services following spinal cord injury.

*Admission Date to Inpatient Rehabilitation (Admit to System Inpatient Rehab, at Inpatient Rehab Admit)*

For all systems, the beginning of the inpatient rehabilitation stay is marked by admission to the System’s inpatient rehabilitation hospital, transfer to the System’s inpatient acute or subacute rehabilitation unit, or commencement of the inpatient rehabilitation program in a System’s multipurpose unit.

*Discharge*

Discharge from initial System hospitalization to a definitive living situation.

- For those patients requiring both acute and inpatient rehabilitation care, discharge from the inpatient rehabilitation unit should be documented as the discharge.

- Discharge from the acute care unit is acceptable for those patients who complete inpatient rehabilitation in the acute care unit, achieve complete neurologic recovery or minimal deficit status with no rehab admit, or who expire during acute care.

*During System*

The period of time between the initial admission to and discharge from the System for the initial individually planned program of acute medical/surgical and/or rehabilitation services following spinal cord injury.
FORM II

Post-injury (anniversary) year
The first post-injury year begins the day after the discharge from the initial hospitalization period and ends the day before the first anniversary of injury.

- Submission of a year 1 Form II is required. When a patient is still in the initial acute/rehab process past his first anniversary, a year 1 Form II is not submitted but a year 2 Form II is required.

Subsequent post-injury years begin the day of the anniversary date and end the day before the next anniversary date and, the date of injury is always used to calculate post-injury (anniversary) years.

Form II variables
For the year 1 (or the “substituted” year 2) Form II, data may be collected from 182 days before the anniversary date to 182 days after the anniversary date. For all subsequent follow-up years, data may be collected from 182 days prior to the anniversary to 365 days after the anniversary date.

During the annual examination
Refers to variables obtained during the patient's annual physical examination. For the year 1 (or the “substituted” year 2), data may be collected from 182 days before the anniversary date to 182 days after the anniversary date. For all subsequent follow-up years, annual exam data may be collected from 182 days before the anniversary date up to 365 days after the anniversary date.

Status during past 12 months
Documents events that took place within the 12 months that preceded the Date of Interview.

Since the Last Form II Record
Change in status between the current Form II and the last Form II with known data in the variable being documented. When coding the year 1 Form II, document the change in status between the year 1 Form II and the Form I.

Rehospitalization
Inpatient hospitalizations for acute medical or surgical care that occur after the initial rehabilitation program is completed. This variable documents rehospitalizations that took place within the last 12 months from interview date (if year 1 or the substituted year 2, document from system discharge to interview date).

OTHER DATA COLLECTION INFORMATION:

Rules for rounding fractions of an hour:
- For any fraction of the first hour
  - round up to 1 hour.
- After the first hour:
  - if the time is less than ½ hour, round down
  - if the time is ½ hour or more, round up.

Examples: Total Time

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<tr>
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DEFINITION OF SPINAL CORD INJURY
(As used by the Model Systems’ program)

A case of spinal cord injury is defined as the occurrence of an acute traumatic lesion of neural elements in the spinal canal (spinal cord and cauda equina), resulting in temporary or permanent sensory and/or motor deficit. The clinical definition of spinal cord injury excludes intervertebral disc disease, vertebral injuries in the absence of spinal cord injury, nerve root avulsions and injuries to nerve roots and peripheral nerves outside the spinal canal, cancer, spinal cord vascular disease, and other non-traumatic spinal cord diseases.

The simplest definition of traumatic etiologies would be any external event that would have an ICD-10 code between V01 and Y98 that led to a spinal cord injury as clinically defined above. For ICD-9-CM, it would be any external event that could be coded from E800-E999 that resulted in a spinal cord injury. Essentially, traumatic cases would involve an external event to trigger the injury rather than disease or degeneration.

**COMMENT:**
This definition is a slightly modified version of the CDC’s case definition. The CDC includes “temporary or permanent sensory or motor deficit, bladder dysfunction, or bowel dysfunction” and also excludes birth trauma. However, for the model systems, an ASIA E (normal sensory and motor function) on admission would not be eligible even if bowel or bladder dysfunction existed.
ELIGIBILITY CRITERIA

The following criteria affect those patients who are admitted to the model system on or after January 1, 2005. The flow chart on the next page provides further assistance with the decision of Registry, Form I, or exclusion from the database.

Inclusion Criteria for Form I and Registry:
1. Presence of an external traumatic event that results in a spinal cord injury, including surgical procedures, radiation, and medical complications.
2. Temporary or permanent loss of sensory and/or motor function as a result of the traumatic event.
3. Admission to the system within one year of injury.
4. If patient is discharged from System Acute as Minimal Deficit or Recovered, they must be hospitalized in the system for at least one week before discharge.¹
5. Discharge from the system as:
   a. Having completed inpatient acute rehabilitation,
   b. Achieving a neurologic status of normal or minimal deficit.
   c. Deceased
6. Signed informed consent and HIPAA authorization forms².
   ◊ HIPAA Authorization is not required for research on deceased persons

Additional Criteria for Form I Inclusion:
1. Reside in the geographic catchment area of the system at the time of the injury. Patients may be injured outside of the catchment area.
2. A US citizen or non-US citizen who is expected to stay in the catchment area.

The above criteria do not apply to patients who 1) are discharged as deceased or 2) achieved a neurologic status of normal or minimal deficit.

Exclusion Criteria³:
1. Must not have previously been treated at another model system for the injury.
   ◊ Ensures that patients are enrolled into the database by only one model system.
2. Must not have completed an organized rehabilitation program prior to the admission to the system.

Form II:
Form II follow-up is required for all Form I patients until one of the following occurs: 1) the patient dies, 2) achieves a neurologic status of normal or minimal deficit, or 3) withdraws consent from the study.
   ◊ A Form II for the year in which the patient’s neurologic status changes should be submitted to ensure the recovery is documented during the appropriate post-injury year.

NOTES:
¹This ensures their condition is significant and requires at least one week’s hospital care. One week hospitalization is not required if patient dies in acute.
²Some systems’ IRB may not require these forms for the Registry patients, data obtained from the deceased, or both.
³A prior history of spinal cord injury or other medical conditions (i.e. spinal stenosis, stroke, traumatic brain injury...etc) does not preclude individuals from being included in the database as long as an external/traumatic event could be identified as a cause of the NEW injury and further neurologic deficit.
NSCISC POLICY ON INFORMED CONSENT

Each patient whose information will be included in the Form I and Form II data files must sign a Consent Form. Informed consent should be obtained on all new patients enrolled in the NSCISC Form I database using a consent form that includes the certificate of confidentiality language as approved by both the local model system IRB and NIH. A copy of the consent form and IRB approval in current use should be on file at the NSCISC and NIH.

Informed consent should also be obtained on all previously enrolled patients (Form II) who have not been consented using a consent form that includes the request for personal identifiers and the certificate of confidentiality language as approved by both the local model system IRB and NIH. Verbal consent over the telephone may be used with permission of the local model system IRB. Consent can be obtained at the time of the next scheduled data collection interview or earlier if a convenient opportunity presents itself.

Once informed consent has been obtained using a consent form that includes the certificate of confidentiality language as approved by both the local model system IRB and NIH, subsequent re-consent at the next annual evaluation is not required by the NSCISC but may be required by the local model system IRB.

An attempt should be made to obtain informed consent for new patients enrolled in the NSCISC Registry database using a consent form that includes the certificate of confidentiality language as approved by both the local model system IRB and NIH. Although the NSCISC does not require informed consent from patients enrolled in the registry, the local model system IRB may make this requirement or may require that an informed consent waiver be obtained from the IRB.

Model systems are required to adhere to local IRB informed consent requirements whenever they are more stringent than the requirements of the NSCISC.

NSCISC POLICY ON HIPAA AUTHORIZATION

A signed HIPAA authorization is required by the NSCISC for all new patients enrolled in the NSCISC Registry or Form I database after April 14, 2003. The form of the HIPAA authorization will be dictated by the local model system IRB and may either be a separate document or may be included in the informed consent document.

Each model system is required to check with its local IRB concerning the necessity of acquiring HIPAA authorization to continue to collect data (Form II) on previously enrolled patients who have never given HIPAA authorization. The NSCISC has been advised by the UAB IRB that a signed HIPAA authorization is also required to continue collecting new data on these patients, but is not required to use or disclose data from previously enrolled patients for whom no further data are collected. Once previously obtained, new HIPAA authorization is only required when data collection will continue past the expiration date of the current HIPAA authorization.

If the local model system IRB either decides that HIPAA authorization is not required from patients enrolled in the database prior to April 14, 2003 in order to continue collecting follow-up data or grants a waiver of HIPAA authorization for patients enrolled before April 14, 2003, then the model system should follow its local IRB guidance on this issue.
THE NSCISC’S WEB-BASED DATA MANAGEMENT SYSTEM

Prior to 2006, data management software was installed on each center’s standalone PCs and data was stored on that PC until the data submissions which were scheduled twice a year. For the 2006-2011 funding cycle, the NSCISC re-designed the data management system to a web-based centralized system to accommodate real-time management of the system and the entered data. A new Core Dataset format and SQL server database structure was adopted. This centralized system allows data collectors, managers and directors to retrieve their data, reports, and training products from any computer with internet access.

This system also allows NSCISC to update the software more efficiently. QC upgrades and data reports are available to Centers in real-time, Module forms and data are easily shared within the participating Centers, and newly generated products, like Suspicious Checks and on-line training products, are available to users.
**THE DATA ENTRY PROCESS**

Since the implementation of the web-based system in 2007, Model System staff enter Personal Data (if the Center has IRB approval, personal identifiers are added), Registry, Form I and Form II forms by logging into the password protected web site, [https://www.nscisc.uab.edu](https://www.nscisc.uab.edu), and entering the data. Data is saved to a server located behind the secure UAB firewalls. All forms are required to pass through several layers of QC before being added to the National Database.

NSCISC has put in place several processes that take place at the data entry level to assist in data quality. Most variables have ranges in place within the page (before it is saved) and other variables have dropdown boxes that only allow the specified values for that variable. More extensive QC runs after the form has been saved and QC is requested by the user.

Training details are available on the website tab ‘User Training’.
The Data Submission Process

Records submitted to the NSCISC are counted as either New Entries or Updates.

**NEW ENTRIES**

A new entry record is a computerized record entered on a patient for the first time. A new entry may be a Personal Data, Form I or Registry record. New Personal Data entries/Patient Numbers should not be recycled once they are deleted. A new Form II entry creates a computerized record for a particular anniversary year. Each Form II being entered for the first time is considered a new entry. For example, if forms are completed for anniversary years 1 and 5 for a particular patient these will be considered two new entry Form II's. The *Indate* variable is the date on which each record is newly created. This is a computer-generated data management variable that cannot be modified by the user.

**UPDATED ENTRIES**

An update is submitted to modify an existing Personal Data, Registry, Form I or Form II record. For Form II, each year updated is counted separately. For example, if the *Method of Bladder Management* variable is corrected on annuals 1 and 5, these forms will be counted as two Form II updates.

Updates are usually completed to: (1) revise variables previously coded as unknown, (2) correct discrepancies identified by the system coordinator or by the NSCISC’s quality control checking programs, or (3) complete a variable left blank on the original, new entry form.

*NOTE:* Data collectors are encouraged to update records whenever new data are obtained.

**WHEN TO ADD A NEW FORM I TO THE DATABASE**

A new Form I (to enter a new patient into the database) should be submitted to the NSCISC as soon as 80% or more of the Form I information is available. A Form I update can be done at a later time to provide information that may be obtained on a delayed basis.

**DATA SUBMISSION DEADLINES**

There are 2 data submission deadlines each calendar year (for the Mid-Year and Annual statistical reports). All systems are notified of these deadlines. The Mid-Year Report is distributed prior to the summer Directors meeting and the Annual report is distributed prior to the winter Directors meeting.

**Session Logs**

Session logs are generated by the software and list all forms entered or updated during a software session.

**Reporting on a Patient Who Dies**

The *Date of Death Modifier, Date of Death, Cause of Death, and Autopsy* variables are present on Form I. The NSCISC’s web-based software inserts the default code for "Alive" in the *Date of Death Modifier* variable whenever a new Form I is created. If the patient dies during follow-up, these Form I variables must be updated with the appropriate information; however (as of November 1995) a Form II is NOT REQUIRED to be submitted for the post injury year in which the patient died.
GUIDELINES FOR CODING PRIMARY CAUSE OF DEATH

Code Cause of Death exactly as written in the ICD 9 Handbook (no leading or trailing zeros).

In general, death certificates will have a line that documents the immediate cause of death followed by two or three lines under the heading "due to or as a consequence of." There will also be a line to document "other significant conditions". See Appendix D for obtaining death certificate.

As a general rule, the primary cause of death will be the cause entered alone on the lowest line of the "due to or as a consequence of" sequence unless it is unlikely that this condition gave rise to all the other conditions listed above it. An "Other significant condition" would be coded as a secondary cause of death unless it can be specifically linked to the causes listed above it, in which case it might be included in a combined primary cause of death. **Any mention of spinal cord injury, paraplegia, etc. (including late effects of SCI) should be ignored.** If no other information is available (no autopsy report, no death certificate, no summary information from a rehospitalization, etc.) code the cause of death unknown.

For example, consider the following cases:

1. **Immediate cause:** Cardiac arrest 427.50
   **Due to or as a consequence of:**
   - Unless additional information can be acquired, select cardiac arrest (427.50) because, unfortunately, it is the only option available.

2. **Immediate cause:** Cardiorespiratory arrest 427.50
   **Due to or as a consequence of:** Pneumonia 486.00
   **Select pneumonia (486.00) since it led to the cardiorespiratory arrest.**

3. **Immediate cause:** Cardiorespiratory arrest 427.50
   **Due to or as a consequence of:** Septicemia 038.90
   **Due to or as a consequence of:** Pneumonia 486.00
   **Select pneumonia (486.00) because it led to the other conditions. List septicemia as a secondary cause.**

4. **Immediate cause:** Cardiac arrest 427.50
   **Due to or as a consequence of:** Arteriosclerosis 440.90
   **Due to or as a consequence of:** Brown-Sequard syndrome 344.80
   **Select arteriosclerosis (440.90) and ignore the reference to SCI.**

5. **Immediate cause:** Cardiorespiratory arrest 427.50
   **Due to or as a consequence of:** Septicemia 038.90
   **Due to or as a consequence of:** Renal failure 586.00
   **Select septicemia (038.90) because renal failure (which would ordinarily have been chosen) cannot cause septicemia. List renal failure as a secondary cause.**

6. **Immediate cause:** Arteriosclerosis 440.90
   **Due to or as a consequence of:** Pneumonia 486.00
   **Select arteriosclerosis (440.90) because pneumonia (which would ordinarily have been chosen) cannot cause arteriosclerosis. List pneumonia as a secondary cause.**
<table>
<thead>
<tr>
<th>Immediate cause:</th>
<th>Cardiac arrest</th>
<th>427.50</th>
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</thead>
<tbody>
<tr>
<td>Due to or as a consequence of:</td>
<td>Hemorrhage</td>
<td>459.00</td>
</tr>
<tr>
<td>Due to or as a consequence of:</td>
<td>Peptic ulcer</td>
<td>533.40</td>
</tr>
<tr>
<td>Other significant conditions:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Unless there is specific evidence indicating the hemorrhage was not associated with the peptic ulcer, **select peptic ulcer with hemorrhage (533.40)** because hemorrhage (which would ordinarily have been chosen) can be linked with peptic ulcer to identify a more specific condition. The important question is whether this death is better classified as resulting from a disease of the digestive system or a disease of veins and lymphatics. Certainly, the former seems more appropriate given the available information.

<table>
<thead>
<tr>
<th>Immediate cause:</th>
<th>Pernicious anemia</th>
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<tr>
<td>Due to or as a consequence of:</td>
<td>Cerebral hemorrhage</td>
<td>431.00</td>
</tr>
<tr>
<td>Due to or as a consequence of:</td>
<td>Arteriosclerosis</td>
<td>440.90</td>
</tr>
</tbody>
</table>

**Select pernicious anemia (281.00).** Although arteriosclerosis can cause a cerebral hemorrhage, it cannot cause pernicious anemia. Cerebral hemorrhage also cannot cause pernicious anemia. Therefore, with no apparent causal sequence leading directly to the immediate cause of death, the immediate cause is selected as the primary cause of death. The others should be listed as secondary causes.

**B. In general, ill-defined conditions should not be selected as the primary cause of death unless no alternative exists.**

For example:

1. **Immediate cause:** Myocardial infarction | 410.90 |
   Due to or as a consequence of: Tachycardia | 785.00 |
   
   **Select myocardial infarction (410.90)** because tachycardia (which would ordinarily have been chosen) is considered a "symptom or ill-defined condition." Tachycardia can be listed as a secondary cause of death.

**C. In general, trivial conditions should be ignored.** If death is the result of an adverse reaction to treatment for a trivial condition (such as renal failure resulting from taking aspirin for recurrent migraines), then code the adverse reaction as the primary cause of death. If the trivial condition is not reported as the cause of a more serious complication and a more serious unrelated condition is reported, then code the more serious condition as the primary cause of death.

For example:

1. **Immediate cause:** Congenital anomaly of eye | 743.90 |
   Due to or as a consequence of: Congenital heart disease | 746.90 |
   
   **Select congenital heart disease (746.90)** even though it cannot cause a congenital anomaly of the eye because the latter is considered a trivial condition unlikely by itself to cause death.

**D. When the normal selection process results in choosing a condition which is described only in general terms and a related cause is also reported which provides more precise information about the system or nature of the chosen condition, reselect the more informative cause as the primary cause of death.**
For example:

1. **Immediate cause:** Cerebral thrombosis 434.00
   Due to or as a consequence of: Cerebrovascular accident 436.00
   Due to or as a consequence of: Select cerebral thrombosis (434.00) because it is more informative and precise than cerebrovascular accident (which would ordinarily have been chosen). Cerebrovascular accident can be listed as a secondary cause.

2. **Immediate cause:** Pyelonephritis 590.80
   Due to or as a consequence of: Kidney stone 592.00
   Due to or as a consequence of: Renal disease 593.90
   Select kidney stone (592.00). Both kidney stone and pyelonephritis are more specific than renal disease, but kidney stone would have been selected if renal disease had not been listed on the certificate. Therefore, it is preferred over pyelonephritis, which can be listed as a secondary cause of death along with renal disease.

E. It is important to consider the interval between onset and death for each condition specified on the death certificate. Acute conditions that occurred a protracted time prior to death probably will not be the primary cause of death.

For example:

   Immediate cause: Congestive heart failure (3 months) 428.00
   Due to or as a consequence of: Pneumonia (1 year) 486.00
   Due to or as a consequence of: Select congestive heart failure (428.00) because the episode of pneumonia occurred a long time before the patient died as well as long before the symptomatic heart disease began.

F. The use of E codes is very important because it is the only way to distinguish accidents, suicides and homicides from each other as well as from natural causes of death. However, E codes should only be used to reflect injuries that occur after the original SCI producing event. Therefore, with rare exceptions, E codes should not be used for a patient who dies during the initial hospitalization period.

   If an E code is appropriate, it will always be the primary cause of death.

   The distinction between accident, suicide and homicide can be found in a separate box on the death certificate below the list of causes.

G. When the death certificate does not provide adequate information (for example when the only cause of death listed is "paraplegia"), other sources of information (such as a discharge summary if the patient was hospitalized at the time of death, or an autopsy report if one is available) should be acquired whenever possible. As a last resort, if an appropriate cause of death cannot be determined, the cause of death can be coded as unknown.

H. Obviously, there will be many instances in which the selection of primary cause of death will be a close judgment call. Unfortunately, the only way to avoid this is to make the guidelines even more burdensome than contained herein. Moreover, it is important to leave enough flexibility in the decision making process to allow the most appropriate cause to be selected in unusual circumstances and in cases where the death certificate makes no sense (a frequent occurrence).

   Questions regarding the appropriate primary cause of death should be resolved by the Project Director or other system physicians.
POLICY FOR OBTAINING A COPY OF THE NATIONAL SPINAL CORD INJURY DATABASE
(for anyone affiliated with a currently/previous funded Spinal Cord Injury Model System
that currently participates in data collection)

As in the past, any currently participating system may obtain a copy of the National SCI Database (without personal identifiers). This copy is available in Access format:

(1) on CD; or
(2) from the server of the National Spinal Cord Injury Statistical Center (NSCISC) using the File Transfer Protocol.

1. Requests must be submitted to the NSCISC in writing and signed by the Model System’s Project Director. Systems are requested to inform the NSCISC of their research topic and share the results of database analyses with the Model Systems’ group.

2. The Model Systems’ Data Collection Syllabus is provided with the data files to assure the correct version of the syllabus is used with that copy of the database as needed.

3. During their July 1996 meeting the Project Directors approved a policy that prohibits analyses that compare any or all systems (other than one’s own system data against the aggregate). Also, any results that compare a system against the aggregate for marketing purposes are prohibited.

4. Beginning on April 14, 2003, the requestor must sign a confidentiality agreement with the NSCISC prior to receiving the data as required under HIPAA guidelines for the release of limited data sets for research purposes.

5. Although the NSCISC staff will provide some assistance with analyses upon request, the system must also have the services of a statistician or data analyst to utilize the database.

6. All publications must acknowledge the NSCISC, Model Systems, and NIDRR and include the disclaimer that the opinions expressed are those of the authors and not necessarily those of the NSCISC, Model Systems, or NIDRR.

7. The NSCISC’s fee for this service is contingent on the complexity of the request. An estimate will be provided, upon request, based on the provision of all details from the requestor.

NOTE: this policy is subject to change.
POLICY FOR OBTAINING RAW DATA FROM THE NATIONAL SPINAL CORD INJURY DATABASE
(for anyone NOT affiliated with a currently/previously funded Spinal Cord Injury Model System that currently participates in data collection)

All requests for access to the National Spinal Cord Injury Database must be forwarded to the National Spinal Cord Injury Statistical Center (NSCISC).

1) Requestor should provide a proposal that includes:
   i) Purpose
   ii) Commercial use and relationship if any
   iii) Confidentiality precautions
   iv) Responsible party
   v) Data required
   vi) IRB clearance (before the release of data)

2) Requestor must purchase a copy of the data collection syllabus (containing descriptions of all variables) or download this document from the NSCISC web site prior to formulating the proposal and sending the request for data.

3) Graduate students must have their proposal approved by either their department Chair or the Chair of their dissertation or thesis committee.

4) The proposal will be first reviewed by NSCISC and Executive Committee. Requestor must appropriately address the concerns raised by the initial review.

5) The final proposal will be then forwarded by the NSCISC to the Project Directors and NIDRR Project Officer for review and approval.

6) The decision on data release will be based on a vote of the majority by Project Directors.

7) The Model Systems may at their discretion appoint a mentor to advise the research team as needed.

8) The requestor must return a signed agreement to the NSCISC (limiting the requestor to the terms of the original proposal) and to comply with HIPAA guidelines for the release of limited data sets.

9) Personal data (name, social security number, date of birth, address, etc) will not be released.

10) Data up to 5 years prior to the request date will be available. However, this requirement may be waived on a case by case basis by a majority vote of the Project Directors.

11) A copy of the requestor’s manuscript must be sent to the NSCISC for review prior to submission for possible publication, and a copy of any actual publication must be sent to the NSCISC.

12) All publications must acknowledge the NSCISC, Model Systems, and NIDRR and include the disclaimer that the opinions expressed are those of the authors and not necessarily those of the NSCISC, Model Systems, or NIDRR.

13) The NSCISC’s fee for this service is contingent on the complexity of the request. An estimate will be provided, upon request, based on the provision of all details from the requestor.

NOTE: this policy is subject to change.
Data Release Pathway

**Internal Pathway**

- Project Director requests data in writing
- Data is released to Director who signs the confidentiality agreement and maintains responsibility for confidentiality

**External Pathway**

- All requests are forwarded to NSCISC
- Requestors should purchase or download syllabus
- Requests should reflect:
  1. Purpose
  2. Commercial use & relationship if any
  3. Confidentiality precautions
  4. Responsible party
  5. Data required
  6. Scientific proposals should include IRB status

- NSCISC/Executive Committee review proposals and help requestors refine proposals
- Proposals are then circulated to project directors and NIDRR project officer with ballot by email, or else are held to general biannual meeting. The decision will be based on a vote of the majority by project directors
- Data up to 5 years prior to requesting data (may be waived by a majority vote)
- IRB clearance and signed confidentiality agreement are required before data release
- Manuscripts reviewed by NSCISC and Executive Committee prior to submission for publication
There are multiple layers of security in place to ensure data security and confidentiality:

**User authorization**
The centralized database is password-protected. Each SCIMS center only has access to its own data and not to the data submitted by other SCIMS centers. Since it is a web-based system and accessible from anywhere with internet access, it is the responsibility of the SCIMS centers to notify the data center of any staff or user access changes so that we can update the user information to ensure that only authorized users have access to these data. In the event that an existing user’s access needs to be cancelled, the center must notify the NSCISC in writing.

**Data storage security**
All values are stored encrypted in the database.

**Data access security**
The SQL Server Database is currently housed behind a series of secure access layers and firewalls within the control of UAB HSIS. UAB HSIS is a disinterested third-party administrator and is an entity not affiliated with either the NSCISC or the Department of Physical Medicine and Rehabilitation. Once an SCIMS data collector is set up in the system, he/she will be able to use any local personal computer with a web browser to access the NSCISC software on the UAB web server. This first connection is secured by SSL (Secure Sockets Layer, a 128-bit encrypted connection) and goes through the first UAB firewall before gaining access to the UAB web server. The UAB web server will, in-turn connect to the SQL Server Database through a second secure firewall by opening a specific port other than the default and using SQL Encryption to encrypt data passing through this port. The SQL Server will encrypt and store any new data (or if data are being requested, the server decrypts and sends back through the same channel). Utilizing all of these security measures will help restrict direct access to the SQL Server Database to only identified users.
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<td>BPHQ-3. Over the last 2 weeks, how often have you been bothered by trouble falling or staying asleep, or sleeping too much?</td>
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<td>BPHQ-6. Over the last 2 weeks, how often have you been bothered by feeling bad about yourself – or that you are a failure or have let yourself or your family down?</td>
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<td>BPHQ-7. Over the last 2 weeks, how often have you been bothered by trouble concentrating on things, such as reading the newspaper or watching television?</td>
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### Form II Variables

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<td>BP HQ-8. Over the last 2 weeks, how often have you been bothered by moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual?</td>
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<td>BP HQ-9. Over the last 2 weeks, how often have you been bothered by thoughts that you would be better off dead or of hurting yourself in some way?</td>
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<td>BP HQ-10. If you had any of the problems in questions BP HQ1 through BP HQ9, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?</td>
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<td>Do you drink any alcoholic beverages, such as beer, wine, wine coolers or liquor?</td>
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<td>During the past month, how many days per week did you drink any alcoholic beverages, such as beer, wine, wine coolers or liquor, on the average?</td>
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<td>On the days you drank, about how many drinks did you drink, on the average? A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor.</td>
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<td>Considering all types of alcoholic beverages, how many times during the past month did you have five (5) or more drinks on an occasion?</td>
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<td>During the past 4 weeks, how much did pain interfere with your normal work including both work outside the home and housework?</td>
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<td>144.</td>
<td>246GR</td>
<td>ASIA Motor Index Score, L3, Right</td>
<td>441</td>
<td>BASAL3Rt</td>
<td>342</td>
</tr>
<tr>
<td>145.</td>
<td>246HR</td>
<td>ASIA Motor Index Score, L4, Right</td>
<td>443</td>
<td>BASAL4Rt</td>
<td>342</td>
</tr>
<tr>
<td>146.</td>
<td>246IR</td>
<td>ASIA Motor Index Score, L5, Right</td>
<td>445</td>
<td>BASAL5Rt</td>
<td>342</td>
</tr>
<tr>
<td>147.</td>
<td>246JR</td>
<td>ASIA Motor Index Score, S1, Right</td>
<td>447</td>
<td>BASAS1Rt</td>
<td>342</td>
</tr>
<tr>
<td>148.</td>
<td>246L</td>
<td>ASIA Motor Index Score, Subtotal Right</td>
<td>449</td>
<td>BASASRt</td>
<td>342</td>
</tr>
<tr>
<td>149.</td>
<td>246R</td>
<td>ASIA Motor Index Score Total</td>
<td>450</td>
<td>BASATot</td>
<td>342</td>
</tr>
<tr>
<td>150.</td>
<td>New</td>
<td>Any Anal Sensation</td>
<td>453</td>
<td>BAnalSns</td>
<td>345</td>
</tr>
<tr>
<td>151.</td>
<td>New</td>
<td>Any Voluntary Sphincter Contraction</td>
<td>456</td>
<td>BVolSphn</td>
<td>346</td>
</tr>
<tr>
<td>152.</td>
<td>247L</td>
<td>Sensory Level at the Year 1 Annual Exam, Left</td>
<td>451</td>
<td>BSnsLvlL</td>
<td>347</td>
</tr>
<tr>
<td>153.</td>
<td>247R</td>
<td>Sensory Level at the Year 1 Annual Exam, Right</td>
<td>452</td>
<td>BSnsLvlR</td>
<td>347</td>
</tr>
<tr>
<td>154.</td>
<td>248L</td>
<td>Motor Level at the Year 1 Annual Exam, Left</td>
<td>454</td>
<td>BMotLvlL</td>
<td>348</td>
</tr>
<tr>
<td>155.</td>
<td>248R</td>
<td>Motor Level at the Year 1 Annual Exam, Right</td>
<td>455</td>
<td>BMotLvlR</td>
<td>348</td>
</tr>
<tr>
<td>156.</td>
<td>249L</td>
<td>Level of Preserved Neuro Function at the Year 1 Annual Exam, Left</td>
<td>457</td>
<td>BPnNuFLf</td>
<td>350</td>
</tr>
<tr>
<td>157.</td>
<td>249R</td>
<td>Level of Preserved Neuro Function at the Year 1 Annual Exam, Right</td>
<td>458</td>
<td>BPnNuFrR</td>
<td>350</td>
</tr>
<tr>
<td>158.</td>
<td>QCSTAT2*</td>
<td>Quality Control Status</td>
<td>459</td>
<td>BQCStat</td>
<td>351</td>
</tr>
<tr>
<td>159.</td>
<td>INDATE2*</td>
<td>Date Record Originally Entered</td>
<td>460</td>
<td>BIndate</td>
<td>352</td>
</tr>
<tr>
<td>160.</td>
<td>UPDATE2*</td>
<td>Last Date Record Updated</td>
<td>461</td>
<td>BUpdate</td>
<td>353</td>
</tr>
<tr>
<td>161.</td>
<td>New*</td>
<td>Neurologic Level of Function at Annual Exam</td>
<td></td>
<td>BNurLvl</td>
<td>354</td>
</tr>
</tbody>
</table>

| Total Number of Variables | 161 |

* Data Management variables that are generated by the NSCISC.
~~This page intentionally left blank~~
PERSONAL DATA:  System ID

PERSONAL DATA

VARIABLE NAME:  Reporting Model SCI System Identification Code (System ID)

DESCRIPTION:  An alphabetic code is assigned to each reporting system by the National Spinal Cord Injury Statistical Center (NSCISC).

The System ID and the Patient Number are the only patient identification variables submitted to the NSCISC and stored in the Registry, Form I, and Form II data files.

CHARACTERS:  2

CODES:  Assigned individually to each reporting system by the NSCISC.

A  Atlanta  MW  Wisconsin
AA  Ann Arbor  NJ  New Jersey
B  Birmingham  NO  New Orleans
BN  Boston  NY  New York (NYU)
C  Chicago  P  Phoenix
CM  Columbia, Missouri  PA  Philadelphia
CO  Cleveland, Ohio  PI  Pittsburgh
D  Denver (Englewood, CO)  R  Rancho (Downey, CA)
DC  District of Columbia  RO  Rochester
DM  Detroit  RV  Richmond, Virginia
H  Houston  S  Seattle
MI  Miami  SJ  San Jose
MS  Mt. Sinai, New York  V  Fishersville, Virginia

COMMENTS:  Use only uppercase letters.  For systems with a one-character code, use the first box only (leave the second box blank).

A data form/record must have a System ID and the Patient Number before it will be processed by the National Spinal Cord Injury Statistical Center.

Variable Aliases:  For Data Analysis Only

Variable ID:  1
8-Character Description:  SiteID
PERSONAL DATA: 1. Patient Number

**PERSONAL DATA**

VARIABLE NAME: Patient Number

DESCRIPTION: The Patient Number is assigned to each patient at the discretion of the reporting System. Each Patient Number may contain a maximum of 6 characters. Zeros will be used as leading digits to fulfill the 6 character field. No designated numbers are assigned by the NSCISC. When a Patient Number is created, this number should not be re-used for any reason.

CHARACTERS: 6

CODES: To be assigned by the individual reporting system.

COMMENTS: The System ID and the Patient Number are the only patient identification variables submitted to the NSCISC and stored in the main Registry, Form I, and Form II data files.

A data form/record MUST have a System ID and a Patient Number before it will be processed by the National Spinal Cord Injury Statistical Center.

Variable Aliases: For Data Analysis Only

Variable ID: 2
8-Character Description: PatNbr
PERSONAL DATA: Data Entered

PERSONAL DATA
VARIABLE NAME: Personal Data Entered
DESCRIPTION: This is a toggle checkbox to verify if personal data will be entered. If it is not checked, all following variables on the Personal Data entry form will be disabled and the only data submitted from this form will be Site ID and Patient number.

CODES: On/Off

Variable Aliases: For Data Analysis Only
Variable ID: 2
8-Character Description: PDataRcd
PERSONAL DATA: 2. Alternate ID

PERSONAL DATA

VARIABLE NAME: Alternate ID
DESCRIPTION: The Alternate ID is an optional variable that may be used by Systems to record another patient identifier (such as a medical record number).
CHARACTERS: 12
CODES: To be assigned by the individual reporting System.
COMMENTS: This information is being provided for the benefit of those who will be analyzing their local database. The data will never be included in the National Database (data that is analyzed by researchers).

Variable Aliases: For Data Analysis Only
Variable ID: 29
8-Character Description: PAltID
PERSONAL DATA: 3. Patient Name

PERSONAL DATA

VARIABLE NAME: Patient Name

DESCRIPTION: This variable documents the patient’s first name, middle initial and last name.

CHARACTERS: 36 characters (12 for first name, 1 for middle initial, 23 for last name)

CODES: Any letter of the alphabet
Blanks are allowed.

COMMENTS: Systems are encouraged to add this information to the records of patients who are currently in the database. The consent must include patient permission before this information is exported to the NSCISC.

Do not use commas (John Doe, Jr.).

The data will never be included in the National Database (data that is analyzed by researchers).

The Patient Name, Social Security Number, Date of Birth, and Zip Codes variables are stored in the Personal Data file and available (with the patient’s permission) for export to the NSCISC. The Patient Name, SS#, and Date of Birth variables are used only by the Director of NSCISC to link data from the National SCI Database with data from other sources and to avoid duplicate entry into the National SCI Database. The information is also used to help systems identify study patients after there has been a gap in funding.

REVISIONS: October 2000: this variable was added to the database.

Variable Aliases: For Data Analysis Only

<table>
<thead>
<tr>
<th>Variable ID:</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>PFirstNm</td>
<td>PMidInit</td>
<td>PLastNm</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PERSONAL DATA: 4. Social Security Number

VARIABLE NAME: Social Security Number
DESCRIPTION: This variable documents the patient’s Social Security Number.
CHARACTERS: 9
CODES: Any valid Social Security number

Blanks are allowed

COMMENTS: Systems are encouraged to add this information to the records of patients who are currently in the database. Consent must be obtained from the patient before this information is exported to the NSCISC.

The Patient Name, Social Security Number, Date of Birth, and Zip Codes variables are stored in the Personal Data file and available (with the patient’s permission) for export to the NSCISC. The Patient Name, SS#, and Date of Birth variables are used only by the Director of NSCISC to link data from the National SCI Database with data from other sources and to avoid duplicate entry into the National SCI Database. The information is also used to help systems identify study patients after there has been a gap in funding.

The data will never be included in the National Database (data that is analyzed by researchers).

REVISIONS: October 2000: this variable was added to the database.

Variable Aliases: For Data Analysis Only

Variable ID: 6
8-Character Description: PSSN
PERSONAL DATA: 5. Date of Birth Modifier

PERSONAL DATA

VARIABLE NAME: Date of Birth Modifier
DESCRIPTION: This data in this variable are used to define the Date of Birth.
CHARACTERS: 1
CODES:  
   1 Date Completely Known
   9 Date Completely Unknown

COMMENTS: Because the Date of Birth variable does not allow for partial dates (i.e. unknown month, day, or year), there is not a code for Date of Birth Modifier that indicates the existence of partial dates.
Use the unknown code (9) when the Date of Birth it is not known.
The data will never be included in the National Database (data that is analyzed by researchers).

REVISIONS: October 2006: This variable was added to the database.

Variable Aliases: For Data Analysis Only

Variable ID: 7
8-Character Description: PDOBMod
PERSONAL DATA: 6. Date of Birth

VARIABLE NAME: Date of Birth
DESCRIPTION: This variable documents the patient’s date of birth.
CHARACTERS: 10
FORMAT: mm/dd/yyyy
CODES: Any valid date
Blank
 COMMENTS: Record the month, day, and year of birth.

Systems are encouraged to add this information to the records of patients who are currently in the database. Consent must be obtained from the patient before this information is exported to the NSCISC.

The Patient Name, Social Security Number, Date of Birth, and Zip Codes variables are stored in the Personal Data file and available (with the patient’s permission) for export to the NSCISC. The Name, SS# and Date of Birth variables are used only by the Director of NSCISC to link data from the National SCI Database with data from other sources and to avoid duplicate entry into the National SCI Database. The information is also used to help systems identify study patients after there has been a gap in funding.

The data will never be included in the National Database (data that is analyzed by researchers).

REVISIONS: October 2000: this variable was added to the database.

Variable Aliases: For Data Analysis Only

Variable ID: 8
8-Character Description: PDOB
PERSONAL DATA: 7. & 8. Current Address

PERSONAL DATA

VARIABLE NAME: Current Address

DESCRIPTION: The Current Address1 and Address2 are optional variables that may be used by Systems to record the patient’s current address.

The data will never be included in the National Database (data that is analyzed by researchers).

This information is being provided for the benefit of those who will be analyzing their local database.

Do not use commas (i.e., 123 Address Street, Apt 4).

CHARACTERS: 30 for each entry, 2 entries

CODES: Any valid address

Blanks are allowed

Variable Aliases: For Data Analysis Only

<table>
<thead>
<tr>
<th>Variable ID</th>
<th>Address1</th>
<th>Address2</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>PAddrss1</td>
<td>PAddrss2</td>
</tr>
<tr>
<td>31</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NSCISC: 4/2010
PERSONAL DATA: 9. Current City

PERSONAL DATA

VARIABLE NAME: Current City of Residence

DESCRIPTION: The Current City of Residence is an optional variable that may be used by Systems to record the patient’s current city of residence.

The data will never be included in the National Database (data that is analyzed by researchers).

This information is being provided for the benefit of those who will be analyzing their local database.

CHARACTERS: 20

CODES: Any valid city

Blanks are allowed

Variable Aliases: For Data Analysis Only

Variable ID: 32
8-Character Description: PCityCr
PERSONAL DATA: 10. Current State

PERSONAL DATA

VARIABLE NAME: Current State of Residence

DESCRIPTION: The Current State of Residence at is an optional variable that may be used by Systems to record the patient’s current state of residence. This information is being provided for the benefit of those who will be analyzing their local database. The data will never be included in the National Database (data that is analyzed by researchers).

CHARACTERS: 2

CODES: Any valid state abbreviation

Blanks are allowed

Variable Aliases: For Data Analysis Only

Variable ID: 33
8-Character Description: PStateCr

PERSONAL DATA

VARIABLE NAME: Current Zip Code and Extended Zip Code

DESCRIPTION: The Current Zip Code is an optional variable that may be used by Systems to computerize the zip code for the patient’s residence current residence. This information is being provided for the benefit of those who will be analyzing their local database. The data will never be included in the National Database (data that is analyzed by researchers).

CHARACTERS: 5 for the zip code
4 for the extended zip code.

CODES: Any valid zip code/extended zip code combination

COMMENTS: Extended zip codes may be found using the following website: www.usps.com

Variable Aliases: For Data Analysis Only

<table>
<thead>
<tr>
<th>Variable ID</th>
<th>Zip Code</th>
<th>ZipE</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>PZipInjy</td>
<td>PZpXInj</td>
</tr>
</tbody>
</table>
PERSONAL DATA: 12. Current Phone

PERSONAL DATA

VARIABLE NAME: Current Telephone Number

DESCRIPTION: The Telephone Number is an optional variable that may be used by Systems to computerize the patient’s current area code and telephone number.

This information is being provided for the benefit of those who will be analyzing their local database.

The data will never be included in the National Database (data that is analyzed by researchers).

CHARACTERS: 10

CODES: Any valid telephone number
Blanks are allowed

Variable Aliases: For Data Analysis Only

Variable ID: 36

8-Character Description: PPhoneCr
PERSONAL DATA: 13. Current Email Address

PERSONAL DATA

VARIABLE NAME: Current Email Address

DESCRIPTION: The Current Email Address is an optional variable that may be used by the Systems to computerize the patient’s current email address.

This information is being provided for the benefit of those who will be analyzing their local database.

The data will never be included in the National Database (data that is analyzed by researchers).

CHARACTERS:

CODES: Any valid email address

Blanks are allowed

REVISIONS: October 2006: This variable was added to the (local) database. Systems are encouraged to add the information to the records of patients who are currently in the database.

Variable Aliases: For Data Analysis Only

Variable ID: 37
8-Character Description: PEmail
PERSONAL DATA: 14. Contact(s) Name

PERSONAL DATA

VARIABLE NAME: Complete Name for Contact 1, Contact 2, and Contact 3

DESCRIPTION: This variable documents the complete name for 3 persons who may know the whereabouts of the patient.

CHARACTERS: 128 characters for each entry, 3 entries

CODES: Any character

Blanks are allowed.

COMMENTS: This information should be obtained at the time the patient agrees to participate in this study and it should be updated as needed.

Do not use commas.

The data will never be included in the National Database (data that is analyzed by researchers).

REVISIONS: March 2005: these variables were added to the database.

Systems are encouraged to add this information to the records of patients who are currently in the database.

Variable Aliases: For Data Analysis Only

Variable ID: Contact1 47  Contact2 58  Contact3 69
8-Character Description: PC1Name PC2Name PC3Name
PERSONAL DATA: 15. Contact(s) Relation

PERSONAL DATA
VARIABLE NAME: Contact 1, Contact 2, and Contact 3’s relationship to patient
DESCRIPTION: This variable documents the relationship to the patient for 3 persons who may know the whereabouts of the patient.
CHARACTERS: 128 characters for each entry, 3 entries
CODES: Any character
Blanks are allowed.
COMMENTS: This information should be obtained at the time the patient agrees to participate in this study and it should be updated as needed.
Do not use commas.
The data will never be included in the National Database (data that is analyzed by researchers).
REVISIONS: October 2006: This variable was added to the (local) database.
Systems are encouraged to add this information to the records of patients who are currently in the database.

Variable Aliases: For Data Analysis Only

<table>
<thead>
<tr>
<th>Variable ID</th>
<th>Contact1</th>
<th>Contact2</th>
<th>Contact3</th>
</tr>
</thead>
<tbody>
<tr>
<td>48</td>
<td>PC1Rel</td>
<td>PC2Rel</td>
<td>PC3Rel</td>
</tr>
<tr>
<td>59</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>70</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NSCISC: 4/2010
PERSONAL DATA: 16. & 17. Contact(s) Address

PERSONAL DATA

VARIABLE NAME: Address Lines 1 and 2 for Contact 1, Contact 2, and Contact 3

DESCRIPTION: Current addresses for 3 persons who may know the whereabouts of the patient.

CHARACTERS: 128 for each entry, 6 entries

CODES: Any character

Blanks are allowed

COMMENTS: This information should be obtained at the time the patient agrees to participate in this study and it should be updated as needed.

Do not use commas.

The data will never be included in the National Database (data that is analyzed by researchers).

REVISIONS: March 2005: these variables were added to the database. Systems are encouraged to add this information to the records of patients who are currently in the database.

Variable Aliases: For Data Analysis Only

<table>
<thead>
<tr>
<th>Variable ID</th>
<th>Contact1</th>
<th>Contact2</th>
<th>Contact3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Address1</td>
<td>Address2</td>
<td>Address1</td>
</tr>
<tr>
<td>50</td>
<td>51</td>
<td>61</td>
<td>62</td>
</tr>
<tr>
<td>8-Character Description</td>
<td>PC1Adrs1</td>
<td>PC1Adrs2</td>
<td>PC2Adrs1</td>
</tr>
</tbody>
</table>
PERSONAL DATA: 18. Contact(s) City

PERSONAL DATA

VARIABLE NAME: City of Residence for Contact 1, Contact 2, and Contact 3
DESCRIPTION: The Current City of Residence for 3 persons who may know the whereabouts of the patient.
CHARACTERS: 50 for each entry, 3 entries
CODES: Any character
Blanks are allowed
COMMENTS: This information should be obtained at the time the patient agrees to participate in this study and it should be updated as needed.
Do not use commas.
The data will never be included in the National Database (data that is analyzed by researchers).
REVISIONS: March 2005: these variables were added to the database.
Systems are encouraged to add this information to the records of patients who are currently in the database.

Variable Aliases: For Data Analysis Only

<table>
<thead>
<tr>
<th>Variable ID:</th>
<th>Contact1</th>
<th>Contact2</th>
<th>Contact3</th>
</tr>
</thead>
<tbody>
<tr>
<td>52</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>63</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>74</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8-Character Description:</td>
<td>PC1City</td>
<td>PC2City</td>
<td>PC3City</td>
</tr>
</tbody>
</table>
PERSONAL DATA: 19. Contact(s) State

PERSONAL DATA

VARIABLE NAME: State of Residence for Contact 1, Contact 2, and Contact 3

DESCRIPTION: The Current State of Residence for 3 persons who may know the whereabouts of the patient.

CHARACTERS: 2 for each entry, 3 entries

CODES: Any valid state abbreviation

Blanks are allowed

COMMENTS: This information should be obtained at the time the patient agrees to participate in this study and it should be updated as needed.

The data will never be included in the National Database (data that is analyzed by researchers).

REVISIONS: March 2005: these variables were added to the database.

Systems are encouraged to add this information to the records of patients who are currently in the database.

Variable Aliases: For Data Analysis Only

<table>
<thead>
<tr>
<th>Variable ID</th>
<th>Contact1</th>
<th>Contact2</th>
<th>Contact3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variable ID:</td>
<td>53</td>
<td>64</td>
<td>75</td>
</tr>
<tr>
<td>8-Character Description:</td>
<td>PC1State</td>
<td>PC2State</td>
<td>PC3State</td>
</tr>
</tbody>
</table>
PERSONAL DATA: 20. Contact(s) Zip/ZipE

PERSONAL DATA

VARIABLE NAME: Zip Code and Extended Zip Code for Contact 1, Contact 2, and Contact 3

DESCRIPTION: The Current Zip Code and Extended Zip Code of Residence for 3 persons who may know the whereabouts of the patient.

CHARACTERS: 5 for each zip code entry, 3 entries

4 for each extended zip code entry, 3 entries

CODES: Any valid zip code
Blanks are allowed

COMMENTS: This information should be obtained at the time the patient agrees to participate in this study and it should be updated as needed.

The data will never be included in the National Database (data that is analyzed by researchers).

REVISIONS: March 2005: these variables were added to the database.

Systems are encouraged to add this information to the records of patients who are currently in the database.

Variable Aliases: For Data Analysis Only

<table>
<thead>
<tr>
<th>Variable ID:</th>
<th>Contact1</th>
<th>Contact2</th>
<th>Contact3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zip</td>
<td>PC1Zip</td>
<td>PC2Zip</td>
<td>PC3Zip</td>
</tr>
<tr>
<td>ZipE</td>
<td>PC1ZipX</td>
<td>PC2ZipX</td>
<td>PC3ZipX</td>
</tr>
</tbody>
</table>

NSCISC: 4/2010
PERSONAL DATA: 21. Contact(s) Telephone

PERSONAL DATA

VARIABLE NAME: Telephone Number for Contact 1, Contact 2 and Contact 3

DESCRIPTION: The Current Telephone Number for 3 persons who may know the whereabouts of the patient.

CHARACTERS: 25 for each entry, 3 entries

CODES: Any valid telephone number

Blanks are allowed

COMMENTS: This information should be obtained at the time the patient agrees to participate in this study and it should be updated as needed.

The data will never be included in the National Database (data that is analyzed by researchers).

REVISIONS: March 2005: these variables were added to the database.

Systems are encouraged to add this information to the records of patients who are currently in the database.

Variable Aliases: For Data Analysis Only

<table>
<thead>
<tr>
<th>Variable ID</th>
<th>Contact1</th>
<th>Contact2</th>
<th>Contact3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>56</td>
<td>67</td>
<td>78</td>
</tr>
<tr>
<td>8-Character Description</td>
<td>PC1Phone</td>
<td>PC2Phone</td>
<td>PC3Phone</td>
</tr>
</tbody>
</table>
**PERSONAL DATA**: 22. Contact(s) Email Address

**PERSONAL DATA**

**VARIABLE NAME**: Current Email Address for Contact 1, Contact 2, and Contact 3

**DESCRIPTION**: The Current Email Address for 3 persons who may know the whereabouts of the patient

**CHARACTERS**:

**CODES**: Any valid email address

Blanks are allowed

**COMMENTS**: This information should be obtained at the time the patient agrees to participate in this study and it should be updated as needed.

Do not use commas.

The data will never be included in the National Database (data that is analyzed by researchers).

**REVISIONS**: October 2006: These variables were added to the database. Systems are encouraged to add the information to the records of patients who are currently in the database.

**Variable Aliases**: For Data Analysis Only

<table>
<thead>
<tr>
<th>Variable ID</th>
<th>Contact1</th>
<th>Contact2</th>
<th>Contact3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variable ID:</td>
<td>49</td>
<td>60</td>
<td>71</td>
</tr>
<tr>
<td>8-Character Description:</td>
<td>PC1Email</td>
<td>PC2Email</td>
<td>PC3Email</td>
</tr>
</tbody>
</table>
**PERSONAL DATA**

**VARIABLE NAME:** Last Date Information Entered for Contact 1, Contact 2 and Contact 3

**DESCRIPTION:** The date on which information was last entered for each contact person.

**CHARACTERS:** 10 for each entry, 3 entries

**CODES:** Any valid date

**Blanks are allowed**

**COMMENTS:** This information should be obtained at the time the patient agrees to participate in this study and it should be updated as needed.

The data will never be included in the National Database (data that is analyzed by researchers).

**REVISIONS:** This variable was removed January 2007.

March 2005: these variables were added to the database.

**Variable Aliases:** For Data Analysis Only

<table>
<thead>
<tr>
<th>Variable ID</th>
<th>Contact1</th>
<th>Contact2</th>
<th>Contact3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PC1Updte</td>
<td>PC2Updte</td>
<td>PC3Updte</td>
</tr>
<tr>
<td>Variable ID</td>
<td>57</td>
<td>68</td>
<td>79</td>
</tr>
</tbody>
</table>

NSCISC: 7/2008
PERSONAL DATA:  Follow-up Status

PERSONAL DATA
VARIABLE NAME:  Current Follow-up Status
DESCRIPTION:  This variable indicates the reason future follow up records will not be required for a patient.

CHARACTERS:  13
CODES:

- **Deceased**  *Date of Death* = a valid date
- **Lost**  *Category of Care* on the last Form II = “5”
- **Normal**  Form I:  *Category of Neuro Impairment - Discharge* = “7”
- **Minimal**  Form I:  *Category of Neuro Impairment - Discharge* = “3” or “6”
- **Norm-Min**  *Category of Care* on the last Form II = “8” or if no Form IIs,
  Form I:  *Category of Neuro Impairment at Discharge* = “8”

**Personal Data**  Only Personal Data have been entered

**Blank**  Future follow-up is required unless a Registry record.

COMMENTS:  If this field is empty, future Form IIs are required (unless there is only a Registry record). This information is provided primarily for the user as a quick method to determine a patient’s follow-up data submission status.

This variable is generated by the NSCISC’s software and users are not allowed to modify this data. This variable is needed by the software for data management/data reporting purposes.

Variable Aliases:  For Data Analysis Only

Variable ID:  38
8-Character Description:  PStatCur
PERSONAL DATA

VARIABLE NAME: Registry

DESCRIPTION: This variable indicates if a Registry record exists for the patient.

CHARACTERS: 1

CODES:

0  No Registry record
1  Registry record is present

COMMENTS: This variable is generated by the NSCISC’s software and users are not allowed to modify this data. This variable is needed by the software for data management/data reporting.

Variable Aliases: For Data Analysis Only

Variable ID: 39

8-Character Description: PReg
**PERSONAL DATA: Form I**

**PERSONAL DATA**

**VARIABLE NAME:** Form I  
**DESCRIPTION:** This variable indicates if a Form I record exists for the patient.

**CHARACTERS:** 1  
**CODES:**  
0  No Form I record  
1  Form I record is present  

**COMMENTS:** This variable is generated by the NSCISC’s software and users are not allowed to modify this data. This variable is needed by the software for data management/data reporting purposes.

Variable Aliases: For Data Analysis Only

Variable ID: 40  
8-Character Description: PFormI
PERSONAL DATA

VARIABLE NAME: Total Number of Form IIs

DESCRIPTION: This variable tallies the number of Form II records available for a patient.

CHARACTERS: 2

CODES: 0 No Form II records
0 to 40 Valid range

COMMENTS: This variable is generated by the NSCISC’s software and users are not allowed to modify this data. This variable is needed by the software for data management/data reporting.

Variable Aliases: For Data Analysis Only

Variable ID: 41
8-Character Description: PTotFII
PERSONAL DATA: Last Form II

PERSONAL DATA

VARIABLE NAME: Anniversary Year for the Last Form II
DESCRIPTION: This is the Anniversary/Post-injury Year for the last Form II that has been entered for the patient.

CHARACTERS: 2
CODES:

0 No Form II records
0 to 40 Valid range

COMMENTS: This variable is generated by the NSCISC’s software and users are not allowed to modify this data. This variable is needed by the software for data management/data reporting purposes.

Variable Aliases: For Data Analysis Only

Variable ID: 42
8-Character Description: PLastFII
PERSONAL DATA

VARIABLE NAME: Patient Notes

DESCRIPTION: This is an optional variable that allows systems to computerize any additional patient data that is not included in the national database file (e.g. test results that may be needed for an in-house study but are not included in the national database; notes on a patient’s preference for appointment time, etc.).

The data in this variable will never be exported to the National Database. It is information that resides for the Center’s use only.

CHARACTERS: 30

Variable Aliases: For Data Analysis Only

Variable ID: 43
8-Character Description: PNotes
PERSONAL DATA: QCStat

PERSONAL DATA

VARIABLE NAME: Quality Control (QC) Status
DESCRIPTION: This is a computer-generated variable to determine which records have passed QC. Only those records that have passed QC are included in the NSCISC reports and National Database (data used for research analysis).

CHARACTERS: 1
CODES:
1  Not passed QC
2  Passed QC

COMMENTS: This is a data management variable that is generated by the NSCISC. Users are not allowed to modify this variable.

Variable Aliases: For Data Analysis Only

Variable ID: 44
8-Character Description: PQCStat
PERSONAL DATA

VARIABLE NAME: Record Indate
DESCRIPTION: This is the date on which a particular record is first entered into the computer. It is a data management variable that is computer-generated. Once entered, this date never changes.

CHARACTERS: 10
FORMAT: mm/dd/yyyy
CODES: Any Valid Date
COMMENTS: Prior to October 2000 this variable is blank/missing.
SOFTWARE: After a record is SAVED during the data-entry process, the computer inserts the present date in this variable.
REVISIONS: October 2000: This variable was added to the database

Variable Aliases: For Data Analysis Only

Variable ID: 45
8-Character Description: PIndate
PERSONAL DATA

VARIABLE NAME: Record Update
DESCRIPTION: This is the last date on which an existing record was modified. This date changes each time a record is modified and saved.
CHARACTERS: 10
FORMAT: mm/dd/yyyy
CODES: Any Valid Date
COMMENTS: This is a data management variable that is generated by the NSCISC. Users are not allowed to modify this variable.
SOFTWARE: After a record is SAVED during the data-entry process, the computer inserts the present date in this variable (even if changes have not been made to the record.)
Select “Exit without saving data” if you do not want the Update date to change.
REVISIONS: October 2000: This variable was added to the database

Variable Aliases: For Data Analysis Only
Variable ID: 46
8-Character Description: PUpdate
REGISTRY

VARIABLE NAME: Reporting Model SCI System Identification Code (System ID)

DESCRIPTION: An alphabetic code is assigned to each reporting system by the National Spinal Cord Injury Statistical Center (NSCISC).

The System ID and the Patient Number are the only patient identification variables submitted to the NSCISC and stored in the Registry, Form I, and Form II data files.

CHARACTERS: 2

CODES: Assigned individually to each reporting system by the NSCISC.

<table>
<thead>
<tr>
<th>Character</th>
<th>City/Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Atlanta</td>
</tr>
<tr>
<td>AA</td>
<td>Ann Arbor</td>
</tr>
<tr>
<td>B</td>
<td>Birmingham</td>
</tr>
<tr>
<td>BN</td>
<td>Boston</td>
</tr>
<tr>
<td>C</td>
<td>Chicago</td>
</tr>
<tr>
<td>CM</td>
<td>Columbia, Missouri</td>
</tr>
<tr>
<td>CO</td>
<td>Cleveland, Ohio</td>
</tr>
<tr>
<td>D</td>
<td>Denver (Englewood, CO)</td>
</tr>
<tr>
<td>DC</td>
<td>District of Columbia</td>
</tr>
<tr>
<td>DM</td>
<td>Detroit</td>
</tr>
<tr>
<td>H</td>
<td>Houston</td>
</tr>
<tr>
<td>MI</td>
<td>Miami</td>
</tr>
<tr>
<td>MS</td>
<td>Mt. Sinai, New York</td>
</tr>
<tr>
<td>MW</td>
<td>Wisconsin</td>
</tr>
<tr>
<td>NJ</td>
<td>New Jersey</td>
</tr>
<tr>
<td>NO</td>
<td>New Orleans</td>
</tr>
<tr>
<td>NY</td>
<td>New York (NYU)</td>
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<tr>
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<td>Phoenix</td>
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<td>Pittsburgh</td>
</tr>
<tr>
<td>R</td>
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<tr>
<td>RO</td>
<td>Rochester</td>
</tr>
<tr>
<td>RV</td>
<td>Richmond, Virginia</td>
</tr>
<tr>
<td>S</td>
<td>Seattle</td>
</tr>
<tr>
<td>SJ</td>
<td>San Jose</td>
</tr>
<tr>
<td>V</td>
<td>Fishersville, Virginia</td>
</tr>
</tbody>
</table>

COMMENTS: Use only uppercase letters. For systems with a one-character code, use the first box only (leave the second box blank).

A data form/record must have a System ID and the Patient Number before it will be processed by the National Spinal Cord Injury Statistical Center.

Variable Aliases: For Data Analysis Only

Variable ID: 1
8-Character Description: SiteID
REGISTRY: Patient Number

REGISTRY

VARIABLE NAME: Patient Number

DESCRIPTION: The Patient Number is assigned to each patient at the discretion of the reporting System. Each Patient Number must contain 6 characters. No designated numbers are assigned by the NSCISC.

CHARACTERS: 6

CODES: To be assigned by the individual reporting system.

COMMENTS: Never recycle a patient number after it has been entered and saved.

The System ID and the Patient Number are the only patient identification variables submitted to the NSCISC and stored in the main Registry, Form I, and Form II data files.

A data form/record MUST have a System ID and a Patient Number before it will be processed by the National Spinal Cord Injury Statistical Center.

Variable Aliases: For Data Analysis Only

Variable ID: 2
8-Character Description: PatNbr
REGISTRY: 1. Date of Injury

REGISTRY

VARIABLE NAME: Date of Injury
DESCRIPTION: This variable specifies the date the spinal cord injury occurred.
CHARACTERS: 10
FORMAT: mm/dd/yyyy
CODES: Any valid date
COMMENTS: Record the month, day and year of injury.
Unknowns or partial dates are not allowed in this variable.
EXAMPLE: The patient was injured on December 11, 1974.
Date of Injury.................................................. 12/11/74

Variable Aliases: For Data Analysis Only

Variable ID: 80
8-Character Description: RInjDt
REGISTRY: 2. System Admit

VARIABLE NAME: Date of First System Admission
DESCRIPTION: This variable identifies the date of initial admission to the System.
CHARACTERS: 10
FORMAT: mm/dd/yyyy
CODES: Any valid date
COMMENTS: Record the month, day, and year. Unknowns are not allowed in this variable.

This date may be the admission to the System’s acute medical, subacute medical, acute rehab or subacute rehab unit (whichever occurred first).

Occasionally, spinal cord injuries happen after admit to your System hospital, if this is the case, the Date of First System Admission will be the injury date. For example, if a patient is admitted to your System as an inpatient on May 1, 2010 and two days later, May 3, the patient falls and incurs a spinal cord injury, the date of injury and date of admit will be the same – May 3, 2010.

REVISIONS: January 2005: Eligibility criteria changed, indicating that a patient had to complete System inpatient rehab care (unless they expire or achieve complete recovery or minimal deficit status during acute care), thereby making code 88888888, ‘Not applicable, was never a System inpatient’ a non-valid code in Form I records with Indates after March 31, 2005.

Variable Aliases: For Data Analysis Only

Variable ID: 81
8-Character Description: RAdmDt
REGISTRY

VARIABLE NAME: Number of Days from Injury to First System Admission

DESCRIPTION: This variable documents the number of days from the following variables: Date of Injury to the Date of the First System Admission.

This variable is computer-generated by the NSCISC.

CHARACTERS: 3

CODES: 1-366 Valid range

COMMENTS: The code “0” is not acceptable. Code “1” should be interpreted to mean the patient was admitted to the System during the first day following injury.

REVISIONS: January 2005: Eligibility criteria changed, indicating that a patient had to complete System inpatient rehab care (unless they expire or achieve complete recovery or minimal deficit status during acute care), thereby making code 888, ‘Not applicable, was never a System inpatient’ a non-valid code in Registry records with Indates after March 31, 2005.

October 2000: This variable was added to the Registry database.

SOFTWARE: The computer calculates the Number of Days from Injury to First System Admission using the dates in the Date of Injury and Date of First System Admission variables.

Variable Aliases: For Data Analysis Only

Variable ID: 82
8-Character Description: RI2ADays
REGISTRY: 4. Date of Discharge

REGISTRY

VARIABLE NAME: Date of Discharge
DESCRIPTION: This variable identifies the date of discharge from the System.
This date may be
✓ discharge from the system’s acute (or subacute) medical/surgical
  unit (only if the patient expires or achieves full recovery or
  minimal deficit status during acute care)
  or
✓ discharge from the inpatient acute (or subacute) rehab unit at the
  completion of the System inpatient rehab process.

CHARACTERS: 10
FORMAT: mm/dd/yyyy
CODES: Any valid date
COMMENTS: Record the month, day, and year. Unknowns are not allowed in this
  variable.
If the patient expires during inpatient treatment, this date is the same as the
  date found in the Date of Death variable.

REVISIONS: October 2006: Date fields were converted to the 10 digit format.

EXAMPLE: On October 10, 2000 the patient was injured and taken to a non-System
  acute unit. On October 15, 2000 he was discharged from the non-System
  acute unit. He was admitted to the System’s acute rehab unit on October

| Date of Injury                  | 10/10/2000 |
| Date of Initial System Admission| 10/17/2000 |
| Date of Discharge               | 11/20/2000 |

Variable Aliases: For Data Analysis Only

Variable ID: 83
8-Character Description: RDisDt
REGISTRY

VARIABLE NAME: Age at Injury

DESCRIPTION: This variable specifies the age of the patient (in years) on the date the spinal cord injury occurred.

CHARACTERS: 3

CODES:

0  Newborn or less than 1 year of age
1-120  Valid range
999  Unknown

Variable Aliases: For Data Analysis Only

Variable ID: 84
8-Character Description: RInjAge
REGISTRY: 6. Sex

VARIABLE NAME: Sex

DESCRIPTION: This variable specifies the sex of the patient.

CHARACTERS: 1

CODES:

1  Male
2  Female
9  Unknown

Variable Aliases: For Data Analysis Only

Variable ID: 85
8-Character Description: RSex
VARIABLE NAME: Racial or Ethnic Group

DESCRIPTION: This variable specifies the patient’s racial or ethnic group. There is no attempt to identify all mixed races.

CHARACTERS: 1

CODES:

1  Caucasian
2  African American or Black
3  Native American, Eskimo, or Aleut
4  Asian or Pacific Islander
5  Other, unclassified
9  Unknown

COMMENTS: The following Bureau of the Census guidelines will be used:

Use patient’s self-report or self-identification to report race and ethnicity.
Caucasian (White) includes people with origins in Europe, Middle East, or North Africa.
African American or Black includes people with origins in any of the black racial groups of Africa.
Native American, Eskimo, or Aleut includes people with origins in any of the original peoples of North, Central, or South America and who maintains tribal affiliation or community attachment.
Asian/Pacific Islander includes people with origins in Far East, Southeast Asia or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam. Pacific Islander includes people with origins in Hawaii, Guam, Samoa, or other Pacific Islands.
If the racial group of the patient does not fit into any of the above classifications, document it as “Other, unclassified”.

REVISIONS: November 1995: This variable was added to the database.

CONVERSIONS: When the Hispanic origin variable was added in November 1995 the records in the database at that time that were coded “4 – Spanish origin” in this variable were changed to code “9 Unknown”. The code “1, Yes Hispanic origin” was then inserted in these records in the Hispanic origin variable.

Variable Aliases: For Data Analysis Only

Variable ID: 86
8-Character Description: RRace
REGISTRY: 8. Hispanic Origin

REGISTRY

VARIABLE NAME: Hispanic Origin

DESCRIPTION: This variable specifies if the patient is of Hispanic origin.

CHARACTERS: 1

CODES:

0 Not of Hispanic origin
1 Hispanic or Latino origin (includes Mexican, Cuban, Puerto Rican and other Latin American and Spanish)
9 Unknown

COMMENTS: Persons of Hispanic origin may be of any race. In 2000, 47.9% of all persons of Hispanic origin in the United States were Caucasian, 2.0% were African American, 1.2% were American Indian, 0.4% were Asian/Pacific Islander, while 42.2% reported being some other race alone.

REVISIONS: November 1995: This variable was added to the database using the Bureau of Census Guidelines.

For Data Analysis Purposes Only:

Variable ID: 87
8-Character Description: RHispnic
VARIABLE NAME: Traumatic Etiology

DESCRIPTION: This variable identifies the etiology of the trauma.

Traumatic spinal cord injury is impairment of the spinal cord or cauda equina function resulting from the application of an external force of any magnitude. The Model Systems’ National Spinal Cord Injury Database collects data on traumatic cases only.

CHARACTERS: 2

CODES: VEHICULAR

1  Auto accident: includes jeep, truck, dune buggy, and bus
2  Motorcycle accident: 2-wheeled, motorized vehicles including mopeds and motorized dirt bikes
4  Boat
5  Fixed-wing aircraft
6  Rotating wing aircraft
7  Snowmobile
8  Bicycle (includes tricycles and unicycles)
9  All-terrain vehicle (ATV) and all-terrain cycle (ATC) – include both 3-wheeled and 4-wheeled vehicles
3  Other vehicular, unclassified: includes tractor, bulldozer, go-cart, steamroller, train, road grader, forklift.

If two vehicles are involved, the etiology should be coded according to the vehicle on which the patient was riding.

VIOLENCE

10  Gunshot wound
11  All other penetrating wounds: Includes stabbing, impalement.
12  Person-to-person contact: includes being hit with a blunt object, falls as a result of being pushed (as an act of violence)
15  Explosion: includes that caused by bomb, grenade, dynamite, and gasoline
VARIABLE NAME: Traumatic Etiology

CODES (continued): SPORTS/RECREATION

20 Diving
21 Football
22 Trampoline
23 Snow skiing
24 Water skiing
26 Wrestling
27 Baseball/softball
28 Basketball/volleyball
29 Surfing: includes body surfing
70 Horseback riding
71 Gymnastics: includes all gymnastic activities other than trampoline, break-dancing
72 Rodeo: includes bronco/bull riding
73 Track and field: includes pole vault, high jump, etc.
74 Field sports: includes field hockey, lacrosse, soccer, and rugby
75 Hang gliding
76 Air sports: includes parachuting, para-sailing
77 Winter sports: includes sled, snow tube, toboggan, ice hockey, snow boarding
78 Skateboard
25 Other sport, unclassified: includes auto racing, glider kite, slide, swimming, bungee jumping, scuba diving, roller blading, jet-skiing, cheerleading, etc.

FALLS/FLYING OBJECTS

30 Fall: includes jumping and being pushed accidentally (not as an act of violence)
31 Hit by falling/flying object: includes ditch cave in, avalanche, rockslide.

PEDESTRIAN

40 Pedestrian (includes falling/jumping into the path of a vehicle)
REGISTRY: 9. Traumatic Etiology
(page 3 of 3)

REGISTRY

VARIABLE NAME: Traumatic Etiology

CODES (continued): MEDICAL/SURGICAL COMPLICATION

50 Medical/surgical complication: Impairment of spinal cord function resulting from adverse effects of medical, surgical or diagnostic procedures and treatment.

Examples are: spinal cord contusion during surgery, spinal cord arterial occlusion during angiography, overexposure to radiation, spinal cord hemorrhage resulting from over anticoagulation, hypoxia of the spinal cord from cardiac arrest during surgery, and hypoxia of the spinal cord from other medical complications such as pulmonary embolus, rupture of aortic aneurysm, hypovolemic shock, etc.

There are pathological medical conditions of the vertebral spinal column such as rheumatoid spondylitis, ankylosing spondylosis, severe osteoarthritis, spinal tumors, disc problems, Paget’s disease, osteoporosis, etc., which predispose an individual to traumatic spinal cord injury. In some instances the trauma may be only slight or minimal. In such cases the etiology coded would be governed by the nature of the trauma, i.e., fall, auto accident

Do not include paralysis due to: a progressive disease with no traumatic event, herniated disc or transverse myelitis.

OTHER

60 Other unclassified: includes lightning, kicked by an animal, machinery accidents (excluding falls or hit by falling/flying objects).

UNKNOWN

99 Unknown

COMMENTS: If the patient’s traumatic etiology does not fit into any of the above classifications, document it as “03” (Other vehicular, unclassified); “25” (Other sport, unclassified); or, “60” (Other, unclassified).

When there are questions of eligibility, it is the responsibility of the system’s Project Director to make the decision (considering the criteria specified above and reviewing the patient’s records).

REVISIONS: March 1996: ‘Being pushed’ changed to code 12 (previously coded as 30).

Variable Aliases: For Data Analysis Only

Variable ID: 88
8-Character Description: RTmEtio
REGISTRY: 10. Place of Residence

REGISTRY

VARIABLE NAME: Place of Residence at Discharge

DESCRIPTION: This variable specifies where the patient will reside upon discharge from the System.

This place may not necessarily coincide with the patient’s legal residence.

CHARACTERS: 1

CODES:

1 Private Residence: includes house, apartment, hogan, mobile home, foster home, condominium, boat, individual residence in a retirement village

2 Hospital: includes mental hospital, hospital in a retirement village

3 Nursing Home: includes medi-center, skilled nursing facilities, institutions licensed as hospitals but providing essentially long-term, custodial, chronic disease care, assisted living unit in a retirement village, etc.

4 Group Living Situation: includes transitional living facility, dormitory (school, church, college), military barracks, boarding school, boarding home, bunkhouse, boys’ ranch, fraternity/sorority house, labor camp, commune, shelter, convent, monastery, or other religious order residence, etc.

5 Correctional Institution: includes prison, penitentiary, jail, correctional center, etc.

6 Hotel/motel: includes YWCA, YMCA, guest ranch, inn

7 Deceased

8 Other, unclassified

9 Homeless: cave, car, tent, etc.

99 Unknown

COMMENTS: If the patient’s place of residence does not fit into any of the above classifications, document it as “Other, unclassified”.

This variable documents place of residence at discharge from initial hospitalization.

If, at the time of discharge from the System, the patient is transferred and admitted to a hospital for custodial care only, use code “3” (Nursing home). Do NOT use Nursing Home if the stay is temporary.

QC: If the Place of Residence variable = ‘7, Deceased’, then the Resides in Catchment Area variable MUST = ‘8, Not Applicable, patient discharged as deceased’ and Date of Death Modifier MUST NOT = ‘8, N/A, patient alive’.

REVISIONS: October 2006: This variable was added to the Registry database. Data are required for all patients with System Admission Dates on or after 10/01/2006.

Variable Aliases: For Data Analysis Only

Variable ID: 89

8-Character Description: RPreSDis

NSCISC: 7/2008
REGISTRY: 11. Resides in Catchment Area

VARIABLE NAME: Resides in Catchment Area
DESCRIPTION: This variable documents whether the patient will live within the Model System’s designated geographic catchment area after the time of discharge.
CHARACTERS: 1
CODES
0  No
1  Yes
8  Not applicable, patient discharged as deceased
9  Unknown

QC: If the Place of Residence variable = ‘7, Deceased’, then the Resides in Catchment Area variable MUST = ‘8, Not Applicable, patient discharged as deceased’ and Date of Death Modifier MUST NOT = ‘8, N/A, patient alive’.

REVISIONS: October 2006: This variable was added to the database. Data are required for all patients with System Admission Dates on or after 10/01/2006.

Variable Aliases: For Data Analysis Only
Variable ID: 90
8-Character Description: RInCatch
REGISTRY: 12. Neuro Exam Date Modifier

VARIABLE NAME: Neurological Exam Date Modifier

DESCRIPTION: The data in this variable are used to define the date(s) of the neurological exam performed at:

1) initial system examination (for day-1 admissions only)
2) discharge (for all patients)

Identifies the Date of the Neurological Exam as being an actual date, unknown, or not applicable.

CHARACTERS: 1 per entry

CODES:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Date completely known</td>
</tr>
<tr>
<td>8</td>
<td>Not Done</td>
</tr>
<tr>
<td>9</td>
<td>Unknown</td>
</tr>
<tr>
<td>Blank</td>
<td>non day-1 admissions only</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Date completely known</td>
</tr>
<tr>
<td>8</td>
<td>Not Done</td>
</tr>
<tr>
<td>9</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

COMMENTS: Because the Neuro Exam Dates do not allow for partial dates (i.e. unknown month, day, or year), there is not a code for the Neuro Exam Date Modifier that indicates the existence of partial dates.

Use the unknown code (9) when it is not known if there was a neurologic exam or if the date of the exam is not known. If parts of the exam are done on different days, this variable should be coded based on the date on which most parts of the exam was completed.

When the patient is not fully testable: When a key sensory point or key muscle is not testable for any reason, the examiner should record the neurologic exam as “not done” (Code 8). In such cases, sensory and motor scores for the affected side of the body, as well as total sensory and motor scores, cannot be generated with respect to the injury at that point in treatment. Further, when associated injuries (e.g., traumatic brain injury, brachial plexus injury, limb fracture, etc.,) interfere with the completion of the neurological examination, the neurological level should still be determined as accurately as possible. However, obtaining the sensory/motor scores and impairment grades should be deferred to later examinations.

REVISIONS: October 2006: This variable was added to the database. Data are required for all patients with System Admission Dates on or after 10/01/2006.
VARIABLE NAME: Neurological Exam Date Modifier

QC: If Number of Days from Injury to System Admit is greater than 001, the Initial System Neuro Exam Date Modifier MUST = Blank at Initial System Exam.

When coding this variable ‘8, Not done’ (at either Initial System Exam or at Discharge) be certain to code the associated variables that follow with the appropriate unknown code.

EXAMPLE1: A patient is injured and initially treated at a non-System facility. On June 6, 1996, the patient is admitted to your System for rehab. On June 15, 1996, the neurologic examination is given and the patient is discharged home.

<table>
<thead>
<tr>
<th>Initial System Exam (day1s only)</th>
<th>Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neuro Exam Date Modifier .......... 1</td>
<td>Discharge</td>
</tr>
<tr>
<td>Date Neurologic Exam .................. 06/15/1996</td>
<td></td>
</tr>
</tbody>
</table>

EXAMPLE2: A patient was injured and admitted to a System acute care unit on January 13, 1998. On the following day, the patient is evaluated, and the neurologic exam is administered. A week later the patient was admitted to a System rehab facility. On February 2, 1998, the neurologic exam was given, and on the following day the patient was discharged from the rehab facility.

<table>
<thead>
<tr>
<th>Initial System Exam (day1s only)</th>
<th>Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neuro Exam Date Modifier .......... 1</td>
<td>Discharge</td>
</tr>
<tr>
<td>Date Neurologic Exam ................. 02/02/1998</td>
<td></td>
</tr>
</tbody>
</table>

EXAMPLE3: Patient is a day-1 admit, however, because of other associated injuries the Neurologic exam was unable to be performed.

<table>
<thead>
<tr>
<th>Initial System Exam (day1s only)</th>
<th>Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neuro Exam Date Modifier .......... 8</td>
<td>Discharge</td>
</tr>
<tr>
<td>Date Neurologic Exam ..................mm/dd/yyyy</td>
<td></td>
</tr>
</tbody>
</table>

Category of Neurologic Impairment.................. 9
ASIA Impairment Scale........................................... U
Any Anal Sensation .............................................. 9
Any Voluntary Anal Sphincter Contraction...........................
Sensory Level............................................ X99Lt  X99R
Motor Level ................................................. X99Lt  X99R
Level Preserved Neurologic Function............... X99Lt  X99R

Remember: This coding scheme applies for either Initial System Admit OR Discharge from the System.

Variable Aliases: For Data Analysis Only
Admit Variable ID:  91
8-Character Description: RNEDtAdM
Discharge Variable ID: 93
8-Character Description: RNEDtDsM
REGISTRY: 13. Neuro Exam Date(s)

VARIABLE NAME: Dates of the Neurologic Examinations

DESCRIPTION: These variables document the dates on which the neurologic examinations were performed:

1) at initial system examination (for day-1 admissions only)
2) at discharge (for all patients).

Although the initial system exam should be performed within 72 hours of system admission, data for exams performed later than that are included in the database.

The neurologic exam consists of the items documented in the Category of Neurologic Impairment through the Level of Preserved Neuro Function variables and must be performed by a physician or a designated person who has been trained using the guidelines in the latest version of the International Standards for Neurological Classification of Spinal Cord Injury, published by the American Spinal Injury Association (ASIA).

CHARACTERS: 10 for each entry

FORMAT: mm/dd/yyyy

CODES: Any valid date
Blank

COMMENTS: Blanks are allowed in this variable ONLY if:

◊ Initial System Exam is blank if the patient is a non day-1 admit.
◊ the Neuro Exam Date Modifier is coded ‘8, Not Done’.
◊ the Neuro Exam Date Modifier is coded ‘9, Unknown’.

REVISIONS: October 2006: This variable was added to the Registry database. Data are required for all patients with System Admission Dates on or after 10/01/2006.

QC: If the Neuro Exam Date Modifier = ‘8, Not Done’, then the Date of Neuro Exam MUST = Blank.
If the Neuro Exam Date Modifier = ‘9, Unknown’, then the Date of Neuro Exam MUST = Blank.
If the Number of Days from Injury to System Admit is greater than 001, the Neuro Exam Date Modifier and Neuro Exam Date MUST = Blank at Initial System Exam.

Variable Aliases: For Data Analysis Only
Admit  Variable ID: 92  8-Character Description: RNE Dat Ad
Discharge Variable ID: 94  8-Character Description: RNE Dat Ds
**REGISTRY**: 14. Category of Neuro Impairment

(VARIABLE NAME: Category of Neurologic Impairment

DESCRIPTION: This variable documents the degree of neurologic damage present:

1) **at initial system examination** (for day-1 admissions only)
2) **at discharge** (for all patients)

The neurologic exam must be performed by a physician or a designated person who has been trained using the guidelines in the latest version of the International Standards for Neurological Classification of Spinal Cord Injury, published by the American Spinal Injury Association (ASIA).

CHARACTERS: 1 for each entry

CODES:

1 Paraplegia, incomplete
2 Paraplegia, complete
3 Paraplegia, minimal deficit *(see page 98)*
4 Tetraplegia, incomplete
5 Tetraplegia, complete
6 Tetraplegia, minimal deficit *(see page 98)*
7 Normal neurologic *(see page 98)*
8 Normal neurologic, minimal neurologic deficit *(code “5” prior to 10/15/87) This is a CONVERSION CODE ONLY. Data collectors may NOT use this code. This information is provided for data analyses purposes only.
9 Unknown/Not Done

Blank *(Initial System Exam if Non day-1 admit only)*

COMMENTS: Paraplegia is impairment or loss of motor and/or sensory function in the thoracic, lumbar or sacral (but not cervical) segments of the spinal cord secondary to damage of neural elements within the spinal canal. With paraplegia, arm functioning is spared, but, depending on the level of injury, the trunk, legs and pelvic organs may be involved. The term is used in referring to cauda equine and conus medullaris injuries, but not to lumbosacral plexus lesions or injury to peripheral nerves outside the neural canal.

Tetraplegia (preferred to quadriplegia) is impairment or loss of motor and/or sensory function in the cervical segments of the spinal cord due to damage of neural elements within the spinal canal. Tetraplegia results in impairment of function in the arms as well as in the trunk, legs and pelvic organs. It does not include brachial plexus lesions or injury to peripheral nerves outside the neural canal.

Complete injury means an absence of sensory and motor function in the lowest sacral segment.

Incomplete injury means partial preservation of sensory and/or motor function is found below the neurological level and includes the lowest sacral segment. Sacral sensation includes sensation at the anal mucocutaneous junction as well as deep anal sensation. The test of motor function is the presence of voluntary contraction of the external anal sphincter upon digital examination.
**REGISTRY: 14. Category of Neuro Impairment**

**VARIABLE NAME:** Category of Neurologic Impairment

**COMMENTS:**

**Minimal deficit** refers to neurologic damage so minimal the patient has no significant or incapacitating loss of function. Reflexes may still be abnormal. Patient’s Motor Score should be 95 or greater, and patient should be free of other significant neurologic complications due to SCI (e.g., bowel, bladder or neuropathic pain) or a score of 7 on all FIM items. Minimal deficits will still be coded as ASIA D and have a neuro level (not X00).

**Normal neurologic** status refers to those patients who have no demonstrable muscular weakness or impaired sensation, and patient should be free of other significant neurologic complications due to SCI (e.g., bowel, bladder or neuropathic pain). This subcategory must be included in the database to document those patients who achieve recovery from initial injury. Complete recoveries must be coded X00 and ASIA E, and must have a 100 motor score.

**Monoplegia** should be coded “1” (Paraplegia, incomplete).

**Triplegia** should be coded “4” (Tetraplegia, incomplete).

The sacral area must be checked for this variable.

**SOURCE:**


**REVISIONS:**

October 2006: *Category of Neuro Impairment at Initial System Exam* was added to the Registry database. Data are required for those patients with *System Admission Dates* on or after 10/01/2006.

**QC:**

If the *Neuro Exam Date Modifier* = 8, then *Category of Neuro Impairment* MUST = 9, Unknown

If *Number of Days from Injury to System Admit* is greater than 001, the *Initial System Category of Neuro Impairment* MUST = Blank.

If this variable = “1” (Paraplegia, incomplete), “2” (Paraplegia, complete), or “3” (Paraplegia, minimal deficit), then the Level of Preserved Neuro Function variable should ="T" (Thoracic), “L” (Lumbar), “S” (Sacral) or “X99” (Unknown).

If this variable = “4” (Tetraplegia, incomplete), “5” (Tetraplegia, complete), or “6” (Tetraplegia, minimal deficit), then the Level of Preserved Neuro Function variable should ="C" (Cervical) or “X99” (Unknown).

Patients with *minimal deficit* status must be coded:

- Neuro Impairment = “3” or “6”,
- Level Left and/or Level Right = any code other than “X00” and,
- ASIA Impairment Scale = “3” or “D”.

Patients with *normal neurologic* status must be coded:

- Neuro Impairment = “7” and,
- ASIA Impairment Scale = “4” or “E” and,
- Motor Level Left and/or Right = “X00” and,
- Sensory Level Left and/or Right = “X00” and,
- Preserved Neuro Level Left and/or Level Right = “X00”

**Variable Aliases:** For Data Analysis Only

<table>
<thead>
<tr>
<th>Variable ID:</th>
<th>Admit</th>
<th>Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>95</td>
<td>RNCatAdm</td>
<td>RNCatDis</td>
</tr>
</tbody>
</table>

NSCISC: 7/2008 98
VARIABLE NAME: ASIA Impairment Scale (modified from Frankel)

DESCRIPTION: This variable attempts to quantify the degree of impairment.

1) at initial system examination (for day-1 admissions only)
2) at discharge (for all patients)

CHARACTERS: 1 for each entry

CODES:

A Complete Injury. No sensory or motor function is preserved in the sacral segments S4-S5 (must also be negative for anal sensation/contraction).

B Incomplete. Sensory but not motor function is preserved below the neurological level and includes the sacral segments S4-S5 (or have anal sensation).

C Incomplete. Motor function is preserved below the neurological level, and more than half of the key muscles below the neurological level have a muscle grade less than 3 (grades 0-2).

D Incomplete. Motor function is preserved below the neurological level, and at least half of key muscles below the neurological level have a muscle grade greater than or equal to 3.

E Normal. Sensory and motor functions are normal. (see page 98)

U Unknown/Not Done Blank (Initial System Exam if Non day-1 admit only)

NOTE: For an individual to receive a grade of C or D, he/she must be incomplete, that is, have sensory or motor function in the sacral segments S4-S5. In addition, the individual must have either (1) voluntary anal sphincter contraction or (2) sparing of motor function more than three levels below the motor level. This is new text added to the 2000 edition of the International Standards booklet


COMMENTS: See page 94 for guidelines to administering the neurological exam when the patient is not fully testable.

REVISIONS: October 2006: ASIA Impairment at Initial System Exam was added to the Registry database. Data are required for those patients admitted to the system on or after 10/01/2006.

October 2000: ASIA Impairment at Discharge was added to the Registry database. Code “U” was inserted in this variable in the Registry records that existed when this variable was added. Registry data are required for patients admitted to the System after 10/31/2000.
**REGISTRY:** 15. ASIA Impairment

**VARIABLE NAME:** ASIA Impairment Scale (modified from Frankel)

**REVISIONS (cont’d):** August 1993: The Frankel Grading system was changed to the ASIA Impairment Scale.

**CONVERSIONS:** August 1993: All records in which the Frankel Grading system was used have numeric codes in this variable. Records in which the ASIA Impairment Scale was used contain alphabetic codes. The following Frankel Grade codes are provided for analysis purposes only. The numeric Frankel Grade codes are not allowed in records entered into the database after August 1993

Frankel Grade codes:

1 Incomplete – Preserved Sensation Only (Frankel Grade B): Preservation of any demonstrable, reproducible sensation, excluding phantom sensations. Voluntary motor functions are absent.

2 Incomplete – Preserved Motor – Non-functional (Frankel Grade C): Preservation of voluntary motor function that is minimal and performs no useful purpose. Minimal is defined as preserved voluntary motor ability below the level of injury where the majority of the key muscles tests less than a grade of 3.

3 Incomplete, Preserved Motor – Functional (Frankel Grade D): Preservation of voluntary motor function which is useful functionally. This is defined as preserved voluntary motor ability below the level of injury, where the majority of the key muscles tests at least a grade of 3.

4 Complete Recovery (Frankel Grade E): Complete return of all motor and sensory function, but there may still be abnormal reflexes.

5 Complete (Frankel Grade A): All motor and sensory function is absent below the Zone of Partial Preservation.

9 Unknown

**QC:** If the *Neuro Exam Date Modifier = 8,* then *ASIA Impairment* MUST = *Unknown*

See page 98 for coding instructions for patients with normal neurologic or minimal deficit status.

**Variable Aliases:** For Data Analysis Only

<table>
<thead>
<tr>
<th>Admit</th>
<th>Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variable ID: 97</td>
<td>Variable ID: 98</td>
</tr>
<tr>
<td>8-Character Description: RASAImAd</td>
<td>8-Character Description: RASAImDs</td>
</tr>
</tbody>
</table>
REGISTRY: 16. Anal Sensation

VARIABLE NAME: Any Anal Sensation

DESCRIPTION: This variable documents whether the patient has any sensation in the anal region during the neurologic exam given at the following intervals:

1) at initial system examination (for day-1 admissions only)

2) at discharge (for all patients)

CHARACTERS: 1 for each entry

CODES:
0 No
1 Yes
8 Not Applicable, unable to test; infants
9 Unknown/Not done

Blank (Initial System Exam if Non day-1 admit only)

REVISIONS: October 2006: This variable was added to the database. Data are required for all patients with System Admission Dates on or after 10/01/2006.

Variable Aliases: For Data Analysis Only
Admit
Variable ID: 101
8-Character Description: RAnSnAdm

Discharge
Variable ID: 889
8-Character Description: RAnSnDis
REGISTRY: 17. Voluntary Sphincter Contraction

REGISTRY

VARIABLE NAME: Any voluntary anal sphincter contraction
DESCRIPTION: This variable documents whether or not the patient is able to contract the anal sphincter voluntarily during the neurologic exam given at the following intervals:

1) **at initial system examination** *(for day-1 admissions only)*
2) **at discharge** *(for all patients)*

CHARACTERS: 1 for each entry
CODES:
0  No
1  Yes
8  Not Applicable, unable to test; infants
9  Unknown/Not done
Blank  *(Initial System Exam if Non day-1 admit only)*

REVISIONS: October 2006: This variable was added to the database. Data are required for all patients with **System Admission Dates** on or after 10/01/2006.

Variable Aliases: For Data Analysis Only
Admit Discharge
Variable ID: 106 Variable ID: 890
8-Character Description: RVoSphAd 8-Character Description: RVoSphDs
REGISTRY: 18. Sensory Level

VARIABLE NAME: Sensory Level

DESCRIPTION: The sensory level (which may differ by side of body) is the most caudal segment of the spinal cord with normal sensory function for pinprick and light touch on both sides of the body. Right and left levels are documented

1) **at initial system examination** *(for day-1 admissions only)*

2) **at discharge** *(for all patients)*

CHARACTERS: 3 for each entry

CODES:

<table>
<thead>
<tr>
<th>Code</th>
<th>C01-C08</th>
<th>Cervical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code</td>
<td>T01-T12</td>
<td>Thoracic</td>
</tr>
<tr>
<td>Code</td>
<td>L01-L05</td>
<td>Lumbar</td>
</tr>
<tr>
<td>Code</td>
<td>S01-S05</td>
<td>Sacral</td>
</tr>
<tr>
<td>Code</td>
<td>X00</td>
<td>Normal neurologic <em>(see page 98)</em></td>
</tr>
<tr>
<td>Code</td>
<td>X99</td>
<td>Unknown/Not Done</td>
</tr>
</tbody>
</table>

**Blank** *(Initial System Exam if Non day-1 admit only)*

COMMENTS: If only the alphabetic part of the level is known, it is permissible to use code C, L, T, or S followed by numeric code “99”. Use code X99 on the Registry form if the level is completely unknown or if the exam was not done.

SOURCE: Refer to *The International Standards for Neurological Classification of Spinal Cord Injury, Revised 2002*, (pages 6 to 15) for complete information on the sensory examination and a listing of all key points. In addition to bilateral testing of the key points, the external anal sphincter should be graded as being present or absent. Any sensation felt in the anal area during this part of the exam signifies that the patient is sensory incomplete.

REVISIONS: October 2006: This variable was added to the Registry database.

QC: See pages 94 and 98.

Variable Aliases: For Data Analysis Only

<table>
<thead>
<tr>
<th></th>
<th>Left</th>
<th>Right</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variable ID</td>
<td>8-Character Description</td>
<td>Variable ID</td>
</tr>
<tr>
<td>Admit</td>
<td>99</td>
<td>RSLAdmLf</td>
</tr>
<tr>
<td>Discharge</td>
<td>102</td>
<td>RSLDisLf</td>
</tr>
</tbody>
</table>
**REGISTRY: 19. Motor Level**

**REGISTRY**

**VARIABLE NAME:** Motor Level

**DESCRIPTION:** The motor level (the lowest normal motor segment – which may differ by side of body) is defined by the lowest key muscle that has a grade of at least 3, provided the key muscles represented by segments above that level are judged to be normal (5). Right and left levels are documented

1) at initial system examination *(for day-1 admissions only)*

2) at discharge *(for all patients)*

**CHARACTERS:** 3 for each entry

**CODES:**
- C01-C08 Cervical
- T01-T12 Thoracic
- L01-L05 Lumbar
- S01-S05 Sacral
- X00 Normal *(see page 98)*
- X99 Unknown/Not Done
  - Blank *(Initial System Exam if Non day-1 admit only)*

**COMMENTS:**
The examiner’s judgment is relied upon to determine whether a muscle that tests as less than normal (5) may in fact be fully innervated. This may occur when full effort from the patient is inhibited by factors such as pain, positioning and hypertonicity or when weakness is judged to be due to disuse. If any of these or other factors impeded standardized muscle testing, the muscle should be graded as *not testable*. However, if these factors do not prevent the patient from performing a forceful contraction and the examiner’s best judgment is that the muscle would test normally (5) were it not for these factors, it may be graded as 5. *For those myotomes that are not clinically testable by a manual muscle exam (i.e., C1 to C4, T2 to L1 and S2 to S5), the motor level is presumed to be the same as the sensory level.*

If only the alphabetic part of the level is known, it is permissible to use code C, L, T, or S followed by numeric code “99”. Use code X99 on the Registry form if the level is completely unknown or if the exam was not done or there was no admission to System inpatient rehab.

**SOURCE:** See pages 6 to 18 of the *International Standards for Neurological Classification of Spinal Cord Injury, Revised 2002* for complete information on the motor examination and a listing of all key muscles.
VARIABLE NAME: Motor Level

REVISIONS: October 2006: This variable was added to the Registry database. Data are required for all patients with System Admission Dates on or after 10/01/2006.

QC: See page 98 for coding instructions for patients with “normal neurologic” or “minimal deficit” status.

See page 96 for coding instructions when the Neuro Exam is not done.

Variable Aliases: For Data Analysis Only

<table>
<thead>
<tr>
<th></th>
<th>Left Variable ID</th>
<th>Left 8-Character Description</th>
<th>Right Variable ID</th>
<th>Right 8-Character Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admit</td>
<td>104</td>
<td>RMLAdmLf</td>
<td>105</td>
<td>RMLAdmRt</td>
</tr>
<tr>
<td>Discharge</td>
<td>107</td>
<td>RMLDisLf</td>
<td>108</td>
<td>RMLDisRt</td>
</tr>
</tbody>
</table>
REGISTRY: 20. Preserved Neuro Function

VARIABLE NAME: Level of Preserved Neurologic Function

DESCRIPTION: The neurological level of preservation (injury) is the most caudal segment of the spinal cord with normal sensory and motor function on both sides of the body. Right and left levels are documented.

1) at initial system examination (for day-1 admissions only)
2) at discharge (for all patients)

CHARACTERS: 3 for each entry

CODES:
- C01-C08 Cervical
- T01-T12 Thoracic
- L01-L05 Lumbar
- S01-S05 Sacral
- X00 Normal neurologic (see page 98)
- X99 Unknown/Not Done
- Blank (Initial System Exam if Non day-1 admit only)

COMMENTS: If only the alphabetic part of the level is known, it is permissible to use code C, L, T, or S followed by numeric code “99”. Use code X99 on the Registry form if the level is completely unknown or if the exam was not done.

ELIGIBILITY: If this variable = “X00” (Normal), bilaterally, at system admission, the patient is ineligible for the National SCI Database.


REVISIONS: October 2006: Level of Preserved Neuro Function at Initial System Exam was added back to the Registry database (not collected from 1995-2006). Data are required for all patients with System Admission Dates on or after 10/01/2006.

QC: If this variable = “C”, then Neurologic Impairment must be coded “4”, “5”, “6” or “9”.

If this variable = “T”, “L”, or “S”, then Neurologic Impairment must be coded “1”, “2”, “3” or “9”.

The level in this variable must be equal to the motor level and/or the sensory level AND neither the motor level nor the sensory level can be higher than the level in this variable.

Variable Aliases: For Data Analysis Only

<table>
<thead>
<tr>
<th>Variable ID</th>
<th>8-Character Description</th>
<th>Variable ID</th>
<th>8-Character Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admit</td>
<td>RLPNFAdm</td>
<td>Discharge</td>
<td>RLPNFDis</td>
</tr>
<tr>
<td>109</td>
<td></td>
<td>111</td>
<td></td>
</tr>
<tr>
<td>110</td>
<td>RRPNFAdm</td>
<td>112</td>
<td>RRPNFDis</td>
</tr>
</tbody>
</table>
REGISTRY

VARIABLE NAME: Vertebral Injury
DESCRIPTION: This variable documents whether there was a spinal fracture and/or dislocation in addition to the spinal cord injury.
Spinal fracture or dislocation is defined as any break, rupture, or crack through or between any part(s) of the vertebral column from the occiput to the coccyx.
CHARACTERS: 1
CODES:
0 No
1 Yes
9 Unknown
REVISIONS: October 2006: This variable was added to the database. Data are required for all patients with System Admission Dates on or after 10/01/2006.

Variable Aliases: For Data Analysis Only
Variable ID: 113
8-Character Description: RVertInj
REGISTRY: 22. Associated Injury

VARIABLE NAME: Associated Injury
DESCRIPTION: Injuries resulting from the same traumatic event that caused the spinal cord injury.

This variable documents whether any of the pre-specified major injuries occurred at the same time as the Spinal Cord Injury:

- a.) moderate to severe Traumatic Brain Injury (Glasgow Coma Scale Score of 12 or below)
- b.) non-vertebral fractures requiring surgery
- c.) severe facial injuries affecting sensory organs
- d.) major chest injury requiring chest-tube or mechanical ventilation
- e.) traumatic amputations of an arm or leg, or injuries severe enough to require surgical amputation
- f.) severe hemorrhaging
- g.) damage to any internal organ requiring surgery

CHARACTERS: 1
CODES:
0  No
1  Yes
9  Unknown

COMMENTS: Code this variable as ‘yes’ if the patient has any of the above co-existing injuries.

The following are to be excluded when coding this variable:
- associated injuries not listed above
- negative findings from exploratory surgery
- injuries that pre-date the spinal cord injury

REVISIONS: October 2006: This variable was added to the database. Data are required for all patients with System Admission Dates on or after 10/01/2006.

Variable Aliases: For Data Analysis Only
Variable ID: 114
8-Character Description: RAsscInj
REGISTRY: 23. Spinal Surgery

VARIABLE NAME: Spinal Surgery
DESCRIPTION: Surgery performed on the spinal column and/or its contents.
This variable documents whether any of the following spinal surgical procedures were performed at any point during the inpatient hospitalization period following spinal cord injury:

a.) laminectomy
b.) neural canal restoration
c.) open reduction
d.) spinal fusion
e.) internal fixation of the spine

CHARACTERS: 1
CODES:
0 No
1 Yes
9 Unknown

COMMENTS: If the patient received any of the following procedures during inpatient Acute Care or Rehab hospitalization (System or Non-System) following the spinal cord injury, code as ‘yes’. All other procedures not listed are to be excluded.

Laminectomy: removal of normal lamina or foreign body at the site of spinal cord damage.

Neural canal restoration: removal of bone or disk fragments, blood clots, or foreign bodies (such as bullet fragments) from the spinal canal.

Open reduction: operative replacement of one or more dislocated, subluxed, or angulated vertebra into anatomic or near anatomic alignment.

Spinal fusion: the addition of a bone graft to the vertebrae for the purpose of achieving intervertebral fusion or stability

Internal fixation of the spine: the attaching of rods, plates, wires, etc. to the spine (individually or in combination to provide internal surgical stabilization of the vertebral column.

REVISIONS: October 2006: This variable was added to the database. Variables 143AA to 143AG and V143RA to V143RG were consolidated to form the ‘Spinal Surgery’ variable to remain consistent with the International Spinal Cord Injury Data Set. Data are required for all patients with System Admission Dates on or after 10/01/2006.

Variable Aliases: For Data Analysis Only
Variable ID: 115
8-Character Description: RSpinSrg
REGISTRY: 24. Mechanical Ventilation

REGISTRY

VARIABLE NAME: Utilization of Mechanical Ventilation at Discharge

DESCRIPTION: This variable documents any use of any type of mechanical ventilation used to sustain respiration upon discharge from System inpatient hospitalization.

CHARACTERS: 1 for each entry

CODES:
0 No
1 Yes, limited, short-term use for pulmonary complications
2 Yes, ventilator-dependent or ventilator use requiring a weaning process
3 Yes, phrenic nerve stimulator
4 Yes, used mechanical ventilation, length of time and type unknown
   This is a CONVERSION CODE ONLY (code “1” prior to 10/86). Data collectors may NOT use this code. This information is provided for data analyses purposes only.
9 Unknown

COMMENTS: Code 1, ‘Limited, short-term use’ is defined as respiratory support used as part of the medical treatment for other pulmonary complications.
   ◊ Do NOT include emergency mouth-to-mouth or machine resuscitation; routine administration of oxygen; emergency “bagging”; periodic IPPB administration; or operative/post-operative ventilatory support used for less than 7 days.
   **Do use code 1 for post-op support lasting more than 7 days.**
   Code 2, ‘Ventilator Dependent’ should be used for those who need partial or total respiratory support on a daily basis and (1) require a weaning process or (2) are vent-dependent.
   **Do NOT use code 2 for vent support used for less than 7 days.**
   When the patient dies during the initial system admission period (i.e., the Date of Discharge = Date of Death) – vent use should reflect what’s being used at the time of death. “At Discharge” can be at discharge from the Acute Care unit if there was no rehab admit.

REVISIONS: October 2000: Utilization of Mechanical Ventilation at Discharge was added to the database.

Variable Aliases: For Data Analysis Only

Variable ID: 116
8-Character Description: RUMVDis
VARIABLE NAME: Date of Death Modifier

DESCRIPTION: The data in this variable are used to define the Date of Death. This data identifies whether the Date of Death is a completely known date or partially known date.

CHARACTERS: 1

CODES:
1 Date completely known
2 Day Unknown
3 Month and Day unknown
8 Not Applicable, Patient alive
9 Date Unknown, Patient deceased

COMMENTS: Unknown years of death are NOT acceptable for this variable. In this instance, code 9 should be used.

If the month or day is unknown, Code 3 should be used. If the day is unknown Code 2 should be used.

SOFTWARE: When the software creates a new Registry record, the default code for ‘alive’ (code 8) is inserted into this variable. Update this variable if the patient dies after discharge.

When Code 2, Day Unknown, is used for the Date of Death Modifier variable, the software will insert an arbitrary date of 15 into the day field of the Date of Death variable. Similarly, when Code 3, Month and Day Unknown, is used, an arbitrary month and day of 12/15 will be inserted into the month and day fields of the Date of Death variable.

QC: If the Place of Residence variable = ‘7, Deceased’, then the Resides in Catchment Area variable MUST = ‘8, Not Applicable, patient discharged as deceased’ and Date of Death Modifier MUST NOT = ‘8, N/A, patient alive’.

REVISIONS: October 2006: This variable was added to the database. Data are required for all patients with System Admission Dates on or after 10/01/2006.

CONVERSIONS: October 2006: All existing Dates of Death were converted to the new coding scheme set forth by the Date of Death Modifier.

Variable Aliases: For Data Analysis Only

Variable ID: 117
8-Character Description: RDthDtMd
REGISTRY: 26. Date of Death

VARIABLE NAME: Date of Death

DESCRIPTION: This variable specifies the patient’s date of death.

CHARACTERS: 10

FORMAT: mm/dd/yyyy

CODES: Any valid date
Blank

COMMENTS: This variable is to be used to document the date of death for any patient who dies during initial hospitalization or during the follow-up period. See Appendix D for tips on tracking patients (from internet sources, etc.).

SOFTWARE: When Code 2, Day Unknown, is used, the software will insert an arbitrary date of 15 into the day field in the Date of Death variable. Similarly, when Code 3, Month and Day Unknown, is used, an arbitrary month and day of 12/15 will be inserted into the month and day fields in the Date of Death variable.

REVISIONS: October 2006: The Date of Death Modifier was added to the database to prevent the use of partial dates in this variable. Variables that are indicated as partial dates by the Date of Death Modifier variable will receive an arbitrary day or month and day in the respective fields of the Date of Death variable. Doing so will allow the Date of Death variable to be coded in valid date format.

QC: If the patient dies during System, the Date of Death will be the same as the Date of Discharge.

If the Date of Death Modifier is coded ‘8, Not Applicable, Patient Alive’, the Date of Death must = ‘Blank’.

If the Date of Death Modifier is coded ‘9, Unknown’, the Date of Death must = ‘Blank’.

Variable Aliases: For Data Analysis Only

Variable ID: 118
8-Character Description: RDthDt
VARIABLE NAME: Quality Control (QC) Status
DESCRIPTION: This is a computer-generated variable to determine which records have passed QC. Only those records that have passed QC are included in the NSCISC reports.
CHARACTERS: 1
CODES: 1 Not passed QC
          2 Passed QC
COMMENTS: This is a data management variable that is generated by the NSCISC’s software. Users are not allowed to modify this variable.

Variable Aliases: For Data Analysis Only

Variable ID: 119
8-Character Description: RQCStat
REGISTRY: Indate

REGISTRY

VARIABLE NAME: Record Indate
DESCRIPTION: This is the date on which a particular record is first entered into the computer. It is a data management variable that is computer-generated. Once entered, this date never changes.

CHARACTERS: 10
FORMAT: mm/dd/yyyy
CODES: Any valid date
COMMENTS: This is a data management variable that is generated by the NSCISC’s software. Users are not allowed to modify this variable. Indates do not always correlate with injury, admission or discharge dates. Gaps in Indates may be due to data submissions accompanied with software update revisions or new funding cycles that require variable conversions.

SOFTWARE: After a record is SAVED during the data-entry process, the computer inserts the present date in this variable.

Variable Aliases: For Data Analysis Only

Variable ID: 120
8-Character Description: RIndate
VARIABLE NAME: Record Update
DESCRIPTION: This is the last date on which an existing record was modified. This date changes each time a record is modified and saved.
CHARACTERS: 10
FORMAT: mm/dd/yyyy
CODES: Any valid date
COMMENTS: This is a data management variable that is generated by the NSCISC’s software. Users are not allowed to modify this variable.
SOFTWARE: After a record is SAVED during the data-entry process, the computer inserts the present date in this variable (even if changes have not been made to the record.) Select “Exit without saving data” if you do not want the Update date to change.

Variable Aliases: For Data Analysis Only
Variable ID: 121
8-Character Description: RUpdate
**REGISTRY: Neuro Level (Combine left & Right) Admit & Discharge**

**REGISTRY**

**VARIABLE NAME:** Level of Neurologic Function

**DESCRIPTION:** A single level of neurological function identifying the anatomically highest (rostral) level of the spinal cord that is intact. This variable is created by NSCISC by comparing the Right and Left Preserved Neuro Level variables and returning the anatomically higher of the two variables. This variable is not displayed on the data entry screen and is for data analysis purposes.

1) **at initial system examination** *(for day-1 admissions only)*
2) **at discharge** *(for all patients)*

**CHARACTERS:** 3 for each entry

**CODES:**
- C01-C08 Cervical
- T01-T12 Thoracic
- L01-L05 Lumbar
- S01-S05 Sacral
- X00 Normal neurologic *(see page 98)*
- X99 Unknown, Not Done
- Blank *(at Initial System Exam if Non day-1 admit)*

**COMMENTS:** This variable is generated by the software. It is created by comparing the Left & Right Level of Preserved Neurologic Function variables and reports the anatomically higher neurologic level.

---

**Variable Aliases:** For Data Analysis Only

**Admit** *(day-1 admit only)*

8-Character Description: R Nur Lvl A

**Discharge**

8-Character Description: R Nur Lvl D
FORM I: System ID

VARIABLE NAME: Reporting Model SCI System Identification Code (System ID)

DESCRIPTION: An alphabetic code is assigned to each reporting system by the National Spinal Cord Injury Statistical Center (NSCISC).

The System ID and the Patient Number are the only patient identification variables submitted to the NSCISC and stored in the Registry, Form I, and Form II data files.

CHARACTERS: 2

CODES: Assigned individually to each reporting system by the NSCISC.

<table>
<thead>
<tr>
<th>Code</th>
<th>City</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Atlanta</td>
</tr>
<tr>
<td>AA</td>
<td>Ann Arbor</td>
</tr>
<tr>
<td>B</td>
<td>Birmingham</td>
</tr>
<tr>
<td>BN</td>
<td>Boston</td>
</tr>
<tr>
<td>C</td>
<td>Chicago</td>
</tr>
<tr>
<td>CM</td>
<td>Columbia, Missouri</td>
</tr>
<tr>
<td>CO</td>
<td>Cleveland, Ohio</td>
</tr>
<tr>
<td>D</td>
<td>Denver (Englewood, CO)</td>
</tr>
<tr>
<td>DC</td>
<td>District of Columbia</td>
</tr>
<tr>
<td>DM</td>
<td>Detroit</td>
</tr>
<tr>
<td>H</td>
<td>Houston</td>
</tr>
<tr>
<td>MI</td>
<td>Miami</td>
</tr>
<tr>
<td>MS</td>
<td>Mt. Sinai, New York</td>
</tr>
<tr>
<td>MW</td>
<td>Wisconsin</td>
</tr>
<tr>
<td>NJ</td>
<td>New Jersey</td>
</tr>
<tr>
<td>NO</td>
<td>New Orleans</td>
</tr>
<tr>
<td>NY</td>
<td>New York (NYU)</td>
</tr>
<tr>
<td>P</td>
<td>Phoenix</td>
</tr>
<tr>
<td>PA</td>
<td>Philadelphia</td>
</tr>
<tr>
<td>PI</td>
<td>Pittsburgh</td>
</tr>
<tr>
<td>RO</td>
<td>Rochester</td>
</tr>
<tr>
<td>RV</td>
<td>Richmond, Virginia</td>
</tr>
<tr>
<td>S</td>
<td>Seattle</td>
</tr>
<tr>
<td>SJ</td>
<td>San Jose</td>
</tr>
<tr>
<td>V</td>
<td>Fishersville, Virginia</td>
</tr>
</tbody>
</table>

COMMENTS: Use only uppercase letters. For systems with a one-character code, use the first box only (leave the second box blank).

A data form/record must have a System ID and the Patient Number before it will be processed by the National Spinal Cord Injury Statistical Center.

Variable Aliases: For Data Analysis Only

Variable ID: 1
8-Character Description: SiteID
FORM I: Patient Number

VARIABLE NAME: Patient Number

DESCRIPTION: The Patient Number is assigned to each patient at the discretion of the reporting System. Each Patient Number must contain 6 characters.

No designated numbers are assigned by the NSCISC.

CHARACTERS: 6

CODES: To be assigned by the individual reporting system.

COMMENTS: Never recycle a patient number after it has been entered and saved.

The System ID and the Patient Number are the only patient identification variables submitted to the NSCISC and stored in the main Registry, Form I, and Form II data files.

A data form/record MUST have a System ID and a Patient Number before it will be processed by the National Spinal Cord Injury Statistical Center.

Variable Aliases: For Data Analysis Only

Variable ID: 2
8-Character Description: PatNbr
FORM I

VARIABLE NAME: Date of Injury

DESCRIPTION: This variable specifies the date the spinal cord injury occurred.

CHARACTERS: 10

FORMAT: mm/dd/yyyy

CODES: Any valid date

COMMENTS: Record the month, day and year of injury.
Unknowns or partial dates are not allowed in this variable.

EXAMPLE: The patient was injured on December 11, 1974.

Date of Injury................................................................. 12/11/1974

Variable Aliases: For Data Analysis Only

Variable ID: 122
8-Character Description: AInjDt
FORM I: 2. System Admit

**FORM I**

**VARIABLE NAME:** Date of First System Admission  
**DESCRIPTION:** This variable identifies the date of initial admission to the System.  
**CHARACTERS:** 10  
**FORMAT:** mm/dd/yyyy  
**CODES:** Any valid date  
**COMMENTS:** Record the month, day, and year. Unknowns are not allowed in this variable.

This date may be the admission to the System’s acute medical, subacute medical, acute rehab or subacute rehab unit. However, to qualify for this database, the patient must receive System acute inpatient rehab [unless the patient expires or achieves full recovery or minimal deficit status while in the System’s acute (or subacute) medical care unit. See eligibility criteria (page 19) and eligibility decision tree (page 20).]

If the patient was admitted directly to the System’s inpatient rehab unit, use the same date in this variable as the date used in the Date of First System Inpatient Rehab Admission variable.

Occasionally, spinal cord injuries happen after admit to your hospital, if this is the case, the Date of First System Admission will be the injury date. For example, if a patient is admitted to your System as an inpatient on May 1, 2010 and two days later (May 3) the patient falls and incurs a spinal cord injury while still an inpatient, the date of injury and date of admit will be the same – May 3, 2010.

**REVISIONS:** January 2005: Eligibility criteria changed, indicating that a patient had to complete System inpatient rehab care (unless they expire or achieve complete recovery or minimal deficit status during acute care), thereby making code 88888888, ‘Not applicable, was never a System inpatient’ a non-valid code in Form I records with Indates after March 31, 2005.

**Variable Aliases:** For Data Analysis Only

**Variable ID:** 123  
**8-Character Description:** AAdmD
FORM I: 3. Rehab Admit Modifier

VARIABLE NAME: Date of First System Inpatient Rehab Admission Modifier

DESCRIPTION: The data in this variable are used to define the Date of First System Inpatient Rehab Admission.

CHARACTERS: 1

CODES:

1  Date Completely Known
8  Not Applicable, not admitted to System inpatient rehab

COMMENTS: Unknowns are **NOT** allowed in this variable. All patients must receive System inpatient acute rehab unless they expire or achieve complete recovery or minimal deficit status during system acute care.

For patients who are admitted to the System’s acute (or subacute) rehab unit then transferred back to the System’s acute (or subacute) medical/surgical unit followed by return to the System’s acute (or subacute) rehab unit code the *Date of First System Rehab Admission Modifier* based on the first rehab admission date.

Code 8, ‘*Not Applicable, not admitted to System inpatient rehab*’, is allowed **ONLY** when:

1) a patient expires during System acute care
2) a patient achieves complete recovery or minimal deficit status during a System acute care stay of 7 or more days.

QC: If the *Rehab Admission Modifier* = 8, *Rehab Admission Date* = Blank.

If the patient is not admitted to inpatient rehab, then *Days from Injury to Rehab Admission, Short term Discharge Days during rehab, Height, Weight, Neuro Exam at rehab admit, Halo, TLSO, Mechanical Ventilation, and FIM* must all be coded “*Not Applicable, no System inpatient rehab admission*”.

If Indate1 > 03/31/2005 and *Date of Discharge* not equal *Date of Death and Category of Neuro Impairment at discharge* not equal 3, 6 or 7 THEN *Rehab Admit Modifier* **MUST NOT** = 8.
FORM I

VARIABLE NAME: Date of First System Inpatient Rehab Admission Modifier

QC (continued): If this variable is coded 8 (No Rehab Admission) then, use the following codes for the listed items:

<table>
<thead>
<tr>
<th>Patient with No Rehab admission</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variable Name (During Rehab or at Rehab Admit)</td>
<td></td>
</tr>
<tr>
<td>Number of Days from Injury to the First System Inpatient Acute Rehab Admission</td>
<td>888</td>
</tr>
<tr>
<td>Sensory Level–Rehab</td>
<td></td>
</tr>
<tr>
<td>Motor Level–Rehab</td>
<td>X99</td>
</tr>
<tr>
<td>Level of Function, Left and Right–Rehab</td>
<td></td>
</tr>
<tr>
<td>ASIA Impairment Scale—Rehab</td>
<td>U</td>
</tr>
<tr>
<td>ASIA Motor Index Score, Total—Rehab</td>
<td>999</td>
</tr>
<tr>
<td>FIM Totals</td>
<td>99</td>
</tr>
<tr>
<td>ASIA Motor Index Score, Sub-totals—Rehab</td>
<td>99</td>
</tr>
<tr>
<td>Date of the Neuro Exam Modifier—Rehab</td>
<td>8</td>
</tr>
<tr>
<td>Halo Device—Rehab Discharge</td>
<td></td>
</tr>
<tr>
<td>TLSO Brace—Rehab Discharge</td>
<td>9</td>
</tr>
<tr>
<td>Mechanical Ventilation—Rehab</td>
<td></td>
</tr>
<tr>
<td>Individual FIM items</td>
<td></td>
</tr>
<tr>
<td>Category of Neuro Impairment—Rehab</td>
<td></td>
</tr>
<tr>
<td>ASIA Motor Index Score, C5-S1, Left and Right–Rehab</td>
<td>9</td>
</tr>
<tr>
<td>Anal Sensation—Rehab</td>
<td></td>
</tr>
<tr>
<td>Voluntary Sphincter Contraction—Rehab</td>
<td></td>
</tr>
<tr>
<td>Height at Rehab Admit</td>
<td></td>
</tr>
<tr>
<td>Weight at Rehab Admit</td>
<td>999</td>
</tr>
<tr>
<td>Short-term Discharge Days During Rehab</td>
<td>888</td>
</tr>
<tr>
<td>Total Days in Acute/Sub-Acute Rehab</td>
<td>8888</td>
</tr>
</tbody>
</table>

EXAMPLE1: The patient was admitted to the System acute unit on October 15, 2000 and was transferred to the System’s acute rehab unit October 25, 2000. Less than a week later (on October 30, 2000) he returned to the System’s acute unit for treatment. He returned to the System’s acute rehab unit on November 5, 2000, completed rehab and was discharged home on November 20, 2000.

| Date of Initial System Admission | 10/15/2000 |
| Date of Initial System Inpatient Rehab Admission Modifier | 1 |
| Date of Initial System Inpatient Rehab Admission | 10/25/2000 |
| Date of Discharge | 11/20/2000 |
FORM I

VARIABLE NAME: Date of First System Inpatient Rehab Admission Modifier

EXAMPLE 2: A patient was admitted to the System acute facility on January 13, 2000. On January 31, 2000, the patient died due to other complications that presented during his acute care stay.

| Date of Initial System Admission | 01/13/2000 |
| Date of Initial System Inpatient Rehab Admission Modifier | 8 |
| Date of Initial System Inpatient Rehab Admission | Blank |
| Date of Discharge | 01/31/2000 |

REVISIONS: October 2006: This variable was added to the database. Data are required for all patients with System Admission dates on or after 10/01/2006.
FORM I: 4. Rehab Admit

VARIABLE NAME: Date of First System Inpatient Rehab Admission

DESCRIPTION: This variable identifies the date of the first admission to the System’s inpatient (acute or subacute) rehab unit.

CHARACTERS: 10

FORMAT: mm/dd/yyyy

CODES: Any valid date
Blank

COMMENTS: Records the month, day, and year. Unknowns are not allowed in this variable.

ELIGIBILITY: All patients must receive System inpatient acute rehab unless they expire or achieve complete recovery or minimal deficit status during system acute care.

REVISIONS: January 2005: Eligibility criteria changed, requiring a patient to complete System inpatient rehab care (unless they expire or achieve complete recovery or minimal deficit status during acute care). Prior to 2005, if a patient did not receive inpatient rehab care, code 88888888, ‘Not applicable, was never in System’ was used.

October 2006: The Date of First System Inpatient Rehab Admission Modifier was added to the database in order to allow valid date formats in the Date of First System Inpatient Rehab Admission therefore alleviating the need of code 88888888, ‘Not applicable, not admitted to System inpatient rehab unit’ in the date fields.

Variable Aliases: For Data Analysis Only

Variable ID: 125
8-Character Description: ARbAdmDt
**FORM I: 5A. Injury to Admit Days**

**FORM I**

**VARIABLE NAME:** Number of Days from Injury to First System Admission

**DESCRIPTION:** This variable documents the number of days from the following variables: Date of Injury to the Date of the First System Admission.

This variable is computer-generated by the NSCISC’s software.

**CHARACTERS:** 3

**CODES:** 1-366 Valid range

**COMMENTS:** All patients admitted to the System less than 24 hours of injury should be recorded as 1 day.

The code “0” is not acceptable. Code “1” should be interpreted to mean the patient was admitted to the reporting System within the first day following injury.

**REVISIONS:** January 2005: Eligibility criteria changed, requiring a patient to complete System inpatient rehab care (unless they expire or achieve complete recovery or minimal deficit status during acute care). Previous criteria allowed code 888, ‘Not applicable, was never a System inpatient’ which is a non-valid code in Form I records with Indates after March 31, 2005.

**SOFTWARE:** The Number of Days from Injury to First System Admission is calculated using the dates in the Date of Injury and Date of First System Admission variables.

---

Variable Aliases: For Data Analysis Only

Variable ID: 126

8-Character Description: AI2ADays
**FORM I: 5R. Injury to Rehab Admit Days**

**FORM I**

**VARIABLE NAME:** Number of Days from Injury to System Rehab Admission

**DESCRIPTION:** This variable documents the number of days from the *Date of Injury* to the first admission to the System’s inpatient acute rehabilitation unit.

This variable is computer-generated by the NSCISC.

**CHARACTERS:** 3

**CODES:**

1-887  **Days from injury to rehab admit** *(887 or more days)*

888  **Not Applicable, not admitted to System inpatient Rehab**, or if patient expires during System acute Care, or if patient achieves complete recovery or minimal deficit status during System acute care with at least 7 days hospitalization.

**COMMENTS:** Code 888, ‘*Not Applicable, not admitted to System inpatient rehab*’, is allowed **ONLY** when:

1) a patient expires during System acute care

2) a patient achieves complete recovery or minimal deficit status during a System acute care stay of 7 or more days.

**REVISIONS:** January 2005: Eligibility criteria changed, requiring a patient to complete System inpatient rehab care (unless they expire or achieve complete recovery or minimal deficit status during acute care). Previous criteria allowed code 888, ‘*Not applicable, was never a System inpatient*’ for patients who did not receive System rehab (records with *Indates* prior to March 31, 2005).

**SOFTWARE:** The computer calculates the variable *Number of Days from Injury to First System Inpatient Rehab Admission* using the *Date of Injury* and *Date of First System Inpatient Rehab Admission* variables.

**QC:** See page 122.

**Variable Aliases:** For Data Analysis Only

**Variable ID:** 127

8-Character Description: AI2RhADa
VAR��NAME: Date of Discharge

DESCRIPTION: This variable identifies the date of discharge from the System.

This date may be:

- discharge from the system’s acute (or subacute) medical/surgical unit (only if the patient expires or achieves full recovery or minimal deficit status during acute care)

or

- discharge from the inpatient acute (or subacute) rehab unit at the completion of the System inpatient rehab process.

Or

- the date of death for patients who die during the initial hospitalization period

CHARACTERS: 10

FORMAT: mm/dd/yyyy

CODES: Any valid date

COMMENTS: Record the month, day, and year. Unknowns are not allowed in this variable.

If the patient expires during inpatient treatment, this date is the same as the date found in the Date of Death variable.

REVISIONS: January 2005: Eligibility criteria changed, requiring a patient to complete System inpatient rehab care (unless they expire or achieve complete recovery or minimal deficit status during acute care). Previous criteria allowed code 88888888, ‘Not applicable, was never a System inpatient’; a non-valid code in Form I records with Indates after March 31, 2005.

EXAMPLE: On October 10, 2000 the patient was injured and taken to a non-System acute unit. On October 15, 2000 he was discharged from the non-System acute unit and transferred to the System’s acute rehab unit. On November 10 he was transferred to the System’s surgical unit and was discharged from the System on November 20, 2000.

<table>
<thead>
<tr>
<th>Date of Injury</th>
<th>10/10/2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Initial System Admission</td>
<td>10/15/2000</td>
</tr>
<tr>
<td>Date of First System Rehab Admission</td>
<td>10/15/2000</td>
</tr>
<tr>
<td>Date of Discharge</td>
<td>11/20/2000</td>
</tr>
</tbody>
</table>

Variable Aliases: For Data Analysis Only

Variable ID: 128

8-Character Description: ADisDt
VARIABLE NAME: Number of Short-term Discharge Days—From System Acute Admit to Rehab Admit

DESCRIPTION: This variable documents the actual number of days spent out of the SCI Care System on short-term discharge(s) prior to the completion of the initial hospitalization/inpatient rehabilitation period for the following period from System acute admit to inpatient rehab admit. These are days for which System hospitalization charges are NOT incurred.

Each Center defines the facilities that are included in their “System”. Short-term discharges are for the purpose of home adjustment or interruptions in the inpatient rehabilitation process due to the stabilization process (for pressure ulcer wounds to heal or body jackets, halos, etc.). There is intent to return for additional inpatient services and the patient spends the time in a private residence or outside of the hospital System in a skilled nursing facility. Short-term discharge days may occur DURING a hospital stay—where it is intended that the patient come back to complete rehabilitation.

CHARACTERS: 3
CODES: 0 None, (or deceased with no short term discharges)
1-887 Valid Range
888 Not Applicable, not admitted to System Acute (Sub-acute) medical care
Yes, short-term discharge days, number days unknown
999 Unknown

COMMENTS: Data for these variables should be collected in the above format for those patients who are admitted to the System on or after October 1, 2006. If Non-Day1, report number of short-term discharge days from System acute admit forward; disregard any non-System days prior to System acute admit.

REVISIONS: November 1995: the old Number of Short-term discharge days variable was separated into two variables: Number of Short-term discharge days during Acute Care and During Inpatient Rehab.

October 2000: Number of Short-Term Discharge days during Nursing home admissions, Inpatient Subacute Medical Care and Inpatient Subacute Rehab were added to the database. Data are required for patients admitted to the System after 10/31/2000.
FORM I: 7A. Short-term Discharge Days— From System Acute Admit to Rehab Admit

FORM I

VARIABLE NAME: Number of Short-term Discharge Days—From System Acute Admit to Rehab Admit

REVISIONS (cont’d): January 2004: code 888 may be used if there were short-term discharge days but the number of days is not known
December 2004: Variable was deleted from the database.
October 2006: Variable was added back to the database as 2 separate variables: ‘Number of Short-term Discharge Days between Acute Care and Rehab’ and ‘Number of Short-term Discharge Days during Rehab’.

QC: See page 122

EXAMPLE: The patient was injured and admitted to a System acute unit on October 10, 2000. On October 15th he was discharged home with a halo with plans for him to return to the system to begin rehab. On October 25, 2000 he began inpatient acute rehab at the System from which he was discharged. He was transferred to a non-System inpatient subacute rehab unit on November 10, 2000. On November 28, 2000 he was discharged from that unit and readmitted to the System inpatient acute rehab unit. He was discharged home on December 15, 2000.

Date of Injury ................................................................. 10/10/2000 (mm/dd/yyyy)
Date of First System Admission ........................................ 10/10/2000 (mm/dd/yyyy)
Date of First System Inpatient Rehab Modifier ....................... 1
Date of First System Inpatient Rehab Admission ...................... 10/25/2000 (mm/dd/yyyy)
Number of Days from Injury to
A. First System Admission ................................................. 001 computer-generated
R. First System Inpatient Rehab Admission .......................... 015 computer-generated
Date of Discharge .............................................................. 12/15/2000 (mm/dd/yyyy)
Number of Short term Discharge Days
A. Between Acute Care and Rehab ....................................... 010
R. During Rehab .................................................................. 018

Variable Aliases: For Data Analysis Only

Variable ID: 129
8-Character Description: ASDDAc2R
FORM I: 7R. Short-Term Discharge Days—From Rehab Admit to System Discharge

VARIABLE NAME: Number of Short-term Discharge Days—From Rehab Admit to System Discharge

DESCRIPTION: This variable documents the actual number of days spent out of the SCI Care System on short-term discharge(s) from rehab admit to the completion of inpatient rehabilitation.

These are days for which System hospitalization charges are NOT incurred.

Each Center defines the facilities that are included in their “System”.

Short-term discharges are for the purpose of home adjustment or interruptions in the inpatient rehabilitation process due to the stabilization process (for body jackets, halos, etc.). There is intent to return for additional inpatient services and the patient spends the time in a private residence or facility outside of System. Days within the System are not counted as short term discharges (i.e., if patient is admitted back to System acute)

CHARACTERS: 3

CODES:

0 None

1-887 Valid Range

888 Not Applicable, no System rehab admission

Yes, short-term discharge days, number days unknown

999 Unknown

Code this variable as ‘888, Not Applicable’ for the following reasons:

◊ the patient is discharged from acute care as deceased
◊ the patient is discharged from acute care as recovered or minimal deficit.

COMMENTS: Data for these variables should be collected in the above format for those patients who are admitted to the system on or after October 1, 2006.

REVISIONS: November 1995: the old Number of Short-term discharge days variable was separated into two variables: Number of Short-term discharge days during Acute Care and During Inpatient Rehab.
FORM I: 7R. Short-term Discharge Days— From Rehab Admit to System Discharge
(page 2 of 2)

VARIABLE NAME: Number of Short-term Discharge Days— From Rehab Admit to System Discharge

REVISIONS (cont’d): October 2000: Number of Short-Term Discharge days during Nursing home admissions, Inpatient Subacute Medical Care and Inpatient Subacute Rehab were added to the database. Data are required for patients admitted to the System after 10/31/2000.

January 2004: code 888 may be used if there were short-term discharge days but the number of days is not known.

December 2004: Variable was deleted from the database.

October 2006: Variable was added back to the database as 2 separate variables: ‘Number of Short-term Discharge Days between Acute Care’ and ‘Rehab and Number of Short-term Discharge Days during Rehab’.

QC: See page 122.

EXAMPLE: The patient was injured and admitted to a System acute unit on February 10, 2000. On February 15th he began inpatient acute rehab at the system. On February 25, 2000, he was discharged home with a halo with plans for him to return to the system to continue rehab. On March 10, 2000, he was admitted again to complete rehab. He was discharged home on April 15, 2000.

Date of Injury ................................................................. 02/10/2000 (mm/dd/yyyy)
Date of First System Admission ........................................... 02/10/2000 (mm/dd/yyyy)
Date of First System Inpatient Rehab Modifier ..................... 1
Date of First System Inpatient Rehab Admission ................. 02/15/2000 (mm/dd/yyyy)
Number of Days from Injury to
A. First System Admission ................................................. 001 computer-generated
R. First System Inpatient Rehab Admission ..................... 005 computer-generated
Date of Discharge ........................................................... 04/15/2000 (mm/dd/yyyy)
Number of Short term Discharge Days
A. Between Acute Care and Rehab........................................ 000
R. During Rehab ............................................................... 014

Variable Aliases: For Data Analysis Only

Variable ID: 130
8-Character Description: ASDDDurR
FORM I: 8A. Length of Stay—Acute

VARIABLE NAME: Total Number of Days Hospitalized in the System’s Acute (Subacute) Medical/Surgical Care Unit

DESCRIPTION: This variable documents total length of stay in the System’s acute (subacute) medical/surgical care unit. Only days for which hospital charges are incurred are calculated in this variable, therefore Short-term Discharge Days between Acute Care and Rehab SHOULD NOT be included in this total.

This variable can be calculated by the NSCISC’s software.

CHARACTERS: 4

CODES:

1-8887  Valid range
8888  Not applicable not admitted to the System’s Acute (or Subacute) Medical/Surgical Care Unit
9999  Unknown

COMMENTS: Code this variable as ‘8888’ only if the patient does not receive System Acute care.

Persons with minimal neurologic impairment on admission into the system who complete inpatient rehab in the system’s acute care unit may continue to be included in the database if they are hospitalized in the system more than 1 week.

Data in this variable is required of patients who are admitted to the system on or after December 1, 1995.

REVISIONS: November 1995: the old Number of Days Hospitalized in System variable (old variable #127) was separated into 2 variables: Number of Days Hospitalized in Acute Care (V109A) and In Inpatient Rehab (V109R).

The unknown code (“9999”) is not allowed in records with Indates after 2/1/1996 and prior to 10/01/2006.

QC: 1. If the patient came straight to rehab (no System Acute Care), then Acute Length of Stay = 8888, and Short Term Discharge (acute to rehab) = 888.
2. If Short Term Discharge (acute to rehab) = 999, then Acute Length of Stay = 9999.
3. If there is an acute admit and Short-Term Discharge Days (acute to rehab) = 888, then Acute Length of Stay=9999.

SOFTWARE: The computer calculates this variable using the following dates: Date of First System Admission, Date of First System Rehab Admission, and Number of Short-Term Discharge Days From Acute Care to Rehab.

Variable Aliases: For Data Analysis Only

Variable ID: 131
8-Character Description: AHDaSyAc
FORM I

VARIABLE NAME: Total Days Hospitalized in the System’s Inpatient Acute (and Subacute) Rehabilitation Unit

DESCRIPTION: This variable documents the total length of stay in the System’s inpatient acute (and subacute) rehab unit to discharge from the System’s inpatient rehab stay.

Only days for which hospital charges are incurred are calculated in this variable, therefore Short-term Discharge Days during Rehab SHOULD NOT be included in this total.

This variable is calculated by the NSCISC’s software.

CHARACTERS: 4

CODES:
1-8887 Valid range
8888 Not applicable, not admitted to System inpatient rehab unit
9999 Unknown

COMMENTS: If the patient was never admitted to the System inpatient rehab unit, code this variable as ‘8888’. Code ‘8888’ is only a valid code for this variable if:

◦ the patient expires during System acute care
◦ the patient achieves complete recovery or minimal deficit status during an initial System acute care stay of 1 week or more.

Data in this variable is required of patients who are admitted to the system on or after December 1, 1995.

REVISIONS: November 1995: the old Number of Days Hospitalized in System variable (old variable #127) was separated into 2 variables: Number of Days Hospitalized in Acute Care (V109A) and in Inpatient Rehab (V109R).

The unknown code ("9999") is not allowed in records with Indates after 2/1/1996 and prior to 10/01/2006.

January 2005: Code 8888 is not a valid code in Form Is with Indates after 3/31/2005 unless the patient expired, achieved complete recovery, or minimal deficit status during System acute care.

QC: If patient not admitted to rehab: 1) rehab Length of Stay=8888 and rehab Short Term Discharge Days=888. 2) If Short Term Discharge Days (rehab)=888, then rehab Length of Stay=9999. 3) If Short Term Discharge (rehab)=999, then rehab Length of Stay=9999.

SOFTWARE: The computer calculates this variable using the following dates: Date of First System Rehab Admission, Date of Discharge, and Number of Short-Term Discharge Days during Rehab.

Variable Aliases: For Data Analysis Only

Variable ID: 132
8-Character Description: AHDaSyRb
FORM I: 9. Age at Injury

VARIABLE NAME: Age at Injury

DESCRIPTION: This variable specifies the age of the patient (in years) on the date the spinal cord injury occurred. NSCISC suggests data collectors verify date of birth using several sources.

CHARACTERS: 3

CODES:

0  Newborn or less than 1 year of age

1-120  Valid range

999  Unknown

Variable Aliases: For Data Analysis Only

Variable ID: 133
8-Character Description: AInjAge
FORM I: 10. Sex

VARIABLE NAME: Sex

DESCRIPTION: This variable specifies the sex of the patient.

CHARACTERS: 1

CODES:

1  Male
2  Female
9  Unknown

Variable Aliases: For Data Analysis Only

Variable ID: 134
8-Character Description: ASex
FORM I

VARIABLE NAME: Racial or Ethnic Group

DESCRIPTION: This variable specifies the patient’s racial or ethnic group. There is no attempt to identify all mixed races.

CHARACTERS: 1

CODES:  
1  Caucasian  
2  African American or Black  
3  Native American, Eskimo, or Aleut  
4  Asian or Pacific Islander  
5  Other, unclassified  
9  Unknown  

COMMENTS: The following Bureau of the Census guidelines will be used:  
Use patient’s self-report or self-identification to report race and ethnicity.  
Caucasian (White) includes people with origins in Europe, Middle East, or North Africa.  
African American or Black includes people with origins in any of the black racial groups of Africa.  
Native American, Eskimo, or Aleut includes people with origins in any of the original peoples of North, Central, or South America and who maintains tribal affiliation or community attachment.  
Asian/Pacific Islander includes people with origins in Far East, Southeast Asia or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.  
Pacific Islander includes people with origins in Hawaii, Guam, Samoa, or other Pacific Islands.  
If the racial group of the patient does not fit into any of the above classifications, document it as “Other, unclassified”.

CONVERSIONS: When the Hispanic origin variable was added in November 1995 the records in the database at that time that were coded “4 – Spanish origin” in this variable were changed to code “9 Unknown”. The code “1, Yes Hispanic origin” was then inserted in these records in the Hispanic origin variable.

Variable Aliases: For Data Analysis Only

Variable ID: 135  
8-Character Description: ARace
**FORM I: 12. Hispanic Origin**

**VARIABLE NAME:** Hispanic Origin

**DESCRIPTION:** This variable specifies if the patient is of Hispanic origin.

**CHARACTERS:** 1

**CODES:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Not of Hispanic origin</td>
</tr>
<tr>
<td>1</td>
<td>Hispanic or Latino origin (includes Mexican, Cuban, Puerto Rican and other Latin American and Spanish)</td>
</tr>
<tr>
<td>9</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

**COMMENTS:** Persons of Hispanic origin may be of any race. In 2000, 47.9% of all persons of Hispanic origin in the United States were Caucasian, 2.0% were African American, 1.2% were American Indian, 0.4% were Asian/Pacific Islander, while 42.2% reported being some other race alone.

**REVISIONS:** November 1995: This variable was added to the database using the Bureau of Census Guidelines.

---

For Data Analysis Purposes Only:

Variable ID: 136
8-Character Description: AHispanic
**FORM I: 13. Primary Language**

**VARIABLE NAME:** Is English the patient’s primary language?

**DESCRIPTION:** This variable documents whether or not the patient’s primary language is English.

**CHARACTERS:** 1

**CODES:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Patient does not speak English</td>
</tr>
<tr>
<td>1</td>
<td>Patient’s primary language is English</td>
</tr>
<tr>
<td>2</td>
<td>Primary language is not English but, patient speaks and understands sufficient English for the interview</td>
</tr>
<tr>
<td>9</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

**COMMENTS:** This variable documents the patient’s use of the English language.

**REVISIONS:**

- February 1996: variable added to Form II.
- October 2000: variable moved from Form II to Form I.

**Variable Aliases:** For Data Analysis Only

**Variable ID:** 137

**8-Character Description:** AEngLang
VARIABLE NAME: Traumatic Etiology

DESCRIPTION: This variable identifies the etiology of the trauma.

Traumatic spinal cord injury is impairment of the spinal cord or cauda equine function resulting from the application of an external force of any magnitude. The Model Systems’ National Spinal Cord Injury Database collects data on traumatic cases only.

CHARACTERS: 2

CODES:

VEHICULAR

1  Auto accident: includes jeep, truck, dune buggy, and bus
2  Motorcycle accident: 2-wheeled, motorized vehicles including mopeds and motorized dirt bikes
4  Boat
5  Fixed-wing aircraft
6  Rotating wing aircraft
7  Snowmobile
8  Bicycle (includes tricycles and unicycles)
9  All-terrain vehicle (ATV) and all-terrain cycle (ATC) – include both 3-wheeled and 4-wheeled vehicles
3  Other vehicular, unclassified: includes tractor, bulldozer, go-cart, steamroller, train, road grader, forklift.

If two vehicles are involved, the etiology should be coded according to the vehicle on which the patient was riding.

VIOLENCE

10 Gunshot wound
11 All other penetrating wounds: Includes stabbing, impalement.
12 Person-to-person contact: includes being hit with a blunt object, falls as a result of being pushed (as an act of violence)
15 Explosion: includes that caused by bomb, grenade, dynamite, and gasoline

Note: distinctions in falls (for codes 12 and 30) were made beginning in March 1996.
FORM I: 14. Traumatic Etiology

VARIABLE NAME: Traumatic Etiology

CODES (continued):

SPORTS/RECREATION

20  Diving
21  Football
22  Trampoline
23  Snow skiing
24  Water skiing
26  Wrestling
27  Baseball/softball
28  Basketball/volleyball
29  Surfing: includes body surfing
70  Horseback riding
71  Gymnastics: includes all gymnastic activities other than trampoline, break-dancing
72  Rodeo: includes bronco/bull riding
73  Track and field: includes pole vault, high jump, etc.
74  Field sports: includes field hockey, lacrosse, soccer, and rugby
75  Hang gliding
76  Air sports: includes parachuting, para-sailing
77  Winter sports: includes sled, snow tube, toboggan, ice hockey, snow boarding
78  Skateboard
25  Other sport, unclassified: includes auto racing, glider kite, slide, swimming, bungee jumping, scuba diving, roller blading, jet-skiing, cheerleading, etc.

FALLS/FLYING_OBJECTS

30  Fall: includes jumping and being pushed accidentally (not as an act of violence)
31  Hit by falling/flying object: includes ditch cave in, avalanche, rockslide.

PEDESTRIAN

40  Pedestrian (includes falling/jumping into the path of a vehicle)
FORM I

VARIABLE NAME:  Traumatic Etiology

CODES (continued):  MEDICAL/SURGICAL COMPLICATION

50  **Medical/surgical complication:** Impairment of spinal cord function resulting from adverse effects of medical, surgical or diagnostic procedures and treatment.

Examples are: spinal cord contusion during surgery, spinal cord arterial occlusion during angiography, overexposure to radiation, spinal cord hemorrhage resulting from over anticoagulation, hypoxia of the spinal cord from cardiac arrest during surgery, and hypoxia of the spinal cord from other medical complications such as pulmonary embolus, rupture of aortic aneurysm, hypovolemic shock, etc.

There are pathological medical conditions of the vertebral spinal column such as rheumatoid spondylitis, ankylosing spondylitis, severe osteoarthritis, spinal tumors, disc problems, Paget’s disease, osteoporosis, etc., which predispose an individual to traumatic spinal cord injury. In some instances the trauma may be only slight or minimal. In such cases the etiology coded would be governed by the nature of the trauma, i.e., fall, auto accident.

Do not include paralysis due to: a progressive disease with no traumatic event, herniated disc or transverse myelitis.

OTHER

60  Other unclassified: includes lightning, kicked by an animal, machinery accidents (excluding falls or hit by falling/flying objects).

UNKNOWN

99  Unknown

COMMENTS: If the patient’s traumatic etiology does not fit into any of the above classifications, document it as “03” (Other vehicular, unclassified); “25” (Other sport, unclassified); or, “60” (Other, unclassified).

When there are questions of eligibility, it is the responsibility of the system’s Project Director to make the decision (considering the criteria specified above and reviewing the patient’s records).

Variable Aliases: For Data Analysis Only

Variable ID: 138
8-Character Description: ATrmEtio
### VARIABLE NAME: External Cause of Injury

**DESCRIPTION:** This variable provides information on the classification of environmental events and circumstances as the cause of injury and other adverse effects.

**CHARACTERS:** 6

**CODES:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>V00-V09</td>
<td>Pedestrian injured in transport accident</td>
</tr>
<tr>
<td>V10-V19</td>
<td>Pedal cyclist injured in transport accident</td>
</tr>
<tr>
<td>V20-V29</td>
<td>Motorcycle rider injured in transport accident</td>
</tr>
<tr>
<td>V30-V39</td>
<td>Occupant of three-wheeled motor vehicle injured in transport accident</td>
</tr>
<tr>
<td>V40-V49</td>
<td>Car occupant injured in transport accident</td>
</tr>
<tr>
<td>V50-V59</td>
<td>Occupant of pick-up truck or van injured in transport accident</td>
</tr>
<tr>
<td>V60-V69</td>
<td>Occupant of heavy transport vehicle injured in transport accident</td>
</tr>
<tr>
<td>V70-V79</td>
<td>Bus occupant injured in transport accident</td>
</tr>
<tr>
<td>V80-V89</td>
<td>Other land transport accidents</td>
</tr>
<tr>
<td>V90-V94</td>
<td>Water transport accidents</td>
</tr>
<tr>
<td>V95-V97</td>
<td>Air and space transport accidents</td>
</tr>
<tr>
<td>V98-V99</td>
<td>Other and unspecified transport accidents</td>
</tr>
</tbody>
</table>

**Other external causes of accidental injury**

- W00-W19 Falls
- W20-W49 Exposure to inanimate mechanical forces
- W50-W64 Exposure to animate mechanical forces
- W65-W74 Accidental drowning and submersion
- W85-W99 Exposure to electric current, radiation and extreme ambient air temperature and pressure
- X00-X09 Exposure to smoke, fire, and flames
- X10-X19 Contact with heat and hot substances
- X30-X39 Exposure to forces of nature
- X52-X58 Accidental exposure to other specified factors

**Intentional self-harm**

- X71-X83

**Assault**

- X92-Y08

**Event of undetermined intent**

- Y21-Y33

**Legal intervention, operations of war, military operations, and terrorism**

- Y35-Y38

**Misadventures to patients during surgical and medical care**

- Y62-Y69

**Medical devices associated with adverse incidents in diagnostic and therapeutic use**

- Y70-Y82

**Surgical and other medical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure**

- Y83-Y84

**Unknown**

- 999.999
FORM I: 15. External Cause of Injury
(page 2 of 2)

FORM I

VARIABLE NAME: External Cause of Injury

COMMENTS: See Appendix E for the complete list of codes.

This variable should be coded as specific as possible. If you only have limited information as to how the person was injured, the software will accept partial codes. At minimum, the first 3 spaces should be completed. The three digit code is to be used only when there is no further subdivision.

If the intent is unknown or unspecified, code the intent as accidental. All transport accident categories assume accidental intent.

Undetermined codes are only used when the record specifies that the intent cannot be determined.


REVISIONS: April 2005: This variable was activated in the Model Systems Data Collection Software.

August 2005: Data are required for all data entered into the database as of August 2005.

March 2010: Updated codes to ICD-10CM 2010 version from NIH.

EXAMPLE 1: An individual is hit by a car while running an errand on skateboard.

Traumatic Etiology = ’40, Pedestrian’

External Cause of Injury = ‘V03.12, Pedestrian on skateboard injured in collision with car, pick-up truck, or van in traffic accident’

In this case, Traumatic Etiology should be coded as “40, pedestrian” unless it is indicated that the individual was participating in skateboarding as a sport.

EXAMPLE 2: An individual is skateboarding in a skate park, and collides with a wall or other stationary object.

Traumatic Etiology = ’78, Skateboard’

External Cause of Injury = ‘V00.132, Skateboarder colliding with stationary object’

*Remember when coding External Cause of Injury, be as specific as possible.

Variable Aliases: For Data Analysis Only

Variable ID: 139
8-Character Description: AEExtCsIj
**FORM I: 16. SCI Nature of Injury**

**VARIABLE NAME:** SCI Nature of Injury

**DESCRIPTION:** This variable documents the type and level of spinal cord injury at the time of discharge.

**CHARACTERS:** 6

**CODES:**

<table>
<thead>
<tr>
<th>C1</th>
<th>C2</th>
<th>C3</th>
<th>C4</th>
<th>C5</th>
<th>C6</th>
<th>C7</th>
<th>C8</th>
<th>Cervical Level Unspec.</th>
</tr>
</thead>
</table>

**S14._ _ _**

| Unspecified   | 101 | 102 | 103 | 104 | 105 | 106 | 107 | 108 | 109 |
| Complete      | 111 | 112 | 113 | 114 | 115 | 116 | 117 | 118 | 119 |
| Central Cord  | 121 | 122 | 123 | 124 | 125 | 126 | 127 | 128 | 129 |
| Anterior Cord | 131 | 132 | 133 | 134 | 135 | 136 | 137 | 138 | 139 |
| Brown-Sequard | 141 | 142 | 143 | 144 | 145 | 146 | 147 | 148 | 149 |
| Other Incomplete Lesion | 151 | 152 | 153 | 154 | 155 | 156 | 157 | 158 | 159 |

<table>
<thead>
<tr>
<th>T1</th>
<th>T2-T6</th>
<th>T7-T10</th>
<th>T11-T12</th>
<th>Thoracic Level Unspec.</th>
</tr>
</thead>
</table>

| S24._ _ _**

| Unspecified   | 101 | 102 | 103 | 104 | 109 |
| Complete      | 111 | 112 | 113 | 114 | 119 |
| Anterior Cord | 131 | 132 | 133 | 134 | 139 |
| Brown-Sequard | 141 | 142 | 143 | 144 | 149 |
| Other Incomplete Lesion | 151 | 152 | 153 | 154 | 159 |

<table>
<thead>
<tr>
<th>L1</th>
<th>L2</th>
<th>L3</th>
<th>L4</th>
<th>L5</th>
<th>Lumbar Level Unspec.</th>
<th>Sacral</th>
</tr>
</thead>
</table>

| S34._ _ _**

| Unspecified   | 101 | 102 | 103 | 104 | 109 | 139 |
| Complete      | 111 | 112 | 113 | 114 | 119 | 131 |
| Incomplete    | 121 | 122 | 123 | 124 | 129 | 132 |

| S34.000 | Injury of the Cauda Equina |

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>888.888*</td>
<td>Not Applicable, Patient discharged Normal</td>
</tr>
<tr>
<td>999.999*</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

*The only time a completely numeric code is acceptable for the SCI Nature of Injury Variable is when using codes 888.888 ‘Not Applicable’ or 999.999 ‘Unknown’; all other codes must follow the S_ _ _ _ _ _ format.
**VARIABLE NAME:** SCI Nature of Injury

**COMMENTS:** This variable is a combination of information from the *Category of Neurologic Impairment, ASIA Impairment Scale, and Level of Preserved of Neurologic Impairment* variables. When the right and left sides of *Preserved Neuro Function at Discharge* differ, always use the information from the higher side. (i.e. if *Preserved Level of Neuro Function at Discharge*—Left = C07 and *Preserved Level of Neuro Function at Discharge*—Right = C06, you should use code C06 for SCI Nature of Injury).

**QC:** See information below.

<table>
<thead>
<tr>
<th>If Category of Neuro Impairment at Discharge</th>
<th>AND</th>
<th>ASIA Impairment</th>
<th>AND</th>
<th>Level of Preserved Neuro Function at Discharge—Left</th>
<th>AND/OR</th>
<th>Level of Preserved Neuro Function at Discharge—Right</th>
<th>THEN</th>
<th>SCI Nature of Injury must =</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 or 3</td>
<td>B</td>
<td>T01 to T12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>S24.131 to S24.154</td>
</tr>
<tr>
<td>1 or 3</td>
<td>B</td>
<td>T99</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>S24.139, S24.149, or S24.159</td>
</tr>
<tr>
<td>1 or 3</td>
<td>B</td>
<td>L01 to L05</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>S34.121 to S34.125</td>
</tr>
<tr>
<td>1 or 3</td>
<td>B</td>
<td>L99</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>S34.129</td>
</tr>
<tr>
<td>1 or 3</td>
<td>B</td>
<td>S01 to S05</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>S34.132</td>
</tr>
<tr>
<td>1 or 3</td>
<td>B</td>
<td>S99</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>S34.132</td>
</tr>
<tr>
<td>2</td>
<td>A</td>
<td>T01 to T12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>S24.111 to S24.114</td>
</tr>
<tr>
<td>2</td>
<td>A</td>
<td>T99</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>S24.119</td>
</tr>
<tr>
<td>2</td>
<td>A</td>
<td>L01 to L05</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>S34.111 to S34.115</td>
</tr>
<tr>
<td>2</td>
<td>A</td>
<td>L99</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>S34.119</td>
</tr>
<tr>
<td>2</td>
<td>A</td>
<td>S01 to S05</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>S34.131</td>
</tr>
<tr>
<td>2</td>
<td>A</td>
<td>S99</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>S34.131</td>
</tr>
<tr>
<td>4 or 6</td>
<td>B</td>
<td>C01 to C08</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>S14.121 to S14.158</td>
</tr>
<tr>
<td>4 or 6</td>
<td>B</td>
<td>C99</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>S14.129, S14.139, S14.149, or S14.159</td>
</tr>
<tr>
<td>5</td>
<td>A</td>
<td>C01 to C08</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>S14.111 to S14.118</td>
</tr>
<tr>
<td>5</td>
<td>A</td>
<td>C99</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>S14.119</td>
</tr>
<tr>
<td>9</td>
<td>U</td>
<td>C99</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>S14.109</td>
</tr>
<tr>
<td>9</td>
<td>U</td>
<td>T99</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>S24.109</td>
</tr>
<tr>
<td>9</td>
<td>U</td>
<td>L99</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>S34.109</td>
</tr>
<tr>
<td>9</td>
<td>U</td>
<td>S99</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>S34.139</td>
</tr>
</tbody>
</table>

**NOTE:** If the medical records do not state the type of injury (Central Cord, Anterior Cord, Brown-Sequard have been ruled out and Complete or Incomplete injury is unknown), code this variable according to the level of injury, Unspecified.
FORM I: 16. SCI Nature of Injury

FORM I

VARIABLE NAME: SCI Nature of Injury


REVISIONS: April 2005: This variable was activated in the data collection software.
August 2005: Data collection on this variable began.

EXAMPLES: See QC information.

Variable Aliases: For Data Analysis Only

Variable ID: 140
8-Character Description: ASCINatI
VARIABLE NAME: Work Relatedness

DESCRIPTION: This variable specifies whether the spinal cord injury occurred in the course of employment.

CHARACTERS: 1

CODES:

0  No
1  Yes
9  Unknown

COMMENTS: If the patient is receiving Worker’s Compensation, assume the injury was work-related.

If medical records or other injury reports contain additional information pertaining to work-relatedness, the “Operational Guidelines for Determination of Injury at Work” developed jointly by the Association for Vital Records and Health Statistics and CDC, should be used to code this variable. The guidelines may be found on the next page.

If no other information regarding work-relatedness is available, use the unknown code (code 9).

REVISIONS: October 2000: This variable was added to the database.

SOURCE: These guidelines were developed jointly by: The Association for Vital Records and Health Statistics (AVRHS) and the Centers for Disease Control (CDC).

EXAMPLE: The person was injured in a motor vehicle crash while working.

Work Relatedness .........................................................................................1
FORM I: 17. Work Relatedness

FORM I

VARIABLE NAME: Work Relatedness

Operational Guidelines for Determination of Injury at Work

A work related injury may occur regardless of whether the injury occurred in the course of work as usual or in another occupation and/or industry. If the patient’s occupation is housewife, student, or retired, the injury may have occurred during other employment. If the occupation is transportation-related, suspect injury at work and evaluate per criteria.

Consider available information with regard to location and activity at time of injury. If location is farm, suspect work-related and evaluate per criteria.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Injury at Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>On Employer Premises</td>
<td></td>
</tr>
<tr>
<td>• Engaged in work activity, apprentice, vocational training</td>
<td>✓</td>
</tr>
<tr>
<td>• On break; in hallways, rest room, cafeteria, storage area</td>
<td>✓</td>
</tr>
<tr>
<td>• In employer parking lots while working, arriving, or leaving</td>
<td>✓</td>
</tr>
<tr>
<td>• Engaged in recreational activities on employer controlled facilities (games, etc.) for personal enjoyment</td>
<td>✓</td>
</tr>
<tr>
<td>• As a visitor for non-work purposes, not on official business</td>
<td>✓</td>
</tr>
<tr>
<td>Off Employer Premises</td>
<td></td>
</tr>
<tr>
<td>• Working for pay or compensation, including at home</td>
<td>✓</td>
</tr>
<tr>
<td>• Working as a volunteer EMS, firefighter, or law enforcement officer</td>
<td>✓</td>
</tr>
<tr>
<td>• Working in family business, including family farm. Activity should be clearly related to a profit-oriented business.</td>
<td>✓</td>
</tr>
<tr>
<td>• Traveling on business, including to and from customer/business contacts</td>
<td>✓</td>
</tr>
<tr>
<td>• Engaged in work activity where vehicle is considered the work environment (e.g., taxi driver, truck driver, etc.)</td>
<td>✓</td>
</tr>
<tr>
<td>• Homemaker working at homemaking activities</td>
<td>✓</td>
</tr>
<tr>
<td>• Working for self-nonprofit, i.e., mowing lawn, repairing own roof, hobby, or recreation activities</td>
<td>✓</td>
</tr>
<tr>
<td>• Student engaged in school activities</td>
<td>✓</td>
</tr>
<tr>
<td>• Operating vehicle (personal or commercial) for non-work purposes</td>
<td>✓</td>
</tr>
<tr>
<td>• Commuting to or from work site</td>
<td>✓</td>
</tr>
</tbody>
</table>

Variable Aliases: For Data Analysis Only

Variable ID: 141
8-Character Description: AWrkRltd
VARIABLE NAME: Place of Residence

DESCRIPTION: This variable specifies where the patient is actually residing
1) at the time of injury
2) at discharge from the System

This place may not necessarily coincide with the patient’s legal residence.

CHARACTERS: 2 for each entry

CODES:

1 Private Residence: includes house, apartment, hogan, mobile home, foster home, condominium, boat, individual residence in a retirement village

2 Hospital: includes mental hospital, hospital in a retirement village

3 Nursing Home: includes medi-center, skilled nursing facilities, institutions licensed as hospitals but providing essentially long-term, custodial, chronic disease care, assisted living unit in a retirement village, etc.

4 Group Living Situation: includes transitional living facility, dormitory (school, church, college), military barracks, boarding school, boarding home, bunkhouse, boys’ ranch, fraternity/sorority house, labor camp, commune, shelter, convent, monastery, or other religious order residence, etc.

5 Correctional Institution: includes prison, penitentiary, jail, correctional center, etc.

6 Hotel/motel: includes YWCA, YMCA, guest ranch, inn

7 Deceased (valid in discharge position only)

8 Other, unclassified

9 Homeless: cave, car, tent, etc.

99 Unknown

COMMENTS: If the patient’s place of residence does not fit into any of the above classifications, document it as “Other, unclassified”.

Place of Residence at Discharge documents place of residence at discharge from initial hospitalization.

If, at the time of discharge from the System, the patient is transferred and admitted to a hospital for custodial care only, use code “3” (Nursing home). Do NOT use Nursing Home if the stay is temporary.
FORM I: 18 & 19. Place of Residence

FORM I

VARIABLE NAME: Place of Residence

QC: If the *Place of Residence at Discharge* variable = ‘7, Deceased’, then the *Resides in Catchment Area* variable MUST = ‘8, Not Applicable, patient discharged as deceased’ and *Date of Death Modifier* MUST NOT = ‘8, N/A, patient alive’.

REVISIONS: November 1995: On Form I, residence at time of injury and code 09 for homeless were added. Cave, car and tent were moved from code 01 to code 09.

October 2000: *convent, monastery, or other religious order residences* were added to code “4”. On Form I collection *at discharge* was changed to *at discharge or end of last System or non-System outpatient treatment phase*.

January 2005: On Form I collection *at discharge or end of last System or non-System outpatient treatment phase* was changed back to *at discharge*.

Variable Aliases: For Data Analysis Only

<table>
<thead>
<tr>
<th>Injury</th>
<th>Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variable ID: 143</td>
<td>Variable ID: 144</td>
</tr>
<tr>
<td>8-Character Description: APResInj</td>
<td>8-Character Description: APResDis</td>
</tr>
</tbody>
</table>
FORM I: 20. Resides in Catchment Area

VARIABLE NAME: Resides in Catchment Area
DESCRIPTION: This variable documents whether or not the patient lives within the Model System’s designated geographic catchment area at the time of discharge.
CHARACTERS: 1
CODES
0  No
1  Yes
8  Not applicable, patient discharged as deceased
9  Unknown

QC: If the Place of Residence at Discharge variable = ‘7, Deceased’, then the Resides in Catchment Area variable MUST = ‘8, Not Applicable, patient discharged as deceased’ and Date of Death Modifier MUST NOT = ‘8, N/A, patient alive’.

REVISIONS: October 2006: This variable was added to the database. Data are required for all patients with System Admission dates on or after 10/01/2006.

Variable Aliases: For Data Analysis Only
Variable ID: 142
8-Character Description: AInCatch
FORM I: 21. Marital Status

VARIABLE NAME: Marital Status
DESCRIPTION: This variable specifies the patient’s marital status at the time of the spinal cord injury.
CHARACTERS: 1
CODES:
1 Single: a person who has never married
2 Married: a person who is legally married
3 Divorced: a person who is legally divorced
4 Separated: includes both legal separations and living apart from a married partner
5 Widowed
6 Other, unclassified
9 Unknown

COMMENTS: Common-law marriages should be ignored. Code the marital status as if the common-law marriage did not exist. Disregard “living with” situations.
If the patient’s marital status does not fit into any of the above classifications, document it as “Other, unclassified”.

QC: On a Form II, when a patient = “1” (single, never married), the Form I Marital Status at Injury and all previous Form II Marital Status should be coded “1” (single, never married).

REVISIONS: October 2000: Marital Status at Discharge was deleted.

Variable Aliases: For Data Analysis Only
Variable ID: 145
8-Character Description: AMarStIj
FORM I

VARIABLE NAME: Highest Formal Educational Level Completed
DESCRIPTION: This variable specifies the highest level of formal education completed at the time of injury.
This is level completed and does not include partial completion.
This variable does not include trade or technical schools.
CHARACTERS: 1
CODES:
1 8th grade or less (includes ages 0 to 5)
2 9th through 11th grade
3 High School Diploma or G.E.D.
4 Associate Degree (A.A. – Junior College Degree)
5 Bachelors Degree
6 Masters Degree
7 Doctorate (Ph.D., M.D., law degrees, etc.)
8 Other, unclassified (3-year nursing degree, special education)
9 Unknown
COMMENTS: If a person has 2 or more degrees, report the highest degree achieved.
If the patient’s educational level completed does not fit into any of the above classifications, document it as “Other, unclassified.”
EXAMPLE: At the time of injury, the patient had a Bachelor of Science degree and was working on a Masters degree in Public Health.
Level of Education........................................................................................................................................5

Variable Aliases: For Data Analysis Only
Variable ID: 147
8-Character Description: AEducLvl
**FORM I: 23. Occupational Status**

**VARIABLE NAME:** Primary Occupational, Educational or Training Status

**DESCRIPTION:** This variable specifies the primary occupational, educational or training status of the patient at the time of injury. Since these sub-categories are not mutually exclusive, the primary occupational, educational or training status should be selected on the basis of the injured person’s opinion as to what was primary.

**CHARACTERS:** 1

**CODES:**

1. **Working** (competitive labor market: includes military (legally employed).
2. **Homemaker**
3. **On-the-job training**
4. **Sheltered workshop**
5. **Retired**
6. **Student** (includes ages 0 to 5)
7. **Unemployed** (may or may not be looking for work)
8. **Other, unclassified** (includes volunteer, disability or medical leave)
9. **Unknown**

**COMMENTS:** If the patient’s primary occupational, educational, or training status does not fit into any of the above classifications, document it as “Other, unclassified”.

**QC:** If Occupational Status = “1” (working) then, Job Census Code must not = “88” (not applicable, not working).

**EXAMPLE 1:** At the time of injury, the patient was a college student who worked 30 hours a week as a waitress. The patient considered herself a “student”.

Primary Occupational, Ed or Training Status ......................... 6
Job Census Code ...................................................................... 88

**EXAMPLE 2:** At the time of injury, the patient was a college student who worked 30 hours a week as a stock clerk. The patient considered himself as “working”.

Primary Occupational, Ed or Training Status ......................... 1
Job Census Code ...................................................................... 05

**Variable Aliases:** For Data Analysis Only

**Variable ID:** 148
**8-Character Description:** APrLvlSt
FORM I

VARIABLE NAME: Job Census Code
DESCRIPTION: This variable specifies the major census occupational category for the patient’s occupation at the time of injury.
CHARACTERS: 2
CODES:
1 Executive, administrative, and managerial
2 Professional specialty
3 Technicians and related support
4 Sales
5 Administrative support including clerical
6 Private household
7 Protective service
8 Service, except protective and household
9 Farming, forestry, and fishing
10 Precision production, craft, and repair
11 Machine operators, assemblers, and inspectors
12 Transportation and material moving
13 Handlers, equipment cleaners, helpers, and laborers
14 Military occupations
88 Not applicable, not working
99 Unknown

COMMENTS: Refer to Appendix C of this syllabus for a listing of the specific occupational classifications included under each major occupational category listed above.


REVISIONS: October 2000: this variable was added to the database. Data are required for patients admitted to the System after 10/31/2000.

EXAMPLE: See page 154.

Variable Aliases: For Data Analysis Only
Variable ID: 149
8-Character Description: AJobCnCd
FORM I: 25. Veteran Status

FORM I

VARIABLE NAME: Veteran Status in the U.S. Military Forces

DESCRIPTION: This variable documents the veteran status in the United States military forces (i.e., Air Force, Army, Coast Guard, Marine Corp and Navy).

CHARACTERS: 1

CODES:

0 No
1 Yes, service-connected for traumatic spinal cord injury
2 Yes, service-connected for a condition other than spinal cord injury
3 Yes, non-service connected veteran
4 Yes, service connection unknown
9 Unknown

COMMENTS: A “service-connected” veteran is one receiving financial compensation for the “loss of, or loss of use of” an anatomical, sensory or mental condition incurred or resulting from their military service. A “non-service connected” veteran is one may not be receiving compensation, but may be receiving health care benefits (typically due to low income). These terms are similar to a “workman’s compensation” system.

A reservist who never served on active duty (“serving” means more than just training time) is NOT considered a veteran.

A reservist who is (1) “called up” to active duty or is (2) engaged in active duty military training and is hurt or injured during that period is considered a veteran.

Active duty military personnel who concludes his or her career with time in the reserves is considered a veteran.

REVISIONS: October 2000: this variable was added to the database. Data are required for patients admitted to the System after 10/31/2000.

Variable Aliases: For Data Analysis Only

Variable ID: 150
8-Character Description: AVeteran
FORM I

VARIABLE NAME: Neurological Exam Date Modifier

DESCRIPTION: The data in this variable are used to define the date(s) of the neurological exam performed at:

1) initial system examination (for day-1 admissions only)
2) admission to System inpatient rehab (for patients with rehab admit)
3) discharge (for all patients)

Identifies the Date of the Neurological Exam as being an actual date, unknown, or not applicable.

CHARACTERS: 1 per entry

CODES:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Date completely known</td>
</tr>
<tr>
<td>8</td>
<td>Not Applicable, Not Done</td>
</tr>
<tr>
<td>9</td>
<td>Unknown</td>
</tr>
<tr>
<td>Blank</td>
<td>(Non Day-1 Admission only)</td>
</tr>
</tbody>
</table>

COMMENTS: Because the Neuro Exam Dates do not allow for partial dates (i.e. unknown month, day, or year), there is not a code for Neuro Exam Date Modifier that indicates the existence of partial dates.

Use the unknown code (9) when it is not known whether there was a neurologic exam or if there was an exam but the date is unknown. If parts of the exam are done on different days, this variable should be coded based on the date on which most parts of the exam was completed.

When the patient is not fully testable: When a key sensory point or key muscle is not testable for any reason, the examiner should record the neurologic exam as “not done” (Code 8). In such cases, sensory and motor scores for the affected side of the body, as well as total sensory and motor scores, cannot be generated with respect to the injury at that point in treatment. Further, when associated injuries (e.g., traumatic brain injury, brachial plexus injury, limb fracture, etc.) interfere with the completion of the neurological examination, the neurological level should still be determined as accurately as possible. However, obtaining the sensory/motor scores and impairment grades should be deferred to later examinations.

REVISIONS: May 2009: Began collection of non Day-1 Admit to Rehab data.

October 2006: This variable was added to the database. Data are required for all patients with System Admission dates on or after 10/01/2006.

QC:

If Number of Days from Injury to System Admit is greater than 001, the Initial System Neuro Exam Date Modifier MUST = Blank.

If Number of Days from Injury to System Admit is greater than 001, the Admit to Rehab Neuro Exam Date Modifier MUST = Blank.
FORM I

VARIABLE NAME: Neurological Exam Date Modifier

QC (cont’d): When coding this variable ‘8, Not done’ (at either Initial System Exam, Admit to Rehab or at Discharge) be certain to code the associated variables that follow with the appropriate unknown code. (see Example 3).

EXAMPLE1: A patient is injured and initially treated at a non-System facility. On June 6, 1996, the patient is admitted to your System for rehab and neuro exam is administered. On June 15, 1996, the neurologic examination is given and the patient is discharged to home.

<table>
<thead>
<tr>
<th>Admit to</th>
<th>Initial System Exam</th>
<th>System Inpatient Rehab</th>
<th>Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neuro Exam Date Modifier</td>
<td>................................</td>
<td>........................</td>
<td>1 .................</td>
</tr>
<tr>
<td>Date Neurologic Exam</td>
<td>_ _ / _ / _ _</td>
<td>........................</td>
<td>06/06/1996</td>
</tr>
</tbody>
</table>

EXAMPLE2: A patient was injured and admitted to a System acute care unit on August 13, 1998. On the following day, the patient is evaluated, and the neurologic exam is administered. A week later the neurologic exam was administered when the patient was admitted to a System rehab facility, date is unknown. On September 2, 1998, the neurologic exam was given, and on the following day the patient was discharged from the rehab facility.

<table>
<thead>
<tr>
<th>Admit to</th>
<th>Initial System Exam</th>
<th>System Inpatient Rehab</th>
<th>Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neuro Exam Date Modifier</td>
<td>................................</td>
<td>........................</td>
<td>1 .................</td>
</tr>
<tr>
<td>Date Neurologic Exam</td>
<td>08/14/1998</td>
<td>_ _ / _ / _ _</td>
<td>........................</td>
</tr>
</tbody>
</table>

EXAMPLE3: Patient is a day-1 admit, however, because of other associated injuries the Neurologic exam was unable to be performed.

**Initial System Exam**

*(day 1s only)*

| Category of Neurologic Impairment | ........................ | 9 ................................| 1 ................. |
| ASIA Impairment Scale | ................................ | U ................................| 1 ................. |
| Any Anal Sensation | ................................ | 9 ................................| 1 ................. |
| Any Voluntary Anal Sphincter Contraction | ................................ | X99L | X99R |
| Sensory Level | X99L | X99R |
| Motor Level | X99L | X99R |
| Level Preserved Neurologic Function | X99L | X99R |

**Remember:** This coding scheme applies for either Initial System Admit, Admit to Rehab OR Discharge from the System.

Variable Aliases: For Data Analysis Only

<table>
<thead>
<tr>
<th>Variable ID</th>
<th>Initial System</th>
<th>Admit to Rehab</th>
<th>Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>8-Character Description</td>
<td>151</td>
<td>153</td>
<td>155</td>
</tr>
</tbody>
</table>

ANEDtAdM | ANEDtRbM | ANEDtDsM
FORM I: 27. Date of Neuro Exam

VARIABLE NAME: Dates of the Neurologic Examinations

DESCRIPTION: These variables document the dates on which the neurologic examinations were performed:

1) **initial system examination** *(for day-1 admissions only)*
2) **admission to System inpatient rehab**
3) **at discharge** *(for all patients)*

NSCISC suggests the initial system exams be performed within 72 hours of ‘Day-1’ system admissions. Entering exams performed after 72 hours is also encouraged if neuro exam is not done within 72 hours, or if more complete/reliable data is recovered.

The neurologic exam consists of the items documented in the *Category of Neurologic Impairment* through *Level of Preserved Neurologic Function* and must be performed by a physician or a designated person who has been trained using the guidelines in the latest version of the International Standards for Neurological Classification of Spinal Cord Injury, published by the American Spinal Injury Association (ASIA).

CHARACTERS: 10 for each entry

FORMAT: mm/dd/yyyy

CODES: Any valid date

Blank

QC: If the *Neuro Exam Date Modifier-Admit* = “8”, then, *Date of the Neuro Exam-Admit* = ‘Blank’ and *Category of Neurologic Impairment-Admit* through *Level of Preserved Neuro Function-Admit* should = Unknown.

If the *Neuro Exam Date Modifier-Rehab* = “8”, then, *Date of the Neuro Exam-Rehab* = ‘Blank’ and *Category of Neurologic Impairment-Rehab* through *Level of Preserved Neuro Function-Rehab* should = Unknown.

If the *Neuro Exam Date Modifier-Discharge* = “8”, then, *Date of the Neuro Exam-Discharge* = ‘Blank’ and *Category of Neurologic Impairment-Discharge* through *Level of Preserved Neuro Function-Discharge* should = Unknown.

REVISIONS: November 1995: dates at system admission and discharge were added to the database and data was required of patients who are admitted to the system on or after December 1, 1995.

October 2000: date at rehab admission was added. Neuro exam items at rehab admission (except ASIA Motor Index Score) were also added. Data are required for patients admitted to the System after 10/31/2000.

January 2005: Code 88888888 may be used if the Neuro Exam was *Not Done*. It may also be used for *Not applicable, not admitted to inpatient rehab* only for patients who expire, or achieve complete recovery or minimal deficit status during System acute care.

October 2006: The Neuro Exam Date Modifier was added to the database in order to allow valid date formats in the Date of Neuro Exam therefore alleviating the need of codes 88888888 and 99999999 in the date fields.

May 2009: Began collection of non Day-1 Admit to Rehab data.

Variable Aliases: For Data Analysis Only

<table>
<thead>
<tr>
<th>Variable ID:</th>
<th>Initial System</th>
<th>Admit to Rehab</th>
<th>Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANEDatAd</td>
<td>152</td>
<td>154</td>
<td>156</td>
</tr>
<tr>
<td>8-Character Description:</td>
<td>ANEDatAd</td>
<td>ANEDatRh</td>
<td>ANEDatDs</td>
</tr>
</tbody>
</table>

NSCISC: 5/2009 159
FORM I: 28. Category of Neuro Impairment

VARIABLE NAME: Category of Neurologic Impairment

DESCRIPTION: This variable documents the degree of neurologic damage present:

1) **at initial system examination** *(for day-1 admissions only)*
2) **at admission to inpatient rehab**
3) **at discharge** *(for all patients)*

The neurologic exam must be performed by a physician or a designated person who has been trained using the guidelines in the latest version of the International Standards for Neurological Classification of Spinal Cord Injury, published by the American Spinal Injury Association (ASIA).

CHARACTERS: 1 for each entry

CODES:

1  Paraplegia, incomplete
2  Paraplegia, complete
3  Paraplegia, minimal deficit *(see page 161)*
4  Tetraplegia, incomplete
5  Tetraplegia, complete
6  Tetraplegia, minimal deficit *(see page 161)*
7  Normal neurologic *(see page 161)*
8  Normal neurologic, minimal neurologic deficit *(code “5” prior to 10/15/87) This is a CONVERSION CODE ONLY. Data collectors may NOT use this code. This information is provided for data analyses purposes only.*
9  Unknown/Not Done
   Not admitted to System inpatient rehab
   **Blank**  *Allowed in acute admit position only for Non Day 1s.*

COMMENTS: Paraplegia is impairment or loss of motor and/or sensory function in the thoracic, lumbar or sacral (but not cervical) segments of the spinal cord secondary to damage of neural elements within the spinal canal. With paraplegia, arm functioning is spared, but, depending on the level of injury, the trunk, legs and pelvic organs may be involved. The term is used in referring to cauda equina and conus medullaris injuries, but not to lumbosacral plexus lesions or injury to peripheral nerves outside the neural canal.

Tetraplegia *(preferred to quadriplegia)* is impairment or loss of motor and/or sensory function in the cervical segments of the spinal cord due to damage of neural elements within the spinal canal. Tetraplegia results in impairment of function in the arms as well as in the trunk, legs and pelvic organs. It does not include brachial plexus lesions or injury to peripheral nerves outside the neural canal.

Complete injury means an absence of sensory and motor function in the lowest sacral segment (including S04-S05 or anal sensation/contraction).
VARIABLE NAME: Category of Neurologic Impairment

COMMENTS (cont’d): **Incomplete injury** means partial preservation of sensory and/or motor function is found below the neurological level and includes the lowest sacral segment. Sacral sensation includes sensation at the anal mucocutaneous junction as well as deep anal sensation. The test of motor function is the presence of voluntary contraction of the external anal sphincter upon digital examination.

**Minimal deficit** refers to neurologic damage so minimal the patient has no significant or incapacitating loss of function. Reflexes may still be abnormal. Patient’s Motor Score should be 95 or greater, and patient should be free of other significant neurologic complications due to SCI (e.g., bowel, bladder or neuropathic pain) or a score of 7 on all FIM items. Minimal deficits will still be coded as ASIA D and have a neuro level (not X00). If the patient is coded minimal deficit on Form I, no Form IIs are required. Once a patient is coded minimal deficit on a Form II, further follow-up is allowed but not required.

**Normal neurologic** status refers to those patients who have no demonstrable muscular weakness or impaired sensation, and patient should be free of other significant neurologic complications due to SCI (e.g., bowel, bladder or neuropathic pain). This subcategory must be included in the database to document those patients who achieve recovery from initial injury. Complete recoveries must be coded X00 and ASIA E, and must have a 100 motor score. If the patient is coded normal on Form I, no Form IIs are required. Once a patient is coded normal on a Form II, no subsequent Form IIs are required.

**Monoplegia** should be coded “1” (Paraplegia, incomplete).

**Triplegia** should be coded “4” (Tetraplegia, incomplete).

The sacral area must be checked for this variable.


REVISIONS: January 2005: For Form Is with Indates after 03/31/2005, the Not applicable, not admitted to inpatient rehab code is allowed only for patients who expire or achieve complete recovery or minimal deficit status during System acute care.

May 2009: Began collection of non Day-1 Admit to Rehab data.
FORM I: 28. Category of Neuro Impairment

VARIABLE NAME: Category of Neurologic Impairment

QC:

If the **Neuro Exam Date Modifier** = 8, then **Category of Neuro Impairment** MUST = 9, Unknown

If **Number of Days from Injury to System Admit** is greater than 001, the **Initial System Category of Neuro Impairment** MUST = Blank.

If this variable = “1” (Paraplegia, incomplete), “2” (Paraplegia, complete), or “3” (Paraplegia, minimal deficit), then the **Level of Preserved Neuro Function** variable should =”T” (Thoracic), “L” (Lumbar), “S” (Sacral) or “X99” (Unknown).

If this variable = “4” (Tetraplegia, incomplete), “5” (Tetraplegia, complete), or “6” (Tetraplegia, minimal deficit), then the **Level of Preserved Neuro Function** variable should =”C” (Cervical) or “X99” (Unknown).

Patients with *minimal deficit* status must be coded:

- Neuro Impairment = “3” or “6”,
- Level Left and/or Level Right = any code other than “X00” and,
- ASIA Impairment Scale = “3” or “D”.

Patients with *normal neurologic* status must be coded:

- Neuro Impairment = “7” and,
- ASIA Impairment Scale = “4” or “E” and,
- all muscles in the ASIA Motor Index Score = “5” and,
- all ASIA Motor Index Score Subtotals = “50” and,
- ASIA Motor Index Score Total = “100” and,
- Sensory Level = “X00” and,
- Motor Level = “X00” and,
- Preserved Neuro Function = “X00”

---

**Variable Aliases:** For Data Analysis Only

<table>
<thead>
<tr>
<th>Variable ID</th>
<th>Initial System</th>
<th>Admit to Rehab</th>
<th>Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variable ID</td>
<td>157</td>
<td>158</td>
<td>159</td>
</tr>
<tr>
<td>8-Character Description</td>
<td>ANCatAdm</td>
<td>ANCatRhb</td>
<td>ANCatDis</td>
</tr>
</tbody>
</table>
FORM I
VARIABLE NAME: ASIA Impairment Scale (modified from Frankel)
DESCRIPTION: This variable attempts to quantify the degree of impairment
1) at initial system examination (for day-1 admissions only)
2) at admission to rehab (for all patients admitted to rehab)
3) at discharge (for all patients)
CHARACTERS: 1 for each entry
CODES:
A Complete Injury. No sensory or motor function is preserved in the sacral segments S4-S5 (must also be negative for anal sensation/contraction).
B Incomplete. Sensory but not motor function is preserved below the neurological level and includes the sacral segments S4-S5 (or have anal sensation).
C Incomplete. Motor function is preserved below the neurological level, and more than half of the key muscles below the neurological level have a muscle grade less than 3 (grades 0-2).
D Incomplete. Motor function is preserved below the neurological level, and at least half of key muscles below the neurological level have a muscle grade greater than or equal to 3.
E Normal. Sensory and motor functions are normal. (see page 161)
U Unknown/Not Done Not admitted to System inpatient Rehab (Rehab Admit Only)
Blank Allowed in system acute admit positions only for Non Day 1s.
NOTE: For an individual to receive a grade of C or D, he/she must be incomplete, that is, have sensory or motor function in the sacral segments S4-S5. In addition, the individual must have either (1) voluntary anal sphincter contraction or (2) sparing of motor function more than three levels below the motor level. This is new text added to the 2000 edition of the International Standards booklet
COMMENTS: See page 157 for guidelines to administering the neurological exam when the patient is not fully testable.
REVISIONS: August 1993: The Frankel Grading system was changed to the ASIA Impairment Scale.
October 2000: Data collection at rehab admission was added. Form I data are required for patients admitted to the System after 10/31/2000.
VARIABLE NAME: ASIA Impairment Scale (modified from Frankel)

REVISIONS (cont’d): January 2005: For Form Is with Indates after 03/31/2005, Code U, “No System Rehab Admission” is allowed only for patients who expire or achieve complete recovery or minimal deficit status during System acute care.

May 2009: Began collection of non Day-1 Admit to Rehab data.

CONVERSIONS: August 1993: All records in which the Frankel Grading system was used have numeric codes in this variable. Records in which the ASIA Impairment Scale was used contain alphabetic codes. The following Frankel Grade codes are provided for analysis purposes only. The numeric Frankel Grade codes are not allowed in records entered into the database after August 1993.

Frankel Grade codes:

1 Incomplete – Preserved Sensation Only (Frankel Grade B): Preservation of any demonstrable, reproducible sensation, excluding phantom sensations. Voluntary motor functions are absent.

2 Incomplete – Preserved Motor – Non-functional (Frankel Grade C): Preservation of voluntary motor function that is minimal and performs no useful purpose. Minimal is defined as preserved voluntary motor ability below the level of injury where the majority of the key muscles tests less than a grade of 3.

3 Incomplete, Preserved Motor – Functional (Frankel Grade D): Preservation of voluntary motor function which is useful functionally. This is defined as preserved voluntary motor ability below the level of injury, where the majority of the key muscles tests at least a grade of 3.

4 Complete Recovery (Frankel Grade E): Complete return of all motor and sensory function, but there may still be abnormal reflexes.

5 Complete (Frankel Grade A): All motor and sensory function is absent below the Zone of Partial Preservation.

9 Unknown

QC: See page 162 for coding instructions for patients with normal neurologic or minimal deficit status.

Variable Aliases: For Data Analysis Only

<table>
<thead>
<tr>
<th>Variable ID</th>
<th>Initial System</th>
<th>Admit to Rehab</th>
<th>Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>160</td>
<td>AASAImAd</td>
<td>AASAImRb</td>
<td>AASAImDs</td>
</tr>
</tbody>
</table>

NSCISC: 5/2009
FORM I: 30. ASIA Motor Index

VARIABLE NAME: ASIA Motor Index Score

DESCRIPTION: This variable documents (1) the individual scores for each key muscle, (2) the subtotal scores for the left and right sides and (3) the total ASIA Motor Index Scores:
1) at initial system examination (for day-1 admissions only)
2) within 1 week of beginning the inpatient rehabilitation stay
3) at discharge (for all patients)
This motor index score provides a numerical scoring system to document changes in motor function.

CHARACTERS: 1 for each key muscle, Left and Right
2 for each Subtotal, Left and Right
3 for each Total

CODES: Each Key Muscle
0-5 Valid range (see page 166 for grade 5*)
8 Not applicable, unable to test; infants
9 Unknown, Not Done
   No System rehab admission*
Blank Allowed in acute admit position only for Non Day 1s.

Right and Left Subtotals
0 – 50 Valid range
88 Not applicable, unable to test; infants
99 Unknown/Not Done
   No System rehab admission*
Blank Allowed in acute admit position only for Non Day 1s.

Total
0 – 100 Valid range
888 Not applicable, unable to test; infants
999 Unknown/Not Done
   No System rehab admission*
Blank Allowed in acute admit position only for Non Day 1s.
FORM I

VARIABLE NAME: ASIA Motor Index Score

REVISIONS: October 1986: Acute and Discharge Sub-Totals and Totals were added to the database.
August 1993: The individual muscle scores were added to Acute and Discharge; all items were added for the inpatient rehabilitation phase.
January 2005: For Form I is newly entered (i.e., with Indates after 03/31/2005) Code 9, “No System Rehab Admission” is allowed only for patients who expire or achieve complete recovery or minimal deficit status during System acute care.
May 2009: Began collection of non Day-1 Admit to Rehab data.

COMMENTS: The strength of each key muscle is graded according to the following ASIA scale from the International Standards for Neurological Classification of Spinal Cord Injury, Revised 2002, pages 13-15.

0 total paralysis
1 palpable or visible contraction
2 active movement, full Range of Motion (ROM) with gravity eliminated
3 active movement, full ROM against gravity
4 active movement, full ROM against moderate resistance
5 (normal) active movement, full ROM against full resistance
5* (normal) active movement, full ROM against sufficient resistance to be considered normal if identified inhibiting factors were not present
NT not testable

Minus grades are to be coded as the next lower grade. For example, a grade of 3- should be coded 2; 2- should be coded 1, and, 1- should be coded 0. Plus grades should be ignored. For example, a grade of 3+ should be coded 3, 2+ should be coded 2, etc.

A normal exam is a score of 5 for each key muscle, Subtotals on the left and right of 50, and, a total score of 100.

Key Muscles for Motor Level Classification – The required portion of the motor examination is completed through the testing of the following key muscles (bilaterally):

C5 Elbow flexors (biceps, brachialis)
C6 Wrist extensors (extensor carpi radialis longus and brevis)
C7 Elbow extensors (triceps)
C8 Finger flexors – (flexor digitorum profundus) to the middle finger
T1 Small finger abductors (abductor digiti minimi)
L2 Hip flexors (iliopsoas)
L3 Knee extensors (quadriceps)
L4 Ankle dorsiflexors (tibialis anterior)
L5 Long toe extensors (extensor hallucis longus)
S1 Ankle plantarflexors (gastrocnemius, soleus)

Each key muscle should be examined in a rostral-caudal sequence.

In addition to bilateral testing of these muscles, the external anal sphincter should be tested on the basis of contractions around the examiner’s finger and graded as being present or absent. If there is voluntary contraction of the anal sphincter then the patient is motor incomplete. To be documented by the attending physician or the physician’s designee. All the key muscles identified for the ASIA Motor Index Score must be tested to provide a valid left, right and total score.

FORM I: 30. ASIA Motor Index

VARIABLE NAME: ASIA Motor Index Score

COMMENTS: See page 157 for guidelines to administering the neurological exam when the patient is not fully testable. When the patient is an infant, the ASIA Motor Index score should be coded Unable to Test (888).

QC: See page 162 for coding instructions for patients with normal neurologic or minimal deficit status.

See page 157 for coding instructions when the Neuro Exam is not done or when there is no admission to System inpatient rehab.

EXAMPLE 1: Each muscle score is known; and the Subtotal on the left side is 45, on the right side the Subtotal is 37, and the total score is 82.

Each muscle has a score from “0” to “5”, and

<table>
<thead>
<tr>
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<th>Left</th>
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</thead>
<tbody>
<tr>
<td>Sub-total</td>
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<td>37</td>
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<tr>
<td>Total</td>
<td>82</td>
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</tr>
</tbody>
</table>

EXAMPLE 2: The left side cannot be tested completely because the patient’s hand is in a cast. All muscles on the right side were tested and the total score for the right side is 32.

Each muscle on the left side (that was not tested) is coded “8”; tested muscles on the left and each muscle on the right have a score from “0” to “5”; and,

<table>
<thead>
<tr>
<th></th>
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<th>Right</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-total</td>
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<td>32</td>
</tr>
<tr>
<td>Total</td>
<td>888</td>
<td></td>
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</tbody>
</table>

EXAMPLE 3: Only the total score (082) is known. All muscles are coded 9, and

<table>
<thead>
<tr>
<th></th>
<th>Left</th>
<th>Right</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-total</td>
<td>99</td>
<td>99</td>
</tr>
<tr>
<td>Total</td>
<td>82</td>
<td></td>
</tr>
</tbody>
</table>

EXAMPLE 4: The Left Subtotal is unknown (because 2 muscles are coded “9”) and, the right side was not testable (all muscles on the right are coded “8”).

<table>
<thead>
<tr>
<th></th>
<th>Left</th>
<th>Right</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-total</td>
<td>99</td>
<td>88</td>
</tr>
<tr>
<td>Total</td>
<td>888</td>
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<tr>
<td>Variable Aliases: For Data Analyses Only</td>
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<tr>
<td><strong>Initial System Admit</strong></td>
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<tr>
<td><strong>Left</strong> 8-Character Description</td>
<td><strong>Right</strong> 8-Character Description</td>
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</tr>
<tr>
<td>Variable ID</td>
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<td>Variable ID</td>
</tr>
<tr>
<td>---------------</td>
<td>--------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Elbow Flexors (biceps, brachialis)</td>
<td>C5</td>
<td>163 AASAC5AL</td>
</tr>
<tr>
<td>Wrist Extensors (extensors carpi radialis longus &amp; brevis)</td>
<td>C6</td>
<td>165 AASAC6AL</td>
</tr>
<tr>
<td>Elbow Extensors (triceps)</td>
<td>C7</td>
<td>167 AASAC7AL</td>
</tr>
<tr>
<td>Finger Flexors to the middle finger</td>
<td>C8</td>
<td>169 AASAC8AL</td>
</tr>
<tr>
<td>Small Finger abductors (abductor digiti minimi)</td>
<td>T1</td>
<td>171 AASAT1AL</td>
</tr>
<tr>
<td>Hip Flexors (iliopsoas)</td>
<td>L2</td>
<td>173 AASAL2AL</td>
</tr>
<tr>
<td>Knee Extensors (quadriceps)</td>
<td>L3</td>
<td>175 AASAL3AL</td>
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<tr>
<td>Ankle dorsiflexors (tibialis anterior)</td>
<td>L4</td>
<td>177 AASAL4AL</td>
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<tr>
<td>Long to extensors (extensor hallicis longus)</td>
<td>L5</td>
<td>179 AASAL5AL</td>
</tr>
<tr>
<td>Ankle plantarflexors (gastrocnemius, soleus)</td>
<td>S1</td>
<td>181 AASAS1AL</td>
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<td>Subtotals</td>
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</tr>
<tr>
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</tr>
<tr>
<td>Elbow Flexors (biceps, brachialis)</td>
<td>C5</td>
<td>186 AASAC5RL</td>
</tr>
<tr>
<td>Wrist Extensors (extensors carpi radialis longus &amp; brevis)</td>
<td>C6</td>
<td>188 AASAC6RL</td>
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<tr>
<td>Elbow Extensors (triceps)</td>
<td>C7</td>
<td>190 AASAC7RL</td>
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<tr>
<td>Finger Flexors to the middle finger</td>
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<tr>
<td>Small Finger abductors (abductor digiti minimi)</td>
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<td>Hip Flexors (iliopsoas)</td>
<td>L2</td>
<td>196 AASAL2RL</td>
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<tr>
<td>Knee Extensors (quadriceps)</td>
<td>L3</td>
<td>198 AASAL3RL</td>
</tr>
<tr>
<td>Ankle dorsiflexors (tibialis anterior)</td>
<td>L4</td>
<td>200 AASAL4RL</td>
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<tr>
<td>Long to extensors (extensor hallicis longus)</td>
<td>L5</td>
<td>202 AASAL5RL</td>
</tr>
<tr>
<td>Ankle plantarflexors (gastrocnemius, soleus)</td>
<td>S1</td>
<td>204 AASAS1RL</td>
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<tr>
<td>Subtotals</td>
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<tr>
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<td>---------------</td>
</tr>
<tr>
<td>Elbow Flexors (biceps, brachialis)</td>
<td>C5</td>
<td>209 AASAC5DL</td>
</tr>
<tr>
<td>Wrist Extensors (extensors carpi radialis longus &amp; brevis)</td>
<td>C6</td>
<td>211 AASAC6DL</td>
</tr>
<tr>
<td>Elbow Extensors (triceps)</td>
<td>C7</td>
<td>213 AASAC7DL</td>
</tr>
<tr>
<td>Finger Flexors to the middle finger</td>
<td>C8</td>
<td>215 AASAC8DL</td>
</tr>
<tr>
<td>Small Finger abductors (abductor digiti minimi)</td>
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<td>217 AASAT1DL</td>
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<td>Hip Flexors (iliopsoas)</td>
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<tr>
<td>Knee Extensors (quadriceps)</td>
<td>L3</td>
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<tr>
<td>Ankle dorsiflexors (tibialis anterior)</td>
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<td>Long to extensors (extensor hallicis longus)</td>
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</tr>
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<td>Ankle plantarflexors (gastrocnemius, soleus)</td>
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<td>Subtotals</td>
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<tr>
<td>Variable ID</td>
<td>231 AASATotD</td>
<td>231 AASATotD</td>
</tr>
</tbody>
</table>
FORM I

VARIABLE NAME: Any Anal Sensation
DESCRIPTION: This variable documents whether or not the patient has any sensation in the anal region during the neurologic exam given at the following intervals:

1) at initial system examination (for day-1 admissions only)
2) at admission to inpatient rehab
3) at discharge (for all patients)

CHARACTERS: 1 for each entry
CODES:
0 No
1 Yes
8 Not Applicable, unable to test; infants
9 Unknown/ Not Done/

No System rehab admission (Rehab Admit Only) Blank (at initial acute admit for non day-1s only)

COMMENTS: Use of code 9 “No System rehab admission” is only valid 1) if the patient expires during acute care or 2) if the patient recovers or achieves minimal deficit status during acute care.

REVISIONS: October 2006: This variable was added to the database. Data are required for all patients with System Admission dates on or after 10/01/2006.
May 2009: Began collection of non Day-1 Admit to Rehab data.

Variable Aliases: For Data Analysis Only

<table>
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<tr>
<th>Variable ID:</th>
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<th>Admit to Rehab</th>
<th>Discharge</th>
</tr>
</thead>
<tbody>
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<td>240</td>
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<td>AAnSnAdm</td>
<td>AAnSnRhb</td>
<td>AAnSnDis</td>
</tr>
</tbody>
</table>
FORM I: 32. Voluntary Anal Sphincter Contraction

VARIABLE NAME: Any voluntary anal sphincter contraction
DESCRIPTION: This variable documents whether or not the patient is able to contract the anal sphincter voluntarily during the neurologic exam at the following intervals:

1) **at initial system examination** (for day-1 admissions only)
2) **at admission to inpatient rehab**
3) **at discharge** (for all patients)

CHARACTERS: 1 for each entry
CODES: 0 No
1 Yes
8 Not Applicable, unable to test; infants
9 Unknown/Not done/
   No System rehab admission (Rehab Admit Only)
Blank (initial acute admit for non day-1s only)

COMMENTS: Use of code 9 “No System rehab admission” is only valid 1) if the patient expires during acute care or 2) if the patient recovers or achieves minimal deficit status during acute care.

REVISIONS: October 2006: This variable was added to the database. Data are required for all patients with System Admission dates on or after 10/01/2006.

May 2009: Began collection of non Day-1 Admit to Rehab data.

Variable Aliases: For Data Analysis Only

<table>
<thead>
<tr>
<th>Variable ID</th>
<th>Initial System</th>
<th>Admit to Rehab</th>
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</tr>
</thead>
<tbody>
<tr>
<td>243</td>
<td>AvoSphAd</td>
<td>AvoSphRb</td>
<td>AvoSphDs</td>
</tr>
</tbody>
</table>
FORM I: 33. Sensory Level

VARIABLE NAME: Sensory Level

DESCRIPTION: The sensory level (which may differ by side of body) is the most caudal segment of the spinal cord with normal sensory function for pinprick and light touch on both sides of the body. Right and left levels are documented

1) at initial system examination (for day-1 admissions only)
2) at admission to inpatient rehab
3) at discharge (for all patients)

CHARACTERS: 3 for each entry

CODES:
- C01-C08 Cervical
- T01-T12 Thoracic
- L01-L05 Lumbar
- S01-S05 Sacral
- X00 Normal neurologic (see page 161)
- X99 Unknown/Not Done/
  
  No System rehab admission (Rehab Admit Only)

  Blank   Allowed in acute admit position only for Non Day 1s.

COMMENTS: If only the alphabetic part of the level is known, it is permissible to use code C, L, T, or S followed by numeric code “99”. Use code X99 on Form I if the level is completely unknown, the exam was not done, or there was no admission to System inpatient rehab.

SOURCE: Refer to The International Standards for Neurological Classification of Spinal Cord Injury, Revised 2002, (pages 6 to 15) for complete information on the sensory examination and a listing of all key points. In addition to bilateral testing of the key points, the external anal sphincter should be graded as being present or absent. Any sensation felt in the anal area during this part of the exam signifies that the patient is sensory incomplete.

REVISIONS: Data in the System acute care admit and System discharge variables are required of patients who are admitted to the system on or after August 15, 1993.

October 2000: Data collection at rehab admission was added. Form I data are required for patients admitted to the System after 10/31/2000.

January 2005: For Form Is newly entered (i.e., with Indates after 03/31/2005), code X99 “No System Rehab Admission” is allowed only for patients who expire or achieve complete recovery or minimal deficit status during System acute care.

May 2009: Began collection of non Day-1 Admit to Rehab data.

Variable Aliases: For Data Analysis Only

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<th>Left 8-Character Description</th>
<th>Right Variable ID</th>
<th>Right 8-Character Description</th>
</tr>
</thead>
<tbody>
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<td>233</td>
<td>ASLAdmRt</td>
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<tr>
<td>Admit to Rehab</td>
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<td>236</td>
<td>ASLRhbRt</td>
</tr>
<tr>
<td>Discharge</td>
<td>238</td>
<td>ASLDisLf</td>
<td>239</td>
<td>ASLDisRt</td>
</tr>
</tbody>
</table>

NSCISC: 5/2009 171
FORM I: 34. Motor Level

VARIABLE NAME: Motor Level

DESCRIPTION: The motor level (the lowest normal motor segment – which may differ by side of body) is defined by the lowest key muscle that has a grade of at least 3, provided the key muscles represented by segments above that level are judged to be normal (5). Right and left levels are documented

1) at initial system examination (for day-1 admissions only)
2) at admission to inpatient rehab
3) at discharge (for all patients)

CHARACTERS: 3 for each entry

CODES: C01-C08 Cervical
T01-T12 Thoracic
L01-L05 Lumbar
S01-S05 Sacral
X00 Normal (see page 161)
X99 Unknown/Not Done

No System rehab admission (Rehab Admit Only)
Blank Acute admit position only for Non Day 1s.

COMMENTS: The examiner’s judgment is relied upon to determine whether a muscle that tests as less than normal (5) may in fact be fully innervated. This may occur when full effort from the patient is inhibited by factors such as pain, positioning and hypertonicity or when weakness is judged to be due to disuse. If any of these or other factors impeded standardized muscle testing, the muscle should be graded as not testable. However, if these factors do not prevent the patient from performing a forceful contraction and the examiner’s best judgment is that the muscle would test normally (5) were it not for these factors, it may be graded as 5. For those myotomes that are not clinically testable by a manual muscle exam (i.e., C1 to C4, T2 to L1 and S2 to S5), the motor level is presumed to be the same as the sensory level.

If only the alphabetic part of the level is known, it is permissible to use code C, L, T, or S followed by numeric code “99”. Use code X99 if the level is completely unknown, the exam was not done or there was no admission to System inpatient rehab.

SOURCE: See pages 6 to 18 of the International Standards for Neurological Classification of Spinal Cord Injury, Revised 2002 for complete information on the motor examination and a listing of all key muscles.
VARIABLE NAME: Motor Level

REVISIONS: Data in the System acute care and System discharge variables are required of patients who are admitted to the system on or after August 15, 1993.

October 2000: Data collection at rehab admission was added. Form I data are required for patients admitted to the System after 10/31/2000.

January 2005: For Form Is newly entered (i.e., with Indates after 03/31/2005), code X99, “No System Rehab Admission” is allowed only for patients who expire or achieve complete recovery or minimal deficit status during System acute care.

May 2009: Began collection of non Day-1 Admit to Rehab data.

QC: See page 162 for coding instructions for patients with “normal neurologic” or “minimal deficit” status.

See page 159 for coding instructions when the Neuro Exam is not done.

Variable Aliases: For Data Analysis Only

<table>
<thead>
<tr>
<th></th>
<th>Left</th>
<th>Right</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variable ID</td>
<td>8-Character Description</td>
<td>Variable ID</td>
</tr>
<tr>
<td>Admit</td>
<td>241 AMLAdmLf</td>
<td>242 AMLAdmRt</td>
</tr>
<tr>
<td>Admit to Rehab</td>
<td>244 AMLRhbLf</td>
<td>245 AMLRhbRt</td>
</tr>
<tr>
<td>Discharge</td>
<td>247 AMLDisLf</td>
<td>248 AMLDisRt</td>
</tr>
</tbody>
</table>
FORM I: 35. Preserved Neuro Function

VARIABLE NAME: Level of Preserved Neurologic Function

DESCRIPTION: The neurological level of preservation (injury) is the most caudal segment of the spinal cord with normal sensory and motor function on both sides of the body. Right and left levels are documented.

1) at initial system examination (for day-1 admissions only)
2) at admission to rehab
3) at discharge (for all patients)

CHARACTERS: 3 for each entry

CODES:
- C01-C08 Cervical
- T01-T12 Thoracic
- L01-L05 Lumbar
- S01-S05 Sacral
- X00 Normal (see page 161)
- X99 Unknown/Not Done
  - No System rehab admission (Rehab Admit Only)
  - Blank Acute admit position only for Non Day 1s.

COMMENTS: If only the alphabetic part of the level is known, it is permissible to use code C, L, T, or S followed by numeric code “99”. Use code X99 on Form I if the level is completely unknown, the exam was not done, or there was no admission to System inpatient rehab.

ELIGIBILITY: If this variable = “X00” (Normal), bilaterally, at system admission, the patient is ineligible for the National SCI Database.


REVISIONS: October 2000: Data collection at rehab admission was added. Form I data are required for patients admitted to the System after 10/31/2000.

January 2005: For Form Is newly entered (i.e., with Indates after 03/31/2005), code X99 “No System Rehab Admission” is allowed only for patients who expire or achieve complete recovery or minimal deficit status during System acute care.

May 2009: Began collection of non Day-1 Admit to Rehab data.

QC: If this variable = “C”, then Neurologic Impairment must be coded “4”, “5”, “6” or “9”. If this variable = “T”, “L”, or “S”, then Neurologic Impairment must be coded “1”, “2”, “3” or “9”.
The level in this variable must be equal to the motor level and/or the sensory level AND neither the motor level nor the sensory level can be higher than the level in this variable. See pages 111 and 114.

Variable Aliases: For Data Analysis Only

<table>
<thead>
<tr>
<th></th>
<th>Left</th>
<th>Right</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variable ID</td>
<td>8-Character Description</td>
<td>Variable ID</td>
</tr>
<tr>
<td>Admit</td>
<td>250</td>
<td>APNFAdmL</td>
</tr>
<tr>
<td>Admit to Rehab</td>
<td>252</td>
<td>APNFRhbL</td>
</tr>
<tr>
<td>Discharge</td>
<td>254</td>
<td>APNFDisL</td>
</tr>
</tbody>
</table>
FORM I: 36. Vertebral Injury

VARIABLE NAME: Vertebral Injury

DESCRIPTION: This variable documents whether there was a spinal fracture and/or dislocation in addition to the spinal cord injury.

Spinal fracture or dislocation is defined as any break, rupture, or crack through or between any part(s) of the vertebral column from the occiput to the coccyx.

CHARACTERS: 1

CODES:

0 No
1 Yes
9 Unknown

REVISIONS: October 2006: This variable was added to the database. Data are required for all patients with System Admission dates on or after 10/01/2006.

Variable Aliases: For Data Analysis Only

Variable ID: 256
8-Character Description: AVertInj
FORM I: 37. Associated Injury

VARIABLE NAME: Associated Injury
DESCRIPTION: Injuries resulting from the same traumatic event that caused the spinal cord injury.

This variable documents whether any of the pre-specified major injuries occurred at the same time as the Spinal Cord Injury:

a.) moderate to severe Traumatic Brain Injury (Glasgow Coma Scale Score of 12 or below)
b.) non-vertebral fractures requiring surgery
c.) severe facial injuries affecting sensory organs
d.) major chest injury requiring chest-tube or mechanical ventilation
e.) traumatic amputations of an arm or leg, or injuries severe enough to require surgical amputation
f.) severe hemorrhaging
g.) damage to any internal organ requiring surgery

CHARACTERS: 1
CODES: 0 No 1 Yes 9 Unknown

COMMENTS: Code this variable as ‘yes’ if the patient has any of the above co-existing injuries.

The following are to be excluded when coding this variable:

◊ associated injuries not listed above
◊ negative findings from exploratory surgery
◊ injuries that pre-date the spinal cord injury

REVISIONS: October 2006: This variable was added to the database. Data are required for all patients with System Admission dates on or after 10/01/2006.

Variable Aliases: For Data Analysis Only

Variable ID: 257
8-Character Description: AAsscInj
**VARIABLE NAME:** Spinal Surgery

**DESCRIPTION:** Surgery performed on the spinal column and/or its contents.

This variable documents whether any of the following spinal surgical procedures were performed at any point during the inpatient hospitalization period following spinal cord injury:

a.) laminectomy  
b.) neural canal restoration  
c.) open reduction  
d.) spinal fusion  
e.) internal fixation of the spine

**CHARACTERS:** 1

**CODES:**

0  No  
1  Yes  
9  Unknown

**COMMENTS:** If the patient received any of the following procedures during inpatient Acute Care or Rehab hospitalization (System or Non-System) following the spinal cord injury, code as ‘yes’. **All other procedures not listed are to be excluded.**

- **Laminectomy:** removal of normal lamina or foreign body at the site of spinal cord damage.

- **Neural canal restoration:** removal of bone or disk fragments, blood clots, or foreign bodies (such as bullet fragments) from the spinal canal.

- **Open reduction:** operative replacement of one or more dislocated, subluxed, or angulated vertebra into anatomic or near anatomic alignment.

- **Spinal fusion:** the addition of a bone graft to the vertebrae for the purpose of achieving intervertebral fusion or stability

- **Internal fixation of the spine:** the attaching of rods, plates, wires, etc. to the spine (individually or in combination to provide internal surgical stabilization of the vertebral column.

**REVISIONS:** October 2006: This variable was added to the database. Variables 143AA to 143AG and V143RA to V143RG were consolidated to form the ‘Spinal Surgery’ variable to remain consistent with the International Spinal Cord Injury Data Set. Data are required for all patients with System Admission dates on or after 10/01/2006.
FORM I: 39. Halo Device at Rehab Discharge

VARIABLE NAME: Halo Device at Rehab Discharge
DESCRIPTION: This variable documents whether a patient required spinal column stabilization using a halo at the time of discharge from the inpatient System rehab.
CHARACTERS: 1
CODES: 0 No
1 Yes
9 Unknown
   No System rehab admission (Rehab Admit Only)
COMMENTS: Only document the use of a halo device; all other neck orthoses should be excluded.
Use of code 9, ‘No System rehab admission’ is only allowed for patients who expire during System acute care or for those patients who achieve complete recovery or minimal deficit status during System acute care.
QC: If the Rehab Admit Modifier = 8, then Halo Device at Rehab Discharge MUST = 9.
REVISIONS: October 2006: This variable was added to the database. Data are required in this format for all patients with System Admission dates on or after 10/01/2006.
FORM I: 40. TLSO Brace at Rehab Discharge

VARIABLE NAME: Thoracolumbosacral Orthosis (TLSO) at Rehab Discharge
DESCRIPTION: This variable documents whether a patient was fitted for a TLSO brace at the time of inpatient System rehab discharge.
CHARACTERS: 1
CODES:
0 No
1 Yes
9 Unknown
   No System rehab admission
COMMENTS: The TLSO is a custom-fitted brace that is used to stabilize the spine after spinal surgery.
Lumbar supports, corsets, and binders should not be coded in this variable because they don’t really limit spine motion.
Use of code 9, ‘No System rehab admission’ is only allowed for patients who expire during System acute care or for those patients who achieve complete recovery or minimal deficit status during System acute care.
QC: If the Rehab Admit Modifier = 8, then TLSO at Rehab Discharge MUST = 9.
REVISIONS: October 2006: This variable was added to the database. Data are required for all patients with System Admission dates on or after 10/01/2006.

Variable Aliases: For Data Analysis Only
Variable ID: 266
8-Character Description: ATLSODis
FORM I: 41. Bladder Management

VARIABLE NAME: Method of Bladder Management
DESCRIPTION: This variable defines the primary method of bladder management being used at discharge.

CHARACTERS: 1 for each entry

CODES:
0  **None**: The patient has a neurogenic bladder but does not follow any established program of bladder management. This includes diapers, pampers, etc.
1  **Indwelling urethral catheter**: Bladder is emptied by any type of catheter which is maintained through the urethra (i.e. Foley).
2  **Indwelling catheter after augmentation or continent diversion**: Bladder is emptied by any type of catheter which is maintained through the stoma.
3  **Catheter free with external collector, no sphincterotomy**
4  **Catheter free with external collector and sphincterotomy**
5  **Catheter free with external collector, sphincterotomy unknown**
6  **Catheter free without external collector**: The patient voids satisfactorily using any method of reflex stimulation or any form of extrinsic pressure. An external collector is not required in that the patient has developed adequate continence.
FORM I

VARIABLE NAME: Method of Bladder Management

CODES:

Intermittent Catheterization Program (ICP):

The patient empties the bladder by frequent insertion of a urethral catheter in an on-going program of chronic management. Intermittent catheterizations using this technique are done several times a day. This category does not pertain to infrequent periodic catheterizations for the purpose of checking urinary residual.

7  ICP only
8  ICP with external collector
9  ICP after augmentation or continent diversion
10 ICP – external collector, augmentation or continent diversion unknown

11 Conduit: The bladder is drained by any of the surgical techniques using various portions of the intestinal tract that are not categorized as bladder augmentation.

12 Suprapubic Cystostomy: The bladder is drained by any of the surgical techniques using a catheter through a suprapubic orifice (i.e. SP).

13 Normal Micturition (old code 4): The patient voids satisfactorily without using reflex stimulation or extrinsic bladder pressure voiding techniques. The bladder, however, may or may not have completely normal function.

14 Other: All other bladder drainage techniques such as ureterocutaneostomy (pyelostomy), electro-stimulation, electro-magnetic ball valve, detrusor stimulation, sacral implants, conus implants, vesicostomy, ureteral catheterization, etc.

99 Unknown
FORM I: 41. Bladder Management

VARIABLE NAME: Method of Bladder Management

REVISIONS: In November 1995: New categories (codes 2, 3, 4, 7, 8 and 9) were added; and, Bladder Management at System Admission was changed to Bladder Management at Admission to Inpatient Rehab.

January 1998 – Bladder Management at Admission to Inpatient Rehab was deleted.

CONVERSIONS: November 1995: For records in existence at this time –

Old admission data were moved into the new rehab variable if the patient’s initial system admission was directly to the system’s rehab unit.

Old discharge data were moved into the new discharge variable.

Additionally, the following code conversions were made if old data were moved into the new variables:

<table>
<thead>
<tr>
<th>Old Code</th>
<th>Current Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>01</td>
</tr>
<tr>
<td>2</td>
<td>05</td>
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<tr>
<td>3</td>
<td>06</td>
</tr>
<tr>
<td>4</td>
<td>13</td>
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</tr>
<tr>
<td>8</td>
<td>14</td>
</tr>
<tr>
<td>9</td>
<td>99</td>
</tr>
</tbody>
</table>

Variable Aliases: For Data Analysis Only

Variable ID: 258
8-Character Description: ABdMMDis
FORM I: 42. Mechanical Ventilation

VARIABLE NAME: Utilization of Mechanical Ventilation

DESCRIPTION: This variable documents any use of any type of mechanical ventilation used to sustain respiration

1) at admission to System inpatient rehab
2) at System discharge

CHARACTERS: 1 for each entry

CODES:

0 No
1 Yes, limited, short-term use for pulmonary complications
2 Yes, ventilator-dependent or ventilator use requiring a weaning process
3 Yes, phrenic nerve stimulator
4 Yes, used mechanical ventilation, length of time and type unknown This is a CONVERSION CODE ONLY (code “1” prior to 10/86). Data collectors may NOT use this code. This information is provided for data analyses purposes only.
9 Unknown

No System rehab admission (Rehab Admit Only)

COMMENTS: Code 1, ‘Limited, short-term use’ is defined as respiratory support used as part of the medical treatment for other pulmonary complications.

Do NOT include emergency mouth-to-mouth or machine resuscitation; routine administration of oxygen; emergency “bagging”; periodic IPPB (CPAP) administration; or operative/post-operative ventilatory support used for less than 7 days.

Do use code 1 for post-op support lasting more than 7 days.

Code 2, ‘Ventilator Dependent’ should be used for those who need partial or total respiratory support on a daily basis and (1) require a weaning process or (2) are vent-dependent.

Do not use code 2 for vent support used for less than 7 days.

When the patient dies during the initial system admission period (i.e., the Date of Discharge = Date of Death) – vent use should reflect what’s being used at the time of death (even if the patient was never admitted to rehab). “At Discharge” can be at discharge from the Acute Care unit if there was no rehab admission.

Use of code 9, ‘No System rehab admission’ is only allowed for patients who expire during System acute care or for those patients who achieve complete recovery or minimal deficit status during System acute care.

REVISIONS: October 2000: data collection during System was deleted; data collection at System inpatient acute rehab admission was added (data are required for patients admitted to the System after 10/31/2000).

QC: If Rehab Admit Modifier = 8, then Mechanical Ventilation at Rehab admit MUST = 9.

Variable Aliases: For Data Analysis Only
Admit Discharge
Variable ID: 259 Variable ID: 260
8-Character Description: AUMVAdm 8-Character Description: AUMVDis
FORM I: 43. Height

VARIABLE NAME: Height of the patient
DESCRIPTION: Measurement of the patient from the top of the head to the tip of the foot. May be collected by ‘self-report’.
This variable documents the height (in inches) of the patient at:
1) admit to system rehab
2) discharge
CHARACTERS: 3 for each
CODES:
5 - 100 Valid range
999 Unknown
No System rehab admission (Rehab Admit Only)
COMMENTS: Self-reported height is acceptable.
If patient is an amputee, code Unknown.
Use of code 999, ‘No System rehab admission’ is only allowed for patients who expire during System acute care or for those patients who achieve complete recovery or minimal deficit status during System acute care.
QC: If Rehab Admit Modifier = 8, then Height at Rehab admit must = 999.
REVISIONS: October 2006: This variable was added to the database. Data are required for all patients with System Admission dates on or after 10/01/2006.

Variable Aliases: For Data Analysis Only
Admit
Variable ID: 261
8-Character Description: AHghtRhb
Discharge
Variable ID: 262
8-Character Description: AHghtDis
VARIABLE NAME: Weight of the patient
DESCRIPTION: Mass of an individual expressed in pounds.

This variable documents the weight (in pounds) of the patient at:
1) admit to system rehab
2) discharge

The weight of the patient should be taken by first, weighing the patient in his/her wheelchair on a digital calibrated wheelchair scale. After this is done, the wheelchair should be weighed again with the patient’s clothes and shoes in the chair. If patient is ambulatory, weigh in light clothing and no shoes. If patient is an amputee, code Unknown.

Weight should be measured within 7 days of discharge.

If the patient uses a power chair or has difficulty with transfers, it is recommended that a calibrated mechanical lift with a built-in scale be used as a substitution.

CHARACTERS: 3 for each
CODES:
1-887  Valid range
888  Patient weighs more than 887 lbs
999  Unknown

No System rehab admission (Rehab Admit Only)

COMMENTS: Use of code 999, ‘No System rehab admission’ is only allowed for patients who expire during System acute care or for those patients who achieve complete recovery or minimal deficit status during System acute care.


QC: If Rehab Admit Modifier = 8, then Weight at Rehab admit MUST = 999.

REVISIONS: October 2006: This variable was added to the database. Data are required for all patients with System Admission dates on or after 10/01/2006.

Variable Aliases: For Data Analysis Only
Admit Variable ID: 263  Discharge Variable ID: 264
8-Character Description: AWghtRhb  8-Character Description: AWghtDis
FORM I: 45. FIM-Overview

VARIABLE NAME: Functional Independence Measure (FIM) – Items A through M and T

DESCRIPTION: This variable assesses severity of disability through measurement of the most common and useful functional assessment items. Only the thirteen motor assessment items (A through M) and the Motor Subtotal Score (S) are documented.

Data are collected

1) at the beginning of the first inpatient acute rehab stay
2) prior to discharge from the last inpatient acute rehab stay

CHARACTERS: 1 for each FIM item
2 for each Total Motor Score

CODES: 9 Unknown

◊ the activity did occur, but no observer was available to rate the subject’s performance
◊ the activity did occur, but the observer’s rating is not available
◊ the assessments were not performed within 3 calendar days of admission to inpatient rehab or within 3 calendar days of inpatient rehab discharge
◊ the subject is under the age of 6
◊ the subject was not admitted to System inpatient acute rehab
◊ deceased

INDEPENDENT (NO HELPER): Another person is not required for the activity.

7 Complete Independence – The subject safely performs all the tasks described as making up the activity within a reasonable amount of time, and does so without modification, assistive devices, or aids.

6 Modified Independence – One or more of the following may be true: the activity requires an assistive device, the activity takes more than reasonable time, or the activity involves safety (risk) considerations.

DEPENDENT (REQUIRES HELPER): Subject requires another person for either supervision or physical assistance in order for the activity, or it is not performed.

MODIFIED DEPENDENCE – The subject expends half (50%) or more of the effort. The levels of assistance required are defined below:

5 Supervision or Setup – The subject requires no more help than standby, cueing or coaxing, without physical contact; alternately, the helper sets up needed items or applies orthoses or assistive/adaptive devices.

4 Minimal Contact Assistance – The subject requires no more help than touching, and expends 75% or more of the effort.

3 Moderate Assistance – The subject requires more help than touching, or expends between 50 and 74% of the effort.
FORM I

VARIABLE NAME: Functional Independence Measure (FIM) – Items A through M and T

CODES (cont’d):

- COMPLETE DEPENDENCE – The subject expends less than half (less than 50%) of the effort. Maximal or total assistance is required. The levels of assistance required are defined below:
  2 Maximal Assistance – The subject expends between 25 and 49% of the effort.
  1 Total Assistance – The subject expends less than 25% of the effort or subject cannot be rated due to physical or cognitive limitations and a helper performs the activity for the patient
  0 Activity Does Not Occur – The subject does not perform the activity, and a helper does not perform the activity for the subject. Use code 0 for the Self Care, Transfers and Locomotion items during the admission assessment only (use code 1 at discharge).

NOTE: Do NOT use code 0 if:
- the subject performs the activity without a clinician observing. In such cases, consult other clinicians, the subject’s medical record, the subject, and the subject’s family members to obtain information about the subject’s functional status.
- If no information is available, use code 9.

COMMENTS: Use the Uniform Data System’s (UDS) training materials to train the persons who document this information. Training manuals are available (for a fee) from the UDS for non-UDS subscribers.

For all systems, the beginning of the inpatient rehabilitation stay is marked by the first admission to the System’s inpatient acute rehabilitation hospital, transfer to the System’s inpatient rehabilitation unit, or commencement of the inpatient rehabilitation program in a multipurpose unit in the System. This is the date coded in the Date of first System Inpatient Rehab Admission. Admission assessments should occur within 3 calendar days of this date.

The admission assessments for bladder and bowel accidents include the 4 days prior to the rehab admission, as well as the first 3 days in the rehab unit.
FORM I: 45. FIM-Overview

FORM I

VARIABLE NAME:  Functional Independence Measure (FIM) – Items A through M and T

COMMENTS (cont’d):  Record the number which best describes the respondent’s level of function for each FIM item on the coding form.  If the subject does not perform an activity during the observation period due to physical or cognitive limitations (e.g., a cast or IV line) and, a helper performs the activity for the subject, use code “1”. If the subject does not perform an activity during the observation period and, a helper does not perform the activity for the subject, use code “0” (when allowed) or, use code “1” (when “0” is not allowed).

In the event FIM items are rated higher during therapy than when the subject is observed on the nursing floor or in his/her room, record the lower score. The usual reason for this is the subject has not mastered the function or is too tired or not motivated enough to transfer the behavior out of the therapy setting. The lower score is recorded because it is what the subject actually does.

SOURCE:  Uniform Data System for Medical Rehabilitation.

QC:  See page 122.

REVISIONS:  Form I FIM data are to be collected on all subjects admitted to the rehab unit after 9/30/88 (i.e., V108 greater than 09/30/1988).
January 1998:  All Communication and Social Cognition items were deleted.
January 2002: UDS changes on Form I were implemented for those patients who were discharged on or after January 1, 2002.
April 2010: Removed code 0 at discharge for Tub/Shower Transfers and restricted discharge FIM to within 3 days of discharge.

The following is a list of all items included in this variable:

   SELF CARE
   A.  Eating
   B.  Grooming
   C.  Bathing
   D.  Dressing – Upper body
   E.  Dressing – Lower body
   F.  Toileting

   SPHINCTER CONTROL
   G.  Bladder Management
   H.  Bowel Management

   MOBILITY (TRANSFER)
   I.  Bed, Chair, Wheelchair
   J.  Toilet
   K.  Tub, Shower

   LOCOMOTION
   L.  Walking or Wheelchair
   LM.  Mode of Locomotion
   M.  Stairs

   TOTAL
FORM I: 45A. FIM-Self Care-Eating

VARIABLE NAME: Functional Independence Measure (FIM) – Self Care: Eating

DESCRIPTION: Includes the ability to use suitable utensils to bring food to the mouth, as well as the ability to chew and swallow the food once the meal is presented in the customary manner on a table or tray. The subject performs this activity safely.

CHARACTERS: 1 for each entry

CODES:
- **9** Unknown (see page 186 for details)

NO HELPER

- **7** Complete independence – The subject eats from a dish while managing a variety of food consistencies, and drinks from a cup or glass with the meal presented in the customary manner on a table or tray. The subject opens containers, butters bread, cuts meat, pours liquids and uses a spoon or fork to bring food to the mouth, where it is chewed and swallowed. The subject performs this activity safely.

- **6** Modified independence – Performance of the activity involves safety considerations, or the subject requires an adaptive or assistive device such as a long straw, spork or rocking knife; requires more than a reasonable amount of time to eat; or requires modified food consistency or blenderized food. If the subject relies on other means of alimentation, such as parenteral or gastrostomy feedings, then (s)he self-administers the feedings.

HELPER

- **5** Supervision or setup – The subject requires supervision (e.g., standing by, cueing or coaxing) or setup (application of orthoses or assistive/adaptive devices), or another person is required to open containers, butter bread, cut meat, or pour liquids.

- **4** Minimal contact assistance – The subject performs 75% or more of eating tasks.

- **3** Moderate assistance – The subject performs 50% to 74% of eating tasks.

- **2** Maximal assistance – The subject performs 25% to 49% of eating tasks.

- **1** Total assistance – The subject performs less than 25% of eating tasks, or the subject relies on parenteral or gastrostomy feedings (either wholly or partially) and does not administer self-administer the feedings; or the subject cannot perform the task due to physical or cognitive limitations and a helper performs the activity for the subject.

- **0** Activity does not occur – Enter code 0 only for the admission assessment (use code 1 at discharge). The subject does not eat and does not receive any parenteral/enteral nutrition and a helper does not perform the activity for the subject. Use of this code should be rare.

Variable Aliases: For Data Analysis Only

<table>
<thead>
<tr>
<th>Admit</th>
<th>Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variable ID: 268</td>
<td>Variable ID: 283</td>
</tr>
<tr>
<td>8-Character Description: AFEatgRb</td>
<td>8-Character Description: AFEatgDs</td>
</tr>
</tbody>
</table>
FORM I: 45B. FIM-Self Care-Grooming

VARIABLE NAME: Functional Independence Measure (FIM) – Self Care: Grooming

DESCRIPTION: Includes oral care, hair grooming (combing or brushing hair), washing the hands*, washing the face*, and either shaving the face or applying makeup. If the subject neither shaves nor applies make-up, Grooming includes only the first four tasks. The subject performs this activity safely.

CHARACTERS: 1 for each entry

CODES:

9 Unknown (see page 186 for details)

NO HELPER

7 Complete independence – The subject cleans teeth or dentures, combs or brushes hair, washes the hands*, washes the face, and either shaves the face or applies make-up, including all preparations. The subject performs this activity safely.

6 Modified independence – The subject requires specialized equipment (including prosthesis or orthosis) to perform grooming activities, or takes more than a reasonable amount of time, or there are safety considerations.

HELPER

5 Supervision or setup – The subject requires supervision (e.g., standing by, cueing or coaxing) or setup (application of orthoses or adapted/assistive devices, setting out grooming equipment, and initial preparation such as applying toothpaste to toothbrush and opening make-up containers).

4 Minimal contact assistance – The subject performs 75% or more of grooming tasks.

3 Moderate assistance – The subject performs 50% to 74% of grooming tasks.

2 Maximal assistance – The subject performs 25% to 49% of grooming tasks.

1 Total assistance – The subject performs less than 25% of grooming tasks or the subject cannot perform the task due to physical or cognitive limitations and a helper performs the activity for the subject.

0 Activity does not occur – Enter code 0 only for the admission assessment (use code 1 at discharge). The subject does not perform any grooming activities (oral care, hair grooming, washing the hands, washing the face, and either shaving the face or applying make-up) and is not groomed by a helper. Use of this code should be rare.

COMMENTS: Assess only the activities listed in the definition. Grooming does not include flossing teeth, shampooing the hair, applying deodorant, or shaving legs. If the subject is bald or chooses not to shave or apply make-up, do not assess those activities.

*including rinsing and drying.

Variable Aliases: For Data Analysis Only

Admit
Variable ID: 269
8-Character Description: AFGrmgRb

Discharge
Variable ID: 284
8-Character Description: AFGrmgDs
VARIABLE NAME: Functional Independence Measure (FIM) – Self Care: Bathing

DESCRIPTION: Includes washing, rinsing and drying the body from the neck down (excluding the neck and back) in either a tub or shower or sponge/bed bath. The patient performs the activity safely.

CHARACTERS: 1 for each entry

CODES:

9 Unknown (see page 186 for details)

NO HELPER

7 Complete independence – The subject safely bathes (washes, rinses and dries) the body.

6 Modified independence – The subject requires specialized equipment (including prosthesis or orthosis) to bathe, or takes more than a reasonable amount of time, or there are safety considerations.

HELPER

5 Supervision or setup – The subject requires supervision (e.g., standing by, cueing or coaxing) or setup (application of assistive/adaptive devices, setting out bathing equipment, and initial preparation such as preparing the water or washing materials).

4 Minimal contact assistance – The subject performs 75% or more of bathing tasks.

3 Moderate assistance – The subject performs 50% to 74% of bathing tasks.

2 Maximal assistance – The subject performs 25% to 49% of bathing tasks.

1 Total assistance – The subject performs less than 25% of bathing tasks or the subject cannot perform the task due to physical or cognitive limitations and a helper performs the activity for the subject.

0 Activity does not occur – Enter code 0 only for the admission assessment (use code 1 at discharge). The subject does not bathe self and is not bathed by a helper. Use of this code should be rare.

COMMENTS: There are ten body parts included in this activity, each accounting for 10% of the total: chest, left arm, right arm, abdomen, perineal area, buttocks, left upper leg, right upper leg, left lower leg (including foot) and right lower leg (including foot).

Variable Aliases: For Data Analysis Only
Admit Variable ID: 270 8-Character Description: AFBthgRb
Discharge Variable ID: 285 8-Character Description: AFBthgDs
FORM I: 45D. FIM-Self Care-Dressing, Upper Body

VARIABLE NAME: Functional Independence Measure (FIM) – Self Care: Dressing, Upper Body

DESCRIPTION: Includes dressing and undressing above the waist, as well as applying and removing prosthesis or orthosis when applicable. The subject performs this activity safely.

CHARACTERS: 1 for each entry

CODES:

9 Unknown (see page 186 for details)

NO HELPER

7 Complete independence – The subject dresses and undresses self. This includes obtaining clothes from their customary places (such as drawers and closets) and may include managing a bra, pullover garment, front-opening garment, zippers, buttons, or snaps, as well as the application and removal of a prosthesis or orthosis (which is not used as an assistive device for upper body dressing) when applicable. The subject performs this activity safely.

6 Modified independence – The subject requires special adaptive closure such as Velcro® Fastener, or an assistive device (including a prosthesis or orthosis) to dress, or takes more than a reasonable amount of time.

HELPER

5 Supervision or setup – The subject requires supervision (e.g., standing by, cueing or coaxing) or setup (application of an upper body or limb orthosis/prosthesis, application of an assistive/adaptive device, or setting out clothes or dressing equipment).

4 Minimal contact assistance – The subject performs 75% or more of dressing tasks.

3 Moderate assistance – The subject performs 50% to 74% of dressing tasks.

2 Maximal assistance – The subject performs 25% to 49% of dressing tasks.

1 Total assistance – The subject performs less than 25% of dressing tasks or the subject cannot perform the task due to physical or cognitive limitations and a helper performs the activity for the subject.

0 Activity does not occur – Enter code 0 only for the admission assessment (use code 1 at discharge). The subject does not dress in clothing that is appropriate to wear in public and is not dressed by a helper. The subject who wears only a hospital gown should be coded “0 – Activity does not occur”. Putting on and taking off scrubs may be appropriate for purposes of assessment. Use of this code should be rare.

COMMENTS: When assessing dressing and undressing, the subject must use clothing that is appropriate to wear in public. If the subject wears only hospital gowns or nightgowns/pajamas, score as level 0 at admit (1 at discharge).

Variable Aliases: For Data Analysis Only

Admit Variable ID: 271 8-Character Description: AFDrUpRb

Discharge Variable ID: 286 8-Character Description: AFDrUpDs
FORM I: 45E. FIM-Self Care-Dressing, Lower Body

VARIABLE NAME: Functional Independence Measure (FIM) – Self Care: Dressing, Lower Body

DESCRIPTION: Includes dressing and undressing from the waist down, as well as applying and removing a prosthesis or orthosis when applicable. The subject performs this activity safely.

CHARACTERS: 1 for each entry

CODES:

9 Unknown (see page 186 for details)

NO HELPER

7 Complete independence – The subject dresses and undresses safely. This includes obtaining clothes from their customary places (such as drawers and closets), and may also include managing underpants, slacks, skirt, belt, stockings, shoes, zippers, buttons, and snaps as well as the application and removal of a prosthesis or orthosis (which is not used as an assistive device for lower body dressing) when applicable.

6 Modified independence – The subject requires special adaptive closure such as Velcro® Fastener, or an assistive device (including a prosthesis or orthosis) to dress, or takes more than a reasonable amount of time.

HELPER

5 Supervision or setup – The subject requires supervision (e.g., standing by, cueing or coaxing) or setup (application of an lower body or limb orthosis/prosthesis, application of an assistive/adaptive device or setting out clothes or dressing equipment).

4 Minimal contact assistance – The subject performs 75% or more of dressing tasks.

3 Moderate assistance – The subject performs 50% to 74% of dressing tasks.

2 Maximal assistance – The subject performs 25% to 49% of dressing tasks.

1 Total assistance – The subject performs less than 25% of dressing tasks or the subject cannot perform the task due to physical or cognitive limitations and a helper performs the activity for the subject.

0 Activity does not occur – Enter code 0 only for the admission assessment (use code 1 at discharge). The subject does not dress in clothing that is appropriate to wear in public and is not dressed by a helper. The subject who wears only a hospital gown and/or underpants and/or footwear should be coded “0 – Activity does not occur”. Putting on and taking off scrubs may be appropriate for purposes of assessment. Use of this code should be rare.

COMMENTS: When assessing dressing and undressing, the subject must use clothing that is appropriate to wear in public. If the subject wears only hospital gowns or nightgowns/pajamas, score as level 0 at admit (1 at discharge).

Variable Aliases: For Data Analysis Only
Admit Variable ID: 272  Discharge Variable ID: 287
8-Character Description: AFDrLoRb  8-Character Description: AFDrLoDs
FORM I: 45F. FIM-Self Care-Toileting

VARIABLE NAME: Functional Independence Measure (FIM) – Self Care: Toileting
DESCRIPTION: Includes maintaining perineal hygiene and adjusting clothing before and after toilet, bedpan, or urinal. The subject performs this activity safely.
CHARACTERS: 1 for each entry
CODES:

9 Unknown (see page 186 for details)

NO HELPER

7 Complete independence – The subject safely cleanses self after voiding and bowel movements and safely adjusts clothing before and after using toilet or bedpan.

6 Modified independence – The subject requires specialized equipment (including prosthesis or orthosis) during toileting, or takes more than a reasonable amount of time, or there are safety considerations.

HELPER

5 Supervision or setup – The subject requires supervision (e.g., standing by, cueing or coaxing) or setup (application of adaptive devices or opening packages).

4 Minimal contact assistance – The subject performs 75% or more of toileting tasks.

3 Moderate assistance – The subject performs 50% to 74% of toileting tasks.

2 Maximal assistance – The subject performs 25% to 49% of toileting tasks.

1 Total assistance – The subject performs less than 25% of toileting tasks; or the subject cannot perform the task due to physical or cognitive limitations and a helper performs the activity for the subject.

0 Activity does not occur – Enter code 0 only for the admission assessment (use code 1 at discharge). The subject does not perform any of the toileting tasks (perineal cleansing, clothing adjustment before and after toilet use, etc.), and a helper does not perform any of these activities for the subject. Use of this code should be rare.

Variable Aliases: For Data Analysis Only

Admit
Variable ID: 273 8-Character Description: AFTltgRb

Discharge
Variable ID: 288 8-Character Description: AFTltgDs
FORM I: Functional Independence Measure (FIM) – Sphincter Control: Bladder Management

VARIABLE NAME: Functional Independence Measure (FIM) – Sphincter Control: Bladder Management

DESCRIPTION: Bladder Management consists of two function modifiers (Level of Assistance and Frequency of Accidents). After these two function modifiers are scored, record the lower (more dependent) score in FIM item G.

FUNCTION MODIFIER #1:
Bladder Management – Level of Assistance

DESCRIPTION: This is the first function modifier used to determine Sphincter Control: Bladder Management. It includes the safe use of equipment or agents for bladder management.

CODES:
9 Unknown (see page 186 for details)

NO HELPER
7 Complete independence – The subject controls bladder completely and intentionally without equipment or devices, and is never incontinent (no accidents).

6 Modified independence – The subject requires a urinal, bedpan, catheter, absorbent pad, diaper, urinary collecting device, or urinary diversion or uses medication for control. If catheter is used, the subject cleans, sterilizes, and sets up the equipment for irrigation without assistance. If the subject uses a device, (s)he assembles and applies an external catheter with drainage bags or an ileal appliance without assistance of another person; the subject also empties, puts on, removes, and cleans leg bag or empties and cleans ileal appliance bag. The subject has no accidents.

HELPER
5 Supervision or setup – The subject requires supervision (e.g., standing by, cueing or coaxing) or setup (placing or emptying) of equipment to maintain a satisfactory voiding pattern or an external device.

4 Minimal contact assistance – The subject requires minimal contact assistance to maintain an external device, and performs 75% or more of bladder management tasks.

3 Moderate assistance – The subject requires moderate assistance to maintain an external device, and performs 50% to 74% of bladder management tasks.

2 Maximal assistance – The subject performs 25% to 49% of bladder management tasks.

1 Total assistance – The subject performs less than 25% of bladder management tasks; or the subject cannot perform the task due to physical or cognitive limitations and a helper performs the activity for the subject.
VARIABLE NAME: Functional Independence Measure (FIM) – Sphincter Control: Bladder Management

FUNCTION MODIFIER #1 (cont’d):

Bladder Management – Level of Assistance

COMMENTS: The functional goal of bladder management is to open the urinary sphincter only when needed and to keep it closed the rest of the time. This may require devices, medications (agents), or assistance in some subjects. This item deals with the level of assistance required to complete bladder management tasks. If the subject does not void (e.g., subject has renal failure and is on hemodialysis), then code level 7 – Complete Independence.

A separate function modifier, Bladder Management – Frequency of Accidents, deals with the success of the bladder management program. This modifier is scored separately. After these two function modifiers are scored, record the lower (more dependent) score in FIM item G.

FUNCTION MODIFIER #2:

Bladder Management – Frequency of Accidents

DESCRIPTION: This is the second function modifier used to determine Sphincter Control: Bladder Management. It includes complete intentional control of urinary bladder and, if necessary, use of equipment or agents for bladder control. Bladder accidents refer to the act of wetting linen or clothing with urine, and includes bedpan and urinal spills. The admission assessment for bladder accidents includes the 4 days prior to the rehab admission as well as the first 3 days in the rehab facility.

CODES:  
9 Unknown (see page 186 for details)
7 No accidents – The subject controls bladder completely and intentionally, and does not have any accidents.
6 No accidents; uses device such as a catheter – The subject requires a urinal, bedpan, catheter, absorbent pad, diaper, urinary collecting device, or urinary diversion or uses medication for control. The subject cleans and maintains equipment without assistance of another person. The subject has no accidents.

HELPER
5 One (1) bladder accident, including bedpan and urinal spills, in the past 7 days.
4 Two (2) bladder accidents, including bedpan and urinal spills, in the past 7 days.
3 Three (3) bladder accidents, including bedpan and urinal spills, in the past 7 days.
2 Four (4) bladder accidents, including bedpan and urinal spills, in the past 7 days.
1 Five (5) bladder accidents, including bedpan and urinal spills, in the past 7 days.
FORM I: Functional Independence Measure (FIM) – Sphincter Control: Bladder Management

VARIABLE NAME: Functional Independence Measure (FIM) – Sphincter Control: Bladder Management

FUNCTION MODIFIER #2 (cont’d):

Bladder Management – Frequency of Accidents

COMMENTS: The functional goal of bladder management is to open the urinary sphincter only when needed and to keep it closed the rest of the time. This item deals with the frequency of accidents required to complete bladder management tasks. If the subject does not void (e.g., subject has renal failure and is on hemodialysis), then code level 7 – Complete Independence.

A separate function modifier, Bladder Management – Level of Assistance, deals with the level of assistance to complete the bladder management tasks. This modifier is scored separately. After these two function modifiers are scored, the lower (more dependent) score is reported in FIM item G.

Variable Aliases: For Data Analysis Only

Admit Variable ID: 274 8-Character Description: AFBdMgRb
Discharge Variable ID: 289 8-Character Description: AFBdMgDs
**FORM I:  45H. FIM-Sphincter Control-Bowel Management**

**VARIABLE NAME:** Functional Independence Measure (FIM) – Sphincter Control: Bowel Management

**DESCRIPTION:** Bowel Management consists of two function modifiers (*Level of Assistance* and *Frequency of Accidents*). After these two function modifiers are scored, the lower (more dependent) score is recorded in this FIM item.

**FUNCTION MODIFIER #1:**

*Bowel Management – Level of Assistance*

**DESCRIPTION:** This is the first function modifier used to determine Sphincter Control: Bowel Management. It includes the use of equipment or agents for bowel management. The admission assessment for bowel accidents includes the 4 days prior to the rehab admission, as well as the first 3 days in the rehab facility.

**CODES:**

9  Unknown *(see page 186 for details)*

**NO HELPER**

7  Complete independence – The subject controls bowels completely and intentionally without equipment or devices, and does not have any bowel accidents.

6  Modified independence – The subject requires a bedpan, digital stimulation or stool softeners, suppositories, laxatives (other than natural laxatives like prunes), or enemas on a regular basis; alternately, the patient uses other medications for control. If the subject has a colostomy, (s)he maintains it. *The subject has no accidents.*

**HELPER**

5  Supervision or setup – The subject requires supervision (e.g., standing by, cueing or coaxing) or setup of equipment necessary for the subject to maintain either a satisfactory excretory pattern or an ostomy device.

4  Minimal contact assistance – The subject requires minimal contact assistance to maintain a satisfactory excretory pattern by using suppositories, enemas, or an external device. The subject performs 75% or more of bowel management tasks.

3  Moderate assistance – The subject requires moderate assistance to maintain a satisfactory excretory pattern by using suppositories, enemas, or an external device. The subject performs 50% to 74% of bowel management tasks.

2  Maximal assistance – The subject performs 25% to 49% of bowel management tasks.

1  Total assistance – The subject performs less than 25% of bowel management tasks; or the subject cannot perform the task due to physical or cognitive limitations and a helper performs the activity for the subject.
VARIABLE NAME: Functional Independence Measure (FIM) – Sphincter Control: Bowel Management

FUNCTION MODIFIER #1 (cont’d):

_Bowel Management – Level of Assistance_

COMMENTS: The functional goal of bowel management is to open the anal sphincter only when needed and to keep it closed the rest of the time. This may require devices, medications (agents), or assistance in some subjects. This item deals with the level of assistance required to complete bowel management tasks.

A separate function modifier, _Bowel Management – Frequency of Accidents_, deals with the success of the bowel management program. This modifier is scored separately. After these two function modifiers are scored, record the lower (more dependent) score in FIM item H.

FUNCTION MODIFIER #2:

_Bowel Management – Frequency of Accidents_

DESCRIPTION: This is the second function modifier used to determine Sphincter Control: Bowel Management. It includes complete intentional control of bowel movements and (if necessary) use of equipment/agents for bowel control. Bowel accidents refer to the act of soiling linen or clothing with stool, including bedpan spills.

CODES:

- **9 Unknown** (see page 186 for details)
- **7 No accidents** – The subject controls bowel completely and intentionally without equipment or devices, and is _never incontinent_ (no accidents).
- **6 No accidents; uses device such as ostomy** – The subject requires a bedpan, digital stimulation or stool softeners, suppositories, laxatives (other than natural laxatives like prunes), or enemas on a regular basis; alternately, the patient uses other medications for control. _The subject has no accidents._
- **HELPER**
- **5 One (1) accident** in the past 7 days.
- **4 Two (2) accidents** in the past 7 days.
- **3 Three (3) accidents** in the past 7 days.
- **2 Four (4) accidents** in the past 7 days.
- **1 Five (5) accidents** in the past 7 days.
FORM I: 45H. FIM-Sphincter Control-Bowel Management

FORM I

VARIABLE NAME: Functional Independence Measure (FIM) – Sphincter Control: Bowel Management

FUNCTION MODIFIER #2 (cont’d):

_Bowel Management – Frequency of Accidents_

**COMMENTS:** The functional goal of bowel management is to open the anal sphincter only when needed and to keep it closed the rest of the time. This item deals with the frequency of accidents required to complete bowel management tasks.

A separate function modifier, _Bowel Management – Level of Assistance_, deals with the level of assistance to complete the bowel management tasks. This modifier is scored separately. After these two function modifiers are scored, record the lower (more dependent) score in FIM item H.

Variable Aliases: For Data Analysis Only

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<td>Variable ID: 290</td>
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<tr>
<td>8-Character Description: AFBwMgRb</td>
<td>8-Character Description: AFBwMgDs</td>
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</table>
FORM I: 45I. FIM-Mobility (Transfers)-Bed, Chair, Wheelchair

VARIABLE NAME: Functional Independence Measure (FIM) – Mobility (Transfers): Bed, Chair, Wheelchair

DESCRIPTION: Includes all aspects of transferring to and from bed, chair and wheelchair or coming to a standing position if walking is the typical mode of locomotion. The subject performs this activity safely.

CHARACTERS: 1 for each entry

CODES:
9 Unknown (see page 186 for details)

NO HELPER
7 Complete independence –
   If walking: The subject safely approaches, sits down on a regular chair, and gets up to a standing position from a regular chair. The subject also safely transfers from bed to chair.
   If in a wheelchair: The subject approaches a bed or chair, locks brakes, lifts foot rests, removes arm rest if necessary, and performs either a standing pivot or sliding transfer (without a board) and returns. The subject performs this activity safely.

6 Modified independence – The subject requires adaptive or assistive device such as a sliding board, a lift, grab bars, or a special seat/chair/brace/crutches; or the activity takes more than a reasonable amount of time; or there are safety considerations. In this case, a prosthesis or orthosis is considered an assistive device if used for the transfer.

HELPER
5 Supervision or setup – Requires supervision (e.g., standing by, cueing or coaxing) or setup (positioning sliding board, moving foot rests, etc.).

4 Minimal contact assistance – The subject requires no more than touching and performs 75% or more of transferring tasks.

3 Moderate assistance – The subject requires more help than touching or performs 50% to 74% of transferring tasks.

2 Maximal assistance – The subject performs 25% to 49% of transferring tasks.

1 Total assistance – The subject performs less than 25% of transferring tasks; or the subject cannot perform the task due to physical or cognitive limitations and a helper performs the activity for the subject.

0 Activity does not occur – Enter code 0 only for the admission assessment (use code 1 at discharge). The subject does not transfer to or from the bed or a chair, and is not transferred to or from the bed or chair by a helper or lifting device. Use of this code should be rare.

COMMENTS: When assessing bed to chair transfer, the subject begins and ends in the supine position.

Variable Aliases: For Data Analysis Only
Admit
Variable ID: 276
8-Character Description: AFMBCWRb

Discharge
Variable ID: 291
8-Character Description: AFMBCWDs

NSCISC: 4/2010
FORM I: 45J. FIM-Mobility (Transfers)-Toilet

VARIABLE NAME: Functional Independence Measure (FIM) – Mobility (Transfer): Toilet

DESCRIPTION: Includes getting on and off a toilet.

CHARACTERS: 1 for each entry

CODES:
9 Unknown (see page 186 for details)

NO HELPER

7 Complete independence –
   If walking: The subject approaches, sits down on a standard toilet and gets up from a standard toilet. The subject performs this activity safely.
   If in a wheelchair: The subject approaches toilet, locks brakes, lifts foot rests, removes arm rests if necessary and does either a standing pivot or sliding transfer (without a board) and returns. The subject performs this activity safely.

6 Modified independence – The subject requires an adaptive or assistive device such as a sliding board, a lift, grab bars, or special seat; or takes more than a reasonable amount of time to complete the activity; or there are safety considerations. In this case, a prosthesis or orthosis is considered an assistive device if used for the transfer.

HELPER

5 Supervision or setup – The subject requires supervision (e.g., standing by, cueing or coaxing) or setup (positioning sliding board, moving foot rests, etc.).

4 Minimal contact assistance – The subject requires no more than touching and performs 75% or more of transferring tasks.

3 Moderate assistance – The subject requires more help than touching or performs 50% to 74% of transferring tasks.

2 Maximal assistance – The subject performs 25% to 49% of transferring tasks.

1 Total assistance – The subject performs less than 25% of transferring tasks; or the subject cannot perform the task due to physical or cognitive limitations and a helper performs the activity for the subject.

0 Activity does not occur – Enter code 0 only for the admission assessment (Use code 1 at discharge). The subject does not transfer on or off the toilet/commode, and is not transferred on or off the toilet/commode by a helper or lifting device. For example, the subject uses only a bedpan and/or urinal. Use of this code should be rare.

Variable Aliases: For Data Analysis Only
Admit Variable ID: 277 8-Character Description: AFMTltRb
Discharge Variable ID: 292 8-Character Description: AFMTltDs
FORM 1

VARIABLE NAME: Functional Independence Measure (FIM) – Mobility (Transfer): Tub, Shower

DESCRIPTION: Mobility (Transfer): Tub, Shower consists of two function modifiers (Transfers: Tub and Transfers: Shower). After these two function modifiers are scored, the lower (more dependent) score is recorded in this FIM item.

FUNCTION MODIFIER #1:

Transfers: Tub

DESCRIPTION: Includes getting into and out of a tub. The subject performs this activity safely. This is the first of two function modifiers.

CODES:

9 Unknown (see page 186 for details)

NO HELPER

7 Complete independence –
   If walking: The subject approaches a tub, and gets into and out of it. The subject performs this activity safely.
   If in a wheelchair: The subject approaches a tub, locks brakes, lifts foot rests, removes arm rests if necessary, and does either a standing pivot or sliding transfer (without a board) and returns. The subject performs this activity safely.

6 Modified independence – The subject requires an adaptive or assistive device (including prosthesis or orthosis) such as a sliding board, a lift, grab bars, or special seat; takes more than a reasonable amount of time to complete the activity or there are safety considerations.

HELPER

5 Supervision or setup – The subject requires supervision (e.g., standing by, cueing or coaxing) or setup (positioning sliding board, moving foot rests, etc.).

4 Minimal contact assistance – The subject performs 75% or more of transferring tasks.

3 Moderate assistance – The subject requires no more than touching and performs 50% to 74% of transferring tasks.

2 Maximal assistance – The subject requires more help than touching or performs 25% to 49% of transferring tasks.

1 Total assistance – The subject performs less than 25% of transferring tasks; or the subject cannot perform the task due to physical or cognitive limitations and a helper performs the activity for the subject.

0 Activity does not occur – The subject does not transfer into and out of a tub and is not transferred by a helper. Use of this code should be rare. Code 0 may be used on admission only.
FORM I: 45K. FIM-Mobility (Transfers)-Tub, Shower

FORM I

VARIABLE NAME: Functional Independence Measure (FIM) – Mobility (Transfer): Tub, Shower

FUNCTION MODIFIER #1 (cont’d):

Transfers: Tub

COMMENT: There is a separate function modifier that addresses transfers into a shower stall. Score the function modifiers separately. If the patient uses only one mode, record this score in FIM item K. If the patient transfers into the tub and shower, record the lower score.

FUNCTION MODIFIER #2:

Transfers: Shower

DESCRIPTION: Includes getting into and out of a shower. The subject performs this activity safely. This is the second of two function modifiers.

CODES:

9 Unknown (see page 186 for details)

NO HELPER

7 Complete independence –
   If walking: The subject approaches a shower stall, and gets into and out of it. The subject performs this activity safely.
   If in a wheelchair: The subject approaches a shower stall, locks brakes, lifts foot rests, removes arm rests if necessary, and does either a standing pivot or sliding transfer (without a board) and returns. The subject performs this activity safely.

6 Modified independence – The subject requires an adaptive or assistive device (including prosthesis or orthosis) such as a sliding board, a lift, grab bars, or special seat; takes more than a reasonable amount of time to complete the activity or there are safety considerations.

HELPER

5 Supervision or setup – The subject requires supervision (e.g., standing by, cueing or coaxing) or setup (positioning sliding board, moving foot rests, etc.).

4 Minimal contact assistance – The subject performs 75% or more of transferring tasks.

3 Moderate assistance – The subject requires no more than touching and performs 50% to 74% of transferring tasks.

2 Maximal assistance – The subject requires more help than touching or performs 25% to 49% of transferring tasks.

1 Total assistance – The subject performs less than 25% of transferring tasks; or the subject cannot perform the task due to physical or cognitive limitations and a helper performs the activity for the subject.

0 Activity does not occur – The subject does not transfer into and out of a shower and is not transferred by a helper. Use of this code should be rare. Code 0 may be used on admission only.
FORM I: 45K. FIM-Mobility (Transfers)-Tub, Shower

VARIABLE NAME: Functional Independence Measure (FIM) – Mobility (Transfer): Tub, Shower

FUNCTION MODIFIER #2 (cont’d):

Transfers: Shower

COMMENT: There is a separate function modifier that addresses transfers into a tub. Score the function modifiers separately. If the patient uses only one mode, record this score in FIM item K. If the patient transfers into the tub and shower, record the lower score.

Variable Aliases: For Data Analysis Only

Admit
Variable ID: 278
8-Character Description: AFMTShRb

Discharge
Variable ID: 293
8-Character Description: AFMTShDs
FORM I: 45L. FIM-Locomotion-Walking or Wheelchair

VARIABLE NAME: Functional Independence Measure (FIM) – Locomotion: Walking or Wheelchair

DESCRIPTION: Locomotion: Walking or Wheelchair consists of two function modifiers (Locomotion: Walk and Locomotion: Wheelchair). The score that matches the type of locomotion is recorded in this FIM item. If both modes are performed equally, and the scores for each mode are not equal, the lower (more dependent) score is recorded in this FIM item. If the subject changes the mode of locomotion between admission and discharge (usually from wheelchair to walking), record the admission mode and scores based on the more frequent mode of locomotion at discharge.

FUNCTION MODIFIER #1:
Locomotion: Walk

DESCRIPTION: Includes walking on a level surface once in a standing position. The subject performs this activity safely. This is the first of two locomotion function modifiers.

CODES:

9 Unknown (see page 186 for details)

NO HELPER

7 Complete independence – The subject walks a minimum of 150 feet (50 meters) without assistive devices. The subject performs this activity safely.

6 Modified independence – The subject walks a minimum of 150 feet (50 meters) but uses a brace (orthosis) or prosthesis on leg, special adaptive shoes, cane, crutches, or walkerette; or takes more than a reasonable amount of time to complete the activity; or there are safety considerations.

5 Exception (household locomotion) – The subject walks only short distances (a minimum of 50 feet or 17 meters) independently with or without a device. The activity takes more than a reasonable amount of time, or there are safety considerations.

HELPER

5 Supervision – The subject requires standby supervision, cueing or coaxing to go a minimum of 150 feet (50 meters).

4 Minimal contact assistance – The subject performs 75% or more of walking effort to go a minimum of 150 feet (50 meters).

3 Moderate assistance – The subject performs 50% to 74% of walking effort to go a minimum of 150 feet (50 meters).

2 Maximal assistance – The subject performs 25% to 49% of walking effort to go a minimum of 50 feet (17 meters) and requires assistance of one person only.

1 Total assistance – The subject performs less than 25% of effort, or requires the assistance of two people, or walks less than 50 feet (17 meters).

0 Activity does not occur – Enter code 0 only for the admission assessment (use code 1 at discharge). The subject does not walk. For example, use 0 if the subject uses only a wheelchair for locomotion or the subject is on bed rest.
FORM I: 45L. FIM-Locomotion-Walking or Wheelchair
(Page 2 of 3)

FORM 1

VARIABLE NAME: Functional Independence Measure (FIM) – Locomotion: Walking or Wheelchair

FUNCTION MODIFIER #1 (cont’d):

Locomotion: Walk

COMMENTS: If the patient requires an assistive device for locomotion (prosthesis, walker, cane, AFO, adaptive shoe, etc.), then the Locomotion: Walk score can never be higher than level 6.

There are two locomotion function modifiers. Score both function modifiers on admission and discharge. FIM item Mode of Locomotion (Walk or Wheelchair) must be the same on admission and discharge. Indicate the most frequent mode of locomotion (Walk or Wheelchair) in FIM item LM. If both are used about equally, code “Both”.

FUNCTION MODIFIER #2:

Locomotion: Wheelchair

DESCRIPTION: Includes using a wheelchair on a level surface once in a seated position. The subject performs this activity safely. This is the second of two locomotion function modifiers. If the subject changes the mode of locomotion between admission and discharge (usually from wheelchair to walking), record the admission mode and scores based on the more frequent mode of locomotion at discharge.

CODES:

9 Unknown (see page 186 for details)

NO HELPER

7 This score is not to be used if the patient uses a wheelchair for locomotion.

6 Modified independence – The subject operates a manual or motorized wheelchair independently for a minimum of 150 feet (50 meters); turns around; maneuvers the chair to a table, bed, toilet; negotiates at least a 3 percent grade; and maneuvers on rugs and over door sills.

5 Exception (household locomotion) – The subject operates a manual or motorized wheelchair independently only short distances (a minimum of 50 feet of 17 meters).

HELPER

5 Supervision – The subject requires standby supervision, cueing or coaxing to go a minimum of 150 feet (50 meters) in a wheelchair.

4 Minimal contact assistance – The subject performs 75% or more of locomotion effort to go a minimum of 150 feet (50 meters).

3 Moderate assistance – The subject performs 50% to 74% of locomotion effort to go a minimum of 150 feet (50 meters).

2 Maximal assistance – The subject performs 25% to 49% of locomotion effort to go a minimum of 50 feet (17 meters) and requires the assistance of one person only.

1 Total assistance – The subject performs less than 25% of effort, or requires assistance of two people, or wheels less than 50 feet (17 meters).

0 Activity does not occur – Enter code 0 only for the admission assessment (use code 1 at discharge). The subject does not use a wheelchair, and is not pushed in a wheelchair by a helper.
FORM I: 45L. FIM-Locomotion-Walking or Wheelchair

VARIABLE NAME: Functional Independence Measure (FIM) – Locomotion: Walking or Wheelchair

FUNCTION MODIFIER #2 (cont’d):

Locomotion: Wheelchair

COMMENTS: There are two locomotion function modifiers. Score both function modifiers on admission and discharge. FIM item Mode of Locomotion (Walk or Wheelchair) must be the same on admission and discharge. Indicate the most frequent mode of locomotion (Walk or Wheelchair) in FIM item LM. If both are used about equally, code “Both”.

Variable Aliases: For Data Analysis Only

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<td>8-Character Description: AFLWWcDs</td>
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</table>
**VARIABLE NAME:** Functional Independence Measure (FIM) – Locomotion: Mode (Walking and/or Wheelchair)

**DESCRIPTION:** This variable documents the more frequent mode of locomotion (for the level recorded in FIM item L). If the subject changes the mode of locomotion between admission and discharge (usually from wheelchair to walking), record the admission mode and scores based on the **more frequent mode of locomotion at discharge**.

**CHARACTERS:** 1 for each entry

**CODES:**

0 Walking

1 Wheelchair

2 Both walking and wheelchair (use only if both are used about equally often)

9 Unknown

**COMMENTS:** FIM item *Mode of Locomotion (Walk or Wheelchair)* must be the same on admission and discharge. Indicate the most frequent mode of locomotion (Walk or Wheelchair). If both are used about equally, code “Both”.

**QC:** If variable *Locomotion: Walking and Wheelchair* = “9” (*Unknown*), this variable must = “9” (*Unknown*).
FORM I: 45M. FIM-Locomotion-Stairs

VARIABLE NAME: Functional Independence Measure (FIM) – Locomotion: Stairs

DESCRIPTION: Includes going up and down 12 to 14 stairs (one flight) indoors in a safe manner.

CHARACTERS: 1 for each entry

CODES:
9 Unknown (see page 186 for details)

NO HELPER
7 Complete independence – The subject safely goes up and down at least one flight of stairs without depending on any type of handrail or support.

6 Modified independence – The subject goes up and down at least one flight of stairs but requires a side support, handrail, cane, or portable supports; or the activity takes more than a reasonable amount of time; or there are safety considerations.

5 Exception (household ambulation) – The subject goes up and down 4 to 6 stairs independently, with or without a device. The activity takes more than a reasonable amount of time, or there are safety considerations.

HELPER
5 Supervision – The subject requires supervision (e.g., standing by, cueing or coaxing) to go up and down one flight of stairs.

4 Minimal contact assistance – The subject performs 75% or more of effort to go up and down one flight of stairs.

3 Moderate assistance – The subject performs 50% to 74% of the effort to go up and down one flight of stairs.

2 Maximal assistance – The subject performs 25% to 49% of the effort to go up and down 4 to 6 stairs, and requires the assistance of one person only.

1 Total assistance – The subject performs less than 25% of the effort; or requires the assistance of two people; or goes up and down fewer than 4 stairs; or the subject cannot perform the task due to physical or cognitive limitations and a helper carries the subject up or down stairs.

0 Activity does not occur – Enter code 0 only for the admission assessment (use code 1 at discharge). The subject does not go up or down stairs, and a helper does not carry the subject up or down stairs. Use of this code should be rare.

Variable Aliases: For Data Analysis Only
Admit Variable ID: 281 8-Character Description: AFLStrRb
Discharge Variable ID: 296 8-Character Description: AFLStrDs
FORM I

VARIABLE NAME: Functional Independence Measure (FIM) – Total Motor Score
DESCRIPTION: This variable documents the total of the levels in FIM items A through M. This variable is calculated by the NSCISC.
CHARACTERS: 2 for each entry
CODES: 13 – 91 Valid Range 99 Unknown
COMMENTS: Each of the 13 motor items comprising the FIM has a maximum level score of 7. At Admission, all FIM items except Bladder Management and Bowel Management have a minimum level score of 0. At discharge, only Transfers: Tub, Shower has a minimum level score of 0. At discharge, all items have a minimum score of 1.
The highest total score is 91 and the lowest total score is 13 (0s are calculated as 1 in the Total score).
Code “99” must be used when 1 or more items are coded “9” (Unknown).
The score for Locomotion Mode: Walking and/or Wheelchair is not included in this total.
SOFTWARE: The software calculates this variable. To use: Enter through the field. For calculation purposes only, zeros are converted to 1.
QC: If the score in any item of the FIM items A through M = “9” (Unknown), this variable (T) must = “99” (Unknown).
If the subject’s current age is less than 6, then all FIM items must = “9” and the Total FIM score must = “99”.
Also, see page 122.

Variable Aliases: For Data Analysis Only
Admit Variable ID: 282 8-Character Description: AFScorRb
Discharge Variable ID: 297 8-Character Description: AFScorDs
**FORM I: 46. Date of Death Modifier**

**VARIABLE NAME:** Date of Death Modifier

**DESCRIPTION:** The data in this variable are used to define the Date of Death. This data identifies whether the Date of Death is a completely known date or partially known date.

**CHARACTERS:** 1

**CODES:**

- 1 Date completely known
- 2 Day Unknown
- 3 Month and Day unknown
- 8 Not Applicable, Patient alive
- 9 Date Unknown, Patient deceased

**COMMENTS:**

Unknown years of death are **NOT** acceptable for this variable. In this instance, code 9 should be used. If the month or day is unknown, Code 3 should be used. If the day is unknown Code 2 should be used.

**SOFTWARE:**

When the software creates a new Form I record, the default code for ‘alive’ (Code 8) is inserted into this variable. Update this variable if the patient dies after discharge.

When Code 2, Day Unknown, is used, the software will insert an arbitrary date of 15 into the day field of the Date of Death variable. Similarly, when Code 3, Month and Day Unknown, is used, an arbitrary month and day of 12/15 will be inserted into the month and day fields of the Date of Death variable.

**QC:**

If the Place of Residence variable = ‘7, Deceased’, then the Resides in Catchment Area variable MUST = ‘8, Not Applicable, patient discharged as deceased’ and Date of Death Modifier MUST NOT = ‘8, N/A, patient alive’.

**REVISIONS:**

October 2006: This variable was added to the database. Data are required for all patients with System Admission dates on or after 10/01/2006.

**CONVERSIONS:**

October 2006: All existing Date of Death records are converted to the coding scheme set forth by the Date of Death Modifier.

**Variable Aliases:** For Data Analysis Only

**Variable ID:** 298

8-Character Description: ADthDtMd
FORM I: 47. Date of Death

VARIABLE NAME: Date of Death
DESCRIPTION: This variable specifies the patient’s date of death.
CHARACTERS: 10
FORMAT: mm/dd/yyyy
CODES: Any valid date
Blank

COMMENTS: This variable is to be used to document the date of death for any patient who dies during initial hospitalization or during the follow-up period. See Appendix D for tips on tracking patients (from internet sources, etc.).

SOFTWARE: When Code 2, Day Unknown, is used for the Date of Death Modifier variable, the software will insert an arbitrary date of 15 into the day field in the Date of Death variable. Similarly, when Code 3, Month and Day Unknown, is used, an arbitrary month and day of 12/15 will be inserted into the month and day fields in the Date of Death variable.

REVISIONS: October 2006: The Date of Death Modifier was added to the database to prevent the use of partial dates in this variable. Variables that are indicated as partial dates by the Date of Death Modifier variable will receive an arbitrary day or month and day in the respective fields of the Date of Death variable. Doing so will allow the Date of Death variable to be coded in valid date format.

QC: If the patient dies during System Inpatient Acute Care, the Date of Death will be the same as the Date of Discharge.

If the Date of Death Modifier is coded ‘8, Not Applicable, Patient Alive’, the Date of Death must = ‘Blank’.

If the Date of Death Modifier is coded ‘9, Unknown’, the Date of Death must = ‘Blank’.

Variable Aliases: For Data Analysis Only

Variable ID: 299
8-Character Description: ADthDt

NSCISC: 10/2006  213
FORM I: 48. Cause(s) of Death

VARIABLE NAME: Cause(s) of Death

DESCRIPTION: This variable documents cause(s) of death by diagnosis.

Write out the diagnoses in the spaces provided and code each diagnosis according to a five-digit code required by The International Classification of Diseases, (ICD-9-CM).

CHARACTERS: 7 for the primary cause

6 each of the 4 secondary causes

CODES:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>888.88</td>
<td>Not applicable, patient alive (in coding position #1 only)</td>
</tr>
<tr>
<td>000.00</td>
<td>Unknown (in coding position #1 only)</td>
</tr>
<tr>
<td>Blank</td>
<td>(in coding positions #2 through #5 only)</td>
</tr>
</tbody>
</table>

COMMENTS: The primary cause of death should be coded in the first position (1) with other pathologic conditions contributing to the patient’s demise listed as secondary diagnoses (positions 2 through 5).

Code exactly as written in ICD 9 Handbook (do not add or subtract zeros).

The primary cause of death should reflect autopsy findings (if available). The use of E codes to document external causes of death (e.g., suicide, automobile accidents) is permitted in this variable only as a Primary Cause. However, see additional information in the syllabus section titled “Guidelines for Coding Primary Cause of Death” (pg 27).

This variable is to be used to document the Cause(s) of Death for any patient who dies either during initial hospitalization or during the follow-up period.

A code in coding position #1 is mandatory.

Codes 000.00 and 888.88 are allowed only in coding position #1. When either code is entered in coding position #1, no codes are allowed in coding positions 2 to 5. The decimal point is stored in this variable.

REVISIONS: October 1990: converted from ICDA8 codes to ICD9CM codes.

SOFTWARE: When the software creates a new Form I record, the default code for “alive” (888.88) is inserted in this variable. Update this variable if the patient dies.

When code 000.00 (or code 888.88) is entered, the software advances the user to the next variable.

EXAMPLE: Cause(s) of Death............................................... 0 3 8 9 1. Sepsis
          Primary Cause
          4 8 6 2. Pneumonia
          ...... 3.
          ...... 4.
          ...... 5.

Variable Aliases: For Data Analysis Only

<table>
<thead>
<tr>
<th>Variable ID</th>
<th>8-Character Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Cause of Death</td>
<td>300</td>
</tr>
<tr>
<td>Cause of Death (2)</td>
<td>301</td>
</tr>
<tr>
<td>Cause of Death (3)</td>
<td>302</td>
</tr>
<tr>
<td>Cause of Death (4)</td>
<td>303</td>
</tr>
<tr>
<td>Cause of Death (5)</td>
<td>304</td>
</tr>
</tbody>
</table>
FORM I

VARIABLE NAME: Autopsy
DESCRIPTION: This variable documents whether the patient’s reported primary cause of death was confirmed by autopsy findings.
CHARACTERS: 1
CODES:
0 Autopsy not performed
1 Autopsy results confirm primary cause of death
2 Autopsy performed, results unknown
8 Not applicable, patient alive
9 Unknown if an autopsy was performed
SOFTWARE: When the software creates a new Form I the default code for “alive” (8) is inserted in this variable. Update this variable if the patient dies during follow-up.
REVISIONS: October 1986: this variable was added to the database.

Variable Aliases: For Data Analysis Only
Variable ID: 305
8-Character Description: AAutopsy
FORM I

VARIABLE NAME: Sample

DESCRIPTION: This variable indicates whether or not yearly follow-up data were required (as determined by a sampling process). The NSCISC’s sampling process was in effect from November 1995 through September 2000 and was instituted to reduce the burden of data submission for those systems with large patient populations. The sampling system required “Core” (i.e., limited) follow-up data on the Sample patients.

Although the 1995-2000 sampling scheme is no longer used, this variable has been retained in the database to identify the patients for whom complete follow-up was (or was not) required.

CHARACTERS: 1

CODES:
0 Non-sample patient
1 Sample patient – group 1
2 Sample patient – group 2
3 Sample patient – group 3
4 Sample patient – group 4

COMMENTS: The sampling method did not affect clinical follow-up efforts. All patients were still encouraged to return to the system for medical evaluation as often as needed.

Code “0” will be inserted (by the software) in all Form Is entered after the sampling method was discontinued. Users are not allowed to modify this variable because it is a data management variable.

Variable Aliases: For Data Analysis Only

Variable ID: 465
8-Character Description: ASample
**FORM I: QCStat**

**VARIABLE NAME:** Quality Control (QC) Status  
**DESCRIPTION:** This is a computer-generated variable to determine which records have passed QC. Only those records that have passed QC are included in the NSCISC database and reports.  
**CHARACTERS:** 1  
**CODES:**  
1 Not passed QC  
2 Passed QC  
**COMMENTS:** This is a data management variable that is generated by the NSCISC. Users are not allowed to modify this variable.

**Variable Aliases:** For Data Analysis Only  
**Variable ID:** 306  
**8-Character Description:** AQCStat
FORM I: Indate

VARIABLE NAME: Record Indate
DESCRIPTION: This is the date on which a particular record is first entered into the computer. It is a data management variable that is computer-generated. Once entered, this date never changes.
CHARACTERS: 10
FORMAT: mm/dd/yyyy
CODES: Any valid date
COMMENTS: This is a data management variable that is generated by the NSCISC’s software. Users are not allowed to modify this variable.
Indates do not always correlate with injury, admission or discharge dates.
Gaps in Indates may be due to data submissions with software update revisions or new funding cycles that require variable conversions.
SOFTWARE: After a record is SAVED during the data-entry process, the computer inserts the present date in this variable.
REVISIONS: This variable was added October 1, 1986.
CONVERSIONS: Records entered prior to October 1, 1986 were converted to 10/01/1986.

Variable Aliases: For Data Analysis Only
Variable ID: 307
8-Character Description: AIndate
FORM I

VARIABLE NAME: Record Update
DESCRIPTION: This is the last date on which an existing record was modified. This date changes each time a record is modified and saved.
CHARACTERS: 10
FORMAT: mm/dd/yyyy
CODES: Any valid date
COMMENTS: This is a data management variable that is generated by the NSCISC’s software. Users are not allowed to modify this variable.
SOFTWARE: After a record is SAVED during the data-entry process, the computer inserts the present date in this variable (even if changes have not been made to the record.) Select “Exit without saving data” if you do not want the Update date to change.

Variable Aliases: For Data Analysis Only
Variable ID: 308
8-Character Description: AUupdate
FORM I: Neuro Level (Combine left & right) Acute Admit/Rehab Admit/Discharge

VARIABLE NAME: Level of Neurologic Function, Preserved Neuro Left & Right Combined

DESCRIPTION: A single level of neurological function identifying the anatomically highest (rostral) level of the spinal cord that is intact. This variable is created by comparing the Right and Left Preserved Neuro Level variables and returning the anatomically higher of the two variables. This variable is not displayed on the data entry screen and is for data analysis purposes.

1) at initial system examination (for day-1 admissions only)
2) at admission to inpatient rehab (for all patients admitted to rehab)
3) at discharge (for all patients)

CHARACTERS: 3 for each entry

CODES:
- C01-C08 Cervical
- T01-T12 Thoracic
- L01-L05 Lumbar
- S01-S05 Sacral
- X00 Normal neurologic (see page 98)
- X99 Unknown, Not Done, No System rehab admission
- Blank (at Initial System Exam if Non day-1 admit)

COMMENTS: This variable is generated by the software. It is created by comparing the Left & Right Level of Preserved Neurologic Function variables and reports the anatomically higher neurologic level.

Variable Aliases: For Data Analysis Only
System Admit
8-Character Description: ANurLvlA

Rehab Admit
8-Character Description: ANurLvrR

Discharge
8-Character Description: ANurLvlD
FORM II: System ID

VARIABLE NAME: Reporting Model SCI System Identification Code (System ID)

DESCRIPTION: An alphabetic code is assigned to each reporting system by the National Spinal Cord Injury Statistical Center (NSCISC).

The System ID and the Patient Number are the only patient identification variables submitted to the NSCISC and stored in the Registry, Form I, and Form II data files.

CHARACTERS: 2

CODES: Assigned individually to each reporting system by the NSCISC.

<table>
<thead>
<tr>
<th>Character</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Atlanta</td>
</tr>
<tr>
<td>AA</td>
<td>Ann Arbor</td>
</tr>
<tr>
<td>B</td>
<td>Birmingham</td>
</tr>
<tr>
<td>BN</td>
<td>Boston</td>
</tr>
<tr>
<td>C</td>
<td>Chicago</td>
</tr>
<tr>
<td>CM</td>
<td>Columbia, Missouri</td>
</tr>
<tr>
<td>CO</td>
<td>Cleveland, Ohio</td>
</tr>
<tr>
<td>D</td>
<td>Denver (Englewood, CO)</td>
</tr>
<tr>
<td>DC</td>
<td>District of Columbia</td>
</tr>
<tr>
<td>DM</td>
<td>Detroit</td>
</tr>
<tr>
<td>H</td>
<td>Houston</td>
</tr>
<tr>
<td>MI</td>
<td>Miami</td>
</tr>
<tr>
<td>MS</td>
<td>Mt. Sinai, New York</td>
</tr>
<tr>
<td>MW</td>
<td>Wisconsin</td>
</tr>
<tr>
<td>NJ</td>
<td>New Jersey</td>
</tr>
<tr>
<td>NO</td>
<td>New Orleans</td>
</tr>
<tr>
<td>NY</td>
<td>New York (NYU)</td>
</tr>
<tr>
<td>P</td>
<td>Phoenix</td>
</tr>
<tr>
<td>PA</td>
<td>Philadelphia</td>
</tr>
<tr>
<td>PI</td>
<td>Pittsburgh</td>
</tr>
<tr>
<td>RO</td>
<td>Rochester</td>
</tr>
<tr>
<td>RV</td>
<td>Richmond, Virginia</td>
</tr>
<tr>
<td>S</td>
<td>Seattle</td>
</tr>
<tr>
<td>SJ</td>
<td>San Jose</td>
</tr>
<tr>
<td>V</td>
<td>Fishersville, Virginia</td>
</tr>
</tbody>
</table>

COMMENTS: Use only uppercase letters. For systems with a one-character code, use the first box only (leave the second box blank).

A data form/record must have a System ID and the Patient Number before it will be processed by the National Spinal Cord Injury Statistical Center.

Variable Aliases: For Data Analysis Only

Variable ID: 1
8-Character Description: SiteID
FORM II: Patient Number

VARIABLE NAME: Patient Number

DESCRIPTION: The Patient Number is assigned to each patient at the discretion of the reporting System. Each Patient Number may contain a maximum of 6 characters.

No designated numbers are assigned by the NSCISC.

CHARACTERS: 6

CODES: To be assigned by the individual reporting system.

COMMENTS: Never recycle a patient number after it has been entered and saved.

The System ID and the Patient Number are the only patient identification variables submitted to the NSCISC and stored in the main Registry, Form I, and Form II data files.

A data form/record MUST have a System ID and a Patient Number before it will be processed by the National Spinal Cord Injury Statistical Center.

Variable Aliases: For Data Analysis Only

Variable ID: 2

8-Character Description: PatNbr
FORM II: 1. Anniversary Year

VARIABLE NAME: Post-injury/Anniversary Year

DESCRIPTION: This variable documents the post-injury year being reported. When Form IIs are required, they should be submitted as soon as possible following the annual anniversary date of the patient's injury. Form II data submission is required of all patients in post-injury years 1, 5, 10, 15, 20, 25, 30, 35, and 40. Data submission in other years is permitted, but not required.

CHARACTERS: 2

COMMENTS: Do not submit any Form IIs until after the patient has been discharged from the initial hospitalization period. If a patient is still in the initial hospitalization period on his first anniversary, do not submit a Year 1 Form II. Document all the events occurring through discharge from the initial hospitalization on Form I.

The first Form II will document only the events occurring in the interval between discharge from the last System inpatient rehab stay and the first anniversary date of the patient's spinal cord injury. This is often an incomplete year; however, subsequent Form IIs will contain data for complete follow-up years. See page 17 for information on patients who are still in the initial hospitalization period past their first anniversary.

EXAMPLE 1: The patient was injured on 06/18/77 and discharged on 09/02/77.

<table>
<thead>
<tr>
<th>Data Collection Form</th>
<th>Time Period Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>FORM I:</td>
<td>06/18/77 through 09/02/77</td>
</tr>
<tr>
<td>FORM II, Year 1:</td>
<td>09/03/77 through 06/17/78</td>
</tr>
<tr>
<td>Year 2:</td>
<td>06/18/78 through 06/17/79 (not a required form)</td>
</tr>
<tr>
<td>Year 5:</td>
<td>06/18/81 through 06/17/82</td>
</tr>
</tbody>
</table>

EXAMPLE 2: The patient was injured on 06/18/77, still hospitalized on his first anniversary, and discharged on 07/18/78.

<table>
<thead>
<tr>
<th>Data Collection Form</th>
<th>Time Period Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>FORM I:</td>
<td>06/18/77 through 07/18/78</td>
</tr>
<tr>
<td>FORM II, Year 1:</td>
<td>NO FORM II</td>
</tr>
<tr>
<td>Year 2:</td>
<td>07/19/78 through 06/17/79 (not a required form)</td>
</tr>
<tr>
<td>Year 5:</td>
<td>06/18/81 through 06/17/82</td>
</tr>
</tbody>
</table>

Variable Aliases: For Data Analysis Only

Variable ID: 309

8-Character Description: BYear
FORM II: Category of Follow-up Care

VARIABLE NAME: Category of Follow-up Care Provided by the Model SCI System
DESCRIPTION: This variable describes the type of medical care being provided to the patient by the System on the anniversary date being reported.
CODES:

1 Primary or Major Consulting Care: Patient does not have an identified health care provider (physician/institution) outside the System and receives all medical care through the System OR the patient has an identified health care provider (physician/institution) outside the System but receives some SCI related medical care that may include annual evaluations through the System. All variables on Form II must be completed when this code is used.

4 Data Collection Only: (Interview Only) Follow-up data collection requires telephone/correspondence contact. No scheduled patient contact for medical care during the follow-up year (the patient is still in the original System or, the patient’s primary or major consulting care has been transferred to another federally-designated System). After transfer, the System that originally submitted the Form I remains responsible for obtaining and submitting all Form II follow-up data.
All interview variables on Form II must be completed and the annual exam variables (Annual Exam Date through Weight) and Neurological exam variables must be coded “Unknown, not done” when this code is used.

5 Lost to System: Reasons that prohibit collection of interview: patient's whereabouts are unknown; or patient refuses; or patient is not allowed to participate in data collection; or a third party refuses access to the patient (e.g. prison authorities); or patient does not return the interview form; or the patient refuses to sign the current consent form; or patient withdraws consent from the study completely. The System is unable to obtain data for the entire follow-up year. See Appendix D for follow-up guidelines. When this code is used, it is necessary to complete only the Category of Follow-up Care and Reason for Lost variables. All remaining variables should be left blank.
Once a patient has been reported "lost to system" in a follow-up year, consecutive “lost” Form IIs should not be submitted. The patient still remains eligible for future follow-up but future Form IIs should not be submitted unless the patient’s Category of Follow-up Care changes from “lost”. If a patient completely withdraws from the study (Reason for Lost = 6), no further follow-up is required, and all future attempts to contact the patient should be discontinued.

8 Not Applicable: Use this code if the patient's neurologic status was "normal" or "minimal deficit" during the follow-up year, no further data collection will be required. This category supersedes Category of Care codes 1 and 4. All variables on Form II should be completed when this code is used.
NOTE: When a patient’s neurologic status changes to normal or minimal deficit, a Form II for the year in which the change occurred should be submitted (even if the year is not a required data submission year). This ensures that the recovery will be reported in the proper year and that future follow-up will be allowed but not required after that year. There is no requirement that a formal neurologic exam be performed to use code 8. This would apply for subjects who have had such excellent neurological recoveries that they will never return to the center for an exam. However, since an actual exam was not performed, the neuro category and other neuro data have to be coded as unknown (9).

9 Unknown
FORM II: Category of Follow-up Care

VARIABLE NAME: Category of Follow-up Care Provided by the Model SCI System

COMMENTS: If, after 3 months following a patient's anniversary date, there is absolutely no hope of obtaining data on a patient, a Form II should be submitted declaring the patient lost to system. An update can always be submitted if information becomes available in the future.

If the patient is coded “lost” (Category of Care = ‘5’) then, leave all variables after the Reason for Lost variable blank.

For telephone interviews: If your IRB allows, you may get a verbal consent (with a witness?). If both the patient and the witness agree, you may proceed with the interview. If a patient transfers to another currently-funded Model System and the IRBs from both systems agree to a telephone waiver, this allows both systems to share data on the transferred patient.

REVISIONS: January 1998: Reason for Lost was added.
October 2000: For “Transferred” patients, continued follow-up data are required from the System that submitted the Form I.
June 2001: Code “6” (Transferred) was deleted. Transferred patients were moved to code “4” (Data Collection Only).

CONVERSIONS: January 1985: The "Deceased" category (old code 7) was deleted. Records using old code "7" were changed to code "9".
November 1995: codes 1 and 2 were combined into 1 category and the restriction of only 3 consecutive years of Data Collection Only was removed.
June 2001: records with code 6 were changed to code 4.

QC: See page 339 for coding instructions for patients with minimal deficit or normal neurologic status.

If Category of Care = “4” (Data collection only) then:
Annual exam variables and Neurologic Exam variables must be coded “Unknown, not done”.

If Category of Care = “5” (Lost) then:
The Reason for lost variable cannot be coded “8” (Not applicable, not lost) and all remaining variables must = blank.

Variable Aliases: For Data Analysis Only
Variable ID: 310
8-Character Description: BFolUpCt
FORM II: 3. Reason for Lost

VARIABLE NAME: Reason for Lost

DESCRIPTION: This variable documents the reason the patient is currently coded “lost” in the Category of Care variable.

CHARACTERS: 1

CODES:

1  Patient refused/withdrew consent *(Not valid after 2/1/2007)*
2  Patient incarcerated and not available
3  Unable to contact after all attempts recommended by the Tracking Committee* have failed or patient agreed to complete the interview form but did not return the form
4  Other
5  Patient refused to complete the interview at this time
6  Patient withdrew consent and does not wish to be contacted anymore *(No further data collection required)*
7  Identity Information Lost Due to Break in Funding
8  Not applicable, patient not coded “5” in Category of Care variable *(use this code if Category of Care=“1”, “4”, “8”, or “9”)*
9  Unknown - This is a CONVERSION CODE ONLY. Data collectors may NOT use this code. This information is provided for data analyses purposes only.

COMMENTS: Beginning February 1, 2007, codes 5, ‘Patient refused to complete the interview at this time’ and code 6, ‘Patient withdrew consent’ should be used in place of code 1, ‘Patient refused/withdrew consent’. It is recommended that records containing the former code 1 be updated if it is known whether a patient refused to complete the interview, or if the patient elected to withdraw his/her consent from the study. Use of code 6, ‘Patient withdrew consent’ should be rare. A Project Director or PI will be required to sign the Withdrawn Authorization form for each participant coded withdrawn. The participant will be allowed to participate in future data collection if the re-consenting process is completed.

*These are the Follow-up Tracking Committee’s conditions for which you may use code 3:

A)  After obtaining the most current, valid, phone number, there should be at least six attempts to contact a person. These attempts should be made at different times during the day, evening, and weekends.

B)  If unable to contact by telephone, a survey requesting the data should be mailed to the patient’s home.

If the patient is coded “lost” *(Category of Care = “5”)* then, leave all variables after the Reason for Lost variable blank.

See Appendix D for follow-up tips.
FORM II: 3. Reason for Lost
(page 2 of 2)

FORM II

VARIABLE NAME: Reason for Lost

REVISIONS: July 2010: The Data Committee modified the Follow-up Tracking recommendations by deleting A). There should be more than one attempt to schedule a patient for follow-up evaluations in the clinic.

Centers may use the Reduced Tracking Effort (see Appendix D) as a minimum tracking attempt for patients who have been coded ‘Lost (5) – Unable to Contact (3)’ for at least two previous consecutive follow-up years (ie, a Year 15 is due, and years 5 and 10 are ‘Lost – Unable to Contact’). New recommendations for Reduced Tracking Effort include:

A) Check SSDI for record of death.
B) Check System records (hospital and clinic) for recent activity
C) For updated contact information use a Fee based search if available, if not, search at least 2 of the free internet search sites.

*Phone calls and mailed survey are not required unless new contact information is found.

February 2009: Added code 7 (Identity Lost) ONLY for Centers that have lost funding and are now re-funded but identity information is no longer available for participants enrolled prior to re-funding.

October 2006: Code 1, “Patient refused/withdrew consent” was separated into two separate codes: Code 5, “Patient refused to complete the interview at this time” and Code 6, “Patient withdrew consent”. Use of Code 1 should be discontinued and data are to be collected using the new codes for all patients with Interview Dates on or after 2/1/2007.

January 1998: This variable was added and the information will be used by the Follow-up Tracking Committee to delete some “lost” patients from their tracking reports. Data are required in records newly entered into the database after 2/1/98 and optional in “lost” records present in the database prior to 2/1/98. However, it is in the system’s best interests to complete this variable for all patients who are currently coded lost. It is STRONGLY suggested that all systems provide data in this variable for patients whose last Form II = lost.

CONVERSION: January 1998: for all Form II in the database at this time and coded lost (5) in Category of Care, code “9” (unknown) was inserted in this variable.

QC: If this variable = “8” (not applicable) then: Category of Care must NOT be coded “5”.

Variable Aliases: For Data Analysis Only
Variable ID: 311
8-Character Description: BLostRsn
FORM II: 4. Place of Residence

FORM II

VARIABLE NAME: Place of Residence

DESCRIPTION: This variable specifies where the patient is actually residing at the time of follow-up interview.
This place may not necessarily coincide with the patient's legal residence.

CHARACTERS: 2

CODES:

1  Private Residence: includes house, apartment, hogan, mobile home, foster home, condominium, boat, individual residence in a retirement village

2  Hospital: includes mental hospital, hospital in a retirement village

3  Nursing Home: includes medi-center, skilled nursing facilities, institutions licensed as hospitals but providing essentially long-term, custodial, chronic disease care, assisted living unit in a retirement village, etc.

4  Group Living Situation: includes transitional living facility, dormitory (school, church, college), military barracks, boarding school, boarding home, bunkhouse, boys’ ranch, fraternity/sorority house, labor camp, commune, shelter, convent, monastery, or other religious order residence, etc.

5  Correctional Institution: includes prison, penitentiary, jail, correctional center, etc.

6  Hotel/motel: includes YWCA, YMCA, guest ranch, inn

8  Other, unclassified

9  Homeless: cave, car, tent, etc.

99  Unknown

Blank (only if Category of Care = “5”)

COMMENTS: If the patient’s place of residence does not fit into any of the above classifications, document it as "Other, unclassified". "Hospital" should not be used in the case of a patient who is temporarily rehospitalized on his anniversary.

REVISIONS: October 2000: convent, monastery, or other religious order residences were added to code “4”.
November 1995: Residence at time of injury and code 09 for homeless were added. Cave, car and tent were moved from code 01 to code 09.

CONVERSIONS: In January 1985: the category deceased (old code “7”) on Form II was deleted. Form II records using old code “7” now contain code “99”.

Variable Aliases: For Data Analysis Only
Variable ID: 312
8-Character Description: BPlcRes

NSCISC: 7/2008
FORM II: 5. Resides in Catchment Area

VARIABLE NAME: Resides in Catchment Area

DESCRIPTION: This variable documents whether or not the patient lives within the Model System’s designated geographic catchment area at the time of the follow-up interview.

CHARACTERS: 1

CODES

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>9</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

Blank (only if Category of Care = “5”)

REVISIONS: October 2006: This variable was added to the database. Data are required for all patients with Interview Dates on or after 10/01/2006.

Variable Aliases: For Data Analysis Only

Variable ID: 313
8-Character Description: BInCatch
**FORM II: 6. Marital Status**

**VARIABLE NAME:** Marital Status  
**DESCRIPTION:** This variable specifies the patient's marital status at the time of the follow-up interview.

**CHARACTERS:** 1  
**CODES:**  
1 Single: a person who has never married  
2 Married: a person who is legally married  
3 Divorced: a person who is legally divorced  
4 Separated: includes both legal separations and living apart from a married partner  
5 Widowed  
6 Other, unclassified  
9 Unknown  
Blank (only if Category of Care = “5”)  

**COMMENTS:** Common-law marriages should be ignored. Code the marital status as if the common-law marriage did not exist. Disregard “living with” situations.

Before interviewing, Data Collectors should consider noting the previously coded Marital Status and year it was collected.

If the patient's marital status does not fit into any of the above classifications, document it as "Other, unclassified".

**QC:** When a patient = “1” (single, never married) on a Form II, Marital Status at Injury and all previous Form II Marital Status variables should be coded "1" (single, never married).

**EXAMPLE:** The patient is being interviewed for his year 01 anniversary. He was married at the time of injury but is now separated.

Form 1: Marital Status at Injury..........................2
Form 2: Marital Status on Year 01 Anniversary...........4
Form 2: Change in Marital Status since last Form II (or since Form I for anniversary year 01)..........................0

There was no legal change in marital status since the patient was only separated (not legally divorced).

**Variable Aliases:** For Data Analysis Only

**Variable ID:** 314  
8-Character Description: BMarStat
FORM II

VARIABLE NAME: Highest Formal Educational Level Completed
DESCRIPTION: This variable specifies the highest level of formal education completed at the time of the follow-up interview. This is level completed and does not include partial completion. This variable does not include trade or technical schools.
CHARACTERS: 1 for each entry
CODES:
1  8th grade or less (includes ages 0 - 5)
2  9th through 11th grade
3  High School Diploma or G.E.D.
4  Associate Degree (A.A. - Junior College Degree)
5  Bachelors Degree
6  Masters Degree
7  Doctorate (Ph.D., M.D., law degrees, etc.)
8  Other, unclassified (3-year nursing degree, special education)
9  Unknown
Blank (only if Category of Care = “5”) COMMENTS: If a person has 2 or more degrees, report the highest degree achieved. If the patient's educational level completed does not fit into any of the above classifications, document it as "Other, unclassified."
EXAMPLE: On her 5th anniversary of injury, the patient had an associate degree and a Bachelor’s degree.
Level of Education.................................................................5

Variable Aliases: For Data Analysis Only
Variable ID: 315
8-Character Description: BEducLvl
**FORM II: 8. Occupational Status**

**VARIABLE NAME:** Primary Occupational, Educational or Training Status

**DESCRIPTION:** This variable specifies the primary occupational, educational or training status of the patient at the time of the follow-up interview.

**CHARACTERS:** 1 for each entry

**CODES:**

1. **Working** (competitive labor market: includes military (legally employed)).
2. **Homemaker**
3. **On-the-job training**
4. **Sheltered workshop**
5. **Retired**
6. **Student** (includes ages 0 - 5)
7. **Unemployed** (may or may not be looking for work)
8. **Other, unclassified** (includes volunteer, disability or medical leave)
9. **Unknown**

**Blank** (only if Category of Care = “5”)

**COMMENTS:** If the patient's primary occupational, educational, or training status does not fit into any of the above classifications, document it as "Other, unclassified".

Since these sub-categories are not mutually exclusive, the primary occupational, educational or training status should be selected on the basis of the injured person's opinion as to what is primary.

**QC:**

If Occupational Status = “1” (working) then, Job Census Code must not = “88” (not applicable, not working).

**EXAMPLE 1:** On the anniversary date being reported, the patient was a college student who worked 30 hours a week as a waitress. The patient considered herself a “student”.

Primary Occupational, Ed or Training Status ........................................... 6
Job Census Code ..................................................................................... 88

**EXAMPLE 2:** On the anniversary date being reported, the patient was a college student who worked 30 hours a week as a stock clerk. The patient considered himself as “working”.

Primary Occupational, Ed or Training Status ........................................... 1
Job Census Code ..................................................................................... 05

Variable Aliases: For Data Analysis Only

Variable ID: 316
8-Character Description: BPrLvlSt
FORM II

VARIABLE NAME: Job Census Code

DESCRIPTION: This variable specifies the major census occupational category for the patient’s occupation at the time of the follow-up interview.

CHARACTERS: 2

CODES:

1  Executive, administrative, and managerial
2  Professional specialty
3  Technicians and related support
4  Sales
5  Administrative support including clerical
6  Private household
7  Protective service
8  Service, except protective and household
9  Farming, forestry, and fishing
10 Precision production, craft, and repair
11 Machine operators, assemblers, and inspectors
12 Transportation and material moving
13 Handlers, equipment cleaners, helpers, and laborers
14 Military occupations
88 Not applicable, not working
99 Unknown

Blank (only if Category of Care = “5”)

COMMENTS: Refer to Appendix C of this syllabus for a listing of the specific occupational classifications included under each major occupational category listed above. If the patient is working (even if “working” is not the primary occupation coded in Occupational Status), code the job in this variable.


REVISIONS: October 2000: this variable was added to the database. Data are required for patients with System admission dates after 10/31/2000.

EXAMPLE: See page 232.

Variable Aliases: For Data Analysis Only

Variable ID: 317
8-Character Description: BJobCnCd
FORM II

VARIABLE NAME: Method of Bladder Management

DESCRIPTION: This variable defines the primary method of bladder management being used at the time of the follow-up interview.

CHARACTERS: 1 for each entry

CODES:

0 None: The patient has a neurogenic bladder but does not follow any established program of bladder management. This includes diapers, pampers, etc.

1 Indwelling urethral catheter: Bladder is emptied by any type of catheter which is maintained through the urethra (Foley).

2 Indwelling catheter after augmentation or continent diversion: Bladder is emptied by any type of catheter which is maintained through the stoma.

Catheter Free With External Collector

The patient voids satisfactorily using any method of reflex stimulation or any form of extrinsic pressure. However, an external collector is utilized to control incontinence.

3 Catheter free with external collector, no sphincterotomy

4 Catheter free with external collector and sphincterotomy

5 Catheter free with external collector, sphincterotomy unknown

6 Catheter free without external collector: The patient voids satisfactorily using any method of reflex stimulation or any form of extrinsic pressure. An external collector is not required in that the patient has developed adequate continence.
FORM II

VARIABLE NAME: Method of Bladder Management

CODES:

Intermittent Catheterization Program (ICP):

The patient empties the bladder by frequent insertion of a urethral catheter in an ongoing program of chronic management. Intermittent catheterizations using this technique are done several times a day. This category does not pertain to infrequent periodic catheterizations for the purpose of checking urinary residual.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>ICP only</td>
</tr>
<tr>
<td>8</td>
<td>ICP with external collector</td>
</tr>
<tr>
<td>9</td>
<td>ICP after augmentation or continent diversion</td>
</tr>
<tr>
<td>10</td>
<td>ICP - external collector, augmentation or continent diversion unknown</td>
</tr>
<tr>
<td>11</td>
<td>Conduit: The bladder is drained by any of the surgical techniques using various portions of the intestinal tract that are not categorized as bladder augmentation.</td>
</tr>
<tr>
<td>12</td>
<td>Suprapubic Cystostomy: The bladder is drained by any of the surgical techniques using a catheter through a suprapubic orifice.</td>
</tr>
<tr>
<td>13</td>
<td>Normal Micturition (old code 4): The patient voids satisfactorily without using reflex stimulation or extrinsic bladder pressure voiding techniques. The bladder, however, may or may not have completely normal function.</td>
</tr>
<tr>
<td>14</td>
<td>Other: All other bladder drainage techniques such as ureterocutaneostomy (pyelostomy), electro-stimulation, electro-magnetic ball valve, detrusor stimulation, sacral implants, conus implants, vesicostomy, ureteral catheterization, etc.</td>
</tr>
<tr>
<td>99</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

Blank (only if Category of Care = “5”)
VARIABLE NAME: Method of Bladder Management

COMMENTS: No attempt should be made to document all the various types of bladder management that may have been used during the anniversary year being reported. Only the management used on the anniversary should be reported.

REVISIONS: November 1995: New categories (codes 2, 3, 4, 7, 8 and 9) were added.

CONVERSIONS: November 1995: For records in existence at this time, the following code conversions were made if old data were moved into the new variables:

<table>
<thead>
<tr>
<th>Old Code</th>
<th>Current Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>01</td>
</tr>
<tr>
<td>2</td>
<td>05</td>
</tr>
<tr>
<td>3</td>
<td>06</td>
</tr>
<tr>
<td>4</td>
<td>13</td>
</tr>
<tr>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>6</td>
<td>11</td>
</tr>
<tr>
<td>7</td>
<td>12</td>
</tr>
<tr>
<td>8</td>
<td>14</td>
</tr>
<tr>
<td>9</td>
<td>99</td>
</tr>
</tbody>
</table>
FORM II: 11. Change in Marital Status

(page 1 of 2)

FORM II

VARIABLE NAME: Change in Marital Status

DESCRIPTION: This variable documents change in marital status between the current Form II and the last Form II with known marital status data. When coding the Year 01 Form II, this variable documents the change in marital status between the time of injury and the Year 01 Anniversary.

CHARACTERS: 1

CODES:
0 No change
1 Divorce
2 Marriage
3 Widowed
4 Divorce + marriage (in either order)
5 Widowed + marriage (in either order)
6 Divorce, marriage + widowed (in any order: DMW, MDW, WMD)
7 Other
9 Unknown
Blank (only if Category of Care = “5”)

COMMENTS: Before interviewing, Data Collector should consider noting previously coded Marital Status and the year it was collected.

When asking the patient this question, the interviewer will need to cue the patient concerning the appropriate time period. For example, if data are being collected for year 10 and the patient has Form IIs for years 05 and 01 but Marital Status was unknown in year 05 (or if the year 5 was ‘Lost’), the interviewer should ask for the changes that occurred since year 01.

Ignore separations whether temporary or permanent.

EXAMPLE 1: At the time of injury, the patient was single. The patient married shortly after being discharged and was still married at the time of his first anniversary of injury.

<table>
<thead>
<tr>
<th>Form I</th>
<th>Form II, year 01</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital Status</td>
<td>Marital Status</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

EXAMPLE 2: The patient is being interviewed for his year 01 anniversary. He was married at the time of injury but is now separated.

<table>
<thead>
<tr>
<th>Form I</th>
<th>Form II, year 01</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital Status</td>
<td>Marital Status</td>
</tr>
<tr>
<td>2</td>
<td>4</td>
</tr>
</tbody>
</table>

There was no legal change in marital status since the patient was only separated (not legally divorced).
FORM II: 11. Change in Marital Status

VARIABLE NAME: Change in Marital Status

EXAMPLE 3: At the time of injury, the patient was married to his first wife. The patient was “lost” during year 01. During year 03 the patient divorced and in year 04, he married his second wife. At his 5th anniversary, the patient was still married to his second wife.

<table>
<thead>
<tr>
<th>Form I Marital Status</th>
<th>Form II, year 01 Marital Status</th>
<th>Form II, year 05 Marital Status</th>
<th>Change in Marital Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>blank</td>
<td>2</td>
<td>4</td>
</tr>
</tbody>
</table>

EXAMPLE 4: The patient was single at the time of her first anniversary and her marital status on her year 05 Form II was unknown.

These are the pre-interview codes in the patient’s Form II records:

<table>
<thead>
<tr>
<th>Year 01 Marital Status</th>
<th>Year 05 Marital Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>9</td>
</tr>
</tbody>
</table>

Her status on the 10th anniversary was married. Since marital status on her 5th anniversary was unknown, the interviewer asked her for all changes in marital status since her first anniversary. She said that she married 2 years after her injury and her first husband died in her 6th anniversary year. She remarried 7 years after her injury.

These are the post-interview codes (if the data collector does not update the year 05 Form II):

<table>
<thead>
<tr>
<th>Year 01 Marital Status</th>
<th>Year 05 Marital Status</th>
<th>Year 10 Change in Marital Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>9</td>
<td>2</td>
</tr>
</tbody>
</table>

However, if the data collector chooses to update the year 05 data, these are the post-interview codes:

<table>
<thead>
<tr>
<th>Year 01 Marital Status</th>
<th>Year 05 Marital Status</th>
<th>Year 10 Change in Marital Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

NOTE: data collectors are encouraged to update records whenever new data are available.

Variable Aliases: For Data Analysis Only

Variable ID: 319
8-Character Description: BMarStCh
FORM II: 12. VA Services

VARIABLE NAME: Veterans’ Administration Healthcare System Services Used

DESCRIPTION: This variable documents the healthcare system services received if the patient is a veteran of the U.S. military forces.

Document services received since the last Form II. If this is a Year 01 Form II, document services received since the onset of the spinal cord injury.

CHARACTERS: 1 for each entry (up to 5 entries)

CODES:

0 None (Valid in coding position #1 only)
1 Pharmacy
2 Prosthetics, orthotics, wheelchairs
3 SCI center (VA hospital with an SCI center)
4 Non-SCI center (VA hospital without an SCI center)
5 SCI outpatient clinic
8 Not applicable (not a veteran) (Valid in coding position #1 only)
9 Unknown (Valid in coding position #1 only)
Blank (only if Category of Care = “5”)

COMMENTS: Document up to 5 different services used since last form 2 not lost (or if year 1 (year 2) since onset of SCI). Codes 0, 8 and 9 are allowed only in coding position #1. When one of these codes is entered in coding position #1, no codes are allowed in coding positions 2 to 5. For services such as psychiatric counseling, code the facility in which the services were received (i.e., SCI center, non-SCI center and/or SCI outpatient clinic).

When asking the patient this question, the interviewer will need to cue the patient concerning the appropriate time period. For example, if data are being collected for year 10 and the patient has Form IIs for years 5 and 1 but VA Services was unknown in year 5, the interviewer should ask for the services received since year 1.

SOFTWARE: When code 0, 8 or 9 is entered, the software advances the user to the next variable.

REVISIONS: October 2000: this variable was added to the database. Data are required for patients admitted to the System after 10/31/2000.

EXAMPLE: The patient was treated in the VA SCI center during his first year post-injury. This is his 10th anniversary of injury and he was coded “lost” on his Form II for year 5. Since his 7th post-injury year he has been receiving medications from the VA pharmacy, and during his 10th year he was treated at the VA’s outpatient SCI clinic.

Year 1 VA Healthcare System Services Used................................................................. 2 | | | | | 1 2 3 4 5
Year 5 VA Healthcare System Services Used................................................................. | | | | | 1 2 3 4 5
Year 10 VA Healthcare System Services Used............................................................... 1 | 5 | | | | 1 2 3 4 5

Variable Aliases: For Data Analysis Only

<table>
<thead>
<tr>
<th>Variable ID</th>
<th>VA_1</th>
<th>VA_2</th>
<th>VA_3</th>
<th>Va_4</th>
<th>Va_5</th>
</tr>
</thead>
<tbody>
<tr>
<td>320</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>321</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>322</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>323</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>324</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8-Character Description: BVASSUs1 BVASSUs2 BVASSUs3 BVASSUs4 BVASSUs5
FORM II: 13. Annual Exam Date Modifier

VARIABLE NAME: Date of the Annual Examination Modifier

DESCRIPTION: The data in this variable are used to define the date on which the annual physical examination (i.e., history and physical by a physician) was performed.

CHARACTERS: 1

CODES:

1 Date completely known
2 Day Unknown - This is a CONVERSION CODE ONLY. Data collectors may NOT use this code. This information is provided for data analyses purposes only.
3 Month and Day Unknown - This is a CONVERSION CODE ONLY. Data collectors may NOT use this code. This information is provided for data analyses purposes only.
8 Not Applicable, Exam not done
9 Unknown
Blank (only if Category of Care = “5”)

COMMENTS: Because the Annual Exam Date does not allow for partial dates (i.e. unknown month, day, or year), there is not an Annual Exam Date Modifier code that indicates the existence of partial dates.

Use the Unknown code (9) if it is not known whether or not the patient had an annual exam.

When data for an annual examination are collected during a system rehospitalization, this variable should be coded based on the date on which data for most of the variables were available.

When there are multiple exams during a year, code this variable based on the date on which data for most of the variables are available or, if the data are equally available, code based on the date that was done closest to the anniversary date.

For the first (or second, see page 17 for details) anniversary, it is extremely important to obtain data as close as possible to the anniversary date.

REVISIONS: October 2006: This variable was added to the database. Data are required for all patients with Interview Dates on or after 10/01/2006.

QC: If Category of Care = “4” (Data collection only) then:

Date of Annual Exam Modifier MUST = 8 and Annual Exam variables and Neurologic Exam variables must be coded “Unknown, not done”.
FORM II

VARIABLE NAME: Date of the Annual Examination Modifier

EXAMPLE: A patient is due for his year 01 follow up, and the window available to collect his data is closing within a week. You check his records and his annual exam for Post-injury year 1 is not available. You decide to call this patient to complete his Year 01 follow up interview*.

Category of Follow-up Care ........................................ 4

STATUS DURING THE ANNUAL EXAM
Annual Exam Date Modifier ........................................... 8
Date of the Annual Exam ............................................. 0/0/0 (mm/dd/yyyy)
Weight at Annual Exam .................................................. 999 (lbs)

NEUROLOGIC EXAM [Data are required for year 01 (or year 02); data for subsequent years are optional]
Category of Neurologic Impairment ......................... 9
ASIA Impairment Scale ..................................... U

ASIA Motor Index Score

<table>
<thead>
<tr>
<th></th>
<th>Left</th>
<th>Right</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elbow flexors</td>
<td>C5</td>
<td>9</td>
</tr>
<tr>
<td>Wrist extensors</td>
<td>C6</td>
<td>9</td>
</tr>
<tr>
<td>Elbow extensors</td>
<td>C7</td>
<td>9</td>
</tr>
<tr>
<td>Finger flexors</td>
<td>C8</td>
<td>9</td>
</tr>
<tr>
<td>Small finger</td>
<td>T1</td>
<td>9</td>
</tr>
<tr>
<td>Hip flexors</td>
<td>L2</td>
<td>9</td>
</tr>
<tr>
<td>Knee extensors</td>
<td>L3</td>
<td>9</td>
</tr>
<tr>
<td>Ankle dorsiflexors</td>
<td>L4</td>
<td>9</td>
</tr>
<tr>
<td>Long toe extensors</td>
<td>L5</td>
<td>9</td>
</tr>
<tr>
<td>Ankle plantarflexors</td>
<td>S1</td>
<td>9</td>
</tr>
</tbody>
</table>

Subtotal ........ 99 (computer-generated)
Total ............ 999 (computer-generated)

Any Anal Sensation .............................................. 9
Any Voluntary Anal Sphincter Contraction ................ 9

Sensory Level ................................................. X99
Motor Level ................................................. X99 (computer-generated)
Level Preserved Neurologic Function ....................... X99

*If after you’ve entered this form, the Annual Exam data becomes available, it is acceptable for you to go back and update these variables.

Variable Aliases: For Data Analysis Only

Variable ID: 325
8-Character Description: BAnExDtM
FORM II: 14. Annual Exam Date

VARIABLE NAME: Date of the Annual Examination

DESCRIPTION: This variable specifies the date on which the annual physical examination (i.e., history and physical by a physician) was performed.

CHARACTERS: 10

FORMAT: mm/dd/yyyy

CODES: Any valid date
Blank

COMMENTS: Blanks are allowed in this field if one of the following conditions are met:

- Category of Care = '5'
- Annual Exam Date Modifier = ‘8’ or ‘9’

The following variables are to be collected on the date coded in this variable:

<table>
<thead>
<tr>
<th>Variable Name</th>
<th>Syllabus Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Exam Date Modifier</td>
<td>240</td>
</tr>
<tr>
<td>Height (can be self-report by phone or mail)</td>
<td>244</td>
</tr>
<tr>
<td>Weight</td>
<td>245</td>
</tr>
<tr>
<td>Neurologic Impairment*</td>
<td>338</td>
</tr>
<tr>
<td>ASIA Impairment Scale*</td>
<td>340</td>
</tr>
<tr>
<td>ASIA Motor Index Score*</td>
<td>342</td>
</tr>
<tr>
<td>Any Anal Sensation*</td>
<td>345</td>
</tr>
<tr>
<td>Any Voluntary Sphincter Contraction*</td>
<td>346</td>
</tr>
<tr>
<td>Sensory Level*</td>
<td>347</td>
</tr>
<tr>
<td>Motor Level*</td>
<td>348</td>
</tr>
<tr>
<td>Level of Preserved Neurologic Function*</td>
<td>350</td>
</tr>
</tbody>
</table>

The annual examination for any anniversary year may be performed 6 months (182 days) prior to and up to 1 year (365 days) after the Anniversary Date (year 01 up to 6 months after the anniversary). For the first anniversary, it is extremely important to obtain data as close as possible to the Anniversary Date.

QC: See page 225 for information on patients whose Category of Follow-up Care is "Data Collection Only".
FORM II: 14. Annual Exam Date
(page 2 of 2)

FORM II

VARIABLE NAME: Date of the Annual Examination

REVISIONS:
October 1986: The Date of the Annual Exam was added. Locations and Grades of Pressure Ulcers and Number of Pressure Ulcers were changed from those occurring during the anniversary year to those present at the time of the annual examination. The ASIA Motor Index Score was added to this exam.

November 1995: The remaining neurologic exam variables (Neuro Impairment, Levels, ZPP and ASIA Impairment Scale) were added to the annual exam.

Data for these 1995 items are expected in Form IIs with Dates of Annual Examination on or after January 1, 1996 (i.e., equal to or greater than 01/01/1996).

January 1998: Pressure Ulcers Present at the Time of the Annual Exam was changed to Worst Pressure Ulcer Present at the Time of the Annual Exam and the neurologic exam variables (Neuro Impairment, Levels, ZPPs, ASIA Impairment Scale and ASIA Motor Index Score) are required only in annual years 1 and 2.

October 2000: Motor ZPP and Sensory ZPP items were deleted. The Neuro exam items are collected in year 01 only. Other Annual Exam items are collected in year 1 and every 5th anniversary.

October 2006: The Annual Exam Date Modifier was added to the database in order to allow valid date formats in the Date of the Annual Examination therefore alleviating the need of codes 88888888 and 99999999 in the date fields. Pressure ulcer variables were deleted, and Height and Weight variables were added.

CONVERSION:
Data from the old neurologic variables (i.e., old variable numbers 211, 212, 212A, 212B, 212C, 212D and 213) and the old Mechanical Ventilation variable (V219) were retained. The Date of the Annual Exam can be used to distinguish these records from those in which these data are acquired during the Annual Exam (i.e., if the Annual Exam is on or after 1/1/96, these data were obtained on that date).

Variable Aliases: For Data Analysis Only

Variable ID: 326
8-Character Description: BAnExDt
FORM II: 15. Height

VARIABLE NAME: Height of the patient
DESCRIPTION: Measurement of the patient from the top of the head to the tip of the foot.
This variable documents the height (in inches) of the patient during the annual exam. If no annual exam is done, height may be collected and reported by interview or mailed survey.
CHARACTERS: 3
CODES: 5 - 100 Valid range
999 Unknown
Blank (only if Category of Care = “5”)
COMMENTS: Self-reported height is acceptable.
If the patient is an amputee, code Height Unknown.
QC: If Category of Care = 5, Height must = Blank.
REVISIONS: October 2006: This variable was added to the database. Data are required for all patients with Indates on or after 10/01/2006.

Variable Aliases: For Data Analysis Only
Variable ID: 327
8-Character Description: BHeight
FORM II

VARIABLE NAME: Weight of the patient
DESCRIPTION: Mass of an individual expressed in pounds. This variable documents the weight (in pounds) of the patient during the annual exam.

The weight of the patient should be taken by first, weighing the patient in his/her wheelchair on a digital calibrated wheelchair scale. Then transfer the patient and weigh the wheelchair again with the patient’s shoes and heavy objects (i.e., phone, keys,…) in the chair.

If the patient uses a power chair or has difficulty with transfers, it is recommended that a calibrated mechanical lift with a built-in scale be used as a substitution.

If the patient is ambulatory, weigh in light clothing and without shoes. If the patient is an amputee, code Weight Unknown.

CHARACTERS: 3 for each
CODES:  
1-887 Valid range
888 Patient weighs more than 887 lbs
999 Unknown
Blank (only if Category of Care = “5”)


QC: If Category of Care = 5, then Weight MUST = Blank.
If Annual Exam Date Modifier = 8, Weight must = 999.

REVISIONS: October 2006: This variable was added to the database. Data are required for all patients with Indates Dates on or after 10/01/2006.

Variable Aliases: For Data Analysis Only

Variable ID: 328
8-Character Description: BWeight
FORM II: 17D. Rehospitalizations—Number of Days

VARIABLE NAME: Rehospitalizations – Number of Days Rehospitalized

DESCRIPTION: This variable documents the number of days rehospitalized for each rehospitalization (Coding positions 1 through 8).

Document all rehospitalizations in all hospitals (i.e., system and non-system) that occurred during the previous 12 months with respect to the date of the interview.

For the year 01 Form II only:

- the year 01 Form II documents only rehospitalizations occurring in the interval between the discharge from the initial System inpatient hospital stay to the Interview Date.

All subsequent Form IIs document rehospitalizations occurring during the previous 12 months.

Do not include the initial System hospitalization or hospitalizations preceding the initial admission into the System.

Do not record any custodial admissions (i.e. nursing home stays) in this variable.

If 8 or more rehospitalizations occur, then add the days for all rehospitalizations over #7 and report those days in coding position #8.

CHARACTERS: 3 for each Number of Days (up to 8 entries, in coding positions 1 through 8)

CODES:
- 0 None (Valid only in coding position #1 only)
- 1-887 Valid range
- 888 Yes, number of days unknown
- 999 Unknown (Valid in coding position #1 only)
- Blank (only if Category of Care = “5”)

COMMENTS: It is mandatory to enter a code in coding position #1. When the code of 0 or 999 for days is entered in coding position #1, no codes are allowed in coding positions #2 through #8 (for records entered after 3/2001).

The interviewer must ask the patient for this information. If the patient has been rehospitalized, it is recommended that hospital records be obtained to verify the number of days rehospitalized, the dates of admission and discharge.

If, during a follow-up year, the patient remains rehospitalized past his anniversary date:

- For those variables to be documented "at the time of the annual physical examination", code the information obtained on the date of the annual physical examination.

However,

- All variables documenting events occurring "during the anniversary year being reported" should include all events up until the completion of the rehospitalization.

The Number of Days Rehospitalized may be greater than 365 days.
FORM II: 17D. Rehospitalizations-Number of Days

(page 2 of 2)

FORM II

VARIABLE NAME: Rehospitalizations – Number of Days Rehospitalized

SOFTWARE: When code 0 is entered in Number of Days Rehospitalized: Reason for Rehospitalization = 88, Total Hospitalizations = 0 and Total Days = 0 are auto-filled.

When code 999 is entered in Number of Days Rehospitalized: Reason for Rehospitalization = 99, Total Hospitalizations = 9 and Total Days = 9 are auto-filled.

REVISIONS: October 2000: This variable was added to the database.

QC: If Number of Days Rehospitalized = 999 then Reasons for Rehospitalization = 99.

Coding position #1 criteria applies to records entered after March 1, 2001.

EXAMPLES: see page 250.

DATA CONVERSION: Records entered before October 2001 were converted:

If total # hospitalizations = 0 (total days hospitalized=000), then position1=000 and Reason1=88.
If total # hospitalizations = 1 (total days hospitalized=20), then position1=020 and Reason1=99.
If total # hospitalizations = 2 (>1), (total days hospitalized=41), then position1 and 2 = 888 and Reason1 and 2 =99.

Variable Aliases: For Data Analysis Only

<table>
<thead>
<tr>
<th>Variable ID</th>
<th>Days_1</th>
<th>Days_2</th>
<th>Days_3</th>
<th>Days_4</th>
<th>Days_5</th>
<th>Days_6</th>
<th>Days_7</th>
<th>Days_8+</th>
</tr>
</thead>
<tbody>
<tr>
<td>329</td>
<td>BRhsDa1</td>
<td>BRhsDa2</td>
<td>BRhsDa3</td>
<td>BRhsDa4</td>
<td>BRhsDa5</td>
<td>BRhsDa6</td>
<td>BRhsDa7</td>
<td>BRhsDa8</td>
</tr>
</tbody>
</table>
FORM II: 17R. Rehospitalizations-Reason

VARIABLE NAME: Rehospitalizations – Primary Reason for Rehospitalization

DESCRIPTION: This variable documents the primary reason for each rehospitalization (Coding positions 1 through 8).

Document all reasons for rehospitalizations in all hospitals (i.e., system and non-system) that occurred during the previous 12 months with respect to the date of the interview.

For the year 01 Form II only:

- the year 01 Form II documents only reasons for rehospitalizations occurring in the interval between the discharge from the initial System inpatient hospital stay to the Interview Date.

All subsequent Form IIs document rehospitalizations occurring during the previous 12 months from the interview date.

Do not include the reasons for the initial System hospitalization or the reasons for the hospitalizations preceding the initial admission into the System.

Do not record any reasons for custodial admissions (i.e. nursing home stays) in this variable.

If 8 or more rehospitalizations occur, report the primary reason for the longest of the rehospitalizations over #7 in coding position #8.

CHARACTERS: 2 for each Reason (up to 8 entries, in coding positions 1 through 8)
### FORM II: 17R. Rehospitalizations-Reason

**VARIABLE NAME:** Rehospitalizations – Primary Reason for Rehospitalization

**CODES:**

<table>
<thead>
<tr>
<th>Primary Reason for Rehospitalization</th>
<th>ICD9 Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 Infectious and parasitic diseases, including AIDS</td>
<td>0-139</td>
</tr>
<tr>
<td>02 Cancer</td>
<td>140-239</td>
</tr>
<tr>
<td>03 Endocrine, nutritional and metabolic diseases and immunity disorders</td>
<td>240-279</td>
</tr>
<tr>
<td>04 Diseases of blood and blood-forming organs</td>
<td>280-289</td>
</tr>
<tr>
<td>05 Mental disorders, including alcohol and drug-related problems</td>
<td>290-319</td>
</tr>
<tr>
<td>06 Disease of nervous system and sense organs</td>
<td>320-389</td>
</tr>
<tr>
<td>07 Diseases of the circulatory system, including heart disease, hypertension, pulmonary embolus, cerebrovascular disease, and diseases of arteries and veins</td>
<td>390-459</td>
</tr>
<tr>
<td>08 Diseases of respiratory system</td>
<td>460-519</td>
</tr>
<tr>
<td>09 Disease of digestive system, including oral cavity, salivary glands, esophagus, stomach, duodenum, appendicitis, abdominal hernia, noninfectious enteritis and colitis, other disease of the intestine, peritoneum, liver and gall bladder</td>
<td>520-579</td>
</tr>
<tr>
<td>10 Diseases of genitourinary system, including renal, urethral, ureteral, and bladder stones and conditions, urinary tract infections, diseases of the prostate, orchitis/epididymitis, disorders of genital organs, disorders of the breast and female pelvic organs</td>
<td>580-629</td>
</tr>
<tr>
<td>11 Uncomplicated childbirth or complications of pregnancy, childbirth and the puerperium</td>
<td>630-676</td>
</tr>
<tr>
<td>12 Diseases of skin and subcutaneous tissue, including pressure sores</td>
<td>680-709</td>
</tr>
<tr>
<td>13 Diseases of musculoskeletal system and connective tissue, including arthropathies, arthritis, ankylosing spondylitis, intervertebral disc disorders, rheumatism, osteopathies and acquired musculoskeletal deformities</td>
<td>710-739</td>
</tr>
<tr>
<td>14 Congenital anomalies</td>
<td>740-759</td>
</tr>
<tr>
<td>15 Symptoms and ill-defined conditions, includes cases for which no specific diagnosis can be made; transient symptoms of undetermined nature or symptoms that point with equal suspicion to two or more disease or body systems without final determination being made.</td>
<td>780-799</td>
</tr>
<tr>
<td>16 Injuries and poisoning, regardless of intention (can be accidental or attempted suicide or homicide), including complications of surgical and medical care and any external cause such as temperature, drowning, radiation, toxic products or environment, fire or trauma</td>
<td>800-999</td>
</tr>
<tr>
<td>17 Other unclassified (e.g. baclofen pump)</td>
<td></td>
</tr>
<tr>
<td>18 Inpatient rehab services only</td>
<td></td>
</tr>
<tr>
<td>88 Not applicable, no rehospitalizations <em>(Valid only in coding position #1)</em></td>
<td></td>
</tr>
<tr>
<td>99 Unknown</td>
<td></td>
</tr>
</tbody>
</table>

**Blank** *(only if Category of Care = “5”)*

**COMMENTS:** It is mandatory to enter a code in coding position #1. When the code of 88 for reason is entered in coding position #1, no codes are allowed in coding positions #2 through #8.

The interviewer must ask the patient for this information. If the patient has been rehospitalized, it is recommended that hospital records be obtained to verify the reasons for rehospitalization.
FORM II: 17R. Rehospitalizations-Reason

VARIABLE NAME: Rehospitalizations – Primary Reason for Rehospitalization

COMMENTS (cont’d): If, during a follow-up year, the patient remains rehospitalized past his anniversary date:

◊ For those variables to be documented "at the time of the annual physical examination", code the information obtained on the date of the annual physical examination.

However,

◊ All variables documenting events occurring "during the anniversary year being reported" should include all events up until the completion of the rehospitalization.

If there are multiple reasons for a hospitalization, code the primary reason for the admission.

SOFTWARE: When code 0 is entered in Number of Days Rehospitalized: Reason for Rehospitalization = 88, Total Hospitalizations = 0 and Total Days = 0 are auto-filled.

When code 999 is entered in Number of Days Rehospitalized: Reason for Rehospitalization = 99, Total Hospitalizations = 9 and Total Days = 9 are auto-filled.

REVISIONS: October 2000: This variable was added to the database. Data are required for new Form IIs entered on or after 03/01/2001.

EXAMPLE 1: The subject was not hospitalized at all during the follow-up year being reported.

<table>
<thead>
<tr>
<th>Rehospitalizations</th>
<th>#1</th>
<th>#2</th>
<th>#3</th>
<th>#4</th>
<th>#5</th>
<th>#6</th>
<th>#7</th>
<th>8+</th>
</tr>
</thead>
<tbody>
<tr>
<td>D. Number of Days</td>
<td>000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>R. Reason</td>
<td>88</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Rehospitalization(s)</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Days Rehospitalized</td>
<td>000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

EXAMPLE 2: The subject was hospitalized 3 times during the follow-up year being reported. The first hospitalization was for drug abuse problems and lasted 30 days. The second hospitalization was for 5 days due to hypertension and the third hospitalization was for 3 days for renal stones.

<table>
<thead>
<tr>
<th>Rehospitalizations</th>
<th>#1</th>
<th>#2</th>
<th>#3</th>
<th>#4</th>
<th>#5</th>
<th>#6</th>
<th>#7</th>
<th>8+</th>
</tr>
</thead>
<tbody>
<tr>
<td>D. Number of Days</td>
<td>030</td>
<td>005</td>
<td>003</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>R. Reason</td>
<td>05</td>
<td>07</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Rehospitalization(s)</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Days Rehospitalized</td>
<td>038</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Variable Aliases: For Data Analysis Only

<table>
<thead>
<tr>
<th>Variable ID</th>
<th>ReasonID</th>
<th>8-Character Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>330</td>
<td>BRhspRs1</td>
<td>BRhspRs1</td>
</tr>
<tr>
<td>332</td>
<td>BRhspRs2</td>
<td>BRhspRs2</td>
</tr>
<tr>
<td>334</td>
<td>BRhspRs3</td>
<td>BRhspRs3</td>
</tr>
<tr>
<td>336</td>
<td>BRhspRs4</td>
<td>BRhspRs4</td>
</tr>
<tr>
<td>338</td>
<td>BRhspRs5</td>
<td>BRhspRs5</td>
</tr>
<tr>
<td>340</td>
<td>BRhspRs6</td>
<td>BRhspRs6</td>
</tr>
<tr>
<td>342</td>
<td>BRhspRs7</td>
<td>BRhspRs7</td>
</tr>
<tr>
<td>344</td>
<td>BRhspRs8</td>
<td>BRhspRs8</td>
</tr>
</tbody>
</table>
FORM II

VARIABLE NAME: Number of Rehospitalizations

DESCRIPTION: This variable documents the number of planned and unplanned, system and non-system hospital admissions occurring during the previous 12 months with respect to the date of the interview.

For the year 01 Form II only:

- the year 01 Form II documents only rehospitalizations occurring in the interval between the discharge from the initial System inpatient hospital stay to the Interview Date.

All subsequent Form IIs document rehospitalizations occurring during the previous 12 months.

Do not include the initial System hospitalization or hospitalizations preceding the initial admission into the System.

Do not record any custodial admissions (i.e. nursing home stays) in this variable.

This variable is calculated by the NSCISC’s software.

CHARACTERS: 1

CODES:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>None</td>
</tr>
<tr>
<td>1</td>
<td>One</td>
</tr>
<tr>
<td>2</td>
<td>Two</td>
</tr>
<tr>
<td>3</td>
<td>Three</td>
</tr>
<tr>
<td>4</td>
<td>Four</td>
</tr>
<tr>
<td>5</td>
<td>Five</td>
</tr>
<tr>
<td>6</td>
<td>Six</td>
</tr>
<tr>
<td>7</td>
<td>More than six</td>
</tr>
<tr>
<td>8</td>
<td>Rehospitalized, number unknown</td>
</tr>
</tbody>
</table>

This is a CONVERSION CODE ONLY. Data collectors may NOT use this code. This information is provided for data analyses purposes only.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

Blank (only if Category of Care = “5”)
FORM II: 18. Number of Rehospitalizations

VARIABLE NAME: Number of Rehospitalizations

COMMENTS: If, during a follow-up year, the patient remains rehospitalized past his anniversary date:

◊ For those variables to be documented "at the time of the annual physical examination", code the information obtained on the date of the annual physical examination.

However,

◊ All variables documenting events occurring "during the anniversary year being reported" should include all events up until the completion of the rehospitalization.

SOFTWARE: The software calculates this variable by adding the number of positions coded in the Rehospitalizations variables (both Number of Days and Reason). If more than 6 positions are coded in the Rehospitalizations variables, then Number of Rehospitalizations = “7”.

This variable will auto-calculate.

Variable Aliases: For Data Analysis Only

Variable ID: 345
8-Character Description: BRhspNbr
FORM II: 19. Number of Days Rehospitalized During Reporting Period

VARIABLE NAME: Number of Days Rehospitalized During Reporting Period

DESCRIPTION: This variable records the total days rehospitalized (planned and unplanned days) in all hospitals (i.e., system and non-system) during the previous 12 months with respect to the date of the interview.

For the year 01 Form II only:
- the year 01 Form II documents only rehospitalizations occurring in the interval between the discharge from the initial System inpatient hospital stay to the Interview Date.

All subsequent Form IIs document rehospitalizations occurring during the previous 12 months.

This variable is calculated by the NSCISC’s software.

CHARACTERS: 3

CODES:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>None</td>
</tr>
<tr>
<td>1-887</td>
<td>Valid range</td>
</tr>
<tr>
<td>888</td>
<td>Yes, number of days unknown</td>
</tr>
<tr>
<td>999</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

Blank (only if Category of Care = “5”)

COMMENTS: If, during a follow-up year, the patient remains rehospitalized past his anniversary date:
- For those variables to be documented "at the time of the annual physical examination", code the information obtained on the date of the annual physical examination.

However,
- All variables documenting events occurring "during the anniversary year being reported” should include all events up until the completion of the rehospitalization.

The Number of Days Hospitalized may be greater than 365 days.

SOFTWARE: The software calculates this variable by adding the values in coding positions 1 through 8 of the Rehospitalizations-Number of Days variable. This variable will auto-calculate.

Note: in order to retain the data converted from the old Rehospitalization Days variable, this function is disabled for Form IIs with an Indate prior to 10/01/2001.

Variable Aliases: For Data Analysis Only

Variable ID: 346
8-Character Description: BRHspDaT
FORM II: 20. Date of Interview Modifier

VARIABLE NAME: Date of the Interview Modifier

DESCRIPTION: The data in this variable is used to define the Date of the Interview.

CHARACTERS: 1

CODES:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Date completely known</td>
</tr>
<tr>
<td>8</td>
<td>Interview not done</td>
</tr>
<tr>
<td>9</td>
<td>Unknown - This is a CONVERSION CODE ONLY. Data collectors may NOT use this code. This information is provided for data analyses purposes only. Blank (only if Category of Care = “5”)</td>
</tr>
</tbody>
</table>

COMMENTS: Unknowns are not allowed in this variable except as a conversion code. Conversion codes are used for data analyses purposes only, and are never to be used by the data collector.

Data for “Window variables” may be collected from up to 182 days before the anniversary date to 365 days after the anniversary date. The window of time for the year 01 (or year 02) Form II is limited to 182 days after the anniversary.

This variable should be coded according to the date on which all or most of the interview items were obtained. Interviews may be conducted in person, by mail, or by phone.

If the interview is done by telephone, code according to the date of the phone call.

If the interview was done by mail, code according to the date the subject completed the interview form.

If the interviewer knows the respondent’s responses are not reliable, code the interview “not done” and code all the interview items unknown. It is better to encourage an unknown response rather than an inaccurate response.

QC: If the Date of Interview Modifier = 8, then Date of Interview must = ‘Blank’, and ‘How was the interview conducted’ MUST = ‘8’ and all subsequent variables (Self-perceived health status through the Assistive Technology variables) MUST all = “Unknown”

REVISIONS: October 2006: This variable was added to the database. Data are required for all patients with Interview Dates on or after 10/01/2006.

CONVERSION: October 2006: For records that existed before 10/01/2006, code 1 was inserted for records that contained a valid date, Code 8 for records that contained “88888888”, and Code 9 was inserted for records that contained “99999999”.

Variable Aliases: For Data Analysis Only

Variable ID: 347

8-Character Description: BIntvDtM
FORM II: 21. Date of the Interview

VARIABLE NAME: Date of the Interview

DESCRIPTION: This variable records the date on which all or most of the interview items were obtained. Interviews may be conducted in person, by mail or by phone. Data for all variables (except the Annual Exam variables and the Neurological Exam variables) may be collected by interview. Certain items may be collected from the caregiver: Demographics, Change in Marital Status, VA Services, Rehospitalizations, FIM, CHART, Assistive Technology, and Mechanical Vent at year 1.

CHARACTERS: 10

CODES: Any valid date
Blank (only if Category of Care = “5”)

COMMENTS: Data for “Window variables” may be collected from up to 182 days before the anniversary date to 365 days after the anniversary date. The window of time for the year 01 (or year 02) Form II is limited to 182 days after the anniversary.

Data in this variable are required in records entered into the database after October 31, 2000.

If the interview is done by telephone, this is the date of the phone call.

If the interview was done by mail, this is the date the subject completed the interview form.

If the interviewer knows the respondent’s responses are not reliable, code the interview “not done” and code all the interview items unknown. It is better to encourage an unknown response rather than an inaccurate response.

For the first (or second, see page 17 for details) anniversary, it is extremely important to obtain data as close as possible to the anniversary date.

If the patient is coded “lost” (Category of Care = “5”) then, leave all variables after Reason for Lost blank.

REVISIONS: October 2000: this variable was added. Data are required for new Form IIs entered on or after 03/01/2001.

October 2006: The Date of Interview Modifier was added to the database in order to allow valid date formats in the Date of Interview therefore alleviating the need of codes 88888888 and 99999999 in the date fields.

QC: If the Date of Interview Modifier = 8, then Date of Interview must = ‘Blank’, and ‘How was the interview conducted’ MUST = ‘8’ and all subsequent variables (Self-perceived health status through the Assistive Technology variables) MUST all = “Unknown”

Variable Aliases: For Data Analysis Only
Variable ID: 348
8-Character Description: BIntvDt
**FORM II: 22. How was the interview conducted?**

**VARIABLE NAME:** How was the interview conducted?

**DESCRIPTION:** This variable documents if the interview was conducted in person, by phone and/or by mail.

Data for all variables (except the *Annual Exam* variables and the *Neurological Exam* variables) may be collected by interview.

**CHARACTERS:** 1

**CODES:**

1  Interview in person
2  Interview by phone
3  Self-administered (by mail or in the clinic)
4  Combination of in person, by phone and/or by mail
8  Not applicable, no interview
9  Unknown

**Blank** *(only if Category of Care = “5”)*

**COMMENTS:** Certain items may be collected from the participant’s caregiver: Demographics, Change in Marital Status, VA Services, Rehospitalizations, FIM, CHART, Assistive Technology, and Mechanical Vent at year 1.

The Psycho/Social committee has established a list of priorities for each interview. **All systems should structure the Psycho/Social variables in their interviews in this order:**

<table>
<thead>
<tr>
<th>Interview Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diener-Satisfaction with Life</td>
</tr>
<tr>
<td>Pain</td>
</tr>
<tr>
<td><strong>Self-report Health</strong></td>
</tr>
<tr>
<td>a. Self-perceived Health Status</td>
</tr>
<tr>
<td>b. Compared to 1 year ago…</td>
</tr>
<tr>
<td><strong>PHQ</strong></td>
</tr>
<tr>
<td>CHART</td>
</tr>
<tr>
<td>Assistive Technology</td>
</tr>
<tr>
<td>Alcohol Use</td>
</tr>
<tr>
<td>FIM</td>
</tr>
</tbody>
</table>

An Interview Form (in English and Spanish) containing all the interview items can be found in **Appendix B**.

**QC:** See page 255.

**REVISIONS:** February 1996; this variable was added to the database.

**Variable Aliases:** For Data Analysis Only

**Variable ID:** 349

**8-Character Description:** BIntCond
FORM II: 23. Self-perceived Health Status

VARIABLE NAME: Self-perceived Health Status
DESCRIPTION: The following question is asked: In General, Would You Say That Your Health Is Excellent, Very Good, Good, Fair or Poor?
This item is question 1 from the Short Form Health Survey (SF-36).
CHARACTERS: 1
CODES:
1 Excellent
2 Very good
3 Good
4 Fair
5 Poor
6 Don’t know
7 Refuses
9 Unknown, interview not done, or respondent’s current age is less than 18
Blank (only if Category of Care = “5”)

COMMENTS: Only responses from the patient are acceptable.
This variable is a “window variable” and may be collected up to 6 months before (182 days) the Anniversary Date until 1 year after (365 days) the Anniversary Date (year 01 up to 6 months after the Anniversary Date).

SOURCE: SF-36 Physical and Mental Health Summary Scales. John E. Ware, Jr. Ph.D., Mark Kosinski, M.A., Susan D. Keller, Ph.D. The Health Institute, New England Medical Center, Boston, Massachusetts.

QC: See page 255.
REVISIONS: November 1995: this variable was added to the database.
May 1997: the minimum age rule added.
October 2000: code “8” (Not applicable, respondent’s current age is less than 18) was deleted. Coding rule changed to: code “9” should be used for respondents whose current age is less than 18.

Variable Aliases: For Data Analysis Only
Variable ID: 350
8-Character Description: BSPHthSt
FORM II: 24. How would you rate your health now?

FORM II

VARIABLE NAME: Compared to 1 year ago, how would you rate your health in general now?

DESCRIPTION: This item is question 2 from the Short Form Health Survey (SF-36).

When doing the year 01 interview, ask *Compared to the time of discharge, how would you rate your health in general now?*

CHARACTERS: 1

CODES: 1 Much better now than one year ago
2 Somewhat better now than one year ago
3 About the same as one year ago
4 Somewhat worse now than one year ago
5 Much worse now than one year ago
6 Don’t know
7 Refuses
9 Unknown, interview not done, or respondent’s current age is less than 18

Blank *(only if Category of Care = “5”)*

COMMENTS: Only responses from the patient are acceptable.

This variable is a “window variable” and may be collected up to 6 months before (182 days) the *Anniversary Date* until 1 year after (365 days) the *Anniversary Date* (year 01 up to 6 months after the *Anniversary Date*).

SOURCE: SF-36 Physical and Mental Health Summary Scales. John E. Ware, Jr. Ph.D., Mark Kosinski, M.A., Susan D. Keller, Ph.D. The Health Institute, New England Medical Center, Boston, Massachusetts.

QC: See page 255.

REVISIONS: May 1998: this variable was added to the database.

October 2000: code “8” (Not applicable, respondent’s current age is less than 18) was deleted. Coding rule changed to: code “9” should be used for respondents whose current age is less than 18

Variable Aliases: For Data Analysis Only

Variable ID: 351
8-Character Description: BSPHthRC
FORM II: 25. FIM-Overview

(Page 1 of 3)

FORM II

VARIABLE NAME: Functional Independence Measure (FIM) - Items A through M and T

DESCRIPTION: This variable assesses severity of disability through measurement of the most common and useful functional assessment items. Only the thirteen motor assessment items (A through M) and the Motor Subtotal Score (S) are documented. FIM data may be collected by phone or in person but not self-administered by the participant.

Data are collected on the anniversary date being reported.

CHARACTERS: 1 for each FIM item
2 for each Total Motor Score

CODES:

9 Unknown
- missing or unknown data
- the subject is under the age of 6
- evaluation/interview not done

INDEPENDENT (NO HELPER): Another person is not required for the activity.

7 Complete Independence – The subject safely performs all the tasks described as making up the activity within a reasonable amount of time, and does so without modification, assistive devices, or aids.

6 Modified Independence - One or more of the following may be true: the activity requires an assistive device, the activity takes more than reasonable time, or the activity involves safety (risk) considerations.

DEPENDENT (REQUIRES HELPER): Subject requires another person for either supervision or physical assistance in order for the activity, or it is not performed.

MODIFIED DEPENDENCE - The subject expends half (50%) or more of the effort. The levels of assistance required are defined below:

5 Supervision or Setup – The subject requires no more help than standby, cueing or coaxing, without physical contact; alternately, the helper sets up needed items or applies orthoses or assistive/adaptive devices.

4 Minimal Contact Assistance – The subject requires no more help than touching, and expends 75% or more of the effort.

3 Moderate Assistance – The subject requires more help than touching, or expends between 50 and 74% of the effort.
FORM II: 25. FIM-Overview

FORM II

VARIABLE NAME: Functional Independence Measure (FIM) - Items A through M and T

CODES (cont’d):

COMPLETE DEPENDENCE - The subject expends less than half (less than 50%) of the effort. Maximal or total assistance is required. The levels of assistance required are defined below:

2 Maximal Assistance – The subject expends between 25 and 49% of the effort.

1 Total Assistance – The subject expends less than 25% of the effort or subject cannot be rated due to physical or cognitive limitations and a helper performs the activity for the patient

Blank (only if Category of Care = “5”)

COMMENTS: Use the Uniform Data System’s (UDS) training materials to train the persons who document this information. Training manuals are available (for a fee) from the UDS for non-UDS subscribers. Also, use the UDS FIM Decision Tree (see Appendix A of this syllabus) to assist with Form II assessments conducted by telephone where the clinician was not able to directly observe the respondent’s behavior.

When the participant is in a temporary situation which limits his typical activities and that situation is expected to be resolved, code his typical activities. For example, if a participant has a cast that impairs activities, and the participant is expected to return to his typical activity level after the cast is removed, code his typical activity level prior to the temporary situation. If return to typical function is unknown, code participant’s current activity level.

A self-administered FIM is not acceptable (when the patient fills out the FIM section of the interview either in clinic or sent in the mail).

It is acceptable to administer the FIM over the phone.

Record the number which best describes the respondent’s level of function for each FIM item on the coding form. If the subject does not perform an activity during the observation period due to physical or cognitive limitations (e.g., a cast or IV line) and, a helper performs the activity for the subject, use code “1”. If the subject does not perform an activity during the observation period and, a helper does not perform the activity for the subject, use code “1”.

Blank (only if Category of Care = “5”)

COMMENTS: Use the Uniform Data System’s (UDS) training materials to train the persons who document this information. Training manuals are available (for a fee) from the UDS for non-UDS subscribers. Also, use the UDS FIM Decision Tree (see Appendix A of this syllabus) to assist with Form II assessments conducted by telephone where the clinician was not able to directly observe the respondent’s behavior.

When the participant is in a temporary situation which limits his typical activities and that situation is expected to be resolved, code his typical activities. For example, if a participant has a cast that impairs activities, and the participant is expected to return to his typical activity level after the cast is removed, code his typical activity level prior to the temporary situation. If return to typical function is unknown, code participant’s current activity level.

A self-administered FIM is not acceptable (when the patient fills out the FIM section of the interview either in clinic or sent in the mail).

It is acceptable to administer the FIM over the phone.

Record the number which best describes the respondent’s level of function for each FIM item on the coding form. If the subject does not perform an activity during the observation period due to physical or cognitive limitations (e.g., a cast or IV line) and, a helper performs the activity for the subject, use code “1”. If the subject does not perform an activity during the observation period and, a helper does not perform the activity for the subject, use code “1”.
FORM II

VARIABLE NAME: Functional Independence Measure (FIM) - Items A through M and T
SOURCE: Uniform Data System for Medical Rehabilitation.
QC: See page 339.
REVISIONS: November 1995: The FIM on Form II was added to the database. Data for all FIM items, in all the Extended data years (i.e., years 1, 2, 5, 10, 15, 20, 25) were expected in Form IIIs with Indates between 02/01/1996 and 01/31/98.
January 1998: The FIM required only in annual years 1 and 2 and, all Communication and Social Cognition items (items N, NM, O, OM, P, Q and R) were deleted.
July 1998: The FIM (motor items and total motor score only) required in all the Extended data years (i.e., years 1, 2, 5, 10, 15, 20, 25). Between January and July 1998 the FIM was not required after year 2. Therefore, many Form IIIs entered during that time have unknown codes in the FIM.
October 2000: FIM on Form II no longer required in annual year 2.
January 2002: UDS changes on Form II for the interviews performed on or after March 1, 2002.
February 2009: Clarified use of code ‘1’ for transfers and stairs when the patient does not transfer to the toilet or use stairs.
April 2010: Removed the use of ‘0’ for tub/shower transfers and added a comment for coding during a temporary situation.

The following is a list of all items included in this variable:

**SELF CARE**
A. Eating
B. Grooming
C. Bathing
D. Dressing - Upper body
E. Dressing - Lower body
F. Toileting

**SPHINCTER CONTROL**
G. Bladder Management
H. Bowel Management

**MOBILITY (TRANSFER)**
I. Bed, Chair, Wheelchair
J. Toilet
K. Tub, Shower

**LOCOMOTION**
L. Walking or Wheelchair
LM. Mode of Wheelchair
M. Stairs

**TOTAL**

T. Total Motor Score
**FORM II: 25A. FIM-Self Care-Eating**

**VARIABLE NAME:** Functional Independence Measure (FIM) - Self Care: Eating

**DESCRIPTION:** Includes the ability to use suitable utensils to bring food to the mouth, as well as the ability to chew and swallow the food once the meal is presented in the customary manner on a table or tray. The subject performs this activity safely.

**CHARACTERS:** 1 for each entry

**CODES:**
- **9** Unknown *(see page 259 for details)*
- **7** Complete independence – The subject eats from a dish while managing a variety of food consistencies, and drinks from a cup or glass with the meal presented in the customary manner on a table or tray. The subject opens containers, butters bread, cuts meat, pours liquids and uses a spoon or fork to bring food to the mouth, where it is chewed and swallowed. The subject performs this activity safely.
- **6** Modified independence – Performance of the activity involves safety considerations, or the subject requires an adaptive or assistive device such as a long straw, spork or rocking knife; requires more than a reasonable amount of time to eat; or requires modified food consistency or blenderized food. If the subject relies on other means of alimentation, such as parenteral or gastrostomy feedings, then (s)he self-administers the feedings.
- **5** Supervision or setup – The subject requires supervision (e.g., standing by, cueing or coaxing) or setup (application of orthoses or assistive/adaptive devices), or another person is required to open containers, butter bread, cut meat, or pour liquids.
- **4** Minimal contact assistance – The subject performs 75% or more of eating tasks.
- **3** Moderate assistance – The subject performs 50% to 74% of eating tasks.
- **2** Maximal assistance – The subject performs 25% to 49% of eating tasks.
- **1** Total assistance – The subject performs less than 25% of eating tasks, or the subject relies on parenteral or gastrostomy feedings (either wholly or partially) and does not administer self-administer the feedings; or the subject cannot perform the task due to physical or cognitive limitations and a helper performs the activity for the subject.
- **Blank** *(only if Category of Care = “5”)*

**Variable Aliases:** For Data Analysis Only

**Variable ID:** 352
8-Character Description: BFIMEatg

NSCISC: 4/2010 262
**FORM II:** 25B. FIM-Self Care-Grooming

**VARIABLE NAME:** Functional Independence Measure (FIM) - Self Care: Grooming

**DESCRIPTION:** Includes oral care, hair grooming (combing or brushing hair), washing the hands*, washing the face*, and either shaving the face or applying makeup. If the subject neither shaves nor applies make-up, Grooming includes only the first four tasks. The subject performs this activity safely.

**CHARACTERS:** 1 for each entry

**CODES:**
- **9** Unknown (see page 259 for details)

**NO HELPER**
- **7** Complete independence – The subject cleans teeth or dentures, combs or brushes hair, washes the hands*, washes the face, and either shaves the face or applies make-up, including all preparations. The subject performs this activity safely.
- **6** Modified independence - The subject requires specialized equipment (including prosthesis or orthosis) to perform grooming activities, or takes more than a reasonable amount of time, or there are safety considerations.

**HELPER**
- **5** Supervision or setup - The subject requires supervision (e.g., standing by, cueing or coaxing) or setup (application of orthoses or adapted/assistive devices, setting out grooming equipment, and initial preparation such as applying toothpaste to toothbrush and opening make-up containers).
- **4** Minimal contact assistance – The subject performs 75% or more of grooming tasks.
- **3** Moderate assistance - The subject performs 50% to 74% of grooming tasks.
- **2** Maximal assistance - The subject performs 25% to 49% of grooming tasks.
- **1** Total assistance - The subject performs less than 25% of grooming tasks or the subject cannot perform the task due to physical or cognitive limitations and a helper performs the activity for the subject.

**Blank** (only if Category of Care = “5”)

**COMMENTS:** Assess only the activities listed in the definition. Grooming does not include flossing teeth, shampooing the hair, applying deodorant, or shaving legs. If the subject is bald or chooses not to shave or apply make-up, do not access those activities.

Use code ‘1’ if activity does not occur.

* including rinsing and drying.

**Variable Aliases:** For Data Analysis Only

**Variable ID:** 353

8-Character Description: BFIMGrmg
FORM II:  25C. FIM-Self Care-Bathing

VARIABLE NAME:  Functional Independence Measure (FIM) - Self Care: Bathing
DESCRIPTION:  Includes washing, rinsing and drying the body from the neck down (excluding the neck and back) in either a tub or shower or sponge/bed bath. The patient performs the activity safely.
CHARACTERS:  1 for each entry
CODES:
  9  Unknown  (see page 259 for details)
NO HELPER
  7  Complete independence  – The subject safely bathes (washes, rinses and dries) the body.
  6  Modified independence  – The subject requires specialized equipment (including prosthesis or orthosis) to bathe, or takes more than a reasonable amount of time, or there are safety considerations.
HELPER
  5  Supervision or setup  – The subject requires supervision (e.g., standing by, cueing or coaxing) or setup (application of assistive/adaptive devices, setting out bathing equipment, and initial preparation such as preparing the water or washing materials).
  4  Minimal contact assistance  - The subject performs 75% or more of bathing tasks.
  3  Moderate assistance  - The subject performs 50% to 74% of bathing tasks.
  2  Maximal assistance  - The subject performs 25% to 49% of bathing tasks.
  1  Total assistance  - The subject performs less than 25% of bathing tasks or the subject cannot perform the task due to physical or cognitive limitations and a helper performs the activity for the subject.
Blank  (only if Category of Care = “5”)

COMMENTS:  There are ten body parts included in this activity, each accounting for 10% of the total: chest, left arm, right arm, abdomen, perineal area, buttocks, left upper leg, right upper leg, left lower leg (including foot) and right lower leg (including foot).

Use code ‘1’ if activity does not occur.

Variable Aliases:  For Data Analysis Only
Variable ID:  354
8-Character Description:  BFIMBthg

NSCISC:  4/2010  264
FORM II: 25D. FIM-Self Care-Dressing, Upper Body

VARIABLE NAME: Functional Independence Measure (FIM) - Self Care: Dressing, Upper Body

DESCRIPTION: Includes dressing and undressing above the waist, as well as applying and removing prosthesis or orthosis when applicable. The subject performs this activity safely.

CHARACTERS: 1 for each entry

CODES:

9 Unknown (see page 259 for details)

NO HELPER

7 Complete independence - The subject dresses and undresses self. This includes obtaining clothes from their customary places (such as drawers and closets) and may include managing a bra, pullover garment, front-opening garment, zippers, buttons, or snaps, as well as the application and removal of a prosthesis or orthosis (which is not used as an assistive device for upper body dressing) when applicable. The subject performs this activity safely.

6 Modified independence - The subject requires special adaptive closure such as Velcro® Fastener, or an assistive device (including a prosthesis or orthosis) to dress, or takes more than a reasonable amount of time.

HELPER

5 Supervision or setup - The subject requires supervision (e.g., standing by, cueing or coaxing) or setup (application of an upper body or limb orthosis/prosthesis, application of an assistive/adaptive device, or setting out clothes or dressing equipment).

4 Minimal contact assistance - The subject performs 75% or more of dressing tasks.

3 Moderate assistance - The subject performs 50% to 74% of dressing tasks.

2 Maximal assistance - The subject performs 25% to 49% of dressing tasks.

1 Total assistance - The subject performs less than 25% of dressing tasks or the subject cannot perform the task due to physical or cognitive limitations and a helper performs the activity for the subject.

Blank (only if Category of Care = “5”)

COMMENTS: When assessing dressing and undressing, the subject must use clothing that is appropriate to wear in public.

Use code ‘1’ if activity does not occur.

Variable Aliases: For Data Analysis Only

Variable ID: 355
8-Character Description: BFIMDrUp

Blank (only if Category of Care = “5”)

COMMENTS: When assessing dressing and undressing, the subject must use clothing that is appropriate to wear in public.

Use code ‘1’ if activity does not occur.

Variable Aliases: For Data Analysis Only

Variable ID: 355
8-Character Description: BFIMDrUp
**FORM II: 25E. FIM-Self Care-Dressing, Lower Body**

**FORM II**

**VARIABLE NAME:** Functional Independence Measure (FIM) - Self Care: Dressing, Lower Body

**DESCRIPTION:** Includes dressing and undressing from the waist down, as well as applying and removing a prosthesis or orthosis when applicable. The subject performs this activity safely.

**CHARACTERS:** 1 for each entry

**CODES:**
- **9** Unknown *(see page 259 for details)*
- **7** Complete independence – The subject dresses and undresses safely. This includes obtaining clothes from their customary places (such as drawers and closets), and may also include managing underpants, slacks, skirt, belt, stockings, shoes, zippers, buttons, and snaps as well as the application and removal of a prosthesis or orthosis (which is not used as an assistive device for lower body dressing) when applicable.
- **6** Modified independence - The subject requires special adaptive closure such as Velcro® Fastener, or an assistive device (including a prosthesis or orthosis) to dress, or takes more than a reasonable amount of time.
- **5** Supervision or setup - The subject requires supervision (e.g., standing by, cueing or coaxing) or setup (application of an lower body or limb orthosis/prosthesis, application of an assistive/adaptive device or setting out clothes or dressing equipment).
- **4** Minimal contact assistance - The subject performs 75% or more of dressing tasks.
- **3** Moderate assistance - The subject performs 50% to 74% of dressing tasks.
- **2** Maximal assistance - The subject performs 25% to 49% of dressing tasks.
- **1** Total assistance - The subject performs less than 25% of dressing tasks or the subject cannot perform the task due to physical or cognitive limitations and a helper performs the activity for the subject.

**Blank** *(only if Category of Care = “5”)*

**COMMENTS:** When assessing dressing and undressing, the subject must use clothing that is appropriate to wear in public

Use code ‘1’ if activity does not occur.

Variable Aliases: For Data Analysis Only

Variable ID: 356
8-Character Description: BFIMDrLo
FORM II: 25F. FIM-Self Care-Toileting

VARIABLE NAME: Functional Independence Measure (FIM) - Self Care: Toileting

DESCRIPTION: Includes maintaining perineal hygiene and adjusting clothing before and after toilet, bedpan, or urinal. The subject performs this activity safely.

CHARACTERS: 1 for each entry

CODES:

9 Unknown (see page 259 for details)

NO HELPER

7 Complete independence – The subject safely cleanses self after voiding and bowel movements and safely adjusts clothing before and after using toilet or bedpan.

6 Modified independence - The subject requires specialized equipment (including prosthesis or orthosis) during toileting, or takes more than a reasonable amount of time, or there are safety considerations.

HELPER

5 Supervision or setup - The subject requires supervision (e.g., standing by, cueing or coaxing) or setup (application of adaptive devices or opening packages).

4 Minimal contact assistance - The subject performs 75% or more of toileting tasks.

3 Moderate assistance - The subject performs 50% to 74% of toileting tasks.

2 Maximal assistance - The subject performs 25% to 49% of toileting tasks.

1 Total assistance - The subject performs less than 25% of toileting tasks; or the subject cannot perform the task due to physical or cognitive limitations and a helper performs the activity for the subject.

Blank (only if Category of Care = “5”)

Variable Aliases: For Data Analysis Only

Variable ID: 357
8-Character Description: BFIMTltg
FORM II: 25G. FIM-Sphincter Control-Bladder Management

FORM II

VARIABLE NAME: Functional Independence Measure (FIM) - Sphincter Control: Bladder Management

DESCRIPTION: Bladder Management consists of two function modifiers (Level of Assistance and Frequency of Accidents). After these two function modifiers are scored, record the lower (more dependent) score in FIM item G.

FUNCTION MODIFIER #1:
Bladder Management - Level of Assistance

DESCRIPTION: This is the first function modifier used to determine Sphincter Control: Bladder Management. It includes the safe use of equipment or agents for bladder management.

CODES:

NO HELPER

9 Unknown (see page 259 for details)

7 Complete independence – The subject controls bladder completely and intentionally without equipment or devices, and is never incontinent (no accidents).

6 Modified independence - The subject requires a urinal, bedpan, catheter, absorbent pad, diaper, urinary collecting device, or urinary diversion or uses medication for control. If catheter is used, the subject cleans, sterilizes, and sets up the equipment for irrigation without assistance. If the subject uses a device, (s)he assembles and applies an external catheter with drainage bags or an ileal appliance without assistance of another person; the subject also empties, puts on, removes, and cleans leg bag or empties and cleans ileal appliance bag. The subject has no accidents.

HELPER

5 Supervision or setup - The subject requires supervision (e.g., standing by, cueing or coaxing) or setup (placing or emptying) of equipment to maintain a satisfactory voiding pattern or an external device.

4 Minimal contact assistance - The subject requires minimal contact assistance to maintain an external device, and performs 75% or more of bladder management tasks.

3 Moderate assistance - The subject requires moderate assistance to maintain an external device, and performs 50% to 74% of bladder management tasks.

2 Maximal assistance - The subject performs 25% to 49% of bladder management tasks.

1 Total assistance - The subject performs less than 25% of bladder management tasks; or the subject cannot perform the task due to physical or cognitive limitations and a helper performs the activity for the subject.

Blank (only if Category of Care = “5”)
FORM II: 25G. FIM-Sphincter Control-Bladder Management
(page 2 of 3)

FORM II

VARIABLE NAME: Functional Independence Measure (FIM) - Sphincter Control: Bladder Management

FUNCTION MODIFIER #1 (cont’d):

Bladder Management - Level of Assistance

COMMENTS: The functional goal of bladder management is to open the urinary sphincter only when needed and to keep it closed the rest of the time. This may require devices, medications (agents), or assistance in some subjects. This item deals with the level of assistance required to complete bladder management tasks. If the subject does not void (e.g., subject has renal failure and is on hemodialysis), then code level 7 – Complete Independence).

A separate function modifier, Bladder Management – Frequency of Accidents, deals with the success of the bladder management program. This modifier is scored separately. After these two function modifiers are scored, record the lower (more dependent) score in FIM item G.

FUNCTION MODIFIER #2:

Bladder Management - Frequency of Accidents

DESCRIPTION: This is the second function modifier used to determine Sphincter Control: Bladder Management. It includes complete intentional control of urinary bladder and, if necessary, use of equipment or agents for bladder control. Bladder accidents refer to the act of wetting linen or clothing with urine, and includes bedpan and urinal spills.

CODES:

9 Unknown (see page 259 for details)

NO HELPER

7 No accidents – The subject controls bladder completely and intentionally, and does not have any accidents.

6 No accidents; uses device such as a catheter - The subject requires a urinal, bedpan, catheter, absorbent pad, diaper, urinary collecting device, or urinary diversion or uses medication for control. The subject cleans and maintains equipment without assistance of another person. The subject has no accidents.

HELPER

5 One (1) bladder accident, including bedpan and urinal spills, in the past 7 days.

4 Two (2) bladder accidents, including bedpan and urinal spills, in the past 7 days.

3 Three (3) bladder accidents, including bedpan and urinal spills, in the past 7 days.

2 Four (4) bladder accidents, including bedpan and urinal spills, in the past 7 days.

1 Five (5) bladder accidents, including bedpan and urinal spills, in the past 7 days.

Blank (only if Category of Care = “5”)
FORM II: 25G. FIM-Sphincter Control-Bladder Management

VARIABLE NAME: Functional Independence Measure (FIM) - Sphincter Control: Bladder Management

FUNCTION MODIFIER #2 (cont’d):
Bladder Management - Frequency of Accidents

COMMENTS: The functional goal of bladder management is to open the urinary sphincter only when needed and to keep it closed the rest of the time. This item deals with the frequency of accidents required to complete bladder management tasks. If the subject does not void (e.g., subject has renal failure and is on hemodialysis), then code level 7 – Complete Independence.

A separate function modifier, Bladder Management – Level of Assistance, deals with the level of assistance to complete the bladder management tasks. This modifier is scored separately. After these two function modifiers are scored, record the lower (more dependent) score in FIM item G.

Variable Aliases: For Data Analysis Only

Variable ID: 358
8-Character Description: BFIMBdMg
FORM II: 25H. FIM-Sphincter Control-Bowel Management

FORM II

VARIABLE NAME: Functional Independence Measure (FIM) - Sphincter Control: Bowel Management

DESCRIPTION: Bowel Management consists of two function modifiers (Level of Assistance and Frequency of Accidents). After these two function modifiers are scored, the lower (more dependent) score is recorded in this FIM item.

FUNCTION MODIFIER #1: Bowel Management - Level of Assistance

DESCRIPTION: This is the first function modifier used to determine Sphincter Control: Bowel Management. It includes the use of equipment or agents for bowel management.

CODES:

9 Unknown (see page 259 for details)

NO HELPER

7 Complete independence – The subject controls bowels completely and intentionally without equipment or devices, and does not have any bowel accidents.

6 Modified independence - The subject requires a bedpan, digital stimulation or stool softeners, suppositories, laxatives (other than natural laxatives like prunes), or enemas on a regular basis; alternately, the patient uses other medications for control. If the subject has a colostomy, (s)he maintains it. The subject has no accidents.

HELPER

5 Supervision or setup - The subject requires supervision (e.g., standing by, cueing or coaxing) or setup of equipment necessary for the subject to maintain either a satisfactory excretory pattern or an ostomy device.

4 Minimal contact assistance - The subject requires minimal contact assistance to maintain a satisfactory excretory pattern by using suppositories, enemas, or an external device. The subject performs 75% or more of bowel management tasks.

3 Moderate assistance - The subject requires moderate assistance to maintain a satisfactory excretory pattern by using suppositories, enemas, or an external device. The subject performs 50% to 74% of bowel management tasks.

2 Maximal assistance - The subject performs 25% to 49% of bowel management tasks.

1 Total assistance - The subject performs less than 25% of bowel management tasks; or the subject cannot perform the task due to physical or cognitive limitations and a helper performs the activity for the subject.

Blank (only if Category of Care = “5”)

NSCISC: 10/2006
FORM II: 25H. FIM-Sphincter Control-Bowel Management

FORM II

VARIABLE NAME: Functional Independence Measure (FIM) - Sphincter Control: Bowel Management

FUNCTION MODIFIER #1 (cont’d):

Bowel Management - Level of Assistance

COMMENTS: The functional goal of bowel management is to open the anal sphincter only when needed and to keep it closed the rest of the time. This may require devices, medications (agents), or assistance in some subjects. This item deals with the level of assistance required to complete bowel management tasks.

A separate function modifier, Bowel Management – Frequency of Accidents, deals with the success of the bowel management program. This modifier is scored separately. After these two function modifiers are scored, record the lower (more dependent) score in FIM item H.

FUNCTION MODIFIER #2:

Bowel Management - Frequency of Accidents

DESCRIPTION: This is the second function modifier used to determine Sphincter Control: Bowel Management. It includes complete intentional control of bowel movements and (if necessary) use of equipment/agents for bowel control. Bowel accidents refer to the act of soiling linen or clothing with stool, including bedpan spills.

CODES:

9 Unknown (see page 259 for details)

NO HELPER

7 No accidents – The subject controls bowel completely and intentionally without equipment or devices, and is never incontinent (no accidents).

6 No accidents; uses device such as ostomy - The subject requires a bedpan, digital stimulation or stool softeners, suppositories, laxatives (other than natural laxatives like prunes), or enemas on a regular basis; alternately, the patient uses other medications for control. The subject has no accidents.

HELPER

5 One (1) accident in the past 7 days.

4 Two (2) accidents in the past 7 days.

3 Three (3) accidents in the past 7 days.

2 Four (4) accidents in the past 7 days.

1 Five (5) accidents in the past 7 days.

Blank (only if Category of Care = “5”)
VARIABLE NAME: Functional Independence Measure (FIM) - Sphincter Control: Bowel Management

FUNCTION MODIFIER #2 (cont’d):
Bowel Management - Frequency of Accidents

COMMENTS: The functional goal of bowel management is to open the anal sphincter only when needed and to keep it closed the rest of the time. This item deals with the frequency of accidents required to complete bowel management tasks. A separate function modifier, Bowel Management – Level of Assistance, deals with the level of assistance to complete the bowel management tasks. This modifier is scored separately. After these two function modifiers are scored, record the lower (more dependent) score in FIM item H.

Variable Aliases: For Data Analysis Only

Variable ID: 359
8-Character Description: BFIMBwMg
**FORM II: 25I. FIM-Mobility (Transfers)-Bed, Chair, Wheelchair**

**VARIABLE NAME:** Functional Independence Measure (FIM) - Mobility (Transfers): Bed, Chair, Wheelchair

**DESCRIPTION:** Includes all aspects of transferring to and from bed, chair and wheelchair or coming to a standing position if walking is the typical mode of locomotion. The subject performs this activity safely.

**CHARACTERS:** 1 for each entry

**CODES:**
- **9** Unknown (see page 259 for details)

**NO HELPER**

- **7** Complete independence -
  - If walking: The subject safely approaches, sits down on a regular chair, and gets up to a standing position from a regular chair. The subject also safely transfers from bed to chair.
  - If in a wheelchair: The subject approaches a bed or chair, locks brakes, lifts foot rests, removes arm rest if necessary, and performs either a standing pivot or sliding transfer (without a board) and returns. The subject performs this activity safely.

- **6** Modified independence – The subject requires adaptive or assistive device such as a sliding board, a lift, grab bars, or a special seat/chair/brace/crutches; or the activity takes more than a reasonable amount of time; or there are safety considerations. In this case, a prosthesis or orthosis is considered an assistive device if used for the transfer.

**HELPER**

- **5** Supervision or setup - Requires supervision (e.g., standing by, cueing or coaxing) or setup (positioning sliding board, moving foot rests, etc.).

- **4** Minimal contact assistance - The subject requires no more than touching and performs 75% or more of transferring tasks.

- **3** Moderate assistance - The subject requires more help than touching or performs 50% to 74% of transferring tasks.

- **2** Maximal assistance - The subject performs 25% to 49% of transferring tasks.

- **1** Total assistance - The subject performs less than 25% of transferring tasks; or the subject cannot perform the task due to physical or cognitive limitations and a helper performs the activity for the subject.

**Blank** *(only if Category of Care = “5”)*

**COMMENTS:** When assessing bed to chair transfer, the subject begins and ends in the supine position.

Use code ‘1’ if activity does not occur.

---

Variable Aliases: For Data Analysis Only

Variable ID: 360
8-Character Description: BFIMMBCW
FORM II:  25J. FIM-Mobility (Transfers)-Toilet

VARIABLE NAME: Functional Independence Measure (FIM) - Mobility (Transfer): Toilet

DESCRIPTION: Includes getting on and off a toilet.

CHARACTERS: 1 for each entry

CODES:

9  Unknown (see page 259 for details)

NO HELPER

7  Complete independence -
   If walking: The subject approaches, sits down on a standard toilet and gets up from a standard toilet. The subject performs this activity safely.
   If in a wheelchair: The subject approaches toilet, locks brakes, lifts foot rests, removes arm rests if necessary and does either a standing pivot or sliding transfer (without a board) and returns. The subject performs this activity safely.

6  Modified independence - The subject requires an adaptive or assistive device such as a sliding board, a lift, grab bars, or special seat; or takes more than a reasonable amount of time to complete the activity; or there are safety considerations. In this case, a prosthesis or orthosis is considered an assistive device if used for the transfer.

HELPER

5  Supervision or setup – The subject requires supervision (e.g., standing by, cueing or coaxing) or setup (positioning sliding board, moving foot rests, etc.).

4  Minimal contact assistance - The subject requires no more than touching and performs 75% or more of transferring tasks.

3  Moderate assistance - The subject requires more help than touching or performs 50% to 74% of transferring tasks.

2  Maximal assistance - The subject performs 25% to 49% of transferring tasks.

1  Total assistance - The subject performs less than 25% of transferring tasks; or the subject cannot perform the task due to physical or cognitive limitations and a helper performs the activity for the subject.

   Blank  (only if Category of Care = "5")

COMMENTS: Use code ‘1’ if activity does not occur.

Variable Aliases: For Data Analysis Only

Variable ID: 361
8-Character Description: BFIMMTlt
FORM II: 25K. FIM-Mobility (Transfers)-Tub, Shower

VARIABLE NAME: Functional Independence Measure (FIM) - Mobility (Transfer): Tub, Shower

DESCRIPTION: Mobility (Transfer): Tub, Shower consists of two function modifiers (Transfers: Tub and Transfers: Shower). After these two function modifiers are scored, the lower (more dependent) score is recorded in this FIM item.

FUNCTION MODIFIER #1: Transfers: Tub
DESCRIPTION: Includes getting into and out of a tub. The subject performs this activity safely. This is the first of two function modifiers.

CODES:
9  Unknown (see page 259 for details)
7  Complete independence -
   If walking: The subject approaches a tub, and gets into and out of it. The subject performs this activity safely.
   If in a wheelchair: The subject approaches a tub, locks brakes, lifts foot rests, removes arm rests if necessary, and does either a standing pivot or sliding transfer (without a board) and returns. The subject performs this activity safely.
6  Modified independence – The subject requires an adaptive or assistive device (including prosthesis or orthosis) such as a sliding board, a lift, grab bars, or special seat; takes more than a reasonable amount of time to complete the activity or there are safety considerations.
5  Supervision or setup – The subject requires supervision (e.g., standing by, cueing or coaxing) or setup (positioning sliding board, moving foot rests, etc.).
4  Minimal contact assistance - The subject performs 75% or more of transferring tasks.
3  Moderate assistance - The subject requires no more than touching and performs 50% to 74% of transferring tasks.
2  Maximal assistance - The subject requires more help than touching or performs 25% to 49% of transferring tasks.
1  Total assistance - The subject performs less than 25% of transferring tasks; or the subject cannot perform the task due to physical or cognitive limitations and a helper performs the activity for the subject.

Blank  (only if Category of Care = “5”)

COMMENTS: Use code ‘1’ if activity does not occur.
FORM II: 25K. FIM-Mobility (Transfers)-Tub, Shower

FORM II

VARIABLE NAME: Functional Independence Measure (FIM) - Mobility (Transfer): Tub, Shower

FUNCTION MODIFIER #1 (cont’d):

Transfers: Tub

COMMENT: There is a separate function modifier that addresses transfers into a shower stall. Score the function modifiers separately. If the patient uses only one mode, record this score in FIM item K. If the patient transfers into the tub and shower, record the lower score.

FUNCTION MODIFIER #2:

Transfers: Shower

DESCRIPTION: Includes getting into and out of a shower. The subject performs this activity safely. This is the second of two function modifiers.

CODES:

9 Unknown (see page 259 for details)

NO HELPER

7 Complete independence -
   If walking: The subject approaches a shower stall, and gets into and out of it. The subject performs this activity safely.
   If in a wheelchair: The subject approaches a shower stall, locks brakes, lifts foot rests, removes arm rests if necessary, and does either a standing pivot or sliding transfer (without a board) and returns. The subject performs this activity safely.

6 Modified independence – The subject requires an adaptive or assistive device (including prosthesis or orthosis) such as a sliding board, a lift, grab bars, or special seat; takes more than a reasonable amount of time to complete the activity or there are safety considerations.

HELPER

5 Supervision or setup – The subject requires supervision (e.g., standing by, cueing or coaxing) or setup (positioning sliding board, moving foot rests, etc.).

4 Minimal contact assistance - The subject performs 75% or more of transferring tasks.

3 Moderate assistance - The subject requires no more than touching and performs 50% to 74% of transferring tasks.

2 Maximal assistance - The subject requires more help than touching or performs 25% to 49% of transferring tasks.

1 Total assistance - The subject performs less than 25% of transferring tasks; or the subject cannot perform the task due to physical or cognitive limitations and a helper performs the activity for the subject.

Blank (only if Category of Care = “5”)
FORM II: 25K. FIM-Mobility (Transfers)-Tub, Shower

VARIABLE NAME: Functional Independence Measure (FIM) - Mobility (Transfer): Tub, Shower

FUNCTION MODIFIER #2 (cont’d): Transfers: Shower

COMMENT: There is a separate function modifier that addresses transfers into a tub. Score the function modifiers separately. If the patient uses only one mode, record this score in FIM item K. If the patient transfers into the tub and shower, record the lower score.

Variable Aliases: For Data Analysis Only

Variable ID: 362
8-Character Description: BFIMMTSh
**VARIABLE NAME:** Functional Independence Measure (FIM) - Locomotion: Walking or Wheelchair  

**DESCRIPTION:** Locomotion: Walking or Wheelchair consists of two function modifiers (Locomotion: Walk and Locomotion: Wheelchair). The score that matches the type of locomotion is recorded in this FIM item. If both modes are performed equally, and the scores for each mode are not equal, the lower (more dependent) score is recorded in this FIM item.

**FUNCTION MODIFIER #1:**  
*Locomotion: Walk*  

**DESCRIPTION:** Includes walking on a level surface once in a standing position. The subject performs this activity safely. This is the first of two locomotion function modifiers.

**CODES:**  

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Unknown <em>(see page 259 for details)</em></td>
</tr>
</tbody>
</table>

**NO HELPER**  
7 **Complete independence** – The subject walks a minimum of 150 feet (50 meters) without assistive devices. The subject performs this activity safely.

6 **Modified independence** - The subject walks a minimum of 150 feet (50 meters) but uses a brace (orthosis) or prosthesis on leg, special adaptive shoes, cane, crutches, or walkerette; or takes more than a reasonable amount of time to complete the activity; or there are safety considerations.

5 **Exception (household locomotion)** - The subject walks only short distances (a minimum of 50 feet or 17 meters) independently with or without a device. The activity takes more than a reasonable amount of time, or there are safety considerations.

**HELPER**  
5 **Supervision** – The subject requires standby supervision, cueing or coaxing to go a minimum of 150 feet (50 meters).

4 **Minimal contact assistance** - The subject performs 75% or more of walking effort to go a minimum of 150 feet (50 meters).

3 **Moderate assistance** - The subject performs 50% to 74% of walking effort to go a minimum of 150 feet (50 meters).

2 **Maximal assistance** - The subject performs 25% to 49% of walking effort to go a minimum of 50 feet (17 meters) and requires assistance of one person only.

1 **Total assistance** - The subject performs less than 25% of effort, or requires the assistance of two people, or walks less than 50 feet (17 meters).

**Blank** *(only if Category of Care = “5”)*

**COMMENTS:** If the patient requires an assistive device for locomotion (prosthesis, walker, cane, AFO, adaptive shoe, etc.), then the *Locomotion: Walk* score can never be higher than level 6.
FORM II: 25L. FIM-Locomotion-Walking or Wheelchair

FORM II

VARIABLE NAME: Functional Independence Measure (FIM) - Locomotion: Walking or Wheelchair

FUNCTION MODIFIER #1 (cont’d):

Locomotion: Walk

COMMENTS: There are two locomotion function modifiers. Indicate the most frequent mode of locomotion (Walk or Wheelchair) in FIM item LM. If both are used about equally, code “Both”.

FUNCTION MODIFIER #2:

Locomotion: Wheelchair

DESCRIPTION: Includes using a wheelchair on a level surface once in a seated position. The subject performs this activity safely. This is the second of two locomotion function modifiers.

CODES:

9 Unknown (see page 259 for details)

NO HELPER

7 This score is not to be used if the patient uses a wheelchair for locomotion.

6 Modified independence - The subject operates a manual or motorized wheelchair independently for a minimum of 150 feet (50 meters); turns around; maneuvers the chair to a table, bed, toilet; negotiates at least a 3 percent grade; and maneuvers on rugs and over door sills.

5 Exception (household locomotion) - The subject operates a manual or motorized wheelchair independently only short distances (a minimum of 50 feet or 17 meters).

HELPER

5 Supervision – The subject requires standby supervision, cueing or coaxing to go a minimum of 150 feet (50 meters) in a wheelchair.

4 Minimal contact assistance - The subject performs 75% or more of locomotion effort to go a minimum of 150 feet (50 meters).

3 Moderate assistance - The subject performs 50% to 74% of locomotion effort to go a minimum of 150 feet (50 meters).

2 Maximal assistance - The subject performs 25% to 49% of locomotion effort to go a minimum of 50 feet (17 meters) and requires the assistance of one person only.

1 Total assistance - The subject performs less than 25% of effort, or requires assistance of two people, or wheels less than 50 feet (17 meters).

Blank (only if Category of Care = “5”)

COMMENTS: There are two locomotion function modifiers: Locomotion: Walking and Locomotion: Wheelchair. Indicate the most frequent mode of locomotion (Walk or Wheelchair) in FIM item LM. If both are used about equally, code “Both”.

Variable Aliases: For Data Analysis Only

Variable ID: 363
8-Character Description: BFIMLWWc
FORM II: 25LM. FIM-Locomotion-Mode (Walking and/or Wheelchair)

FORM II

VARIABLE NAME: Functional Independence Measure (FIM) - Locomotion: Mode (Walking and/or Wheelchair)

DESCRIPTION: This variable documents the more frequent mode of locomotion (for the level recorded in FIM item L).

CHARACTERS: 1 for each entry

CODES:

0  Walking
1  Wheelchair
2  Both walking and wheelchair (use only if both are used about equally often)
9  Unknown

Blank  (only if Category of Care = “5”)

COMMENTS: Indicate the most frequent mode of locomotion (Walk or Wheelchair). If both are used about equally, code “Both”.

QC: If variable Locomotion: Walking and Wheelchair = “9” (Unknown), this variable must = “9” (Unknown).

Variable Aliases: For Data Analysis Only

Variable ID: 364
8-Character Description: BFIMLMod
**FORM II: 25M. FIM-Locomotion-Stairs**

**FORM II**

**VARIABLE NAME:** Functional Independence Measure (FIM) - Locomotion: Stairs

**DESCRIPTION:** Includes going up and down 12 to 14 stairs (one flight) indoors in a safe manner.

**CHARACTERS:** 1 for each entry

**CODES:**

- **9 Unknown** (see page 259 for details)

**NO HELPER**

- **7 Complete independence** – The subject safely goes up and down at least one flight of stairs without depending on any type of handrail or support.

- **6 Modified independence** - The subject goes up and down at least one flight of stairs but requires a side support, handrail, cane, or portable supports; or the activity takes more than a reasonable amount of time; or there are safety considerations.

- **5 Exception (household ambulation)** – The subject goes up and down 4 to 6 stairs independently, with or without a device. The activity takes more than a reasonable amount of time, or there are safety considerations.

**HELPER**

- **5 Supervision** - The subject requires supervision (e.g., standing by, cueing or coaxing) to go up and down one flight of stairs.

- **4 Minimal contact assistance** - The subject performs 75% or more of effort to go up and down one flight of stairs.

- **3 Moderate assistance** - The subject performs 50% to 74% of the effort to go up and down one flight of stairs.

- **2 Maximal assistance** - The subject performs 25% to 49% of the effort to go up and down 4 to 6 stairs, and requires the assistance of one person only.

- **1 Total assistance** - The subject performs less than 25% of the effort; or requires the assistance of two people; or goes up and down fewer than 4 stairs; or the subject cannot perform the task due to physical or cognitive limitations and a helper carries the subject up or down stairs.

**Blank** *(only if Category of Care = “5”)*

**COMMENTS:** Use code ‘1’ if activity does not occur.

**Variable Aliases:** For Data Analysis Only

**Variable ID:** 365

8-Character Description: BFIMLSTr
FORM II

VARIABLE NAME: Functional Independence Measure (FIM) – Total Motor Score

DESCRIPTION: This variable documents the total of the levels in FIM items A through M. This variable is calculated by the NSCISC’s software.

CHARACTERS: 2 for each entry

CODES: 13 – 91 Valid Range

99 Unknown

Blank (only if Category of Care = “5”)

COMMENTS: Each of the 13 motor items comprising the FIM has a maximum level score of 7 and a minimum score of 1. For calculation purposes only, zeros are converted to 1. The highest total score is 91 and the lowest total score is 13.

Code "99" must be used when 1 or more items are coded "9" (Unknown).

The score for Locomotion Mode: Walking and/or Wheelchair is not included in this total.

SOFTWARE: This variable auto-calculates when tabbed through.

For calculation purposes only, zeros are converted to 1.

QC: If the score in any item of the FIM items A through M = “9” (Unknown), this variable (T) must = “99” (Unknown).

If the subject’s current age is less than 6, then all FIM items must = “9” and the Total FIM score must = “99”.

Also, see page 339.

Variable Aliases: For Data Analysis Only

Variable ID: 366
8-Character Description: BFIMScor
FORM II: 26-31. Satisfaction with Life Scale

VARIABLE NAME: Satisfaction With Life Scale
DESCRIPTION: This variable measures the concept of life satisfaction based on the patient's responses to these five statements.
1. In most ways my life is close to my ideal.
2. The conditions of my life are excellent.
3. I am satisfied with my life.
4. So far I have gotten the important things I want in life.
5. If I could live my life over, I would change almost nothing.
Responses to each of the five statements and the total score are recorded in this variable.

CHARACTERS: 1 for each statement, 5 statements
2 for the total

CODES: Statements
1  Strongly disagree
2  Disagree
3  Slightly disagree
4  Neither agree nor disagree
5  Slightly agree
6  Agree
7  Strongly agree
9  Unknown, interview not done, or respondent’s current age is less than 18
Blank (only if Category of Care = “5”)

Total
5-35  Valid range
99  Unknown, interview not done, or respondent’s current age is less than 18
Blank (only if Category of Care = “5”)
FORM II: 26-31. Satisfaction with Life Scale
(page 2 of 2)

FORM II

VARIABLE NAME: Satisfaction With Life Scale
COMMENTS: Instructions for administering the scale are:
Ask the patient if he agrees or disagrees with each of the five statements.
Use the 1-7 scale to indicate his agreement with each item. Instruct the patient to be open and honest with his responses.
Ask all questions; record each response and the total score. If the patient does not respond to a question, code that question “9” and code the total score "99".
‘Total Score’ auto-calculates when tabbed through.
Only responses from the patient are acceptable. This is a “Window variable” (see rules on page 255).
Use the unknown code if the patient’s current age is less than 18.


REVISIONS: November 1995: Total Score was added to the database.
February 1996: individual statements were added to the database.
September 1996: the minimum age rule was added.

QC: See page 255.

Variable Aliases: For Data Analysis Only

<table>
<thead>
<tr>
<th>Variable ID</th>
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<th>SWLS_2</th>
<th>SWLS_3</th>
<th>SWLS_4</th>
<th>SWLS_5</th>
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<td>BLifSat2</td>
<td>BLifSat3</td>
<td>BLifSat4</td>
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</tr>
</tbody>
</table>

NSCISC: 7/2008
**FORM II**: 32-50. CHART-Overview

**FORM II**

**VARIABLE NAME:** The Craig Handicap Assessment and Reporting Technique, Short Form (CHART-SF)

**DESCRIPTION:** The Craig Handicap Assessment and Reporting Technique (CHART) is a widely used questionnaire useful in measuring societal participation for persons with disabilities. The goal of CHART-SF (Short Form) was to develop a shorter questionnaire that would reproduce all the CHART subscales with at least 90% accuracy. CHART-SF includes 17 items from the original 37 question CHART, and the addition of three summary variables in the Social Integration sub-scale.

In addition to the 20 individual items, the CHART-SF includes 6 dimensions of handicap: 1) physical independence, 2) cognitive independence, 3) mobility, 4) occupation, 5) social integration, and 6) economic self-sufficiency. A Total CHART score is also documented.

For the purposes of this database, 15 individual items were selected from the 20-item CHART-SF and includes the following dimensions of handicap: 1) physical independence, 2) mobility, 3) occupation, and 4) social integration. No Total CHART score will be calculated.

The NSCISC calculates the dimension totals. Decimals in dimension totals (Occupational and Social Integration) are rounded normally (i.e., if less than .5 round down, and if .5 or more round up to integer).

**COMMENTS:** This is a “Window variable” (see rules on page 255).

Use the unknown code in all CHART items if the respondent’s current age is less than 18 or if the interview was not done.

If the patient is coded “lost” (Category of Care = “5”) then, leave all variables after Reason for Lost blank.

**SOURCE:** Guide for the Use of CHART, the Craig Hospital Research Department, Englewood, Colorado 1999. See ftp://www.craighospital.org/generalftp/chart.

**REVISIONS:**

November 1995: this variable was added to the database.

September 1996: rule for the minimum age was added.

October 2000: changed to the Short Form and the Cognitive Independence items were added.

October 2006: CHART-SF was scaled back from 20 to 15 items. The cognitive independence and economic self-sufficiency dimensions of handicap were deleted leaving only those items that are related to the remaining 4 dimensions: physical independence, mobility, occupation, and social integration. Total CHART Score was deleted.

**QC:** See page 255.
FORM II: 32-33. CHART-Hours of Assistance (paid and unpaid)/day

FORM II

VARIABLE NAME: The CHART: Physical Independence - Number of Hours of Assistance Per Day

DESCRIPTION: The following question is asked:

How many hours in a typical 24-hour day do you have someone with you to provide assistance for personal care activities such as eating, bathing, dressing, toileting and mobility?

Document:
A. Number of hours of paid assistance and
B. Number of hours of unpaid assistance (family, others)

CHARACTERS: 2 for each entry

CODES:
0 No assistance
1 to 24 Valid range
99 Unknown, interview not done, or respondent’s current age is less than 18
Blank (only if Category of Care = “5”)

COMMENTS: If a person has a disability that would typically result in a high level of dependency, and indicates no attendant care is used, probe this a bit further. The respondent may not understand that assistance with dressing grooming, bowel and bladder care, etc. is to be considered attendant care.

If an individual has various hours of assistance on different days of the week ask the respondent to estimate the total number of hours of assistance per week, then divide that number by 7 to come up with a daily estimate.

See page 17 for the rules on rounding fractions of an hour.

QC: See page 255.

Variable Aliases: For Data Analysis Only

Paid Assistance
Variable ID: 373
8-Character Description: BCHHrsPd

Unpaid Assistance
Variable ID: 374
8-Character Description: BCHHrUpd
FORM II: 34. CHART-Number of Hours out of Bed/Day

FORM II

VARIABLE NAME: The CHART: Mobility - Are You Up and About Regularly?
DESCRIPTION: The following question is asked:

On a typical day, how many hours are you out of bed?

CHARACTERS: 2
CODES: 0 to 24 Valid range
99 Unknown, interview not done, or respondent’s current age is less than 18
Blank (only if Category of Care = “5”)

COMMENTS: See page 17 for the rules on rounding fractions of an hour.
QC: See page 255.

Variable Aliases: For Data Analysis Only

Variable ID: 375
8-Character Description: BCHHrBed
FORM II: 35. CHART-Number of days out of House/week?

FORM II

VARIABLE NAME: The CHART: Mobility – Are You Up and About Regularly?

DESCRIPTION: The following question is asked:

In a typical week, how many days do you get out of your house and go somewhere?

CHARACTERS: 1

CODES:

- 0 to 7    Valid range
- 9 Unknown, interview not done, or respondent’s current age is less than 18
- Blank    (only if Category of Care = “5”)

COMMENTS: The responses to this question may vary according to season, weather, etc. For example, many people are out daily in the summer, but only one or two days a week in the winter. Ask the respondent to use his/her judgment, based on the climate in which he/she lives, to estimate the average number of days out per week throughout the year.

Being out of the house and going somewhere means that the person leaves his/her own "property". Being out in the garden or yard does not qualify as "going somewhere".

See page 17 for the rules on rounding fractions of an hour.

QC: See page 255.

Variable Aliases: For Data Analysis Only

Variable ID: 376

8-Character Description: BCHDaHse
FORM II: 36. CHART-Nights away from home in last year?

VARIABLE NAME: The CHART: Mobility - Are You Up and About Regularly?
DESCRIPTION: The following question is asked:

\[
\text{In the last year, how many nights have you spent away from your home (excluding hospitalizations)?}
\]

CHARACTERS: 1
CODES:

0 None
1 1-2 nights
3 3-4 nights
5 5 or more nights
9 Unknown, interview not done, or respondent’s current age is less than 18
Blank \(\text{(only if Category of Care = “5”)}\)

COMMENTS: Any night spent away from a person's usual sleeping environment is considered a night away from home. Visiting family or friends and spending the night at someone else's house, therefore, is a night away from home.

For the year 1 interview, ask “Since discharge, how many nights have you spent away from your home (excluding hospitalizations)?”

QC: See page 255.

Variable Aliases: For Data Analysis Only
Variable ID: 377
8-Character Description: BCHNtsHm
FORM II: 37. CHART-Hours/week at Paid Job?

VARIABLE NAME: The CHART: Occupation - How Do You Spend Your Time?
DESCRIPTION: The following question is asked:

How many hours per week do you spend working in a job for which you get paid?

CHARACTERS: 2
CODES:

0 to 98 Valid range

99 Unknown, interview not done, or respondent’s current age is less than 18

Blank (only if Category of Care = “5”)

COMMENTS: Respondents must be working in jobs for which they are paid in order to get points for this question. If a person is working but not getting paid, consider this voluntary activity and do not include in this variable. If a person is working and getting paid under the table, or working and not paying taxes (not legally employed), those hours do NOT count.

See page 17 for the rules on rounding fractions of an hour.

QC: See page 255.

Variable Aliases: For Data Analysis Only

Variable ID: 378
8-Character Description: BCHHrJob
FORM II: 38. CHART-Hours/week at School/Study?

FORM II

VARIABLE NAME: The CHART: Occupation - How Do You Spend Your Time?
DESCRIPTION: The following question is asked:

How many hours per week do you spend in school working toward a degree or in an accredited technical training program? (including hours in class and studying)

CHARACTERS: 2
CODES: 0 to 98 Valid range

99 Unknown, interview not done, or respondent’s current age is less than 18

Blank (only if Category of Care = “5”)

COMMENTS: See page 17 for the rules on rounding fractions of an hour.
QC: See page 255.

Variable Aliases: For Data Analysis Only

Variable ID: 379
8-Character Description: BCHHrSch

NSCISC: 10/2006 292
FORM II: 39. CHART- Hours/week at Homemaking?

VARIABLE NAME: The CHART: Occupation - How Do You Spend Your Time?
DESCRIPTION: The following question is asked:

How many hours per week do you spend in active homemaking including parenting, housekeeping, and food preparation?

CHARACTERS: 2
CODES: 0 to 98  Valid range
99  Unknown, interview not done, or respondent’s current age is less than 18
Blank  (only if Category of Care = “5”)

COMMENTS: Active homemaking, parenting, housekeeping, etc. is exactly what it means. Being at home with the children at night with everyone asleep is not considered "active" parenting. Helping children with homework, playing with them or supervising their play, however, are considered “active” parenting.

In addition "active" can imply supervising housework and food preparation. If someone is developing the household menus, arranging for housework to be done, or overseeing other individuals performing those activities, there is active involvement; therefore, count the time spent in these planning/supervising activities. However, don't credit someone with doing (for example) eight hours of yard work, if his/her only "active" involvement was arranging and instructing the work needing to be done. This "active" role might, in fact, take an hour, so credit for 1 hour is appropriate.

Do not duplicate responses in the CHART Homemaking, Home Maintenance, and Recreation categories. For example, if someone "plays" with the children and considers it sports or exercise, as well as active parenting, that individual can only receive credit in one category. In another example, a person who gardens as a hobby may describe spending 20 hours a week in home maintenance, then states that gardening is a hobby. When in doubt, allow the respondent to choose the category which best describes an activity.

See page 17 for the rules on rounding fractions of an hour.

QC: See page 255.

Variable Aliases: For Data Analysis Only

Variable ID: 380
8-Character Description: BCHHrHmk
FORM II: 40. CHART-Hours/week at Maintenance?

VARIABLE NAME: The CHART: Occupation - How Do You Spend Your Time?
DESCRIPTION: The following question is asked:

   How many hours per week do you spend in home maintenance activities such as gardening, house repairs or home improvement?

CHARACTERS: 2
CODES: 0 to 98 Valid range
         99 Unknown, interview not done, or respondent’s current age is less than 18
         Blank (only if Category of Care = “5”)
COMMENTS: Hours spent in active home maintenance may vary with season and with weather. Use same logic employed in the CHART variable Days out of the house in estimating hours.
          See page 17 for the rules on rounding fractions of an hour.
QC: See page 255.

Variable Aliases: For Data Analysis Only

Variable ID: 381
8-Character Description: BCHHrHMt
FORM II: 41. CHART-_hours/week at Recreation?

VARIABLE NAME: The CHART: Occupation - How Do You Spend Your Time?
DESCRIPTION: The following question is asked:

How many hours per week do you spend in recreational activities such as sports, exercise, playing cards, or going to movies?

Please do not include time spent watching TV or listening to the radio.

CHARACTERS: 2
CODES:
0 to 98 Valid range
99 Unknown, interview not done, or respondent’s current age is less than 18
Blank (only if Category of Care = “5”)

COMMENTS: See page 17 for the rules on rounding fractions of an hour.
QC: See page 255.

Variable Aliases: For Data Analysis Only
Variable ID: 382
8-Character Description: BCHHrRec
**FORM II: 42. CHART-Do you live with a spouse/significant other?**

**VARIABLE NAME:** The CHART: Social Integration – With Whom Do You Spend Your Time?

**DESCRIPTION:** The following question is asked:

*Of the people you live with, is one of them your spouse or significant other/partner?*

**CHARACTERS:** 1

**CODES:**

0 No (does not live with significant other/partner or unrelated roommate or attendant)

1 Lives with a spouse or significant other/partner

2 Lives with unrelated roommate and/or attendant

8 Not applicable, lives alone

9 Unknown, interview not done, or respondent’s current age is less than 18

**Blank**

(only if Category of Care = “5”)

**COMMENTS:** “Live with” applies to the sharing of “private space” (i.e. a bedroom, kitchen, etc.).

If the patient lives in a group home (i.e. nursing home, dormitory, etc.), ask: “How many roommates do you share your room with?”

**QC:** If the CHART variable “Do you live with a spouse or significant other?” = ‘8’ (lives alone), then CHART variable “How many are relatives?” must = “88” (lives alone).

See page 255.

Variable Aliases: For Data Analysis Only

Variable ID: 383

8-Character Description: BCHSpsOt
FORM II: 43. CHART-How many are relatives?

VARIABLE NAME: The CHART: Social Integration – With Whom Do You Spend Your Time?

DESCRIPTION: The following question is asked:

Of the people you live with how many (others) are relatives?

CHARACTERS: 2

CODES:  
0 None are relatives
1 to 87 Valid range
88 Not applicable, lives alone
99 Unknown, interview not done, or respondent’s current age is less than 18

Blank (only if Category of Care = “5”)

COMMENTS: "Live with" applies to the sharing of "private spaces" (e.g., a bedroom, kitchen, etc.). Do not include the person counted in the CHART variable “Do you live with a spouse/significant other”.

In-laws and parents of a significant other are considered relatives (especially if the respondent considers them as such)

QC: If the CHART variable “Do you live with a spouse or significant other?” = ‘8’ (lives alone), then CHART variable “How many are relatives?” must = “88” (lives alone).

See page 255.

Variable Aliases: For Data Analysis Only

Variable ID: 384
8-Character Description: BCHReltv
FORM II: 44. CHART-Number of Business/Organizational Contact/month?

FORM II

VARIABLE NAME: The CHART: Social Integration – With Whom Do You Spend Your Time?

DESCRIPTION: The following question is asked:

   How many business or organizational associates do you visit, phone, or write to at least once a month?

CHARACTERS: 2

CODES:

   0  None
   1 to 9  Valid range
   10  Ten or more
   99  Unknown, interview not done, or respondent's current age is less than 18

   Blank  (only if Category of Care = “5”)

COMMENTS: For CHART variables “Number of Business Contacts”, “Number of Friends Contacted”, and “Stranger Initiated Conversation” remember to count the number of people contacted, not the actual number of times a person is contacted. For example, someone may talk with a particular business associate on a daily basis -- that is considered one contact, not five (typical working day of the week).

   Emailing counts as “writing”.

   Don't worry about getting exact counts of business associates if a person indicates "lots" or "dozens" of people are contacted.

   Again, be careful that you don't double count people in different categories.

QC: See page 255.

Variable Aliases: For Data Analysis Only

Variable ID: 385
8-Character Description: BCHConBs
FORM II: 45. CHART-Number of Contacts/month with friends?

VARIABLE NAME: The CHART: Social Integration – With Whom Do You Spend Your Time?

DESCRIPTION: The following question is asked:

How many friends (non-relatives contacted outside business or organizational settings) do you visit, phone, or write to at least once a month?

CHARACTERS: 1

CODES:

0  None
1 to 4  One to four
5  Five or more
9  Unknown, interview not done, or respondent’s current age is less than 18

Blank  (only if Category of Care = “5”)

COMMENTS: See page 298 for additional instructions.

Emailing counts as “writing”.

QC: See page 255.

Variable Aliases: For Data Analysis Only

Variable ID: 386
8-Character Description: BCHConFr

NSCISC: 10/2006 299
FORM II: 46. CHART-Number of Stranger initiated conversation/month?

VARIABLE NAME: The CHART: Social Integration – With Whom Do You Spend Your Time?

DESCRIPTION: The following question is asked:

   With how many strangers have you initiated a conversation in the last month (for example to ask information or place an order)?

CHARACTERS: 1

CODES:

0  None
1  1-2
3  3-5
6  6 or more
9  Unknown, interview not done, or respondent’s current age is less than 18

Blank (only if Category of Care = “5”)

COMMENTS: See page 298 for additional instructions.

Emailing counts as “initiating a conversation”.

QC: See page 255.

Variable Aliases: For Data Analysis Only

Variable ID: 387
8-Character Description: BCHStrCv
VARIABLE NAME: The CHART: Physical Independence Total

DESCRIPTION: This variable is computed using the data from the following CHART variables: “Number hours of Paid Assistance per day” and “Number of hours of Unpaid assistance per day”.

The NSCISC’s software calculates this variable.

CHARACTERS: 3

CODES:
- 0 to 100  Valid range
- 999  Unknown
  - Interview not done
  - Respondent’s current age is less than 18
  - Blank

COMMENTS: A score of 100 indicates no handicap in an individual's ability to sustain a customarily effective independent existence. The need for regular or periodic assistance for activities, which used to be performed independently, is indicative of some degree of handicap.

SOFTWARE: This variable auto-calculates.

The formula used is:

\[
\text{CHART: Physical Independence Total} = 100 - 4\times(\text{CHART: Paid Assistance} + \text{CHART: Unpaid Assistance})
\]

If \(4\times(\text{CHART: Paid Assistance} + \text{CHART: Unpaid Assistance})\) greater than 100, then CHART: Physical Independence Total = 0

If CHART: Paid Assistance = 99 or CHART: Unpaid Assistance = 99, then CHART: Physical Independence Total = 999

If CHART: Paid Assistance = blank or CHART: Unpaid Assistance = blank, then CHART: Physical Independence Total = blank.

QC: See page 255.

Variable Aliases: For Data Analysis Only

Variable ID: 388

8-Character Description: BCHPITot
FORM II: 48. CHART-Mobility Total

VARIABLE NAME: The CHART: Mobility Total

DESCRIPTION: This variable is calculated using the data from the following CHART variables: “Number of Hours out of Bed/Day”, “Number of days out of House/week?”, and “Nights away from home in last year?”. The NSCISC’s software calculates this variable.

CHARACTERS: 3

CODES: 

- 0 to 100  Valid range
- 999  Unknown
  - Interview not done
  - Respondent’s current age is less than 18
  - Blank

COMMENTS: A score of 100 indicates no handicap in an individual's ability to move about effectively in his/her surroundings.

SOFTWARE: This variable auto-calculates. The formula is:

If CHART: “Nights away from home in last year” = 0, then CHART: Mobility Total = 3*(CHART: Number hours out of bed/day) + 7*(CHART: Number of days out of house/week)

If CHART: “Nights away from home in last year” = 1, then CHART: Mobility Total = 10 + 3*(CHART: Number hours out of bed/day) + 7*(CHART: Number of days out of house/week)

If CHART: “Nights away from home in last year” = 3, then CHART: Mobility Total = 15 + 3*(CHART: Number hours out of bed/day) + 7*(CHART: Number of days out of house/week)

If CHART: “Nights away from home in last year” = 5, then CHART: Mobility Total = 20 + 3*(CHART: Number hours out of bed/day) + 7*(CHART: Number of days out of house/week)

If CHART: Mobility Total greater than 100, then CHART: Mobility Total = 100

If CHART: Number hours out of bed/day = 99 or CHART: Number of days out of house/week = 9 or CHART: “Nights away from home in last year” = 9, then CHART: Mobility Total = 999

If CHART: Number hours out of bed/day = blank or CHART: Number of days out of house/week = blank or CHART: “Nights away from home in last year” = blank then, CHART: Mobility Total = blank

QC: See page 255

Variable Aliases: For Data Analysis Only

Variable ID: 389

8-Character Description: BCHMbTot
FORM II: 49. CHART-Occupational Total

VARIABLE NAME: The CHART: Occupation Total

DESCRIPTION: This variable is computed using the data from the following CHART variables: “Hours/week at Paid Job”, “Hours/week at School/Study”, “Hours/week at Homemaking”, “Hours/week at Maintenance”, and “Hours/week at Recreation”.

The NSCISC’s software computes this variable.

CHARACTERS: 3

CODES:

0 to 100  Valid range
999  Unknown, Interview not done
Blank  Respondent’s current age is less than 18

COMMENTS: A score of 100 indicates no handicap in an individual’s ability to occupy time in the manner customary to that person’s sex, age, and culture.

SOFTWARE: This variable auto-calculates. Decimals are rounded normally (i.e., if less than .5 round down, and if .5 or more round up).

The formula is:

\[
\text{CHART: Occupational Total} = 2.5 \times (\text{CHART: Hours/week at Paid Job} + \text{CHART: Hours/week at School/Study} + \text{CHART: Hours/week at Homemaking} + \text{CHART: Hours/week at Maintenance}) + 1.25 \times (\text{CHART: Hours/week at Recreation})
\]

If \([2.5 \times (\text{CHART: Hours/week at Paid Job} + \text{CHART: Hours/week at School/Study} + \text{CHART: Hours/week at Homemaking} + \text{CHART: Hours/week at Maintenance}) + 1.25 \times (\text{CHART: Hours/week at Recreation})]\) greater than 100, then \(\text{CHART: Occupational Total} = 100\)

If \(\text{CHART: Hours/week at Paid Job} = 99\) or \(\text{CHART: Hours/week at School/Study} = 99\) or \(\text{CHART: Hours/week at Homemaking} = 99\) or \(\text{CHART: Hours/week at Maintenance} = 99\), or \(\text{CHART: Hours/week at Recreation} = 99\), then \(\text{CHART: Occupational Total} = 999\)

If \(\text{CHART: Hours/week at Paid Job} = \text{blank}\) or \(\text{CHART: Hours/week at School/Study} = \text{blank}\) or \(\text{CHART: Hours/week at Homemaking} = \text{blank}\) or \(\text{CHART: Hours/week at Maintenance} = \text{blank}\) or \(\text{CHART: Hours/week at Recreation} = \text{blank}\) then, \(\text{CHART: Occupational Total} = \text{blank}\)

QC: See page 255.

Variable Aliases: For Data Analysis Only

Variable ID: 390
8-Character Description: BCHOpTot
FORM II: 50. CHART-Social Integration Total

VARIABLE NAME: The CHART: Social Integration Total
DESCRIPTION: This variable is computed using the data from the following CHART variables: “Live with a spouse/significant other”, “How many are relatives”, “Number of Business/Organizational contacts/month”, “Number of Contact/month with Friends”, and “Stranger initiated contacts/month”.

The NSCISC’s software computes this variable.

CHARACTERS: 3

CODES:
- 0 to 100 Valid range
- 999 Unknown, interview not done or respondent’s current age is less than 18
- Blank (only if Category of Care = “5”)

COMMENTS: A score of 100 indicates no handicap in an individual's ability to participate in and maintain customary social relationships.

This variable auto-calculates. Decimals are rounded normally (i.e., if less than .5 round down, and if .5 or more round up).
FORM II: 50. CHART-Social Integration Total

FORM II

VARIABLE NAME: The CHART: Social Integration Total
SOFTWARE: The formula is:

\[
\text{CHART: Social Integration Total} = A + B + C + D + E, \text{ where}
\]

\begin{align*}
A &= 0 \\
\text{Else: If CHART: Live with Spouse/significant other} &= 1, \text{ then } A = 38 \\
\text{Else: If CHART: Live with Spouse/significant other} &= 2, \text{ then } A = 25 \\
B &= 6 \times \text{(CHART: How many are relatives)} \\
\text{Else: If CHART: How many are relatives} &= 88, \text{ then } B = 0 \\
C &= 0 \\
\text{Else: If CHART: Stranger Initiated Contact} &= 1, \text{ then } C = 15 \\
\text{Else: If CHART: Stranger Initiated Contact} &= 3, \text{ then } C = 23 \\
D &= 2.5 \times \text{(CHART: Number of Business/Organization Contacts)} \\
\text{Else: If } 2.5 \times \text{(CHART: Number of Business/Organization Contacts)} &> 25, \text{ then } D = 25 \\
E &= 13 \times \text{(CHART: Number of Contacts/month with Friends)} \\
\text{Else: If } 13 \times \text{(CHART: Number of Contacts/month with Friends)} &> 65, \text{ then } E = 65 \\
\text{Else: If } A + B + C + D + E > 100, \text{ then CHART: Social Integration Total} &= 100 \\
\text{Else: If CHART: Live with Spouse/significant other} &= 9 \text{ or CHART: How many are relatives} &= 99 \text{ or CHART: Number of Business/Organization Contacts} = 99 \text{ or CHART: Number of Contacts/month with Friends} = 9 \text{ or CHART: Stranger Initiated Contact} = 9, \text{ then CHART: Social Integration Total} &= 999 \\
\text{Else: If CHART: Live with Spouse/significant other} &= \text{ blank or CHART: How many are relatives} = \text{ blank or CHART: Number of Business/Organization Contacts} = \text{ blank or CHART: Number of Contacts/month with Friends} = \text{ blank or CHART: Stranger Initiated Contact} = \text{ blank then, CHART: Social Integration Total} &= \text{ blank}. \\
\end{align*}

QC: See page 255.

Variable Aliases: For Data Analysis Only

Variable ID: 391
8-Character Description: BCHSocIn
FORM II: 51. PHQ-Question 1

FORM II

VARIABLE NAME: The Patient Health Questionnaire (Brief Version): Question 1

DESCRIPTION: The following question is asked:

Over the last 2 weeks, how often have you been bothered by little interest or pleasure in doing things?

CHARACTERS: 1

CODES:

0 Not at all
1 Several days
2 More than half the days
3 Nearly every day
9 Unknown, interview not done, respondent’s current age is less than 18

Blank (only if Category of Care = “5”)

COMMENTS: Only responses from the patient are acceptable.

‘Bothered by…’ This is intended to identify how often the participant experiences each PHQ question, not how often the participant is ‘bothered by’ each PHQ question.

This is a “Window variable” (see rules on page 255).


REVISIONS: October 2000: this variable was added to the database. Data are required for new Form IIs entered on or after 03/01/2001.

QC: If the patient’s current age is less than 18 then, this variable must be coded “9”.

See page 255.

Variable Aliases: For Data Analysis Only

Variable ID: 392
8-Character Description: BBPHQ1

NSCISC: 7/2008
FORM II

VARIABLE NAME: The Patient Health Questionnaire (Brief Version): Question 2

DESCRIPTION: The following question is asked:

Over the last 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless?

CHARACTERS: 1

CODES:

0 Not at all
1 Several days
2 More than half the days
3 Nearly every day
9 Unknown, interview not done, respondent’s current age is less than 18

Blank (only if Category of Care = “5”)

COMMENTS: Only responses from the patient are acceptable.

‘Bothered by…’ This is intended to identify how often the participant experiences each PHQ question, not how often the participant is ‘bothered by’ each PHQ question.

This is a “Window variable” (see rules on page 255).


REVISIONS: October 2000: this variable was added to the database. Data are required for new Form IIs entered on or after 03/01/2001.

QC: If the patient’s current age is less than 18 then, this variable must be coded “9”.

See page 255.

Variable Aliases: For Data Analysis Only

Variable ID: 393
8-Character Description: BBPHQ2
FORM II: 53. PHQ-Question 3

FORM II

VARIABLE NAME: The Patient Health Questionnaire (Brief Version): Question 3

DESCRIPTION: The following question is asked:

*Over the last 2 weeks, how often have you been bothered by trouble falling or staying asleep, or sleeping too much?*

CHARACTERS: 1

CODES:

0  Not at all
1  Several days
2  More than half the days
3  Nearly every day
9  Unknown, interview not done, respondent’s current age is less than 18

Blank  (only if Category of Care = “5”)

COMMENTS: Only responses from the patient are acceptable.

‘Bothered by…’ This is intended to identify how often the participant experiences each PHQ question, not how often the participant is ‘bothered by’ each PHQ question.

This is a “Window variable” (see rules on page 255).


REVISIONS: October 2000: this variable was added to the database. Data are required for new Form IIs entered on or after 03/01/2001.

QC: If the patient’s current age is less than 18 then, this variable must be coded “9”.

See page 255.

Variable Aliases: For Data Analysis Only

Variable ID: 394
8-Character Description: BBPHQ3
FORM II

VARIABLE NAME: The Patient Health Questionnaire (Brief Version): Question 4

DESCRIPTION: The following question is asked:

*Over the last 2 weeks, how often have you been bothered by feeling tired or having little energy?*

CHARACTERS: 1

CODES:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Not at all</td>
</tr>
<tr>
<td>1</td>
<td>Several days</td>
</tr>
<tr>
<td>2</td>
<td>More than half the days</td>
</tr>
<tr>
<td>3</td>
<td>Nearly every day</td>
</tr>
<tr>
<td>9</td>
<td>Unknown, interview not done, respondent’s current age is less than 18</td>
</tr>
</tbody>
</table>

Blank *(only if Category of Care = “5”)*

COMMENTS: Only responses from the patient are acceptable.

‘Bothered by…’ This is intended to identify how often the participant experiences each PHQ question, not how often the participant is ‘bothered by’ each PHQ question.

This is a “Window variable” (see rules on page 255).


REVISIONS: October 2000: this variable was added to the database. Data are required for new Form IIs entered on or after 03/01/2001.

QC: If the patient’s current age is less than 18 then, this variable must be coded “9”.

See page 255.

Variable Aliases: For Data Analysis Only

Variable ID: 395
8-Character Description: BBPHQ4
FORM II: 55. PHQ-Question 5

FORM II

VARIABLE NAME: The Patient Health Questionnaire (Brief Version): Question 5

DESCRIPTION: The following question is asked:

*Over the last 2 weeks, how often have you been bothered by poor appetite or overeating?*

CHARACTERS: 1

CODES:

0 Not at all
1 Several days
2 More than half the days
3 Nearly every day
9 Unknown, interview not done, respondent’s current age is less than 18

Blank (only if Category of Care = “5”)

COMMENTS: Only responses from the patient are acceptable.

‘Bothered by…’ This is intended to identify how often the participant experiences each PHQ question, not how often the participant is ‘bothered by’ each PHQ question.

This is a “Window variable” (see rules on page 255).


REVISIONS: October 2000: this variable was added to the database. Data are required for new Form IIs entered on or after 03/01/2001.

QC: If the patient’s current age is less than 18 then, this variable must be coded “9”.

See page 255

Variable Aliases: For Data Analysis Only

Variable ID: 396
8-Character Description: BBPHQ5
FORM II

VARIABLE NAME: The Patient Health Questionnaire (Brief Version): Question 6

DESCRIPTION: The following question is asked:

*Over the last 2 weeks, how often have you been bothered by feeling bad about yourself – or that you are a failure or have let yourself or your family down?*

CHARACTERS: 1

CODES:

0  Not at all
1  Several days
2  More than half the days
3  Nearly every day
9  Unknown, interview not done, respondent’s current age is less than 18

Blank  (only if Category of Care = “5”)

COMMENTS: Only responses from the patient are acceptable.

‘Bothered by…’ This is intended to identify how often the participant experiences each PHQ question, not how often the participant is ‘bothered by’ each PHQ question.

This is a “Window variable” (see rules on page 255).


REVISIONS: October 2000: this variable was added to the database. Data are required for new Form IIs entered on or after 03/01/2001.

QC: If the patient’s current age is less than 18 then, this variable must be coded “9”.

See page 255.

Variable Aliases: For Data Analysis Only

Variable ID: 397
8-Character Description: BBPHQ6
FORM II: 57. PHQ-Question 7

VARIABLE NAME: The Patient Health Questionnaire (Brief Version): Question 7

DESCRIPTION: The following question is asked:

Over the last 2 weeks, how often have you been bothered by trouble concentrating on things, such as reading the newspaper or watching television?

CHARACTERS: 1

CODES:

0  Not at all
1  Several days
2  More than half the days
3  Nearly every day
9  Unknown, interview not done, respondent’s current age is less than 18

Blank (only if Category of Care = “5”)

COMMENTS: Only responses from the patient are acceptable.

‘Bothered by...’ This is intended to identify how often the participant experiences each PHQ question, not how often the participant is ‘bothered by’ each PHQ question.

This is a “Window variable” (see rules on page 255).


REVISIONS: October 2000: this variable was added to the database. Data are required for new Form IIs entered on or after 03/01/2001.

QC: If the patient’s current age is less than 18 then, this variable must be coded “9”.

See page 255.

Variable Aliases: For Data Analysis Only

Variable ID: 398
8-Character Description: BBPHQ7
**FORM II: 58. PHQ-Question 8**

**VARIABLE NAME:** The Patient Health Questionnaire (Brief Version): Question 8

**DESCRIPTION:**

The following question is asked:

*Over the last 2 weeks, how often have you been bothered by moving or speaking so slowly that other people could have noticed?*

*Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual?*

**CHARACTERS:** 1

**CODES:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Not at all</td>
</tr>
<tr>
<td>1</td>
<td>Several days</td>
</tr>
<tr>
<td>2</td>
<td>More than half the days</td>
</tr>
<tr>
<td>3</td>
<td>Nearly every day</td>
</tr>
<tr>
<td>9</td>
<td>Unknown, interview not done, respondent’s current age is less than 18 (Blank if Category of Care = “5”)</td>
</tr>
</tbody>
</table>

**COMMENTS:**

Only responses from the patient are acceptable.

‘Bothered by…’ This is intended to identify how often the participant experiences each PHQ question, not how often the participant is ‘bothered by’ each PHQ question.

This is a “Window variable” (see rules on page 255).

**SOURCE:**


**REVISIONS:**

October 2000: this variable was added to the database. Data are required for new Form IIs entered on or after 03/01/2001.

**QC:**

If the patient’s current age is less than 18 then, this variable must be coded “9”.

See page 255.

**Variable Aliases:** For Data Analysis Only

**Variable ID:** 399

8-Character Description: BBPHQ8
FORM II: 59. PHQ-Question 9

VARIABLE NAME: The Patient Health Questionnaire (Brief Version): Question 9

DESCRIPTION: The following question is asked:

Over the last 2 weeks, how often have you been bothered by thoughts that you would be better off dead or of hurting yourself in some way?

CHARACTERS: 1

CODES:

0  Not at all
1  Several days
2  More than half the days
3  Nearly every day
9  Unknown, interview not done, respondent’s current age is less than 18

Blank  (only if Category of Care = “5”)

COMMENTS: Only responses from the patient are acceptable.

‘Bothered by…’ This is intended to identify how often the participant experiences each PHQ question, not how often the participant is ‘bothered by’ each PHQ question.

This is a “Window variable” (see rules on page 255).

Each system should develop their own response procedures if the participant responds “yes” to this question. Copies of the protocols used at the Denver and Seattle systems are available from the NSCISC.

One system’s consent form already has some wording that states confidentiality is not absolute.

The attorney at another system advised them that they do not have a duty to report since there is not a "patient-doctor" relationship inherent in the data collection process. He advised that it would be sufficient to provide appropriate referral information if the patient requests it.


REVISIONS: October 2000: this variable was added to the database. Data are required for new Form IIIs entered on or after 03/01/2001.

QC: If the patient’s current age is less than 18 then, this variable must be coded “9”.

See page 255.

Variable Aliases: For Data Analysis Only

Variable ID: 400
8-Character Description: BBPHQ9
FORM II

VARIABLE NAME: The Patient Health Questionnaire (Brief Version): Question 10

DESCRIPTION: The following question is asked:

If you had any of the problems I asked about in questions 1 through 9, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

CHARACTERS: 1

CODES:

0  Not difficult at all
1  Somewhat difficult
2  Very difficult
3  Extremely difficult
8  Not applicable, did not have any of the problems in questions 1 through 9
9  Unknown, interview not done, respondent’s current age is less than 18

Blank (only if Category of Care = “5”)

COMMENTS: Only responses from the patient are acceptable. This is a “Window variable” (see rules on page 255).


REVISIONS: October 2000: this variable was added to the database. Data are required for new Form IIs entered on or after 03/01/2001.

QC: If the PHQ Questions 1 through 9 are coded “0” then, this variable must be coded “8”.
If the patient’s current age is less than 18 then, this variable must be coded “9”.
See page 255.

Variable Aliases: For Data Analysis Only

Variable ID: 401
8-Character Description: BBPHQ10
FORM II: 61. PHQ-Major Depressive Syndrome

VARIABLE NAME: Major Depressive Syndrome

DESCRIPTION: This variable is calculated using the responses from the PHQ Questions 1 through 9.
This variable auto-calculates.

CHARACTERS: 1

CODES:
0  No depressive syndrome
1  Major depressive syndrome
2  Other depressive syndrome
9  Unknown, interview not done, respondent’s current age is less than 18

Blank  (only if Category of Care = “5”)

COMMENTS: This is a “Window variable” (see rules on page 255).
If this variable = “1” or “2”, notify the clinical staff at your Model System.


REVISIONS: October 2000: this variable was added to the database. Data are required for new Form IIs entered on or after 03/01/2001.

QC: If PHQ: Question 10 = “8”, then PHQ: Question 1 through PHQ: Question 9 must = “0” and PHQ: Major Depressive Syndrome must = “0”.
See page 255.
FORM II: Major Depressive Syndrome

VARIABLE NAME: Major Depressive Syndrome

SOFTWARE: This variable auto-calculates.

These are the specifications for the calculation:

PHQ: Major Depressive Syndrome = 0.
If (PHQ: Question 1 = 2 or 3 OR PHQ: Question 2 = 2 or 3) AND
5 or more of PHQ: Question 1 through PHQ: Question 9 = 2 or 3 (count
PHQ: Question 9 if coded 1, 2, or 3)
then, PHQ: Major Depressive Syndrome = 1.
If (PHQ: Question 1 = 2 or 3 OR PHQ: Question 2 = 2 or 3) AND
2, 3 or 4 of PHQ: Question 1 through PHQ: Question 9 = 2 or 3 (count
PHQ: Question 9 if coded 1, 2, or 3)
then, PHQ: Major Depressive Syndrome = 2.
Else: if (PHQ: Question 1 = 9 or PHQ: Question 2 = 9 or PHQ: Question 3 = 9 or
PHQ: Question 4 = 9 or PHQ: Question 5 = 9 or PHQ: Question 6 = 9
or PHQ: Question 7 = 9 or PHQ: Question 8 = 9 or PHQ: Question 9 = 9) AND
[(PHQ: Question 1 = 2 or 3 OR PHQ: Question 2 = 2 or 3) AND 5 or more of
PHQ: Question 1 through PHQ: Question 9 = 2 or 3 (count PHQ: Question 9 if
coded 1, 2, or 3) = NOT TRUE]
then, PHQ: Major Depressive Syndrome = 9.

Once the minimal score for major depression is attained then, unknown
codes in some elements don’t matter.

Else: if (PHQ: Question 1 = blank or PHQ: Question 2 = blank or PHQ: Question
3 = blank or PHQ: Question 4 = blank or PHQ: Question 5
= blank or PHQ: Question 6 = blank or PHQ: Question 7 = blank or PHQ:
Question 8 = blank or PHQ: Question 9 = blank) AND [(PHQ: Question 1 = 2 or
3 OR PHQ: Question 2 = 2 or 3) AND 5 or more of PHQ: Question 1 through
PHQ: Question 9 = 2 or 3 (count PHQ: Question 9 if coded 1, 2, or 3) = NOT
TRUE]
then, PHQ: Major Depressive Syndrome = blank.

The logic is that, once the minimal score for major depression is attained
then, blanks in some elements don’t matter.

Variable Aliases: For Data Analysis Only

Variable ID: 402
8-Character Description: BBPHQMDS
FORM II: 62. PHQ-Severity of Depression

VARIABLE NAME: Severity of Depression
DESCRIPTION: This variable is the sum of the responses from the PHQ Questions 1 through 9.
This variable auto-calculates.
CHARACTERS: 2
CODES: 0 to 27 Valid range
99 Unknown, interview not done, respondent’s current age is less than 18
Blank (only if Category of Care = “5”)
COMMENTS: This is a “Window variable” (see rules on page 255).
REVISIONS: October 2000: this variable was added to the database. Data are required for new Form IIs entered on or after 03/01/2001.
QC: The checks utilize the formula below and the info on page 255.
SOFTWARE: Formula used:
If <PHQ: Question 1> = blank or <PHQ: Question 2> = blank or <PHQ: Question 3> = blank or <PHQ: Question 4> = blank or <PHQ: Question 5> = blank or <PHQ: Question 6> = blank or <PHQ: Question 7> = blank or <PHQ: Question 8> = blank or <PHQ: Question 9 >= blank then, <PHQ: Severity of Depression> = blank.
If <PHQ: Question 1> = 9 or <PHQ: Question 2> = 9 or <PHQ: Question 3> = 9 or <PHQ: Question 4> = 9 or <PHQ: Question 5> = 9 or <PHQ: Question 6> = 9 or <PHQ: Question 7> = 9 or <PHQ: Question 8> = 9 or <PHQ: Question 9> = 9 then, <PHQ: Severity of Depression> = 99.

Variable Aliases: For Data Analysis Only

Variable ID: 403
8-Character Description: BBPHQSDS
FORM II: 63. Alcohol use-Do you drink alcohol?

VARIABLE NAME: Alcohol Use

DESCRIPTION: The following question is asked:

Do you drink any alcoholic beverages (such as beer, wine, wine coolers or liquor)?

CHARACTERS: 1

CODES:

0  No, never ever drank alcohol

1  Yes, currently drinks or did drink in the past

9  Unknown, interview not done, respondent’s current age is less than 18

Blank  (only if Category of Care = “5”)

COMMENTS: Only responses from the patient are acceptable.
This is a “Window variable” (see rules on page 255).

REVOLUTIONS: October 2000: this variable was added to the database. Data are required for new Form IIIs entered on or after 03/01/2001.

QC: If Alcohol Use: Do you drink alcohol? = “0” then,

Alcohol Use: Number of Days/Week MUST = “8” and

Alcohol Use: Number of Drinks and Alcohol Use: Frequency during the past month MUST = “88”.

If the patient’s current age is less than 18 then,

Alcohol Use: Do you drink alcohol? MUST = “9” and

Alcohol Use: Number of Drinks and Alcohol Use: Frequency during the past month MUST = “99”.

See page 255.

Variable Aliases: For Data Analysis Only

Variable ID: 824
8-Character Description: BAlcDrnk
FORM II: 64. Alcohol Use-Number Days/Week

VARIABLE NAME: Alcohol Use: Number of Days Per Week
DESCRIPTION: The following question is asked:

During the past month, how many days per week did you drink any alcoholic beverages such as beer, wine, wine coolers or liquor, on the average?

CHARACTERS: 1
CODES:

0  None
Less than one day a week
1 to 7  Valid range
8  Drinks alcohol but number of days unknown
Not applicable, never drank alcohol
9  Unknown, interview not done, respondent’s current age is less than 18
Blank  (only if Category of Care = “5”)

COMMENTS: Only responses from the patient are acceptable.
This is a “Window variable” (see rules on page 255).

REVISIONS: October 2000: this variable was added to the database. Data are required for new Form IIs entered on or after 03/01/2001.

QC: See page 255.

Variable Aliases: For Data Analysis Only

Variable ID: 404
8-Character Description: BAlcDrDa

NSCISC: 10/2006
FORM II: 65. Alcohol Use-Number of Drinks

VARIABLE NAME: Alcohol Use: Number of Drinks
DESCRIPTION: The following question is asked:

*On the days you drank (during the past month), about how many drinks did you drink, on the average?*

CHARACTERS: 2
CODES:

0  None
1 to 87  Valid range
88  Drinks alcohol but number of drinks unknown
   Not applicable, never drank alcohol
99  Unknown, interview not done, respondent’s current age is less than 18

Blank  *(only if Category of Care = “5”)*

COMMENTS: Only responses from the patient are acceptable.
This is a “Window variable” (see rules on page 255).

REVISIONS: October 2000: this variable was added to the database. Data are required for new Form IIs entered on or after 03/01/2001.

QC: See page 255.

Variable Aliases: For Data Analysis Only

Variable ID: 405
8-Character Description: BAlcDrNb
FORM II: 66. Alcohol Use-Frequency during past month

FORM II

VARIABLE NAME: Alcohol Use: Frequency During the Past Month
DESCRIPTION: The following question is asked:
Considering all types of alcoholic beverages, how many times during the past month did you have five (5) or more drinks on an occasion?

CHARACTERS: 2
CODES:
0 None
1 to 31 Valid range
88 Drinks alcohol but frequency unknown
Not applicable, never drank alcohol
99 Unknown, interview not done, respondent’s current age is less than 18
Blank (only if Category of Care = “5”)

COMMENTS: Only responses from the patient are acceptable.
This is a “Window variable” (see rules on page 255).

REVISIONS: October 2000: this variable was added to the database. Data are required for new Form IIs entered on or after 03/01/2001.

QC: See page 255.

Variable Aliases: For Data Analysis Only

Variable ID: 406
8-Character Description: BAlcFreq
FORM II: 67. Pain-Severity of Pain

VARIABLE NAME: Pain: Severity of Pain

DESCRIPTION: The following question is asked:

*Using a 0-10 scale with 10 being pain so severe you could not stand it and, 0 being no pain, what has been the usual level of pain over the past 4 weeks?*

CHARACTERS: 2

CODES:

- 0 to 10 Valid range
- 99 Unknown, interview not done, respondent’s current age is less than 18
- Blank (only if Category of Care = “5”)

COMMENTS: If there is more than one pain site, code the worst site. Only responses from the patient are acceptable. This is a “Window variable” (see rules on page 255).

REVISIONS: October 2000: this variable was added to the database. Data are required for new Form IIIs entered on or after 03/01/2001.

QC: If Severity of Pain = “0” then, Pain Interfering with work must = “8” and vice versa. **This check applies only to records entered into the database after December 2000.**

See page 255.

Variable Aliases: For Data Analysis Only

Variable ID: 407

8-Character Description: BPainSev
FORM II: 68. Pain-Interfering with work

VARIABLE NAME: Pain: Interfering With Work

DESCRIPTION: The following question is asked:

_During the past 4 weeks, how much did pain interfere with your normal work including both work outside the home and housework?_

CHARACTERS: 1

CODES:

0  Not at all
1  A little bit
2  Moderately
3  Quite a bit
4  Extremely
6  Don’t know
7  Refuses
8  Not applicable, no pain during the past 4 weeks (use this code if Severity of Pain variable = “00”)
9  Unknown, interview not done, respondent’s current age is less than 18

Blank (only if Category of Care = “5”)

COMMENTS: Only responses from the patient are acceptable.

This is a “Window variable” (see rules on page 255).

If the patient does not do (house)work, ask _During the past 4 weeks, how much did pain interfere with your usual activities?_ Let the patient determine what “usual activities” are.

SOURCE: SF-12 How to Score the SF-12 Physical and Mental Health Summary Scales. John E. Ware, Jr. Ph.D., Mark Kosinski, M.A., Susan D. Keller, Ph.D. The Health Institute, New England Medical Center, Boston, Massachusetts.

REVISIONS: May 1998: this variable was added to the database.

QC: If Severity of Pain = “00” then, Pain Interfering with work must = “8” and vice versa.

**This check applies only to records entered into the database after December 2000.

See page 255.

Variable Aliases: For Data Analysis Only

Variable ID: 408
8-Character Description: BPainWrk
FORM II: 69. Ambulation-Walk150 in your home?

VARIABLE NAME: Ambulation

DESCRIPTION: This variable asks the participant the following question regarding ambulation:

Are you able to walk (with or without mobility aid) for 150 feet in your home?

CHARACTERS: 1

CODES:
0  No
1  Yes
9  Unknown/Interview not done
Blank (only if Category of Care = “5”)

QC: If Ambulation: Walk 150 feet in your home, Ambulation: Walk one street block outside and Ambulation: Walk up one flight of stairs = 0 then, entry 1 of Mobility Aids must = 8 and entries 2-5 of Mobility Aids = blank.

If Ambulation: Walk 150 feet in your home, Ambulation: Walk one street block outside and Ambulation: Walk up one flight of stairs = 9 then, then, entry 1 of Mobility Aids must = 9 and entries 2-5 of Mobility Aids = blank.

SOFTWARE: When code 0 is entered in Ambulation: Walk 150 feet in your home, Ambulation: Walk one street block outside and Ambulation: Walk up one flight of stairs, the software inserts code 8 in entry 1 of Mobility Aids and advances the user to Wheelchair or Scooter Use.

When code 9 is entered in Ambulation: Walk 150 feet in your home, Ambulation: Walk one street block outside and Ambulation: Walk up one flight of stairs, the software inserts code 9 in entry 1 of Mobility Aids and advances the user to Wheelchair or Scooter Use.

REVISIONS: April 2004: This variable was added to the database. Data are required for all interviews completed after April 1, 2004.

Variable Aliases: For Data Analysis Only

Variable ID: 409
8-Character Description: BWlk150
FORM II: 70. Ambulation—Walk one street block outside?

VARIABLE NAME: Ambulation

DESCRIPTION: This variable asks the participant the following question regarding ambulation:

Are you able to walk (with or without mobility aid) for one street block outside?

CHARACTERS: 1

CODES:

0  No
1  Yes
9  Unknown/Interview not done

Blank  (only if Category of Care = “5”)

QC: If Ambulation: Walk 150 feet in your home, Ambulation: Walk one street block outside and Ambulation: Walk up one flight of stairs = 0 then, entry 1 of Mobility Aids must = 8 and entries 2-5 of Mobility Aids = blank.

If Ambulation: Walk 150 feet in your home, Ambulation: Walk one street block outside and Ambulation: Walk up one flight of stairs = 9 then, then, entry 1 of Mobility Aids must = 9 and entries 2-5 of Mobility Aids = blank.

SOFTWARE: When code 0 is entered in Ambulation: Walk 150 feet in your home, Ambulation: Walk one street block outside and Ambulation: Walk up one flight of stairs, the software inserts code 8 in entry 1 of Mobility Aids and advances the user to Wheelchair or Scooter Use.

When code 9 is entered in Ambulation: Walk 150 feet in your home, Ambulation: Walk one street block outside and Ambulation: Walk up one flight of stairs, the software inserts code 9 in entry 1 of Mobility Aids and advances the user to Wheelchair or Scooter Use.

REVISIONS: April 2004: This variable was added to the database. Data are required for all interviews completed after April 1, 2004.

Variable Aliases: For Data Analysis Only

Variable ID: 410
8-Character Description: BWlkBlck
FORM II: 71. Ambulation—Walk up one flight of stairs?

VARIABLE NAME: Ambulation

DESCRIPTION: This variable asks the participant the following question regarding ambulation:

Are you able to walk (with or without mobility aid) up one flight of steps?

CHARACTERS: 1

CODES:

0 No
1 Yes
9 Unknown/Interview not done
Blank (only if Category of Care = “5”)

QC:

If Ambulation: Walk 150 feet in your home, Ambulation: Walk one street block outside and Ambulation: Walk up one flight of stairs = 0 then, entry 1 of Mobility Aids must = 8 and entries 2-5 of Mobility Aids = blank.

If Ambulation: Walk 150 feet in your home, Ambulation: Walk one street block outside and Ambulation: Walk up one flight of stairs = 9 then, entry 1 of Mobility Aids must = 9 and entries 2-5 of Mobility Aids = blank.

SOFTWARE:

When code 0 is entered in Ambulation: Walk 150 feet in your home, Ambulation: Walk one street block outside and Ambulation: Walk up one flight of stairs, the software inserts code 8 in entry 1 of Mobility Aids and advances the user to Wheelchair or Scooter Use.

When code 9 is entered in Ambulation: Walk 150 feet in your home, Ambulation: Walk one street block outside and Ambulation: Walk up one flight of stairs, the software inserts code 9 in entry 1 of Mobility Aids and advances the user to Wheelchair or Scooter Use.

REVISIONS:

April 2004: This variable was added to the database. Data are required for all interviews completed after April 1, 2004.

Variable Aliases: For Data Analysis Only

Variable ID: 411
8-Character Description: BWlkStps
FORM II: 72. Mobility Aid(s)

VARIABLE NAME: Mobility Aid(s)

DESCRIPTION: This variable documents the type of mobility aid the participant uses. The following question is asked:

_Tell me which of the following mobility aids you currently use most often._

CHARACTERS: 1 for each entry, up to 5 entries

CODES:

0  None
1  Straight cane
2  Quad cane
3  Walker
4  Crutches
5  Ankle-Foot-Orthotic (AFO, short leg brace)
6  Knee-Ankle-Foot-Orthotic (KAFO, long leg brace)
7  Other
8  Not applicable participant is not ambulatory (Ambulation: Walk 150 feet in your home, Ambulation: Walk one street block outside and Ambulation: Walk up one flight of stairs =0)
9  Unknown or interview not done

Blank (only if Category of Care = “5”)

COMMENTS: Go through the entire list of all mobility aids during the interview. Code up to 5 if they apply.

QC: If Mobility Aid(s) entry 1 = 0, 8 or 9, Mobility Aid(s) entries 2 through 5 must = blank.

SOFTWARE: If entry 1 of Mobility Aid(s) = 0, 8 or 9 the software advances to Wheelchair or Scooter Use.

REVISIONS: April 2004: This variable was added to the database. Data are required for all interviews completed after April 1, 2004.

Variable Aliases: For Data Analysis Only

<table>
<thead>
<tr>
<th>Variable ID</th>
<th>MobAid_1</th>
<th>MobAid_2</th>
<th>MobAid_3</th>
<th>MobAid_4</th>
<th>MobAid_5</th>
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</thead>
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<tr>
<td>412</td>
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</tr>
<tr>
<td>416</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
VARIABLE NAME: Wheelchair or Scooter Use

DESCRIPTION: This variable documents whether or not the participant is a wheelchair or scooter user on a regular basis. The following question is asked:

Do you use a wheelchair or scooter over 40 hours per week?

CHARACTERS: 1

CODES
0 No
1 Yes
9 Unknown or interview not done

Blank (only if Category of Care = “5”)

COMMENTS: If the participant uses a wheelchair or scooter LESS than 40 hours per week, code this variable 0 (No).

QC:
IF Wheelchair/Scooter Use = 0 THEN Type of Wheelchair/Scooter = 8
IF Wheelchair/Scooter Use = 9 THEN Type of Wheelchair/Scooter = 9

SOFTWARE: When code 0 is entered in Wheelchair/Scooter Use the software inserts 8s in Type of Wheelchair/Scooter and the user is advanced to the Computer Use variable.

When code 9 is entered in Wheelchair/Scooter Use the software inserts 9s in Type of Wheelchair/Scooter and the user is advanced to the Computer Use variable.

REVISIONS: April 2004: This variable was added to the database. Data are required for all interviews completed after April 1, 2004.
FORM II: 74. Type of Wheelchair/Scooter

VARIABLE NAME: Type of Wheelchair or Scooter Used Most Often
DESCRIPTION: This variable documents the type of wheelchair or scooter documented in the Wheelchair/Scooter Use variable. The following question is asked:

*What type of wheelchair (or scooter) do you use most often?*

CHARACTERS: 1
CODES
1 Manual Wheelchair - Propelled by the individual without assistance from motors. Includes lever drive or one arm drive chairs.
2 Power Wheelchair - Generally controlled by a joystick and the force needed to go forward comes entirely from battery power.
3 Power Assist Wheelchair - Receives some force from the user and some force from the motor. In general these wheelchairs appear like a manual wheelchair; however, they have motors that respond to a push on the pushrim and provide extra force to the push.
4 Scooter
5 Other (e.g., a golf cart)
6 Not applicable (Wheelchair/Scooter Use = 0)
7 Unknown or interview not done
Blank (only if Category of Care = “5”)

COMMENTS: If more than one type is used, code the one used most often.

REVISIONS: April 2004: This variable was added to the database. Data are required for all interviews completed after April 1, 2004.

Variable Aliases: For Data Analysis Only

Variable ID: 418
8-Character Description: BWCSType
FORM II

VARIABLE NAME: Computer Use

DESCRIPTION: This variable documents whether or not the participant uses a computer (including laptops and electronic devices that access the internet, i.e. Blackberry). The following question is asked:

Do you use a computer?

CHARACTERS: 1

CODES:

0  No
1  Yes, I use a computer at home only
2  Yes, I use a computer outside the home only
3  Yes, I use a computer at home and outside the home
9  Unknown or interview not done

Blank (only if Category of Care = “5”)  

COMMENTS: If participants use electronic devices (like Blackberries), code use as inside and/or outside the home.

QC: If Computer Use = 0 then Internet/Email Usage = 8
If Computer Use = 9 then Internet/Email Usage = 9

SOFTWARE: When code 0 is entered into the Computer Use variable, the software inserts 8s in the Internet/Email Usage variable and the user is advanced to the Source for News/Information variable.

When code 9 is entered into the Computer Use variable, the software inserts 9s in the Internet/Email Usage variable and the user is advanced to the Source for News/Information variable.

REVISIONS: April 2004: This variable was added to the database. Data are required for all interviews completed after April 1, 2004.

Variable Aliases: For Data Analysis Only

Variable ID: 419
8-Character Description: BCompUse
FORM II: 76. Internet/Email Usage

VARIABLE NAME: Internet or Email Usage

DESCRIPTION: This variable documents how often the participant uses the Internet or Email. The following question is asked:

*How often do you access the Internet or Email? (electronic devices like Blackberries are allowed, but secondary sources [people who access the internet/email without participant’s supervision], are not included)*

CHARACTERS: 1

CODES:
0  Owns/use a computer but never uses the Internet and never uses Email
1  Daily (5 to 7 days every week of the month)
2  Weekly (less than 5 days per week and more than 3 days per month)
3  Monthly (3 days or less per month)
8  Not applicable, does not own/use a computer
9  Unknown or interview not done

Blank  (*only if Category of Care = “5”*)

COMMENTS: If participants are actively supervising others to access their email or internet, you may code as internet/email usage.

REVISIONS: April 2004: This variable was added to the database. Data are required for all interviews completed after April 1, 2004.

Variable Aliases: For Data Analysis Only

Variable ID: 420
8-Character Description: BInetEml
FORM II

VARIABLE NAME: Sources for Health and Disability News and Information

DESCRIPTION: This variable documents the medium the patient uses to access health and disability news and information.

The following question is asked:

In the past 12 months which of the following have been your sources for health and disability news and/or information?

CHARACTERS: 1 for each entry (up to 5 entries)

CODES:
1 Newspaper
2 Television
3 Radio
4 Internet
5 Other print materials (magazines, newsletter, pamphlets, brochures, etc)
6 Educational video, DVDs, or CDs
7 Other source(s) (conversation with family/friends or health professional)
8 Not Applicable, no access to news and information
9 Unknown

Blank (only if Category of Care = “5”)

COMMENTS: Position #1 should list the patient’s primary source for news and information.

Document the number of sources the patient uses to access health and disability information.

If more than 5 entries are endorsed, ask participant to prioritize the sources.

Codes 8 and 9 are only allowed in coding position #1. When codes 8 and 9 are entered in to coding position #1, data cannot be entered into the remaining positions.

REVISIONS: October 2006: This variable was added to the database. Data are required for all patients with Interview Dates on or after 10/01/2006.

Variable Aliases: For Data Analysis Only

<table>
<thead>
<tr>
<th>Variable ID</th>
<th>InfoSource1</th>
<th>InfoSource2</th>
<th>InfoSource3</th>
<th>InfoSource4</th>
<th>InfoSource5</th>
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<td>896</td>
<td>897</td>
<td>898</td>
<td>899</td>
</tr>
<tr>
<td>BPrSrIn2</td>
<td>BPrSrIn3</td>
<td>BPrSrIn4</td>
<td>BPrSrIn5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**FORM II: 78. Modified Vehicle**

**VARIABLE NAME:** Modified Vehicle

**DESCRIPTION:** This variable documents the type of modified vehicle the participant or his/her family owns. The following question is asked:

*What type of modified vehicle does you or your family own?*

**CHARACTERS:** 1

**CODES:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td><strong>Does not own a modified vehicle</strong></td>
</tr>
<tr>
<td>1</td>
<td><strong>Car</strong> (includes SUVs)</td>
</tr>
<tr>
<td>2</td>
<td><strong>Van</strong></td>
</tr>
<tr>
<td>3</td>
<td><strong>Other</strong> (e.g. truck)</td>
</tr>
<tr>
<td>4</td>
<td><strong>Combination</strong> (car and van; van and other; car and other)</td>
</tr>
<tr>
<td>9</td>
<td><strong>Unknown or interview not done</strong></td>
</tr>
</tbody>
</table>

**Blank** *(only if Category of Care = “5”)*

**COMMENTS:** “Family” refers to those who do or do not live with the participant.

Any type of lifts or hand controls on the mode of transportation will qualify as a modified vehicle

**QC:**

If the *Modified Vehicle* variable = 0 then, *Driving Modified Vehicle* must = 8.

If the *Modified Vehicle* variable = 9 then, *Driving Modified Vehicle* must = 9.

**REVISIONS:**

April 2004: This variable was added to the database. Data are required for all interviews completed after April 1, 2004.

March 2005: Code 4 (Combination) was added.

Variable Aliases: For Data Analysis Only

Variable ID: 422

8-Character Description: BModVhcl

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FORM II: 79. Driving Modified Vehicle

VARIABLE NAME: Driving the Modified Vehicle

DESCRIPTION: This variable documents whether or not the participant drives the modified vehicle documented in the Modified Vehicle variable.

The following question is asked:

*Do you drive the modified vehicle?*

CHARACTERS: 1

CODES:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>1</td>
<td>Yes, I drive it from my wheelchair</td>
</tr>
<tr>
<td>2</td>
<td>Yes, I drive it, but not from a wheelchair</td>
</tr>
<tr>
<td>8</td>
<td>Not applicable, does not own a modified vehicle</td>
</tr>
<tr>
<td>9</td>
<td>Unknown or interview not done</td>
</tr>
</tbody>
</table>

Blank *(only if Category of Care = “5”)*

QC: If the Modified Vehicle variable = 0 then, Driving Modified Vehicle must = 8.

If the Modified Vehicle variable = 9 then, Driving Modified Vehicle must = 9.

REVISIONS: April 2004: This variable was added to the database. Data are required for all interviews completed after April 1, 2004.

Variable Aliases: For Data Analysis Only

Variable ID: 423
8-Character Description: BDrvModV
FORM II: 80. Cell Phone

VARIABLE NAME: Other Technology: Cell Phone

DESCRIPTION: This variable documents whether or not the participant owns a cell phone. The following question is asked:

Do you own a cell phone?

CHARACTERS: 1

CODES:

0  No
1  Yes
9  Unknown or interview not done

Blank (only if Category of Care = “5”)

REVISIONS: April 2004: This variable was added to the database. Data are required for all interviews completed after April 1, 2004.

Variable Aliases: For Data Analysis Only

Variable ID: 424
8-Character Description: BCellPhn

NSCISC: 10/2006
FORM II

VARIABLE NAME: Utilization of Mechanical Ventilation

DESCRIPTION: This variable documents any use of any type of mechanical ventilation used to sustain respiration. This is collected at the year 01* anniversary of injury (from discharge from initial system hospitalization to interview date).

* If a year 02 Form II is substituted for the year 01 Form II (because the patient was still in the initial acute/rehab process past his first anniversary), this variable documents use of mechanical ventilation after discharge from the initial System hospitalization to the interview date.

CHARACTERS: 1

CODES:

0 No
1 Yes, limited, short-term use for pulmonary complications
2 Yes, ventilator-dependent or ventilator use requiring a weaning process
3 Yes, phrenic nerve stimulator
4 Yes, used mechanical ventilation, length of time and type unknown
   "This is a CONVERSION CODE ONLY (code "1" prior to 10/86). Data collectors may NOT use this code. This information is provided for data analyses purposes only."
9 Unknown

Blank (only if Category of Care = “5”)

COMMENTS: Code 1, ‘Limited, short-term use’ is defined as respiratory support used as part of the medical treatment for other pulmonary complications.

◊ Do NOT include emergency mouth-to-mouth or machine resuscitation; routine administration of oxygen; emergency "bagging"; periodic IPPB administration; or operative/post-operative ventilatory support used for less than 7 days.

**Do use code 1 for post-op support lasting more than 7 days.**

Code 2, ‘Ventilator Dependent’ should be used for those who need partial or total respiratory support on a daily basis and (1) require a weaning process or (2) are vent-dependent.

**Do NOT use code 2 for vent support used for less than 7 days.**

REVISIONS: October 2000: Form II data collection required only for annual year 1.
FORM II: 82. Category of Neuro Impairment

VARIABLE NAME: Category of Neurologic Impairment

DESCRIPTION: This variable documents the degree of neurologic damage present on the date of the year 01 (or year 02, see page 17) examination.

The neurologic exam must be performed by a physician or a designated person who has been trained using the guidelines in the latest version of the International Standards for Neurological Classification of Spinal Cord Injury, published by the American Spinal Injury Association (ASIA).

CHARACTERS: 1

CODES:
1 Paraplegia, incomplete
2 Paraplegia, complete
3 Paraplegia, minimal deficit (see page 339)
4 Tetraplegia, incomplete
5 Tetraplegia, complete
6 Tetraplegia, minimal deficit (see page 339)
7 Normal neurologic (see page 339)
8 Normal neurologic, minimal neurologic deficit (code "5" prior to 10/15/87) This is a CONVERSION CODE ONLY. Data collectors may NOT use this code. This information is provided for data analyses purposes only.
9 Unknown

Blank (only if Category of Care = “5”)

COMMENTS: Paraplegia is impairment or loss of motor and/or sensory function in the thoracic, lumbar or sacral (but not cervical) segments of the spinal cord secondary to damage of neural elements within the spinal canal. With paraplegia, arm functioning is spared, but, depending on the level of injury, the trunk, legs and pelvic organs may be involved. The term is used in referring to cauda equina and conus medullaris injuries, but not to lumbosacral plexus lesions or injury to peripheral nerves outside the neural canal.

Tetraplegia (preferred to quadriplegia) is impairment or loss of motor and/or sensory function in the cervical segments of the spinal cord due to damage of neural elements within the spinal canal. Tetraplegia results in impairment of function in the arms as well as in the trunk, legs and pelvic organs. It does not include brachial plexus lesions or injury to peripheral nerves outside the neural canal.

Complete injury means an absence of sensory and motor function in the lowest sacral segment.

Incomplete injury means partial preservation of sensory and/or motor function is found below the neurological level and includes the lowest sacral segment. Sacral sensation includes sensation at the anal mucocutaneous junction as well as deep anal sensation. The test of motor function is the presence of voluntary contraction of the external anal sphincter upon digital examination.
FORM II: 82. Category of Neuro Impairment

(page 2 of 2)

FORM II

VARIABLE NAME: Category of Neurologic Impairment

COMMENTS (cont’d): Minimal deficit refers to neurologic damage so minimal the patient has no significant or incapacitating loss of function. Reflexes may still be abnormal. Patient’s Motor Score should be 95 or greater, and patient should be free of other significant neurologic complications due to SCI (e.g., bowel, bladder or neuropathic pain) or a score of 7 on all FIM items. Minimal deficits will still be coded as ASIA D and have a neuro level (not X00). If the patient is coded minimal deficit on Form I, no Form IIs are required. Once a patient is coded minimal deficit on a Form II, further follow-up is allowed but not required.

Normal neurologic status refers to those patients who have no demonstrable muscular weakness or impaired sensation, and patient should be free of other significant neurologic complications due to SCI (e.g., bowel, bladder or neuropathic pain). This subcategory must be included in the database to document those patients who achieve recovery from initial injury. Complete recoveries must be coded X00 and ASIA E, and must have a 100 motor score. If the patient is coded normal on Form I, no Form IIs are required. Once a patient is coded normal on a Form II, no subsequent Form IIs are required.

Monoplegia should be coded "1" (Paraplegia, incomplete).

Triplegia should be coded "4" (Tetraplegia, incomplete).

The sacral area must be checked for this variable.


REVISIONS: January, 1998: Data on Form II are now required only in annual years 1 and 2.

October 2000: Data on Form II are now required only in annual year 1. Year 1 data are required for new Form IIs entered on or after 03/01/2001.

QC:

If this variable = “1” (Paraplegia, incomplete), “2” (Paraplegia, complete), or “3” (Paraplegia, minimal deficit), then the Level of Preserved Neuro Function variable should = “T” (Thoracic), “L” (Lumbar), “S” (Sacral) or “X99” (Unknown).

If this variable = “4” (Tetraplegia, incomplete), “5” (Tetraplegia, complete), or “6” (Tetraplegia, minimal deficit), then the Level of Preserved Neuro Function variable should = “C” (Cervical) or “X99” (Unknown).

Patients with minimal deficit status must be coded:

- Neuro Impairment = “3” or “6”;
- Level Left and/or Level Right = any code other than “X00” and,
- ASIA Impairment Scale = “3” or “D”.

Patients with normal neurologic status must be coded:

- Neuro Impairment = “7” and,
- ASIA Impairment Scale = “4” or “E” and,
- all muscles in the ASIA Motor Index Score = “5” and,
- all ASIA Motor Index Score Subtotals = “50” and,
- ASIA Motor Index Score Total = “100” and,
- Sensory Level = “X00” and,
- Motor Level = “X00” and,
- Preserved Neuro Function = “X00”

Variable Aliases: For Data Analysis Only
Variable ID: 426
8-Character Description: BNImpCat
FORM II: 83. ASIA Impairment

VARIABLE NAME: ASIA Impairment Scale (modified from Frankel)
DESCRIPTION: This variable attempts to quantify the degree of impairment on the date of the year 01 (or year 02, see page 17) examination.
CHARACTERS: 1
CODES:

A Complete Injury. No sensory or motor function is preserved in the sacral segments S4-S5 (must also be negative for anal sensation/contraction).

B Incomplete. Sensory but not motor function is preserved below the neurological level and includes the sacral segments S4-S5 (or have anal sensation).

C Incomplete. Motor function is preserved below the neurological level, and more than half of the key muscles below the neurological level have a muscle grade less than 3 (grades 0-2).

D Incomplete. Motor function is preserved below the neurological level, and at least half of key muscles below the neurological level have a muscle grade greater than or equal to 3.

E Normal. Sensory and motor functions are normal. (see page 339)

U Unknown Blank (only if Category of Care = “5”)

NOTE: For an individual to receive a grade of C or D, he/she must be incomplete, that is, have sensory or motor function in the sacral segments S4-S5. In addition, the individual must have either (1) voluntary anal sphincter contraction or (2) sparing of motor function more than three levels below the motor level. This is new text added to the 2000 edition of the International Standards booklet.

FORM II

VARIABLE NAME: ASIA Impairment Scale (modified from Frankel)

COMMENTS: See page 157 for guidelines to administering the neurological exam when the patient is not fully testable.

REVIZIONS: August 1993: The Frankel Grading system was changed to the ASIA Impairment Scale.
January 1998: Data on Form II are required only at annual years 1 and 2.
October 2000: Data on Form II are required only at annual year 1.

CONVERSIONS: August 1993: All records in which the Frankel Grading system was used have numeric codes in this variable. Records in which the ASIA Impairment Scale was used contain alphabetic codes.
The following Frankel Grade codes are provided for analysis purposes only. The numeric Frankel Grade codes are not allowed in records entered into the database after August 1993

Frankel Grade codes:
1 Incomplete - Preserved Sensation Only (Frankel Grade B): Preservation of any demonstrable, reproducible sensation, excluding phantom sensations. Voluntary motor functions are absent.
2 Incomplete - Preserved Motor - Non-functional (Frankel Grade C): Preservation of voluntary motor function that is minimal and performs no useful purpose. Minimal is defined as preserved voluntary motor ability below the level of injury where the majority of the key muscles tests less than a grade of 3.
3 Incomplete, Preserved Motor - Functional (Frankel Grade D): Preservation of voluntary motor function which is useful functionally. This is defined as preserved voluntary motor ability below the level of injury, where the majority of the key muscles tests at least a grade of 3.
4 Complete Recovery (Frankel Grade E): Complete return of all motor and sensory function, but there may still be abnormal reflexes.
5 Complete (Frankel Grade A): All motor and sensory function is absent below the Zone of Partial Preservation.
9 Unknown

QC: See page 339 for coding instructions for patients with normal neurologic or minimal deficit status.

Variable Aliases: For Data Analysis Only

Variable ID: 427
8-Character Description: BASAImp
**FORM II: ASIA Motor Index**

**VARIABLE NAME:** ASIA Motor Index Score

**DESCRIPTION:** This variable documents (1) the individual scores for each key muscle, (2) the subtotal scores for the left and right sides and (3) the total ASIA Motor Index Scores on the date of the year 01 (or year 02, see page 17) examination.

This motor index score provides a numerical scoring system to document changes in motor function.

**CHARACTERS:**
- 1 for each key muscle, Left and Right
- 2 for each Subtotal, Left and Right
- 3 for each Total

**CODES:**

<table>
<thead>
<tr>
<th>Key Muscle</th>
<th>Valid Range</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Not applicable, unable to test; infants</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Unknown, Not Done</td>
<td></td>
</tr>
<tr>
<td>Blank</td>
<td>(only if Category of Care = “5”)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Right and Left Subtotals</th>
<th>Valid Range</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>88</td>
<td>Not applicable, unable to test; infants</td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>Unknown, Not Done</td>
<td></td>
</tr>
<tr>
<td>Blank</td>
<td>(only if Category of Care = “5”)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total</th>
<th>Valid Range</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>888</td>
<td>Not applicable, unable to test; infants</td>
<td></td>
</tr>
<tr>
<td>999</td>
<td>Unknown, Not Done</td>
<td></td>
</tr>
<tr>
<td>Blank</td>
<td>(only if Category of Care = “5”)</td>
<td></td>
</tr>
</tbody>
</table>

**COMMENTS:** See page 157 for guidelines to administering the neurological exam when the patient is not fully testable.

When the patient is an infant, the ASIA Motor Index score should be coded Unable to Test (888).

The strength of each key muscle is graded according to the following ASIA scale from the International Standards for Neurological Classification of Spinal Cord Injury, Revised 2002, pages 13-15.

- 0 total paralysis
- 1 palpable or visible contraction
- 2 active movement, full Range of Motion (ROM) with gravity eliminated
- 3 active movement, full ROM against gravity
- 4 active movement, full ROM against moderate resistance
- 5 (normal) active movement, full ROM against full resistance
- 5* (normal) active movement, full ROM against sufficient resistance to be considered normal if identified inhibiting factors were not present
- NT not testable

Minus grades are to be coded as the next lower grade. For example, a grade of 3- should be coded 2; 2- should be coded 1, and, 1- should be coded 0. Plus grades should be ignored. For example, a grade of 3+ should be coded 3, 2+ should be coded 2, etc.
FORM II

VARIABLE NAME: ASIA Motor Index Score

COMMENTS (cont’d): A normal exam is a score of 5 for each key muscle, Subtotals on the left and right of 50, and, a total score of 100.

Key Muscles for Motor Level Classification - The required portion of the motor examination is completed through the testing of the following key muscles (bilaterally):

- C5  Elbow flexors (biceps, brachialis)
- C6  Wrist extensors (extensor carpi radialis longus and brevis)
- C7  Elbow extensors (triceps)
- C8  Finger flexors - (flexor digitorum profundus) to the middle finger
- T1  Small finger abductors (abductor digiti minimi)
- L2  Hip flexors (iliopsoas)
- L3  Knee extensors (quadriceps)
- L4  Ankle dorsiflexors (tibialis anterior)
- L5  Long toe extensors (extensor hallucis longus)
- S1  Ankle plantarflexors (gastrocnemius, soleus)

Each key muscle should be examined in a rostral-caudal sequence.

In addition to bilateral testing of these muscles, the external anal sphincter should be tested on the basis of contractions around the examiner’s finger and graded as being present or absent. If there is voluntary contraction of the anal sphincter then the patient is motor incomplete.

To be documented by the attending physician or the physician's designee.

All the key muscles identified for the ASIA Motor Index Score must be tested to provide a valid left, right and total score.


REVISIONS:
- October 1986: Form II Sub-Totals and Totals were added to the database.
- August 1993: The individual muscle scores were added to Form II.
- January 1998: Data on Form II required only in annual years 1 and 2.
- October 2000: Data on Form II required only on the date of the year 1 examination.

QC: See page 339 for coding instructions for patients with normal neurologic or minimal deficit status.

See page 157 for coding instructions when the Neuro Exam is not done or when there is no admission to System inpatient rehab.
FORM II: 84. ASIA Motor Index

FORM II

VARIABLE NAME: ASIA Motor Index Score

EXAMPLE 1: Each muscle score is known; and the Subtotal on the left side is 45, on the right side the Subtotal is 37, and the total score is 82.

Each muscle has a score from “0” to “5”, and

<table>
<thead>
<tr>
<th>Sub-total</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>45</td>
<td>37</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>82</td>
<td></td>
</tr>
</tbody>
</table>

EXAMPLE 2: The left side cannot be tested completely because the patient's hand is in a cast. All muscles on the right side were tested and the total score for the right side is 32.

Each muscle on the left side (that was not tested) is coded “8”; tested muscles on the left and each muscle on the right have a score from “0” to “5”; and,

<table>
<thead>
<tr>
<th>Sub-total</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>88</td>
<td>32</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>888</td>
<td></td>
</tr>
</tbody>
</table>

EXAMPLE 3: Only the total score (082) is known. All muscles are coded 9, and

<table>
<thead>
<tr>
<th>Sub-total</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>99</td>
<td>99</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>82</td>
<td></td>
</tr>
</tbody>
</table>

EXAMPLE 4: The Left Subtotal is unknown (because 2 muscles are coded “9”) and, the right side was not testable (all muscles on the right are coded “8”).

<table>
<thead>
<tr>
<th>Sub-total</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>99</td>
<td>88</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>888</td>
<td></td>
</tr>
</tbody>
</table>

Variable Aliases: For Data Analyses Only

<table>
<thead>
<tr>
<th></th>
<th>Left</th>
<th>Right</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elbow Flexors (biceps, brachialis)</td>
<td>C5</td>
<td>428</td>
</tr>
<tr>
<td>Wrist Extensors (extensors carpi radialis longus &amp; brevis)</td>
<td>C6</td>
<td>430</td>
</tr>
<tr>
<td>Elbow Extensors (triceps)</td>
<td>C7</td>
<td>432</td>
</tr>
<tr>
<td>Finger Flexors to the middle finger</td>
<td>C8</td>
<td>434</td>
</tr>
<tr>
<td>Small Finger abductors (abductor digitii minimi)</td>
<td>T1</td>
<td>436</td>
</tr>
<tr>
<td>Hip Flexors (iliopsoas)</td>
<td>L2</td>
<td>438</td>
</tr>
<tr>
<td>Knee Extensors (quadriceps)</td>
<td>L3</td>
<td>440</td>
</tr>
<tr>
<td>Ankle dorsiflexors (tibialis anterior)</td>
<td>L4</td>
<td>442</td>
</tr>
<tr>
<td>Long to extensors (extensor hallucis longus)</td>
<td>L5</td>
<td>444</td>
</tr>
<tr>
<td>Ankle plantarflexors (gastrocnemius, soleus)</td>
<td>S1</td>
<td>446</td>
</tr>
<tr>
<td>Subtotals</td>
<td>448</td>
<td>BASASLt</td>
</tr>
</tbody>
</table>

| Total | Variable ID | 450 | 8-Character Description | BASATot |

NSCISC: 10/2006 344
FORM II

VARIABLE NAME: Any Anal Sensation

DESCRIPTION: This variable documents whether or not the patient has any sensation in the anal region during the neurologic exam given on the date of the year 01 (or year 02, see page 17) examination.

CHARACTERS: 1 for each entry

CODES:

0 No
1 Yes
8 Not Applicable, unable to test; infants
9 Unknown/Not done

Blank (only if Category of Care = “5”)

REVISIONS: October 2006: This variable was added to the database. Data are required for all patients with Interview Dates on or after 10/01/2006.

Variable Aliases: For Data Analysis Only

Variable ID: 453
8-Character Description: BAnalSns
**FORM II**: 86. Voluntary Anal Sphincter Contraction

**VARIABLE NAME**: Any voluntary anal sphincter contraction

**DESCRIPTION**: This variable documents whether or not the patient is able to contract the anal sphincter voluntarily during the neurologic exam given on the date of the year 01 (or year 02, see page 17) examination.

**CHARACTERS**: 1 for each entry

**CODES**:

- **0** No
- **1** Yes
- **8** Not Applicable, unable to test; infants
- **9** Unknown/Not done

**Blank** (only if Category of Care = “5”)

**REVISIONS**: October 2006: This variable was added to the database. Data are required for all patients with Interview Dates on or after 10/01/2006.

---

**Variable Aliases**: For Data Analysis Only

**Variable ID**: 456

8-character Description: BVolSphn
FORM II: 87. Sensory Level

VARIABLE NAME: Sensory Level

DESCRIPTION: The sensory level (which may differ by side of body) is the most caudal segment of the spinal cord with normal sensory function for pinprick and light touch on both sides of the body. Right and left levels are documented on the date of the year 01 (or year 02, see page 17) examination.

CHARACTERS: 3 for each entry

CODES:
- C01-C08 Cervical
- T01-T12 Thoracic
- L01-L05 Lumbar
- S01-S05 Sacral
- X00 Normal neurologic (see page 339)
- X99 Unknown, Not Done
- Blank (only if Category of Care = “5”)

COMMENTS: If only the alphabetic part of the level is known, it is permissible to use code C, L, T, or S followed by numeric code "99". Use code X99 on Form II if the level is completely unknown or if the neurologic exam was not done.

SOURCE: Refer to The International Standards for Neurological Classification of Spinal Cord Injury, Revised 2002, (pages 6 to 15) for complete information on the sensory examination and a listing of all key points. In addition to bilateral testing of the key points, the external anal sphincter should be graded as being present or absent. Any sensation felt in the anal area during this part of the exam signifies that the patient is sensory incomplete.

REVISIONS: Data in these variables are required of patients who receive a neuro exam and are admitted to the system on or after August 15, 1993.
- January 1998: Data on Form II are required only in annual years 1 and 2.
- October 2000: Data on Form II required only on the date of the year 1 examination

QC: See pages 109 and 290.

Variable Aliases: For Data Analysis Only

<table>
<thead>
<tr>
<th>Variable ID</th>
<th>Left</th>
<th>Right</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>451</td>
<td>452</td>
</tr>
</tbody>
</table>

8-Character Description: BSnsLvLf BSnsLvRt
FORM II: 88. Motor Level

VARIABLE NAME: Motor Level

DESCRIPTION: The motor level (the lowest normal motor segment - which may differ by side of body) is defined by the lowest key muscle that has a grade of at least 3, provided the key muscles represented by segments above that level are judged to be normal (5). Right and left levels are documented on the date of the year 01 (or year 02, see page 17) examination.

CHARACTERS: 3 for each entry

CODES:

- C01-C08  Cervical
- T01-T12  Thoracic
- L01-L05  Lumbar
- S01-S05  Sacral
- X00  Normal (see page 339)
- X99  Unknown, Not Done
- Blank  (only if Category of Care = “5”)

COMMENTS: The examiner's judgment is relied upon to determine whether a muscle that tests as less than normal (5) may in fact be fully innervated. This may occur when full effort from the patient is inhibited by factors such as pain, positioning and hypertonicity or when weakness is judged to be due to disuse. If any of these or other factors impeded standardized muscle testing, the muscle should be graded as not testable. However, if these factors do not prevent the patient from performing a forceful contraction and the examiner’s best judgment is that the muscle would test normally (5) were it not for these factors, it may be graded as 5. For those myotomes that are not clinically testable by a manual muscle exam (i.e., C1 to C4, T2 to L1 and S2 to S5), the motor level is presumed to be the same as the sensory level.

If only the alphabetic part of the level is known, it is permissible to use code C, L, T, or S followed by numeric code "99". Use code X99 on Form II if the level is completely unknown or if the exam was not done.

SOURCE: See pages 6 to 18 of the International Standards for Neurological Classification of Spinal Cord Injury, Revised 2002 for complete information on the motor examination and a listing of all key muscles.
FORM II

VARIABLE NAME: Motor Level

REVISIONS: Data in these variables are required of patients who are admitted to the system on or after August 15, 1993.

January 1998: Data on Form II are now required only in annual years 1 and 2.

October 2000: data on Form II required only on the date of the year 1 examination.

QC: See page 339 for coding instructions for patients with "normal neurologic" or “minimal deficit” status.

See page 157 for coding instructions when the Neuro Exam is not done.

Variable Aliases: For Data Analysis Only

<table>
<thead>
<tr>
<th>Variable ID:</th>
<th>Left</th>
<th>Right</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>454</td>
<td>455</td>
</tr>
<tr>
<td>8-Character Description:</td>
<td>BMotLvLf</td>
<td>BMotLvRt</td>
</tr>
</tbody>
</table>
FORM II: 89. Preserved Neuro Function

VARIABLE NAME:  Level of Preserved Neurologic Function

DESCRIPTION:  The neurological level of preservation (injury) is the most caudal segment of the spinal cord with normal sensory and motor function on both sides of the body. Right and left levels are documented on the date of the year 01 (or year 02, see page 17) examination.

CHARACTERS:  3 for each entry

CODES:  

- C01-C08  Cervical
- T01-T12  Thoracic
- L01-L05  Lumbar
- S01-S05  Sacral
- X00  Normal neurologic (see page 339)
- X99  Unknown, Not Done
- Blank  (only if Category of Care = "5")

COMMENTS:  If only the alphabetic part of the level is known, it is permissible to use code C, L, T, or S followed by numeric code "99". Use code X99 on Form II if the level is completely unknown or if the exam was not done.


REVISIONS:  January 1998: Data on Form II are required only at annual years 1 and 2. October 2000: Data on Form II required only on the date of the year 1 examination

QC:  If this variable = "C", then variable Neurologic Impairment must be coded "4", "5", "6" or "9".

If this variable = "T", "L", or "S", then Neurologic Impairment must be coded "1", "2", "3" or "9".

The level in this variable must be equal to the motor level and/or the sensory level AND neither the motor level nor the sensory level can be higher than the level in this variable.

See pages 109 and 290.

Variable Aliases:  For Data Analysis Only

<table>
<thead>
<tr>
<th>Variable ID</th>
<th>Left</th>
<th>Right</th>
</tr>
</thead>
<tbody>
<tr>
<td>457</td>
<td>457</td>
<td>458</td>
</tr>
<tr>
<td>8-Character Description</td>
<td>BPrNuFLf</td>
<td>BPrNuFRt</td>
</tr>
</tbody>
</table>
FORM II

VARIABLE NAME: Quality Control (QC) Status
DESCRIPTION: This is a computer-generated variable to determine which records have passed quality control and may be included in the NSCISC database and reports.
CHARACTERS: 1
CODES: 1 Not passed QC
2 Passed QC
COMMENTS: This is a data management variable that is generated by the NSCISC’s software. Users are not allowed to modify this variable.

Variable Aliases: For Data Analysis Only
Variable ID: 459
8-Character Description: BQCStat
FORM II: Indate

**VARIABLE NAME:** Record Indate

**DESCRIPTION:** This is the date on which a particular record is first entered into the computer. It is a data management variable that is computer-generated. Once entered, this date never changes.

**CHARACTERS:** 10

**FORMAT:** mm/dd/yyyy

**CODES:** Any valid date

**COMMENTS:** This is a data management variable that is generated by the NSCISC’s software. Users are not allowed to modify this variable. Indates do not always correlate with injury, admission or discharge dates. Gaps in Indates may be due to data submissions with software update revisions or new funding cycles that require variable conversions. In most cases, the Indates are useful to identify the Syllabus that best defines a variable.

**SOFTWARE:** After a record is SAVED during the data-entry process, the computer inserts the present date in this variable.

**REVISIONS:** This variable was added October 1, 1986.

**CONVERSIONS:** Records entered prior to October 1, 1986 were converted to 10/01/1986.

**Variable Aliases:** For Data Analysis Only

**Variable ID:** 460

8-Character Description: BIndate
FORM II

VARIABLE NAME: Record Update

DESCRIPTION: This is the last date on which an existing record was modified.
This date changes each time a record is modified and saved.

CHARACTERS: 10

FORMAT: mm/dd/yyyy

CODES: Any valid date

COMMENTS: This is a data management variable that is generated by the NSCISC’s software. Users are not allowed to modify this variable.

SOFTWARE: After a record is SAVED during the data-entry process, the computer inserts the present date in this variable (even if changes have not been made to the record.)
Select "Exit without saving data" if you do not want the Update date to change.

Variable Aliases: For Data Analysis Only

Variable ID: 461
8-Character Description: BUpdate

NSCISC: 10/2006
**FORM II: Neuro Level (Combine left & right) at Annual Exam**

**VARIABLE NAME:** Level of Neurologic Function, Preserved Neuro Left & Right Combined

**DESCRIPTION:** A single level of neurological function identifying the anatomically highest (rostral) level of the spinal cord that is intact. This variable is created by comparing the Right and Left Preserved Neuro Level variables and returning the anatomically higher of the two variables. This variable is not displayed on the data entry screen and it is for data analysis purposes.

**CHARACTERS:** 3 for each entry

**CODES:**
- C01-C08 Cervical
- T01-T12 Thoracic
- L01-L05 Lumbar
- S01-S05 Sacral
- X00 Normal neurologic (see page 98)
- X99 Unknown, Not Done, No System rehab admission
- Blank (Only if Category of Care = 5)

**COMMENTS:** This variable is generated by the software. It is created by comparing the Left & Right Level of Preserved Neurologic Function variables and reports the anatomically higher neurologic level.

**Variable Aliases:** For Data Analysis Only

**Annual Exam (if ASIA exam is done)**
8-Character Description: BNurLvl
THE NATIONAL SPINAL CORD INJURY DATABASE
PERSONAL DATA

To be submitted on all patients - Registry and Form I patients

<table>
<thead>
<tr>
<th>System ID: ..................................</th>
<th>1. Patient Number: .....................</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>First</td>
</tr>
<tr>
<td>6. Date of Birth: ..................................</td>
<td>7. Address1: ..................................</td>
</tr>
<tr>
<td>12. Phone: (___ ___) ___ ___ - ___ ___</td>
<td></td>
</tr>
<tr>
<td>13. Email: ..................................</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact 1</th>
<th>Contact 2</th>
<th>Contact 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ..................................</td>
<td>..................................</td>
<td>..................................</td>
</tr>
<tr>
<td>Relation: ..................................</td>
<td>..................................</td>
<td>..................................</td>
</tr>
<tr>
<td>Address1: ..................................</td>
<td>..................................</td>
<td>..................................</td>
</tr>
<tr>
<td>Address2: ..................................</td>
<td>..................................</td>
<td>..................................</td>
</tr>
<tr>
<td>City: ..................................</td>
<td>..................................</td>
<td>..................................</td>
</tr>
<tr>
<td>State: ..................................</td>
<td>..................................</td>
<td>..................................</td>
</tr>
<tr>
<td>Zip Code: ..................................</td>
<td>..................................</td>
<td>..................................</td>
</tr>
<tr>
<td>Phone: ..................................</td>
<td>..................................</td>
<td>..................................</td>
</tr>
<tr>
<td>Email: ..................................</td>
<td>..................................</td>
<td>..................................</td>
</tr>
</tbody>
</table>
System ID..........................   Patient Number..............................

1. Date of Injury ..........................................................  mm / dd / yyyy
2. Date of First System Admission ......................................  mm / dd / yyyy
3. Number of Days from Injury to First System Admission .......... computer-generated
4. Date of Discharge ..........................................................  mm / dd / yyyy
5. Age At Injury ..............................................................
6. Sex ............................................................................
7. Racial or Ethnic Group ...................................................
8. Hispanic Origin .............................................................
9. Traumatic Etiology ..........................................................
10. Place of Residence at Discharge ......................................
11. Resides in Catchment Area at Discharge ............................

**NEUROLOGIC DATA**

<table>
<thead>
<tr>
<th>Neuro Exam Date Modifier</th>
<th>Initial System Exam (day1s only)</th>
<th>Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>mm / dd / yyyy</td>
<td>mm / dd / yyyy</td>
</tr>
</tbody>
</table>

12. Neuro Exam Date Modifier ..............................................
13. Date Neurologic Exam .................................................
14. Category of Neurologic Impairment ...................................
15. ASIA Impairment Scale ..................................................
16. Any Anal Sensation ......................................................
17. Any Voluntary Anal Sphincter Contraction ..........................
18. Sensory Level ............................................................
19. Motor Level ..............................................................
20. Level Preserved Neurologic Function ...............................  L    R
21. Vertebral Injury ..........................................................
22. Associated Injury ........................................................
23. Spinal Surgery ............................................................
24. Utilization of Mechanical Ventilation at Discharge ..............
25. Date of Death Date Modifier .........................................
26. Date of Death ............................................................  mm / dd / yyyy
<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Date of Injury</td>
<td>__ <strong>/</strong> <strong>/</strong> __ __ __ (mm/dd/yyyy)</td>
</tr>
<tr>
<td>2</td>
<td>Date of First System Admission</td>
<td>__ <strong>/</strong> <strong>/</strong> __ __ __ (mm/dd/yyyy)</td>
</tr>
<tr>
<td>3</td>
<td>Date of First System Inpatient Rehab Modifier</td>
<td>__ <strong>/</strong> <strong>/</strong> __ __ __ (mm/dd/yyyy)</td>
</tr>
<tr>
<td>4</td>
<td>Date of First System Inpatient Rehab Admission</td>
<td>__ <strong>/</strong> <strong>/</strong> __ __ __ (mm/dd/yyyy)</td>
</tr>
<tr>
<td>5</td>
<td>Number of Days from Injury to</td>
<td></td>
</tr>
<tr>
<td>A.</td>
<td>First System Admission</td>
<td>__ __ __ computer-generated</td>
</tr>
<tr>
<td>R.</td>
<td>First System Inpatient Rehab Admission</td>
<td>__ __ __ computer-generated</td>
</tr>
<tr>
<td>6</td>
<td>Date of Discharge</td>
<td>__ <strong>/</strong> <strong>/</strong> __ __ __ (mm/dd/yyyy)</td>
</tr>
<tr>
<td>7</td>
<td>Number of Short term Discharge Days</td>
<td></td>
</tr>
<tr>
<td>A.</td>
<td>Between Acute Care and Rehab</td>
<td>__ __ __</td>
</tr>
<tr>
<td>R.</td>
<td>During Rehab</td>
<td>__ __ __</td>
</tr>
<tr>
<td>8</td>
<td>Number of Days Hospitalized in the System’s</td>
<td></td>
</tr>
<tr>
<td>A.</td>
<td>Acute Care Unit</td>
<td>__ __ __ (computer-generated)</td>
</tr>
<tr>
<td>R.</td>
<td>Inpatient Rehab Unit</td>
<td>__ __ __ (computer-generated)</td>
</tr>
<tr>
<td>9</td>
<td>Age At Injury</td>
<td>__ __ __</td>
</tr>
<tr>
<td>10</td>
<td>Sex</td>
<td>__ __ __</td>
</tr>
<tr>
<td>11</td>
<td>Racial or Ethnic Group</td>
<td>__ __ __</td>
</tr>
<tr>
<td>12</td>
<td>Hispanic Origin</td>
<td>__ __ __</td>
</tr>
<tr>
<td>13</td>
<td>Is English The Patient's Primary Language?</td>
<td>__ __ __</td>
</tr>
<tr>
<td>14</td>
<td>Traumatic Etiology</td>
<td>__ __ __</td>
</tr>
<tr>
<td>15</td>
<td>External Cause of Injury</td>
<td>__ __ __</td>
</tr>
<tr>
<td>16</td>
<td>SCI Nature of Injury</td>
<td>__ __ __</td>
</tr>
<tr>
<td>17</td>
<td>Work Relatedness</td>
<td>__ __ __</td>
</tr>
<tr>
<td>18</td>
<td>Place of Residence at Injury</td>
<td>__ __ __</td>
</tr>
<tr>
<td>19</td>
<td>Place of Residence at Discharge</td>
<td>__ __ __</td>
</tr>
<tr>
<td>20</td>
<td>Resides in Catchment Area at Discharge</td>
<td>__ __ __</td>
</tr>
<tr>
<td>21</td>
<td>Marital Status at Injury</td>
<td>__ __ __</td>
</tr>
<tr>
<td>22</td>
<td>Level of Education</td>
<td>__ __ __</td>
</tr>
<tr>
<td>23</td>
<td>Primary Occupational, Educational or Training Status</td>
<td>__ __ __</td>
</tr>
<tr>
<td>24</td>
<td>Job Census Code</td>
<td>__ __ __</td>
</tr>
<tr>
<td>25</td>
<td>Are You A Veteran Of The U.S. Military Forces?</td>
<td>__ __ __</td>
</tr>
<tr>
<td>Neurologic Exam</td>
<td>Initial System Exam</td>
<td>Admit to System Inpatient Rehab</td>
</tr>
<tr>
<td>-----------------</td>
<td>---------------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>Neuro Exam Date Modifier</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date Neurologic Exam</td>
<td>mm dd yyyy</td>
<td>mm dd yyyy</td>
</tr>
<tr>
<td>Category of Neurologic Impairment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASIA Impairment Scale</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASIA Motor Index Score</td>
<td>Left</td>
<td>Right</td>
</tr>
<tr>
<td>Elbow flexors (biceps, brachialis)</td>
<td>C5</td>
<td></td>
</tr>
<tr>
<td>Wrist extensors (extensor carpi radialis longus &amp; brevis)</td>
<td>C6</td>
<td></td>
</tr>
<tr>
<td>Elbow extensors (triceps)</td>
<td>C7</td>
<td></td>
</tr>
<tr>
<td>Finger flexors to the middle finger</td>
<td>C8</td>
<td></td>
</tr>
<tr>
<td>Small finger abductors (abductor digiti minimi)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>Hip flexors (iliopsoas)</td>
<td>L2</td>
<td></td>
</tr>
<tr>
<td>Knee extensors (quadriiceps)</td>
<td>L3</td>
<td></td>
</tr>
<tr>
<td>Ankle dorsiflexors (tibialis anterior)</td>
<td>L4</td>
<td></td>
</tr>
<tr>
<td>Long toe extensors (extensor hallucis longus)</td>
<td>L5</td>
<td></td>
</tr>
<tr>
<td>Ankle plantarflexors (gastrocnemius, soleus)</td>
<td>S1</td>
<td></td>
</tr>
<tr>
<td>Subtotal*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any Anal Sensation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any Voluntary Anal Sphincter Contraction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sensory Level</td>
<td>___ L ___ R</td>
<td>___ L ___ R</td>
</tr>
<tr>
<td>Motor Level</td>
<td>___ L ___ R</td>
<td>___ L ___ R</td>
</tr>
<tr>
<td>Level Preserved Neurologic Function</td>
<td>___ L ___ R</td>
<td>___ L ___ R</td>
</tr>
<tr>
<td>Vertebral Injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Associated Injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spinal Surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Halo device at Rehab Discharge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thoracolumbosacral orthosis (TLSO) at Rehab Discharge</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Admit to**

**System Inpatient Rehab**

| Method of Bladder Management | | |
| Utilization of Mechanical Ventilation | | |
| Height | ___ | ___ | ___ (inches) |
| Weight | ___ | ___ | ___ (lbs) |

*Computer-generated*
The National Spinal Cord Injury Database

Form I

Unless indicated, data are to be collected on all patients

System ID ..................... __ __
Patient Number ............... __ __ __ __ __ __

45. FIM

<table>
<thead>
<tr>
<th>Self Care</th>
<th>Admit</th>
<th>Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Eating</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>B. Grooming</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>C. Bathing</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>D. Dressing, Upper Body</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>E. Dressing, Lower Body</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>F. Toileting</td>
<td>___</td>
<td>___</td>
</tr>
</tbody>
</table>

Sphincter Control
| G. Bladder Management | ___ |
| H. Bowel Management | ___ |

Mobility Transfer
| I. Bed, Chair, Wheelchair | ___ |
| J. Toilet | ___ |
| K. Tub, Shower | ___ |

Locomotion
| L. Walk or Wheelchair | ___ |
| LM. Mode of Locomotion | ___ |
| M. Stairs | ___ |

T. Total Motor Score
| ___* | ___* |

*computer-generated

Collect the FIM on those persons whose current age is 6 years or older

DEATH INFORMATION

46. Date of Death Modifier __

47. Date of Death ............... __ __/__ __/__ __ __ __ __ (mm/dd/yyyy)

48. Cause(s) of Death ............. __ __ __ __ __ __

1. ________________________________

Primary Cause
2. ________________________________
3. ________________________________
4. ________________________________
5. ________________________________

49. Autopsy ......................... __

If the patient is alive at discharge code all of these variables “alive”.

Update these variables if the patient dies during follow-up.
THE NATIONAL SPINAL CORD INJURY DATABASE
FORM II

Unless indicated, data are to be collected in post-injury years 1, 5, 10, 15, 20, 25, 30, 35, 40

System ID .................... __ ___ Patient Number ...................... __ __ __ __ __ __ 1. Post-injury Year ...... __ ___

2. Category of Follow-up Care ................................................................. __
3. Reason for Lost........................................................................................ __

DEMOGRAPHIC STATUS ON THE DATE OF INTERVIEW
4. Place of Residence .................................................................................... __ __
5. Resides in Catchment Area......................................................................... __
6. Marital Status................................................................................................ __
7. Level of Education........................................................................................ __
8. Primary Occupational, Educational or Training Status ............................... __
9. Job Census Code.......................................................................................... __ __
10. Method of Bladder Management ................................................................ __ __

STATUS SINCE THE LAST FORM II (If this is the year 1 Form II, this is “Status since onset of SCI”)
11. Change in Marital Status Since Last Form II.............................................. __
12. What VA healthcare system services have you used since the last Form II? ...... [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

STATUS DURING THE ANNUAL EXAM
13. Annual Exam Date Modifier ........................................................................ __
14. Date of the Annual Exam ........................................................................... __ / __ / __ __ __ ___ (mm/dd/yyyy)
15. Height at Annual Exam ............................................................................... __ __ ___ (inches) May also collect by Phone or Mail
16. Weight at Annual Exam ............................................................................... __ __ ___ (lbs)

Note: The Neurologic Exam items on page 5 are required only during the year 01 (or year 02) annual exam.

STATUS DURING THE PAST 12 MONTHS
17. Rehospitalizations
   D. Number of Days.............................. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
   R. Reason................................................................. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
18. Number of Rehospitalization(s)............ (computer-generated)
19. Number of Days Rehospitalized......... (computer-generated)

---

*Except where otherwise indicated, all data on this form must be collected 6 months prior to through 1 year after the anniversary date (year 01 up to 6 months after the anniversary).*

* Collect this on patients whose age at the time of the interview is 18 or older.

* Only responses from the patient are acceptable.
The National Spinal Cord Injury Database

Form II

Unless indicated, data are to be collected in post-injury years 1, 5, 10, 15, 20, 25, 30, 35, 40

<table>
<thead>
<tr>
<th>System ID</th>
<th>Patient Number</th>
<th>1. Post-injury Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Interview Items**

20. Date of the Interview Modifier ........................................... __
21. Date of the Interview ...................................................... __/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/&pagebreak

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<th>Bowel Management</th>
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**Satisfaction With Life Scale**

26. Satisfaction With Life Scale Question 1 ........................................... __
27. Satisfaction With Life Scale Question 2 ........................................... __
28. Satisfaction With Life Scale Question 3 ........................................... __
29. Satisfaction With Life Scale Question 4 ........................................... __
30. Satisfaction With Life Scale Question 5 ........................................... __
31. Satisfaction With Life Scale Total Score ........................................... __ (computer-generated)

Collect the FIM on those persons whose current age is 6 years or older.

*Except where otherwise indicated, all data on this form must be collected 6 months prior to through 1 year after the anniversary date (year 01 up to 6 months after the anniversary).*

+ Collect this on patients whose age at the time of the interview is 18 or older.

* Only responses from the patient are acceptable.
Craig Handicap Assessment and Reporting Technique (CHART) - Short Form

+ 32. The CHART - Number of Hours of Paid Assistance/Day ......................................................... __ __
+ 33. The CHART - Number of Hours of Unpaid Assistance/Day ........................................................ __ __
+ 34. The CHART - Number of Hours Out of Bed/Day ........................................................................ __ __
+ 35. The CHART - Number of Days Out of the House/Week ................................................................. __ __
+ 36. The CHART - Number of Nights Away From Home In the Past Year ........................................... __ __
+ 37. The CHART - Number of Hours/Week at Paid Job ........................................................................ __ __
+ 38. The CHART - Number of Hours/Week at School/Study ................................................................. __ __
+ 39. The CHART - Number of Hours/Week at Homemaking ................................................................. __ __
+ 40. The CHART - Number of Hours/Week at Home Maintenance ...................................................... __ __
+ 41. The CHART - Number of Hours/Week at Recreation ..................................................................... __ __
+ 42. The CHART - Do you live with a spouse or significant other? ....................................................... __ __
+ 43. The CHART - Of the people you live with how many are relatives? .............................................. __ __
+ 44. The CHART - Number of Business/Organizational Contacts/ Month .............................................. __ __
+ 45. The CHART - Number of Contacts/ Month With Friends ............................................................. __ __
+ 46. The CHART - How Many Strangers Have You Initiated a Conversation With/ Month? ............... __ __
+ 47. The CHART - Physical Independence Total (computer-generated) ................................................ __ __
+ 48. The CHART - Mobility Total (computer-generated) ........................................................................ __ __
+ 49. The CHART - Occupation Total (computer-generated) ................................................................. __ __
+ 50. The CHART - Social Integration (computer-generated) ................................................................. __ __

Patient Health Questionnaire (Brief Version)

+* 51. Bothered by little interest or pleasure in doing things? .............................................................. __ __
+* 52. Bothered by feeling down, depressed, or hopeless? ...................................................................... __ __
+* 53. Bothered by trouble falling or staying asleep, or sleeping too much? ........................................ __ __
+* 54. Bothered by feeling tired or having little energy? ........................................................................ __ __
+* 55. Bothered by poor appetite or overeating? ...................................................................................... __ __
+* 56. Bothered by feeling bad about yourself – or that you are a failure or have let yourself or your family down? __ __
+* 57. Bothered by trouble concentrating on things, such as reading the newspaper or watching television? __ __
+* 58. Bothered by moving or speaking so slowly that other people could have noticed?
   Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual? __ __
+* 59. Bothered by thoughts that you would be better off dead or of hurting yourself in some way? __ __
+* 60. If you had any of the problems in questions 51 through 59, how difficult have these problems made it
   for you to do your work, take care of things at home, or get along with other people? __ __
+* 61. Major Depressive Syndrome (computer-generated) ..................................................................... __ __
+* 62. Severity of Depression Score (computer-generated) .................................................................... __ __

---

* Except where otherwise indicated, all data on this form must be collected 6 months prior to through 1 year after the anniversary date (year 01 up to 6 months after the anniversary).**
+ Collect this on patients whose age at the time of the interview is 18 or older.
* Only responses from the patient are acceptable.
The National Spinal Cord Injury Database

Form II

Unless indicated, data are to be collected in post-injury years 1, 5, 10, 15, 20, 25, 30, 35, 40

System ID ..................... __ __  Patient Number ...................... __ __ __ __ __ __ __ __  1. Post-injury Year ....... __ __

**Alcohol Use**

+* 63. Alcohol Use .............................................................. __
+* 64. Alcohol Use: Number of Days Per Week ...................... __
+* 65. Alcohol Use: Number of Drinks ................................__ __
+* 66. Alcohol Use: Frequency During the Past Month ............ __ __

+* 67. Pain: Severity of Pain ................................................ __ __
+* 68. Pain: Interfering with work ........................................... __

**Assistive Technology**

69. Walk for 150 feet in your home? ........... __
70. Walk for one street block outside?........... __
71. Walk up one flight of steps? ................. __
72. Mobility Aid(s) ........................................ __ | __ | __ | __ | __ |
1 2 3 4 5
73. Wheelchair or Scooter Use ....................... __
74. Type of Wheelchair (or Scooter) Used Most Often __
75. Use a Computer? ......................................................... __
76. Internet or Email Usage ................................. __
77. Source for news/information? .................. __ | __ | __ | __ | __ |
1 2 3 4 5
78. Modified Vehicle? ............................................... __
79. Driving a Modified Vehicle? ..................... __
80. Cell Phone? ............................................................... __

*Except where otherwise indicated, all data on this form must be collected 6 months prior to through 1 year after the anniversary date (year 01 up to 6 months after the anniversary).*

+ Collect this on patients whose age at the time of the interview is 18 or older.

* Only responses from the patient are acceptable.
81. Utilization of Mechanical Ventilation at the First* Anniversary .................................................................

* see syllabus pages 114, 124 and 291 to 294 for details when year 02 is substituted for year 01.

82. Category of Neurologic Impairment ..............................................

83. ASIA Impairment Scale .................................................................

84. ASIA Motor Index Score

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<tr>
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<td>C5...</td>
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<tr>
<td>Wrist extensors</td>
<td>C6...</td>
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<tr>
<td>Elbow extensors</td>
<td>C7...</td>
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<td>Small finger</td>
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<tr>
<td>Ankle dorsiflexors</td>
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<td>Long toe extensors</td>
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<tr>
<td>Ankle plantarflexors</td>
<td>S1...</td>
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</tbody>
</table>

Subtotal ..........                      (computer-generated)
Total ...............                      (computer-generated)

85. Any Anal Sensation.................................................................

86. Any Voluntary Anal Sphincter Contraction ............................

87. Sensory Level .................................................................

88. Motor Level .................................................................                      (computer-generated)

89. Level Preserved Neurologic Function ..................................

---

*Except where otherwise indicated, all data on this form must be collected 6 months prior to through 1 year after the anniversary date (year 01 up to 6 months after the anniversary).
+ Collect this on patients whose age at the time of the interview is 18 or older.
* Only responses from the patient are acceptable.
THE NATIONAL SPINAL CORD INJURY DATABASE
WITHDRAWN AUTHORIZATION FORM
(REASON FOR LOST = 6)

System ID .................... __ __  
Patient Number ...................... __ __ __ __ __ __  
1. Post-injury Year .... __ __

Date of Withdrawal: _______________

If given, briefly describe the reason for withdrawal, or the circumstances surrounding the request to withdrawal and/or any further comments pertinent to future re-enrollment. (i.e., Participant requested to be withdrawn while attempting to complete a phone interview; or the person had not been contacted in many years and was not interested in talking.) This section is optional and for each Center’s information.
These comments will not be submitted to NSCISC, they are for your Center’s benefit.

______________________________________________________________________________

______________________________________________________________________________

Data Collector/Coordinator: _____________________________            Date: ___________

PD, Co-PD or PI Sign-off: _____________________________            Date: ___________

NSCISC does not delete data that has already been submitted.

Participants may be re-consented at a later date if they wish to re-enroll.

Keep a copy of this form in the participant’s file.
SCI Model System - Form 2 Interview

PATIENT NAME: ____________________________  SCI PATIENT NUMBER __________

ANNIVERSARY YEAR ________  DATA COLLECTION PERIOD ___ / ___ / ___ TO ___ / ___ / ___

CONFIRM DOB: __________


Hi, my name is __________. I am calling from ________________________________.

During your initial rehab from your spinal cord injury, you agreed to participate in this study and I am calling to interview you for your year ____ interview. This interview will take about 20 – 30 minutes [and you will receive a $____.00 gift card for your participation]. I want to remind you that this information is confidential, your participation is completely voluntary, and you may refuse to answer any questions. Refusing to answer any question will not affect the care you receive at our Model System.

First I will ask a few demographic questions:

CURRENT ADDRESS ____________________________  CURRENT PHONE: ________________

SAME ______________________________________  E-MAIL ADDRESS: ________________

ALTERNATE CONTACTS (NAME, RELATION, PHONE, EMAIL): ________________________________

ALTERNATE CONTACTS: ________________________________________________________________

**CURRENT STATUS:

4. Currently, what type of residence are you living in?  Place of Residence

____ 01 Private Residence (includes individual residence in a retirement village)
____ 02 Hospital
____ 03 Nursing Home (also includes: assisted living unit in retirement village)
____ 04 Group Living (TL unit, dorm/military/boarding school or home/boy’s ranch, religions order resident)
____ 05 Correctional Institution
____ 06 Hotel/Motel (includes YWCA, YMCA)
____ 08 Other/Unclassified
____ 09 Homeless
____ 99 Unknown
6. Marital Status: In __________, our records show you were ____________________________. How and when has this changed?

   _1. Never married (single)
   _2. Married
   _3. Divorced
   _4. Separated
   _5. Widow
   _6. Other, unclassified
   _9. Unknown

11. If marital status has changed, did you:

   _0  No Change
   _1  Divorce
   _2  Marriage
   _3  Widowed
   _4  Divorce + Marriage (M+D)
   _5  Widowed + Marriage (M+W)
   _6  Divorce, marriage, widowed (any order)
   _7  Other
   _9  Unknown

**Spouse's Name, if applicable:**
______________________________________________________________________________________________

7. What is your current highest education level? Tech or trade schools do not apply. Last Form 2: _______

   _1  8th grade or less
   _2  9th through 11th
   _3  HS/GED
   _4  Associate Degree
   _5  Bachelors Degree
   _6  Masters Degree
   _7  Doctorate
   _8  Other, Unclassified
   _9  Unknown

8. Currently, what is your employment status? Primary Occupational, Educational, or Training Status

   _1  Working
   _2  Homemaker  *(requires at least 1 other person living at home)*
   _3  On the job training
   _4  Sheltered Workshop
   _5  Retired
   _6  Student
   _7  Unemployed
   _8  Other (includes disability leave)

9. If you are working, what is your job title (or responsibilities)?

______________________________________________________________________________________________

15. ________How tall are you?
Now, I'd like to find out about your Method of Bladder Management. Last F1 or F2 & year ________.

10. What is your primary method of bladder drainage?

- 00 None (diaper)
- 01 Indwelling Urethera Catheter, (Foley)
- 02 Any type of indwelling catheter thru stoma (Not suprapubic)
- 03 Condom - no sphincterotomy
- 04 Condom - w/sphincterotomy
- 05 Condom - Unknown sphincterotomy
- 06 Cath free w/o collector - Crede or pressure or stim
- 07 ICP
- 08 ICP w/condom to catch leaks in between cathing
- 09 ICP w/aug or diver – ileostomy, Ileal conduit
- 10 ICP w/ diversion unknown
- 11 Conduit: Any surgical technique using various portions of the intestinal tract not categorized as bladder augments.
- 12 S/P cystostomy: Bladder drained by any surgical technique using a catheter through a suprapubic stoma.
- 13 Normal voiding
- 14 Other: Ureterocutaneostomy (pyelostomy), electro-stim, electro-magnetic ball valve, detrusor stim, sacral/conus implants, Artificial sphincter, vesicostomy, ureteral catheterization.

12. Did you serve active duty in the military? Yes No (If no, go to Re-hospitalizations)

What VA healthcare system services have you used since discharge or the last Form II? Check all that apply.

(Services received since the last Form II with known VA Services data or since Form I for First Anniversary patients)

- 0 None
- 1 Pharmacy
- 2 Prosthetics/Orthotics
- 3 SCI Center
- 4 Non-SCI
- 5 SCI Outpatient
- 8 Not Applicable (not a veteran)
- 9 Unknown

17. Now, I would like to find out about re-hospitalizations in the last 12 months. (If yr 1, since dischng)

If more than 4 hospitalizations - add to the back of this form.

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<td>Reason</td>
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SCI Model System - Form 2 Interview

26-31. Satisfaction with Life Scale

Ask the participant if s/he agrees or disagrees with each of the five statements. You may use the 1-7 scale to indicate agreement with each item. Instruct the participant to be open and honest with responses.

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<td>Disagree</td>
<td>Slightly Disagree</td>
<td>Neither Agree nor Disagree</td>
<td>Slightly Agree</td>
<td>Agree</td>
<td>Strongly Agree</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

1. In most ways my life is close to ideal
2. The conditions of my life are excellent
3. I am satisfied with my life
4. So far I have gotten the important things in life
5. If I could live my life over, I would change almost nothing

Pain: in past 4 weeks

67. Using a 0-10 scale with 0 being no pain and 10 being pain so severe you could not stand it, what has been your usual level of pain over the past 4 weeks? _____________

68. During the past 4 weeks, how much did that pain interfere with your normal work, both inside and outside of the home? (or routine)

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not at all</td>
<td>A little bit</td>
<td>Moderately</td>
<td>Quite a bit</td>
<td>Extremely</td>
<td>Don't know</td>
<td>Refuses</td>
<td>N/A or no pain in the last 4 weeks (if 67 = no pain)</td>
<td>Unknown/ not done/ &lt;18</td>
<td></td>
</tr>
</tbody>
</table>

Self-Perceived Health:

23. In general, would you say that your health is:

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Excellent</td>
<td>Very Good</td>
<td>Good</td>
<td>Fair</td>
<td>Poor</td>
<td>Don’t Know</td>
<td>Refuses</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

24. Compared to 1 year ago, how would you rate your health now?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Much better now</td>
<td>Somewhat better than a year ago</td>
<td>About the same</td>
<td>Somewhat worse</td>
<td>Much Worse</td>
<td>Don’t Know</td>
<td>Refuses</td>
<td>Unknown/ not done/ &lt;18</td>
</tr>
</tbody>
</table>
Patient Health Questionnaire (Brief Version)

These questions are asked:
Over the past two weeks, how often have you been bothered by:
(‘bothered by’ includes how often a participant ‘experiences’ each symptom)

<table>
<thead>
<tr>
<th>Question</th>
<th>0 Not At All</th>
<th>1 Several days (1-7 days)</th>
<th>2 More than half the two weeks (8-12 days)</th>
<th>3 Nearly every day (13-14 days)</th>
<th>9 Unknown or &lt;18</th>
</tr>
</thead>
<tbody>
<tr>
<td>51. Little interest or pleasure in doing things?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>52. Feeling down, depressed or hopeless?</td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>53. Had trouble falling or staying asleep or sleeping too much?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>54. Feeling tired or having little energy?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>55. Poor appetite or overeating?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>56. Feeling bad about yourself – or that you are a failure or have let yourself or your family down?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>57. Trouble concentrating on things, such as reading the newspaper or watching television?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>58. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>59. Thoughts that you would be better off dead or of hurting yourself in some way?</td>
<td></td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>60. If you had any of the problems in questions 1 through 9, How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?</td>
<td></td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Each Center should include their protocol for reaching participants in need.
**Now I am going to ask you about HOW YOU SPEND YOUR TIME**

**Craig Handicap Assessment and Reporting Technique (CHART) - Short Form**

How many hours in a typical 24-hour day do you have someone with you to provide physical assistance for personal care activities such as eating, bathing, dressing, toileting and mobility?

32. _____ Hours of Paid Assistance in 24 hours [if irregular, average # of hours per week]

33. _____ Hours Unpaid Assistance in 24 hours [if irregular, average # of hours per week]

34. _____ In a typical day, how many hours are you out of bed? (What time do you get up _____ am/pm and what time do you go to bed _____ am/pm. Routine naps taken in bed are counted as part of hours in bed.)

35. _____ In a typical week, how many days do you get out of the house and go somewhere?

36. _____ In the last year, how many nights have you spent away from home? (Not in the Hospital, but on vacation, visiting family, holiday stays, etc)
   0. None  1. 1-2 nights  3. 3-4 nights  5. 5 or more nights  9. Unknown/not done/18

37. _____ How many hours a week do you spend working at a job for which you get paid? (Legal employment only)

38. _____ How many hours a week do you spend in school, working toward a degree or an accredited technical training program? (Include studying and class time)

39. _____ How many hours a week to you spend involved in parenting, housekeeping, and food preparation? (Actively supervising/parenting)

40. _____ How many hours a week do you spend involved in Home Maintenance, such as gardening, house repairs, cutting grass or home improvements?

41. _____ How many hours per week do you engage in a hobby or recreational activity such as sports, exercise, playing cards or going to movies? (Not watching TV)

**These next questions ask about your contact with other people.**

42. Do you live with your spouse, significant other or partner (SOP)?
   _____ 0 No (does not live with spouse, significant other/partner)
   _____ 1 Lives with spouse or significant other/partner (SOP)
   _____ 2 Lives with unrelated roommate and/or attendant
   _____ 8 Not applicable, lives alone
   _____ 9 Unknown, interview not done

43. _____ Of the people you live with, how many are relatives? (Exclude self and spouse or SOP)
How many business or organizational associates do you visit, phone or write to at least once a month? (Church or groups, clubs) 0, 1, 2, 3, 4, 5, 6, 7, 8, 9 or 10 or more

How many friends (non-relatives, business/organizational associates) do you visit, phone, e-mail, or write to at least once a month? 0, 1, 2, 3, 4, or 5 or more

With how many strangers have you initiated a conversation with in the last month? (Includes placing orders, asking information)
0. None 1. 1-2 people 3. 3-5 people 6. 6 or more people 9. Unknown/not done

These next questions ask about your mobility and any aids you might use.

**Assistive Technology: Ambulation**

<table>
<thead>
<tr>
<th></th>
<th>0 No</th>
<th>1 Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>69. Are you able to walk (with or without mobility aid) for 150 feet in your home?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>70. Are you able to walk (with or without mobility aid) for one street block outside?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>71. Are you able to walk (with or without mobility aid) up one flight of steps?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Tell me which of the mobility aids you currently use most often. (check up to 5 items that apply)


Do you use a wheelchair or scooter over 40 hours per week?

0. No (skip next question #74) 1. Yes 9. Unknown/not done

What type of wheelchair do you use most often?

75. Do you use a computer (include electronic devices that connect to internet)?
   ___ 0  No  (skip next question (#76 -8))
   ___ 1  Yes I use a computer at home only
   ___ 2  Yes I use a computer outside the home only
   ___ 3  Yes I use a computer at home and outside the home
   ___ 9  Unknown/not done

76. How often do you access the Internet or Email (include electronic devices that connect to internet)?
   ___ 0  Never use the Internet and never use Email
   ___ 1  Daily (5-7 Days every week of the month)
   ___ 2  Weekly (less than 5 days per week and more than 3 days per month)
   ___ 3  Monthly (3 days or less per month)
   ___ 8  Does not own/use a computer

77. What is your primary and other sources for health and disability news and/or information?
    Code the primary source as 1, then circle up to 4 others. If more than 5 are given, ask patient 5 most often used sources.
    ___ 1  Newspaper
    ___ 2  Television
    ___ 3  Radio
    ___ 4  Internet (if no computer/internet use, do not code #4 internet use)
    ___ 5  Other print material (magazines, newsletters, pamphlets, etc.)
    ___ 6  Educational video, DVD, CD
    ___ 7  Other sources (conversation, internet through friends/family, …)
    ___ 8  N/A (no access)
    ___ 9  Unknown

78. What type of modified vehicle do you or your family own?
   ___ 0  Does not own modified vehicle  (skip next question (#79 -8))
   ___ 1  Car or SUV
   ___ 2  Van
   ___ 3  Other (truck)
   ___ 4  Combination (car & van, …)
   ___ 9  Unknown/not done

79. Do you drive the modified vehicle?
   ___ 0  No
   ___ 1  Yes, I drive it from my wheelchair
   ___ 2  Yes, but I do not drive it from a wheelchair
   ___ 8  Does not own a modified vehicle
   ___ 9  Unknown/not done
SCI Model System - Form 2 Interview

80. Do you own a cell phone?
   ___ 0 No
   ___ 1 Yes

☐ Alcohol Use:

63. Have you ever had any alcoholic beverages (such as beer, wine, wine coolers or liquor)?
   ___ 0 NO, I have never drank any alcohol
   ___ 1 YES, I currently drink, or I have drank in the past
   ___ 9 Unknown

64. During the past month, how many days per week did you drink any alcoholic beverages such as beer, wine, wine coolers or liquor, on the average?  If less than once a week, mark as 0 and go to page 13 (FIM).

65. On the days you drank, about how many drinks did you drink, on the average?

66. Considering all types of alcoholic beverages, how many times during the past month did you have five (5) or more drinks on an occasion?
**FIM – 25. Functional Independence Measure**

<table>
<thead>
<tr>
<th>Self Care</th>
<th>A. Eating ............................................</th>
<th>9 Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B. Grooming ........................................</td>
<td>7 Complete Independence (timely, safely)</td>
</tr>
<tr>
<td></td>
<td>C. Bathing ..........................................</td>
<td>6 Modified Independence (device, time, safety issue)</td>
</tr>
<tr>
<td></td>
<td>D. Dressing, Upper Body ................................</td>
<td>NO HELPER</td>
</tr>
<tr>
<td></td>
<td>E. Dressing, Lower Body ................................</td>
<td>HELPER</td>
</tr>
<tr>
<td></td>
<td>F. Toileting ..........................................</td>
<td>5 Supervision/set up, coaxing, cueing</td>
</tr>
<tr>
<td>Sphincter Control</td>
<td>G. Bladder Management/Acc ........... / /</td>
<td>4 Minimal Assist (Subject &gt;75% effort)</td>
</tr>
<tr>
<td></td>
<td>H. Bowel Management/Acc .................. / /</td>
<td>3 Moderate Assist (Subject &gt;50% effort)</td>
</tr>
<tr>
<td>Mobility Transfer</td>
<td>I. Bed, Chair, Wheelchair ........................</td>
<td>2 Maximum Assist (Subject &gt;25% effort)</td>
</tr>
<tr>
<td></td>
<td>J. Toilet .............................................</td>
<td>1 Total Assist (Subject &lt;25% effort)</td>
</tr>
<tr>
<td></td>
<td>K. Tub, Shower .......................................</td>
<td>0 or 9 Activity does not occur</td>
</tr>
<tr>
<td>Locomotion</td>
<td>L. Walk or Wheelchair ..............................</td>
<td>0-Walking; 1-Wheelchair; 2-Both Equally; 9-Unknown</td>
</tr>
<tr>
<td></td>
<td>L.M. Mode of Locomotion ...........................</td>
<td>1-Legged</td>
</tr>
<tr>
<td></td>
<td>M. Stairs ...............................................</td>
<td>3</td>
</tr>
</tbody>
</table>

These are helpful hints, see syllabus for details:

A. Eating: brings food to the mouth, chews & swallows. *Tube feed and self administers feedings-6*

B. Grooming: oral care, hair grooming, washes hands, washes face, (shaving or applying makeup)

C. Bathing: washes, rinses and dries body from neck down (excluding the neck and back); ten body parts included (each accounting for 10% of total): chest, left arm, right arm, abdomen, perineal area, buttocks, left upper leg, right upper leg, left lower leg (including foot) and right lower leg (including foot).

D & E. Dressing: applies and removes clothing appropriate for public, & prosthesis or orthosis.

*Stays in hospital gown/doesn’t get dressed -1*

F. Toileting: adjusts clothing 1. before & 2. after, and 3. hygiene after toilet, bedpan, or urinal. Score as 3 parts with 33% for each. Score voiding & bm.

G. Bladder Mgt: Controls bladder. Devices: urinal, bedpan, catheter, absorbent pad, diaper, urinary collecting device, or diversion or meds for control. Must clean, sterilize, & set up equip for irrigation. Empties, puts on, removes, cleans bags.


Function Modifier for Bladder & Bowel:

7 – No accidents in last 7 days.

6 – Uses equip with no accidents in last 7 days.

5 – 1 accident or spill in last 7 days.

4 – 2 accidents or spills in last 7 days.

3 – 3 accidents or spills in last 7 days.

2 – 4 accidents or spills in last 7 days.

1 _ 5+ accidents or spills in last 7 days.

I. K. Transfers: If walking: The subject approaches, sits down and gets up. If in a wheelchair: The subject approaches, locks brakes, lifts foot rests, removes arm rests if necessary and does either a standing pivot or sliding transfer and returns. For bed to chair transfer, the subject begins and ends in the supine position.

L. Wheelchair: never code 7 if using wheelchair.

6-independently operates manual or motorized 150 ft., & maneuvers around furniture, rugs and door sills.

5-operates as above but from 50 feet (household); or requires standby, cueing or coaxing to go 150 ft.

4- performs 75% or more of 150 feet

3- performs 50 to 74% of 150 feet

2-performs 25 to 49% of 50 feet & requires 1 person

1-performs <24% of 50 feet or requires 2 people or wheels less than 50 feet

L. Walk: 7-at least 150 ft (50 meters) independently

6-at least 150 ft w/ support or takes time or safety issue

5-as above but only 50 ft w/ support, or takes time; or requires standby, coaxing, or cueing to go 150 feet

4- performs 75% or more of 150 feet

3- performs 50 to 74% of 150 feet

2-performs 25 to 49% of 50 feet & requires 1 person

1-performs <24% of 50 feet, or requires 2 people, or goes less than 50 feet

On bed rest/does not get out of bed -1

M. Stairs: up and down 12 to 14 steps:

6-uses handrail for support, or timely, or safety issue.

5-independent with 4 to 6 steps w or w/o support; or requires coaxing, cueing or standby to go 12 – 14 steps

*reasonable amount of time is less than 3 times longer than pre-injury performance.
The following data is to be collected at the Year 1 (Year 2 where applicable) Anniversary Only

**81. Utilization of Mechanical Ventilation at the First Anniversary. (from Discharge to the interview date)
   ___ 0 No
   ___ 1 Yes, limited short-term use for pulmonary complications (less than 7 days).
   ___ 2 Yes, vent dependent or ventilator use requiring a weaning process (not less than 7 days)
   ___ 3 Yes, phrenic nerve stimulator.

Thank you for your participation in this study. [In appreciation of your time and effort, you will receive a $__00 gift card. It will be sent to ____ (verify address).]

We will contact you again for your next interview in about five years (4 years if yr. 1).

   If you are currently experiencing any difficulties or problems, or have any comments or questions in regard to your spinal cord injury, please comment below. We’ll get back to you as soon as possible.

   ____________________________________________
   ____________________________________________
   ____________________________________________

B22
### Annual Exam

16. **Weight** ______ kg / lbs

82 – 89. **NEUROLOGIC EXAM** [Data are required for year 01 (or year 02); data for subsequent years are optional]

- Category of Neurologic Impairment .............................................
- ASIA Impairment Scale .................................................................

<table>
<thead>
<tr>
<th>ASIA Motor Index Score</th>
<th>Left</th>
<th>Right</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elbow flexors (biceps, brachialis)</td>
<td>C5</td>
<td></td>
</tr>
<tr>
<td>Wrist extensors (extensor carpi radialis longus &amp; brevis)</td>
<td>C6</td>
<td></td>
</tr>
<tr>
<td>Elbow extensors (triceps)</td>
<td>C7</td>
<td></td>
</tr>
<tr>
<td>Finger flexors to the middle finger</td>
<td>C8</td>
<td></td>
</tr>
<tr>
<td>Small finger abductors (abductor digiti minimi)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>Hip flexors (iliopsoas)</td>
<td>L2</td>
<td></td>
</tr>
<tr>
<td>Knee extensors (quadriceps)</td>
<td>L3</td>
<td></td>
</tr>
<tr>
<td>Ankle dorsiflexors (tibialis anterior)</td>
<td>L4</td>
<td></td>
</tr>
<tr>
<td>Long toe extensors (extensor hallucis longus)</td>
<td>L5</td>
<td></td>
</tr>
<tr>
<td>Ankle plantarflexors (gastrocnemius, soleus)</td>
<td>S1</td>
<td></td>
</tr>
</tbody>
</table>

Subtotal....... |  |  |

Total............ |  |  |

(Computer-generated)

| Any Anal Sensation | ............................................. |
| Any Voluntary Anal Sphincter Contraction | ............................................. |

| Sensory Level | ............................................. |  |
| Motor Level | ............................................. |  |
| Level Preserved Neurologic Function | ............................................. |  |

(Computer-generated)
Questions for Accident Detail:

**Motor Vehicle Accident:**
- **Were you a passenger, driver, or other?** (circle one)
  - *If other, explain:______________________________*
- **Were you in a car/SUV/van/pick-up or other?** (circle one)
  - *If other, explain:______________________________*
- **Did you collide with a car/SUV/van/pick-up or other?** (circle one)
  - *If other, explain:______________________________*

**Gunshot:**
- **Did you fire the weapon, or did someone else?** (circle one)
- **Was it an accident or on purpose?** Unknown (circle one)
- **Was the weapon a shotgun, rifle, or other?** (circle one)
  - *If other, explain:______________________________*

**Fall:**
- **Was it on accident or on purpose?** Unknown (circle one)
- **Did you fall from a bed, chair, or other?** (circle one)
  - *Explain______________________________*
- **Did you fall on: level surface, stairs, or other?** (circle one)
  - *Did you bump into or trip on something that caused the fall? What was it?*
  - *During the fall, did you hit anything on the way down, or on impact? If so, what was it?*

**Diving or Jumping:** (circle one in each question and/or explain)
- **Was the injury due to hitting the floor/bottom of a:**
  - natural body of water (lake, sea, river),
  - swimming pool, or
  - other? *If other, explain:______________________________*
- **Were you diving or jumping from a boat, dock, or other?** (circle one)
  - *If other, explain:______________________________*
External Cause of Injury: Vehicle ICD-10 Codes

Vehicular codes are expressed with the 1st digit signifying the type of vehicle the participant was in/on. The 2nd digit signifies the other vehicle/object that was involved in the accident. The 3rd digit signifies the participant’s role (driver, passenger, etc.).

*In the case of the car vs. car/van/truck/SUV, there is a 4th digit that further identifies the ‘Other’ vehicle.

<table>
<thead>
<tr>
<th>Collided with</th>
<th>Car</th>
<th>Van, P/up, SUV</th>
<th>Heavy Transport</th>
<th>Bus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pedestrian or Animal</td>
<td>V40.x</td>
<td>V50.x</td>
<td>V60.x</td>
<td>V70.x</td>
</tr>
<tr>
<td>Pedal Bike</td>
<td>V41.x</td>
<td>V51.x</td>
<td>V61.x</td>
<td>V71.x</td>
</tr>
<tr>
<td>2 or 3 (Motor) Wheeler</td>
<td>V42.x</td>
<td>V52.x</td>
<td>V62.x</td>
<td>V72.x</td>
</tr>
<tr>
<td>Car, P/up, Van</td>
<td>V43.x*</td>
<td>V53.x</td>
<td>V63.x</td>
<td>V73.x</td>
</tr>
<tr>
<td>Heavy Transport, Bus</td>
<td>V44.x</td>
<td>V54.x</td>
<td>V64.x</td>
<td>V74.x</td>
</tr>
<tr>
<td>Train, Railway Vehicle</td>
<td>V45.x</td>
<td>V55.x</td>
<td>V65.x</td>
<td>V75.x</td>
</tr>
<tr>
<td>Non-motor Vehicle</td>
<td>V46.x</td>
<td>V56.x</td>
<td>V66.x</td>
<td>V76.x</td>
</tr>
<tr>
<td>Fixed Object</td>
<td>V47.x</td>
<td>V57.x</td>
<td>V67.x</td>
<td>V77.x</td>
</tr>
<tr>
<td>Non Collision Transport</td>
<td>V48.x</td>
<td>V58.x</td>
<td>V68.x</td>
<td>V78.x</td>
</tr>
</tbody>
</table>

*V43.x has a fourth digit if the vehicle type that the car collided with is known:

* Collided with:  
  V43.x1 SUV  
  V43.x2 Other type car  
  V43.x3 Pickup truck  
  V43.x4 Van

3rd Digit

<table>
<thead>
<tr>
<th></th>
<th>Driver</th>
<th>Passenger</th>
<th>Person Outside</th>
<th>Unspecified Occupant</th>
<th>Person Boarding or lighting</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Non-Traffic</td>
<td>xx.0</td>
<td>xx.1</td>
<td>xx.2</td>
<td>xx.3</td>
<td>xx.4</td>
</tr>
<tr>
<td>In Traffic</td>
<td>xx.5</td>
<td>xx.6</td>
<td>xx.7</td>
<td>xx.9</td>
<td>xx.4</td>
</tr>
</tbody>
</table>

Other/Not Otherwise Specified Vehicular Accidents
Vx9.x is used in cases where the cause of the accident or other vehicle is not known. These have a fourth digit assignment: non-traffic or traffic accident.

<table>
<thead>
<tr>
<th>Other/NOS Transport</th>
<th>V49.x</th>
<th>V59.x</th>
<th>V69.x</th>
<th>V79.x</th>
</tr>
</thead>
<tbody>
<tr>
<td>non-traffic</td>
<td>Vxx.x0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>traffic</td>
<td>Vxx.x9</td>
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</table>
Bladder Management Coding

All bladder management coding should begin with basic information:

Form 1: Most medical notes (H&P, Discharge summaries) list the type of bladder management used by the patient. Review the Op Notes (operations) for any mention of augmentation, reconstruction or diversions of the ureter or bladder. This may be an item for the physicians or residents to check at discharge (you might add this question to a form the physician fills out).

Form 2: Review the Form 1 or last known Form 2 bladder mgt (reviewing several Form 2s would be helpful). This will give you historical clues.

There are 5 categories of bladder management in the syllabus: No Program, Indwelling Catheter (chronic), ICP, Condom Collection (No Catheter), & Other.

**No program** –

Diaper ‘0’,

Crede ‘6’ (uses stimulation/pressure to completely void),

Normal voiding ‘13’

**Indwelling Catheter (chronic)** – Device (like a Foley) that stays inside the bladder for continuous drainage. These devices are typically changed every month.

If the drain is through the urethra (natural opening), code ‘1’.

If they had a bladder augmentation* or diversion*, and drains through a stoma that is Not suprapubic, code ‘2’.

If the patient has a conduit* (urine bypasses bladder) and a stoma (and is Not a bladder augmentation), code as ‘11’.

If the drain is through a suprapubic tube (S/P), code ‘12’.
**Intermittent Condom Catheter (ICP Intermittent Catheterization Program)** – Devices are applied several (or more) times a day, drainage is **not** continuous. Patient may use a device to collect urine between cathing.

ICP only ‘7’

ICP with external collector ‘8’ (wears a condom to catch leaks between cathing)

ICP with augmentation*/diversion* ‘9’ & caths through a stoma that is Not suprapubic.

ICP with augmentation*/diversion* unknown ‘10’.

ICP with conduit* (bypasses bladder) and a stoma (not suprapubic) ‘11’.

**Condom Collection (no catheter)-** males only

Patient uses only a condom to catch urine and may or may not have a sphincterotomy (it has been known for the sphincter to grow back many years after a sphincterotomy). The patient may have some control of voiding.

Note: Condom catheters and condom collection may be 2 different things. If a catheter is inserted into the penis, then use appropriate code (7 or 8); if only a condom is used to cover the penis, code as follows:

If a patient uses a condom for leaks only with NO Sphincterotomy ‘3’

If a patient uses a condom for leaks only with Sphincterotomy ‘4’

If a patient uses a condom for leaks only with UNKNOWN Sphincterotomy ‘5’.

*Definitions:

**Augmentation**- a portion of the bowel is harvested and re-attached to the bladder for drainage to and through a stoma.

**Continent diversion**- creates an alternate bladder by using a piece of stomach or intestine. May or may not use a stoma.

**Conduit diversion**-(Ileal conduit) a portion of the intestine is used to bypass the bladder taking urine from the kidneys/ureter to a stoma.

**Suprapubic Cystostomy**- Any surgical technique used to connect/bypass the bladder to an opening above the pubic area.
Questions to ask to get the correct bladder management coding. *(italics may be used as prompts, if needed).*

First ascertain which category they fall into by asking, ‘What is your primary method of bladder management *(no devices, indwelling catheter, ICP or condom only)*?’

1. No devices.
   a. Ask if they use **diaper, or crede** (apply pressure or stimulation). If diaper or no program, code ‘0’; if crede, code ‘6’.
   b. If neither of those are used, ask if they are voiding normally, if yes, code ‘13’.

2. If they use an **indwelling catheter** (typically changed monthly).
   a. Ask if the patient uses an indwelling catheter (Foley) and drain is through the penis or urethra (natural opening). If yes, code ‘1’.
   b. Ask if the drain is suprapubic (opening directly above the pubic area). If yes, code ‘12’.
   c. Ask if patient had bladder augmentation or continent diversion and the urine drains through a stoma (Not suprapubic). If yes, code ‘2’.
   d. Ask if the patient has a conduit, If yes, code ‘11’.

3. If they **ICP** (insert a catheter several or more times a day).
   a. Ask if they had any bladder/urinary surgeries.
      i. If no surgery, ask if they
         1. use only a catheter and no other devices, code ‘7’;
         2. or if they ICP and use an external collector (condom), code ‘8’.
      ii. If yes, ask if they
         1. had a bladder augmentation or diversion to a stoma (not suprapublic), code ‘9’;
         2. use an external collector to catch leaks but bladder augmentation or diversion is unknown, code ‘10’; or
         3. if they have a conduit (and not suprapubic). If yes, code ‘11’.

4. If they are **not cathing, but do use a condom** that is **condom collection** (males only).
   Note: Condom catheters and condom collection may be 2 different things. The condom collection does not insert a catheter into the penis, it only covers the penis.
   a. Ask if they use a condom for leaks only with:
      i. NO Sphincterotomy, code ‘3’.
      ii. With Sphincterotomy, code ‘4’
      iii. UNKNOWN Sphincterotomy, code ‘5’.

5. If they use any other bladder drainage techniques such as ureterocutaneostomy (pyelostomy), electro-stimulation, electro-magnetic ball valve, detrusor stimulation, sacral implants, conus implants, vesicostomy, ureteral catheterization, code ‘14’.

6. Unknown, code ‘99’.
Bladder Management Coding Decision Tree

1. No programs are used for bladder management.
   Yes → The patient voids satisfactorily without using voiding techniques. → Code 13
   No → No

2. Patient uses indwelling catheter only.
   Yes → Bladder is emptied by any type of catheter which is maintained through the urethra (Foley).
   No → Yes
   No → No
   Code 1

3. Patient uses ICP with or without condom.
   Yes → ICP Only
   No → Yes
   No → No
   Code 7

4. Patient uses condom but does not catheterize. (males only)
   Yes → Uses condom for leaks only – No Shintenterotomy
   No → Yes
   No → No
   Code 3

5. Other: All other bladder drainage techniques such as Urereterocutaneostomy (pyelostomy), electrostimulation, electro-magnetic ball valve, detrusor stimulation, sacral implants, conus implants, vescicostomy, ureteral catheterization, etc.
   Yes → Uses condom for leaks only - With Shintenterotomy
   No → Yes
   No → No
   Code 4

6. Patient uses condom for leaks only.
   Yes → Uses condom for leaks only - Unknown Shintenterotomy
   No → Yes
   No → No
   Code 9

DEFINITIONS

- Reflex (spastic) bladder – automatically triggers the bladder to empty. Incontinence
- Non-reflex (flaccid) bladder – the automatic reflex is weak or absent. Urinary retention, may have overflow incontinence
- Neurogenic bladder - dysfunction of the urinary bladder
- Bladder Augmentation – surgical addition of tissue to enlarge the bladder to increase bladder volume.
- Conduit diversion – allows urine to flow from the kidneys to a stoma (urine bypasses the bladder).
- Continent diversion creates an alternate bladder by using a piece of stomach or intestine. May or may not use a stoma.
- Suprapubic Cystostomy (also known as a vescicostomy) is a surgically-created connection between the urinary bladder and an opening in the skin directly above the pubic bone.
APPENDIX C
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From http://www.bls.gov/ncs/ocs/ocsm/comuseocsm.htm#B

Steps For Getting The Proper Occupation Classification

In order to publish data by any occupational breakdown, BLS must classify each job correctly using the OCSM. Matching solely by title often leads to error. The duties and responsibilities of the position must be used to ensure a proper match.

1. Obtain a job description

2. Determine the nature, duties, and responsibilities of the job

   Nature:
   - Is this job exempt or nonexempt?
   - Blue-collar or white-collar?
   - If the job is blue-collar, is it skilled or unskilled?

   Duties:
   - Are the employees doing work that requires a degree?
   - If so, what kind of degree?
   - Do the employees do tasks that are clerical in nature?
   - Are they involved primarily with sales?
   - Do the employees work primarily with machines or people?
   - Do the employees transport either people or goods?

   Responsibilities:
   Do the employees supervise other people? Are the employees expected to show judgment in determining what tasks need to be done?

   All of this information is used to determine the proper classification.

3. Determine the Major Occupational Group (MOG)

   Occupational classification focuses on the duties of the job, rather than what a particular incumbent might do in a job. The duties of the job determine the Major Occupational Group. In an engineering firm, for example, some of the engineers may lend their expertise to help out with accounting, budgeting, or sales. Nevertheless, the intent of the job is engineering, despite occasional tasks that cross into other MOGs.
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C. SPECIAL TOPICS

1. Cross References

Cross references are included if two or more Census occupations occur with similar job functions or titles. The cross references are exclusion statements that precede the Census occupation description for the pertinent occupations. For example, immediately preceding the description for occupation A063 (Surveyors and Mapping Scientists) is the statement, "Exclude Surveyor Helpers (H866) and Surveying and Mapping Technicians (A218)." Prior to matching a job to A063, verify that the establishment job matches the occupation description for A063 and does not more appropriately fit the descriptions for H866 or A218.

2. Defining Apprentices, Helpers, and Laborers for NCS Purposes

Four related jobs categories—apprentices, helpers, laborers, and journey level workers—are given special attention in the OCSM. These jobs are prevalent in many industries, especially manufacturing and construction.

a. For NCS purposes apprentices are workers who learn a recognized skill, craft, or trade requiring one or more years of on-the-job training through job experience supplemented by related instruction. Usually, before entering an apprenticeship program certain requirements must be fulfilled. Apprenticeship is a program that can be defined through a contract or agreement.

b. For NCS purposes helpers are semi-skilled workers who assist other workers who usually have higher levels of competence or expertise. Helpers perform a variety of duties such as furnishing another worker with materials, tools, and supplies; cleaning work areas, machines, and equipment; feeding or offbearing machines; holding materials or tools; and performing other routine duties. A helper may learn a trade but does so informally and without contract or agreement with the employer.

c. For NCS purposes laborers are unskilled workers who perform tasks at the work area. Laborers perform unskilled tasks, primarily manual, and do not have an area of trade specialization.

d. For NCS purposes journey level workers are workers who have completed a specified training program or apprenticeship program or have qualifying experience in a craft or trade.

e. Summary

Apprentices are included with the corresponding skilled census occupation unless specifically excluded. If the apprentice job is excluded, you will find the appropriate match specific to the apprentice within the same MOG as the skilled occupation. All apprentices are matched with their corresponding skilled occupations except for 8 MOG E specific apprentice jobs.

Helpers are excluded from skilled occupations (and corresponding MOG) unless the job description specifically included them. All those excluded will be matched in MOG H.
APPENDIX C
1990 OCCUPATIONAL CLASSIFICATION SYSTEM (FOR VARIABLES 124 AND 207)

Construction helpers specialize in a particular craft or trade. Helpers (outside the construction industry) whose duties are limited or are primarily engaged in one type of activity are classified according to the appropriate laborer occupation in MOG H. Other helpers are classified in MOG H in the appropriate helper occupation.

3. Defining Managers and Supervisors for NCS Purposes

Managers and supervisors are employees who are distinguished by what they control or oversee. Managers control functions of a department or organization while supervisors oversee employees in job activities to ensure that the objectives set by the managers are realized. Both managers and supervisors are included in NCS.

a. Managers are employees who plan, organize, direct, and control the functions of an establishment or department through subordinates at the managerial or supervisory level. Managers make decisions and establish objectives for the department or establishment. Generally they are not concerned with the fabrication of products or the provision of services.

Managers preside over supervisors and, in some cases, other managers (except in small establishments where the manager may serve as supervisor). Managers assume responsibility for the products or services of the department or establishment. Most managers are classified in MOG B.

b. Supervisors are employees who oversee and coordinate the activities of workers. Supervisors assign duties, examine the work performed, and monitor work performance and work procedures. They analyze and try to resolve work problems. Supervisors also suggest and initiate plans for increased work efficiency. Supervisors may possess knowledge of and perform the work of the employees they oversee. Supervisors work closely with employees and are usually classified in the MOG of the workers they direct.

Some managerial occupations may perform both managerial duties and responsibilities similar to those of a supervisor, particularly in small departments or establishments and retail and wholesale trade establishments. The classification of this occupation is based on the amount of control the employee maintains over the functions of the department or establishment in which the employee works.

See the following table for additional information regarding the relationship between managers and supervisors.
Managers | Supervisors
---|---
Establish objectives, make decisions, and set standards for the department or establishment. | Carry out management decisions by directing employees toward goals and objectives.

May preside over supervisors and other managers (except in small establishments where manager can also serve as supervisor). | Do not preside over other supervisors and/or manager.

Generally are unconcerned with the tasks required to meet department or establishment goals. | Directly oversee employees in job activities and may be skilled to perform these duties. Possess knowledge of operational procedures, capabilities, and performance.

4. N.E.C. Occupations

The Census occupations are all inclusive in coverage. In other words, any establishment occupation (except in MOGs I and L) can be matched. To guarantee this full coverage of occupations, certain occupations are designated "Not Elsewhere Classified" (N.E.C.).

An N.E.C. occupation captures the occupations not specifically classified or included in a separate Census occupation. N.E.C. occupations are at or below the MOG level. For example, occupation D336 (Records Clerks N.E.C.) is below the MOG because the occupation is restricted to include only those records clerks in MOG D who cannot be classified in one of the specific records clerks occupations. Occupation D389 (Administrative Support Occupations, N.E.C.) is at the MOG level because the occupation is a catch-all for all MOG D occupations that do not match specific MOG D occupations but maintain the distinction of administrative support or clerical occupations.

Go to the Occupational Classification System Manual

Last modified: October 16, 2001
### APPENDIX C

**1990 OCCUPATIONAL CLASSIFICATION SYSTEM (FOR VARIABLES 124 AND 207)**

Numbers in parentheses following the occupation categories are the 1980 standard occupational classification code equivalents. The abbreviation “pt” means “part” & “n.e.c.” means “not elsewhere classified.”

#### 01 EXECUTIVE, ADMINISTRATIVE, & MANAGERIAL OCCUPATIONS

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<tr>
<th>Code</th>
<th>Occupation Description</th>
<th>Code</th>
<th>Occupation Description</th>
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<tr>
<td>003</td>
<td>Legislators (111)</td>
<td>022</td>
<td>Managers &amp; administrators, n.e.c. (121, 126, 132-1343, 136-139)</td>
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<tr>
<td>004</td>
<td>Chief executives &amp; general administrators, public administration (112)</td>
<td>023</td>
<td>Accountants &amp; auditors (1412)</td>
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<td>005</td>
<td>Administrators &amp; officials, public administration (1132-1139)</td>
<td>024</td>
<td>Underwriters (1414)</td>
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<td>006</td>
<td>Administrators, protective services (1131)</td>
<td>025</td>
<td>Other financial officers (1415, 1419)</td>
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<td>007</td>
<td>Financial managers (122)</td>
<td>026</td>
<td>Management analysts (142)</td>
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<tr>
<td>008</td>
<td>Personnel &amp; labor relations managers (123)</td>
<td>027</td>
<td>Personnel, training, &amp; labor relations specialists (143)</td>
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<tr>
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<td>Purchasing managers (124)</td>
<td>028</td>
<td>Purchasing agents &amp; buyers, farm products (1443)</td>
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<td>Buyers, wholesale &amp; retail trade except farm products (1442)</td>
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<td>Administrators, education &amp; related fields (128)</td>
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<td>Purchasing agents &amp; buyers, n.e.c. (1449)</td>
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<td>Managers, medicine &amp; health (131)</td>
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<td>Business &amp; promotion agents (145)</td>
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<td>Managers, food serving &amp; lodging establishments (1351)</td>
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<td>Inspectors &amp; compliance officers, except construction (1473)</td>
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<td>018</td>
<td>Managers, properties &amp; real estate (1353)</td>
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<td>Management related occupations, n.e.c. (149)</td>
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<td>Management Related Occupations</td>
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#### 02 PROFESSIONAL SPECIALTY OCCUPATIONS

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<td>Metallurgical &amp; materials (1623)</td>
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<td>Mining (1624)</td>
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<td>Civil (1628)</td>
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<td>Mechanical (1635)</td>
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<td>Marine &amp; naval architects (1637)</td>
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<td>Surveyors &amp; mapping scientists (164)</td>
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<td>Computer systems analysts &amp; scientists (171)</td>
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<td>Actuaries (1732)</td>
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<td>Statisticians (1733)</td>
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<td>Physicists &amp; astronomers (1842, 1843)</td>
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<td>073</td>
<td>Chemists, except biochemists (1845)</td>
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<td>074</td>
<td>Atmospheric &amp; space scientists (1846)</td>
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<td>075</td>
<td>Geologists &amp; geodesists (1847)</td>
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<td>076</td>
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<td>Agricultural &amp; food scientists (1853)</td>
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<td>Biological &amp; life scientists (1854)</td>
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<td>Physical therapists (3033)</td>
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<td>Speech therapists (3034)</td>
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<td>155 Teachers, pre-kindergarten &amp; kindergarten (231)</td>
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<tr>
<td>114 Biological science teachers (2213)</td>
<td>156 Teachers, elementary school (232)</td>
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<td>115 Chemistry teachers (2214)</td>
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<td>116 Physics teachers (2215)</td>
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<td>149 Home economics teachers (2247)</td>
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<td>153 Teachers, postsecondary, n.e.c. (2249)</td>
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<td>154 Postsecondary teachers, subject not specified</td>
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<td>167 Psychologists (1915)</td>
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<tr>
<td>168 Sociologists (1916)</td>
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<tr>
<td>169 Social scientists, n.e.c. (1913, 1914, 1919)</td>
</tr>
<tr>
<td>173 Urban planners (192)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social, Recreation, &amp; Religious Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>174 Social workers (2032)</td>
</tr>
<tr>
<td>175 Recreation workers (2033)</td>
</tr>
<tr>
<td>176 Clergy (2042)</td>
</tr>
<tr>
<td>177 Religious workers, n.e.c. (2049)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lawyers &amp; Judges</th>
</tr>
</thead>
<tbody>
<tr>
<td>178 Lawyers (211)</td>
</tr>
<tr>
<td>179 Judges (212)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Writers, Artists, Entertainers, &amp; Athletes</th>
</tr>
</thead>
<tbody>
<tr>
<td>183 Authors (321)</td>
</tr>
<tr>
<td>184 Technical writers (398)</td>
</tr>
<tr>
<td>185 Designers (322)</td>
</tr>
<tr>
<td>186 Musicians &amp; composers (323)</td>
</tr>
<tr>
<td>187 Actors &amp; directors (324)</td>
</tr>
<tr>
<td>188 Painters, sculptors, craft-artists, &amp; artist printmakers (325)</td>
</tr>
<tr>
<td>189 Photographers (326)</td>
</tr>
<tr>
<td>193 Dancers (327)</td>
</tr>
<tr>
<td>194 Artists, performers, &amp; related workers, n.e.c. (328, 329)</td>
</tr>
<tr>
<td>195 Editors &amp; reporters (331)</td>
</tr>
<tr>
<td>197 Public relations specialists (332)</td>
</tr>
<tr>
<td>198 Announcers (333)</td>
</tr>
<tr>
<td>199 Athletes (34)</td>
</tr>
</tbody>
</table>
### Appendix C

**1990 Occupational Classification System (for Variables 124 and 207)**

<table>
<thead>
<tr>
<th>03 Technicians &amp; Related Support Occupations</th>
<th>04 Sales Occupations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Technologists &amp; Technicians</strong></td>
<td><strong>Sales Workers, Retail &amp; Personal Services</strong></td>
</tr>
<tr>
<td>203 Clinical laboratory technologists &amp; technicians (362)</td>
<td>263 Sales workers, motor vehicles &amp; boats (4342, 4344)</td>
</tr>
<tr>
<td>204 Dental hygienists (363)</td>
<td>264 Sales workers, apparel (4346)</td>
</tr>
<tr>
<td>205 Health record technologists &amp; technicians (364)</td>
<td>265 Sales workers, shoes (4351)</td>
</tr>
<tr>
<td>206 Radiologic technicians (365)</td>
<td>266 Sales workers, furniture &amp; home furnishings (4348)</td>
</tr>
<tr>
<td>207 Licensed practical nurses (366)</td>
<td>267 Sales workers; radio, TV, hi-fi, &amp; appliances (4343, 4352)</td>
</tr>
<tr>
<td>208 Health technologists &amp; technicians, n.e.c. (369)</td>
<td>268 Sales workers, hardware &amp; building supplies (4353)</td>
</tr>
<tr>
<td><strong>Technologists &amp; Technicians, Except Health</strong></td>
<td>269 Sales workers, parts (4367)</td>
</tr>
<tr>
<td>213 Electrical &amp; electronic technicians (3711)</td>
<td>274 Sales workers, other commodities (4345, 4347, 4354, 4356, 4359, 4362, 4369)</td>
</tr>
<tr>
<td>214 Industrial engineering technicians (3712)</td>
<td>275 Sales counter clerks (4363)</td>
</tr>
<tr>
<td>215 Mechanical engineering technicians (3713)</td>
<td>276 Cashiers (4364)</td>
</tr>
<tr>
<td>216 Engineering technicians, n.e.c. (3719)</td>
<td>277 Street &amp; door-to-door sales workers (4366)</td>
</tr>
<tr>
<td>217 Drafting occupations (372)</td>
<td>278 News vendors (4365)</td>
</tr>
<tr>
<td>218 Surveying &amp; mapping technicians (373)</td>
<td><strong>Sales-Related Occupations</strong></td>
</tr>
<tr>
<td><strong>Science Technicians</strong></td>
<td>283 Demonstrators, promoters &amp; models, sales (445)</td>
</tr>
<tr>
<td>223 Biological technicians (382)</td>
<td>284 Auctioneers (447)</td>
</tr>
<tr>
<td>224 Chemical technicians (3831)</td>
<td>285 Sales support occupations, n.e.c. (444, 446, 449)</td>
</tr>
<tr>
<td>225 Science technicians, n.e.c. (3832, 3833, 384, 389)</td>
<td>286</td>
</tr>
</tbody>
</table>
## Appendix C
### 1990 Occupational Classification System (For Variables 124 and 207)

#### 05 Administrative Support Occupations, Including Clerical

<table>
<thead>
<tr>
<th>Code</th>
<th>Occupation Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>303</td>
<td>Supervisors, general office (4511, 4513, 4514, 4516, 4519, 4529)</td>
</tr>
<tr>
<td>304</td>
<td>Supervisors, computer equipment operators (4512)</td>
</tr>
<tr>
<td>305</td>
<td>Supervisors, financial records processing (4521)</td>
</tr>
<tr>
<td>306</td>
<td>Chief communications operators (4523)</td>
</tr>
<tr>
<td>307</td>
<td>Supervisors; distribution, scheduling, &amp; adjusting clerks (4522, 4524-4528)</td>
</tr>
<tr>
<td>308</td>
<td>Computer operators (4612)</td>
</tr>
<tr>
<td>309</td>
<td>Peripheral equipment operators (4613)</td>
</tr>
<tr>
<td>313</td>
<td>Secretaries (4622)</td>
</tr>
<tr>
<td>314</td>
<td>Stenographers (4623)</td>
</tr>
<tr>
<td>315</td>
<td>Typists (4624)</td>
</tr>
<tr>
<td>316</td>
<td>Interviewers (4642)</td>
</tr>
<tr>
<td>317</td>
<td>Hotel clerks (4643)</td>
</tr>
<tr>
<td>318</td>
<td>Transportation ticket &amp; reservation agents (4644)</td>
</tr>
<tr>
<td>319</td>
<td>Receptionists (4645)</td>
</tr>
<tr>
<td>323</td>
<td>Information clerks, n.e.c. (4649)</td>
</tr>
<tr>
<td>325</td>
<td>Classified-ad clerks (4662)</td>
</tr>
<tr>
<td>326</td>
<td>Correspondence clerks (4663)</td>
</tr>
<tr>
<td>327</td>
<td>Order clerks (4664)</td>
</tr>
<tr>
<td>328</td>
<td>Personnel clerks, except payroll &amp; timekeeping (4692)</td>
</tr>
<tr>
<td>329</td>
<td>Library clerks (4694)</td>
</tr>
<tr>
<td>335</td>
<td>File clerks (4696)</td>
</tr>
<tr>
<td>336</td>
<td>Records clerks (4699)</td>
</tr>
<tr>
<td>337</td>
<td>Bookkeepers, accounting, &amp; auditing clerks (4712)</td>
</tr>
<tr>
<td>338</td>
<td>Payroll &amp; timekeeping clerks (4713)</td>
</tr>
<tr>
<td>339</td>
<td>Billing clerks (4715)</td>
</tr>
<tr>
<td>343</td>
<td>Cost &amp; rate clerks (4716)</td>
</tr>
<tr>
<td>344</td>
<td>Billing, posting, &amp; calculating machine operators (4718)</td>
</tr>
<tr>
<td>345</td>
<td>Duplicating machine operators (4722)</td>
</tr>
<tr>
<td>346</td>
<td>Mail preparing &amp; paper handling machine operators (4723)</td>
</tr>
<tr>
<td>347</td>
<td>Office machine operators, n.e.c. (4729)</td>
</tr>
<tr>
<td>348</td>
<td>Telephone operators (4732)</td>
</tr>
<tr>
<td>353</td>
<td>Communications equipment operators, n.e.c. (4733, 4739)</td>
</tr>
<tr>
<td>354</td>
<td>Postal clerks, exc. mail carriers (4742)</td>
</tr>
<tr>
<td>355</td>
<td>Mail carriers, postal service (4743)</td>
</tr>
<tr>
<td>356</td>
<td>Mail clerks, exc. postal service (4744)</td>
</tr>
<tr>
<td>357</td>
<td>Messengers (4745)</td>
</tr>
<tr>
<td>359</td>
<td>Dispatchers (4751)</td>
</tr>
<tr>
<td>363</td>
<td>Production coordinators (4752)</td>
</tr>
<tr>
<td>364</td>
<td>Traffic, shipping, &amp; receiving clerks (4753)</td>
</tr>
<tr>
<td>365</td>
<td>Stock &amp; inventory clerks (4754)</td>
</tr>
<tr>
<td>366</td>
<td>Meter readers (4755)</td>
</tr>
<tr>
<td>368</td>
<td>Weighers, measurers, checkers &amp; samplers (4756, 4757)</td>
</tr>
<tr>
<td>373</td>
<td>Expediters (4758)</td>
</tr>
<tr>
<td>374</td>
<td>Material recording, scheduling, &amp; distributing clerks, n.e.c. (4759)</td>
</tr>
<tr>
<td>375</td>
<td>Insurance adjusters, examiners, &amp; investigators (4782)</td>
</tr>
<tr>
<td>376</td>
<td>Investigators &amp; adjusters, except insurance (4783)</td>
</tr>
<tr>
<td>377</td>
<td>Eligibility clerks, social welfare (4784)</td>
</tr>
<tr>
<td>378</td>
<td>Bill &amp; account collectors (4786)</td>
</tr>
<tr>
<td>379</td>
<td>General office clerks (463)</td>
</tr>
<tr>
<td>383</td>
<td>Bank tellers (4791)</td>
</tr>
<tr>
<td>384</td>
<td>Proofreaders (4792)</td>
</tr>
<tr>
<td>385</td>
<td>Data-entry keyers (4793)</td>
</tr>
<tr>
<td>386</td>
<td>Statistical clerks (4794)</td>
</tr>
<tr>
<td>387</td>
<td>Teachers’ aides (4795)</td>
</tr>
<tr>
<td>389</td>
<td>Administrative support occupations, n.e.c. (4787, 4799)</td>
</tr>
</tbody>
</table>

#### 06 Private Household Occupations

<table>
<thead>
<tr>
<th>Code</th>
<th>Occupation Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>403</td>
<td>Launderers &amp; ironers (503)</td>
</tr>
<tr>
<td>404</td>
<td>Cooks, private household (504)</td>
</tr>
<tr>
<td>405</td>
<td>Housekeepers &amp; butlers (505)</td>
</tr>
<tr>
<td>406</td>
<td>Child care workers, private household (506)</td>
</tr>
<tr>
<td>407</td>
<td>Private household cleaners &amp; servants (502, 507, 509)</td>
</tr>
</tbody>
</table>
## APPENDIX C
### 1990 OCCUPATIONAL CLASSIFICATION SYSTEM (FOR VARIABLES 124 AND 207)

### 07 PROTECTIVE SERVICE OCCUPATIONS

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>413</td>
<td>Supervisors, firefighting &amp; fire prevention occupations (5111)</td>
</tr>
<tr>
<td>414</td>
<td>Supervisors, police, &amp; detectives (5112)</td>
</tr>
<tr>
<td>415</td>
<td>Supervisors, guards (5113)</td>
</tr>
</tbody>
</table>

### Firefighting & Fire Prevention Occupations

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>416</td>
<td>Fire inspection &amp; fire prevention occupations (5122)</td>
</tr>
<tr>
<td>417</td>
<td>Firefighting occupations (5123)</td>
</tr>
</tbody>
</table>

### 08 SERVICE OCCUPATIONS, EXCEPT PROTECTIVE & HOUSEHOLD

### Food Preparation & Service Occupations

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>433</td>
<td>Supervisors, food preparation &amp; service occupations (5211)</td>
</tr>
<tr>
<td>434</td>
<td>Bartenders (5212)</td>
</tr>
<tr>
<td>435</td>
<td>Waiters &amp; waitresses (5213)</td>
</tr>
<tr>
<td>436</td>
<td>Cooks (5214, 5215)</td>
</tr>
<tr>
<td>438</td>
<td>Food counter, fountain &amp; related occupations (5216)</td>
</tr>
<tr>
<td>439</td>
<td>Kitchen workers, food preparation (5217)</td>
</tr>
<tr>
<td>443</td>
<td>Waiters’/waitresses’ assistants (5218)</td>
</tr>
<tr>
<td>444</td>
<td>Miscellaneous food preparation occupations (5219)</td>
</tr>
</tbody>
</table>

### Health Service Occupations

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>445</td>
<td>Dental assistants (5232)</td>
</tr>
<tr>
<td>446</td>
<td>Health aides, except nursing (5233)</td>
</tr>
<tr>
<td>447</td>
<td>Nursing aides, orderlies, &amp; attendants (5236)</td>
</tr>
</tbody>
</table>

### Cleaning & Building Service Occupations, except Household

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>448</td>
<td>Supervisors, cleaning &amp; building service workers (5241)</td>
</tr>
<tr>
<td>449</td>
<td>Maids &amp; housemen (5242, 5249)</td>
</tr>
<tr>
<td>453</td>
<td>Janitors &amp; cleaners (5244)</td>
</tr>
<tr>
<td>454</td>
<td>Elevator operators (5245)</td>
</tr>
<tr>
<td>455</td>
<td>Pest control occupations (5246)</td>
</tr>
</tbody>
</table>

### Personal Service Occupations

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>456</td>
<td>Supervisors, personal service occupations (5251)</td>
</tr>
<tr>
<td>457</td>
<td>Barbers (5252)</td>
</tr>
<tr>
<td>458</td>
<td>Hairdressers &amp; cosmetologists (5253)</td>
</tr>
<tr>
<td>459</td>
<td>Attendants, amusement &amp; recreation facilities (5254)</td>
</tr>
<tr>
<td>461</td>
<td>Guides (5255)</td>
</tr>
<tr>
<td>462</td>
<td>Ushers (5256)</td>
</tr>
<tr>
<td>463</td>
<td>Public transportation attendants (5257)</td>
</tr>
<tr>
<td>464</td>
<td>Baggage porters &amp; bellhops (5262)</td>
</tr>
<tr>
<td>465</td>
<td>Welfare service aides (5263)</td>
</tr>
<tr>
<td>466</td>
<td>Family child care providers (pt 5264)</td>
</tr>
<tr>
<td>467</td>
<td>Early childhood teacher’s assistants (pt 5264)</td>
</tr>
<tr>
<td>468</td>
<td>Child care workers, n.e.c. (pt 5264)</td>
</tr>
<tr>
<td>469</td>
<td>Personal service occupations, n.e.c. (5258, 5269)</td>
</tr>
</tbody>
</table>

### 09 FARMING FORESTRY & FISHING OCCUPATIONS

### Farm Operators & Managers

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>473</td>
<td>Farmers, except horticultural (5512-5514)</td>
</tr>
<tr>
<td>474</td>
<td>Horticultural specialty farmers (5515)</td>
</tr>
<tr>
<td>475</td>
<td>Managers, farms, except horticultural (5522-5524)</td>
</tr>
<tr>
<td>476</td>
<td>Managers, horticultural specialty farms (5525)</td>
</tr>
</tbody>
</table>

### Other Agricultural & Related Occupations

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>477</td>
<td>Supervisors, farm workers (5611)</td>
</tr>
<tr>
<td>479</td>
<td>Farm workers (5612-5617)</td>
</tr>
<tr>
<td>483</td>
<td>Marine life cultivation workers (5618)</td>
</tr>
<tr>
<td>484</td>
<td>Nursery workers (5619)</td>
</tr>
</tbody>
</table>

### Related Agricultural Occupations

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>485</td>
<td>Supervisors, related agricultural occupations (5621)</td>
</tr>
<tr>
<td>486</td>
<td>Groundkeepers &amp; gardeners, except farm (5622)</td>
</tr>
<tr>
<td>487</td>
<td>Animal caretakers, except farm (5624)</td>
</tr>
<tr>
<td>488</td>
<td>Graders &amp; sorters, agricultural products (5625)</td>
</tr>
<tr>
<td>489</td>
<td>Inspectors, agricultural products (5627)</td>
</tr>
</tbody>
</table>

### Forestry & Logging Occupations

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>494</td>
<td>Supervisors, forestry, &amp; logging workers (571)</td>
</tr>
<tr>
<td>495</td>
<td>Forestry workers, except logging (572)</td>
</tr>
<tr>
<td>496</td>
<td>Timber cutting &amp; logging occupations (573, 579)</td>
</tr>
</tbody>
</table>

### Fishers, Hunters, & Trappers

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>497</td>
<td>Captains &amp; other officers, fishing vessels (pt 8241)</td>
</tr>
<tr>
<td>498</td>
<td>Fishers (583)</td>
</tr>
<tr>
<td>499</td>
<td>Hunters &amp; trappers (584)</td>
</tr>
<tr>
<td>Mechanics &amp; Repairers</td>
<td>503 Supervisors, mechanics &amp; repairers (60)</td>
</tr>
<tr>
<td>-----------------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td><strong>Mechanics &amp; Repairers, Except Supervisors</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Vehicle &amp; Mobile Equipment Mechanics &amp; Repairers</strong></td>
<td></td>
</tr>
<tr>
<td>505 Automobile mechanics (pt 6111)</td>
<td></td>
</tr>
<tr>
<td>506 Automobile mechanic apprentices (pt 6111)</td>
<td></td>
</tr>
<tr>
<td>507 Bus, truck, &amp; stationary engine mechanics (6112)</td>
<td></td>
</tr>
<tr>
<td>508 Aircraft engine mechanics (6113)</td>
<td></td>
</tr>
<tr>
<td>509 Small engine repairers (6114)</td>
<td></td>
</tr>
<tr>
<td>514 Automobile body &amp; related repairers (6115)</td>
<td></td>
</tr>
<tr>
<td>515 Aircraft mechanics, exc. engine (6116)</td>
<td></td>
</tr>
<tr>
<td>516 Heavy equipment mechanics (6117)</td>
<td></td>
</tr>
<tr>
<td>517 Farm equipment mechanics (6118)</td>
<td></td>
</tr>
<tr>
<td>518 Industrial machinery repairers (613)</td>
<td></td>
</tr>
<tr>
<td>519 Machinery maintenance occupations (614)</td>
<td></td>
</tr>
<tr>
<td><strong>Electrical &amp; Electronic Equipment Repairers</strong></td>
<td></td>
</tr>
<tr>
<td>523 Electronic repairers, communications, &amp; industrial equipment (6151, 6153, 6155)</td>
<td></td>
</tr>
<tr>
<td>525 Data processing equipment repairers (6154)</td>
<td></td>
</tr>
<tr>
<td>526 Household appliance &amp; power tool repairers (6156)</td>
<td></td>
</tr>
<tr>
<td>527 Telephone line installers &amp; repairers (6157)</td>
<td></td>
</tr>
<tr>
<td>529 Telephone installers &amp; repairers (6158)</td>
<td></td>
</tr>
<tr>
<td>533 Miscellaneous electrical &amp; electronic equipment repairers (6152, 6159)</td>
<td></td>
</tr>
<tr>
<td>534 Heating, air conditioning, &amp; refrigeration mechanics (616)</td>
<td></td>
</tr>
<tr>
<td><strong>Miscellaneous Mechanics &amp; Repairers</strong></td>
<td></td>
</tr>
<tr>
<td>535 Camera, watch, &amp; musical instrument repairers (6171, 6172)</td>
<td></td>
</tr>
<tr>
<td>536 Locksmiths &amp; safe repairers (6173)</td>
<td></td>
</tr>
<tr>
<td>538 Office machine repairers (6174)</td>
<td></td>
</tr>
<tr>
<td>539 Mechanical controls &amp; valve repairers (6175)</td>
<td></td>
</tr>
<tr>
<td>543 Elevator installers &amp; repairers (6176)</td>
<td></td>
</tr>
<tr>
<td>544 Millwrights (6178)</td>
<td></td>
</tr>
<tr>
<td>547 Specified mechanics &amp; repairers, n.e.c. (6177, 6179)</td>
<td></td>
</tr>
<tr>
<td>549 Not specified mechanics &amp; repairers</td>
<td></td>
</tr>
<tr>
<td><strong>Construction Trades</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Supervisors, Construction Occupations</strong></td>
<td></td>
</tr>
<tr>
<td>553 Supervisors; brickmasons, stonemasons, &amp; tile setters (6312)</td>
<td></td>
</tr>
<tr>
<td>554 Supervisors, carpenters &amp; related workers (6313)</td>
<td></td>
</tr>
<tr>
<td>555 Supervisors, electricians &amp; power transmission installers (6314)</td>
<td></td>
</tr>
<tr>
<td>556 Supervisors; painters, paperhangers, &amp; plasterers (6315)</td>
<td></td>
</tr>
<tr>
<td>557 Supervisors; plumbers, pipefitters, &amp; steamfitters (6316)</td>
<td></td>
</tr>
<tr>
<td>558 Supervisors, n.e.c. (6311, 6318)</td>
<td></td>
</tr>
<tr>
<td><strong>Construction Trades, Except Supervisors</strong></td>
<td></td>
</tr>
<tr>
<td>563 Brickmasons &amp; stonemasons (pt 6412, pt 6413)</td>
<td></td>
</tr>
<tr>
<td>564 Brickmason &amp; stonemason apprentices (pt 6412, pt 6413)</td>
<td></td>
</tr>
<tr>
<td>565 Tile setters, hard &amp; soft (pt 6414, pt 6462)</td>
<td></td>
</tr>
<tr>
<td>566 Carpet installers (pt 6462)</td>
<td></td>
</tr>
<tr>
<td>567 Carpenters (pt 6422)</td>
<td></td>
</tr>
<tr>
<td>569 Carpenter apprentices (pt 6422)</td>
<td></td>
</tr>
<tr>
<td>573 Drywall installers (6424)</td>
<td></td>
</tr>
<tr>
<td>575 Electricians (pt 6432)</td>
<td></td>
</tr>
<tr>
<td>576 Electrician apprentices (pt 6432)</td>
<td></td>
</tr>
<tr>
<td>577 Electrical power installers &amp; repairers (6433)</td>
<td></td>
</tr>
<tr>
<td>579 Painters, construction &amp; maintenance (6442)</td>
<td></td>
</tr>
<tr>
<td>583 Paperhangers (6443)</td>
<td></td>
</tr>
<tr>
<td>584 Plasterers (6444)</td>
<td></td>
</tr>
<tr>
<td>585 Plumbers, pipefitters, &amp; steamfitters (pt 645)</td>
<td></td>
</tr>
<tr>
<td>587 Plumber, pipefitter, &amp; steamfitter apprentices (pt 645)</td>
<td></td>
</tr>
<tr>
<td>588 Concrete &amp; terrazzo finishers (6463)</td>
<td></td>
</tr>
<tr>
<td>589 Glaziers (6464)</td>
<td></td>
</tr>
<tr>
<td>593 Insulation workers (6465)</td>
<td></td>
</tr>
<tr>
<td>594 Paving, surfacing, &amp; tamping equipment operators (6466)</td>
<td></td>
</tr>
<tr>
<td>595 Roofers (6468)</td>
<td></td>
</tr>
<tr>
<td>596 Sheetmetal duct installers (6472)</td>
<td></td>
</tr>
<tr>
<td>597 Structural metal workers (6473)</td>
<td></td>
</tr>
<tr>
<td>598 Drillers, earth (6474)</td>
<td></td>
</tr>
<tr>
<td>599 Construction trades, n.e.c. (6476, 6475, 6476, 6479)</td>
<td></td>
</tr>
<tr>
<td><strong>Extractive Occupations</strong></td>
<td></td>
</tr>
<tr>
<td>613 Supervisors, extractive occupations (632)</td>
<td></td>
</tr>
<tr>
<td>614 Drillers, oil well (652)</td>
<td></td>
</tr>
<tr>
<td>615 Explosives workers (653)</td>
<td></td>
</tr>
<tr>
<td>616 Mining machine operators (654)</td>
<td></td>
</tr>
<tr>
<td>617 Mining occupations, n.e.c. (656)</td>
<td></td>
</tr>
<tr>
<td><strong>Precision Production Occupations</strong></td>
<td></td>
</tr>
<tr>
<td>628 Supervisors, production occupations (67, 71)</td>
<td></td>
</tr>
<tr>
<td><strong>Precision Metal Working Occupations</strong></td>
<td></td>
</tr>
<tr>
<td>634 Tool &amp; die makers (pt 6811)</td>
<td></td>
</tr>
<tr>
<td>635 Tool &amp; die maker apprentices (pt 6811)</td>
<td></td>
</tr>
<tr>
<td>636 Precision assemblers, metal (6812)</td>
<td></td>
</tr>
<tr>
<td>637 Machinists (pt 6813)</td>
<td></td>
</tr>
<tr>
<td>639 Machinist apprentices (pt 6813)</td>
<td></td>
</tr>
<tr>
<td>643 Boilermakers (6814)</td>
<td></td>
</tr>
<tr>
<td>644 Precision grinders, filers, &amp; tool sharpeners (6816)</td>
<td></td>
</tr>
<tr>
<td>645 Patternmakers &amp; model makers, metal (6817)</td>
<td></td>
</tr>
<tr>
<td>646 Lay-out workers (6821)</td>
<td></td>
</tr>
<tr>
<td>647 Precious stones &amp; metals workers (Jewelers) (6822, 6866)</td>
<td></td>
</tr>
<tr>
<td>649 Engravers, metal (6823)</td>
<td></td>
</tr>
<tr>
<td>653 Sheet metal workers (pt 6824)</td>
<td></td>
</tr>
<tr>
<td>654 Sheet metal worker apprentices (pt 6824)</td>
<td></td>
</tr>
<tr>
<td>655 Miscellaneous precision metal workers (6829)</td>
<td></td>
</tr>
<tr>
<td><strong>Precision Woodworking Occupations</strong></td>
<td></td>
</tr>
<tr>
<td>656 Patternmakers &amp; model makers, wood (6831)</td>
<td></td>
</tr>
<tr>
<td>657 Cabinet makers &amp; bench carpenters (6832)</td>
<td></td>
</tr>
<tr>
<td>658 Furniture &amp; wood finishers (6835)</td>
<td></td>
</tr>
<tr>
<td>659 Miscellaneous precision workers (6839)</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX C
1990 OCCUPATIONAL CLASSIFICATION SYSTEM (FOR VARIABLES 124 AND 207)

<table>
<thead>
<tr>
<th>Precision Textile, Apparel, &amp; Furnishings Machine Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>666  Dressmakers (pt 6852, pt 7752)</td>
</tr>
<tr>
<td>667  Tailors (pt 6852)</td>
</tr>
<tr>
<td>668  Upholsterers (6853)</td>
</tr>
<tr>
<td>669  Shoe repairers (6854)</td>
</tr>
<tr>
<td>674  Miscellaneous precision apparel &amp; fabric workers (6856, 6859, pt 7752)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Precision Workers, Assorted Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>675  Hand molders &amp; shapers, except jewelers (6861)</td>
</tr>
<tr>
<td>676  Patternmakers, lay-out workers, &amp; cutters (6862)</td>
</tr>
<tr>
<td>677  Optical goods workers (6864, pt 7477, pt 7677)</td>
</tr>
<tr>
<td>678  Dental laboratory &amp; medical appliance technicians (6865)</td>
</tr>
<tr>
<td>679  Bookbinders (6844)</td>
</tr>
<tr>
<td>683  Electrical &amp; electronic equipment assemblers (6867)</td>
</tr>
<tr>
<td>684  Miscellaneous precision workers, n.e.c. (6869)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Precision Food Production Occupations</th>
</tr>
</thead>
<tbody>
<tr>
<td>686  Butchers &amp; meat cutters (6871)</td>
</tr>
<tr>
<td>687  Bakers (6872)</td>
</tr>
<tr>
<td>688  Food batchmakers (6873, 6879)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Precision Inspectors, Testers, &amp; Related Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>689  Inspectors, testers, &amp; graders (6881, 828)</td>
</tr>
<tr>
<td>693  Adjusters &amp; calibrators (6882)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Plant &amp; System Operators</th>
</tr>
</thead>
<tbody>
<tr>
<td>694  Water &amp; sewage treatment plant operators (691)</td>
</tr>
<tr>
<td>695  Power plant operators (pt 693)</td>
</tr>
<tr>
<td>696  Stationary engineers (pt 693, 7668)</td>
</tr>
<tr>
<td>699  Miscellaneous plant &amp; system operators (692, 694, 695, 696)</td>
</tr>
</tbody>
</table>
### APPENDIX C

#### 1990 OCCUPATIONAL CLASSIFICATION SYSTEM (FOR VARIABLES 124 AND 207)

<table>
<thead>
<tr>
<th>Machine Operators &amp; Tenders, Except Precision Metalworking &amp; Plastic Working Machine Operators</th>
</tr>
</thead>
<tbody>
<tr>
<td>703</td>
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<tr>
<td>704</td>
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<td>717</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Metal &amp; Plastic Processing Machine Operators</th>
</tr>
</thead>
<tbody>
<tr>
<td>719</td>
</tr>
<tr>
<td>723</td>
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<td>724</td>
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<td>725</td>
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</table>

<table>
<thead>
<tr>
<th>Woodworking Machine Operators</th>
</tr>
</thead>
<tbody>
<tr>
<td>726</td>
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<tr>
<td>727</td>
</tr>
<tr>
<td>728</td>
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<tr>
<td>729</td>
</tr>
<tr>
<td>733</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Printing Machine Operators</th>
</tr>
</thead>
<tbody>
<tr>
<td>734</td>
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<tr>
<td>735</td>
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<tr>
<td>736</td>
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<tr>
<td>737</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Textile, Apparel, &amp; Furnishings Machine Operators</th>
</tr>
</thead>
<tbody>
<tr>
<td>738</td>
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<tr>
<td>739</td>
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<tr>
<td>743</td>
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<td>744</td>
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<td>748</td>
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<td>749</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Machine Operators, Assorted Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>753</td>
</tr>
<tr>
<td>754</td>
</tr>
<tr>
<td>755</td>
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<td>756</td>
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<td>773</td>
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<td>774</td>
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<td>777</td>
</tr>
<tr>
<td>779</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fabricators, Assemblers, Hand Working Occupations</th>
</tr>
</thead>
<tbody>
<tr>
<td>783</td>
</tr>
<tr>
<td>784</td>
</tr>
<tr>
<td>785</td>
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<td>786</td>
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<td>787</td>
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<td>789</td>
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<tr>
<td>793</td>
</tr>
<tr>
<td>795</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Production Inspectors, Testers, Samplers, &amp; Weighers</th>
</tr>
</thead>
<tbody>
<tr>
<td>796</td>
</tr>
<tr>
<td>797</td>
</tr>
<tr>
<td>798</td>
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<tr>
<td>799</td>
</tr>
</tbody>
</table>
### APPENDIX C

**1990 OCCUPATIONAL CLASSIFICATION SYSTEM (FOR VARIABLES 124 AND 207)**

#### 12 TRANSPORTATION & MATERIAL MOVING OCCUPATIONS

<table>
<thead>
<tr>
<th>Code</th>
<th>Occupation Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>803</td>
<td>Supervisors, motor vehicle operators (8111)</td>
</tr>
<tr>
<td>804</td>
<td>Truck drivers (8212-8214)</td>
</tr>
<tr>
<td>806</td>
<td>Driver-sales workers (8218)</td>
</tr>
<tr>
<td>808</td>
<td>Bus drivers (8215)</td>
</tr>
<tr>
<td>809</td>
<td>Taxicab drivers &amp; chauffeurs (8216)</td>
</tr>
<tr>
<td>813</td>
<td>Parking lot attendants (874)</td>
</tr>
<tr>
<td>814</td>
<td>Motor transportation occupations, n.e.c. (8219)</td>
</tr>
</tbody>
</table>

**Transportation Occupations, Except Motor Vehicles**

<table>
<thead>
<tr>
<th>Code</th>
<th>Occupation Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>823</td>
<td>Railroad conductors &amp; yardmasters (8113)</td>
</tr>
<tr>
<td>824</td>
<td>Locomotive operating occupations (8232)</td>
</tr>
<tr>
<td>825</td>
<td>Railroad brake, signal, &amp; switch operators (8233)</td>
</tr>
<tr>
<td>826</td>
<td>Rail vehicle operators, n.e.c. (8239)</td>
</tr>
</tbody>
</table>

**Water Transportation Occupations**

<table>
<thead>
<tr>
<th>Code</th>
<th>Occupation Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>828</td>
<td>Ship captains &amp; mates, except fishing boats (pt 8241, 8242)</td>
</tr>
<tr>
<td>829</td>
<td>Sailors &amp; deckhands (8243)</td>
</tr>
<tr>
<td>833</td>
<td>Marine engineers (8244)</td>
</tr>
<tr>
<td>834</td>
<td>Bridge, lock, &amp; lighthouse tenders (8245)</td>
</tr>
</tbody>
</table>

**Material Moving Equipment Operators**

<table>
<thead>
<tr>
<th>Code</th>
<th>Occupation Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>843</td>
<td>Supervisors, material moving equipment operators (812)</td>
</tr>
<tr>
<td>844</td>
<td>Operating engineers (8312)</td>
</tr>
<tr>
<td>845</td>
<td>Longshore equipment operators (8313)</td>
</tr>
<tr>
<td>848</td>
<td>Hoist &amp; winch operators (8314)</td>
</tr>
<tr>
<td>849</td>
<td>Crane &amp; tower operators (8315)</td>
</tr>
<tr>
<td>853</td>
<td>Excavating &amp; loading machine operators (8316)</td>
</tr>
<tr>
<td>855</td>
<td>Grader, dozer, &amp; scraper operators (8317)</td>
</tr>
<tr>
<td>856</td>
<td>Industrial truck &amp; tractor equipment operators (8318)</td>
</tr>
<tr>
<td>859</td>
<td>Miscellaneous material moving equipment Operators (8319)</td>
</tr>
</tbody>
</table>

#### 13 HANDLERS, EQUIPMENT, CLEANERS, HELPERS & LABORERS

<table>
<thead>
<tr>
<th>Code</th>
<th>Occupation Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>864</td>
<td>Supervisors, handlers, equipment cleaners &amp; laborers, n.e.c. (85)</td>
</tr>
<tr>
<td>865</td>
<td>Helpers, mechanics &amp; repairers (863)</td>
</tr>
<tr>
<td>866</td>
<td>Helpers, construction trades (8641-8645, 8648)</td>
</tr>
<tr>
<td>867</td>
<td>Helpers, surveyor (8646)</td>
</tr>
<tr>
<td>868</td>
<td>Helpers, extractive occupations (865)</td>
</tr>
<tr>
<td>869</td>
<td>Construction laborers (871)</td>
</tr>
<tr>
<td>874</td>
<td>Production helpers (861, 862)</td>
</tr>
</tbody>
</table>

**Freight, Stock & Material Handlers**

<table>
<thead>
<tr>
<th>Code</th>
<th>Occupation Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>875</td>
<td>Garbage collectors (8722)</td>
</tr>
<tr>
<td>876</td>
<td>Stevedores (8723)</td>
</tr>
<tr>
<td>877</td>
<td>Stock handlers &amp; baggers (8724)</td>
</tr>
<tr>
<td>878</td>
<td>Machine feeders &amp; offbearers (8725)</td>
</tr>
<tr>
<td>883</td>
<td>Freight, stock &amp; material handlers, n.e.c. (8726)</td>
</tr>
<tr>
<td>885</td>
<td>Garage &amp; service station related occupations (873)</td>
</tr>
<tr>
<td>887</td>
<td>Vehicle washers &amp; equipment cleaners (875)</td>
</tr>
<tr>
<td>888</td>
<td>Hand packers &amp; packagers (8761)</td>
</tr>
<tr>
<td>889</td>
<td>Laborers, except construction (8769)</td>
</tr>
</tbody>
</table>

#### 14 MILITARY OCCUPATIONS

<table>
<thead>
<tr>
<th>Code</th>
<th>Occupation Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>903</td>
<td>Commissioned Officers &amp; Warrant Officers</td>
</tr>
<tr>
<td>904</td>
<td>Non-commissioned Officers &amp; Other Enlisted Personnel</td>
</tr>
<tr>
<td>905</td>
<td>Military occupation, rank not specified</td>
</tr>
</tbody>
</table>
APPENDIX D
TIPS FOR RECRUITMENT, RETENTION & TRACKING PATIENTS

The following are recommendations and strategies gathered from Model Systems and the NSCISC. Not all of these suggestions will be viable options for all Centers.

Recruitment & Retention begins before the patient is enrolled!!

Build a relationship with clinic and inpatient staff:

- Establish a cooperative relationship with residents and rehab staff.
- Ask physician/clinician to introduce you or at least mention the study and that he/she is involved in it.
- Attend inpatient rehab team meetings to increase face-time with staff & patient.
- Claim some space (at least on a part-time basis) in or near the rehab unit and/or clinic. This is a way to increase face-time with inpatient/clinic staff, family, and patients.

Build a relationship with the patient before recruitment:

When approaching the patient:

- **Be casual & friendly, confident & assertive.**
- Get introduced by the physician or medical team. If that is not possible, mention the physician’s name in your introduction. Before talking about the study, ask if you can assist them in getting information and try to meet their family (this is especially helpful for certain cultures).
- Leave SCI educational material or newsletters with them.
- Make connections by asking about family, pictures or hobbies if they are interested in talking.
- Meet the family at scheduled meetings with staff. Take a few minutes to sit and talk with family and patient.
- Visit patient/family in evenings as well as day hours (this will allow for more uninterrupted, relaxed face-time).

When introducing the study: TIMING is important!

- Be casual & friendly, confident & assertive. Convey the importance of our study and the importance of their involvement.
- There are three types of participants 1) Those who are willing to participate, 2) Those who are hesitant to participate, 3) Those who will not participate under any circumstance. When approaching the patient, assume they will participate (most patients fall into this category). If they are hesitant, probe for a reason. Make an effort to connect with them or their family. Don’t be too pushy – you can always come back and continue the conversation later and possibly bring material that will alleviate their concerns. 'Leave the door open'!
- Use the word ‘Study’ or ‘Project’ instead of research. Explain why the study is important and useful: SCIMS is a well-known, highly regarded study that has been collecting data for over 35 years. It is used in legislative decisions, court cases, and it has been cited in multiple high profile newspapers like USA Today.
- Leave a recruitment brochure, educational material, games and/or puzzles (print from free sites).
- Consent before discharge if at all possible, but if patients are overwhelmed, suggest another time to contact them. If you need to, see them at their first clinic outpatient appointment.
APPENDIX D
TIPS FOR RECRUITMENT, RETENTION & TRACKING PATIENTS

✓ Ask if they (or their family!) have any questions and then answer them.
✓ If they are in a negative mood, then reschedule.
✓ Be sure patient and family understands that this long term study should have at least 3 alternate contacts: aunts, uncles, grandparents, friends, etc… Some participants will be reluctant to offer up others’ contact info. Be assertive and clear that contact will only be attempted after all means of contacting the participant have been exhausted.
✓ Ask if they are on Face Book or MySpace and get that info.
✓ Have the person who will be contacting the patient for follow-up data meet with the patient.

After consenting:
✓ Give them a certificate or logo’d items they can take home as a reminder: pen, pencil, pad, calendar or squeeze ball. This helps cement relationships after they leave with visual reminders.
✓ Give them a re-location postcard with center address & phone number in case they move.
✓ Call after discharge to see how they are doing or send a postcard sometime after discharge (this may be a reminder of clinic appointment or upcoming interview), or a birthday card.

Prior to Form 2 interview:
✓ Send multiple mailings (newsletters, birthday cards, and/or holiday cards).
✓ Send flyer or letter to last known address prior to interview to let them know you will be contacting them soon. Mark envelope with ‘Forwarding & Address Correction Requested’.
✓ Call at least 6 times making several attempts at each time frame:
  ▪ Call at different times of the day
  ▪ Call on weekends
  ▪ Call after hours
  ▪ Call when the weather is bad

When contact info is no longer valid:
✓ Check SSDI for death verification (http://ssdi.rootsweb.ancestry.com/). OR check the Ancestry Social Security Death Index site to see if the patient is deceased (http://www.ancestry.com/ssdi/advanced.htm). When searching, enter only what you’re sure of (e.g. it won’t find Dave if it’s in the database as David).
  o If you only have a name and you get multiple hits, you may run an advanced search including the state or other limiting data. Results are in states’ geographic order (Maine, Vermont, Massachusetts …).
✓ Check for hospital or clinic visits for updated contact information.
✓ Be aware that women may change their last names after a marriage.
APPENDIX D
TIPS FOR RECRUITMENT, RETENTION & TRACKING PATIENTS

✓ Check these free internet sites for address and phone number of participant and family members/alternate contacts:
  - www.whitepages.com
  - www.Pipl.com
  - www.123people.com
  - www.switchboard.com
  - www.zabasearch.com
  - www.peopelsearch.com
  - www.anywho.com
  - www.Google.com
  - MySpace and Face Book

✓ Check local obituaries.
✓ Check prison/jail enrollment website for your state.
✓ As a last resort, mail letter/interview to last known address.

For Fee Searches:
✓ Accurint/LexisNexis - They charge a flat monthly fee and charges for each search up to that amount are included in the flat fee.
  ✓ www.Intelius.com
  ✓ www.netdetective.com

Before coding a participant’s Form 2 as ‘Lost - Unable to Contact (3)’, the Data Committee recommends this Minimum Tracking Effort:

A) After obtaining the most current, valid, phone number, there should be at least six attempts to contact a person. These attempts should be made at different times during the day, evening, and weekends.
B) If unable to contact by telephone, a survey requesting the data should be mailed to the patient’s home.

Reduced Tracking Effort:
If a participant is coded ‘Lost - Unable to Contact’ 2 or more consecutive cycles (ie, a Year 15 is due, and years 5 and 10 are ‘Lost – Unable to Contact’) centers may use the Reduced Tracking Effort as a minimum.

A) Check SSDI for record of death.
B) Check System records (hospital and clinic) for recent activity
C) For updated contact information use a Fee based search if available, if not, search at least 2 of the free search sites listed above.
*Phone calls and mailed survey are not required unless new contact information is found.

Also, the Follow-up Tracking Committee recommends reading the publication Retaining and Tracking Cohort Study Members included in Appendix D.

NSCISC: 7/2010

D3
APPENDIX D
TIPS FOR RECRUITMENT, RETENTION & TRACKING PATIENTS

WHERE TO WRITE FOR VITAL RECORDS

Go to this National Center for Health Statistics web site:

http://www.cdc.gov/nchs/howto/w2w/w2welcom.htm

An alphabetical directory is provided for those users who want direct access to individual State and territory information. To use, you must first determine the State or area where the event occurred, then select the first letter in the State name from the alphabet.

Next, double click on the state or territory name.
This is an example of information available from this site:
APPENDIX D
TIPS FOR RECRUITMENT, RETENTION & TRACKING PATIENTS

Application Guidelines From The National Center For Health Statistics Web Site

An official certificate of every birth, death, marriage, and divorce should be on file in the locality where the event occurred. The Federal Government does not maintain files or indexes of these records. These records are filed permanently in a State vital statistics office or in a city, county, or other local office.

To obtain a certified copy of any of the certificates, write or go to the vital statistics office in the State or area where the event occurred. Addresses and fees are given for each event in the State or area concerned.

To ensure that you receive an accurate record for your request and that your request is filed expeditiously, please follow the steps outlined below for the information in which you are interested:

For all requests make check or money order payable to the identified office, in the correct amount for the number of copies requested. Sending cash is not recommended because the office cannot refund cash lost in transit.

All fees are subject to change, so check each State to verify the current fee.

Some States have provided their home page address for obtaining current information.

Type or print all names and addresses in the letter.

Give the following facts when writing for birth or death records:

1. Full name of person whose record is requested.
2. Sex.
3. Parents' names, including maiden name of mother.
4. Month, day, and year of birth or death.
5. Place of birth or death (city or town, county, and State; and name of hospital, if known).
6. Purpose for which copy is needed.
7. Relationship to person whose record is requested.

Be sure you know the state’s rule regarding disclosure of the cause of death information on the Death Certificate. You may have to submit a letter stipulating that you wish to have the cause of death information.
Retaining and Tracking Cohort Study Members

Julie R. Hunt1,2 and Emily White1,2

INTRODUCTION

Retaining and tracking cohort participants is crucial for “longitudinal” cohort studies, i.e., those that require periodic contact with participants after cohort entry to update exposures and/or ascertain outcome events. A major effort in such studies will be devoted to follow-up, one of the greatest challenges to the success of a longitudinal cohort study. While even well-designed studies will have some loss to follow-up, there are several strategies and activities that can be undertaken to keep the loss to a minimum.

Loss to follow-up may occur because the participant has decided that he/she no longer wishes to participate (drop outs) or because the study investigator has lost track of the participant. Maintaining contact with cohort study participants is crucial, as there is some evidence to suggest that lost participants may differ more from participants who respond than participants who can be found but refuse to respond (1). Thus, locating lost participants may be as, or more, important in minimizing bias as obtaining a high response rate in those who are easily found. Of particular concern is that those who cannot be found may be lost to follow-up because they have developed the disease outcome of the study or have died. These types of losses lead to reduced study power and may lead to bias in the odds ratio (2, 3). Therefore, every effort should be made to encourage participation of, and contact with, all cohort members until the end of the study. Methods to maximize retention and keep track of cohort members, use of proxies to collect follow-up data, and procedures for locating hard-to-find or “lost” participants are discussed in this presentation. Although our focus is on participants in longitudinal cohort studies, the section on Tracing hard to find or “lost” participants may also apply to tracking participants in retrospective cohort studies.

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Abbreviations: NCOA, National Change of Address system.
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2 Department of Epidemiology, University of Washington, Seattle, WA.
Reprint requests to Dr. Julie R. Hunt, Fred Hutchinson Cancer Research Center, 1124 Columbia Street, Seattle, WA 98104.
TABLE 1. Methods used to maximize retention in four cohort studies: The Multicenter AIDS* Cohort Study, The Nurses' Health Study, The Women's Health Initiative Observational Study, and The St Louis Effort to Reduce the Spread of AIDS Study

<table>
<thead>
<tr>
<th>The Multicenter AIDS Cohort Study (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Design and population.</strong></td>
</tr>
<tr>
<td>A longitudinal, multicenter study of 4,954 men to observe the natural history of HIV-1* among homosexual and bisexual men</td>
</tr>
<tr>
<td><strong>Length of follow-up</strong></td>
</tr>
<tr>
<td>9.5 years (April 1984–September 1993)</td>
</tr>
<tr>
<td><strong>Enrollment, consent, and baseline activities</strong></td>
</tr>
<tr>
<td>• Participants were recruited at four centers through notices placed in gay bars, newspapers, and community centers</td>
</tr>
<tr>
<td>• Participants were enrolled during a clinic visit consisting of physical examination, blood draw, and questionnaire completion</td>
</tr>
<tr>
<td>• At enrollment, participants provided Social Security number, driver’s license number, names and addresses of two people who would always know how to contact them, and name of physician</td>
</tr>
<tr>
<td>• Participants signed consent to the release of medical records</td>
</tr>
<tr>
<td><strong>Follow-up procedures and intervals</strong></td>
</tr>
<tr>
<td>• Participants reexamined at clinic at 6-month intervals</td>
</tr>
<tr>
<td>• At each visit, participants are encouraged to make appointment for next visit</td>
</tr>
<tr>
<td>• Reminder letter sent 2–4 weeks before appointment</td>
</tr>
<tr>
<td>• 2 weeks after letter, telephone contacts are initiated until participant is reached to confirm appointment</td>
</tr>
<tr>
<td><strong>Extra efforts to minimize nonresponse</strong></td>
</tr>
<tr>
<td>• If full participation is not feasible, men can respond to a short mailed questionnaire to collect primary outcomes and vital status</td>
</tr>
<tr>
<td>• After 3 weeks, nonresponders are interviewed by telephone</td>
</tr>
<tr>
<td>• Quarterly telephone contact is maintained with those too ill to visit study site</td>
</tr>
<tr>
<td>• Home visits are made when possible</td>
</tr>
<tr>
<td>• If participants move outside of clinic area, they are given a blood kit that their own physician can use to obtain blood specimens, which is then shipped to the laboratory. Interview is conducted by telephone</td>
</tr>
<tr>
<td><strong>Tracing hard to find and lost participants</strong></td>
</tr>
<tr>
<td>• Extended search is initiated for those who cannot be reached</td>
</tr>
<tr>
<td>• Postal services, such as registered mail, address correction, and mail forwarding, are used</td>
</tr>
<tr>
<td>• Search includes: contacts named by participant, county and state death certificates, obituaries, AIDS-registries, the National Death Index, departments of motor vehicles, consumer information services, and tax and voters lists</td>
</tr>
<tr>
<td><strong>Success rate</strong></td>
</tr>
<tr>
<td>At 9.5 years, AIDS and/or vital status was known for 89% of cohort</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The Nurses' Health Study (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Design and population</strong></td>
</tr>
<tr>
<td>A longitudinal study of a cohort of 121,700 registered nurses to examine the relation between contraception and breast cancer; later expanded to include diet and other exposures and outcomes</td>
</tr>
<tr>
<td><strong>Length of follow-up</strong></td>
</tr>
<tr>
<td>Women enrolled in 1976; 20 year follow-up conducted in 1996</td>
</tr>
<tr>
<td><strong>Enrollment, consent, and baseline activities</strong></td>
</tr>
<tr>
<td>• Participants were registered nurses recruited by mail via an introductory letter, two-page questionnaire, and prepaid return envelope</td>
</tr>
<tr>
<td>• Information collected at baseline to assist in tracking included the participant’s name, Social Security number, birthdate, and the name, address, and phone number of a personal contact</td>
</tr>
<tr>
<td><strong>Follow-up procedures and intervals</strong></td>
</tr>
<tr>
<td>• Follow-up questionnaires are mailed to all cohort members every 2 years</td>
</tr>
<tr>
<td>• Questionnaires are mailed with a cover and a newsletter updating participants on study progress</td>
</tr>
<tr>
<td>• Personal contacts are identified by study members every 4 years</td>
</tr>
<tr>
<td>• First questionnaire is mailed in June; second mailing is sent to nonresponders in September</td>
</tr>
<tr>
<td>• Third and fourth mailings with full questionnaire are sent to nonresponders</td>
</tr>
<tr>
<td>• Fifth mailing of short version questionnaire with key exposure variables and outcomes is sent to nonresponders</td>
</tr>
<tr>
<td>• Newsletter with study updates is included in fifth mailing</td>
</tr>
<tr>
<td><strong>Extra efforts to minimize nonresponse</strong></td>
</tr>
<tr>
<td>• A telephone follow-up to nonresponders (to the five mailings) was added in 1982</td>
</tr>
<tr>
<td>• Additional approaches were added in 1986, including sending questionnaires by United Parcel Service and certified mail</td>
</tr>
<tr>
<td>• In 1990, used both telephone and certified mail to reach nonresponders from earlier years</td>
</tr>
</tbody>
</table>

Table continues
TABLE 1. Continued

Tracing hard to find and lost participants
- Women are traced through the local postmaster, state boards of nursing, and personal contacts listed by participants
- Deaths are reported by participant's next of kin or by postal authorities
- National Death Index is searched for deaths among nonrespondents

Success rate
Using the combined approaches since 1990, responses have been received from over 90% of cohort

The Women’s Health Initiative Observational Study (9)

Design and population
A longitudinal, multicenter study of 100,000 postmenopausal women to examine the relationship between lifestyle, health and risk factors, and specific disease outcomes

Length of follow-up
Women enrolled 1994–1998; follow-up for 8–12 years (depending on year of enrollment)

Enrollment, consent, and baseline activities
- Participants were enrolled during a clinic visit consisting of physical examination, blood draw, physical measures, and questionnaire completion
- At baseline, participant tracking information was collected, including Social Security number, birthdate, the names, addresses, and phone numbers of at least two personal contacts, and physician's name

Follow-up procedures and intervals
- Mailed questionnaire with cover letter is sent annually
- Reminder/thank you postcard is sent 1 month later
- Second full questionnaire and cover letter is sent 3 months after first questionnaire to nonresponders
- Third full questionnaire and cover letter is sent 5 months after first questionnaire to nonresponders
- Participants are reexamined at clinic 3 years after enrollment
- Telephone and/or mailed reminders are made during the month before the visit
- Small incentive item, with study logo, is provided during visit
- Study newsletters are sent to all participants annually at 6 months post-enrollment month
- Birthday and holiday cards are sent annually by some clinic sites
- Personal contacts are identified by study members every 3 years

Extra efforts to minimize nonresponse
- Telephone contacts to nonresponders are made every other year to collect data on key variables and primary outcomes
- Proxy interviews to collect primary outcomes are conducted if participant is deceased or has diminished cognitive functioning

Success rate
Study in progress—responses to date to the first annual mail and telephone follow-up were received from 95% of those due

The St. Louis Effort to Reduce the Spread of AIDS Study (4)

Design and population
A cohort study of 479 intravenous drug-users designed to reduce the spread of HIV among St. Louis’ drug-using population while improving drug abuse treatment

Length of follow-up
Participants were followed for 18 months

Enrollment, consent, and baseline activities
- Participants were enrolled by street outreach workers
- Baseline assessment included psychiatric illness, high risk behavior, and treatment response
- At baseline, participant tracking information was collected, including legal name, nicknames and aliases, best mailing address, mother's and father's full names, Social Security number, birthdate, the name, address, and phone number of lawyer, probation officer, or parole officer, if any
- Informed consent guaranteed confidentiality of data
- Drug treatment was made available to those interested

Table continues
TABLE 1. Continued

Follow-up procedures and intervals
- Participants were interviewed 3, 6, 9, 12, and 18 months post-baseline to determine changes in behavior; blood drawn at baseline and 12 months
- Reminder letters were sent to each participant that an interview will soon be scheduled
- Once the participant was reached, an interview appointment was scheduled

Extra efforts to minimize nonresponse
- Additional contacts were made by a refusal converter to persuade participants refusing to be interviewed at follow-up
- Participants were compensated with supermarket food gift certificates (various denominations for each task and bonuses provided for completion of all waves)

Tracing hard to find and lost participants
- Study 'trackers' used a three-stage tracking system: phone, systems, and field
- Phone tracking included search of telephone books, directory assistance, Haines Criss-Cross directories
- Systems tracking included credit agencies, various state and local agencies, hospitals, treatment programs, prisons, welfare agencies, voter registration, and department of motor vehicles
- Field tracking included visits to participant's and neighbor's homes and "allegedly frequented" hangouts (e.g., bars, pool halls, barber, street corners)
- Conducted weekly team meetings to coordinate tracking efforts

Success rate
At 18 month follow-up, 455 of the 470 participants still alive were located and interviewed (96.8%)

A summary of the general strategies to maximize retention described below are summarized in table 2.

Enrollment, consent, and baseline activities
Retention begins during recruitment, even during the first contacts with potential study participants. Before enrollment into the study, potential participants should be assessed for their willingness to participate. If they seem hesitant to participate or their future cooperation is at all questionable, they should not be enrolled. (This assumes that the response bias due to losses at baseline is generally less than the response bias due to failure to follow-up all enrollees, because the former is less likely to be jointly influenced by exposure and [future] disease occurrence than the latter.) Also, before enrollment, participants should be required to complete the types of tasks that will be required during the follow-up phase, similar to a "run

TABLE 2. General strategies to maximize retention

Enrollment, consent, and baseline activities
- Screen potential participants for willingness to participate over the long-term
- Have participants complete set of tasks at baseline before enrollment
- Fully inform participants of commitment and requirements of study
- Collect participant tracing information, such as address, phone number, Social Security number, date and place of birth
- Collect names of personal contacts and proxies

Bonding
- Create study logo and theme
- Send newsletters, holiday cards, and study updates

Frequency of contact
- Regular contacts with participant, at least every 6–24 months
- Strive to collect primary outcomes, at a minimum
- Use tracking system to monitor follow-up activities

Staff characteristics
- Well trained and enthusiastic
- Open communication
- Respond promptly to questions or problems
- Scheduling flexibility

Incentives
- Small tokens of appreciation with study logo
- Regular feedback of information and study progress
- Cash for mailed surveys

* AIDS, acquired immunodeficiency syndrome; HIV, human immunodeficiency virus.
in" phase before randomization in a clinical trial. For example, if the participant is expected to complete surveys or diaries or come in for a physical examination, these tasks should be part of the baseline requirements. Investigators should not continue to reschedule no-shows or allow multiple attempts to enroll the participant. If it is difficult to get the participant to complete the tasks at baseline, it may be impossible to get him or her to participate during the follow-up period.

During the enrollment period, it is very important to clearly communicate expectations of participation, including the frequency, duration, and number of follow-up visits or contacts that will occur. Sharing these expectations helps participants make an informed decision about participation. For example, in the Women's Health Initiative, a 12 year observational study of 100,000 women, expectations of participation, including a physical examination and blood drawn at baseline, completion of annual questionnaires, and a follow-up clinic visit at year 3, were clearly reviewed with cohort members during the consent process (10). Enrollment did not occur unless all baseline tasks were completed.

Collecting baseline information to minimize loss-to-follow-up

Longitudinal studies generally require collection of information at baseline that will help the investigator locate lost participants, or, at the very least, determine their vital status. Useful items include the names and addresses of at least two friends or relatives not living with the participant who are likely to know his or her whereabouts, the participant's birthdate and Social Security number, the name under which the participant's telephone is listed, and the names of family members and health care providers who may be able to serve as a proxy respondent in the event of the participant's death. Additional items that may enhance the success of searching the National Death Index to determine vital status of lost cohort members are summarized in a later section of this presentation. As shown in Table 1, the type of information collected for tracking purposes varies across studies, determined in part by the study population. For example, in the St. Louis Effort to Reduce the Spread of AIDS study (4), information not typically collected, such as aliases and the names, addresses, and telephone numbers of lawyers and parole and probation officers, was obtained at baseline.

Frequency of contact

Once a participant has been enrolled, frequent personal and mail contact with participants should be maintained. The frequency of follow-up contact in most longitudinal epidemiologic studies has generally been in the range of 6–24 months. While this depends on the frequency needed to collect accurate exposure and outcome data, generally contact every 6–12 months is needed to maintain current addresses. Because the US Postal Service generally keeps change of address records for 6 months only, contact should ideally occur at least every 6 months to obtain up-to-date address information, as well as to maintain interest in the study and remind the participant that he/she is a cohort member.

The study investigator should, at least annually, try to contact participants who have dropped out of the study in an attempt to collect primary outcomes and/or to get them to rejoin the study. The personal information collected at baseline, especially information about friends or relatives who will know the participant's whereabouts, will help trace participants who cannot be initially located and should, therefore, be updated periodically.

When cohort members are reluctant to continue with full participation during the follow-up period, collection from the participant of information on the primary outcomes of interest should be continued, at a minimum. In the Oxford Family Planning Association contraceptive study, a cohort of 17,000 women received annual clinic follow-up examinations for 10 years. Women who stopped attending the clinic were sent a mailed questionnaire annually and, when this was not returned, were interviewed by telephone or during a home visit in an attempt to collect data on several of the primary outcomes (11).

Staff characteristics

Selection, training, and supervision of staff and data collectors are important parts of maintaining participation in longitudinal studies. Staff members must have skills that enhance the participant's desire to participate, reflect the importance of the study, and demonstrate enthusiasm and commitment to the project (12). These skills may help reduce participants' reluctance to continue in the long-term and encourage accuracy in their responses (13, 14). In a study evaluating factors encouraging retention in the Framingham Children's Study, Marmor et al. (15) found that staff characteristics, including their attitudes, responses to questions and problems, and scheduling flexibility, to be among the factors most important in keeping participants in the study.

Bonding

Participants in a longitudinal study need to identify and bond with the study and become committed to
active involvement. Given et al. (12) suggest creation of a study logo and theme and use of these in letters, envelopes, questionnaires, newsletters, and other communications to establish a connection with the study. Continuity of contact between participants and study investigators will enhance bonding and help ensure ongoing identification with the study. Newsletters, holiday cards, and updates on study progress have been used as bonding tools, as well as to provide an opportunity to obtain updated address correction information from the US Postal Service through use of a “Change Service Requested” instruction on the mailed piece (8, 16).

**Community advisory boards**

The formation of community advisory boards, consisting, for example, of health professionals, members of the population being studied, members of the business community, and other prominent community members, can provide a link between study investigators, the study population, and the community at large. Advisory boards may serve many valuable functions and help solve retention problems, such as identifying and providing transportation options or soliciting incentive items from local merchants. Including participant representatives on the board may also help promote bonding and long-term study participation. Representatives can provide the participant’s perspective on study activities and may be able to help identify barriers to retention.

**Incentives**

Providing incentives, especially those that are linked to the tasks of the study (for example, a pocket calendar to keep track of medical events) may enhance retention, as well as help with the collection of outcomes (17). Incentives may also be effective when something additional is being asked of the participant (e.g., completion of a diary or submission to some form of physical examination or test) (18). In the Framingham Children’s Study, periodic updates on study results and results of cholesterol screening tests were found to be successful incentives for encouraging participation (15). Incentives are often used in longitudinal studies to express appreciation for the participant’s involvement, and mementos and gifts remind participants of their participation throughout the year. In the Family Caregiver’s Study, participants were given coffee mugs, desk calendars, clocks, and ballpoint pens embossed with the study’s logo (12). For hard-to-reach study populations (e.g., drug abusers, prostitutes), the type (e.g., food certificates, free health care) and amount of incentives can be central to retaining and tracking cohort members (19).

For mailed surveys, the most effective incentive appears to be something enclosed with the letter, usually cash (20–23). There is evidence that final response rates may be just as high if the incentive is enclosed only with later mailings to nonrespondents, which may lead to cost savings (22).

**Tracking systems**

Using some type of tracking system for monitoring follow-up activities is essential (24). A successful system will enhance study efficiency, and perhaps overall response, by providing an organizational framework to help keep track of activities. When designing a tracking system, study needs, length, resources, and cohort size should be taken into consideration. Tracking systems vary from simple paper logs of follow-up phone calls to elaborate computer-based systems that track every aspect of participation, from baseline participant information to final follow-up contact. Several software packages used for tracking, called “workgroup contact managers”, are available on the market (25, 26). While new packages are continually being developed, examples of Windows-based contact managers currently available include GoldMine (Elan Software Corporation, Pacific Palisades, CA), Maximizer (Modatech Systems International, Dallas, TX), Tracker (Tracker Software, Inc., Minneapolis, MN), and ACT! (Symantec Corporation, Cupertino, CA). Computer-based tracking systems to fit the individual tracking and monitoring needs of most studies can also be developed by using database packages. Examples of two database software packages available on the market are FoxPro and Access for Windows (both from Microsoft Corporation, Redmond, WA); these are relational database managers that operate on IBM-compatible computers.

A tracking system may be used for multiple purposes, such as allowing study investigators to:

- Track participant’s current participation status (e.g., refuses contact; location unknown, etc.);
- Access and update contact information on the participant and his/her proxies, relatives, friends, and health care providers;
- Schedule follow-up activities, such as annual mailings or appointment reminders;
- Track responses to follow-up contacts and completion rates;
- Automatically produce letters or forms (e.g., appointment reminders);
- Generate reports that prompt follow-up activity (e.g., a list of participants needing telephone follow-up due to nonresponse to a mailed survey);
Table 3 provides an example of the types of reports, generated and monitored with a computerized tracking system. The following discussion focuses on the three major types of data collection methods: mailed survey, telephone interview, and in-person interview, including clinic visits. Although many of the strategies discussed are based on research on enhancing initial recruitment rates, most of the recommendations may also hold for increasing the response rates of cohort members who already have been recruited and agreed to participate. Factors that may increase response rates for each of the three methods of data collection are summarized in Table 4.

**ENHANCING RESPONSE RATES FOR VARIOUS DATA COLLECTION METHODS**

A major challenge of longitudinal cohort studies is maximizing the response rate at each data collection point. The following discussion focuses on the three major types of data collection methods: mailed survey, telephone interview, and in-person interview, including clinic visits. Although many of the strategies discussed are based on research on enhancing initial recruitment rates, most of the recommendations may also hold for increasing the response rates of cohort members who already have been recruited and agreed to participate. Factors that may increase response rates for each of the three methods of data collection are summarized in Table 4.

**Mail surveys**

A large number of approaches for follow-up by mail surveys that may increase response rates have been discussed by Kanuk and Berenson (27), Linsky (20), Dillman (28), Baumgartner and Heberlein (21), Fox et al. (29), and Armstrong et al. (30). Findings from the Hypertension Prevention Trial found that a higher response rate to a recruitment mailing was achieved when a cover letter and brochure were included in the mailing versus sending a brochure alone (31). Elements to include in a cover letter requesting follow-up data from cohort members are: a reminder of what the study is about and who the sponsor is, a statement of why the participant is important to the study, a promise of confidentiality, reference to the incentive, a statement of what to do if questions arise, and an expression of appreciation. In second and third mailings to nonresponders, the cover letter should include similar elements along with an additional reminder that the response has still not been received and that participation is very important.

**Cover letter**. Findings from the Hypertension Prevention Trial found that a higher response rate to a recruitment mailing was achieved when a cover letter and brochure were included in the mailing versus sending a brochure alone (31). Elements to include in a cover letter requesting follow-up data from cohort members are: a reminder of what the study is about and who the sponsor is, a promise of confidentiality, reference to the incentive, a statement of what to do if questions arise, and an expression of appreciation. In second and third mailings to nonresponders, the cover letter should include similar elements along with an additional reminder that the response has still not been received and that participation is very important.

**Questionnaire**. Dillman (28) suggests that questionnaires be printed on both sides of the paper, and in booklet form, for ease of use. While research shows that the length of the questionnaire, up to about 12 pages, does not impact response rates, Dillman recommends that questionnaires be printed with reduction to 8¼ × 11⅛ inches so that they appear to be small (28). Regardless of paper size, the questionnaire should not look crowded and should have a font size that is easy to read.

**Outside envelope**. The use of hand-addressed envelopes was found to significantly increase the rate of response from cohort members in the Health Professionals Follow-up Study who had not responded to three previous mailings (32). There is also some evidence that using commemorative or multiple small denomination stamps on the outer mailing envelope.
increases response rates (33). At a minimum, the study's name or logo should appear on the outer envelope so as to be recognizable to the study participant. In order to keep address information up-to-date, outer mailing envelopes should be printed with "Change Service Requested" below the study's return address in the upper left-hand corner. For a minimal fee per mailpiece, the US Postal Service will supply the address in the upper left-hand corner. For a minimal fee per mailpiece, the US Postal Service will supply the address in the upper left-hand corner.

Return envelope. Using a stamped return envelope, as compared with a "business reply paid" envelope, has been shown to result in higher response rates (34). While this can be quite costly for initial recruitment mailings, it is generally cost-effective in cohort follow-up mailings when response rates are expected to be high.

Mailing schedule. Several studies have shown that probably the most important strategy for increasing response rates in mail surveys is the use of multiple mailings (20, 21, 27–29, 32). Dillman (28) recommends the following strategy as part of his "total design method":

Mail initial questionnaire;

One week after the questionnaire is mailed, send a postcard to all participants to thank those who have responded already and to remind those who have not.

Mail a follow-up letter to nonrespondents 3 weeks after the initial mailing. This letter informs them that their questionnaire has not been received and re-states the importance of their response.

Send a second follow-up letter and copy of the questionnaire to nonrespondents, by certified mail, 7 weeks after the first mailing.

The timing and number of these mailings should be tailored to fit the individual study. For example, when sending a large number of mailings using bulk or third class mail, an adequate length of time between mailings is needed to ensure that respondents have enough time to receive and return their surveys.

Special class mailings. Several studies have shown that certified and first-class mail yield the highest response rates, as compared with lower class or bulk rate mail (21, 29). In a study comparing various mailing strategies to contact 12,233 cohort members of the Health Professionals Follow-up Study who had not responded to three successive bulk-rate mailings, Rimm et al. (32) found that response rates were highest from those participants who were sent a certified mailing. Although altering the physical appearance of the envelope and using other postal rates were tested, certified mail was the most effective approach of obtaining responses from former nonresponders, presumably due to the perceived importance of certified mail compared with other types of mail. If a return receipt is requested (which is more expensive and should probably be used only when all other attempts have failed), the investigator can also verify that the mailing was actually received by the participant.

Telephone or home visit for nonresponders to mailed questionnaires. Response rates may be increased substantially if additional methods are used to try to contact initial nonresponders (35). Several longitudinal cohort studies have used a combination of mailed questionnaires with additional telephone or in-person contacts to nonresponders to maximize response. For example, the Alameda County Study, a longitudinal cohort study that has followed the physical health and well-being of a population sample of a California county for nearly 30 years, uses data collection procedures that consist of an initial mailing, followed by repeated contact of nonresponders by mail, telephone, and in-person contact (36). The initial contact by mail, followed by two additional mailings, resulted in a response rate of 81 percent; follow-up by telephone or home visit increased the response rate to 88 percent. In the Washington County, Maryland, co-

TABLE 4. Factors that may increase response rates in mail, telephone, and in-person interviews

<table>
<thead>
<tr>
<th>Mail surveys</th>
<th>Advance notice that a questionnaire will be sent</th>
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<tbody>
<tr>
<td></td>
<td>Cover letter explaining importance of participation</td>
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<tr>
<td></td>
<td>Government or University sponsorship</td>
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<td></td>
<td>Personalization of correspondence</td>
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<td></td>
<td>A handwritten address</td>
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<td></td>
<td>Small format questionnaire</td>
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<td>An incentive included with the questionnaire</td>
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<td></td>
<td>Stamped return envelope</td>
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<td></td>
<td>Special class (e.g., certified) mailings to nonresponders</td>
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<tr>
<td></td>
<td>Commemorative stamps on outward mailing</td>
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<td></td>
<td>Requesting address correction on the mailing envelope</td>
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<td>Multiple mailings</td>
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<tr>
<td></td>
<td>Inclusion of a questionnaire with mailings to nonresponders</td>
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<tr>
<td></td>
<td>Telephone or in-person follow-up to interview nonresponders</td>
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<table>
<thead>
<tr>
<th>Telephone interviews</th>
<th>Advance letter</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Experienced interviewers who sound confident and competent</td>
</tr>
<tr>
<td></td>
<td>Use of most effective interviewers to contact reluctant responders</td>
</tr>
<tr>
<td></td>
<td>Personalized and carefully constructed introduction</td>
</tr>
<tr>
<td></td>
<td>Multiple attempts to contact at a variety of times</td>
</tr>
<tr>
<td></td>
<td>Mailings or home visits for nonresponders</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>In-person interviews and clinic visits</th>
<th>Advance letter</th>
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<tbody>
<tr>
<td></td>
<td>Careful selection and training of interviewers</td>
</tr>
<tr>
<td></td>
<td>Convenient appointment times</td>
</tr>
<tr>
<td></td>
<td>Appointment reminders</td>
</tr>
<tr>
<td></td>
<td>Free parking or transportation provided</td>
</tr>
<tr>
<td></td>
<td>Multiple attempts at contact</td>
</tr>
<tr>
<td></td>
<td>Mail or telephone contact for nonresponders</td>
</tr>
</tbody>
</table>

One week after the questionnaire is mailed, send a postcard to all participants to thank those who have responded already and to remind those who have not.

Mail a follow-up letter to nonrespondents 3 weeks after the initial mailing. This letter informs them that their questionnaire has not been received and re-states the importance of their response.

Send a second follow-up letter and copy of the questionnaire to nonrespondents, by certified mail, 7 weeks after the first mailing.

The timing and number of these mailings should be tailored to fit the individual study. For example, when sending a large number of mailings using bulk or third class mail, an adequate length of time between mailings is needed to ensure that respondents have enough time to receive and return their surveys.

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hort study, 93 percent of the participants interviewed in 1978 were successfully traced and sent a mailed questionnaire in 1995. Those participants who did not return their questionnaire after two mailings were contacted and interviewed by telephone, resulting in a 90 percent response rate (37).

A study by Battistutta et al. (38) suggests that telephone or home visit contacts that serve merely as reminders are unlikely to be effective in increasing response rates and so, when contact is made, the questionnaire should be completed by an interviewer at that time.

**Telephone interviews**

Factors that may increase response rates in telephone surveys have been reviewed by Dillman (28), Groves and Lyberg (39), and Armstrong et al. (30), and are summarized in table 4.

**Advance warning or letter.** As with any type of follow-up data collection, the participant should be given advance warning during the enrollment/recruitment phase of the project that periodic telephone interviews will occur. A mailed reminder before the telephone call occurs may help reduce the element of surprise and may increase the response (18, 40).

**Interviewers.** Oksenberg and Cannell (41) found evidence to suggest that better response rates are obtained by interviewers who are perceived as sounding confident and competent (i.e., by speaking rapidly, loudly, and with standard pronunciation) than by those who do not. In addition, callbacks by another, usually more experienced, interviewer to participants who initially refuse to provide follow-up data may result in responses.

**Carefully constructed introduction.** Because most refusals occur during the introduction, including carefully worded and relevant information at the beginning of the call is important. Dillman (28) recommends that the introduction should ascertain that the correct telephone number and person have been reached, inform the participant of the purpose of the call, remind him/her of the purpose of the study and the importance of his/her contribution, and give the expected duration of the interview. When a proxy respondent is being interviewed following the death or illness of the cohort participant, carefully worded scripts should be provided for interviewers.

**Timing and number of calls.** Several attempts may be necessary to obtain a completed interview by phone; interviewers should not give up on trying to reach a participant until at least 12–15 attempts have been made (42). Attempts to reach the participant should be made both in the evening and during weekends and again after several weeks. Careful record-keeping of calling attempts will allow for periodic review and possible revision of the call strategy.

**Mailings or home visits for nonresponders.** Response rates to telephone surveys can be increased by a mailing or home visit, if contact is not established by telephone. Respondents not reached by telephone may be willing to complete a mailed questionnaire or in-person interview; attempting contact by either or both of these methods may also provide information about the reason for noncontact by telephone (e.g., participant has moved to a new location) that can help lead to later contact. In research conducted at the Alameda County Human Population Laboratory, Hochstim (35) observed that adding mail follow-up to nonrespondents to the initial telephone interview increased response rates from 86 to 91 percent.

**In-person interviews and clinic visits**

In-person data collection may occur at a variety of locations, including the cohort member’s home or workplace, or at the study clinic itself in the case where procedures or specimens, such as blood collection, are required. Several of the principles outlined above for telephone interviews can be applied to in-person interviews; additional suggestions follow.

**Convenience of the appointment.** A variety of times and days for the appointment or interview, including evenings and weekends, should be made available to the participant. When appointments have been set up weeks or months in advance, a call or letter should be used to remind the participant of the appointment. When the participant is required to keep an appointment at the study site, free, convenient parking should be provided. Thorough directions and clearly marked signs are crucial. It may also be necessary to provide transportation (e.g., a study van or bus tickets) for some study participants.

**Mail or telephone contact with nonresponders.** Some participants will refuse study visits, be unable to participate in visits due to health or a move out of the area, or not show up even after appointments have been rescheduled several times. In these situations, collection of data, particularly that pertaining to primary outcomes, should be attempted by mail or telephone.

**USE OF PROXIES TO OBTAIN FOLLOW-UP INFORMATION**

Proxy or surrogate respondents are often used to provide information about study participants who are unable to continue to participate due to death, illness, or dementia. When cohort participants are enrolled in the study, it is important to obtain consent to interview.
proxies in the event that the participant is unable to provide data at some point. During enrollment, the participant should be asked to provide the names of several relatives, close friends, and physician(s) from whom proxy information can be sought. Any required medical release forms should also be completed at the onset of the study to aid in the procurement of information related to medical outcomes.

Missing data (item nonresponse) is more likely in information provided by proxy respondents than that obtained from the index participant (30, 43-45). Selection of the proxy respondents to be used should be based on consideration of which person would be most likely to know the facts required. Pickle et al. (44) found that the prevalence of nonresponse was generally lower for the spouse than for any other type of proxy respondents, such as siblings, offspring, and friends. Physicians can also serve as proxy respondents for medical outcomes.

Because proxy respondents are more likely to be unable to reply or to be in error than index participants are themselves (30, 43–45), it is common to reduce the amount of information asked of proxy respondents. Often only the most important exposures and outcomes of interest are included in the proxy interview; this also reduces the burden on the proxy respondent.

TRACING HARD TO FIND OR LOST PARTICIPANTS

Another potential source of response bias in cohort studies, in addition to bias due to participants dropping out, is failure to locate some cohort members. The only way to reduce this later source of nonresponse is through intensive efforts to locate each cohort member.

Strategies that can be used to trace participants are discussed below and summarized in table 5. Note that some of these strategies can be used in retrospective as well as prospective cohort studies. Not all approaches are available in all areas. Since multiple approaches must often be employed before the participant can be located, it is usual to pursue the simpler, least expensive approaches first, and then to resort to the more difficult or expensive approaches. With the advent of

<table>
<thead>
<tr>
<th>TABLE 5. Strategies to locate hard to find cohort members*</th>
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<tbody>
<tr>
<td>• Send letter to last known address with “Address Correction Requested”</td>
</tr>
<tr>
<td>• Contact US Post Office for current address</td>
</tr>
<tr>
<td>• Check local telephone directory for current telephone number and address</td>
</tr>
<tr>
<td>• Check with directory assistance for current telephone number</td>
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<tr>
<td>• Send certified letter to the participant’s home</td>
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<tr>
<td>• Consult city directories (Polk, Cole’s)</td>
</tr>
<tr>
<td>• Contact relatives and friends of member</td>
</tr>
<tr>
<td>• Contact member’s physician/medical contacts</td>
</tr>
<tr>
<td>• Call participant’s employer, if applicable and appropriate</td>
</tr>
<tr>
<td>• For someone with an unusual last name, call others with the same last name living in the same area</td>
</tr>
<tr>
<td>• For cohorts defined by occupation, health care source (e.g., health maintenance organization), or other source, contact the organization or appropriate professional licensing group</td>
</tr>
<tr>
<td>• Contact current resident and/or neighbors at last known address</td>
</tr>
<tr>
<td>• Check with landlords/rent collectors</td>
</tr>
<tr>
<td>• If the home has been sold, contact the real estate agency for a new address</td>
</tr>
<tr>
<td>• Check with local, state, and national registers for current address and vital status information:</td>
</tr>
<tr>
<td>Department of motor vehicles</td>
</tr>
<tr>
<td>Social Security Administration</td>
</tr>
<tr>
<td>State death records</td>
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<tr>
<td>Marriage records (for change of last name among women)</td>
</tr>
<tr>
<td>Voter registration records</td>
</tr>
<tr>
<td>Public utility or taxation records</td>
</tr>
<tr>
<td>Health insurance records</td>
</tr>
<tr>
<td>• Obtain credit bureau reports (for current address only)</td>
</tr>
<tr>
<td>• Submit search to the National Change of Address (NCOA) System</td>
</tr>
<tr>
<td>• Submit search to National Death Index</td>
</tr>
<tr>
<td>• Use services of a professional tracing company</td>
</tr>
</tbody>
</table>

Additional strategies for hard-to-reach and high-risk populations:

• Contact state welfare and other social service agencies
• Contact treatment programs and hospitals in area
• Contact local, state, and federal prisons
• Contact probation, parole, coroner’s, and warrant offices
• Check with temporary employment agencies

* Listed in order of suggested implementation (from easiest to most difficult and/or most costly to implement).
high-speed computers and the computerization of large files, even more intensive efforts, such as searching files from credit bureaus and departments of motor vehicles, have become cost-effective in recent years. For additional review and discussion of maintaining contact with and finding the whereabouts of participants of cohort studies, see Kelsey et al. (46) and Checkoway et al. (47).

Activities to locate lost or hard to find participants should continue until the participant’s location and/or vital status have been ascertained, or until search strategies have been exhausted. Even if contact is not established during initial attempts, further attempts to locate the participant after several months or years may be successful. If upon reestablishing contact, the participant is no longer willing to continue as a cohort member, he/she may be willing to at least provide major outcome information at data collection points.

**Telephone contacts**

Initial attempts to locate a hard to find participant usually begin with mail or telephone contacts. If the participant is employed, he/she could be contacted at work as well as at home. Among those participants not initially reachable, some will be available weeks or even months later, as would be the case with retired persons who may live elsewhere for several months during the year.

For participants whose phone number has changed, sources of new numbers include the phone book, directory assistance, or city directories which list residents by name and by street address (e.g., Cole’s, Polk) (48, 49). If the participant has changed to an unlisted phone number, a supervisor from directory assistance may be willing to contact the participant and ask him/her to call the study. For someone with an unusual last name, other people who live in the same area with the same last name could be called. They may be related to the missing participant and have information on his/her whereabouts.

**Mail contacts**

Early mailed attempts often consist of sending the participant a letter requesting that he/she contact the study. As with all mailings, the envelope should indicate a request for address correction. If no response is received to initial attempts and the known address is believed to be correct, a certified letter can be sent to the participant’s last known address requesting that he/she contact the study.

**Personal and medical contacts**

The personal contacts provided by the participant during baseline can be contacted by phone or by mail to obtain updated address and phone number information on the participant, and to confirm that he/she is not deceased. If personal contacts cannot be reached, the participant’s physician might provide this information. If these contacts are unwilling to provide the new phone number or address of the participant, they may be willing to contact the participant and have him/her call the study office. If attempts at contacting personal contacts and the physician are unsuccessful, others who might be able to provide a new address or phone number include former neighbors, the current resident at the participant’s last known address (using city directories), or the real estate agency who sold the participant’s home.

**The National Change of Address (NCOA) system**

The US Postal Service developed the National Change of Address (NCOA) system (50) to reduce the amount of undeliverable commercial mail, and this system can be useful in tracking cohort members. All change-of-address data from almost the entire country are telecommunicated daily to a national customer support center. The resulting file (40 million changes of address annually, maintained for 3 years) is provided to licensed private companies, with updates provided every 2 weeks.

To search for lost participants, a file of current participant names and addresses is submitted to a NCOA licensee, who, for a minimum fee, will search for matches on the NCOA. If the change of address indicates an individual has moved, then a new address is provided if there is an exact match on first name, last name, middle initial, and address, whereas if the change of address indicates a household move, all that is required is a match on last name and address. As an option, however, the NCOA licensee will provide footnotes for close matches, without returning the new address, to indicate that the person might have moved. The US Postal Service estimates that 50–75 percent of moves are captured by the NCOA system. Failures are due to inexact matches, the addressee not filing a change of address with the post office, and the delay of several weeks from filing the change of address to availability on the file of the licensee.

**Other local, state, and national sources**

Other state and local sources that may provide vital status or current address information include state vital statistics office and health department records, department of motor vehicles, local social security office, local voter registration records, public utility records, health insurance records, marriage records (for last name changes), and taxation records. National
sources, such as the Social Security Administration and Health Care Financing Administration (Medicare), may also be a source for updated information. For cohorts defined by occupations or other characteristics, specialized resources might be available. For example, the Nurses' Health Study uses state boards of nursing to help locate lost participants.

Credit bureaus track a fairly large proportion of US adults through national databases on loans and other financial matters. Investigators can request reports from credit bureaus on lost participants (only current address and phone number can be obtained; financial information is omitted). Large cohort studies can purchase a computer system to conduct their own searches of these databases. In addition to credit bureaus, commercial companies that specialize in tracing participants can be used.

**Tracing hard-to-reach and high-risk participants**

Creative and innovative strategies must often be employed when tracing hard-to-reach and high-risk segments of the population. As briefly described in table 1, the St. Louis Effort to Reduce the Spread of AIDS (ERSA) study used several innovative methods to trace intravenous drug users, such as contacting parole officers and prisons (4). Additional strategies and sources for locating cohort members from these populations include: contacting state welfare agencies; state and local social service agencies; drug treatment programs; local hospitals; federal, state, and local prisons; federal, state, and local probation and parole officers; city and county coroner and warrant offices; and temporary employment agencies. It may also be necessary to visit homeless shelters and popular neighborhood hangouts, such as bars, barbershops, pool halls, churches, and social clubs, to determine a participant's whereabouts.

**The National Death Index and disease registries**

Many of the large US cohort studies trace the vital status of lost participants using the National Death Index, a computer index of all deaths occurring in the United States since 1979. For a fee, the National Death Index, established by the National Center for Health Statistics, will attempt to match cohort members with their file of deceased persons (51). Patterson and Bilgrad (52) provide detailed instructions on using the National Death Index.

The basic information required for requesting searches of the National Death Index includes the participant's name and birthdate. Having additional identifiers increases the chance of a valid match and minimizes the chance of a false match being made. These include: full name of the participant, including first name, middle initial, and last name; parents' surnames; Social Security number; date and place of birth; sex; race; marital status; last known state of residence; and age at death (estimate) or age when the participant was last known to be alive.

When any death listed in the index matches a cohort member within the specified criteria, the National Death Index provides the investigator with the date of death, the state in which the death occurred, and the death certificate number. Copies of individual death certificates from the states can then be requested by the investigator.

Several studies have found the quality of results provided by the National Death Index to be quite good (53–56). For example, Stampfer et al. (55) found that 96.5 percent of known deaths in a cohort of women were successfully matched by National Death Index; Wentworth et al. (56) reported 98.4 percent successful matches in a cohort of men. Quality improves if a Social Security number is available; a middle initial also adds to the likelihood of an accurate match. Ascertainment of full and accurate information at the beginning of the cohort study is extremely important to enhance the likelihood that a valid match will be made. When complete and accurate member data are available, the majority of those not matched by the National Death Index can be considered to be alive as of the most recent date for which the National Death Index has been updated.

Disease registries can sometimes be used to track outcomes in a cohort study. For example, the Iowa's Women's Health Study (57) ascertained cancer outcomes in the cohort by linkage to the Iowa Surveillance Epidemiology and End Results (SEER) cancer registry.

**Implications of tracking strategies on data analysis**

The strategies used to track vital status and disease endpoint information need to be considered in the data analysis, particularly in determining the censored time in a survival analysis. For participants without the endpoint event, the date of censoring is generally the date of death or the date last known to be alive and free of the outcome. If data on the occurrence of the endpoint are limited to information provided by the participant (or proxy), then the date of last contact would be his/her censoring date. However, if the outcome can be completely ascertained without contacting the participant (e.g., by linkage to a national disease incidence registry), then one could reasonably assume that participants without a reported outcome are free of the endpoint. This type of "passive follow-
“Follow-up” means that censoring does not occur at date of last contact with each participant, but, rather, at the last date of information on the linked registry (58, 59).

An additional complexity is that for many studies, there might be only partial information on the occurrence of the endpoint or the date of endpoint, and this needs to be taken into consideration in the analysis. Passive follow-up often provides near complete, but not perfect, ascertainment of endpoints (e.g., linkage to a statewide cancer registry would provide cancer endpoints for all participants except those who have left the state). Another situation occurs when there is an indication that the event occurred but not the exact date (e.g., when incidence of cancer is the outcome of interest and death from cancer is recorded on the death certificate of a lost participant). In such cases, the researcher only knows that the incident event occurred before the time of last follow-up when the participant was free of the event and the date of death. When the progression of a condition to a defined event is the outcome (e.g., progression of human immunodeficiency virus infection to acquired immunodeficiency syndrome or of cancer incidence to death), then the researcher should obtain markers of disease progression before the outcome has occurred (e.g., CD4+ T-cell levels or cancer stage). This could provide partial information of the probability of the event if the subject is subsequently lost to follow-up (59).

SUMMARY

The only way to ensure that losses to follow-up have not biased study results is to keep all losses to an absolute minimum. Since more complete follow-up leads to the identification of additional disease events, the effort spent in locating cohort members also improves the precision as well as the validity of the study results.

This presentation reviewed approaches for maximizing retention and minimizing loss to follow-up, including the importance of communicating the expectations of participation and collecting personal information at baseline, conducting frequent personal and mail contact, and providing incentives for participation. Response rates can be increased by repeated attempts to contact each cohort member using a range of approaches (e.g., telephone, mail, personal contacts) and by other procedures specific to mailed questionnaires, telephone interviews, or in-person visits. Lost participants can be traced by use of the NCOA system and contact with other local, state, and national sources. Finally, for those participants who are unable or unwilling to continue or who cannot be found, proxy interviews and/or use of the National Death Index may provide information on the outcomes of interest and vital status.

Additional research evaluating the efficacy of the various approaches to retention and tracking is needed to help investigators learn how to best apply study resources to retain and keep track of the largest possible number of cohort members.

REFERENCES

References


Level of Detail in Coding

ICD-10-CM is composed of codes with either 3, 4, 5, 6 or 7 digits. Codes with three digits are included in ICD-10-CM as the heading of a category of codes that may be further subdivided by the use of fourth fifth digits, sixth or seventh digits which provide greater specificity.

Use of full number of digits required for a code

A three-digit code is to be used only if it is not further subdivided. A code is invalid if it has not been coded to the full number of characters required for that code.

External cause codes are intended to provide data for injury research and evaluation of injury prevention strategies. These codes capture how the injury or health condition happened (cause), the intent (unintentional or accidental; or intentional, such as suicide or assault), the place where the event occurred and the activity of the patient at the time of the event.

Child and Adult Abuse Guideline

Adult and child abuse, neglect and maltreatment are classified as assault. Any of the assault codes may be used to indicate the external cause of any injury resulting from the confirmed abuse.

For confirmed cases of abuse, neglect and maltreatment, when the perpetrator is known, a code from Y07, Perpetrator of maltreatment and neglect, should accompany any other assault codes.

Unknown or Undetermined Intent Guideline

If the intent (accident, self-harm, assault) of the cause of an injury or other condition is unknown or unspecified, code the intent as accidental intent. All transport accident categories assume accidental intent.

Use of undetermined intent

External cause codes for events of undetermined intent are only for use if the documentation in the record specifies that the intent cannot be determined
CHAPTER 20 External causes of morbidity (V01-Y98)

This chapter permits the classification of environmental events and circumstances as the cause of injury, and other adverse effects. Where a code from this section is applicable, it is intended that it shall be used secondary to a code from another chapter of the Classification indicating the nature of the condition. Most often, the condition will be classifiable to Chapter 19, Injury, poisoning and certain other consequences of external causes (S00-T98). Other conditions that may be stated to be due to external causes are classified in Chapters I to XVIII. For these conditions, codes from Chapter 20 should be used to provide additional information as to the cause of the condition.

This chapter contains the following blocks:

V00-X58 Accidents
V00-V99 Transport accidents
V00-V09 Pedestrian injured in transport accident
V10-V19 Pedal cyclist injured in transport accident
V20-V29 Motorcycle rider injured in transport accident
V30-V39 Occupant of three-wheeled motor vehicle injured in transport accident
V40-V49 Car occupant injured in transport accident
V50-V59 Occupant of pick-up truck or van injured in transport accident
V60-V69 Occupant of heavy transport vehicle injured in transport accident
V70-V79 Bus occupant injured in transport accident
V80-V89 Other land transport accidents
V90-V94 Water transport accidents
V95-V97 Air and space transport accidents
V98-V99 Other and unspecified transport accidents
W00-X58 Other external causes of accidental injury
W00-W19 Slipping, tripping, stumbling and falls
W20-W49 Exposure to inanimate mechanical forces
W50-W64 Exposure to animate mechanical forces
W65-W74 Accidental drowning and submersion
W85-W99 Exposure to electric current, radiation and extreme ambient air temperature and pressure
X00-X08 Exposure to smoke, fire and flames
X10-X19 Contact with heat and hot substances
X30-X39 Exposure to forces of nature
X52, X58 Accidental exposure to other specified factors
X71-X83 Intentional self-harm
X92-Y08 Assault
Y21-Y33 Event of undetermined intent
Y35-Y38 Legal intervention, operations of war, military operations, and terrorism
Y62-Y84 Complications of medical and surgical care
Y62-Y69 Misadventures to patients during surgical and medical care
Y70-Y82 Medical devices associated with adverse incidents in diagnostic and therapeutic use
Y83-Y84 Surgical and other medical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Y90-Y98 Supplementary factors related to causes of morbidity classified elsewhere
Transport accidents (V00-V99)

This section is structured in 12 groups. Those relating to land transport accidents (V01-V89) reflect the victim's mode of transport and are subdivided to identify the victim's "counterpart" or the type of event. The vehicle of which the injured person is an occupant is identified in the first two characters since it is seen as the most important factor to identify for prevention purposes. A transport accident is one in which the vehicle involved must be moving or running or in use for transport purposes at the time of the accident.

Use additional code to identify:

Airbag injury (W22.1)

Excludes1: agricultural vehicles in stationary use or maintenance (W31.-)
assault by crashing of motor vehicle (Y03.-)
automobile or motor cycle in stationary use or maintenance- code to type of accident
crashing of motor vehicle, undetermined intent (Y32)
intentional self-harm by crashing of motor vehicle (X82)

Excludes2: transport accidents due to cataclysm (X34-X38)

Definitions of transport vehicles:

A transport accident is any accident involving a device designed primarily for, or used at the time primarily for, conveying persons or good from one place to another

A public highway [trafficway] or street is the entire width between property lines (or other boundary lines) of land open to the public as a matter of right or custom for purposes of moving persons or property from one place to another. A roadway is that part of the public highway designed, improved and customarily used for vehicular traffic.

A traffic accident is any vehicle accident occurring on the public highway [i.e. originating on, terminating on, or involving a vehicle partially on the highway]. A vehicle accident is assumed to have occurred on the public highway unless another place is specified, except in the case of accidents involving only off-road motor vehicles, which are classified as nontraffic accidents unless the contrary is stated.

A nontraffic accident is any vehicle accident that occurs entirely in any place other than a public highway.

A pedestrian is any person involved in an accident who was not at the time of the accident riding in or on a motor vehicle, railway train, streetcar or animal-drawn or other vehicle, or on a pedal cycle or animal. This includes, a person changing a tire or working on a parked car. It also includes the use of a pedestrian conveyance such as a baby carriage, ice-skates, roller skates, a skateboard, nonmotorized wheelchair, or nonmotorized scooter.

A driver is an occupant of a transport vehicle who is operating or intending to operate it.

A passenger is any occupant of a transport vehicle other than the driver, except a person traveling on the outside of the vehicle.

A person on the outside of a vehicle is any person being transported by a vehicle but not occupying the space normally reserved for the driver or passengers, or the space intended for the transport of property. This includes the body, bumper, fender, roof, running board or step of a vehicle.

A pedal cycle is any land transport vehicle operated solely by nonmotorized pedals including a bicycle or tricycle.

A pedal cyclist is any person riding a pedal cycle or in a sidecar or trailer attached to a pedal cycle.
A motorcycle is a two-wheeled motor vehicle with one or two riding saddles and sometimes with a third wheel for the support of a sidecar. The sidecar is considered part of the motorcycle.

A motorcycle rider is any person riding a motorcycle or in a sidecar or trailer attached to the motorcycle.

A three-wheeled motor vehicle is a motorized tricycle designed primarily for on-road use. This includes a motor-driven tricycle, a motorized rickshaw, or a three-wheeled motor car.

A car [automobile] is a four-wheeled motor vehicle designed primarily for carrying up to 7 persons. A trailer being towed by the car is considered part of the car.

A pick-up truck or van is a four or six-wheeled motor vehicle designed for carrying passengers as well as property or cargo weighing less than the local limit for classification as a heavy goods vehicle, and not requiring a special driver's license. This includes a minivan and a sport-utility vehicle (SUV).

A heavy transport vehicle is a motor vehicle designed primarily for carrying property, meeting local criteria for classification as a heavy goods vehicle in terms of weight and requiring a special driver's license.

A bus (coach) is a motor vehicle designed or adapted primarily for carrying more than 10 passengers, and requiring a special driver's license.

A railway train or railway vehicle is any device, with or without freight or passenger cars couple to it, designed for traffic on a railway track. This includes subterranean (subways) or elevated trains.

A streetcar, is a device designed and used primarily for transporting passengers within a municipality, running on rails, usually subject to normal traffic control signals, and operated principally on a right-of-way that forms part of the roadway. This includes a tram or trolley that runs on rails. A trailer being towed by a streetcar is considered part of the streetcar.

A special vehicle mainly used on industrial premises is a motor vehicle designed primarily for use within the buildings and premises of industrial or commercial establishments. This includes battery-powered trucks, forklifts, coal-cars in a coal mine, logging cars and trucks used in mines or quarries.

A special vehicle mainly used in agriculture is a motor vehicle designed specifically for use in farming and agriculture (horticulture), to work the land, tend and harvest crops and transport materials on the farm. This includes harvesters, farm machinery and tractor and trailers.

A special construction vehicle is a motor vehicle designed specifically for use on construction and demolition sites. This includes bulldozers, diggers, earth levellers, dump trucks, backhoes, front-end loaders, pavers, and mechanical shovels.

A special all-terrain vehicle is a motor vehicle of special design to enable it to negotiate over rough or soft terrain, snow or sand. This includes snow mobiles, All-terrain vehicles (ATV), and dune buggies. It does not include passenger vehicle designated as Sport Utility Vehicles. (SUV)

A watercraft is any device designed for transporting passengers or goods on water. This includes motor or sail boats, ships, and hovercraft.

An aircraft is any device for transporting passengers or goods in the air. This includes hot-air balloons, gliders, helicopters and airplanes.

A military vehicle is any motorized vehicle operating on a public roadway owned by the military and being operated by a member of the military.
military and being operated by a member of the military.

**Pedestrian injured in transport accident (V00-V09)**

Includes:
- person changing tire on transport vehicle
- person examining engine of vehicle broken down in (on side of) road

Excludes1:
- fall due to non-transport collision with other person (W03)
- pedestrian on foot falling (slipping) on ice and snow (W00.-)
- struck or bumped by another person (W51)

**V00 Pedestrian conveyance accident**

Use additional place of occurrence and activity external cause codes, if known (Y92.-, Y93.-)

Excludes1:
- collision with another person without fall (W51)
- fall due to person on foot colliding with another person on foot (W03)
- fall from wheelchair without collision (W05)
- pedestrian (conveyance) collision with other land transport vehicle (V01-V09)
- pedestrian on foot falling (slipping) on ice and snow (W00.-)

The appropriate 7th character is to be added to each code from category V00

- A initial encounter
- D subsequent encounter
- S sequela

**V00.0 Pedestrian on foot injured in collision with pedestrian conveyance**

- V00.01 Pedestrian on foot injured in collision with roller-skater
- V00.02 Pedestrian on foot injured in collision with skateboarder
- V00.09 Pedestrian on foot injured in collision with other pedestrian conveyance

**V00.1 Rolling-type pedestrian conveyance accident**

Excludes1:
- accident with babystroller (V00.82-)
- accident with wheelchair (powered) (V00.81-)

**V00.11 In-line roller-skate accident**

- V00.111 Fall from in-line roller-skates
- V00.112 In-line roller-skater colliding with stationary object
- V00.118 Other in-line roller-skate accident

Excludes1:
- roller-skater collision with other land transport vehicle (V01-V09) with 5th character 1)

**V00.12 Non-in-line roller-skate accident**
V00.121 Fall from non-in-line roller-skates
V00.122 Non-in-line roller-skater colliding with stationary object
V00.128 Other non-in-line roller-skating accident

Excludes1: roller-skater collision with other land transport vehicle (V01-V09 with 5th character 1)

V00.13 Skateboard accident
- V00.131 Fall from skateboard
- V00.132 Skateboarder colliding with stationary object
- V00.138 Other skateboard accident

Excludes1: skateboarder collision with other land transport vehicle (V01-V09 with 5th character 2)

V00.14 Scooter (nonmotorized) accident
- V00.141 Fall from scooter (nonmotorized)
- V00.142 Scooter (nonmotorized) colliding with stationary object
- V00.148 Other scooter (nonmotorized) accident

Excludes1: scooter (nonmotorized) collision with other land transport vehicle (V01-V09 with fifth character 9)

V00.18 Accident on other rolling-type pedestrian conveyance
- V00.181 Fall from other rolling-type pedestrian conveyance
- V00.182 Pedestrian on other rolling-type pedestrian conveyance colliding with stationary object
- V00.188 Other accident on other rolling-type pedestrian conveyance

V00.2 Gliding-type pedestrian conveyance accident
- V00.21 Ice-skates accident
  - V00.211 Fall from ice-skates
  - V00.212 Ice-skater colliding with stationary object
  - V00.218 Other ice-skates accident
Excludes1: ice-skater collision with other land transport vehicle (V01-V09 with 5th digit 9)

**V00.22 Sled accident**
- **V00.221 Fall from sled**
- **V00.222 Sledder colliding with stationary object**
- **V00.228 Other sled accident**
  Excludes1: sled collision with other land transport vehicle (V01-V09 with 5th digit 9)

**V00.28 Other gliding-type pedestrian conveyance accident**
- **V00.281 Fall from other gliding-type pedestrian conveyance**
- **V00.282 Pedestrian on other gliding-type pedestrian conveyance colliding with stationary object**
- **V00.288 Other accident on other gliding-type pedestrian conveyance**
  Excludes1: gliding-type pedestrian conveyance collision with other land transport vehicle (V01-V09 with 5th digit 9)

**V00.3 Flat-bottomed pedestrian conveyance accident**
- **V00.31 Snowboard accident**
  - **V00.311 Fall from snowboard**
  - **V00.312 Snowboarder colliding with stationary object**
  - **V00.318 Other snowboard accident**
    Excludes1: snowboarder collision with other land transport vehicle (V01-V09 with 5th digit 9)

**V00.32 Snow-ski accident**
- **V00.321 Fall from snow-skis**
- **V00.322 Snow-skier colliding with stationary object**
- **V00.328 Other snow-ski accident**
  Excludes1: snow-skier collision with other land transport vehicle (V01-V09 with 5th digit 9)
V00.38 Other flat-bottomed pedestrian conveyance accident
   V00.381 Fall from other flat-bottomed pedestrian conveyance
   V00.382 Pedestrian on other flat-bottomed pedestrian conveyance colliding with stationary object
   V00.388 Other accident on other flat-bottomed pedestrian conveyance

V00.8 Accident on other pedestrian conveyance
   V00.81 Accident with wheelchair (powered)
      V00.811 Fall from moving wheelchair (powered)
      Excludes1: fall from non-moving wheelchair (W05)
   V00.812 Wheelchair (powered) colliding with stationary object
   V00.818 Other accident with wheelchair (powered)
   V00.82 Accident with babystroller
      V00.821 Fall from babystroller
      V00.822 Babystroller colliding with stationary object
      V00.828 Other accident with babystroller
   V00.89 Accident on other pedestrian conveyance
      V00.891 Fall from other pedestrian conveyance
      V00.892 Pedestrian on other pedestrian conveyance colliding with stationary object
      V00.898 Other accident on other pedestrian conveyance
      Excludes1: other pedestrian (conveyance) collision with other land transport vehicle (V01-V09 with 5th digit 9)

V01 Pedestrian injured in collision with pedal cycle
   The appropriate 7th character is to be added to each code from category V01
      A initial encounter
      D subsequent encounter
V01.0 Pedestrian injured in collision with pedal cycle in nontraffic accident
V01.00 Pedestrian on foot injured in collision with pedal cycle in nontraffic accident
Pedestrian NOS injured in collision with pedal cycle in nontraffic accident
V01.01 Pedestrian on roller-skates injured in collision with pedal cycle in nontraffic accident
V01.02 Pedestrian on skateboard injured in collision with pedal cycle in nontraffic accident
V01.09 Pedestrian with other conveyance injured in collision with pedal cycle in nontraffic accident
Pedestrian with babystroller injured in collision with pedal cycle in nontraffic accident
Pedestrian on ice-skates injured in collision with pedal cycle in nontraffic accident
Pedestrian on sled injured in collision with pedal cycle in nontraffic accident
Pedestrian on snowboard injured in collision with pedal cycle in nontraffic accident
Pedestrian on snow-skis injured in collision with pedal cycle in nontraffic accident
Pedestrian in wheelchair (powered) injured in collision with pedal cycle in nontraffic accident
V01.1 Pedestrian injured in collision with pedal cycle in traffic accident
V01.10 Pedestrian on foot injured in collision with pedal cycle in traffic accident
Pedestrian NOS injured in collision with pedal cycle in traffic accident
V01.11 Pedestrian on roller-skates injured in collision with pedal cycle in traffic accident
V01.12 Pedestrian on skateboard injured in collision with pedal cycle in traffic accident
V01.19 Pedestrian with other conveyance injured in collision with pedal cycle in traffic accident
Pedestrian with babystroller injured in collision with pedal cycle in traffic accident
Pedestrian on ice-skates injured in collision with pedal cycle in traffic accident
Pedestrian on sled injured in collision with pedal cycle in traffic accident
Pedestrian on snowboard injured in collision with pedal cycle in traffic accident
Pedestrian on snow-skis injured in collision with pedal cycle in traffic accident
Pedestrian in wheelchair (powered) injured in collision with pedal cycle in traffic accident

V01.9  Pedestrian injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident

V01.90 Pedestrian on foot injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident
Pedestrian NOS injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident

V01.91 Pedestrian on roller-skates injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident

V01.92 Pedestrian on skateboard injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident

V01.99 Pedestrian with other conveyance injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident

V02  Pedestrian injured in collision with two- or three-wheeled motor vehicle

The appropriate 7th character is to be added to each code from category V02

A  initial encounter
D  subsequent encounter
S  sequela

V02.0  Pedestrian injured in collision with two- or three-wheeled motor vehicle in nontraffic accident
V02.00 Pedestrian on foot injured in collision with two- or three-wheeled motor vehicle in nontraffic accident
Pedestrian NOS injured in collision with two- or three-wheeled motor vehicle in nontraffic accident

V02.01 Pedestrian on roller-skates injured in collision with two- or three-wheeled motor vehicle in nontraffic accident

V02.02 Pedestrian on skateboard injured in collision with two- or three-wheeled motor vehicle in nontraffic accident

V02.09 Pedestrian with other conveyance injured in collision with two- or three-wheeled motor vehicle in nontraffic accident
Pedestrian with babystroller injured in collision with two- or three-wheeled motor vehicle in nontraffic accident
Pedestrian on ice-skates injured in collision with two- or three-wheeled motor vehicle in nontraffic accident
Pedestrian on sled injured in collision with two- or three-wheeled motor vehicle in nontraffic accident
Pedestrian on snowboard injured in collision with two- or three-wheeled motor vehicle in nontraffic accident
Pedestrian on snow-skis injured in collision with two- or three-wheeled motor vehicle in nontraffic accident
Pedestrian in wheelchair (powered) injured in collision with two- or three-wheeled motor vehicle in nontraffic accident

V02.1 Pedestrian injured in collision with two- or three-wheeled motor vehicle in traffic accident

V02.10 Pedestrian on foot injured in collision with two- or three-wheeled motor vehicle in traffic accident
Pedestrian NOS injured in collision with two- or three-wheeled motor vehicle in traffic accident

V02.11 Pedestrian on roller-skates injured in collision with two- or three-wheeled motor vehicle in traffic accident

V02.12 Pedestrian on skateboard injured in collision with two- or three-wheeled motor vehicle in traffic accident

V02.19 Pedestrian with other conveyance injured in collision with two- or three-wheeled motor vehicle in traffic accident
Pedestrian with babystroller injured in collision with two- or three-wheeled motor vehicle in traffic accident
Pedestrian on ice-skates injured in collision with two- or three-wheeled motor vehicle in traffic accident
Pedestrian on sled injured in collision with two- or three-wheeled motor vehicle in traffic accident
Pedestrian on snowboard injured in collision with two- or three-wheeled motor vehicle in traffic accident
Pedestrian on snow-skis injured in collision with two- or three-wheeled motor vehicle in traffic accident
Pedestrian in wheelchair (powered) injured in collision with two- or three-wheeled motor vehicle in traffic accident

V02.9  Pedestrian injured in collision with two- or three-wheeled motor vehicle, unspecified whether traffic or nontraffic accident

V02.90  Pedestrian on foot injured in collision with two- or three-wheeled motor vehicle, unspecified whether traffic or nontraffic accident
Pedestrian NOS injured in collision with two- or three-wheeled motor vehicle, unspecified whether traffic or nontraffic accident

V02.91  Pedestrian on roller-skates injured in collision with two- or three-wheeled motor vehicle, unspecified whether traffic or nontraffic accident

V02.92  Pedestrian on skateboard injured in collision with two- or three-wheeled motor vehicle, unspecified whether traffic or nontraffic accident

V02.99  Pedestrian with other conveyance injured in collision with two- or three-wheeled motor vehicle, unspecified whether traffic or nontraffic accident
Pedestrian with babystroller injured in collision with two- or three-wheeled motor vehicle, unspecified whether traffic or nontraffic accident
Pedestrian on ice-skates injured in collision with two- or three-wheeled motor vehicle, unspecified whether traffic or nontraffic accident
Pedestrian on sled injured in collision with two- or three-wheeled motor vehicle, unspecified whether traffic or nontraffic accident
Pedestrian on snowboard injured in collision with two- or three-
wheeled motor vehicle, unspecified whether traffic or nontraffic accident
Pedestrian on snow-skis injured in collision with two- or three-wheeled motor vehicle, unspecified whether traffic or nontraffic accident
Pedestrian in wheelchair (powered) injured in collision with two- or three-wheeled motor vehicle, unspecified whether traffic or nontraffic accident

**V03 Pedestrian injured in collision with car, pick-up truck or van**

The appropriate 7th character is to be added to each code from category V03

- A initial encounter
- D subsequent encounter
- S sequela

**V03.0 Pedestrian injured in collision with car, pick-up truck or van in nontraffic accident**

- **V03.00 Pedestrian on foot injured in collision with car, pick-up truck or van in nontraffic accident**
  Pedestrian NOS injured in collision with car, pick-up truck or van in nontraffic accident

- **V03.01 Pedestrian on roller-skates injured in collision with car, pick-up truck or van in nontraffic accident**

- **V03.02 Pedestrian on skateboard injured in collision with car, pick-up truck or van in nontraffic accident**

- **V03.09 Pedestrian with other conveyance injured in collision with car, pick-up truck or van in nontraffic accident**
  Pedestrian with babystroller injured in collision with car, pick-up truck or van in nontraffic accident
  Pedestrian on ice-skates injured in collision with car, pick-up truck or van in nontraffic accident
  Pedestrian on sled injured in collision with car, pick-up truck or van in nontraffic accident
  Pedestrian on snowboard injured in collision with car, pick-up truck or van in nontraffic accident
  Pedestrian on snow-skis injured in collision with car, pick-up truck or van in nontraffic accident
  Pedestrian in wheelchair (powered) injured in collision with car, pick-up truck or van in nontraffic accident

**V03.1 Pedestrian injured in collision with car, pick-up truck or van in traffic accident**
V03.10 Pedestrian on foot injured in collision with car, pick-up truck or van in traffic accident
Pedestrian NOS injured in collision with car, pick-up truck or van in traffic accident

V03.11 Pedestrian on roller-skates injured in collision with car, pick-up truck or van in traffic accident

V03.12 Pedestrian on skateboard injured in collision with car, pick-up truck or van in traffic accident

V03.19 Pedestrian with other conveyance injured in collision with car, pick-up truck or van in traffic accident
Pedestrian with babystroller injured in collision with car, pick-up truck or van in traffic accident
Pedestrian on ice-skates injured in collision with car, pick-up truck or van in traffic accident
Pedestrian on sled injured in collision with car, pick-up truck or van in traffic accident
Pedestrian on snowboard injured in collision with car, pick-up truck or van in traffic accident
Pedestrian on snow-skis injured in collision with car, pick-up truck or van in traffic accident
Pedestrian in wheelchair (powered) injured in collision with car, pick-up truck or van in traffic accident

V03.9 Pedestrian injured in collision with car, pick-up truck or van, unspecified whether traffic or nontraffic accident

V03.90 Pedestrian on foot injured in collision with car, pick-up truck or van, unspecified whether traffic or nontraffic accident
Pedestrian NOS injured in collision with car, pick-up truck or van, unspecified whether traffic or nontraffic accident

V03.91 Pedestrian on roller-skates injured in collision with car, pick-up truck or van, unspecified whether traffic or nontraffic accident

V03.92 Pedestrian on skateboard injured in collision with car, pick-up truck or van, unspecified whether traffic or nontraffic accident

V03.99 Pedestrian with other conveyance injured in collision with car, pick-up truck or van, unspecified whether traffic or nontraffic accident
Pedestrian with babystroller injured in collision with car, pick-up truck or van, unspecified whether traffic or nontraffic accident
truck or van, unspecified whether traffic or nontraffic accident
Pedestrian on ice-skates injured in collision with car, pick-up truck or van, unspecified whether traffic or nontraffic accident
Pedestrian on sled injured in collision with car, pick-up truck or van in nontraffic accident
Pedestrian on snowboard injured in collision with car, pick-up truck or van, unspecified whether traffic or nontraffic accident
Pedestrian on snow-skis injured in collision with car, pick-up truck or van, unspecified whether traffic or nontraffic accident
Pedestrian in wheelchair (powered) injured in collision with car, pick-up truck or van, unspecified whether traffic or nontraffic accident

V04  Pedestrian injured in collision with heavy transport vehicle or bus
Excludes1: pedestrian injured in collision with military vehicle (V09.01, V09.21)
The appropriate 7th character is to be added to each code from category V04
   A  initial encounter
   D  subsequent encounter
   S  sequela

V04.0  Pedestrian injured in collision with heavy transport vehicle or bus in nontraffic accident
V04.00 Pedestrian on foot injured in collision with heavy transport vehicle or bus in nontraffic accident
   Pedestrian NOS injured in collision with heavy transport vehicle or bus in nontraffic accident
V04.01 Pedestrian on roller-skates injured in collision with heavy transport vehicle or bus in nontraffic accident
V04.02 Pedestrian on skateboard injured in collision with heavy transport vehicle or bus in nontraffic accident
V04.09 Pedestrian with other conveyance injured in collision with heavy transport vehicle or bus in nontraffic accident
   Pedestrian with babystroller injured in collision with heavy transport vehicle or bus in nontraffic accident
   Pedestrian on ice-skates injured in collision with heavy transport vehicle or bus in nontraffic accident
Pedestrian on sled injured in collision with heavy transport vehicle or bus in nontraffic accident
Pedestrian on snowboard injured in collision with heavy transport vehicle or bus in nontraffic accident
Pedestrian on snow-skis injured in collision with heavy transport vehicle or bus in nontraffic accident
Pedestrian in wheelchair (powered) injured in collision with heavy transport vehicle or bus in nontraffic accident

V04.1  Pedestrian injured in collision with heavy transport vehicle or bus in traffic accident
V04.10 Pedestrian on foot injured in collision with heavy transport vehicle or bus in traffic accident
Pedestrian NOS injured in collision with heavy transport vehicle or bus in traffic accident
V04.11 Pedestrian on roller-skates injured in collision with heavy transport vehicle or bus in traffic accident
V04.12 Pedestrian on skateboard injured in collision with heavy transport vehicle or bus in traffic accident
V04.19 Pedestrian with other conveyance injured in collision with heavy transport vehicle or bus in traffic accident
Pedestrian with babystroller injured in collision with heavy transport vehicle or bus in traffic accident
Pedestrian on ice-skates injured in collision with heavy transport vehicle or bus in traffic accident
Pedestrian on sled injured in collision with heavy transport vehicle or bus in traffic accident
Pedestrian on snowboard injured in collision with heavy transport vehicle or bus in traffic accident
Pedestrian on snow-skis injured in collision with heavy transport vehicle or bus in traffic accident
Pedestrian in wheelchair (powered) injured in collision with heavy transport vehicle or bus in traffic accident

V04.9  Pedestrian injured in collision with heavy transport vehicle or bus, unspecified whether traffic or nontraffic accident
V04.90 Pedestrian on foot injured in collision with heavy transport vehicle or bus, unspecified whether traffic or nontraffic accident
Pedestrian NOS injured in collision with heavy transport vehicle or bus.
V04.91 Pedestrian on roller-skates injured in collision
with heavy transport vehicle or bus,
unspecified whether traffic or nontraffic
accident

V04.92 Pedestrian on skateboard injured in collision
with heavy transport vehicle or bus,
unspecified whether traffic or nontraffic
accident

V04.99 Pedestrian with other conveyance injured in
collision with heavy transport vehicle or bus,
unspecified whether traffic or nontraffic
accident

Pedestrian with babystroller injured in collision with heavy
transport vehicle or bus, unspecified whether traffic or
nontraffic accident

Pedestrian on ice-skates injured in collision with heavy transport
vehicle or bus, unspecified whether traffic or nontraffic
accident

Pedestrian on sled injured in collision with heavy transport
vehicle or bus, unspecified whether traffic or nontraffic
accident

Pedestrian on snowboard injured in collision with heavy
transport vehicle or bus, unspecified whether traffic or nontraffic
accident

Pedestrian on snow-skis injured in collision with heavy transport
vehicle or bus, unspecified whether traffic or nontraffic
accident

Pedestrian in wheelchair (powered) injured in collision with
heavy transport vehicle or bus, unspecified whether
traffic or nontraffic accident

V05 Pedestrian injured in collision with railway train or railway
vehicle

The appropriate 7th character is to be added to each code from category V05
A  initial encounter
D  subsequent encounter
S  sequela

V05.0 Pedestrian injured in collision with railway train
or railway vehicle in nontraffic accident

V05.00 Pedestrian on foot injured in collision with
railway train or railway vehicle in nontraffic
accident
Pedestrian NOS injured in collision with railway train or railway vehicle in nontraffic accident

V05.01 Pedestrian on roller-skates injured in collision with railway train or railway vehicle in nontraffic accident

V05.02 Pedestrian on skateboard injured in collision with railway train or railway vehicle in nontraffic accident

V05.09 Pedestrian with other conveyance injured in collision with railway train or railway vehicle in nontraffic accident

V05.1 Pedestrian injured in collision with railway train or railway vehicle in traffic accident

V05.10 Pedestrian on foot injured in collision with railway train or railway vehicle in traffic accident

V05.11 Pedestrian on roller-skates injured in collision with railway train or railway vehicle in traffic accident

V05.12 Pedestrian on skateboard injured in collision with railway train or railway vehicle in traffic accident

V05.19 Pedestrian with other conveyance injured in collision with railway train or railway vehicle in traffic accident

Pedestrian with babystroller injured in collision with railway train or railway vehicle in nontraffic accident

Pedestrian on ice-skates injured in collision with railway train or railway vehicle in nontraffic accident

Pedestrian on sled injured in collision with railway train or railway vehicle in nontraffic accident

Pedestrian on snowboard injured in collision with railway train or railway vehicle in nontraffic accident

Pedestrian on snow-skis injured in collision with railway train or railway vehicle in nontraffic accident

Pedestrian in wheelchair (powered) injured in collision with railway train or railway vehicle in nontraffic accident

Pedestrian with babystroller injured in collision with railway train or railway vehicle in traffic accident

Pedestrian on ice-skates injured in collision with railway train or railway vehicle in traffic accident

Pedestrian on sled injured in collision with railway train or railway vehicle in traffic accident

Pedestrian on snowboard injured in collision with railway train or railway vehicle in traffic accident

Pedestrian on snow-skis injured in collision with railway train or railway vehicle in traffic accident

Pedestrian in wheelchair (powered) injured in collision with railway train or railway vehicle in traffic accident
Pedestrian on sled injured in collision with railway train or railway vehicle in traffic accident
Pedestrian on snowboard injured in collision with railway train or railway vehicle in traffic accident
Pedestrian on snow-skis injured in collision with railway train or railway vehicle in traffic accident
Pedestrian in wheelchair (powered) injured in collision with railway train or railway vehicle in traffic accident

V05.9 Pedestrian injured in collision with railway train or railway vehicle, unspecified whether traffic or nontraffic accident

V05.90 Pedestrian on foot injured in collision with railway train or railway vehicle, unspecified whether traffic or nontraffic accident
Pedestrian NOS injured in collision with railway train or railway vehicle, unspecified whether traffic or nontraffic accident

V05.91 Pedestrian on roller-skates injured in collision with railway train or railway vehicle, unspecified whether traffic or nontraffic accident

V05.92 Pedestrian on skateboard injured in collision with railway train or railway vehicle, unspecified whether traffic or nontraffic accident

V05.99 Pedestrian with other conveyance injured in collision with railway train or railway vehicle, unspecified whether traffic or nontraffic accident
Pedestrian with babystroller injured in collision with railway train or railway vehicle, unspecified whether traffic or nontraffic
Pedestrian on ice-skates injured in collision with railway train or railway vehicle, unspecified whether traffic or nontraffic
Pedestrian on sled injured in collision with railway train or railway vehicle, unspecified whether traffic or nontraffic
Pedestrian on snowboard injured in collision with railway train or railway vehicle, unspecified whether traffic or nontraffic
Pedestrian on snow-skis injured in collision with railway train or railway vehicle, unspecified whether traffic or nontraffic

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nontraffic
Pedestrian in wheelchair (powered) injured in collision with
railway train or railway vehicle, unspecified whether
traffic or nontraffic

V06  Pedestrian injured in collision with other nonmotor vehicle
Includes: collision with animal-drawn vehicle, animal being ridden, nonpowered
streetcar
Excludes1: pedestrian injured in collision with pedestrian conveyance (V00.0-)
The appropriate 7th character is to be added to each code from category V06
A  initial encounter
D  subsequent encounter
S  sequela

V06.0  Pedestrian injured in collision with other nonmotor vehicle in nontraffic accident
V06.00 Pedestrian on foot injured in collision with other nonmotor vehicle in nontraffic accident
Pedestrian NOS injured in collision with other nonmotor vehicle in nontraffic accident
V06.01 Pedestrian on roller-skates injured in collision with other nonmotor vehicle in nontraffic accident
V06.02 Pedestrian on skateboard injured in collision with other nonmotor vehicle in nontraffic accident
V06.09 Pedestrian with other conveyance injured in collision with other nonmotor vehicle in nontraffic accident
Pedestrian with babystroller injured in collision with other nonmotor vehicle in nontraffic accident
Pedestrian on ice-skates injured in collision with other nonmotor vehicle in nontraffic accident
Pedestrian on sled injured in collision with other nonmotor vehicle in nontraffic accident
Pedestrian on snowboard injured in collision with other nonmotor vehicle in nontraffic accident
Pedestrian on snow-skis injured in collision with other nonmotor vehicle in nontraffic accident
Pedestrian in wheelchair (powered) injured in collision with other nonmotor vehicle in nontraffic accident

V06.1  Pedestrian injured in collision with other nonmotor vehicle in traffic accident
V06.10 Pedestrian on foot injured in collision with other nonmotor vehicle in traffic accident
Pedestrian NOS injured in collision with other nonmotor vehicle in traffic accident

V06.11 Pedestrian on roller-skates injured in collision with other nonmotor vehicle in traffic accident

V06.12 Pedestrian on skateboard injured in collision with other nonmotor vehicle in traffic accident

V06.19 Pedestrian with other conveyance injured in collision with other nonmotor vehicle in traffic accident

Pedestrian with babystroller injured in collision with other nonmotor vehicle in nontraffic accident

Pedestrian on ice-skates injured in collision with other nonmotor vehicle in traffic accident

Pedestrian on sled injured in collision with other nonmotor vehicle in traffic accident

Pedestrian on snowboard injured in collision with other nonmotor vehicle in traffic accident

Pedestrian on snow-skis injured in collision with other nonmotor vehicle in traffic accident

Pedestrian in wheelchair (powered) injured in collision with other nonmotor vehicle in traffic accident

V06.9 Pedestrian injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident

V06.90 Pedestrian on foot injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident

Pedestrian NOS injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident

V06.91 Pedestrian on roller-skates injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident

V06.92 Pedestrian on skateboard injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident

V06.99 Pedestrian with other conveyance injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident

Pedestrian with babystroller injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident

Pedestrian on ice-skates injured in collision with other nonmotor vehicle.
vehicle, unspecified whether traffic or nontraffic accident

Pedestrian on sled injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident

Pedestrian on snowboard injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident

Pedestrian on snow-skis injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident

Pedestrian in wheelchair (powered) injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident

**V09 Pedestrian injured in other and unspecified transport accidents**

The appropriate 7th character is to be added to each code from category V09

A initial encounter

D subsequent encounter

S sequela

**V09.0 Pedestrian injured in nontraffic accident involving other and unspecified motor vehicles**

**V09.00 Pedestrian injured in nontraffic accident involving unspecified motor vehicles**

**V09.01 Pedestrian injured in nontraffic accident involving military vehicle**

**V09.09 Pedestrian injured in nontraffic accident involving other motor vehicles**

Pedestrian injured in nontraffic accident by special vehicle

**V09.1 Pedestrian injured in unspecified nontraffic accident**

**V09.2 Pedestrian injured in traffic accident involving other and unspecified motor vehicles**

**V09.20 Pedestrian injured in traffic accident involving unspecified motor vehicles**

**V09.21 Pedestrian injured in traffic accident involving military vehicle**

**V09.29 Pedestrian injured in traffic accident involving other motor vehicles**

**V09.3 Pedestrian injured in unspecified traffic accident**

**V09.9 Pedestrian injured in unspecified transport accident**
Pedal cycle rider injured in transport accident (V10-V19)

Includes: any non-motorized vehicle, excluding an animal-drawn vehicle, or a sidecar or trailer attached to the pedal cycle
Excludes: rupture of pedal cycle tire (W37.0)

V10  Pedal cycle rider injured in collision with pedestrian or animal

Excludes: pedal cycle rider collision with animal-drawn vehicle or animal being ridden (V16.-)
The appropriate 7th character is to be added to each code from category V10
A initial encounter
D subsequent encounter
S sequela

V10.0  Pedal cycle driver injured in collision with pedestrian or animal in nontraffic accident
V10.1  Pedal cycle passenger injured in collision with pedestrian or animal in nontraffic accident
V10.2  Unspecified pedal cyclist injured in collision with pedestrian or animal in nontraffic accident
V10.3  Person boarding or alighting a pedal cycle injured in collision with pedestrian or animal
V10.4  Pedal cycle driver injured in collision with pedestrian or animal in traffic accident
V10.5  Pedal cycle passenger injured in collision with pedestrian or animal in traffic accident
V10.9  Unspecified pedal cyclist injured in collision with pedestrian or animal in traffic accident

V11  Pedal cycle rider injured in collision with other pedal cycle

The appropriate 7th character is to be added to each code from category V11
A initial encounter
D subsequent encounter
S sequela

V11.0  Pedal cycle driver injured in collision with other pedal cycle in nontraffic accident
V11.1  Pedal cycle passenger injured in collision with other pedal cycle in nontraffic accident
V11.2  Unspecified pedal cyclist injured in collision with other pedal cycle in nontraffic accident
V11.3  Person boarding or alighting a pedal cycle injured in collision with other pedal cycle
V11.4  Pedal cycle driver injured in collision with other
V11.5 Pedal cycle passenger injured in collision with other pedal cycle in traffic accident
V11.9 Unspecified pedal cyclist injured in collision with other pedal cycle in traffic accident

V12 Pedal cycle rider injured in collision with two- or three-wheeled motor vehicle
The appropriate 7th character is to be added to each code from category V12
   A initial encounter
   D subsequent encounter
   S sequela
V12.0 Pedal cycle driver injured in collision with two- or three-wheeled motor vehicle in nontraffic accident
V12.1 Pedal cycle passenger injured in collision with two- or three-wheeled motor vehicle in nontraffic accident
V12.2 Unspecified pedal cyclist injured in collision with two- or three-wheeled motor vehicle in nontraffic accident
V12.3 Person boarding or alighting a pedal cycle injured in collision with two- or three-wheeled motor vehicle
V12.4 Pedal cycle driver injured in collision with two- or three-wheeled motor vehicle in traffic accident
V12.5 Pedal cycle passenger injured in collision with two- or three-wheeled motor vehicle in traffic accident
V12.9 Unspecified pedal cyclist injured in collision with two- or three-wheeled motor vehicle in traffic accident

V13 Pedal cycle rider injured in collision with car, pick-up truck or van
The appropriate 7th character is to be added to each code from category V13
   A initial encounter
   D subsequent encounter
   S sequela
V13.0 Pedal cycle driver injured in collision with car, pick-up truck or van in nontraffic accident
V13.1 Pedal cycle passenger injured in collision with car, pick-up truck or van in nontraffic accident
V13.2 Unspecified pedal cyclist injured in collision
with car, pick-up truck or van in nontraffic accident

V13.3  Person boarding or alighting a pedal cycle injured in collision with car, pick-up truck or van

V13.4  Pedal cycle driver injured in collision with car, pick-up truck or van in traffic accident

V13.5  Pedal cycle passenger injured in collision with car, pick-up truck or van in traffic accident

V13.9  Unspecified pedal cyclist injured in collision with car, pick-up truck or van in traffic accident

V14  Pedal cycle rider injured in collision with heavy transport vehicle or bus

Excludes1: pedal cycle rider injured in collision with military vehicle (V19.81)

The appropriate 7th character is to be added to each code from category V14

A  initial encounter
D  subsequent encounter
S  sequela

V14.0  Pedal cycle driver injured in collision with heavy transport vehicle or bus in nontraffic accident

V14.1  Pedal cycle passenger injured in collision with heavy transport vehicle or bus in nontraffic accident

V14.2  Unspecified pedal cyclist injured in collision with heavy transport vehicle or bus in nontraffic accident

V14.3  Person boarding or alighting a pedal cycle injured in collision with heavy transport vehicle or bus

V14.4  Pedal cycle driver injured in collision with heavy transport vehicle or bus in traffic accident

V14.5  Pedal cycle passenger injured in collision with heavy transport vehicle or bus in traffic accident

V14.9  Unspecified pedal cyclist injured in collision with heavy transport vehicle or bus in traffic accident

V15  Pedal cycle rider injured in collision with railway train or railway vehicle

The appropriate 7th character is to be added to each code from category V15

A  initial encounter
D  subsequent encounter
S  sequela

V15.0  Pedal cycle driver injured in collision with railway train or railway vehicle in nontraffic accident
V15.1 Pedal cycle passenger injured in collision with railway train or railway vehicle in nontraffic accident
V15.2 Unspecified pedal cyclist injured in collision with railway train or railway vehicle in nontraffic accident
V15.3 Person boarding or alighting a pedal cycle injured in collision with railway train or railway vehicle
V15.4 Pedal cycle driver injured in collision with railway train or railway vehicle in traffic accident
V15.5 Pedal cycle passenger injured in collision with railway train or railway vehicle in traffic accident
V15.9 Unspecified pedal cyclist injured in collision with railway train or railway vehicle in traffic accident

V16 Pedal cycle rider injured in collision with other nonmotor vehicle
Includes: collision with animal-drawn vehicle, animal being ridden, streetcar
The appropriate 7th character is to be added to each code from category V16
  A initial encounter
  D subsequent encounter
  S sequela
V16.0 Pedal cycle driver injured in collision with other nonmotor vehicle in nontraffic accident
V16.1 Pedal cycle passenger injured in collision with other nonmotor vehicle in nontraffic accident
V16.2 Unspecified pedal cyclist injured in collision with other nonmotor vehicle in nontraffic accident
V16.3 Person boarding or alighting a pedal cycle injured in collision with other nonmotor vehicle in nontraffic accident
V16.4 Pedal cycle driver injured in collision with other nonmotor vehicle in traffic accident
V16.5 Pedal cycle passenger injured in collision with other nonmotor vehicle in traffic accident
V16.9 Unspecified pedal cyclist injured in collision with other nonmotor vehicle in traffic accident

V17 Pedal cycle rider injured in collision with fixed or stationary object
The appropriate 7th character is to be added to each code from category V17
  A initial encounter
V17.0 Pedal cycle driver injured in collision with fixed or stationary object in nontraffic accident
V17.1 Pedal cycle passenger injured in collision with fixed or stationary object in nontraffic accident
V17.2 Unspecified pedal cyclist injured in collision with fixed or stationary object in nontraffic accident
V17.3 Person boarding or alighting a pedal cycle injured in collision with fixed or stationary object
V17.4 Pedal cycle driver injured in collision with fixed or stationary object in traffic accident
V17.5 Pedal cycle passenger injured in collision with fixed or stationary object in traffic accident
V17.9 Unspecified pedal cyclist injured in collision with fixed or stationary object in traffic accident

V18 Pedal cycle rider injured in noncollision transport accident
Includes: fall or thrown from pedal cycle (without antecedent collision)
overturning pedal cycle NOS
overturning pedal cycle without collision
The appropriate 7th character is to be added to each code from category V18
A initial encounter
D subsequent encounter
S sequela
V18.0 Pedal cycle driver injured in noncollision transport accident in nontraffic accident
V18.1 Pedal cycle passenger injured in noncollision transport accident in nontraffic accident
V18.2 Unspecified pedal cyclist injured in noncollision transport accident in nontraffic accident
V18.3 Person boarding or alighting a pedal cycle injured in noncollision transport accident
V18.4 Pedal cycle driver injured in noncollision transport accident in traffic accident
V18.5 Pedal cycle passenger injured in noncollision transport accident in traffic accident
V18.9 Unspecified pedal cyclist injured in noncollision transport accident in traffic accident

V19 Pedal cycle rider injured in other and unspecified transport accidents
The appropriate 7th character is to be added to each code from category V19

A initial encounter
D subsequent encounter
S sequela

**V19.0** Pedal cycle driver injured in collision with other and unspecified motor vehicles in nontraffic accident
  **V19.00** Pedal cycle driver injured in collision with unspecified motor vehicles in nontraffic accident
  **V19.09** Pedal cycle driver injured in collision with other motor vehicles in nontraffic accident

**V19.1** Pedal cycle passenger injured in collision with other and unspecified motor vehicles in nontraffic accident
  **V19.10** Pedal cycle passenger injured in collision with unspecified motor vehicles in nontraffic accident
  **V19.19** Pedal cycle passenger injured in collision with other motor vehicles in nontraffic accident

**V19.2** Unspecified pedal cyclist injured in collision with other and unspecified motor vehicles in nontraffic accident
  **V19.20** Unspecified pedal cyclist injured in collision with unspecified motor vehicles in nontraffic accident
  Pedal cycle collision NOS, nontraffic
  **V19.29** Unspecified pedal cyclist injured in collision with other motor vehicles in nontraffic accident

**V19.3** Pedal cyclist (driver) (passenger) injured in unspecified nontraffic accident
  Pedal cycle accident NOS, nontraffic
  Pedal cyclist injured in nontraffic accident NOS

**V19.4** Pedal cycle driver injured in collision with other and unspecified motor vehicles in traffic accident
  **V19.40** Pedal cycle driver injured in collision with unspecified motor vehicles in traffic accident
  **V19.49** Pedal cycle driver injured in collision with other motor vehicles in traffic accident

**V19.5** Pedal cycle passenger injured in collision with other and unspecified motor vehicles in traffic accident
accident
V19.50 Pedal cycle passenger injured in collision with unspecified motor vehicles in traffic accident
V19.59 Pedal cycle passenger injured in collision with other motor vehicles in traffic accident
V19.6 Unspecified pedal cyclist injured in collision with other and unspecified motor vehicles in traffic accident
V19.60 Unspecified pedal cyclist injured in collision with unspecified motor vehicles in traffic accident
Pedal cycle collision NOS (traffic)
V19.69 Unspecified pedal cyclist injured in collision with other motor vehicles in traffic accident
V19.8 Pedal cyclist (driver) (passenger) injured in other specified transport accidents
V19.81 Pedal cyclist (driver) (passenger) injured in transport accident with military vehicle
V19.88 Pedal cyclist (driver) (passenger) injured in other specified transport accidents
V19.9 Pedal cyclist (driver) (passenger) injured in unspecified traffic accident
Pedal cycle accident NOS

Motorcycle rider injured in transport accident (V20-V29)

Includes: moped
motorcycle with sidecar
motorized bicycle
motor scooter
Excludes1: three-wheeled motor vehicle (V30-V39)

V20 Motorcycle rider injured in collision with pedestrian or animal
Excludes1: motorcycle rider collision with animal-drawn vehicle or animal being ridden (V26.-)
The appropriate 7th character is to be added to each code from category V20
   A initial encounter
   D subsequent encounter
   S sequela

V20.0 Motorcycle driver injured in collision with pedestrian or animal in nontraffic accident
V20.1 Motorcycle passenger injured in collision with pedestrian or animal in nontraffic accident
V20.2 Unspecified motorcycle rider injured in collision with pedestrian or animal in nontraffic accident
V20.3 Person boarding or alighting a motorcycle injured in collision with pedestrian or animal
V20.4 Motorcycle driver injured in collision with pedestrian or animal in traffic accident
V20.5 Motorcycle passenger injured in collision with pedestrian or animal in traffic accident
V20.9 Unspecified motorcycle rider injured in collision with pedestrian or animal in traffic accident

V21 Motorcycle rider injured in collision with pedal cycle
The appropriate 7th character is to be added to each code from category V21
   A initial encounter
   D subsequent encounter
   S sequela
V21.0 Motorcycle driver injured in collision with pedal cycle in nontraffic accident
V21.1 Motorcycle passenger injured in collision with pedal cycle in nontraffic accident
V21.2 Unspecified motorcycle rider injured in collision with pedal cycle in nontraffic accident
V21.3 Person boarding or alighting a motorcycle injured in collision with pedal cycle
V21.4 Motorcycle driver injured in collision with pedal cycle in traffic accident
V21.5 Motorcycle passenger injured in collision with pedal cycle in traffic accident
V21.9 Unspecified motorcycle rider injured in collision with pedal cycle in traffic accident

V22 Motorcycle rider injured in collision with two- or three-wheeled motor vehicle
The appropriate 7th character is to be added to each code from category V22
   A initial encounter
   D subsequent encounter
   S sequela
V22.0 Motorcycle driver injured in collision with two- or three-wheeled motor vehicle in nontraffic accident
V22.1 Motorcycle passenger injured in collision with two- or three-wheeled motor vehicle in traffic accident
two- or three-wheeled motor vehicle in nontraffic accident
V22.2 Unspecified motorcycle rider injured in collision with two- or three-wheeled motor vehicle in nontraffic accident
V22.3 Person boarding or alighting a motorcycle injured in collision with two- or three-wheeled motor vehicle
V22.4 Motorcycle driver injured in collision with two- or three-wheeled motor vehicle in traffic accident
V22.5 Motorcycle passenger injured in collision with two- or three-wheeled motor vehicle in traffic accident
V22.9 Unspecified motorcycle rider injured in collision with two- or three-wheeled motor vehicle in traffic accident

V23 Motorcycle rider injured in collision with car, pick-up truck or van
The appropriate 7th character is to be added to each code from category V23
   A  initial encounter
   D  subsequent encounter
   S  sequela
V23.0 Motorcycle driver injured in collision with car, pick-up truck or van in nontraffic accident
V23.1 Motorcycle passenger injured in collision with car, pick-up truck or van in nontraffic accident
V23.2 Unspecified motorcycle rider injured in collision with car, pick-up truck or van in nontraffic accident
V23.3 Person boarding or alighting a motorcycle injured in collision with car, pick-up truck or van
V23.4 Motorcycle driver injured in collision with car, pick-up truck or van in traffic accident
V23.5 Motorcycle passenger injured in collision with car, pick-up truck or van in traffic accident
V23.9 Unspecified motorcycle rider injured in collision with car, pick-up truck or van in traffic accident

V24 Motorcycle rider injured in collision with heavy transport vehicle or bus
Excludes1: motorcycle rider injured in collision with military vehicle (V29.81)
The appropriate 7th character is to be added to each code from category V24
   A  initial encounter
V24.0 Motorcycle driver injured in collision with heavy transport vehicle or bus in nontraffic accident
V24.1 Motorcycle passenger injured in collision with heavy transport vehicle or bus in nontraffic accident
V24.2 Unspecified motorcycle rider injured in collision with heavy transport vehicle or bus in nontraffic accident
V24.3 Person boarding or alighting a motorcycle injured in collision with heavy transport vehicle or bus
V24.4 Motorcycle driver injured in collision with heavy transport vehicle or bus in traffic accident
V24.5 Motorcycle passenger injured in collision with heavy transport vehicle or bus in traffic accident
V24.9 Unspecified motorcycle rider injured in collision with heavy transport vehicle or bus in traffic accident

V25 Motorcycle rider injured in collision with railway train or railway vehicle
The appropriate 7th character is to be added to each code from category V25
A initial encounter
D subsequent encounter
S sequela

V25.0 Motorcycle driver injured in collision with railway train or railway vehicle in nontraffic accident
V25.1 Motorcycle passenger injured in collision with railway train or railway vehicle in nontraffic accident
V25.2 Unspecified motorcycle rider injured in collision with railway train or railway vehicle in nontraffic accident
V25.3 Person boarding or alighting a motorcycle injured in collision with railway train or railway vehicle
V25.4 Motorcycle driver injured in collision with railway train or railway vehicle in traffic accident
V25.5 Motorcycle passenger injured in collision with railway train or railway vehicle in traffic accident
V25.9 Unspecified motorcycle rider injured in collision with railway train or railway vehicle in traffic accident
V26  Motorcycle rider injured in collision with other nonmotor vehicle

Includes:  collision with animal-drawn vehicle, animal being ridden, streetcar

The appropriate 7th character is to be added to each code from category V26

A  initial encounter
D  subsequent encounter
S  sequela

V26.0  Motorcycle driver injured in collision with other nonmotor vehicle in nontraffic accident

V26.1  Motorcycle passenger injured in collision with other nonmotor vehicle in nontraffic accident

V26.2  Unspecified motorcycle rider injured in collision with other nonmotor vehicle in nontraffic accident

V26.3  Person boarding or alighting a motorcycle injured in collision with other nonmotor vehicle

V26.4  Motorcycle driver injured in collision with other nonmotor vehicle in traffic accident

V26.5  Motorcycle passenger injured in collision with other nonmotor vehicle in traffic accident

V26.9  Unspecified motorcycle rider injured in collision with other nonmotor vehicle in traffic accident

V27  Motorcycle rider injured in collision with fixed or stationary object

The appropriate 7th character is to be added to each code from category V27

A  initial encounter
D  subsequent encounter
S  sequela

V27.0  Motorcycle driver injured in collision with fixed or stationary object in nontraffic accident

V27.1  Motorcycle passenger injured in collision with fixed or stationary object in nontraffic accident

V27.2  Unspecified motorcycle rider injured in collision with fixed or stationary object in nontraffic accident

V27.3  Person boarding or alighting a motorcycle injured in collision with fixed or stationary object

V27.4  Motorcycle driver injured in collision with fixed or stationary object in traffic accident

V27.5  Motorcycle passenger injured in collision with fixed or stationary object in traffic accident

V27.9  Unspecified motorcycle rider injured in collision
with fixed or stationary object in traffic accident

V28 Motorcycle rider injured in noncollision transport accident
Includes: fall or thrown from motorcycle (without antecedent collision)
          overturning motorcycle NOS
          overturning motorcycle without collision
The appropriate 7th character is to be added to each code from category V28
          A initial encounter
          D subsequent encounter
          S sequela
V28.0 Motorcycle driver injured in noncollision transport accident in nontraffic accident
V28.1 Motorcycle passenger injured in noncollision transport accident in nontraffic accident
V28.2 Unspecified motorcycle rider injured in noncollision transport accident in nontraffic accident
V28.3 Person boarding or alighting a motorcycle injured in noncollision transport accident
V28.4 Motorcycle driver injured in noncollision transport accident in traffic accident
V28.5 Motorcycle passenger injured in noncollision transport accident in traffic accident
V28.9 Unspecified motorcycle rider injured in noncollision transport accident in traffic accident

V29 Motorcycle rider injured in other and unspecified transport accidents
The appropriate 7th character is to be added to each code from category V29
          A initial encounter
          D subsequent encounter
          S sequela
V29.0 Motorcycle driver injured in collision with other and unspecified motor vehicles in nontraffic accident
V29.00 Motorcycle driver injured in collision with unspecified motor vehicles in nontraffic accident
V29.09 Motorcycle driver injured in collision with other motor vehicles in nontraffic accident
V29.1 Motorcycle passenger injured in collision with other and unspecified motor vehicles in nontraffic accident
V29.10 Motorcycle passenger injured in collision with
unspecified motor vehicles in nontraffic accident
V29.19 Motorcycle passenger injured in collision with other motor vehicles in nontraffic accident
V29.2 Unspecified motorcycle rider injured in collision with other and unspecified motor vehicles in nontraffic accident
V29.20 Unspecified motorcycle rider injured in collision with unspecified motor vehicles in nontraffic accident
   Motorcycle collision NOS, nontraffic
V29.29 Unspecified motorcycle rider injured in collision with other motor vehicles in nontraffic accident
V29.3 Motorcycle rider (driver) (passenger) injured in unspecified nontraffic accident
   Motorcycle accident NOS, nontraffic
   Motorcycle rider injured in nontraffic accident NOS
V29.4 Motorcycle driver injured in collision with other and unspecified motor vehicles in traffic accident
V29.40 Motorcycle driver injured in collision with unspecified motor vehicles in traffic accident
V29.49 Motorcycle driver injured in collision with other motor vehicles in traffic accident
V29.5 Motorcycle passenger injured in collision with other and unspecified motor vehicles in traffic accident
V29.50 Motorcycle passenger injured in collision with unspecified motor vehicles in traffic accident
V29.59 Motorcycle passenger injured in collision with other motor vehicles in traffic accident
V29.6 Unspecified motorcycle rider injured in collision with other and unspecified motor vehicles in traffic accident
V29.60 Unspecified motorcycle rider injured in collision with unspecified motor vehicles in traffic accident
   Motorcycle collision NOS (traffic)
V29.69 Unspecified motorcycle rider injured in collision with other motor vehicles in traffic accident
accident
V29.8 Motorcycle rider (driver) (passenger) injured in other specified transport accidents
V29.81 Motorcycle rider (driver) (passenger) injured in transport accident with military vehicle
V29.88 Motorcycle rider (driver) (passenger) injured in other specified transport accidents
V29.9 Motorcycle rider (driver) (passenger) injured in unspecified traffic accident
Motorcycle accident NOS

Occupant of three-wheeled motor vehicle injured in transport accident (V30-V39)

Includes: motorized tricycle
motorized rickshaw
three-wheeled motor car
Excludes1: all-terrain vehicles (V86.-)
motorcycle with sidecar (V20-V29)
vehicle designed primarily for off-road use (V86.-)

V30 Occupant of three-wheeled motor vehicle injured in collision with pedestrian or animal
Excludes1: three-wheeled motor vehicle collision with animal-drawn vehicle or animal being ridden (V36.-)
The appropriate 7th character is to be added to each code from category V30
A initial encounter
D subsequent encounter
S sequela

V30.0 Driver of three-wheeled motor vehicle injured in collision with pedestrian or animal in nontraffic accident
V30.1 Passenger in three-wheeled motor vehicle injured in collision with pedestrian or animal in nontraffic accident
V30.2 Person on outside of three-wheeled motor vehicle injured in collision with pedestrian or animal in nontraffic accident
V30.3 Unspecified occupant of three-wheeled motor vehicle injured in collision with pedestrian or animal in nontraffic accident
V30.4 Person boarding or alighting a three-wheeled
motor vehicle injured in collision with pedestrian or animal

V30.5 Driver of three-wheeled motor vehicle injured in collision with pedestrian or animal in traffic accident

V30.6 Passenger in three-wheeled motor vehicle injured in collision with pedestrian or animal in traffic accident

V30.7 Person on outside of three-wheeled motor vehicle injured in collision with pedestrian or animal in traffic accident

V30.9 Unspecified occupant of three-wheeled motor vehicle injured in collision with pedestrian or animal in traffic accident

V31 Occupant of three-wheeled motor vehicle injured in collision with pedal cycle

The appropriate 7th character is to be added to each code from category V31

- A initial encounter
- D subsequent encounter
- S sequela

V31.0 Driver of three-wheeled motor vehicle injured in collision with pedal cycle in nontraffic accident

V31.1 Passenger in three-wheeled motor vehicle injured in collision with pedal cycle in nontraffic accident

V31.2 Person on outside of three-wheeled motor vehicle injured in collision with pedal cycle in nontraffic accident

V31.3 Unspecified occupant of three-wheeled motor vehicle injured in collision with pedal cycle in nontraffic accident

V31.4 Person boarding or alighting a three-wheeled motor vehicle injured in collision with pedal cycle

V31.5 Driver of three-wheeled motor vehicle injured in collision with pedal cycle in traffic accident

V31.6 Passenger in three-wheeled motor vehicle injured in collision with pedal cycle in traffic accident

V31.7 Person on outside of three-wheeled motor vehicle injured in collision with pedal cycle in traffic accident

V31.9 Unspecified occupant of three-wheeled motor vehicle injured in collision with pedal cycle
vehicle injured in collision with pedal cycle in traffic accident

V32  Occupant of three-wheeled motor vehicle injured in collision with two- or three-wheeled motor vehicle

The appropriate 7th character is to be added to each code from category V32

A  initial encounter
D  subsequent encounter
S  sequela

V32.0  Driver of three-wheeled motor vehicle injured in collision with two- or three-wheeled motor vehicle in nontraffic accident

V32.1  Passenger in three-wheeled motor vehicle injured in collision with two- or three-wheeled motor vehicle in nontraffic accident

V32.2  Person on outside of three-wheeled motor vehicle injured in collision with two- or three-wheeled motor vehicle in nontraffic accident

V32.3  Unspecified occupant of three-wheeled motor vehicle injured in collision with two- or three-wheeled motor vehicle in nontraffic accident

V32.4  Person boarding or alighting a three-wheeled motor vehicle injured in collision with two- or three-wheeled motor vehicle

V32.5  Driver of three-wheeled motor vehicle injured in collision with two- or three-wheeled motor vehicle in traffic accident

V32.6  Passenger in three-wheeled motor vehicle injured in collision with two- or three-wheeled motor vehicle in traffic accident

V32.7  Person on outside of three-wheeled motor vehicle injured in collision with two- or three-wheeled motor vehicle in traffic accident

V32.9  Unspecified occupant of three-wheeled motor vehicle injured in collision with two- or three-wheeled motor vehicle in traffic accident

V33  Occupant of three-wheeled motor vehicle injured in collision with car, pick-up truck or van

The appropriate 7th character is to be added to each code from category V33

A  initial encounter
D  subsequent encounter
V33.0 Driver of three-wheeled motor vehicle injured in collision with car, pick-up truck or van in nontraffic accident
V33.1 Passenger in three-wheeled motor vehicle injured in collision with car, pick-up truck or van in nontraffic accident
V33.2 Person on outside of three-wheeled motor vehicle injured in collision with car, pick-up truck or van in nontraffic accident
V33.3 Unspecified occupant of three-wheeled motor vehicle injured in collision with car, pick-up truck or van in nontraffic accident
V33.4 Person boarding or alighting a three-wheeled motor vehicle injured in collision with car, pick-up truck or van
V33.5 Driver of three-wheeled motor vehicle injured in collision with car, pick-up truck or van in traffic accident
V33.6 Passenger in three-wheeled motor vehicle injured in collision with car, pick-up truck or van in traffic accident
V33.7 Person on outside of three-wheeled motor vehicle injured in collision with car, pick-up truck or van in traffic accident
V33.9 Unspecified occupant of three-wheeled motor vehicle injured in collision with car, pick-up truck or van in traffic accident

V34 Occupant of three-wheeled motor vehicle injured in collision with heavy transport vehicle or bus
Excludes1: occupant of three-wheeled motor vehicle injured in collision with military vehicle (V39.81)
The appropriate 7th character is to be added to each code from category V34
  A initial encounter
  D subsequent encounter
  S sequela

V34.0 Driver of three-wheeled motor vehicle injured in collision with heavy transport vehicle or bus in nontraffic accident
V34.1 Passenger in three-wheeled motor vehicle
injured in collision with heavy transport vehicle or bus in nontraffic accident

V34.2 Person on outside of three-wheeled motor vehicle injured in collision with heavy transport vehicle or bus in nontraffic accident

V34.3 Unspecified occupant of three-wheeled motor vehicle injured in collision with heavy transport vehicle or bus in nontraffic accident

V34.4 Person boarding or alighting a three-wheeled motor vehicle injured in collision with heavy transport vehicle or bus

V34.5 Driver of three-wheeled motor vehicle injured in collision with heavy transport vehicle or bus in traffic accident

V34.6 Passenger in three-wheeled motor vehicle injured in collision with heavy transport vehicle or bus in traffic accident

V34.7 Person on outside of three-wheeled motor vehicle injured in collision with heavy transport vehicle or bus in traffic accident

V34.9 Unspecified occupant of three-wheeled motor vehicle injured in collision with heavy transport vehicle or bus in traffic accident

V35 Occupant of three-wheeled motor vehicle injured in collision with railway train or railway vehicle

The appropriate 7th character is to be added to each code from category V35

A initial encounter
D subsequent encounter
S sequela

V35.0 Driver of three-wheeled motor vehicle injured in collision with railway train or railway vehicle in nontraffic accident

V35.1 Passenger in three-wheeled motor vehicle injured in collision with railway train or railway vehicle in nontraffic accident

V35.2 Person on outside of three-wheeled motor vehicle injured in collision with railway train or railway vehicle in nontraffic accident

V35.3 Unspecified occupant of three-wheeled motor vehicle injured in collision with railway train or
railway vehicle in nontraffic accident

V35.4 Person boarding or alighting a three-wheeled motor vehicle injured in collision with railway train or railway vehicle

V35.5 Driver of three-wheeled motor vehicle injured in collision with railway train or railway vehicle in traffic accident

V35.6 Passenger in three-wheeled motor vehicle injured in collision with railway train or railway vehicle in traffic accident

V35.7 Person on outside of three-wheeled motor vehicle injured in collision with railway train or railway vehicle in traffic accident

V35.9 Unspecified occupant of three-wheeled motor vehicle injured in collision with railway train or railway vehicle in traffic accident

V36 Occupant of three-wheeled motor vehicle injured in collision with other nonmotor vehicle

Includes: collision with animal-drawn vehicle, animal being ridden, streetcar

The appropriate 7th character is to be added to each code from category V36

A initial encounter
D subsequent encounter
S sequela

V36.0 Driver of three-wheeled motor vehicle injured in collision with other nonmotor vehicle in nontraffic accident

V36.1 Passenger in three-wheeled motor vehicle injured in collision with other nonmotor vehicle in nontraffic accident

V36.2 Person on outside of three-wheeled motor vehicle injured in collision with other nonmotor vehicle in nontraffic accident

V36.3 Unspecified occupant of three-wheeled motor vehicle injured in collision with other nonmotor vehicle in nontraffic accident

V36.4 Person boarding or alighting a three-wheeled motor vehicle injured in collision with other nonmotor vehicle

V36.5 Driver of three-wheeled motor vehicle injured in collision with other nonmotor vehicle in traffic
accident
V36.6 Passenger in three-wheeled motor vehicle injured in collision with other nonmotor vehicle in traffic accident
V36.7 Person on outside of three-wheeled motor vehicle injured in collision with other nonmotor vehicle in traffic accident
V36.9 Unspecified occupant of three-wheeled motor vehicle injured in collision with other nonmotor vehicle in traffic accident

V37 Occupant of three-wheeled motor vehicle injured in collision with fixed or stationary object
The appropriate 7th character is to be added to each code from category V37
A initial encounter
D subsequent encounter
S sequela
V37.0 Driver of three-wheeled motor vehicle injured in collision with fixed or stationary object in nontraffic accident
V37.1 Passenger in three-wheeled motor vehicle injured in collision with fixed or stationary object in nontraffic accident
V37.2 Person on outside of three-wheeled motor vehicle injured in collision with fixed or stationary object in nontraffic accident
V37.3 Unspecified occupant of three-wheeled motor vehicle injured in collision with fixed or stationary object in nontraffic accident
V37.4 Person boarding or alighting a three-wheeled motor vehicle injured in collision with fixed or stationary object
V37.5 Driver of three-wheeled motor vehicle injured in collision with fixed or stationary object in traffic accident
V37.6 Passenger in three-wheeled motor vehicle injured in collision with fixed or stationary object in traffic accident
V37.7 Person on outside of three-wheeled motor vehicle injured in collision with fixed or stationary object in traffic accident
V37.9  Unspecified occupant of three-wheeled motor vehicle injured in collision with fixed or stationary object in traffic accident

V38  Occupant of three-wheeled motor vehicle injured in noncollision transport accident
Includes:  fall or thrown from three-wheeled motor vehicle
overturning of three-wheeled motor vehicle NOS
overturning of three-wheeled motor vehicle without collision
The appropriate 7th character is to be added to each code from category V38
  A  initial encounter
  D  subsequent encounter
  S  sequela

V38.0  Driver of three-wheeled motor vehicle injured in noncollision transport accident in nontraffic accident

V38.1  Passenger in three-wheeled motor vehicle injured in noncollision transport accident in nontraffic accident

V38.2  Person on outside of three-wheeled motor vehicle injured in noncollision transport accident in nontraffic accident

V38.3  Unspecified occupant of three-wheeled motor vehicle injured in noncollision transport accident in nontraffic accident

V38.4  Person boarding or alighting a three-wheeled motor vehicle injured in noncollision transport accident

V38.5  Driver of three-wheeled motor vehicle injured in noncollision transport accident in traffic accident

V38.6  Passenger in three-wheeled motor vehicle injured in noncollision transport accident in traffic accident

V38.7  Person on outside of three-wheeled motor vehicle injured in noncollision transport accident in traffic accident

V38.9  Unspecified occupant of three-wheeled motor vehicle injured in noncollision transport accident in traffic accident

V39  Occupant of three-wheeled motor vehicle injured in other and unspecified transport accidents
The appropriate 7th character is to be added to each code from category V39
A initial encounter
D subsequent encounter
S sequela

V39.0 Driver of three-wheeled motor vehicle injured in collision with other and unspecified motor vehicles in nontraffic accident
V39.00 Driver of three-wheeled motor vehicle injured in collision with unspecified motor vehicles in nontraffic accident
V39.09 Driver of three-wheeled motor vehicle injured in collision with other motor vehicles in nontraffic accident

V39.1 Passenger in three-wheeled motor vehicle injured in collision with other and unspecified motor vehicles in nontraffic accident
V39.10 Passenger in three-wheeled motor vehicle injured in collision with unspecified motor vehicles in nontraffic accident
V39.19 Passenger in three-wheeled motor vehicle injured in collision with other motor vehicles in nontraffic accident

V39.2 Unspecified occupant of three-wheeled motor vehicle injured in collision with other and unspecified motor vehicles in nontraffic accident
V39.20 Unspecified occupant of three-wheeled motor vehicle injured in collision with unspecified motor vehicles in nontraffic accident

Collision NOS involving three-wheeled motor vehicle, nontraffic

V39.29 Unspecified occupant of three-wheeled motor vehicle injured in collision with other motor vehicles in nontraffic accident

V39.3 Occupant (driver) (passenger) of three-wheeled motor vehicle injured in unspecified nontraffic accident
Accident NOS involving three-wheeled motor vehicle, nontraffic
Occupant of three-wheeled motor vehicle injured in nontraffic accident NOS

V39.4 Driver of three-wheeled motor vehicle injured in collision with other and unspecified motor vehicles in traffic accident
V39.40 Driver of three-wheeled motor vehicle injured
in collision with unspecified motor vehicles in traffic accident
V39.49 Driver of three-wheeled motor vehicle injured in collision with other motor vehicles in traffic accident
V39.5 Passenger in three-wheeled motor vehicle injured in collision with other and unspecified motor vehicles in traffic accident
V39.50 Passenger in three-wheeled motor vehicle injured in collision with unspecified motor vehicles in traffic accident
V39.59 Passenger in three-wheeled motor vehicle injured in collision with other motor vehicles in traffic accident
V39.6 Unspecified occupant of three-wheeled motor vehicle injured in collision with other and unspecified motor vehicles in traffic accident
V39.60 Unspecified occupant of three-wheeled motor vehicle injured in collision with unspecified motor vehicles in traffic accident
Collision NOS involving three-wheeled motor vehicle (traffic)
V39.69 Unspecified occupant of three-wheeled motor vehicle injured in collision with other motor vehicles in traffic accident
V39.8 Occupant (driver) (passenger) of three-wheeled motor vehicle injured in other specified transport accidents
V39.81 Occupant (driver) (passenger) of three-wheeled motor vehicle injured in transport accident with military vehicle
V39.89 Occupant (driver) (passenger) of three-wheeled motor vehicle injured in other specified transport accidents
V39.9 Occupant (driver) (passenger) of three-wheeled motor vehicle injured in unspecified traffic accident
Accident NOS involving three-wheeled motor vehicle

Car occupant injured in transport accident (V40-V49)
Includes: a four-wheeled motor vehicle designed primarily for carrying passengers automobile (pulling a trailer or camper)
Excludes1: bus (V50-V59)  
minibus (V50-V59)  
minivan (V50-V59)  
motorcoach (V70-V79)  
pick-up truck (V50-V59)  
sport utility vehicle (SUV) (V50-V59)

V40  Car occupant injured in collision with pedestrian or animal
Excludes1: car collision with animal-drawn vehicle or animal being ridden (V46.-) 
The appropriate 7th character is to be added to each code from category V40
  A initial encounter
  D subsequent encounter
  S sequela

V40.0  Car driver injured in collision with pedestrian or animal in nontraffic accident
V40.1  Car passenger injured in collision with pedestrian or animal in nontraffic accident
V40.2  Person on outside of car injured in collision with pedestrian or animal in nontraffic accident
V40.3  Unspecified car occupant injured in collision with pedestrian or animal in nontraffic accident
V40.4  Person boarding or alighting a car injured in collision with pedestrian or animal
V40.5  Car driver injured in collision with pedestrian or animal in traffic accident
V40.6  Car passenger injured in collision with pedestrian or animal in traffic accident
V40.7  Person on outside of car injured in collision with pedestrian or animal in traffic accident
V40.9  Unspecified car occupant injured in collision with pedestrian or animal in traffic accident

V41  Car occupant injured in collision with pedal cycle
The appropriate 7th character is to be added to each code from category V41
  A initial encounter
  D subsequent encounter
  S sequela

V41.0  Car driver injured in collision with pedal cycle in nontraffic accident
V41.1  Car passenger injured in collision with pedal cycle in nontraffic accident
V41.2  Person on outside of car injured in collision with pedal cycle in nontraffic accident
V41.3 Unspecified car occupant injured in collision with pedal cycle in nontraffic accident
V41.4 Person boarding or alighting a car injured in collision with pedal cycle
V41.5 Car driver injured in collision with pedal cycle in traffic accident
V41.6 Car passenger injured in collision with pedal cycle in traffic accident
V41.7 Person on outside of car injured in collision with pedal cycle in traffic accident
V41.9 Unspecified car occupant injured in collision with pedal cycle in traffic accident

V42 Car occupant injured in collision with two- or three-wheeled motor vehicle
The appropriate 7th character is to be added to each code from category V42
A initial encounter
D subsequent encounter
S sequela

V42.0 Car driver injured in collision with two- or three-wheeled motor vehicle in nontraffic accident
V42.1 Car passenger injured in collision with two- or three-wheeled motor vehicle in nontraffic accident
V42.2 Person on outside of car injured in collision with two- or three-wheeled motor vehicle in nontraffic accident
V42.3 Unspecified car occupant injured in collision with two- or three-wheeled motor vehicle in nontraffic accident
V42.4 Person boarding or alighting a car injured in collision with two- or three-wheeled motor vehicle
V42.5 Car driver injured in collision with two- or three-wheeled motor vehicle in traffic accident
V42.6 Car passenger injured in collision with two- or three-wheeled motor vehicle in traffic accident
V42.7 Person on outside of car injured in collision with two- or three-wheeled motor vehicle in traffic accident
V42.9 Unspecified car occupant injured in collision with two- or three-wheeled motor vehicle in traffic accident
V43 Car occupant injured in collision with car, pick-up truck or van
The appropriate 7th character is to be added to each code from category V43
  A initial encounter
  D subsequent encounter
  S sequela

V43.0 Car driver injured in collision with car, pick-up truck or van in nontraffic accident
  V43.01 Car driver injured in collision with sport utility vehicle in nontraffic accident
  V43.02 Car driver injured in collision with other type car in nontraffic accident
  V43.03 Car driver injured in collision with pick-up truck in nontraffic accident
  V43.04 Car driver injured in collision with van in nontraffic accident

V43.1 Car passenger injured in collision with car, pick-up truck or van in nontraffic accident
  V43.11 Car passenger injured in collision with sport utility vehicle in nontraffic accident
  V43.12 Car passenger injured in collision with other type car in nontraffic accident
  V43.13 Car passenger injured in collision with pick-up truck in nontraffic accident
  V43.14 Car passenger injured in collision with van in nontraffic accident

V43.2 Person on outside of car injured in collision with car, pick-up truck or van in nontraffic accident
  V43.21 Person on outside of car injured in collision with sport utility vehicle in nontraffic accident
  V43.22 Person on outside of car injured in collision with other type car in nontraffic accident
  V43.23 Person on outside of car injured in collision with pick-up truck in nontraffic accident
  V43.24 Person on outside of car injured in collision with van in nontraffic accident

V43.3 Unspecified car occupant injured in collision with car, pick-up truck or van in nontraffic accident
  V43.31 Unspecified car occupant injured in collision with sport utility vehicle in nontraffic accident
V43.32 Unspecified car occupant injured in collision with other type car in nontraffic accident
V43.33 Unspecified car occupant injured in collision with pick-up truck in nontraffic accident
V43.34 Unspecified car occupant injured in collision with van in nontraffic accident
V43.4 Person boarding or alighting a car injured in collision with car, pick-up truck or van
V43.41 Person boarding or alighting a car injured in collision with sport utility vehicle
V43.42 Person boarding or alighting a car injured in collision with other type car
V43.43 Person boarding or alighting a car injured in collision with pick-up truck
V43.44 Person boarding or alighting a car injured in collision with van
V43.5 Car driver injured in collision with car, pick-up truck or van in traffic accident
V43.51 Car driver injured in collision with sport utility vehicle in traffic accident
V43.52 Car driver injured in collision with other type car in traffic accident
V43.53 Car driver injured in collision with pick-up truck in traffic accident
V43.54 Car driver injured in collision with van in traffic accident
V43.6 Car passenger injured in collision with car, pick-up truck or van in traffic accident
V43.61 Car passenger injured in collision with sport utility vehicle in traffic accident
V43.62 Car passenger injured in collision with other type car in traffic accident
V43.63 Car passenger injured in collision with pick-up truck in traffic accident
V43.64 Car passenger injured in collision with van in traffic accident
V43.7 Person on outside of car injured in collision with car, pick-up truck or van in traffic accident
V43.71 Person on outside of car injured in collision with sport utility vehicle in traffic accident
V43.72 Person on outside of car injured in collision with other type car in traffic accident
V43.73 Person on outside of car injured in collision with pick-up truck in traffic accident
V43.74 Person on outside of car injured in collision with van in traffic accident
V43.9 Unspecified car occupant injured in collision with car, pick-up truck or van in traffic accident
V43.91 Unspecified car occupant injured in collision with sport utility vehicle in traffic accident
V43.92 Unspecified car occupant injured in collision with other type car in traffic accident
V43.93 Unspecified car occupant injured in collision with pick-up truck in traffic accident
V43.94 Unspecified car occupant injured in collision with van in traffic accident

V44 Car occupant injured in collision with heavy transport vehicle or bus
Excludes1: car occupant injured in collision with military vehicle (V49.81)
The appropriate 7th character is to be added to each code from category V44
   A initial encounter
   D subsequent encounter
   S sequela

V44.0 Car driver injured in collision with heavy transport vehicle or bus in nontraffic accident
V44.1 Car passenger injured in collision with heavy transport vehicle or bus in nontraffic accident
V44.2 Person on outside of car injured in collision with heavy transport vehicle or bus in nontraffic accident
V44.3 Unspecified car occupant injured in collision with heavy transport vehicle or bus in nontraffic accident
V44.4 Person boarding or alighting a car injured in collision with heavy transport vehicle or bus
V44.5 Car driver injured in collision with heavy transport vehicle or bus in traffic accident
V44.6 Car passenger injured in collision with heavy transport vehicle or bus in traffic accident
V44.7 Person on outside of car injured in collision with heavy transport vehicle or bus in traffic accident
V44.9  Unspecified car occupant injured in collision with heavy transport vehicle or bus in traffic accident

V45  Car occupant injured in collision with railway train or railway vehicle
The appropriate 7th character is to be added to each code from category V45
   A  initial encounter
   D  subsequent encounter
   S  sequela

V45.0  Car driver injured in collision with railway train or railway vehicle in nontraffic accident
V45.1  Car passenger injured in collision with railway train or railway vehicle in nontraffic accident
V45.2  Person on outside of car injured in collision with railway train or railway vehicle in nontraffic accident
V45.3  Unspecified car occupant injured in collision with railway train or railway vehicle in nontraffic accident
V45.4  Person boarding or alighting a car injured in collision with railway train or railway vehicle
V45.5  Car driver injured in collision with railway train or railway vehicle in traffic accident
V45.6  Car passenger injured in collision with railway train or railway vehicle in traffic accident
V45.7  Person on outside of car injured in collision with railway train or railway vehicle in traffic accident
V45.9  Unspecified car occupant injured in collision with railway train or railway vehicle in traffic accident

V46  Car occupant injured in collision with other nonmotor vehicle
Includes:  collision with animal-drawn vehicle, animal being ridden, streetcar
The appropriate 7th character is to be added to each code from category V46
   A  initial encounter
   D  subsequent encounter
   S  sequela

V46.0  Car driver injured in collision with other nonmotor vehicle in nontraffic accident
V46.1  Car passenger injured in collision with other nonmotor vehicle in nontraffic accident
V46.2  Person on outside of car injured in collision with other nonmotor vehicle in nontraffic accident
V46.3 Unspecified car occupant injured in collision with other nonmotor vehicle in nontraffic accident
V46.4 Person boarding or alighting a car injured in collision with other nonmotor vehicle
V46.5 Car driver injured in collision with other nonmotor vehicle in traffic accident
V46.6 Car passenger injured in collision with other nonmotor vehicle in traffic accident
V46.7 Person on outside of car injured in collision with other nonmotor vehicle in traffic accident
V46.9 Unspecified car occupant injured in collision with other nonmotor vehicle in traffic accident

V47 Car occupant injured in collision with fixed or stationary object
The appropriate 7th character is to be added to each code from category V47
  A initial encounter
  D subsequent encounter
  S sequela

V47.0 Car driver injured in collision with fixed or stationary object in nontraffic accident
  V47.01 Driver of sport utility vehicle injured in collision with fixed or stationary object in nontraffic accident
  V47.02 Driver of other type car injured in collision with fixed or stationary object in nontraffic accident

V47.1 Car passenger injured in collision with fixed or stationary object in nontraffic accident
  V47.11 Passenger of sport utility vehicle injured in collision with fixed or stationary object in nontraffic accident
  V47.12 Passenger of other type car injured in collision with fixed or stationary object in nontraffic accident

V47.2 Person on outside of car injured in collision with fixed or stationary object in nontraffic accident

V47.3 Unspecified car occupant injured in collision with fixed or stationary object in nontraffic accident
  V47.31 Unspecified occupant of sport utility vehicle injured in collision with fixed or stationary object in nontraffic accident
V47.32 Unspecified occupant of other type car injured in collision with fixed or stationary object in nontraffic accident
V47.4 Person boarding or alighting a car injured in collision with fixed or stationary object
V47.5 Car driver injured in collision with fixed or stationary object in traffic accident
V47.51 Driver of sport utility vehicle injured in collision with fixed or stationary object in traffic accident
V47.52 Driver of other type car injured in collision with fixed or stationary object in traffic accident
V47.6 Car passenger injured in collision with fixed or stationary object in traffic accident
V47.61 Passenger of sport utility vehicle injured in collision with fixed or stationary object in traffic accident
V47.62 Passenger of other type car injured in collision with fixed or stationary object in traffic accident
V47.7 Person on outside of car injured in collision with fixed or stationary object in traffic accident
V47.9 Unspecified car occupant injured in collision with fixed or stationary object in traffic accident
V47.91 Unspecified occupant of sport utility vehicle injured in collision with fixed or stationary object in traffic accident
V47.92 Unspecified occupant of other type car injured in collision with fixed or stationary object in traffic accident

V48 Car occupant injured in noncollision transport accident
Includes: overturning car NOS
overturning car without collision
The appropriate 7th character is to be added to each code from category V48
A initial encounter
D subsequent encounter
S sequela
V48.0 Car driver injured in noncollision transport accident in nontraffic accident
V48.1 Car passenger injured in noncollision transport
accident in nontraffic accident
V48.2 Person on outside of car injured in noncollision transport accident in nontraffic accident
V48.3 Unspecified car occupant injured in noncollision transport accident in nontraffic accident
V48.4 Person boarding or alighting a car injured in noncollision transport accident
V48.5 Car driver injured in noncollision transport accident in traffic accident
V48.6 Car passenger injured in noncollision transport accident in traffic accident
V48.7 Person on outside of car injured in noncollision transport accident in traffic accident
V48.9 Unspecified car occupant injured in noncollision transport accident in traffic accident

V49 Car occupant injured in other and unspecified transport accidents
The appropriate 7th character is to be added to each code from category V49
A initial encounter
D subsequent encounter
S sequela

V49.0 Driver injured in collision with other and unspecified motor vehicles in nontraffic accident
V49.00 Driver injured in collision with unspecified motor vehicles in nontraffic accident
V49.09 Driver injured in collision with other motor vehicles in nontraffic accident

V49.1 Passenger injured in collision with other and unspecified motor vehicles in nontraffic accident
V49.10 Passenger injured in collision with unspecified motor vehicles in nontraffic accident
V49.19 Passenger injured in collision with other motor vehicles in nontraffic accident

V49.2 Unspecified car occupant injured in collision with other and unspecified motor vehicles in nontraffic accident
V49.20 Unspecified car occupant injured in collision with unspecified motor vehicles in nontraffic accident
Car collision NOS, nontraffic
V49.29 Unspecified car occupant injured in collision with other motor vehicles in nontraffic accident
V49.3 Car occupant (driver) (passenger) injured in unspecified nontraffic accident
Car accident NOS, nontraffic
Car occupant injured in nontraffic accident NOS
V49.4 Driver injured in collision with other and unspecified motor vehicles in traffic accident
V49.40 Driver injured in collision with unspecified motor vehicles in traffic accident
V49.49 Driver injured in collision with other motor vehicles in traffic accident
V49.5 Passenger injured in collision with other and unspecified motor vehicles in traffic accident
V49.50 Passenger injured in collision with unspecified motor vehicles in traffic accident
V49.59 Passenger injured in collision with other motor vehicles in traffic accident
V49.6 Unspecified car occupant injured in collision with other and unspecified motor vehicles in traffic accident
V49.60 Unspecified car occupant injured in collision with unspecified motor vehicles in traffic accident
Car collision NOS (traffic)
V49.69 Unspecified car occupant injured in collision with other motor vehicles in traffic accident
V49.8 Car occupant (driver) (passenger) injured in other specified transport accidents
V49.81 Car occupant (driver) (passenger) injured in transport accident with military vehicle
V49.88 Car occupant (driver) (passenger) injured in other specified transport accidents
V49.9 Car occupant (driver) (passenger) injured in unspecified traffic accident
Car accident NOS
Occupant of pick-up truck or van injured in transport accident (V50-V59)

Includes: a four or six wheel motor vehicle designed primarily for carrying passengers and property but weighing less than the local limit for classification as a heavy goods vehicle
- minibus
- minivan
- sport utility vehicle (SUV)
- truck
- van

Excludes1: heavy transport vehicle (V60-V69)

V50  Occupant of pick-up truck or van injured in collision with pedestrian or animal

Excludes1: pick-up truck or van collision with animal-drawn vehicle or animal being ridden (V56.−)

The appropriate 7th character is to be added to each code from category V50
- A initial encounter
- D subsequent encounter
- S sequela

V50.0  Driver of pick-up truck or van injured in collision with pedestrian or animal in nontraffic accident

V50.1  Passenger in pick-up truck or van injured in collision with pedestrian or animal in nontraffic accident

V50.2  Person on outside of pick-up truck or van injured in collision with pedestrian or animal in nontraffic accident

V50.3  Unspecified occupant of pick-up truck or van injured in collision with pedestrian or animal in nontraffic accident

V50.4  Person boarding or alighting a pick-up truck or van injured in collision with pedestrian or animal

V50.5  Driver of pick-up truck or van injured in collision with pedestrian or animal in traffic accident

V50.6  Passenger in pick-up truck or van injured in collision with pedestrian or animal in traffic accident

V50.7  Person on outside of pick-up truck or van injured in collision with pedestrian or animal in traffic accident

V50.9  Unspecified occupant of pick-up truck or van
injured in collision with pedestrian or animal in traffic accident

### V51 Occupant of pick-up truck or van injured in collision with pedal cycle

The appropriate 7th character is to be added to each code from category V51

- **A** initial encounter
- **D** subsequent encounter
- **S** sequela

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>V51.0</td>
<td>Driver of pick-up truck or van injured in collision with pedal cycle in nontraffic accident</td>
</tr>
<tr>
<td>V51.1</td>
<td>Passenger in pick-up truck or van injured in collision with pedal cycle in nontraffic accident</td>
</tr>
<tr>
<td>V51.2</td>
<td>Person on outside of pick-up truck or van injured in collision with pedal cycle in nontraffic accident</td>
</tr>
<tr>
<td>V51.3</td>
<td>Unspecified occupant of pick-up truck or van injured in collision with pedal cycle in nontraffic accident</td>
</tr>
<tr>
<td>V51.4</td>
<td>Person boarding or alighting a pick-up truck or van injured in collision with pedal cycle</td>
</tr>
<tr>
<td>V51.5</td>
<td>Driver of pick-up truck or van injured in collision with pedal cycle in traffic accident</td>
</tr>
<tr>
<td>V51.6</td>
<td>Passenger in pick-up truck or van injured in collision with pedal cycle in traffic accident</td>
</tr>
<tr>
<td>V51.7</td>
<td>Person on outside of pick-up truck or van injured in collision with pedal cycle in traffic accident</td>
</tr>
<tr>
<td>V51.9</td>
<td>Unspecified occupant of pick-up truck or van injured in collision with pedal cycle in traffic accident</td>
</tr>
</tbody>
</table>

### V52 Occupant of pick-up truck or van injured in collision with two- or three-wheeled motor vehicle

The appropriate 7th character is to be added to each code from category V52

- **A** initial encounter
- **D** subsequent encounter
- **S** sequela

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>V52.0</td>
<td>Driver of pick-up truck or van injured in collision with two- or three-wheeled motor vehicle in nontraffic accident</td>
</tr>
<tr>
<td>V52.1</td>
<td>Passenger in pick-up truck or van injured in collision with two- or three-wheeled motor vehicle in nontraffic accident</td>
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</tbody>
</table>
V52.2 Person on outside of pick-up truck or van injured in collision with two- or three-wheeled motor vehicle in nontraffic accident
V52.3 Unspecified occupant of pick-up truck or van injured in collision with two- or three-wheeled motor vehicle in nontraffic accident
V52.4 Person boarding or alighting a pick-up truck or van injured in collision with two- or three-wheeled motor vehicle
V52.5 Driver of pick-up truck or van injured in collision with two- or three-wheeled motor vehicle in traffic accident
V52.6 Passenger in pick-up truck or van injured in collision with two- or three-wheeled motor vehicle in traffic accident
V52.7 Person on outside of pick-up truck or van injured in collision with two- or three-wheeled motor vehicle in traffic accident
V52.9 Unspecified occupant of pick-up truck or van injured in collision with two- or three-wheeled motor vehicle in traffic accident

V53 Occupant of pick-up truck or van injured in collision with car, pick-up truck or van
The appropriate 7th character is to be added to each code from category V53
A initial encounter
D subsequent encounter
S sequela
V53.0 Driver of pick-up truck or van injured in collision with car, pick-up truck or van in nontraffic accident
V53.1 Passenger in pick-up truck or van injured in collision with car, pick-up truck or van in nontraffic accident
V53.2 Person on outside of pick-up truck or van injured in collision with car, pick-up truck or van in nontraffic accident
V53.3 Unspecified occupant of pick-up truck or van injured in collision with car, pick-up truck or van in nontraffic accident
V53.4 Person boarding or alighting a pick-up truck or van injured in collision with car, pick-up truck or van
V53.5 Driver of pick-up truck or van injured in collision with car, pick-up truck or van in traffic accident
V53.6 Passenger in pick-up truck or van injured in collision with car, pick-up truck or van in traffic accident
V53.7 Person on outside of pick-up truck or van injured in collision with car, pick-up truck or van in traffic accident
V53.9 Unspecified occupant of pick-up truck or van injured in collision with car, pick-up truck or van in traffic accident

V54 Occupant of pick-up truck or van injured in collision with heavy transport vehicle or bus
Excludes1: occupant of pick-up truck or van injured in collision with military vehicle (V59.81)
The appropriate 7th character is to be added to each code from category V54
A initial encounter
D subsequent encounter
S sequela

V54.0 Driver of pick-up truck or van injured in collision with heavy transport vehicle or bus in nontraffic accident
V54.1 Passenger in pick-up truck or van injured in collision with heavy transport vehicle or bus in nontraffic accident
V54.2 Person on outside of pick-up truck or van injured in collision with heavy transport vehicle or bus in nontraffic accident
V54.3 Unspecified occupant of pick-up truck or van injured in collision with heavy transport vehicle or bus in nontraffic accident
V54.4 Person boarding or alighting a pick-up truck or van injured in collision with heavy transport vehicle or bus
V54.5 Driver of pick-up truck or van injured in collision with heavy transport vehicle or bus in traffic accident
V54.6 Passenger in pick-up truck or van injured in collision with heavy transport vehicle or bus in traffic accident
V54.7 Person on outside of pick-up truck or van injured in collision with heavy transport vehicle or bus in traffic accident
injured in collision with heavy transport vehicle or bus in traffic accident

V54.9 Unspecified occupant of pick-up truck or van injured in collision with heavy transport vehicle or bus in traffic accident

V55 Occupant of pick-up truck or van injured in collision with railway train or railway vehicle

The appropriate 7th character is to be added to each code from category V55

A initial encounter
D subsequent encounter
S sequela

V55.0 Driver of pick-up truck or van injured in collision with railway train or railway vehicle in nontraffic accident

V55.1 Passenger in pick-up truck or van injured in collision with railway train or railway vehicle in nontraffic accident

V55.2 Person on outside of pick-up truck or van injured in collision with railway train or railway vehicle in nontraffic accident

V55.3 Unspecified occupant of pick-up truck or van injured in collision with railway train or railway vehicle in nontraffic accident

V55.4 Person boarding or alighting a pick-up truck or van injured in collision with railway train or railway vehicle

V55.5 Driver of pick-up truck or van injured in collision with railway train or railway vehicle in traffic accident

V55.6 Passenger in pick-up truck or van injured in collision with railway train or railway vehicle in traffic accident

V55.7 Person on outside of pick-up truck or van injured in collision with railway train or railway vehicle in traffic accident

V55.9 Unspecified occupant of pick-up truck or van injured in collision with railway train or railway vehicle in traffic accident

V56 Occupant of pick-up truck or van injured in collision with other nonmotor vehicle
Includes: collision with animal-drawn vehicle, animal being ridden, streetcar
The appropriate 7th character is to be added to each code from category V56
  A initial encounter
  D subsequent encounter
  S sequela
V56.0 Driver of pick-up truck or van injured in collision with other nonmotor vehicle in nontraffic accident
V56.1 Passenger in pick-up truck or van injured in collision with other nonmotor vehicle in nontraffic accident
V56.2 Person on outside of pick-up truck or van injured in collision with other nonmotor vehicle in nontraffic accident
V56.3 Unspecified occupant of pick-up truck or van injured in collision with other nonmotor vehicle in nontraffic accident
V56.4 Person boarding or alighting a pick-up truck or van injured in collision with other nonmotor vehicle
V56.5 Driver of pick-up truck or van injured in collision with other nonmotor vehicle in traffic accident
V56.6 Passenger in pick-up truck or van injured in collision with other nonmotor vehicle in traffic accident
V56.7 Person on outside of pick-up truck or van injured in collision with other nonmotor vehicle in traffic accident
V56.9 Unspecified occupant of pick-up truck or van injured in collision with other nonmotor vehicle in traffic accident
V57 Occupant of pick-up truck or van injured in collision with fixed or stationary object
The appropriate 7th character is to be added to each code from category V57
  A initial encounter
  D subsequent encounter
  S sequela
V57.0 Driver of pick-up truck or van injured in collision with fixed or stationary object in nontraffic accident
V57.1 Passenger in pick-up truck or van injured in collision with fixed or stationary object in nontraffic accident
V57.2 Person on outside of pick-up truck or van injured in collision with fixed or stationary object in nontraffic accident
V57.3 Unspecified occupant of pick-up truck or van injured in collision with fixed or stationary object in nontraffic accident
V57.4 Person boarding or alighting a pick-up truck or van injured in collision with fixed or stationary object
V57.5 Driver of pick-up truck or van injured in collision with fixed or stationary object in traffic accident
V57.6 Passenger in pick-up truck or van injured in collision with fixed or stationary object in traffic accident
V57.7 Person on outside of pick-up truck or van injured in collision with fixed or stationary object in traffic accident
V57.9 Unspecified occupant of pick-up truck or van injured in collision with fixed or stationary object in traffic accident

V58 Occupant of pick-up truck or van injured in noncollision transport accident
Includes: overturning pick-up truck or van NOS
overturning pick-up truck or van without collision
The appropriate 7th character is to be added to each code from category V58
A initial encounter
D subsequent encounter
S sequela
V58.0 Driver of pick-up truck or van injured in noncollision transport accident in nontraffic accident
V58.1 Passenger in pick-up truck or van injured in noncollision transport accident in nontraffic accident
V58.2 Person on outside of pick-up truck or van injured in noncollision transport accident in nontraffic accident
V58.3 Unspecified occupant of pick-up truck or van injured in noncollision transport accident in nontraffic accident
V58.4 Person boarding or alighting a pick-up truck or van injured in noncollision transport accident
V58.5 Driver of pick-up truck or van injured in noncollision transport accident
noncollision transport accident in traffic accident

V58.6 Passenger in pick-up truck or van injured in noncollision transport accident in traffic accident

V58.7 Person on outside of pick-up truck or van injured in noncollision transport accident in traffic accident

V58.9 Unspecified occupant of pick-up truck or van injured in noncollision transport accident in traffic accident

V59 Occupant of pick-up truck or van injured in other and unspecified transport accidents

The appropriate 7th character is to be added to each code from category V59

A initial encounter
D subsequent encounter
S sequela

V59.0 Driver of pick-up truck or van injured in collision with other and unspecified motor vehicles in nontraffic accident

V59.00 Driver of pick-up truck or van injured in collision with unspecified motor vehicles in nontraffic accident

V59.09 Driver of pick-up truck or van injured in collision with other motor vehicles in nontraffic accident

V59.1 Passenger in pick-up truck or van injured in collision with other and unspecified motor vehicles in nontraffic accident

V59.10 Passenger in pick-up truck or van injured in collision with unspecified motor vehicles in nontraffic accident

V59.11 Passenger in pick-up truck or van injured in collision with other motor vehicles in nontraffic accident

V59.2 Unspecified occupant of pick-up truck or van injured in collision with other and unspecified motor vehicles in nontraffic accident

V59.20 Unspecified occupant of pick-up truck or van injured in collision with unspecified motor vehicles in nontraffic accident

Collision NOS involving pick-up truck or van, nontraffic
V59.21 Unspecified occupant of pick-up truck or van injured in collision with other motor vehicles in nontraffic accident

V59.3 Occupant (driver) (passenger) of pick-up truck or van injured in unspecified nontraffic accident
Accident NOS involving pick-up truck or van, nontraffic
Occupant of pick-up truck or van injured in nontraffic accident NOS

V59.4 Driver of pick-up truck or van injured in collision with other and unspecified motor vehicles in traffic accident
V59.40 Driver of pick-up truck or van injured in collision with unspecified motor vehicles in traffic accident
V59.49 Driver of pick-up truck or van injured in collision with other motor vehicles in traffic accident

V59.5 Passenger in pick-up truck or van injured in collision with other and unspecified motor vehicles in traffic accident
V59.50 Passenger in pick-up truck or van injured in collision with unspecified motor vehicles in traffic accident
V59.59 Passenger in pick-up truck or van injured in collision with other motor vehicles in traffic accident

V59.6 Unspecified occupant of pick-up truck or van injured in collision with other and unspecified motor vehicles in traffic accident
V59.60 Unspecified occupant of pick-up truck or van injured in collision with unspecified motor vehicles in traffic accident
Collision NOS involving pick-up truck or van (traffic)
V59.69 Unspecified occupant of pick-up truck or van injured in collision with other motor vehicles in traffic accident

V59.8 Occupant (driver) (passenger) of pick-up truck or van injured in other specified transport accidents
V59.81 Occupant (driver) (passenger) of pick-up truck or van injured in transport accident with military vehicle
V59.88 Occupant (driver) (passenger) of pick-up truck or van injured in other specified transport accidents

V59.9 Occupant (driver) (passenger) of pick-up truck or van injured in unspecified traffic accident

Accident NOS involving pick-up truck or van

Occupant of heavy transport vehicle injured in transport accident (V60-V69)

Includes: armored car
         panel truck
         18 wheeler
Excludes1: bus
         motorcoach

V60 Occupant of heavy transport vehicle injured in collision with pedestrian or animal

Excludes1: heavy transport vehicle collision with animal-drawn vehicle or animal being ridden (V66.-)

The appropriate 7th character is to be added to each code from category V60

A initial encounter
D subsequent encounter
S sequela

V60.0 Driver of heavy transport vehicle injured in collision with pedestrian or animal in nontraffic accident

V60.1 Passenger in heavy transport vehicle injured in collision with pedestrian or animal in nontraffic accident

V60.2 Person on outside of heavy transport vehicle injured in collision with pedestrian or animal in nontraffic accident

V60.3 Unspecified occupant of heavy transport vehicle injured in collision with pedestrian or animal in nontraffic accident

V60.4 Person boarding or alighting a heavy transport vehicle injured in collision with pedestrian or animal

V60.5 Driver of heavy transport vehicle injured in collision with pedestrian or animal in traffic accident

V60.6 Passenger in heavy transport vehicle injured in collision with pedestrian or animal in traffic accident
V60.7 Person on outside of heavy transport vehicle injured in collision with pedestrian or animal in traffic accident

V60.9 Unspecified occupant of heavy transport vehicle injured in collision with pedestrian or animal in traffic accident

V61 Occupant of heavy transport vehicle injured in collision with pedal cycle

The appropriate 7th character is to be added to each code from category V61

A initial encounter  
D subsequent encounter  
S sequela

V61.0 Driver of heavy transport vehicle injured in collision with pedal cycle in nontraffic accident

V61.1 Passenger in heavy transport vehicle injured in collision with pedal cycle in nontraffic accident

V61.2 Person on outside of heavy transport vehicle injured in collision with pedal cycle in nontraffic accident

V61.3 Unspecified occupant of heavy transport vehicle injured in collision with pedal cycle in nontraffic accident

V61.4 Person boarding or alighting a heavy transport vehicle injured in collision with pedal cycle while boarding or alighting

V61.5 Driver of heavy transport vehicle injured in collision with pedal cycle in traffic accident

V61.6 Passenger in heavy transport vehicle injured in collision with pedal cycle in traffic accident

V61.7 Person on outside of heavy transport vehicle injured in collision with pedal cycle in traffic accident

V61.9 Unspecified occupant of heavy transport vehicle injured in collision with pedal cycle in traffic accident

V62 Occupant of heavy transport vehicle injured in collision with two- or three-wheeled motor vehicle

The appropriate 7th character is to be added to each code from category V62

A initial encounter  
D subsequent encounter  
S sequela

V62.0 Driver of heavy transport vehicle injured in
collision with two- or three-wheeled motor vehicle in nontraffic accident

V62.1 Passenger in heavy transport vehicle injured in collision with two- or three-wheeled motor vehicle in nontraffic accident

V62.2 Person on outside of heavy transport vehicle injured in collision with two- or three-wheeled motor vehicle in nontraffic accident

V62.3 Unspecified occupant of heavy transport vehicle injured in collision with two- or three-wheeled motor vehicle in nontraffic accident

V62.4 Person boarding or alighting a heavy transport vehicle injured in collision with two- or three-wheeled motor vehicle

V62.5 Driver of heavy transport vehicle injured in collision with two- or three-wheeled motor vehicle in nontraffic accident

V62.6 Passenger in heavy transport vehicle injured in collision with two- or three-wheeled motor vehicle in traffic accident

V62.7 Person on outside of heavy transport vehicle injured in collision with two- or three-wheeled motor vehicle in traffic accident

V62.9 Unspecified occupant of heavy transport vehicle injured in collision with two- or three-wheeled motor vehicle in traffic accident

V63 Occupant of heavy transport vehicle injured in collision with car, pick-up truck or van

The appropriate 7th character is to be added to each code from category V63

A initial encounter
D subsequent encounter
S sequela

V63.0 Driver of heavy transport vehicle injured in collision with car, pick-up truck or van in nontraffic accident

V63.1 Passenger in heavy transport vehicle injured in collision with car, pick-up truck or van in nontraffic accident

V63.2 Person on outside of heavy transport vehicle injured in collision with car, pick-up truck or van in nontraffic accident
nontraffic accident
V63.3 Unspecified occupant of heavy transport vehicle injured in collision with car, pick-up truck or van in nontraffic accident
V63.4 Person boarding or alighting a heavy transport vehicle injured in collision with car, pick-up truck or van
V63.5 Driver of heavy transport vehicle injured in collision with car, pick-up truck or van in traffic accident
V63.6 Passenger in heavy transport vehicle injured in collision with car, pick-up truck or van in traffic accident
V63.7 Person on outside of heavy transport vehicle injured in collision with car, pick-up truck or van in traffic accident
V63.9 Unspecified occupant of heavy transport vehicle injured in collision with car, pick-up truck or van in traffic accident

V64 Occupant of heavy transport vehicle injured in collision with heavy transport vehicle or bus
Excludes1: occupant of heavy transport vehicle injured in collision with military vehicle (V69.81)
The appropriate 7th character is to be added to each code from category V64
A initial encounter
D subsequent encounter
S sequela
V64.0 Driver of heavy transport vehicle injured in collision with heavy transport vehicle or bus in nontraffic accident
V64.1 Passenger in heavy transport vehicle injured in collision with heavy transport vehicle or bus in nontraffic accident
V64.2 Person on outside of heavy transport vehicle injured in collision with heavy transport vehicle or bus in nontraffic accident
V64.3 Unspecified occupant of heavy transport vehicle injured in collision with heavy transport vehicle or bus in nontraffic accident
V64.4 Person boarding or alighting a heavy transport vehicle
vehicle injured in collision with heavy transport vehicle or bus while boarding or alighting

V64.5 Driver of heavy transport vehicle injured in collision with heavy transport vehicle or bus in traffic accident

V64.6 Passenger in heavy transport vehicle injured in collision with heavy transport vehicle or bus in traffic accident

V64.7 Person on outside of heavy transport vehicle injured in collision with heavy transport vehicle or bus in traffic accident

V64.9 Unspecified occupant of heavy transport vehicle injured in collision with heavy transport vehicle or bus in traffic accident

V65 Occupant of heavy transport vehicle injured in collision with railway train or railway vehicle
The appropriate 7th character is to be added to each code from category V65
A initial encounter
D subsequent encounter
S sequela

V65.0 Driver of heavy transport vehicle injured in collision with railway train or railway vehicle in nontraffic accident

V65.1 Passenger in heavy transport vehicle injured in collision with railway train or railway vehicle in nontraffic accident

V65.2 Person on outside of heavy transport vehicle injured in collision with railway train or railway vehicle in nontraffic accident

V65.3 Unspecified occupant of heavy transport vehicle injured in collision with railway train or railway vehicle in nontraffic accident

V65.4 Person boarding or alighting a heavy transport vehicle injured in collision with railway train or railway vehicle

V65.5 Driver of heavy transport vehicle injured in collision with railway train or railway vehicle in traffic accident

V65.6 Passenger in heavy transport vehicle injured in collision with railway train or railway vehicle in traffic accident
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>V65.7</td>
<td>Person on outside of heavy transport vehicle injured in collision with railway train or railway vehicle in traffic accident</td>
</tr>
<tr>
<td>V65.9</td>
<td>Unspecified occupant of heavy transport vehicle injured in collision with railway train or railway vehicle in traffic accident</td>
</tr>
</tbody>
</table>

### V66

**Occupant of heavy transport vehicle injured in collision with other nonmotor vehicle**

Includes: collision with animal-drawn vehicle, animal being ridden, streetcar

The appropriate 7th character is to be added to each code from category V66

- **A** initial encounter
- **D** subsequent encounter
- **S** sequela

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>V66.0</td>
<td>Driver of heavy transport vehicle injured in collision with other nonmotor vehicle in nontraffic accident</td>
</tr>
<tr>
<td>V66.1</td>
<td>Passenger in heavy transport vehicle injured in collision with other nonmotor vehicle in nontraffic accident</td>
</tr>
<tr>
<td>V66.2</td>
<td>Person on outside of heavy transport vehicle injured in collision with other nonmotor vehicle in nontraffic accident</td>
</tr>
<tr>
<td>V66.3</td>
<td>Unspecified occupant of heavy transport vehicle injured in collision with other nonmotor vehicle in nontraffic accident</td>
</tr>
<tr>
<td>V66.4</td>
<td>Person boarding or alighting a heavy transport vehicle injured in collision with other nonmotor vehicle</td>
</tr>
<tr>
<td>V66.5</td>
<td>Driver of heavy transport vehicle injured in collision with other nonmotor vehicle in traffic accident</td>
</tr>
<tr>
<td>V66.6</td>
<td>Passenger in heavy transport vehicle injured in collision with other nonmotor vehicle in traffic accident</td>
</tr>
<tr>
<td>V66.7</td>
<td>Person on outside of heavy transport vehicle injured in collision with other nonmotor vehicle in traffic accident</td>
</tr>
<tr>
<td>V66.9</td>
<td>Unspecified occupant of heavy transport vehicle injured in collision with other nonmotor vehicle in traffic accident</td>
</tr>
</tbody>
</table>
traffic accident

V67  Occupant of heavy transport vehicle injured in collision with fixed or stationary object
The appropriate 7th character is to be added to each code from category V67
   A  initial encounter
   D  subsequent encounter
   S  sequela

V67.0  Driver of heavy transport vehicle injured in collision with fixed or stationary object in nontraffic accident
V67.1  Passenger in heavy transport vehicle injured in collision with fixed or stationary object in nontraffic accident
V67.2  Person on outside of heavy transport vehicle injured in collision with fixed or stationary object in nontraffic accident
V67.3  Unspecified occupant of heavy transport vehicle injured in collision with fixed or stationary object in nontraffic accident
V67.4  Person boarding or alighting a heavy transport vehicle injured in collision with fixed or stationary object
V67.5  Driver of heavy transport vehicle injured in collision with fixed or stationary object in traffic accident
V67.6  Passenger in heavy transport vehicle injured in collision with fixed or stationary object in traffic accident
V67.7  Person on outside of heavy transport vehicle injured in collision with fixed or stationary object in traffic accident
V67.9  Unspecified occupant of heavy transport vehicle injured in collision with fixed or stationary object in traffic accident

V68  Occupant of heavy transport vehicle injured in noncollision transport accident
Includes:  overturning heavy transport vehicle NOS
          overturning heavy transport vehicle without collision
The appropriate 7th character is to be added to each code from category V68
   A  initial encounter
D  subsequent encounter
S  sequela

V68.0  Driver of heavy transport vehicle injured in noncollision transport accident in nontraffic accident
V68.1  Passenger in heavy transport vehicle injured in noncollision transport accident in nontraffic accident
V68.2  Person on outside of heavy transport vehicle injured in noncollision transport accident in nontraffic accident
V68.3  Unspecified occupant of heavy transport vehicle injured in noncollision transport accident in nontraffic accident
V68.4  Person boarding or alighting a heavy transport vehicle injured in noncollision transport accident
V68.5  Driver of heavy transport vehicle injured in noncollision transport accident in traffic accident
V68.6  Passenger in heavy transport vehicle injured in noncollision transport accident in traffic accident
V68.7  Person on outside of heavy transport vehicle injured in noncollision transport accident in traffic accident
V68.9  Unspecified occupant of heavy transport vehicle injured in noncollision transport accident in traffic accident

V69  Occupant of heavy transport vehicle injured in other and unspecified transport accidents
The appropriate 7th character is to be added to each code from category V69
A  initial encounter
D  subsequent encounter
S  sequela

V69.0  Driver of heavy transport vehicle injured in collision with other and unspecified motor vehicles in nontraffic accident
V69.00 Driver of heavy transport vehicle injured in collision with unspecified motor vehicles in nontraffic accident
V69.09 Driver of heavy transport vehicle injured in collision with other motor vehicles in nontraffic accident
V69.1  Passenger in heavy transport vehicle injured in
collision with other and unspecified motor vehicles in nontraffic accident

V69.10 Passenger in heavy transport vehicle injured in collision with unspecified motor vehicles in nontraffic accident

V69.19 Passenger in heavy transport vehicle injured in collision with other motor vehicles in nontraffic accident

V69.2 Unspecified occupant of heavy transport vehicle injured in collision with other and unspecified motor vehicles in nontraffic accident

V69.20 Unspecified occupant of heavy transport vehicle injured in collision with unspecified motor vehicles in nontraffic accident

Collision NOS involving heavy transport vehicle, nontraffic

V69.29 Unspecified occupant of heavy transport vehicle injured in collision with other motor vehicles in nontraffic accident

V69.3 Occupant (driver) (passenger) of heavy transport vehicle injured in unspecified nontraffic accident

Accident NOS involving heavy transport vehicle, nontraffic

Occupant of heavy transport vehicle injured in nontraffic accident NOS

V69.4 Driver of heavy transport vehicle injured in collision with other and unspecified motor vehicles in traffic accident

V69.40 Driver of heavy transport vehicle injured in collision with unspecified motor vehicles in traffic accident

V69.49 Driver of heavy transport vehicle injured in collision with other motor vehicles in traffic accident

V69.5 Passenger in heavy transport vehicle injured in collision with other and unspecified motor vehicles in traffic accident

V69.50 Passenger in heavy transport vehicle injured in collision with unspecified motor vehicles in traffic accident

V69.59 Passenger in heavy transport vehicle injured in
collision with other motor vehicles in traffic accident

V69.6 Unspecified occupant of heavy transport vehicle injured in collision with other and unspecified motor vehicles in traffic accident
V69.60 Unspecified occupant of heavy transport vehicle injured in collision with unspecified motor vehicles in traffic accident
Collision NOS involving heavy transport vehicle (traffic)
V69.69 Unspecified occupant of heavy transport vehicle injured in collision with other motor vehicles in traffic accident

V69.8 Occupant (driver) (passenger) of heavy transport vehicle injured in other specified transport accidents
V69.81 Occupant (driver) (passenger) of heavy transport vehicle injured in transport accidents with military vehicle
V69.88 Occupant (driver) (passenger) of heavy transport vehicle injured in other specified transport accidents

V69.9 Occupant (driver) (passenger) of heavy transport vehicle injured in unspecified traffic accident
Accident NOS involving heavy transport vehicle

**Bus occupant injured in transport accident (V70-V79)**

Includes: motorcoach
Excludes1: minibus (V50-V59)

V70 Bus occupant injured in collision with pedestrian or animal
The appropriate 7th character is to be added to each code from category V70
A initial encounter
D subsequent encounter
S sequela
Excludes1: bus collision with animal-drawn vehicle or animal being ridden (V76.-)

V70.0 Driver of bus injured in collision with pedestrian or animal in nontraffic accident
V70.1 Passenger on bus injured in collision with pedestrian or animal in nontraffic accident
V70.2 Person on outside of bus injured in collision with pedestrian or animal in nontraffic accident
V70.3 Unspecified occupant of bus injured in collision with pedestrian or animal in nontraffic accident
V70.4 Person boarding or alighting from bus injured in collision with pedestrian or animal
V70.5 Driver of bus injured in collision with pedestrian or animal in traffic accident
V70.6 Passenger on bus injured in collision with pedestrian or animal in traffic accident
V70.7 Person on outside of bus injured in collision with pedestrian or animal in traffic accident
V70.9 Unspecified occupant of bus injured in collision with pedestrian or animal in traffic accident

V71 Bus occupant injured in collision with pedal cycle
The appropriate 7th character is to be added to each code from category V71
  A initial encounter
  D subsequent encounter
  S sequela
V71.0 Driver of bus injured in collision with pedal cycle in nontraffic accident
V71.1 Passenger on bus injured in collision with pedal cycle in nontraffic accident
V71.2 Person on outside of bus injured in collision with pedal cycle in nontraffic accident
V71.3 Unspecified occupant of bus injured in collision with pedal cycle in nontraffic accident
V71.4 Person boarding or alighting from bus injured in collision with pedal cycle
V71.5 Driver of bus injured in collision with pedal cycle in traffic accident
V71.6 Passenger on bus injured in collision with pedal cycle in traffic accident
V71.7 Person on outside of bus injured in collision with pedal cycle in traffic accident
V71.9 Unspecified occupant of bus injured in collision with pedal cycle in traffic accident

V72 Bus occupant injured in collision with two- or three-wheeled motor vehicle
The appropriate 7th character is to be added to each code from category V72

A  initial encounter  
D  subsequent encounter  
S  sequela

V72.0  Driver of bus injured in collision with two- or three-wheeled motor vehicle in nontraffic accident
V72.1  Passenger on bus injured in collision with two- or three-wheeled motor vehicle in nontraffic accident
V72.2  Person on outside of bus injured in collision with two- or three-wheeled motor vehicle in nontraffic accident
V72.3  Unspecified occupant of bus injured in collision with two- or three-wheeled motor vehicle in nontraffic accident
V72.4  Person boarding or alighting from bus injured in collision with two- or three-wheeled motor vehicle
V72.5  Driver of bus injured in collision with two- or three-wheeled motor vehicle in traffic accident
V72.6  Passenger on bus injured in collision with two- or three-wheeled motor vehicle in traffic accident
V72.7  Person on outside of bus injured in collision with two- or three-wheeled motor vehicle in traffic accident
V72.9  Unspecified occupant of bus injured in collision with two- or three-wheeled motor vehicle in traffic accident

V73  Bus occupant injured in collision with car, pick-up truck or van
The appropriate 7th character is to be added to each code from category V73

A  initial encounter  
D  subsequent encounter  
S  sequela

V73.0  Driver of bus injured in collision with car, pick-up truck or van in nontraffic accident
V73.1  Passenger on bus injured in collision with car, pick-up truck or van in nontraffic accident
V73.2  Person on outside of bus injured in collision with car, pick-up truck or van in nontraffic accident
V73.3  Unspecified occupant of bus injured in collision with car, pick-up truck or van in nontraffic accident
V73.4 Person boarding or alighting from bus injured in collision with car, pick-up truck or van
V73.5 Driver of bus injured in collision with car, pick-up truck or van in traffic accident
V73.6 Passenger on bus injured in collision with car, pick-up truck or van in traffic accident
V73.7 Person on outside of bus injured in collision with car, pick-up truck or van in traffic accident
V73.9 Unspecified occupant of bus injured in collision with car, pick-up truck or van in traffic accident

V74 Bus occupant injured in collision with heavy transport vehicle or bus
Excludes1: bus occupant injured in collision with military vehicle (V79.81)
The appropriate 7th character is to be added to each code from category V74
   A initial encounter
   D subsequent encounter
   S sequela
V74.0 Driver of bus injured in collision with heavy transport vehicle or bus in nontraffic accident
V74.1 Passenger on bus injured in collision with heavy transport vehicle or bus in nontraffic accident
V74.2 Person on outside of bus injured in collision with heavy transport vehicle or bus in nontraffic accident
V74.3 Unspecified occupant of bus injured in collision with heavy transport vehicle or bus in nontraffic accident
V74.4 Person boarding or alighting from bus injured in collision with heavy transport vehicle or bus
V74.5 Driver of bus injured in collision with heavy transport vehicle or bus in traffic accident
V74.6 Passenger on bus injured in collision with heavy transport vehicle or bus in traffic accident
V74.7 Person on outside of bus injured in collision with heavy transport vehicle or bus in traffic accident
V74.9 Unspecified occupant of bus injured in collision with heavy transport vehicle or bus in traffic accident

V75 Bus occupant injured in collision with railway train or railway vehicle
The appropriate 7th character is to be added to each code from category V75

A initial encounter
D subsequent encounter
S sequela

V75.0 Driver of bus injured in collision with railway train or railway vehicle in nontraffic accident
V75.1 Passenger on bus injured in collision with railway train or railway vehicle in nontraffic accident
V75.2 Person on outside of bus injured in collision with railway train or railway vehicle in nontraffic accident
V75.3 Unspecified occupant of bus injured in collision with railway train or railway vehicle in nontraffic accident
V75.4 Person boarding or alighting from bus injured in collision with railway train or railway vehicle
V75.5 Driver of bus injured in collision with railway train or railway vehicle in traffic accident
V75.6 Passenger on bus injured in collision with railway train or railway vehicle in traffic accident
V75.7 Person on outside of bus injured in collision with railway train or railway vehicle in traffic accident
V75.9 Unspecified occupant of bus injured in collision with railway train or railway vehicle in traffic accident

V76 Bus occupant injured in collision with other nonmotor vehicle
Includes: collision with animal-drawn vehicle, animal being ridden, streetcar

The appropriate 7th character is to be added to each code from category V76

A initial encounter
D subsequent encounter
S sequela

V76.0 Driver of bus injured in collision with other nonmotor vehicle in nontraffic accident
V76.1 Passenger on bus injured in collision with other nonmotor vehicle in nontraffic accident
V76.2 Person on outside of bus injured in collision with other nonmotor vehicle in nontraffic accident
V76.3 Unspecified occupant of bus injured in collision with other nonmotor vehicle in nontraffic accident
V76.4 Person boarding or alighting from bus injured in collision with other nonmotor vehicle in nontraffic accident
collision with other nonmotor vehicle
V76.5 Driver of bus injured in collision with other nonmotor vehicle in traffic accident
V76.6 Passenger on bus injured in collision with other nonmotor vehicle in traffic accident
V76.7 Person on outside of bus injured in collision with other nonmotor vehicle in traffic accident
V76.9 Unspecified occupant of bus injured in collision with other nonmotor vehicle in traffic accident

V77 Bus occupant injured in collision with fixed or stationary object
The appropriate 7th character is to be added to each code from category V77
A initial encounter
D subsequent encounter
S sequela
V77.0 Driver of bus injured in collision with fixed or stationary object in nontraffic accident
V77.1 Passenger on bus injured in collision with fixed or stationary object in nontraffic accident
V77.2 Person on outside of bus injured in collision with fixed or stationary object in nontraffic accident
V77.3 Unspecified occupant of bus injured in collision with fixed or stationary object in nontraffic accident
V77.4 Person boarding or alighting from bus injured in collision with fixed or stationary object
V77.5 Driver of bus injured in collision with fixed or stationary object in traffic accident
V77.6 Passenger on bus injured in collision with fixed or stationary object in traffic accident
V77.7 Person on outside of bus injured in collision with fixed or stationary object in traffic accident
V77.9 Unspecified occupant of bus injured in collision with fixed or stationary object in traffic accident

V78 Bus occupant injured in noncollision transport accident
Includes: overturning bus NOS
overturning bus without collision
The appropriate 7th character is to be added to each code from category V78
A initial encounter
D subsequent encounter
S sequela
V78.0 Driver of bus injured in noncollision transport accident in nontraffic accident
V78.1 Passenger on bus injured in noncollision transport accident in nontraffic accident
V78.2 Person on outside of bus injured in noncollision transport accident in nontraffic accident
V78.3 Unspecified occupant of bus injured in noncollision transport accident in nontraffic accident
V78.4 Person boarding or alighting from bus injured in noncollision transport accident
V78.5 Driver of bus injured in noncollision transport accident in traffic accident
V78.6 Passenger on bus injured in noncollision transport accident in traffic accident
V78.7 Person on outside of bus injured in noncollision transport accident in traffic accident
V78.9 Unspecified occupant of bus injured in noncollision transport accident in traffic accident

V79 Bus occupant injured in other and unspecified transport accidents
The appropriate 7th character is to be added to each code from category V79
A initial encounter
D subsequent encounter
S sequela

V79.0 Driver of bus injured in collision with other and unspecified motor vehicles in nontraffic accident
V79.00 Driver of bus injured in collision with unspecified motor vehicles in nontraffic accident
V79.09 Driver of bus injured in collision with other motor vehicles in nontraffic accident
V79.1 Passenger on bus injured in collision with other and unspecified motor vehicles in nontraffic accident
V79.10 Passenger on bus injured in collision with unspecified motor vehicles in nontraffic accident
V79.19 Passenger on bus injured in collision with other motor vehicles in nontraffic accident
V79.2 Unspecified bus occupant injured in collision with other and unspecified motor vehicles in nontraffic accident
nontraffic accident
V79.20 Unspecified bus occupant injured in collision with unspecified motor vehicles in nontraffic accident
  Bus collision NOS, nontraffic
V79.29 Unspecified bus occupant injured in collision with other motor vehicles in nontraffic accident
V79.3 Bus occupant (driver) (passenger) injured in unspecified nontraffic accident
  Bus accident NOS, nontraffic
  Bus occupant injured in nontraffic accident NOS
V79.4 Driver of bus injured in collision with other and unspecified motor vehicles in traffic accident
V79.40 Driver of bus injured in collision with unspecified motor vehicles in traffic accident
V79.49 Driver of bus injured in collision with other motor vehicles in traffic accident
V79.5 Passenger on bus injured in collision with other and unspecified motor vehicles in traffic accident
V79.50 Passenger on bus injured in collision with unspecified motor vehicles in traffic accident
V79.59 Passenger on bus injured in collision with other motor vehicles in traffic accident
V79.6 Unspecified bus occupant injured in collision with other and unspecified motor vehicles in traffic accident
V79.60 Unspecified bus occupant injured in collision with unspecified motor vehicles in traffic accident
  Bus collision NOS (traffic)
V79.69 Unspecified bus occupant injured in collision with other motor vehicles in traffic accident
V79.8 Bus occupant (driver) (passenger) injured in other specified transport accidents
V79.81 Bus occupant (driver) (passenger) injured in transport accidents with military vehicle
V79.88 Bus occupant (driver) (passenger) injured in other specified transport accidents
V79.9 Bus occupant (driver) (passenger) injured in

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unspecified traffic accident
Bus accident NOS

Other land transport accidents (V80-V89)

V80  Animal-rider or occupant of animal-drawn vehicle injured in transport accident
    The appropriate 7th character is to be added to each code from category V80
    A  initial encounter
    D  subsequent encounter
    S  sequela

V80.0  Animal-rider or occupant of animal drawn vehicle injured by fall from or being thrown from animal or animal-drawn vehicle in noncollision accident

V80.01 Animal-rider injured by fall from or being thrown from animal in noncollision accident
    V80.010 Animal-rider injured by fall from or being thrown from horse in noncollision accident
    V80.018 Animal-rider injured by fall from or being thrown from other animal in noncollision accident

V80.02 Occupant of animal-drawn vehicle injured by fall from or being thrown from animal-drawn vehicle in noncollision accident
    Overturning animal-drawn vehicle NOS
    Overturning animal-drawn vehicle without collision

V80.1  Animal-rider or occupant of animal-drawn vehicle injured in collision with pedestrian or animal
    Excludes1: animal-rider or animal-drawn vehicle collision with animal-drawn vehicle or animal being ridden (V80.7)

V80.11 Animal-rider injured in collision with pedestrian or animal
V80.12 Occupant of animal-drawn vehicle injured in collision with pedestrian or animal

V80.2  Animal-rider or occupant of animal-drawn vehicle injured in collision with pedal cycle

V80.21 Animal-rider injured in collision with pedal cycle
V80.22 Occupant of animal-drawn vehicle injured in collision with pedal cycle
collision with pedal cycle

V80.3 Animal-rider or occupant of animal-drawn vehicle injured in collision with two- or three-wheeled motor vehicle
   V80.31 Animal-rider injured in collision with two- or three-wheeled motor vehicle
   V80.32 Occupant of animal-drawn vehicle injured in collision with two- or three-wheeled motor vehicle

V80.4 Animal-rider or occupant of animal-drawn vehicle injured in collision with car, pick-up truck, van, heavy transport vehicle or bus
   Excludes1: animal-rider injured in collision with military vehicle (V80.910)
   occupant of animal-drawn vehicle injured in collision with military vehicle (V80.920)
   V80.41 Animal-rider injured in collision with car, pick-up truck, van, heavy transport vehicle or bus
   V80.42 Occupant of animal-drawn vehicle injured in collision with car, pick-up truck, van, heavy transport vehicle or bus

V80.5 Animal-rider or occupant of animal-drawn vehicle injured in collision with other specified motor vehicle
   V80.51 Animal-rider injured in collision with other specified motor vehicle
   V80.52 Occupant of animal-drawn vehicle injured in collision with other specified motor vehicle

V80.6 Animal-rider or occupant of animal-drawn vehicle injured in collision with railway train or railway vehicle
   V80.61 Animal-rider injured in collision with railway train or railway vehicle
   V80.62 Occupant of animal-drawn vehicle injured in collision with railway train or railway vehicle

V80.7 Animal-rider or occupant of animal-drawn vehicle injured in collision with other nonmotor vehicles
   V80.71 Animal-rider or occupant of animal-drawn vehicle injured in collision with animal being ridden
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>V80.710</td>
<td>Animal-rider injured in collision with other animal being ridden</td>
</tr>
<tr>
<td>V80.711</td>
<td>Occupant of animal-drawn vehicle injured in collision with animal being ridden</td>
</tr>
<tr>
<td>V80.72</td>
<td>Animal-rider or occupant of animal-drawn vehicle injured in collision with other animal-drawn vehicle</td>
</tr>
<tr>
<td></td>
<td>V80.720 Animal-rider injured in collision with animal-drawn vehicle</td>
</tr>
<tr>
<td></td>
<td>V80.721 Occupant of animal-drawn vehicle injured in collision with other animal-drawn vehicle</td>
</tr>
<tr>
<td>V80.73</td>
<td>Animal-rider or occupant of animal-drawn vehicle injured in collision with streetcar</td>
</tr>
<tr>
<td></td>
<td>V80.730 Animal-rider injured in collision with streetcar</td>
</tr>
<tr>
<td></td>
<td>V80.731 Occupant of animal-drawn vehicle injured in collision with streetcar</td>
</tr>
<tr>
<td>V80.79</td>
<td>Animal-rider or occupant of animal-drawn vehicle injured in collision with other nonmotor vehicles</td>
</tr>
<tr>
<td></td>
<td>V80.790 Animal-rider injured in collision with other nonmotor vehicles</td>
</tr>
<tr>
<td></td>
<td>V80.791 Occupant of animal-drawn vehicle injured in collision with other nonmotor vehicles</td>
</tr>
<tr>
<td>V80.8</td>
<td>Animal-rider or occupant of animal-drawn vehicle injured in collision with fixed or stationary object</td>
</tr>
<tr>
<td></td>
<td>V80.81 Animal-rider injured in collision with fixed or stationary object</td>
</tr>
<tr>
<td></td>
<td>V80.82 Occupant of animal-drawn vehicle injured in collision with fixed or stationary object</td>
</tr>
<tr>
<td>V80.9</td>
<td>Animal-rider or occupant of animal-drawn vehicle injured in other and unspecified transport accidents</td>
</tr>
<tr>
<td></td>
<td>V80.91 Animal-rider injured in other and unspecified transport accidents</td>
</tr>
<tr>
<td></td>
<td>V80.910 Animal-rider injured in transport</td>
</tr>
</tbody>
</table>
accident with military vehicle

V80.918 Animal-rider injured in other transport accident

V80.919 Animal-rider injured in unspecified transport accident
Animal rider accident NOS

V80.92 Occupant of animal-drawn vehicle injured in other and unspecified transport accidents

V80.920 Occupant of animal-drawn vehicle injured in transport accident with military vehicle

V80.928 Occupant of animal-drawn vehicle injured in other transport accident

V80.929 Occupant of animal-drawn vehicle injured in unspecified transport accident
Animal-drawn vehicle accident NOS

V81 Occupant of railway train or railway vehicle injured in transport accident
Includes: derailment of railway train or railway vehicle
person on outside of train
Excludes1: streetcar (V82.-)
The appropriate 7th character is to be added to each code from category V81
A initial encounter
D subsequent encounter
S sequela

V81.0 Occupant of railway train or railway vehicle injured in collision with motor vehicle in nontraffic accident
Excludes1: Occupant of railway train or railway vehicle injured due to collision with military vehicle (V81.83)

V81.1 Occupant of railway train or railway vehicle injured in collision with motor vehicle in traffic accident
Excludes1: Occupant of railway train or railway vehicle injured due to collision with military vehicle (V81.83)

V81.2 Occupant of railway train or railway vehicle injured in collision with or hit by rolling stock

V81.3 Occupant of railway train or railway vehicle injured in collision with other object
Railway collision NOS
V81.4 Person injured while boarding or alighting from railway train or railway vehicle
V81.5 Occupant of railway train or railway vehicle injured by fall in railway train or railway vehicle
V81.6 Occupant of railway train or railway vehicle injured by fall from railway train or railway vehicle
V81.7 Occupant of railway train or railway vehicle injured in derailment without antecedent collision
V81.8 Occupant of railway train or railway vehicle injured in other specified railway accidents
V81.81 Occupant of railway train or railway vehicle injured due to explosion or fire on train
V81.82 Occupant of railway train or railway vehicle injured due to object falling onto train
  Occupant of railway train or railway vehicle injured due to falling earth onto train
  Occupant of railway train or railway vehicle injured due to falling rocks onto train
  Occupant of railway train or railway vehicle injured due to falling snow onto train
  Occupant of railway train or railway vehicle injured due to falling trees onto train
V81.83 Occupant of railway train or railway vehicle injured due to collision with military vehicle
V81.89 Occupant of railway train or railway vehicle injured due to other specified railway accident
V81.9 Occupant of railway train or railway vehicle injured in unspecified railway accident
Railway accident NOS

V82 Occupant of powered streetcar injured in transport accident
Includes: interurban electric car
  person on outside of streetcar
  tram (car)
  trolley (car)
Excludes: bus (V70-V79)
  motorcoach (V70-V79)
  nonpowered streetcar (V76.-)
  train (V81.-)

The appropriate 7th character is to be added to each code from category V82
  A initial encounter
  D subsequent encounter
V82.0 Occupant of streetcar injured in collision with motor vehicle in nontraffic accident
V82.1 Occupant of streetcar injured in collision with motor vehicle in traffic accident
V82.2 Occupant of streetcar injured in collision with or hit by rolling stock
V82.3 Occupant of streetcar injured in collision with other object
   Excludes1: collision with animal-drawn vehicle or animal being ridden (V82.8)
V82.4 Person injured while boarding or alighting from streetcar
V82.5 Occupant of streetcar injured by fall in streetcar
   Excludes1: fall in streetcar:
      while boarding or alighting (V82.4)
      with antecedent collision (V82.0-V82.3)
V82.6 Occupant of streetcar injured by fall from streetcar
   Excludes1: fall from streetcar:
      while boarding or alighting (V82.4)
      with antecedent collision (V82.0-V82.3)
V82.7 Occupant of streetcar injured in derailment without antecedent collision
   Excludes1: occupant of streetcar injured in derailment with antecedent collision (V82.0-V82.3)
V82.8 Occupant of streetcar injured in other specified transport accidents
   Streetcar collision with military vehicle
   Streetcar collision with train or nonmotor vehicles
V82.9 Occupant of streetcar injured in unspecified traffic accident
   Streetcar accident NOS
V83 Occupant of special vehicle mainly used on industrial premises injured in transport accident
   Includes: battery-powered airport passenger vehicle
   battery-powered truck (baggage) (mail)
   coal-car in mine
   forklift (truck)
   logging car
   self-propelled industrial truck
   station baggage truck (powered)
tram, truck, or tub (powered) in mine or quarry
Excludes1: special construction vehicles (V85.-)
special industrial vehicle in stationary use or maintenance (W31.-)
The appropriate 7th character is to be added to each code from category V83
A initial encounter
D subsequent encounter
S sequela
V83.0 Driver of special industrial vehicle injured in traffic accident
V83.1 Passenger of special industrial vehicle injured in traffic accident
V83.2 Person on outside of special industrial vehicle injured in traffic accident
V83.3 Unspecified occupant of special industrial vehicle injured in traffic accident
V83.4 Person injured while boarding or alighting from special industrial vehicle
V83.5 Driver of special industrial vehicle injured in nontraffic accident
V83.6 Passenger of special industrial vehicle injured in nontraffic accident
V83.7 Person on outside of special industrial vehicle injured in nontraffic accident
V83.9 Unspecified occupant of special industrial vehicle injured in nontraffic accident
Special-industrial-vehicle accident NOS
V84 Occupant of special vehicle mainly used in agriculture injured in transport accident
Includes: self-propelled farm machinery tractor (and trailer)
Excludes1: animal-powered farm machinery accident (W30.8-)
contact with combine harvester (W30.0)
special agricultural vehicle in stationary use or maintenance (W30.-)
The appropriate 7th character is to be added to each code from category V84
A initial encounter
D subsequent encounter
S sequela
V84.0 Driver of special agricultural vehicle injured in traffic accident
V84.1 Passenger of special agricultural vehicle injured in traffic accident
V84.2 Person on outside of special agricultural vehicle
injured in traffic accident
V84.3  Unspecified occupant of special agricultural vehicle injured in traffic accident
V84.4  Person injured while boarding or alighting from special agricultural vehicle
V84.5  Driver of special agricultural vehicle injured in nontraffic accident
V84.6  Passenger of special agricultural vehicle injured in nontraffic accident
V84.7  Person on outside of special agricultural vehicle injured in nontraffic accident
V84.9  Unspecified occupant of special agricultural vehicle injured in nontraffic accident
Special-agricultural vehicle accident NOS

V85  Occupant of special construction vehicle injured in transport accident
Includes: bulldozer
digger
dump truck
earth-leveller
mechanical shovel
road-roller
Excludes1: special industrial vehicle (V83.−)
special construction vehicle in stationary use or maintenance (W31.−)
The appropriate 7th character is to be added to each code from category V85
A  initial encounter
D  subsequent encounter
S  sequela

V85.0  Driver of special construction vehicle injured in traffic accident
V85.1  Passenger of special construction vehicle injured in traffic accident
V85.2  Person on outside of special construction vehicle injured in traffic accident
V85.3  Unspecified occupant of special construction vehicle injured in traffic accident
V85.4  Person injured while boarding or alighting from special construction vehicle
V85.5  Driver of special construction vehicle injured in nontraffic accident
V85.6  Passenger of special construction vehicle
injured in nontraffic accident
V85.7    Person on outside of special construction vehicle injured in nontraffic accident
V85.9    Unspecified occupant of special construction vehicle injured in nontraffic accident
Special-construction-vehicle accident NOS

V86    Occupant of special all-terrain or other motor vehicle, injured in transport accident
Excludes1: special all-terrain vehicle in stationary use or maintenance (W31.-) sport-utility vehicle (V50-V59) three-wheeled motor vehicle designed for on-road use (V30-V39)
The appropriate 7th character is to be added to each code from category V86
A    initial encounter
D    subsequent encounter
S    sequela

V86.0    Driver of special all-terrain or other motor vehicle injured in traffic accident
V86.01Driver of ambulance or fire engine injured in traffic accident
V86.02Driver of snowmobile injured in traffic accident
V86.03Driver of dune buggy injured in traffic accident
V86.04Driver of military vehicle injured in traffic accident
V86.09Driver of other special all-terrain or other vehicle injured in traffic accident
Driver of dirt bike injured in traffic accident
Driver of go cart injured in traffic accident
Driver of golf cart injured in traffic accident

V86.1    Passenger of special all-terrain or other motor vehicle injured in traffic accident
V86.11Passenger of ambulance or fire engine injured in traffic accident
V86.12Passenger of snowmobile injured in traffic accident
V86.13Passenger of dune buggy injured in traffic accident
V86.14Passenger of military vehicle injured in traffic accident
V86.19Passenger of other special all-terrain or other off-road motor vehicle injured in traffic accident
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>V86.2</td>
<td>Person on outside of special all-terrain or other motor vehicle injured in traffic accident</td>
</tr>
<tr>
<td>V86.21</td>
<td>Person on outside of ambulance or fire engine injured in traffic accident</td>
</tr>
<tr>
<td>V86.22</td>
<td>Person on outside of snowmobile injured in traffic accident</td>
</tr>
<tr>
<td>V86.23</td>
<td>Person on outside of dune buggy injured in traffic accident</td>
</tr>
<tr>
<td>V86.24</td>
<td>Person on outside of military vehicle injured in traffic accident</td>
</tr>
<tr>
<td>V86.29</td>
<td>Person on outside of other special all-terrain or other motor vehicle injured in traffic accident</td>
</tr>
<tr>
<td></td>
<td>Person on outside of dirt bike injured in traffic accident</td>
</tr>
<tr>
<td></td>
<td>Person on outside of go cart injured in traffic accident</td>
</tr>
<tr>
<td></td>
<td>Person on outside of golf cart injured in traffic accident</td>
</tr>
<tr>
<td>V86.3</td>
<td>Unspecified occupant of special all-terrain or other motor vehicle injured in traffic accident</td>
</tr>
<tr>
<td>V86.31</td>
<td>Unspecified occupant of ambulance or fire engine injured in traffic accident</td>
</tr>
<tr>
<td>V86.32</td>
<td>Unspecified occupant of snowmobile injured in traffic accident</td>
</tr>
<tr>
<td>V86.33</td>
<td>Unspecified occupant of dune buggy injured in traffic accident</td>
</tr>
<tr>
<td>V86.34</td>
<td>Unspecified occupant of military vehicle injured in traffic accident</td>
</tr>
<tr>
<td>V86.39</td>
<td>Unspecified occupant of other all-terrain or other motor vehicle injured in traffic accident</td>
</tr>
<tr>
<td></td>
<td>Unspecified occupant of dirt bike injured in traffic accident</td>
</tr>
<tr>
<td></td>
<td>Unspecified occupant of go cart injured in traffic accident</td>
</tr>
<tr>
<td></td>
<td>Unspecified occupant of golf cart injured in traffic accident</td>
</tr>
<tr>
<td>V86.4</td>
<td>Person injured while boarding or alighting from special all-terrain or other motor vehicle</td>
</tr>
<tr>
<td>V86.41</td>
<td>Person injured while boarding or alighting from ambulance or fire engine</td>
</tr>
<tr>
<td>V86.42</td>
<td>Person injured while boarding or alighting from snowmobile</td>
</tr>
<tr>
<td>V86.43</td>
<td>Person injured while boarding or alighting</td>
</tr>
</tbody>
</table>
from dune buggy
V86.44 Person injured while boarding or alighting from military vehicle
V86.49 Person injured while boarding or alighting from other special all-terrain or other motor vehicle
   Person injured while boarding or alighting from dirt bike
   Person injured while boarding or alighting from go cart
   Person injured while boarding or alighting from golf cart

V86.5 Driver of special all-terrain or other motor vehicle injured in nontraffic accident
V86.51 Driver of ambulance or fire engine injured in nontraffic accident
V86.52 Driver of snowmobile injured in nontraffic accident
V86.53 Driver of dune buggy injured in nontraffic accident
V86.54 Driver of military vehicle injured in nontraffic accident
V86.59 Driver of other special all-terrain or other motor vehicle injured in nontraffic accident
   Driver of dirt bike injured in nontraffic accident
   Driver of go cart injured in nontraffic accident
   Driver of golf cart injured in nontraffic accident
   Driver of race car injured in nontraffic accident

V86.6 Passenger of special all-terrain or other motor vehicle injured in nontraffic accident
V86.61 Passenger of ambulance or fire engine injured in nontraffic accident
V86.62 Passenger of snowmobile injured in nontraffic accident
V86.63 Passenger of dune buggy injured in nontraffic accident
V86.64 Passenger of military vehicle injured in nontraffic accident
V86.69 Passenger of other special all-terrain or other vehicle injured in nontraffic accident
   Passenger of dirt bike injured in nontraffic accident
   Passenger of go cart injured in nontraffic accident
   Passenger of golf cart injured in nontraffic accident
   Passenger of race car injured in nontraffic accident
V86.7 Person on outside of special all-terrain or other motor vehicles injured in nontraffic accident
V86.71 Person on outside of ambulance or fire engine injured in nontraffic accident
V86.72 Person on outside of snowmobile injured in nontraffic accident
V86.73 Person on outside of dune buggy injured in nontraffic accident
V86.74 Person on outside of military vehicle injured in nontraffic accident
V86.79 Person on outside of other special all-terrain or other motor vehicles injured in nontraffic accident

Person on outside of dirt bike injured in nontraffic accident
Person on outside of go cart injured in nontraffic accident
Person on outside of golf cart injured in nontraffic accident
Person on outside of race car injured in nontraffic accident

V86.9 Unspecified occupant of special all-terrain or other motor vehicle injured in nontraffic accident
V86.91 Unspecified occupant of ambulance or fire engine injured in nontraffic accident
V86.92 Unspecified occupant of snowmobile injured in nontraffic accident
V86.93 Unspecified occupant of dune buggy injured in nontraffic accident
V86.94 Unspecified occupant of military vehicle injured in nontraffic accident
V86.99 Unspecified occupant of other special all-terrain or other motor vehicle injured in nontraffic accident

All-terrain motor-vehicle accident NOS
Off-road motor-vehicle accident NOS
Other motor-vehicle accident NOS
Unspecified occupant of dirt bike injured in nontraffic accident
Unspecified occupant of go cart injured in nontraffic accident
Unspecified occupant of golf cart injured in nontraffic accident
Unspecified occupant of race car injured in nontraffic accident

V87 Traffic accident of specified type but victim's mode of transport unknown
Excludes1: collision involving:
pedal cycle (V10-V19)
The appropriate 7th character is to be added to each code from category V87

A  initial encounter
D  subsequent encounter
S  sequela

V87.0  Person injured in collision between car and two- or three-wheeled powered vehicle (traffic)
V87.1  Person injured in collision between other motor vehicle and two- or three-wheeled motor vehicle (traffic)
V87.2  Person injured in collision between car and pick-up truck or van (traffic)
V87.3  Person injured in collision between car and bus (traffic)
V87.4  Person injured in collision between car and heavy transport vehicle (traffic)
V87.5  Person injured in collision between heavy transport vehicle and bus (traffic)
V87.6  Person injured in collision between railway train or railway vehicle and car (traffic)
V87.7  Person injured in collision between other specified motor vehicles (traffic)
V87.8  Person injured in other specified noncollision transport accidents involving motor vehicle (traffic)
V87.9  Person injured in other specified (collision)(noncollision) transport accidents involving nonmotor vehicle (traffic)

V88  Nontraffic accident of specified type but victim’s mode of transport unknown

Excludes: collision involving:
  pedal cycle (V10-V19)
  pedestrian (V01-V09)

The appropriate 7th character is to be added to each code from category V88

A  initial encounter
D  subsequent encounter
S  sequela

V88.0  Person injured in collision between car and two- or three-wheeled motor vehicle, nontraffic
V88.1  Person injured in collision between other motor vehicle and two- or three-wheeled motor vehicle, nontraffic
V88.2 Person injured in collision between car and 
pick-up truck or van, nontraffic
V88.3 Person injured in collision between car and bus, 
nontraffic
V88.4 Person injured in collision between car and 
heavy transport vehicle, nontraffic
V88.5 Person injured in collision between heavy 
transport vehicle and bus, nontraffic
V88.6 Person injured in collision between railway train 
or railway vehicle and car, nontraffic
V88.7 Person injured in collision between other 
specified motor vehicle, nontraffic
V88.8 Person injured in other specified noncollision 
transport accidents involving motor vehicle, 
nontraffic
V88.9 Person injured in other specified 
(collision)(noncollision) transport accidents involving 
nonmotor vehicle, nontraffic

V89 Motor- or nonmotor-vehicle accident, type of vehicle 
unspecified
The appropriate 7th character is to be added to each code from category V89
   A  initial encounter
   D  subsequent encounter
   S  sequela

V89.0 Person injured in unspecified motor-vehicle 
accident, nontraffic
Motor-vehicle accident NOS, nontraffic

V89.1 Person injured in unspecified nonmotor-vehicle 
accident, nontraffic
Nonmotor-vehicle accident NOS (nontraffic)

V89.2 Person injured in unspecified motor-vehicle 
accident, traffic
Motor-vehicle accident [MVA] NOS
Road (traffic) accident [RTA] NOS

V89.3 Person injured in unspecified nonmotor-vehicle 
accident, traffic
Nonmotor-vehicle traffic accident NOS

V89.9 Person injured in unspecified vehicle accident
Collision NOS
Water transport accidents (V90-V94)

V90 Drowning and submersion due to accident to watercraft
   Excludes1: fall into water not from watercraft (W16.-)
   military watercraft accident in military or war operations (Y36.0-, Y37.0-)
   water-transport-related drowning or submersion without accident to watercraft (V92.-)
   The appropriate 7th character is to be added to each code from category V90
   A initial encounter
   D subsequent encounter
   S sequela

V90.0 Drowning and submersion due to watercraft overturning
   V90.00 Drowning and submersion due to merchant ship overturning
   V90.01 Drowning and submersion due to passenger ship overturning
      Drowning and submersion due to Ferry-boat overturning
      Drowning and submersion due to Liner overturning
   V90.02 Drowning and submersion due to fishing boat overturning
   V90.03 Drowning and submersion due to other powered watercraft overturning
      Drowning and submersion due to Hovercraft (on open water) overturning
      Drowning and submersion due to Jet ski overturning
   V90.04 Drowning and submersion due to sailboat overturning
   V90.05 Drowning and submersion due to canoe or kayak overturning
   V90.06 Drowning and submersion due to (nonpowered) inflatable craft overturning
   V90.08 Drowning and submersion due to other unpowered watercraft overturning
      Drowning and submersion due to windsurfer overturning
   V90.09 Drowning and submersion due to unspecified watercraft overturning
      Drowning and submersion due to boat NOS overturning
      Drowning and submersion due to ship NOS overturning
      Drowning and submersion due to watercraft NOS overturning

V90.1 Drowning and submersion due to watercraft
sinking
V90.10 Drowning and submersion due to merchant ship sinking
V90.11 Drowning and submersion due to passenger ship sinking
   Drowning and submersion due to Ferry-boat sinking
   Drowning and submersion due to Liner sinking
V90.12 Drowning and submersion due to fishing boat sinking
V90.13 Drowning and submersion due to other powered watercraft sinking
   Drowning and submersion due to Hovercraft (on open water) sinking
   Drowning and submersion due to Jet ski sinking
V90.14 Drowning and submersion due to sailboat sinking
V90.15 Drowning and submersion due to canoe or kayak sinking
V90.16 Drowning and submersion due to (nonpowered) inflatable craft sinking
V90.18 Drowning and submersion due to other unpowered watercraft sinking
V90.19 Drowning and submersion due to unspecified watercraft sinking
   Drowning and submersion due to boat NOS sinking
   Drowning and submersion due to ship NOS sinking
   Drowning and submersion due to watercraft NOS sinking
V90.2 Drowning and submersion due to falling or jumping from burning watercraft
V90.20 Drowning and submersion due to falling or jumping from burning merchant ship
V90.21 Drowning and submersion due to falling or jumping from burning passenger ship
   Drowning and submersion due to falling or jumping from burning Ferry-boat
   Drowning and submersion due to falling or jumping from burning Liner
V90.22 Drowning and submersion due to falling or jumping from burning fishing boat
V90.23 Drowning and submersion due to falling or jumping from other burning powered
watercraft
Drowning and submersion due to falling and jumping from burning Hovercraft (on open water)
Drowning and submersion due to falling and jumping from burning Jet ski

V90.24 Drowning and submersion due to falling or jumping from burning sailboat
V90.25 Drowning and submersion due to falling or jumping from burning canoe or kayak
V90.26 Drowning and submersion due to falling or jumping from burning (nonpowered) inflatable craft
V90.27 Drowning and submersion due to falling or jumping from burning water-skis
V90.28 Drowning and submersion due to falling or jumping from other burning unpowered watercraft
Drowning and submersion due to falling and jumping from burning surf-board
Drowning and submersion due to falling and jumping from burning windsurfer

V90.29 Drowning and submersion due to falling or jumping from unspecified burning watercraft
Drowning and submersion due to falling or jumping from burning boat NOS
Drowning and submersion due to falling or jumping from burning ship NOS
Drowning and submersion due to falling or jumping from burning watercraft NOS

V90.3 Drowning and submersion due to falling or jumping from crushed watercraft
V90.30 Drowning and submersion due to falling or jumping from crushed merchant ship
V90.31 Drowning and submersion due to falling or jumping from crushed passenger ship
Drowning and submersion due to falling and jumping from crushed Ferry boat
Drowning and submersion due to falling and jumping from crushed Liner

V90.32 Drowning and submersion due to falling or jumping from crushed fishing boat
V90.33 Drowning and submersion due to falling or
jumping from other crushed powered watercraft
Drowning and submersion due to falling and jumping from crushed Hovercraft
Drowning and submersion due to falling and jumping from crushed Jet ski

V90.34 Drowning and submersion due to falling or jumping from crushed sailboat
V90.35 Drowning and submersion due to falling or jumping from crushed canoe or kayak
V90.36 Drowning and submersion due to falling or jumping from crushed (nonpowered) inflatable craft

V90.37 Drowning and submersion due to falling or jumping from crushed water-skis
V90.38 Drowning and submersion due to falling or jumping from other crushed unpowered watercraft
Drowning and submersion due to falling and jumping from crushed surf-board
Drowning and submersion due to falling and jumping from crushed windsurfer

V90.39 Drowning and submersion due to falling or jumping from crushed unspecified watercraft
Drowning and submersion due to falling and jumping from crushed boat NOS
Drowning and submersion due to falling and jumping from crushed ship NOS
Drowning and submersion due to falling and jumping from crushed watercraft NOS

V90.8 Drowning and submersion due to other accident to watercraft
V90.80 Drowning and submersion due to other accident to merchant ship
V90.81 Drowning and submersion due to other accident to passenger ship
Drowning and submersion due to other accident to Ferry-boat
Drowning and submersion due to other accident to Liner

V90.82 Drowning and submersion due to other accident to fishing boat
V90.83 Drowning and submersion due to other accident to other powered watercraft
Drowning and submersion due to other accident to Hovercraft
(on open water)
Drowning and submersion due to other accident to Jet ski

**V90.84** Drowning and submersion due to other accident to sailboat

**V90.85** Drowning and submersion due to other accident to canoe or kayak

**V90.86** Drowning and submersion due to other accident to (nonpowered) inflatable craft

**V90.87** Drowning and submersion due to other accident to water-skis

**V90.88** Drowning and submersion due to other accident to other unpowered watercraft
Drowning and submersion due to other accident to surf-board
Drowning and submersion due to other accident to windsurfer

**V90.89** Drowning and submersion due to other accident to unspecified watercraft
Drowning and submersion due to other accident to boat NOS
Drowning and submersion due to other accident to ship NOS
Drowning and submersion due to other accident to watercraft NOS

**V91** Other injury due to accident to watercraft
Includes: any injury except drowning and submersion as a result of an accident to watercraft
Excludes1: military watercraft accident in military or war operations (Y36, Y37-)
Excludes2: drowning and submersion due to accident to watercraft (V90.-)
The appropriate 7th character is to be added to each code from category V91
A initial encounter
D subsequent encounter
S sequela

**V91.0** Burn due to watercraft on fire
Excludes1: burn from localized fire or explosion on board ship without accident to watercraft (V93.-)

**V91.00** Burn due to merchant ship on fire
**V91.01** Burn due to passenger ship on fire
Burn due to Ferry-boat on fire
Burn due to Liner on fire

**V91.02** Burn due to fishing boat on fire
**V91.03** Burn due to other powered watercraft on fire
Burn due to Hovercraft (on open water) on fire
Burn due to Jet ski on fire

**V91.04** Burn due to sailboat on fire
V91.05 Burn due to canoe or kayak on fire
V91.06 Burn due to (nonpowered) inflatable craft on fire
V91.07 Burn due to water-skis on fire
V91.08 Burn due to other unpowered watercraft on fire
V91.09 Burn due to unspecified watercraft on fire
  Burn due to boat NOS on fire
  Burn due to ship NOS on fire
  Burn due to watercraft NOS on fire

V91.1 Crushed between watercraft and other watercraft or other object due to collision
  Crushed by lifeboat after abandoning ship in a collision
  Note: select the specified type of watercraft that the victim was on at the time of the collision

V91.10 Crushed between merchant ship and other watercraft or other object due to collision
V91.11 Crushed between passenger ship and other watercraft or other object due to collision
  Crushed between Ferry-boat and other watercraft or other object due to collision
  Crushed between Liner and other watercraft or other object due to collision
V91.12 Crushed between fishing boat and other watercraft or other object due to collision
V91.13 Crushed between other powered watercraft and other watercraft or other object due to collision
  Crushed between Hovercraft (on open water) and other watercraft or other object due to collision
  Crushed between Jet ski and other watercraft or other object due to collision
V91.14 Crushed between sailboat and other watercraft or other object due to collision
V91.15 Crushed between canoe or kayak and other watercraft or other object due to collision
V91.16 Crushed between (nonpowered) inflatable craft and other watercraft or other object due to collision
V91.18 Crushed between other unpowered watercraft and other watercraft or other object due to collision
  Crushed between surfboard and other watercraft or other object
due to collision
Crushed between windsurfer and other watercraft or other object
due to collision

V91.19 Crushed between unspecified watercraft and other watercraft or other object due to collision
Crushed between boat NOS and other watercraft or other object
due to collision
Crushed between ship NOS and other watercraft or other object
due to collision
Crushed between watercraft NOS and other watercraft or other object due to collision

V91.2 Fall due to collision between watercraft and other watercraft or other object
Fall while remaining on watercraft after collision
Note: select the specified type of watercraft that the victim was on at the time of the collision
Excludes: crushed between watercraft and other watercraft and other object due to collision (V91.1-)
drowning and submersion due to falling from crushed watercraft (V90.3-)

V91.20 Fall due to collision between merchant ship and other watercraft or other object
V91.21 Fall due to collision between passenger ship and other watercraft or other object
Fall due to collision between Ferry-boat and other watercraft or other object
Fall due to collision between Liner and other watercraft or other object

V91.22 Fall due to collision between fishing boat and other watercraft or other object
V91.23 Fall due to collision between other powered watercraft and other watercraft or other object
Fall due to collision between Hovercraft (on open water) and other watercraft or other object
Fall due to collision between Jet ski and other watercraft or other object

V91.24 Fall due to collision between sailboat and other watercraft or other object
V91.25 Fall due to collision between canoe or kayak and other watercraft or other object
V91.26 Fall due to collision between (nonpowered) inflatable craft and other watercraft or other object
V91.29 Fall due to collision between unspecified watercraft and other watercraft or other object
   Fall due to collision between boat NOS and other watercraft or other object
   Fall due to collision between ship NOS and other watercraft or other object
   Fall due to collision between watercraft NOS and other watercraft or other object

V91.3 Hit or struck by falling object due to accident to watercraft
   Hit or struck by falling object (part of damaged watercraft or other object)
   after falling or jumping from damaged watercraft
   Excludes2: drowning or submersion due to fall or jumping from damaged watercraft (V90.2-, V90.3-)

V91.30 Hit or struck by falling object due to accident to merchant ship

V91.31 Hit or struck by falling object due to accident to passenger ship
   Hit or struck by falling object due to accident to Ferry-boat
   Hit or struck by falling object due to accident to Liner

V91.32 Hit or struck by falling object due to accident to fishing boat

V91.33 Hit or struck by falling object due to accident to other powered watercraft
   Hit or struck by falling object due to accident to Hovercraft (on open water)
   Hit or struck by falling object due to accident to Jet ski

V91.34 Hit or struck by falling object due to accident to sailboat

V91.35 Hit or struck by falling object due to accident to canoe or kayak

V91.36 Hit or struck by falling object due to accident to (nonpowered) inflatable craft

V91.37 Hit or struck by falling object due to accident to water-skis
   Hit by water-skis after jumping off of waterskis

V91.38 Hit or struck by falling object due to accident to other unpowered watercraft
   Hit or struck by surf-board after falling off damaged surf-board
   Hit or struck by object after falling off damaged windsurfer

V91.39 Hit or struck by falling object due to accident to unspecified watercraft
Hit or struck by falling object due to accident to boat NOS
Hit or struck by falling object due to accident to ship NOS
Hit or struck by falling object due to accident to watercraft NOS

V91.8 Other injury due to other accident to watercraft
   V91.80 Other injury due to other accident to merchant ship
   V91.81 Other injury due to other accident to passenger ship
      Other injury due to other accident to Ferry-boat
      Other injury due to other accident to Liner
   V91.82 Other injury due to other accident to fishing boat
   V91.83 Other injury due to other accident to other powered watercraft
      Other injury due to other accident to Hovercraft (on open water)
      Other injury due to other accident to Jet ski
   V91.84 Other injury due to other accident to sailboat
   V91.85 Other injury due to other accident to canoe or kayak
   V91.86 Other injury due to other accident to (nonpowered) inflatable craft
   V91.87 Other injury due to other accident to water-skis
   V91.88 Other injury due to other accident to other unpowered watercraft
      Other injury due to other accident to surf-board
      Other injury due to other accident to windsurfer
   V91.89 Other injury due to other accident to unspecified watercraft
      Other injury due to other accident to boat NOS
      Other injury due to other accident to ship NOS
      Other injury due to other accident to watercraft NOS

V92 Drowning and submersion due to accident on board watercraft, without accident to watercraft
Excludes1: drowning or submersion of diver who voluntarily jumps from boat not involved in an accident (W16.711, W16.721)
fall into water without watercraft (W16.-)
drowning or submersion due to accident to watercraft (V90-V91)
military watercraft accident in military or war operations (Y36, Y37)
The appropriate 7th character is to be added to each code from category V92
   A initial encounter
   D subsequent encounter
   S sequela
V92.0  Drowning and submersion due to fall off watercraft
Drowning and submersion due to fall from gangplank of watercraft
Drowning and submersion due to fall overboard watercraft
Excludes2: hitting head on object or bottom of body of water due to fall from watercraft (V94.0-)

V92.00 Drowning and submersion due to fall off merchant ship

V92.01 Drowning and submersion due to fall off passenger ship
Drowning and submersion due to fall off Ferry-boat
Drowning and submersion due to fall off Liner

V92.02 Drowning and submersion due to fall off fishing boat

V92.03 Drowning and submersion due to fall off other powered watercraft
Drowning and submersion due to fall off Hovercraft (on open water)
Drowning and submersion due to fall off Jet ski

V92.04 Drowning and submersion due to fall off sailboat

V92.05 Drowning and submersion due to fall off canoe or kayak

V92.06 Drowning and submersion due to fall off (nonpowered) inflatable craft

V92.07 Drowning and submersion due to fall off water-skis
Excludes1: drowning and submersion due to falling off burning water-skis (V90.27)
drowning and submersion due to falling off crushed water-skis (V90.37)
hit by boat while water-skiing NOS (V94.x)

V92.08 Drowning and submersion due to fall off other unpowered watercraft
Drowning and submersion due to fall off surf-board
Drowning and submersion due to fall off windsurfer
Excludes1: drowning and submersion due to fall off burning unpowered watercraft (V90.28)
drowning and submersion due to fall off crushed unpowered watercraft (V90.38)
drowning and submersion due to fall off damaged unpowered watercraft (V90.88)
drowning and submersion due to rider of
nonpowered watercraft being hit by other watercraft (V94...)
other injury due to rider of nonpowered watercraft being hit by other watercraft (V94...)

V92.09 Drowning and submersion due to fall off unspecified watercraft
Drowning and submersion due to fall off boat NOS
Drowning and submersion due to fall off ship
Drowning and submersion due to fall off watercraft NOS

V92.1 Drowning and submersion due to being thrown overboard by motion of watercraft
Excludes1: drowning and submersion due to fall off surf-board (V92.08)
drowning and submersion due to fall off water-skis (V92.07)
drowning and submersion due to fall off windsurfer (V92.08)

V92.10 Drowning and submersion due to being thrown overboard by motion of merchant ship
V92.11 Drowning and submersion due to being thrown overboard by motion of passenger ship
Drowning and submersion due to being thrown overboard by motion of Ferry-boat
Drowning and submersion due to being thrown overboard by motion of Liner

V92.12 Drowning and submersion due to being thrown overboard by motion of fishing boat
V92.13 Drowning and submersion due to being thrown overboard by motion of other powered watercraft
Drowning and submersion due to being thrown overboard by motion of Hovercraft

V92.14 Drowning and submersion due to being thrown overboard by motion of sailboat
V92.15 Drowning and submersion due to being thrown overboard by motion of canoe or kayak
V92.16 Drowning and submersion due to being thrown overboard by motion of (nonpowered) inflatable craft

V92.19 Drowning and submersion due to being thrown overboard by motion of unspecified watercraft
Drowning and submersion due to being thrown overboard by motion of boat NOS
Drowning and submersion due to being thrown overboard by motion of ship NOS
Drowning and submersion due to being thrown overboard by...
V92.2 Drowning and submersion due to being washed overboard from watercraft
Code first any associated cataclysm (X37.0-)

V92.20 Drowning and submersion due to being washed overboard from merchant ship

V92.21 Drowning and submersion due to being washed overboard from passenger ship
Drowning and submersion due to being washed overboard from Ferry-boat
Drowning and submersion due to being washed overboard from Liner

V92.22 Drowning and submersion due to being washed overboard from fishing boat

V92.23 Drowning and submersion due to being washed overboard from other powered watercraft
Drowning and submersion due to being washed overboard from Hovercraft (on open water)
Drowning and submersion due to being washed overboard from Jet ski

V92.24 Drowning and submersion due to being washed overboard from sailboat

V92.25 Drowning and submersion due to being washed overboard from canoe or kayak

V92.26 Drowning and submersion due to being washed overboard from (nonpowered) inflatable craft

V92.27 Drowning and submersion due to being washed overboard from water-skis
Excludes1: drowning and submersion due to fall off water-skis (V92.07)

V92.28 Drowning and submersion due to being washed overboard from other unpowered watercraft
Drowning and submersion due to being washed overboard from surf-board
Drowning and submersion due to being washed overboard from windsurfer

V92.29 Drowning and submersion due to being washed overboard from unspecified watercraft
Drowning and submersion due to being washed overboard from
Drowning and submersion due to being washed overboard from ship NOS
Drowning and submersion due to being washed overboard from watercraft NOS

V93 Other injury due to accident on board watercraft, without accident to watercraft
Excludes1: other injury due to accident to watercraft (V91.-)
   military watercraft accident in military or war operations (Y36, Y37-)
Excludes2: drowning and submersion due to accident on board watercraft, without accident to watercraft (V92.-)
The appropriate 7th character is to be added to each code from category V93
   A initial encounter
   D subsequent encounter
   S sequela

V93.0 Burn due to localized fire on board watercraft
Excludes1: burn due to watercraft on fire (V91.0-)
V93.00 Burn due to localized fire on board merchant vessel
V93.01 Burn due to localized fire on board passenger vessel
   Burn due to localized fire on board Ferry-boat
   Burn due to localized fire on board Liner
V93.02 Burn due to localized fire on board fishing boat
V93.03 Burn due to localized fire on board other powered watercraft
   Burn due to localized fire on board Hovercraft
   Burn due to localized fire on board Jet ski
V93.04 Burn due to localized fire on board sailboat
V93.09 Burn due to localized fire on board unspecified watercraft
   Burn due to localized fire on board boat NOS
   Burn due to localized fire on board ship NOS
   Burn due to localized fire on board watercraft NOS

V93.1 Other burn on board watercraft
Burn due to source other than fire on board watercraft
Excludes1: burn due to watercraft on fire (V91.0-)
V93.10 Other burn on board merchant vessel
V93.11 Other burn on board passenger vessel
   Other burn on board Ferry-boat
   Other burn on board Liner
V93.12 Other burn on board fishing boat
V93.13 Other burn on board other powered watercraft
Other burn on board Hovercraft
Other burn on board Jet ski

V93.14 Other burn on board sailboat
V93.19 Other burn on board unspecified watercraft
Other burn on board boat NOS
Other burn on board ship NOS
Other burn on board watercraft NOS

V93.2 Heat exposure on board watercraft
Excludes1: exposure to man-made heat not aboard watercraft (W92)
  exposure to natural heat while on board watercraft (X30)
  exposure to sunlight while on board watercraft (X32)
Excludes2: burn due to fire on board watercraft (V93.0-)

V93.20 Heat exposure on board merchant ship
V93.21 Heat exposure on board passenger ship
  Heat exposure on board Ferry-boat
  Heat exposure on board Liner

V93.22 Heat exposure on board fishing boat
V93.23 Heat exposure on board other powered watercraft
  Heat exposure on board hovercraft

V93.24 Heat exposure on board sailboat
V93.29 Heat exposure on board unspecified watercraft
  Heat exposure on board boat NOS
  Heat exposure on board ship NOS
  Heat exposure on board watercraft NOS

V93.3 Fall on board watercraft
Excludes1: fall due to collision of watercraft (V91.2-)

V93.30 Fall on board merchant ship
V93.31 Fall on board passenger ship
  Fall on board Ferry-boat
  Fall on board Liner

V93.32 Fall on board fishing boat
V93.33 Fall on board other powered watercraft
  Fall on board Hovercraft (on open water)
  Fall on board Jet ski

V93.34 Fall on board sailboat
V93.35 Fall on board canoe or kayak
V93.36 Fall on board (nonpowered) inflatable craft
V93.38 Fall on board other unpowered watercraft
V93.39 Fall on board unspecified watercraft
  Fall on board boat NOS
  Fall on board ship NOS
  Fall on board watercraft NOS
V93.4 Struck by falling object on board watercraft
Hit by falling object on board watercraft
Excludes1: struck by falling object due to accident to watercraft (V91.3)
V93.40 Struck by falling object on merchant ship
V93.41 Struck by falling object on passenger ship
   Struck by falling object on Ferry-boat
   Struck by falling object on Liner
V93.42 Struck by falling object on fishing boat
V93.43 Struck by falling object on other powered watercraft
   Struck by falling object on Hovercraft
V93.44 Struck by falling object on sailboat
V93.48 Struck by falling object on other unpowered watercraft
V93.49 Struck by falling object on unspecified watercraft

V93.5 Explosion on board watercraft
Boiler explosion on steamship
Excludes2: fire on board watercraft (V93.0-)
V93.50 Explosion on board merchant ship
V93.51 Explosion on board passenger ship
   Explosion on board Ferry-boat
   Explosion on board Liner
V93.52 Explosion on board fishing boat
V93.53 Explosion on board other powered watercraft
   Explosion on board Hovercraft
   Explosion on board Jet ski
V93.54 Explosion on board sailboat
V93.59 Explosion on board unspecified watercraft
   Explosion on board boat NOS
   Explosion on board ship NOS
   Explosion on board watercraft NOS

V93.6 Machinery accident on board watercraft
Excludes1: machinery explosion on board watercraft (V93.4-)
   machinery fire on board watercraft (V93.0-)
V93.60 Machinery accident on board merchant ship
V93.61 Machinery accident on board passenger ship
   Machinery accident on board Ferry-boat
   Machinery accident on board Liner
V93.62 Machinery accident on board fishing boat
V93.63 Machinery accident on board other powered watercraft
Machinery accident on board Hovercraft

V93.64 Machinery accident on board sailboat
V93.69 Machinery accident on board unspecified watercraft
  Machinery accident on board boat NOS
  Machinery accident on board ship NOS
  Machinery accident on board watercraft NOS

V93.8 Other injury due to other accident on board watercraft
  Accidental poisoning by gases or fumes on watercraft

V93.80 Other injury due to other accident on board merchant ship
V93.81 Other injury due to other accident on board passenger ship
  Other injury due to other accident on board Ferry-boat
  Other injury due to other accident on board Liner

V93.82 Other injury due to other accident on board fishing boat
V93.83 Other injury due to other accident on board other powered watercraft
  Other injury due to other accident on board Hovercraft
  Other injury due to other accident on board Jet ski

V93.84 Other injury due to other accident on board sailboat
V93.85 Other injury due to other accident on board canoe or kayak
V93.86 Other injury due to other accident on board (nonpowered) inflatable craft
V93.87 Other injury due to other accident on board water-skis
  Hit or struck by object while waterskiing

V93.88 Other injury due to other accident on board other unpowered watercraft
  Hit or struck by object while surfing
  Hit or struck by object while on board windsurfer

V93.89 Other injury due to other accident on board unspecified watercraft
  Other injury due to other accident on board boat NOS
  Other injury due to other accident on board ship NOS
  Other injury due to other accident on board watercraft NOS

V94 Other and unspecified water transport accidents
Excludes 1: Military watercraft accidents in military or war operations (Y36, Y37)
The appropriate 7th character is to be added to each code from category V94

A initial encounter
D subsequent encounter
S sequela

| V94.0 | Hitting object or bottom of body of water due to fall from watercraft |
| V94.0 | Excludes 2: Drowning and submersion due to fall from watercraft (V92.0-) |

| V94.1 | Bather struck by watercraft |
| V94.11 | Bather struck by powered watercraft |
| V94.12 | Bather struck by nonpowered watercraft |

| V94.2 | Rider of nonpowered watercraft struck by other watercraft |
| V94.21 | Rider of nonpowered watercraft struck by other nonpowered watercraft |
| Canoer hit by other nonpowered watercraft |
| Surfer hit by other nonpowered watercraft |
| Windsurfer hit by other nonpowered watercraft |

| V94.22 | Rider of nonpowered watercraft struck by powered watercraft |
| Canoer hit by motorboat |
| Surfer hit by motorboat |
| Windsurfer hit by motorboat |

| V94.3 | Injury to rider of (inflatable) watercraft being pulled behind other watercraft |
| V94.31 | Injury to rider of (inflatable) recreational watercraft being pulled behind other watercraft |
| Injury to rider of inner-tube pulled behind motor boat |

| V94.32 | Injury to rider of non-recreational watercraft being pulled behind other watercraft |
| Injury to occupant of dingy being pulled behind boat or ship |
| Injury to occupant of life-raft being pulled behind boat or ship |

| V94.4 | Injury to barefoot water-skier |
| Injury to person being pulled behind boat or ship |

| V94.8 | Other water transport accident |
| V94.81 | Water transport accident involving military watercraft |

| V94.810 | Civilian watercraft involved in water transport accident with military watercraft |
| Civilian watercraft struck by military |
marine weapon
Passenger on civilian watercraft injured due to accident with military watercraft

V94.811 Civilian in water injured by military watercraft
Civilian in water injured by military marine weapon

V94.818 Other water transport accident involving military watercraft

V94.89 Other water transport accident

V94.9 Unspecified water transport accident

Water transport accident NOS

Air and space transport accidents (V95-V97)

Excludes1: military aircraft accidents in military or war operations (Y36, Y37)

**V95** Accident to powered aircraft causing injury to occupant
The appropriate 7th character is to be added to each code from category V95

- A initial encounter
- D subsequent encounter
- S sequela

**V95.0** Helicopter accident injuring occupant

**V95.00** Unspecified helicopter accident injuring occupant

**V95.01** Helicopter crash injuring occupant
**V95.02** Forced landing of helicopter injuring occupant
**V95.03** Helicopter collision injuring occupant
Helicopter collision with any object, fixed, movable or moving

**V95.04** Helicopter fire injuring occupant
**V95.05** Helicopter explosion injuring occupant
**V95.09** Other helicopter accident injuring occupant

**V95.1** Ultralight, microlight or powered-glider accident injuring occupant

**V95.10** Unspecified ultralight, microlight or powered-glider accident injuring occupant

**V95.11** Ultralight, microlight or powered-glider crash injuring occupant

**V95.12** Forced landing of ultralight, microlight or powered-glider injuring occupant
V95.13 Ultralight, microlight or powered-glider collision injuring occupant
Ultralight, microlight or powered-glider collision with any object, fixed, movable or moving

V95.14 Ultralight, microlight or powered-glider fire injuring occupant

V95.15 Ultralight, microlight or powered-glider explosion injuring occupant

V95.19 Other ultralight, microlight or powered-glider accident injuring occupant

V95.2 Other private fixed-wing aircraft accident injuring occupant

V95.20 Unspecified accident to other private fixed-wing aircraft, injuring occupant

V95.21 Other private fixed-wing aircraft crash injuring occupant

V95.22 Forced landing of other private fixed-wing aircraft injuring occupant

V95.23 Other private fixed-wing aircraft collision injuring occupant
Other private fixed-wing aircraft collision with any object, fixed, movable or moving

V95.24 Other private fixed-wing aircraft fire injuring occupant

V95.25 Other private fixed-wing aircraft explosion injuring occupant

V95.29 Other accident to other private fixed-wing aircraft injuring occupant

V95.3 Commercial fixed-wing aircraft accident injuring occupant

V95.30 Unspecified accident to commercial fixed-wing aircraft injuring occupant

V95.31 Commercial fixed-wing aircraft crash injuring occupant

V95.32 Forced landing of commercial fixed-wing aircraft injuring occupant

V95.33 Commercial fixed-wing aircraft collision injuring occupant
Commercial fixed-wing aircraft collision with any object, fixed, movable or moving

V95.34 Commercial fixed-wing aircraft fire injuring
occupant
V95.35 Commercial fixed-wing aircraft explosion injuring occupant
V95.39 Other accident to commercial fixed-wing aircraft injuring occupant
V95.4 Spacecraft accident injuring occupant
V95.40 Unspecified spacecraft accident injuring occupant
V95.41 Spacecraft crash injuring occupant
V95.42 Forced landing of spacecraft injuring occupant
V95.43 Spacecraft collision injuring occupant
Spacecraft collision with any object, fixed, moveable or moving
V95.44 Spacecraft fire injuring occupant
V95.45 Spacecraft explosion injuring occupant
V95.49 Unspecified spacecraft accident injuring occupant
V95.8 Other powered aircraft accidents injuring occupant
V95.9 Unspecified aircraft accident injuring occupant
Aircraft accident NOS
Air transport accident NOS

V96 Accident to nonpowered aircraft causing injury to occupant
The appropriate 7th character is to be added to each code from category V96
A initial encounter
D subsequent encounter
S sequela
V96.0 Balloon accident injuring occupant
V96.00 Unspecified balloon accident injuring occupant
V96.01 Balloon crash injuring occupant
V96.02 Forced landing of balloon injuring occupant
V96.03 Balloon collision injuring occupant
Balloon collision with any object, fixed, moveable or moving
V96.04 Balloon fire injuring occupant
V96.05 Balloon explosion injuring occupant
V96.09 Other balloon accident injuring occupant
V96.1 Hang-glider accident injuring occupant
V96.10 Unspecified hang-glider accident injuring occupant
V96.11 Hang-glider crash injuring occupant
V96.12 Forced landing of hang-glider injuring occupant
V96.13 Hang-glider collision injuring occupant
Hang-glider collision with any object, fixed, moveable or moving
V96.14 Hang-glider fire injuring occupant
V96.15 Hang-glider explosion injuring occupant
V96.19 Other hang-glider accident injuring occupant
V96.2 Glider (nonpowered) accident injuring occupant
V96.20 Unspecified glider (nonpowered) accident injuring occupant
V96.21 Glider (nonpowered) crash injuring occupant
V96.22 Forced landing of glider (nonpowered) injuring occupant
V96.23 Glider (nonpowered) collision injuring occupant
Glider (nonpowered) collision with any object, fixed, moveable or moving
V96.24 Glider (nonpowered) fire injuring occupant
V96.25 Glider (nonpowered) explosion injuring occupant
V96.29 Other glider (nonpowered) accident injuring occupant
V96.8 Other nonpowered-aircraft accidents injuring occupant
Kite carrying a person accident injuring occupant
V96.9 Unspecified nonpowered-aircraft accident injuring occupant
Nonpowered-aircraft accident NOS

V97 Other specified air transport accidents
The appropriate 7th character is to be added to each code from category V97
A initial encounter
D subsequent encounter
S sequela
V97.0 Occupant of aircraft injured in other specified air transport accidents
Fall in, on or from aircraft in air transport accident
Excludes 1: accident while boarding or alighting aircraft (V97.1)
V97.1 Person injured while boarding or alighting from aircraft
V97.2 Parachutist accident
   V97.21 Parachutist entangled in object
   Parachutist landing in tree
   V97.22 Parachutist injured on landing
   V97.29 Other parachutist accident
V97.3 Person on ground injured in air transport accident
   V97.31 Hit by object falling from aircraft
      Hit by crashing aircraft
      Injured by aircraft hitting house
      Injured by aircraft hitting car
   V97.32 Injured by rotating propeller
   V97.33 Sucked into jet engine
   V97.39 Other injury to person on ground due to air transport accident
V97.8 Other air transport accidents, not elsewhere classified
   Excludes1: aircraft accident NOS (V95.9)
   exposure to changes in air pressure during ascent or descent (W94.-)
V97.81 Air transport accident involving military aircraft
   V97.810 Civilian aircraft involved in air transport accident with military aircraft
      Civilian aircraft struck by weapon from military aircraft
      Passenger in civilian aircraft injured due to accident with military aircraft
   V97.811 Civilian injured by military aircraft
      Civilian struck by weapon from military aircraft
   V97.818 Other air transport accident involving military aircraft
V97.89 Other air transport accidents, not elsewhere classified
   Injury from machinery on aircraft

Other and unspecified transport accidents (V98-V99)

Excludes1: vehicle accident, type of vehicle unspecified (V89.-)

V98 Other specified transport accidents
   The appropriate 7th character is to be added to each code from category V98
   A initial encounter
   D subsequent encounter
   S sequela
V98.0 Accident to, on or involving cable-car, not on
rails
Caught or dragged by cable-car, not on rails
Fall or jump from cable-car, not on rails
Object thrown from or in cable-car, not on rails

V98.1 Accident to, on or involving land-yacht
V98.2 Accident to, on or involving ice yacht
V98.3 Accident to, on or involving ski lift
  Accident to, on or involving ski chair-lift
  Accident to, on or involving ski-lift with gondola
V98.8 Other specified transport accidents

V99 Unspecified transport accident
  The appropriate 7th character is to be added to code V99
    A initial encounter
    D subsequent encounter
    S sequela

Other external causes of accidental injury (W00-X58)

Slipping, tripping, stumbling and falls (W00-W19)
Excludes1: assault involving a fall (Y01-Y02)
  fall (in) (from):
    animal (V80.-)
    machinery (in operation) (W28-W31)
    transport vehicle (V01-V99)
    intentional self-harm involving a fall (X80-X81)
Excludes2: at risk for fall (history of fall) Z91.81
  fall (in) (from):
    burning building (X00.-)
    into fire (X00-X04, X08-X09)

W00 Fall due to ice and snow
  Includes: pedestrian on foot falling (slipping) on ice and snow
  Excludes1: fall on (from) ice and snow involving pedestrian conveyance (V00.-)
    fall from stairs and steps not due to ice and snow (W10.-)
  The appropriate 7th character is to be added to each code from category W00
    A initial encounter
    D subsequent encounter
    S sequela
W00.0 Fall on same level due to ice and snow
W00.1 Fall from stairs and steps due to ice and snow
W00.2 Other fall from one level to another due to ice and snow
W00.9  Unspecified fall due to ice and snow

W01  Fall on same level from slipping, tripping and stumbling

Includes:  fall on moving sidewalk

Excludes1: fall due to bumping (striking) against object (W18.0-)
          fall in shower or bathtub (W18.2-)
          fall on same level NOS (W18.30)
          fall on same level from slipping, tripping and stumbling due to ice or
          snow (W00.0)
          fall off or from toilet (W18.1-)
          slipping, tripping and stumbling NOS (W18.40)
          slipping, tripping and stumbling without falling (W18.4-)

The appropriate 7th character is to be added to each code from category W01

  A  initial encounter
  D  subsequent encounter
  S  sequela

W01.0  Fall on same level from slipping, tripping and
        stumbling without subsequent striking against object
        Falling over animal

W01.1  Fall on same level from slipping, tripping and
        stumbling with subsequent striking against object

W01.10  Fall on same level from slipping, tripping
        and stumbling with subsequent striking
        against unspecified object

W01.11  Fall on same level from slipping, tripping
        and stumbling with subsequent striking against sharp
        object

W01.110 Fall on same level from slipping, tripping
         and stumbling with subsequent striking against sharp
         glass

W01.111 Fall on same level from slipping, tripping
         and stumbling with subsequent striking against power
         tool or machine

W01.118 Fall on same level from slipping, tripping
         and stumbling with subsequent striking against other
         sharp object

W01.119 Fall on same level from slipping, tripping
         and stumbling with subsequent striking against
unspecified sharp object

**W01.19** Fall on same level from slipping, tripping and stumbling with subsequent striking against other object

**W01.190** Fall on same level from slipping, tripping and stumbling with subsequent striking against furniture

**W01.198** Fall on same level from slipping, tripping and stumbling with subsequent striking against other object

W02 deactivated. See category V00

**W03** Other fall on same level due to collision with another person

Includes: fall due to non-transport collision with other person
Excludes1: collision with another person without fall (W51)
- crushed or pushed by a crowd or human stampede (W52)
- fall involving pedestrian conveyance (V00-V09)
- fall due to ice or snow (W00)
- fall on same level NOS (W18.30)

The appropriate 7th character is to be added to code W03
- A initial encounter
- D subsequent encounter
- S sequela

**W04** Fall while being carried or supported by other persons

Includes: accidentally dropped while being carried

The appropriate 7th character is to be added to code W04
- A initial encounter
- D subsequent encounter
- S sequela

**W05** Fall from non-moving wheelchair

Excludes1: fall from moving wheelchair (V00.811)

The appropriate 7th character is to be added to code W05
- A initial encounter
- D subsequent encounter
- S sequela

**W06** Fall from bed

The appropriate 7th character is to be added to code W06
- A initial encounter
- D subsequent encounter
- S sequela
W07 Fall from chair
The appropriate 7th character is to be added to code W07
   A  initial encounter
   D  subsequent encounter
   S  sequela

W08 Fall from other furniture
The appropriate 7th character is to be added to code W08
   A  initial encounter
   D  subsequent encounter
   S  sequela

W09 Fall on and from playground equipment
Excludes1: fall involving recreational machinery (W31)
The appropriate 7th character is to be added to each code from category W09
   A  initial encounter
   D  subsequent encounter
   S  sequela
   W09.0  Fall on or from playground slide
   W09.1  Fall from playground swing
   W09.2  Fall on or from jungle gym
   W09.8  Fall on or from other playground equipment

W10 Fall on and from stairs and steps
Excludes1: Fall from stairs and steps due to ice and snow (W00.1)
The appropriate 7th character is to be added to each code from category W10
   A  initial encounter
   D  subsequent encounter
   S  sequela
   W10.0  Fall (on)(from) escalator
   W10.1  Fall (on)(from) sidewalk curb
   W10.3  Fall (on)(from) incline
   W10.8  Fall (on) (from) other stairs and steps
   W10.9  Fall (on) (from) unspecified stairs and steps

W11 Fall on and from ladder
The appropriate 7th character is to be added to code W11
   A  initial encounter
   D  subsequent encounter
   S  sequela

W12 Fall on and from scaffolding
The appropriate 7th character is to be added to code W12
   A  initial encounter
   D  subsequent encounter
W13 Fall from, out of or through building or structure
The appropriate 7th character is to be added to each code from category W13
A initial encounter
D subsequent encounter
S sequela
W13.0 Fall from, out of or through balcony
Fall from, out of or through railing
W13.1 Fall from, out of or through bridge
W13.2 Fall from, out of or through roof
W13.3 Fall through floor
W13.4 Fall from, out of or through window
Excludes2: fall with subsequent striking against sharp glass (W01.110)
W13.8 Fall from, out of or through other building or structure
Fall from, out of or through viaduct
Fall from, out of or through wall
Fall from, out of or through flag-pole
W13.9 Fall from, out of or through building, not otherwise specified
Excludes1: collapse of a building or structure (W20.-)
fall or jump from burning building or structure (X00.-)
W14 Fall from tree
The appropriate 7th character is to be added to code W14
A initial encounter
D subsequent encounter
S sequela
W15 Fall from cliff
The appropriate 7th character is to be added to code W15
A initial encounter
D subsequent encounter
S sequela
W16 Fall, jump or diving into water
Excludes1: accidental non-watercraft drowning and submersion not involving fall (W65-W74)
effects of air pressure from diving (W94.-)
fall into water from watercraft (V90-V94)
hitting an object or against bottom when falling from watercraft (V94.0)
Excludes2: striking or hitting diving board (W21.3)
The appropriate 7th character is to be added to each code from category W16
A initial encounter
Fall into swimming pool

W16.0 Fall into swimming pool

Fall into swimming pool NOS

Excludes1: fall into empty swimming pool (W17.3)

W16.01 Fall into swimming pool striking water surface

W16.011 Fall into swimming pool striking water surface causing drowning and submersion

Excludes1: drowning and submersion while in swimming pool without fall (W67)

W16.012 Fall into swimming pool striking water surface causing other injury

W16.02 Fall into swimming pool striking bottom

W16.021 Fall into swimming pool striking bottom causing drowning and submersion

Excludes1: drowning and submersion while in swimming pool without fall (W67)

W16.022 Fall into swimming pool striking bottom causing other injury

W16.03 Fall into swimming pool striking wall

W16.031 Fall into swimming pool striking wall causing drowning and submersion

Excludes1: drowning and submersion while in swimming pool without fall (W67)

W16.032 Fall into swimming pool striking wall causing other injury

W16.1 Fall into natural body of water

Fall into lake
Fall into open sea
Fall into river
Fall into stream

W16.11 Fall into natural body of water striking water surface

W16.111 Fall into natural body of water striking water surface causing drowning and submersion
Excludes1: drowning and submersion while in natural body of water without fall (W69)

W16.112 Fall into natural body of water striking water surface causing other injury

W16.12 Fall into natural body of water striking bottom

W16.121 Fall into natural body of water striking bottom causing drowning and submersion
Excludes1: drowning and submersion while in natural body of water without fall (W69)

W16.122 Fall into natural body of water striking bottom causing other injury

W16.13 Fall into natural body of water striking side

W16.131 Fall into natural body of water striking side causing drowning and submersion
Excludes1: drowning and submersion while in natural body of water without fall (W69)

W16.132 Fall into natural body of water striking side causing other injury

W16.2 Fall in (into) filled bathtub or bucket of water

W16.21 Fall in (into) filled bathtub
Excludes1: fall into empty bathtub (W18.2)

W16.211 Fall in (into) filled bathtub causing drowning and submersion
Excludes1: drowning and submersion while in filled bathtub without fall (W65)

W16.212 Fall in (into) filled bathtub causing other injury

W16.22 Fall in (into) bucket of water

W16.221 Fall in (into) bucket of water causing drowning and submersion

W16.222 Fall in (into) bucket of water causing other injury

W16.3 Fall into other water
Fall into fountain
Fall into reservoir

W16.31 Fall into other water striking water surface
W16.311 Fall into other water striking water surface causing drowning and submersion
   Excludes1: drowning and submersion while in other water without fall (W73)
W16.312 Fall into other water striking water surface causing other injury

W16.32 Fall into other water striking bottom
W16.321 Fall into other water striking bottom causing drowning and submersion
   Excludes1: drowning and submersion while in other water without fall (W73)
W16.322 Fall into other water striking bottom causing other injury

W16.33 Fall into other water striking wall
W16.331 Fall into other water striking wall causing drowning and submersion
   Excludes1: drowning and submersion while in other water without fall (W73)
W16.332 Fall into other water striking wall causing other injury

W16.4 Fall into unspecified water
W16.41 Fall into unspecified water causing drowning and submersion
W16.42 Fall into unspecified water causing other injury

W16.5 Jumping or diving into swimming pool
W16.51 Jumping or diving into swimming pool striking water surface
W16.511 Jumping or diving into swimming pool striking water surface causing drowning and submersion
   Excludes1: drowning and submersion while in swimming pool without jumping or diving (W67)
W16.512 Jumping or diving into swimming pool striking water surface causing other injury
W16.52 Jumping or diving into swimming pool
striking bottom

W16.521 Jumping or diving into swimming pool striking bottom causing drowning and submersion

Excludes: drowning and submersion while in swimming pool without jumping or diving (W67)

W16.522 Jumping or diving into swimming pool striking bottom causing other injury

W16.53 Jumping or diving into swimming pool striking wall

W16.531 Jumping or diving into swimming pool striking wall causing drowning and submersion

Excludes: drowning and submersion while in swimming pool without jumping or diving (W67)

W16.532 Jumping or diving into swimming pool striking wall causing other injury

W16.6 Jumping or diving into natural body of water

Jumping or diving into lake
Jumping or diving into open sea
Jumping or diving into river
Jumping or diving into stream

W16.61 Jumping or diving into natural body of water striking water surface

W16.611 Jumping or diving into natural body of water striking water surface causing drowning and submersion

Excludes: drowning and submersion while in natural body of water without jumping or diving (W69)

W16.612 Jumping or diving into natural body of water striking water surface causing other injury

W16.62 Jumping or diving into natural body of water striking bottom

W16.621 Jumping or diving into natural body of water striking bottom causing drowning and submersion
Excludes1: drowning and submersion while in natural body of water without jumping or diving (W69)

W16.622 Jumping or diving into natural body of water striking bottom causing other injury

W16.7 Jumping or diving from boat
Excludes1: Fall from boat into water -see watercraft accident (V90-V94)

W16.71 Jumping or diving from boat striking water surface

W16.711 Jumping or diving from boat striking water surface causing drowning and submersion

W16.712 Jumping or diving from boat striking water surface causing other injury

W16.72 Jumping or diving from boat striking bottom

W16.721 Jumping or diving from boat striking bottom causing drowning and submersion

W16.722 Jumping or diving from boat striking bottom causing other injury

W16.8 Jumping or diving into other water

Jumping or diving into fountain
Jumping or diving into reservoir

W16.81 Jumping or diving into other water striking water surface

W16.811 Jumping or diving into other water striking water surface causing drowning and submersion
Excludes1: drowning and submersion while in other water without jumping or diving (W73)

W16.812 Jumping or diving into other water striking water surface causing other injury

W16.82 Jumping or diving into other water striking bottom

W16.821 Jumping or diving into other water striking bottom causing drowning and submersion
Excludes1: drowning and submersion while in other water without jumping or diving (W73)

W16.822 Jumping or diving into other water striking bottom causing other injury

W16.83 Jumping or diving into other water striking wall

W16.831 Jumping or diving into other water striking wall causing drowning and submersion

W16.832 Jumping or diving into other water striking wall causing other injury

W16.9 Jumping or diving into unspecified water

W16.91 Jumping or diving into unspecified water causing drowning and submersion

W16.92 Jumping or diving into unspecified water causing other injury

W17 Other fall from one level to another

The appropriate 7th character is to be added to each code from category W17

A initial encounter
D subsequent encounter
S sequela

W17.0 Fall into well
W17.1 Fall into storm drain or manhole
W17.2 Fall into hole

Fall into pit

W17.3 Fall into empty swimming pool

Excludes1: fall into filled swimming pool (W16.0-)

W17.4 Fall from dock

W17.8 Other fall from one level to another

W17.81 Fall down embankment (hill)
W17.82 Fall from (out of) grocery cart

Fall due to grocery cart tipping over

W17.89 Other fall from one level to another

W18 Other slipping, tripping and stumbling and falls

The appropriate 7th character is to be added to each code from category W18

A initial encounter
D subsequent encounter
sequela

**W18.0** Fall due to bumping against object
Striking against object with subsequent fall
Excludes1: fall on same level due to slipping, tripping, or stumbling with subsequent striking against object (W01.1-)

**W18.00** Striking against unspecified object with subsequent fall

**W18.01** Striking against sports equipment with subsequent fall

**W18.02** Striking against glass with subsequent fall

**W18.09** Striking against other object with subsequent fall

**W18.1** Fall from or off toilet

**W18.11** Fall from or off toilet without subsequent striking against object
Fall from (off) toilet NOS

**W18.12** Fall from or off toilet with subsequent striking against object

**W18.2** Fall in (into) shower or empty bathtub
Excludes1: fall in full bathtub (W16.21-)

**W18.3** Other and unspecified fall on same level

**W18.30** Fall on same level, unspecified

**W18.31** Fall on same level due to stepping on an object
Fall on same level due to stepping on an animal
Excludes1: slipping, tripping and stumbling without fall due to stepping on animal (W18.41)

**W18.39** Other fall on same level

**W18.4** Slipping, tripping and stumbling without falling
Excludes1: collision with another person without fall (W51)

**W18.40** Slipping, tripping and stumbling without falling, unspecified

**W18.41** Slipping, tripping and stumbling without falling due to stepping on object
Slipping, tripping and stumbling without falling due to stepping on animal
Excludes1: slipping, tripping and stumbling with fall due to stepping on animal
(W18.31)

W18.42  Slipping, tripping and stumbling without falling due to stepping into hole or opening
W18.43  Slipping, tripping and stumbling without falling due to stepping from one level to another
W18.49  Other slipping, tripping and stumbling without falling

W19  Unspecified fall

Includes: accidental fall NOS
The appropriate 7th character is to be added to code W19
  A  initial encounter
  D  subsequent encounter
  S  sequela

Exposure to inanimate mechanical forces (W20-W49)

Excludes1: assault (X91-Y08)
  contact or collision with animals or persons (W50-W64)
  exposure to inanimate mechanical forces involving military or war operations
    (Y36.-, Y37.-)
  intentional self-harm (X70-X83)

W20  Struck by thrown, projected or falling object

Code first any associated:
  cataclysm (X34-X39)
  lightning strike (T75.0)
Excludes1: falling object in:
  machinery accident (W24, W28-W31)
  transport accident (V01-V99)
  object set in motion by:
    explosion (W35-W40)
    firearm (W32-W34)
    struck by thrown sports equipment (W21.-)

The appropriate 7th character is to be added to each code from category W20
  A  initial encounter
  D  subsequent encounter
  S  sequela

W20.0  Struck by falling object in cave-in
Excludes2: asphyxiation due to cave-in (T71.21)

W20.1  Struck by object due to collapse of building
Excludes1: struck by object due to collapse of burning building (X00.2, X02.2)

W20.8  Other cause of strike by thrown, projected or
falling object
Excludes1: struck by thrown sports equipment (W21.-)

**W21 Striking against or struck by sports equipment**
Excludes1: assault with sports equipment (Y08.1-)
striking against or struck by sports equipment with subsequent fall (W18.01)
The appropriate 7th character is to be added to each code from category W21
A initial encounter
D subsequent encounter
S sequela

**W21.0 Struck by hit or thrown ball**
W21.00 Struck by hit or thrown ball, unspecified type
  W21.01 Struck by football
  W21.02 Struck by soccer ball
  W21.03 Struck by baseball
  W21.04 Struck by golf ball
  W21.05 Struck by basketball
  W21.06 Struck by volleyball
  W21.07 Struck by softball
  W21.09 Struck by other hit or thrown ball

**W21.1 Struck by bat, racquet or club**
W21.11 Struck by baseball bat
W21.12 Struck by tennis racquet
W21.13 Struck by golf club
W21.19 Struck by other bat, racquet or club

**W21.2 Struck by hockey stick or puck**
W21.21 Struck by hockey stick
  W21.210 Struck by ice hockey stick
  W21.211 Struck by field hockey stick
  W21.22 Struck by hockey puck
  W21.220 Struck by ice hockey puck
  W21.221 Struck by field hockey puck

**W21.3 Struck by sports foot wear**
W21.31 Struck by shoe cleats
  Stepped on by shoe cleats
W21.32 Struck by skate blades
  Skated over by skate blades
W21.39 Struck by other sports foot wear

**W21.4 Striking against diving board**
Use additional code for subsequent falling into water, if applicable (W16.-)
W21.8 Striking against or struck by other sports equipment
  W21.81 Striking against or struck by football helmet
  W21.89 Striking against or struck by other sports equipment
W21.9 Striking against or struck by unspecified sports equipment

W22 Striking against or struck by other objects
Excludes1: striking against or struck by object with subsequent fall (W18.09)
The appropriate 7th character is to be added to each code from category W22
A initial encounter
D subsequent encounter
S sequela

W22.0 Striking against stationary object
Excludes1: striking against stationary sports equipment (W21.8)
W22.01 Walked into wall
W22.02 Walked into lamppost
W22.03 Walked into furniture
W22.04 Striking against wall of swimming pool
  W22.041 Striking against wall of swimming pool causing drowning and submersion
    Excludes1: drowning and submersion while swimming without striking against wall (W67)
  W22.042 Striking against wall of swimming pool causing other injury
W22.09 Striking against other stationary object

W22.1 Striking against or struck by automobile airbag
W22.10 Striking against or struck by unspecified automobile airbag
W22.11 Striking against or struck by driver side automobile airbag
W22.12 Striking against or struck by front passenger side automobile airbag
W22.19 Striking against or struck by other automobile airbag

W22.8 Striking against or struck by other objects
  Striking against or struck by object NOS
Excludes: struck by thrown, projected or falling object (W20.-)

**W23 Caught, crushed, jammed or pinched in or between objects**

Excludes: injury caused by cutting or piercing instruments (W25-W27)
- injury caused by lifting and transmission devices (W24.-)
- injury caused by machinery (W28-W31)
- injury caused by nonpowered hand tools (W27.-)
- injury caused by transport vehicle being used as a means of transportation (V01-V99)
- injury caused by struck by thrown, projected or falling object (W20.-)

The appropriate 7th character is to be added to each code from category W23
- A initial encounter
- D subsequent encounter
- S sequela

**W23.0 Caught, crushed, jammed, or pinched between moving objects**

**W23.1 Caught, crushed, jammed, or pinched between stationary objects**

**W23.2 Caught, crushed, jammed, or pinched in object**

**W24 Contact with lifting and transmission devices, not elsewhere classified**

Excludes: transport accidents (V01-V99)

The appropriate 7th character is to be added to each code from category W24
- A initial encounter
- D subsequent encounter
- S sequela

**W24.0 Contact with lifting devices, not elsewhere classified**
- Contact with chain hoist
- Contact with drive belt
- Contact with pulley (block)

**W24.1 Contact with transmission devices, not elsewhere classified**
- Contact with transmission belt or cable

**W25 Contact with sharp glass**

Code first any associated:
- injury due to flying glass from explosion or firearm discharge (W32-W40)
- transport accident (V00-V99)

Excludes: fall on same level due to slipping, tripping and stumbling with subsequent striking against sharp glass (W01.10)
- striking against sharp glass with subsequent fall (W18.02)

The appropriate 7th character is to be added to code W25
A initial encounter
D subsequent encounter
S sequela

W26 Contact with knife, sword or dagger
The appropriate 7th character is to be added to each code from category W26
A initial encounter
D subsequent encounter
S sequela

W26.0 Contact with knife
Excludes1: contact with electric knife (W29.1)

W26.1 Contact with sword or dagger

W27 Contact with nonpowered hand tool
The appropriate 7th character is to be added to each code from category W27
A initial encounter
D subsequent encounter
S sequela

W27.0 Contact with workbench tool
Contact with auger
Contact with axe
Contact with chisel
Contact with handsaw
Contact with screwdriver

W27.1 Contact with garden tool
Contact with hoe
Contact with nonpowered lawn mower
Contact with pitchfork
Contact with rake

W27.2 Contact with scissors

W27.3 Contact with needle (sewing)
Excludes1: contact with hypodermic needle (W46.-)

W27.4 Contact with kitchen utensil
Contact with fork
Contact with ice-pick
Contact with can-opener NOS

W27.5 Contact with paper-cutter

W27.8 Contact with other nonpowered hand tool
Contact with nonpowered sewing machine
Contact with shovel

W28 Contact with powered lawn mower
Includes: powered lawn mower (commercial) (residential)
Excludes1: contact with nonpowered lawn mower (W27.1)
Excludes:2 exposure to electric current (W86.-)
The appropriate 7th character is to be added to code W28
A initial encounter  
D subsequent encounter  
S sequela  

**W29 Contact with other powered hand tools and household machinery**  
Excludes 1: contact with commercial machinery (W31.82)  
contact with hot household appliance (X15)  
contact with nonpowered hand tool (W27.-)  
exposure to electric current (W86)  
The appropriate 7th character is to be added to each code from category W29  
A initial encounter  
D subsequent encounter  
S sequela  

**W29.0 Contact with powered kitchen appliance**  
Contact with blender  
Contact with can-opener  
Contact with garbage disposal  
Contact with mixer  

**W29.1 Contact with electric knife**  

**W29.2 Contact with other powered household machinery**  
Contact with electric fan  
Contact with powered dryer (clothes) (powered) (spin)  
Contact with washing-machine  
Contact with sewing machine  

**W29.3 Contact with powered garden and outdoor hand tools and machinery**  
Contact with chainsaw  
Contact with edger  
Contact with garden cultivator (tiller)  
Contact with hedge trimmer  
Contact with other powered garden tool  
Excludes 1: contact with powered lawn mower (W28)  

**W29.4 Contact with nail gun**  

W29.8 Contact with other powered powered hand tools and household machinery  
Contact with do-it-yourself tool NOS  

**W30 Contact with agricultural machinery**  
Includes: animal-powered farm machine  
Excludes 1: agricultural transport vehicle accident (V01-V99)  
exlosion of grain store (W40.8)  
exposure to electric current (W86.-)  
The appropriate 7th character is to be added to each code from category W30
A initial encounter
D subsequent encounter
S sequela

W30.0 Contact with combine harvester
   Contact with reaper
   Contact with thresher

W30.1 Contact with power take-off devices (PTO)

W30.2 Contact with hay derrick

W30.3 Contact with grain storage elevator
   Excludes1: explosion of grain store (W40.8)

W30.8 Contact with other specified agricultural machinery
   W30.81 Contact with agricultural transport vehicle in stationary use
      Contact with agricultural transport vehicle under repair, not on public roadway
      Excludes1: agricultural transport vehicle accident (V01-V99)
   W30.89 Contact with other specified agricultural machinery

W30.9 Contact with unspecified agricultural machinery
   Contact with farm machinery NOS

W31 Contact with other and unspecified machinery
   Excludes1: contact with agricultural machinery (W30.-)
   contact with machinery in transport under own power or being towed by a vehicle (V01-V99)
   exposure to electric current (W86)
   The appropriate 7th character is to be added to each code from category W31
   A initial encounter
   D subsequent encounter
   S sequela

W31.0 Contact with mining and earth-drilling machinery
   Contact with bore or drill (land) (seabed)
   Contact with shaft hoist
   Contact with shaft lift
   Contact with undercutter

W31.1 Contact with metalworking machines
   Contact with abrasive wheel
   Contact with forging machine
   Contact with lathe
   Contact with mechanical shears
   Contact with metal drilling machine
   Contact with milling machine
Contact with power press
Contact with rolling-mill
Contact with metal sawing machine

**W31.2 Contact with powered woodworking and forming machines**
Contact with band saw
Contact with bench saw
Contact with circular saw
Contact with molding machine
Contact with overhead plane
Contact with powered saw
Contact with radial saw
Contact with sander
Excludes1: nonpowered woodworking tools (W27.0)

**W31.3 Contact with prime movers**
Contact with gas turbine
Contact with internal combustion engine
Contact with steam engine
Contact with water driven turbine

**W31.8 Contact with other specified machinery**

**W31.81 Contact with recreational machinery**
Contact with roller-coaster

**W31.82 Contact with other commercial machinery**
Contact with commercial electric fan
Contact with commercial kitchen appliances
Contact with commercial powered dryer (clothes) (powered)
  (spin)
Contact with commercial washing-machine
Contact with commercial sewing machine
Excludes1: contact with household machinery (W29.-)
  contact with powered lawn mower (W28)

**W31.83 Contact with special construction vehicle in stationary use**
Contact with special construction vehicle under repair, not on public roadway
Excludes1: special construction vehicle accident (V01-V99)

**W31.89 Contact with other specified machinery**

**W31.9 Contact with unspecified machinery**
Contact with machinery NOS

**W32 Accidental handgun discharge**
Includes: accidental discharge of gun for single hand use
  accidental discharge of pistol
  accidental discharge of revolver
  handgun discharge NOS
Excludes 1: accidental airgun discharge (W34.01)  
  accidental BB gun discharge (W34.01)  
  accidental pellet gun discharge (W34.01)  
  accidental shotgun discharge (W33.0)  
  assault by handgun discharge (X93)  
  handgun discharge involving legal intervention (Y35.0-)  
  handgun discharge involving military or war operations (Y36.4-)  
  intentional self-harm by handgun discharge (X72)  
  Very pistol discharge (W34.8)  

The appropriate 7th character is to be added to code W32  
  A initial encounter  
  D subsequent encounter  
  S sequela

**W33 Accidental rifle, shotgun and larger firearm discharge**

Includes: rifle, shotgun and larger firearm discharge NOS  

Excludes 1: accidental airgun discharge (W34.01)  
  accidental BB gun discharge (W34.01)  
  accidental handgun discharge (W32)  
  accidental pellet gun discharge (W34.01)  
  assault by rifle, shotgun and larger firearm discharge (X94)  
  firearm discharge involving legal intervention (Y35.0-)  
  firearm discharge involving military or war operations (Y36.4-)  
  intentional self-harm by rifle, shotgun and larger firearm discharge (X73)

The appropriate 7th character is to be added to each code from category W33  
  A initial encounter  
  D subsequent encounter  
  S sequela

**W33.0 Accidental discharge of shotgun**
Discharge of shotgun NOS

**W33.1 Accidental discharge of hunting rifle**
Discharge of hunting rifle NOS

**W33.2 Accidental discharge of machine gun**
Discharge of machine gun NOS

**W33.8 Accidental discharge of other larger firearm**
Discharge of other larger firearm NOS

**W33.9 Accidental discharge of unspecified larger firearm**
Discharge of unspecified larger firearm NOS

**W34 Accidental discharge from other and unspecified firearms and guns**
The appropriate 7th character is to be added to each code from category W34  
  A initial encounter  
  D subsequent encounter
W34.0  Accidental discharge of gas, air or spring-operated guns
  W34.01  Accidental discharge of airgun
    Accidental discharge of BB gun
    Accidental discharge of pellet gun
  W34.02  Accidental discharge of paintball gun
    Unintentional injury due to paintball discharge
  W34.09  Accidental discharge of other gas, air or spring-operated gun
W34.8  Accidental discharge from other specified firearms
  Accidental discharge from Very pistol [flare]
W34.9  Accidental discharge from unspecified firearms or gun
  Discharge from firearm NOS
  Gunshot wound NOS
  Shot NOS

W35  Explosion and rupture of boiler
  Excludes1: explosion and rupture of boiler on watercraft (V93.4)
  The appropriate 7th character is to be added to code W35
    A  initial encounter
    D  subsequent encounter
    S  sequela

W36  Explosion and rupture of gas cylinder
  The appropriate 7th character is to be added to each code from category W36
    A  initial encounter
    D  subsequent encounter
    S  sequela
  W36.1  Explosion and rupture of aerosol can
  W36.2  Explosion and rupture of air tank
  W36.3  Explosion and rupture of pressurized-gas tank
  W36.8  Explosion and rupture of other gas cylinder
  W36.9  Explosion and rupture of unspecified gas cylinder

W37  Explosion and rupture of pressurized tire, pipe or hose
  The appropriate 7th character is to be added to each code from category W37
    A  initial encounter
    D  subsequent encounter
    S  sequela
  W37.0  Explosion of bicycle tire
W37.8 Explosion and rupture of other pressurized tire, pipe or hose

W38 Explosion and rupture of other specified pressurized devices
   The appropriate 7th character is to be added to code W38
   A initial encounter
   D subsequent encounter
   S sequela

W39 Discharge of firework
   The appropriate 7th character is to be added to code W39
   A initial encounter
   D subsequent encounter
   S sequela

W40 Explosion of other materials
   Excludes1: assault by explosive material (X96)
   explosion involving legal intervention (Y35.1-)
   explosion involving military or war operations (Y36.0-, Y36.2-)
   intentional self-harm by explosive material (X75)
   The appropriate 7th character is to be added to each code from category W40
   A initial encounter
   D subsequent encounter
   S sequela

W40.0 Explosion of blasting material
   Explosion of blasting cap
   Explosion of detonator
   Explosion of dynamite
   Explosion of explosive (any) used in blasting operations

W40.1 Explosion of explosive gases
   Explosion of acetylene
   Explosion of butane
   Explosion of coal gas
   Explosion in mine NOS
   Explosion of explosive gas
   Explosion of fire damp
   Explosion of gasoline fumes
   Explosion of methane
   Explosion of propane

W40.8 Explosion of other specified explosive materials
   Explosion in dump NOS
   Explosion in factory NOS
   Explosion in grain store
   Explosion in munitions
   Excludes1: explosion involving legal intervention (Y35.1-)
### W40.9 Explosion of unspecified explosive materials

Explosion NOS

W41 deactivated. See T70.4

### W42 Exposure to noise

The appropriate 7th character is to be added to each code from category W42
- **A** initial encounter
- **D** subsequent encounter
- **S** sequela

#### W42.0 Exposure to supersonic waves

#### W42.9 Exposure to other noise

Exposure to sound waves NOS

W43 deactivated. See T75.2

W44 deactivated. See T15-T19

### W45 Foreign body or object entering through skin

Excludes2: contact with hand tools (nonpowered) (powered) (W27-W29) contact with knife, sword or dagger (W26.-) contact with sharp glass (W25.-) struck by objects (W20-W22)

The appropriate 7th character is to be added to each code from category W45
- **A** initial encounter
- **D** subsequent encounter
- **S** sequela

#### W45.0 Nail entering through skin

#### W45.1 Paper entering through skin

Paper cut

#### W45.2 Lid of can entering through skin

#### W45.8 Other foreign body or object entering through skin

Splinter in skin NOS

### W46 Contact with hypodermic needle

The appropriate 7th character is to be added to each code from category W46
- **A** initial encounter
- **D** subsequent encounter
- **S** sequela

#### W46.0 Contact with hypodermic needle

Hypodermic needle stick NOS

#### W46.1 Contact with contaminated hypodermic needle
W49 Exposure to other inanimate mechanical forces
    Includes: exposure to abnormal gravitational [G] forces
              exposure to inanimate mechanical forces NEC
    Excludes1: exposure to inanimate mechanical forces involving military or war
               operations (Y36.-, Y37.-)
    The appropriate 7th character is to be added to each code from category W49
    A initial encounter
    D subsequent encounter
    S sequela
W49.0 Item causing external constriction
    W49.01 Hair causing external constriction
    W49.02 String or thread causing external constriction
    W49.03 Rubber band causing external constriction
    W49.04 Ring or other jewelry causing external constriction
    W49.05 Other item causing external constriction
W49.9 Exposure to other inanimate mechanical forces

Exposure to animate mechanical forces (W50-W64)
    Excludes1: Toxic effect of contact with venomous animals and plants (T63.-)
W50 Accidental hit, strike, kick, twist, bite or scratch by another
    person
    Includes: Hit, strike, kick, twist, bite, or scratch by another person NOS
    Excludes1: assault by bodily force (Y04)
              struck by objects (W20-W22)
    The appropriate 7th character is to be added to each code from category W50
    A initial encounter
    D subsequent encounter
    S sequela
W50.0 Accidental hit or strike by another person
    Hit or strike by another person NOS
W50.1 Accidental kick by another person
    Kick by another person NOS
W50.2 Accidental twist by another person
    Twist by another person NOS
W50.3 Accidental bite by another person
    Human bite
    Bite by another person NOS
W50.4 Accidental scratch by another person
    Scratch by another person NOS
W51 Accidental striking against or bumped into by another
    person
    Excludes1: assault by striking against or bumping into by another person (Y08.2-)
fall due to collision with another person (W03)
The appropriate 7th character is to be added to code W51
  A  initial encounter
  D  subsequent encounter
  S  sequela

W52  Crushed, pushed or stepped on by crowd or human stampede
Crushed, pushed or stepped on by crowd or human stampede with or without fall
The appropriate 7th character is to be added to code W52
  A  initial encounter
  D  subsequent encounter
  S  sequela

W53  Contact with rodent
Contact with saliva, feces or urine of rodent
The appropriate 7th character is to be added to each code from category W53
  A  initial encounter
  D  subsequent encounter
  S  sequela
W53.0  Contact with mouse
  W53.01  Bitten by mouse
  W53.09  Other contact with mouse
W53.1  Contact with rat
  W53.11  Bitten by rat
  W53.19  Other contact with rat
W53.2  Contact with squirrel
  W53.21  Bitten by squirrel
  W53.29  Other contact with squirrel
W53.8  Contact with other rodent
  W53.81  Bitten by other rodent
  W53.89  Other contact with other rodent

W54  Contact with dog
Contact with saliva, feces or urine of dog
The appropriate 7th character is to be added to each code from category W54
  A  initial encounter
  D  subsequent encounter
  S  sequela
W54.0  Bitten by dog
W54.1  Struck by dog
Knocked over by dog
W54.8  Other contact with dog

W55  Contact with other mammals
Contact with saliva, feces or urine of mammal
Excludes1: animal being ridden - see transport accidents
  bitten or struck by dog (W54)
  bitten or struck by rodent (W53.-)
  contact with marine mammals (W56.x-)
The appropriate 7th character is to be added to each code from category W55
  A initial encounter
  D subsequent encounter
  S sequela

W55.0  Contact with cat
  W55.01  Bitten by cat
  W55.03  Scratched by cat
  W55.09  Other contact with cat

W55.1  Contact with horse
  W55.11  Bitten by horse
  W55.12  Struck by horse
  W55.19  Other contact with horse

W55.2  Contact with cow
  Contact with bull
  W55.21  Bitten by cow
  W55.22  Struck by cow
  Gored by bull
  W55.29  Other contact with cow

W55.3  Contact with other hoof stock
  Contact with goats
  Contact with sheep
  W55.31  Bitten by other hoof stock
  W55.32  Struck by other hoof stock
  Gored by goat
  Gored by ram
  W55.39  Other contact with other hoof stock

W55.4  Contact with pig
  W55.41  Bitten by pig
  W55.42  Struck by pig
  W55.49  Other contact with pig

W55.5  Contact with raccoon
  W55.51  Bitten by raccoon
  W55.52  Struck by raccoon
  W55.59  Other contact with raccoon

W55.8  Contact with other mammals
  W55.81  Bitten by other mammals
  W55.82  Struck by other mammals
W55.89 Other contact with other mammals

W56 Contact with nonvenomous marine animal
Excludes: contact with venomous marine animal (T63.-)
The appropriate 7th character is to be added to each code from category W56
A initial encounter
D subsequent encounter
S sequela

W56.0 Contact with dolphin
W56.01 Bitten by dolphin
W56.02 Struck by dolphin
W56.09 Other contact with dolphin

W56.1 Contact with sea lion
W56.11 Bitten by sea lion
W56.12 Struck by sea lion
W56.19 Other contact with sea lion

W56.2 Contact with orca
Contact with killer whale
W56.21 Bitten by orca
W56.22 Struck by orca
W56.29 Other contact with orca

W56.3 Contact with other marine mammals
W56.31 Bitten by other marine mammals
W56.32 Struck by other marine mammals
W56.39 Other contact with other marine mammals

W56.4 Contact with shark
W56.41 Bitten by shark
W56.42 Struck by shark
W56.49 Other contact with shark

W56.5 Contact with other fish
W56.51 Bitten by other fish
W56.52 Struck by other fish
W56.59 Other contact with other fish

W56.8 Contact with other nonvenomous marine animals
W56.81 Bitten by other nonvenomous marine animals
W56.82 Struck by other nonvenomous marine animals
W56.89 Other contact with other nonvenomous marine animals
W57 Bitten or stung by nonvenomous insect and other nonvenomous arthropods
Excludes1: contact with venomous insects and arthropods (T63.2-, T63.3-, T63.4-)
The appropriate 7th character is to be added to code W57
A initial encounter
D subsequent encounter
S sequela

W58 Contact with crocodile or alligator
The appropriate 7th character is to be added to each code from category W58
A initial encounter
D subsequent encounter
S sequela
W58.0 Contact with alligator
W58.01 Bitten by alligator
W58.02 Struck by alligator
W58.03 Crushed by alligator
W58.1 Contact with crocodile
W58.11 Bitten by crocodile
W58.12 Struck by crocodile
W58.13 Crushed by crocodile

W59 Contact with other nonvenomous reptiles
Excludes1: contact with venomous reptile (T63.0-, T63.1-)
The appropriate 7th character is to be added to each code from category W59
A initial encounter
D subsequent encounter
S sequela
W59.0 Contact with nonvenomous lizards
W59.01 Bitten by nonvenomous lizards
W59.02 Struck by nonvenomous lizards
W59.09 Other contact with nonvenomous lizards
Exposure to nonvenomous lizards
W59.1 Contact with nonvenomous snakes
W59.11 Bitten by nonvenomous snake
W59.12 Struck by nonvenomous snake
W59.13 Crushed by nonvenomous snake
W59.19 Other contact with nonvenomous snake
W59.2 Contact with turtles
Excludes1: contact with tortoises (W59.8-)
W59.21 Bitten by turtle
W59.22 Struck by turtle
W59.29 Other contact with turtle
Exposure to turtles

W59.8 Contact with other nonvenomous reptiles
W59.81 Bitten by other nonvenomous reptiles
W59.82 Struck by other nonvenomous reptiles
W59.83 Crushed by other nonvenomous reptiles
W59.89 Other contact with other nonvenomous reptiles

W60 Contact with nonvenomous plant thorns and spines and sharp leaves
Excludes1: Contact with venomous plants (T63.x-)
The appropriate 7th character is to be added to code W60
  A initial encounter
  D subsequent encounter
  S sequela

W61 Contact with birds (domestic) (wild)
Contact with excreta of birds
The appropriate 7th character is to be added to each code from category W61
  A initial encounter
  D subsequent encounter
  S sequela

W61.0 Contact with parrot
W61.01 Bitten by parrot
W61.02 Struck by parrot
W61.09 Other contact with parrot
Exposure to parrots

W61.1 Contact with macaw
W61.11 Bitten by macaw
W61.12 Struck by macaw
W61.19 Other contact with macaw
Exposure to macaws

W61.2 Contact with other psittacines
W61.21 Bitten by other psittacines
W61.22 Struck by other psittacines
W61.29 Other contact with other psittacines
Exposure to other psittacines

W61.3 Contact with chicken
W61.32 Struck by chicken
W61.33 Pecked by chicken
W61.39 Other contact with chicken
Exposure to chickens

W61.4 Contact with turkey
W61.42 Struck by turkey
W61.43 Pecked by turkey
W61.49 Other contact with turkey
W61.5 Contact with goose
W61.51 Bitten by goose
W61.52 Struck by goose
W61.59 Other contact with goose
W61.6 Contact with duck
W61.61 Bitten by duck
W61.62 Struck by duck
W61.69 Other contact with duck
W61.9 Contact with other birds
W61.91 Bitten by other birds
W61.92 Struck by other birds
W61.99 Other contact with other birds

W62 Contact with nonvenomous amphibians
Excludes1: contact with venomous amphibians (T63.81-R63.83)
The appropriate 7th character is to be added to each code from category W62
   A initial encounter
   D subsequent encounter
   S sequela
W62.0 Contact with nonvenomous frogs
W62.1 Contact with nonvenomous toads
W62.9 Contact with other nonvenomous amphibians

W64 Exposure to other animate mechanical forces
Exposure to nonvenomous animal NOS
Excludes1: contact with venomous animal (T63.-)
The appropriate 7th character is to be added to code W64
   A initial encounter
   D subsequent encounter
   S sequela

Accidental non-transport drowning and submersion (W65-W74)
Excludes1: accidental drowning and submersion due to fall into water (W16.-)
   accidental drowning and submersion due to water transport accident (V90.‐, V92.-)
Excludes2: accidental drowning and submersion due to cataclysm (X34-X39)

W65 Accidental drowning and submersion while in bath-tub
Excludes1: accidental drowning and submersion due to fall in (into) bathtub (W16.211)

The appropriate 7th character is to be added to code W65
- A initial encounter
- D subsequent encounter
- S sequela

W66 deactivated. See W16.

**W67 Accidental drowning and submersion while in swimming-pool**

Excludes1: accidental drowning and submersion due to fall into swimming pool (W16.011, W16.021, W16.031)
accidental drowning and submersion due to striking into wall of swimming pool (W22.041)

The appropriate 7th character is to be added to code W67
- A initial encounter
- D subsequent encounter
- S sequela

W68 deactivated. See W16.

**W69 Accidental drowning and submersion while in natural water**

Includes: accidental drowning and submersion while in lake
accidental drowning and submersion while in open sea
accidental drowning and submersion while in river
accidental drowning and submersion while in stream

Excludes1: accidental drowning and submersion due to fall into natural body of water (W16.111, W16.121, W16.131)

The appropriate 7th character is to be added to code W69
- A initial encounter
- D subsequent encounter
- S sequela

W70 deactivated. See W16.

**W73 Other specified cause of accidental non-transport drowning and submersion**

Includes: accidental drowning and submersion while in quenching tank
accidental drowning and submersion while in reservoir

Excludes1: accidental drowning and submersion due to fall into other water (W16.311, W16.321, W16.331)

The appropriate 7th character is to be added to code W73
- A initial encounter
- D subsequent encounter
- S sequela

**W74 Unspecified cause of accidental drowning and submersion**
Includes: drowning NOS
The appropriate 7th character is to be added to code W74
  A  initial encounter
  D  subsequent encounter
  S  sequela

W75-W77 deactivated. See T71
W78 deactivated. See T17.81, T18.81.
W79-W80 deactivated. See T17 and T18
W81 deactivated. See T71.2
W83 deactivated. See T71
W84 deactivated. See T71.9

**Exposure to electric current, radiation and extreme ambient air temperature and pressure (W85-W99)**

Excludes1: exposure to:
  - failure in dosage of radiation or temperature during surgical and medical care
    (Y63.2-Y63.5)
  - lightning (T75.0-)
  - natural cold (X31)
  - natural heat (X30)
  - natural radiation NOS (X39)
  - radiological procedure and radiotherapy (Y84.2)
  - sunlight (X32)

**W85  Exposure to electric transmission lines**
Includes: Broken power line
The appropriate 7th character is to be added to code W85
  A  initial encounter
  D  subsequent encounter
  S  sequela

**W86  Exposure to other specified electric current**
The appropriate 7th character is to be added to each code from category W86
  A  initial encounter
  D  subsequent encounter
  S  sequela

**W86.0  Exposure to domestic wiring and appliances**
**W86.1  Exposure to industrial wiring, appliances and electrical machinery**
  Exposure to conductors
  Exposure to control apparatus
Exposure to electrical equipment and machinery
Exposure to transformers

**W86.8 Exposure to other electric current**
- Exposure to wiring and appliances in or on farm (not farmhouse)
- Exposure to wiring and appliances outdoors
- Exposure to wiring and appliances in or on public building
- Exposure to wiring and appliances in or on residential institutions
- Exposure to wiring and appliances in or on schools

W87 deactivated. See W86

**W88 Exposure to ionizing radiation**
Excludes1: exposure to sunlight (X32)
The appropriate 7th character is to be added to each code from category W88

- A initial encounter
- D subsequent encounter
- S sequela

**W88.0 Exposure to X-rays**
**W88.1 Exposure to radioactive isotopes**
**W88.8 Exposure to other ionizing radiation**

**W89 Exposure to man-made visible and ultraviolet light**
Includes: exposure to welding light (arc)
Excludes2: exposure to sunlight (X32)
The appropriate 7th character is to be added to each code from category W89

- A initial encounter
- D subsequent encounter
- S sequela

**W89.0 Exposure to welding light (arc)**
**W89.1 Exposure to tanning bed**
**W89.8 Exposure to other man-made visible and ultraviolet light**
**W89.9 Exposure to unspecified man-made visible and ultraviolet light**

**W90 Exposure to other nonionizing radiation**
Excludes1: exposure to sunlight (X32)
The appropriate 7th character is to be added to each code from category W90

- A initial encounter
- D subsequent encounter
- S sequela

**W90.0 Exposure to radiofrequency**
**W90.1 Exposure to infrared radiation**
**W90.2 Exposure to laser radiation**
**W90.8 Exposure to other nonionizing radiation**
W91 deactivated. See W90

W92 Exposure to excessive heat of man-made origin
The appropriate 7th character is to be added to code W92
A  initial encounter
D  subsequent encounter
S  sequela

W93 Exposure to excessive cold of man-made origin
The appropriate 7th character is to be added to each code from category W93
A  initial encounter
D  subsequent encounter
S  sequela

W93.0 Contact with or inhalation of dry ice
  W93.01 Contact with dry ice
  W93.02 Inhalation of dry ice

W93.1 Contact with or inhalation of liquid air
  W93.11 Contact with liquid air
  Contact with liquid hydrogen
  Contact with liquid nitrogen
  W93.12 Inhalation of liquid air
  Inhalation of liquid hydrogen
  Inhalation of liquid nitrogen

W93.2 Prolonged exposure in deep freeze unit or refrigerator

W93.8 Exposure to other excessive cold of man-made origin

W94 Exposure to high and low air pressure and changes in air pressure
The appropriate 7th character is to be added to each code from category W94
A  initial encounter
D  subsequent encounter
S  sequela

W94.0 Exposure to prolonged high air pressure
W94.1 Exposure to prolonged low air pressure
  W94.11 Exposure to residence or prolonged visit at high altitude
  W94.12 Exposure to other prolonged low air pressure

W94.2 Exposure to rapid changes in air pressure during ascent
  W94.21 Exposure to reduction in atmospheric pressure while surfacing from deep-water
dicing
W94.22 Exposure to reduction in atmospheric pressure while surfacing from underground
W94.23 Exposure to sudden change in air pressure in aircraft during ascent
W94.29 Exposure to other rapid changes in air pressure during ascent
W94.3 Exposure to rapid changes in air pressure during descent
W94.31 Exposure to sudden change in air pressure in aircraft during ascent or descent
W94.32 Exposure to high air pressure from rapid descent in water
W94.39 Exposure to other rapid changes in air pressure during descent

W99 Exposure to other man-made environmental factors
The appropriate 7th character is to be added to code W99
  A  initial encounter
  D  subsequent encounter
  S  sequela

Exposure to smoke, fire and flames (X00-X08)

Excludes1: arson (X97)
Excludes2: explosions (W35-W40)
    lightning (T75.0-)
    transport accident (V01-V99)

X00 Exposure to uncontrolled fire in building or structure
Includes: Conflagration in building or structure
Code first any associated cataclysm
Excludes2: Exposure to ignition or melting of nightwear (X05)
    Exposure to ignition or melting of other clothing and apparel (X06-)
    Exposure to other specified smoke, fire and flames (X08-)
The appropriate 7th character is to be added to each code from category X00
  A  initial encounter
  D  subsequent encounter
  S  sequela

X00.0 Exposure to flames in uncontrolled fire in building or structure
X00.1 Exposure to smoke in uncontrolled fire in building or structure
X00.2 Injury due to collapse of burning building or structure in uncontrolled fire
   Excludes1: injury due to collapse of building not on fire (W20.1)
X00.3 Fall from burning building or structure in uncontrolled fire
X00.4 Hit by object from burning building or structure in uncontrolled fire
X00.5 Jump from burning building or structure in uncontrolled fire
X00.8 Other exposure to uncontrolled fire in building or structure

X01 Exposure to uncontrolled fire, not in building or structure
   Exposure to forest fire
   The appropriate 7th character is to be added to each code from category X01
   A initial encounter
   D subsequent encounter
   S sequela
X01.0 Exposure to flames in uncontrolled fire, not in building or structure
X01.1 Exposure to smoke in uncontrolled fire, not in building or structure
X01.3 Fall due to uncontrolled fire, not in building or structure
X01.4 Hit by object due to uncontrolled fire, not in building or structure
X01.8 Other exposure to uncontrolled fire, not in building or structure

X02 Exposure to controlled fire in building or structure
   Includes: exposure to fire in fireplace
   exposure to fire in stove
   The appropriate 7th character is to be added to each code from category X02
   A initial encounter
   D subsequent encounter
   S sequela
X02.0 Exposure to flames in controlled fire in building or structure
X02.1 Exposure to smoke in controlled fire in building or structure
X02.2 Injury due to collapse of burning building or structure in controlled fire
Excludes 1: injury due to collapse of building not on fire (W20.1)

**X02.3** Fall from burning building or structure in controlled fire

**X02.4** Hit by object from burning building or structure in controlled fire

**X02.5** Jump from burning building or structure in controlled fire

**X02.8** Other exposure to controlled fire in building or structure

**X03** Exposure to controlled fire, not in building or structure

Includes:
- exposure to bon fire
- exposure to camp-fire
- exposure to trash fire

The appropriate 7th character is to be added to each code from category X03
- A initial encounter
- D subsequent encounter
- S sequela

**X03.0** Exposure to flames in controlled fire, not in building or structure

**X03.1** Exposure to smoke in controlled fire, not in building or structure

**X03.3** Fall due to controlled fire, not in building or structure

**X03.4** Hit by object due to controlled fire, not in building or structure

**X03.8** Other exposure to controlled fire, not in building or structure

**X04** Exposure to ignition of highly flammable material

Includes:
- exposure to ignition of gasoline
- exposure to ignition of kerosene
- exposure to ignition of petrol

Excludes 2: exposure to ignition or melting of nightwear (X05)
- exposure to ignition or melting of other clothing and apparel (X06)

The appropriate 7th character is to be added to code X04
- A initial encounter
- D subsequent encounter
- S sequela

**X05** Exposure to ignition or melting of nightwear

Excludes 2: exposure to uncontrolled fire in building or structure (X00.-)
- exposure to uncontrolled fire, not in building or structure (X01.-)
- exposure to controlled fire in building or structure (X02.-)
exposure to controlled fire, not in building or structure (X03.-)
exposure to ignition of highly flammable materials (X04.-)
The appropriate 7th character is to be added to code X05
  A initial encounter
  D subsequent encounter
  S sequela

X06 Exposure to ignition or melting of other clothing and apparel
Excludes2: exposure to uncontrolled fire in building or structure (X00.-)
exposure to uncontrolled fire, not in building or structure (X01.-)
exposure to controlled fire in building or structure (X02.-)
exposure to controlled fire, not in building or structure (X03.-)
exposure to ignition of highly flammable materials (X04.-)
The appropriate 7th character is to be added to each code from category X06
  A initial encounter
  D subsequent encounter
  S sequela
X06.0 Exposure to ignition of plastic jewelry
X06.1 Exposure to melting of plastic jewelry
X06.2 Exposure to ignition of other clothing and apparel
X06.3 Exposure to melting of other clothing and apparel

X08 Exposure to other specified smoke, fire and flames
The appropriate 7th character is to be added to each code from category X08
  A initial encounter
  D subsequent encounter
  S sequela
X08.0 Exposure to bed fire
Exposure to mattress fire
  X08.00 Exposure to bed fire due to unspecified burning material
  X08.01 Exposure to bed fire due to burning cigarette
  X08.09 Exposure to bed fire due to other burning material
X08.1 Exposure to sofa fire
  X08.10 Exposure to sofa fire due to unspecified burning material
  X08.11 Exposure to sofa fire due to burning cigarette
  X08.19 Exposure to sofa fire due to other burning material
X08.2 Exposure to other furniture fire
   X08.20 Exposure to other furniture fire due to unspecified burning material
   X08.21 Exposure to other furniture fire due to burning cigarette
   X08.29 Exposure to other furniture fire due to other burning material
X08.8 Exposure to other specified smoke, fire and flames

X09 deactivated. See X08

Contact with heat and hot substances (X10-X19)

Excludes: exposure to excessive natural heat (X30)
exposure to fire and flames (X00-X09)

X10 Contact with hot drinks, food, fats and cooking oils
The appropriate 7th character is to be added to each code from category X10
   A initial encounter
   D subsequent encounter
   S sequela
X10.0 Contact with hot drinks
X10.1 Contact with hot food
X10.2 Contact with fats and cooking oils

X11 Contact with hot tap-water
Contact with boiling tap-water
Contact with boiling water NOS
Excludes: contact with water heated on stove (X12)
The appropriate 7th character is to be added to each code from category X11
   A initial encounter
   D subsequent encounter
   S sequela
X11.0 Contact with hot water in bath or tub
   Excludes: contact with running hot water in bath or tub (X11.1)
X11.1 Contact with running hot water
   Contact with hot water running out of hose
   Contact with hot water running out of tap
X11.8 Contact with other hot tap-water
   Contact with hot water in bucket
   Contact with hot tap-water NOS

X12 Contact with other hot fluids
Includes: contact with water heated on stove
Excludes1: hot (liquid) metals (X18)
The appropriate 7th character is to be added to code X12
A initial encounter
D subsequent encounter
S sequela

**X13 Contact with steam and other hot vapors**
The appropriate 7th character is to be added to each code from category X13
A initial encounter
D subsequent encounter
S sequela
X13.0 Inhalation of steam and other hot vapors
X13.1 Other contact with steam and other hot vapors

**X14 Contact with hot air and other hot gases**
The appropriate 7th character is to be added to each code from category X14
A initial encounter
D subsequent encounter
S sequela
X14.0 Inhalation of hot air and gases
X14.1 Other contact with hot air and other hot gases

**X15 Contact with hot household appliances**
Excludes1: contact with heating appliances (X16)
contact with powered household appliances (W29.-)
exposure to controlled fire in building or structure due to household appliance (X02.8)
exposure to household appliances electrical current (W86.0)
The appropriate 7th character is to be added to each code from category X15
A initial encounter
D subsequent encounter
S sequela
X15.0 Contact with hot stove (kitchen)
X15.1 Contact with hot toaster
X15.2 Contact with hotplate
X15.3 Contact with hot saucepan or skillet
X15.8 Contact with other hot household appliances
  Contact with cooker
  Contact with kettle
  Contact with light bulbs

**X16 Contact with hot heating appliances, radiators and pipes**
Excludes1: contact with powered appliances (W29.-)
exposure to controlled fire in building or structure due to appliance (X02.8)
exposure to industrial appliances electrical current (W86.1)
The appropriate 7th character is to be added to code X16
   A  initial encounter
   D  subsequent encounter
   S  sequela

X17  Contact with hot engines, machinery and tools
Excludes1: contact with hot heating appliances, radiators and pipes (X16)
          contact with hot household appliances (X15)
The appropriate 7th character is to be added to code X17
   A  initial encounter
   D  subsequent encounter
   S  sequela

X18  Contact with other hot metals
Includes:  contact with liquid metal
The appropriate 7th character is to be added to code X18
   A  initial encounter
   D  subsequent encounter
   S  sequela

X19  Contact with other heat and hot substances
Excludes1: objects that are not normally hot, e.g., an object made hot by a house
          fire (X00-X09)
The appropriate 7th character is to be added to code X19
   A  initial encounter
   D  subsequent encounter
   S  sequela

X20-X29 deactivated. See T63

Exposure to forces of nature (X30-X39)

X30  Exposure to excessive natural heat
Includes:  exposure to excessive heat as the cause of sunstroke
          exposure to heat NOS
Excludes1: excessive heat of man-made origin (W92)
          exposure to man-made radiation (W89)
          exposure to sunlight (X32)
          exposure to tanning bed (W89)
The appropriate 7th character is to be added to code X30
   A  initial encounter
   D  subsequent encounter
   S  sequela

X31  Exposure to excessive natural cold
Includes:  excessive cold as the cause of chilblains NOS
excessive cold as the cause of immersion foot or hand
exposure to cold NOS
exposure to weather conditions
Excludes1: cold of man-made origin (W93.-)
contact with or inhalation of:
dry ice (W93.-)
liquefied gas (W93.-)
The appropriate 7th character is to be added to code X31
A initial encounter
D subsequent encounter
S sequela

X32 Exposure to sunlight
Excludes1: radiation-related disorders of the skin and subcutaneous tissue (L55-L59)
man-made radiation (tanning bed) (W89)
The appropriate 7th character is to be added to code X32
A initial encounter
D subsequent encounter
S sequela

X34 Earthquake
The appropriate 7th character is to be added to code X34
A initial encounter
D subsequent encounter
S sequela

X35 Volcanic eruption
The appropriate 7th character is to be added to code X35
A initial encounter
D subsequent encounter
S sequela

X36 Avalanche, landslide and other earth movements
Includes: victim of mudslide of cataclysmic nature
Excludes1: earthquake (X34)
Excludes2: transport accident involving collision with avalanche or landslide not in motion (V01-V99)
The appropriate 7th character is to be added to each code from category X36
A initial encounter
D subsequent encounter
S sequela
X36.0 Collapse of dam or man-made structure causing earth movement
X36.1 Avalanche, landslide, or mudslide

X37 Cataclysmic storm
The appropriate 7th character is to be added to each code from category X37

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>A</td>
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<td>Storm surge</td>
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<td>Typhoon</td>
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<td>Cyclone</td>
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<td>Twister</td>
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<td>Tidal wave NOS</td>
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<th>Excludes2</th>
<th>flood (X38)</th>
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<th>X37.9</th>
<th>Unspecified cataclysmic storm</th>
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|       | Storm NOS |
|       | Excludes1: collapse of dam or man-made structure causing earth movement (X39.0) |

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<thead>
<tr>
<th>X38</th>
<th>Flood</th>
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<thead>
<tr>
<th>Includes</th>
<th>flood arising from remote storm</th>
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<td>flood of cataclysmic nature arising from melting snow</td>
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<td>flood resulting directly from storm</td>
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<th>Excludes1</th>
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<th>tidal wave NOS (X39.2)</th>
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<td>tidal wave caused by storm (X37.2)</td>
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The appropriate 7th character is to be added to code X38

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<th>A</th>
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<tr>
<td>D</td>
<td>subsequent encounter</td>
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<td>S</td>
<td>sequela</td>
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<th>X39</th>
<th>Exposure to other forces of nature</th>
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The appropriate 7th character is to be added to each code from category X39

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<th>A</th>
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<tbody>
<tr>
<td>D</td>
<td>subsequent encounter</td>
</tr>
<tr>
<td>S</td>
<td>sequela</td>
</tr>
</tbody>
</table>

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Exposure to natural radiation
Excludes: man-made radiation (W88-W90)
sunlight (X32)

Exposure to radon
Exposure to other natural radiation
Other exposure to forces of nature

Accidental exposure to other specified factors (X52, X58)

Prolonged stay in weightless environment
Includes: weightlessness in spacecraft (simulator)
The appropriate 7th character is to be added to code X52
A initial encounter
D subsequent encounter
S sequela

Exposure to other specified factors
Includes: accident NOS
exposure NOS
The appropriate 7th character is to be added to code X58
A initial encounter
D subsequent encounter
S sequela

Intentional self-harm (X71-X83)
Includes: purposely self-inflicted injury
suicide (attempted)

Intentional self-harm by drowning and submersion
The appropriate 7th character is to be added to each code from category X71
A initial encounter
### X71.0 Intentional self-harm by drowning and submersion while in bathtub

### X71.1 Intentional self-harm by drowning and submersion while in swimming pool

### X71.2 Intentional self-harm by drowning and submersion after jump into swimming pool

### X71.3 Intentional self-harm by drowning and submersion in natural water

### X71.8 Other intentional self-harm by drowning and submersion

### X71.9 Intentional self-harm by drowning and submersion, unspecified

### X72 Intentional self-harm by handgun discharge
- Includes: intentional self-harm by gun for single hand use
- intentional self-harm by pistol
- intentional self-harm by revolver

### X73 Intentional self-harm by rifle, shotgun and larger firearm discharge
- Excludes1: airgun (X74.01)

### X73.0 Intentional self-harm by shotgun discharge

### X73.1 Intentional self-harm by hunting rifle discharge

### X73.2 Intentional self-harm by machine gun discharge

### X73.8 Intentional self-harm by other larger firearm discharge

### X73.9 Intentional self-harm by unspecified larger firearm discharge

### X74 Intentional self-harm by other and unspecified firearm and gun discharge
- The appropriate 7th character is to be added to each code from category X74
  - A initial encounter
  - D subsequent encounter
  - S sequela
X74.0 Intentional self-harm by gas, air or spring-operated guns
   X74.01 Intentional self-harm by airgun
   Intentional self-harm by BB gun discharge
   Intentional self-harm by pellet gun discharge
   X74.02 Intentional self-harm by paintball gun
   X74.09 Intentional self-harm by other gas, air or spring-operated gun
X74.8 Intentional self-harm by other firearm discharge
   Intentional self-harm by Very pistol [flare] discharge
X74.9 Intentional self-harm by unspecified firearm discharge

X75 Intentional self-harm by explosive material
   The appropriate 7th character is to be added to code X75
   A initial encounter
   D subsequent encounter
   S sequela

X76 Intentional self-harm by smoke, fire and flames
   The appropriate 7th character is to be added to code X76
   A initial encounter
   D subsequent encounter
   S sequela

X77 Intentional self-harm by steam, hot vapors and hot objects
   The appropriate 7th character is to be added to each code from category X77
   A initial encounter
   D subsequent encounter
   S sequela
   X77.0 Intentional self-harm by steam or hot vapors
   X77.1 Intentional self-harm by hot tap water
   X77.2 Intentional self-harm by other hot fluids
   X77.3 Intentional self-harm by hot household appliances
   X77.8 Intentional self-harm by other hot objects
   X77.9 Intentional self-harm by unspecified hot objects

X78 Intentional self-harm by sharp object
   The appropriate 7th character is to be added to each code from category X78
   A initial encounter
   D subsequent encounter
   S sequela
X78.0  Intentional self-harm by sharp glass
X78.1  Intentional self-harm by knife
X78.2  Intentional self-harm by sword or dagger
X78.8  Intentional self-harm by other sharp object
X78.9  Intentional self-harm by unspecified sharp object

X79  Intentional self-harm by blunt object
The appropriate 7th character is to be added to code X79
  A  initial encounter
  D  subsequent encounter
  S  sequela

X80  Intentional self-harm by jumping from a high place
Includes: intentional fall from one level to another
The appropriate 7th character is to be added to code X80
  A  initial encounter
  D  subsequent encounter
  S  sequela

X81  Intentional self-harm by jumping or lying in front of moving object
The appropriate 7th character is to be added to each code from category X81
  A  initial encounter
  D  subsequent encounter
  S  sequela
X81.0  Intentional self-harm by jumping or lying in front of motor vehicle
X81.1  Intentional self-harm by jumping or lying in front of (subway) train
X81.8  Intentional self-harm by jumping or lying in front of other moving object

X82  Intentional self-harm by crashing of motor vehicle
The appropriate 7th character is to be added to each code from category X82
  A  initial encounter
  D  subsequent encounter
  S  sequela
X82.0  Intentional collision of motor vehicle with other motor vehicle
X82.1  Intentional collision of motor vehicle with train
X82.2  Intentional collision of motor vehicle with tree
X82.8  Other intentional self-harm by crashing of motor vehicle

X83  Intentional self-harm by other specified means
Excludes1: intentional self-harm by poisoning or contact with toxic substance- See
Table of Drugs and Chemicals
The appropriate 7th character is to be added to each code from category X83
A initial encounter
D subsequent encounter
S sequela
X83.0 Intentional self-harm by crashing of aircraft
X83.1 Intentional self-harm by electrocution
X83.2 Intentional self-harm by exposure to extremes of cold
X83.8 Intentional self-harm by other specified means

X84 deactivated. See T14

Assault (X92-Y08)
Includes: homicide
injuries inflicted by another person with intent to injure or kill, by any means
Excludes: injuries due to legal intervention (Y35.-)
injuries due to operations of war (Y36.-)
injuries due to terrorism (Y38.-)

X85-X90 deactivated. See categories T36-T65 with sixth-character 3
X91 deactivated. See T71

X92 Assault by drowning and submersion
The appropriate 7th character is to be added to each code from category X92
A initial encounter
D subsequent encounter
S sequela
X92.0 Assault by drowning and submersion while in bathtub
X92.1 Assault by drowning and submersion while in swimming pool
X92.2 Assault by drowning and submersion after push into swimming pool
X92.3 Assault by drowning and submersion in natural water
X92.8 Other assault by drowning and submersion
X92.9 Assault by drowning and submersion, unspecified

X93 Assault by handgun discharge
Includes: assault by discharge of gun for single hand use
assault by discharge of pistol
assault by discharge of revolver
Excludes1: Very pistol (X95.8)
The appropriate 7th character is to be added to code X93
A  initial encounter
D  subsequent encounter
S  sequela

**X94  Assault by rifle, shotgun and larger firearm discharge**
Excludes1: airgun (X95.01)
The appropriate 7th character is to be added to each code from category X94
A  initial encounter
D  subsequent encounter
S  sequela

X94.0  Assault by shotgun
X94.1  Assault by hunting rifle
X94.2  Assault by machine gun
X94.8  Assault by other larger firearm discharge
X94.9  Assault by unspecified larger firearm discharge

**X95  Assault by other and unspecified firearm and gun discharge**
The appropriate 7th character is to be added to each code from category X95
A  initial encounter
D  subsequent encounter
S  sequela

X95.0  Assault by gas, air or spring-operated guns
X95.01 Assault by airgun discharge
   Assault by BB gun discharge
   Assault by pellet gun discharge
X95.02 Assault by paintball gun discharge
X95.09 Assault by other gas, air or spring-operated gun
X95.8  Assault by other firearm discharge
   Assault by very pistol [flare] discharge
X95.9  Assault by unspecified firearm discharge

**X96  Assault by explosive material**
Excludes1: incendiary device (X97)
   terrorism involving explosive material (Y38.2-)
The appropriate 7th character is to be added to each code from category X96
A  initial encounter
D  subsequent encounter
S  sequela

X96.0  Assault by antipersonnel bomb
   Excludes1: antipersonnel bomb use in military or war (Y36.2--)
X96.1 Assault by gasoline bomb
X96.2 Assault by letter bomb
X96.3 Assault by fertilizer bomb
X96.4 Assault by pipe bomb
X96.8 Assault by other specified explosive
X96.9 Assault by unspecified explosive

X97 Assault by smoke, fire and flames
Includes:
  assault by arson
  assault by cigarettes
  assault by incendiary device
The appropriate 7th character is to be added to code X97
  A initial encounter
  D subsequent encounter
  S sequela

X98 Assault by steam, hot vapors and hot objects
The appropriate 7th character is to be added to each code from category X98
  A initial encounter
  D subsequent encounter
  S sequela
X98.0 Assault by steam or hot vapors
X98.1 Assault by hot tap water
X98.2 Assault by hot fluids
X98.3 Assault by hot household appliances
X98.8 Assault by other hot objects
X98.9 Assault by unspecified hot objects

X99 Assault by sharp object
Excludes1: assault by strike by sports equipment (Y08.0)
The appropriate 7th character is to be added to each code from category X99
  A initial encounter
  D subsequent encounter
  S sequela
X99.0 Assault by sharp glass
X99.1 Assault by knife
X99.2 Assault by sword or dagger
X99.8 Assault by other sharp object
X99.9 Assault by unspecified sharp object
  Assault by stabbing NOS

Y00 Assault by blunt object
Excludes1: assault by strike by sports equipment (Y08.0)
The appropriate 7th character is to be added to code Y00
A initial encounter
D subsequent encounter
S sequela

Y01 Assault by pushing from high place
The appropriate 7th character is to be added to code Y01
A initial encounter
D subsequent encounter
S sequela

Y02 Assault by pushing or placing victim in front of moving object
The appropriate 7th character is to be added to each code from category Y02
A initial encounter
D subsequent encounter
S sequela
Y02.0 Assault by pushing or placing victim in front of motor vehicle
Y02.1 Assault by pushing or placing victim in front of (subway) train
Y02.8 Assault by pushing or placing victim in front of other moving object

Y03 Assault by crashing of motor vehicle
The appropriate 7th character is to be added to each code from category Y03
A initial encounter
D subsequent encounter
S sequela
Y03.0 Assault by being hit or run over by motor vehicle
Y03.8 Other assault by crashing of motor vehicle

Y04 Assault by bodily force
Excludes1: assault by:
submersion (X92-)
use of weapon (X93-X95, X99, Y00)
The appropriate 7th character is to be added to each code from category Y04
A initial encounter
D subsequent encounter
S sequela
Y04.0 Assault by unarmed brawl or fight
Y04.1 Assault by human bite
Y04.2 Assault by strike against or bumped into by another person
Y04.8 Assault by other bodily force
Assault by bodily force NOS

Y05 deactivated. See T74.0, T76.0
Y06 deactivated. See T74.0, T76.0

**Y07 Perpetrator of assault, maltreatment and neglect**

Codes from this category are for use only in cases of confirmed abuse (T74.-)

Selection of the correct perpetrator code is based on the relationship between the perpetrator and the victim

Includes:
- perpetrator of abandonment
- perpetrator of emotional neglect
- perpetrator of mental cruelty
- perpetrator of physical abuse
- perpetrator of physical neglect
- perpetrator of sexual abuse
- perpetrator of torture

**Y07.0 Spouse or partner as perpetrator of maltreatment and neglect**

Spouse or partner as perpetrator of maltreatment and neglect against spouse or partner

**Y07.01 Husband as perpetrator of maltreatment and neglect**

**Y07.02 Wife as perpetrator of maltreatment and neglect**

**Y07.03 Male partner as perpetrator of maltreatment and neglect**

**Y07.04 Female partner as perpetrator of maltreatment and neglect**

**Y07.1 Parent (adoptive) (biological) as perpetrator of maltreatment and neglect**

**Y07.11 Biological father as perpetrator of maltreatment and neglect**

**Y07.12 Biological mother as perpetrator of maltreatment and neglect**

**Y07.13 Adoptive father as perpetrator of maltreatment and neglect**

**Y07.14 Adoptive mother as perpetrator of maltreatment and neglect**

**Y07.4 Other family member as perpetrator of maltreatment and neglect**

**Y07.41 Sibling**

**Y07.410 Brother as perpetrator of maltreatment and neglect**

**Y07.411 Sister as perpetrator of maltreatment and neglect**
Y07.42 Foster parent
  Y07.420 Foster father as perpetrator of maltreatment and neglect
  Y07.421 Foster mother as perpetrator of maltreatment and neglect

Y07.43 Stepparent or stepsibling as perpetrator of maltreatment and neglect
  Y07.430 Stepmother as perpetrator of maltreatment and neglect
  Y07.432 Male friend of parent (co-residing in household) as perpetrator of maltreatment and neglect
  Y07.433 Stepmother as perpetrator of maltreatment and neglect
  Y07.434 Female friend of parent (co-residing in household) as perpetrator of maltreatment and neglect
  Y07.435 Stepbrother as perpetrator or maltreatment and neglect
  Y07.436 Stepsister as perpetrator of maltreatment and neglect

Y07.49 Other family member
  Y07.490 Male cousin as perpetrator of maltreatment and neglect
  Y07.491 Female cousin as perpetrator of maltreatment and neglect
  Y07.499 Other family member as perpetrator of maltreatment and neglect

Y07.5 Non-family member
  Y07.50 Unspecified non-family member as perpetrator of maltreatment and neglect

Y07.51 Daycare provider
  Y07.510 At-home childcare provider as perpetrator of maltreatment and neglect
  Y07.511 Daycare center childcare provider as perpetrator of maltreatment and neglect
  Y07.512 At-home adultcare provider as perpetrator of maltreatment and neglect
neglect
Y07.513 Adultcare center provider as perpetrator of maltreatment and neglect
Y07.519 Unspecified daycare provider as perpetrator of maltreatment and neglect
Y07.52 Healthcare provider
Y07.521 Mental health provider as perpetrator of maltreatment and neglect
Y07.528 Other therapist or healthcare provider as perpetrator of maltreatment and neglect
Nurse
Occupational therapist
Physical therapist
Speech therapist
Y07.529 Unspecified healthcare provider as perpetrator of maltreatment and neglect
Y07.53 Teacher or instructor as perpetrator of maltreatment and neglect
Coach as perpetrator of maltreatment and neglect
Y07.59 Other non-family member as perpetrator of maltreatment and neglect

Y08 Assault by other specified means
The appropriate 7th character is to be added to each code from category Y08
A initial encounter
D subsequent encounter
S sequela
Y08.0 Assault by strike by sport equipment
Y08.01 Assault by strike by hockey stick
Y08.02 Assault by strike by baseball bat
Y08.09 Assault by strike other sport equipment
Y08.8 Assault by other specified means
Y08.81 Assault by crashing of aircraft
Y08.89 Assault by other specified means

Event of undetermined intent (Y20-Y33)
Undetermined intent is only for use when there is specific documentation in the record
that the intent of the injury cannot be determined. If no such documentation is present, code to accidental (unintentional)

Y10-Y19 deactivated. See codes T36-T65 with sixth-character 4

Y20 deactivated. See T71

**Y21 Drowning and submersion, undetermined intent**
The appropriate 7th character is to be added to each code from category Y21

- A initial encounter
- D subsequent encounter
- S sequela

**Y21.0** Drowning and submersion while in bathtub, undetermined intent

**Y21.1** Drowning and submersion after fall into bathtub, undetermined intent

**Y21.2** Drowning and submersion while in swimming pool, undetermined intent

**Y21.3** Drowning and submersion after fall into swimming pool, undetermined intent

**Y21.4** Drowning and submersion in natural water, undetermined intent

**Y21.8** Other drowning and submersion, undetermined intent

**Y21.9** Unspecified drowning and submersion, undetermined intent

**Y22 Handgun discharge, undetermined intent**
Includes: discharge of gun for single hand use, undetermined intent
discharge of pistol, undetermined intent
discharge of revolver, undetermined intent

Excludes: very pistol (Y24.8)
The appropriate 7th character is to be added to code Y22

- A initial encounter
- D subsequent encounter
- S sequela

**Y23 Rifle, shotgun and larger firearm discharge, undetermined intent**
Excludes: airgun (Y24.0)
The appropriate 7th character is to be added to each code from category Y23

- A initial encounter
- D subsequent encounter
- S sequela

**Y23.0** Shotgun discharge, undetermined intent
Y23.1 Hunting rifle discharge, undetermined intent
Y23.2 Military firearm discharge, undetermined intent
Y23.3 Machine gun discharge, undetermined intent
Y23.8 Other larger firearm discharge, undetermined intent
Y23.9 Unspecified larger firearm discharge, undetermined intent

Y24 Other and unspecified firearm discharge, undetermined intent
The appropriate 7th character is to be added to each code from category Y24
  A initial encounter
  D subsequent encounter
  S sequela

Y24.0 Airgun discharge, undetermined intent
  BB gun discharge, undetermined intent
  Pellet gun discharge, undetermined intent

Y24.8 Other firearm discharge, undetermined intent
  Paintball gun discharge, undetermined intent
  Very pistol [flare] discharge, undetermined intent

Y24.9 Unspecified firearm discharge, undetermined intent

Y25 Contact with explosive material, undetermined intent
The appropriate 7th character is to be added to code Y25
  A initial encounter
  D subsequent encounter
  S sequela

Y26 Exposure to smoke, fire and flames, undetermined intent
The appropriate 7th character is to be added to code Y26
  A initial encounter
  D subsequent encounter
  S sequela

Y27 Contact with steam, hot vapors and hot objects, undetermined intent
The appropriate 7th character is to be added to each code from category Y27
  A initial encounter
  D subsequent encounter
  S sequela

Y27.0 Contact with steam and hot vapors, undetermined intent
Y27.1 Contact with hot tap water, undetermined intent
Y27.2 Contact with hot fluids, undetermined intent
Y27.3 Contact with hot household appliance, undetermined intent
Y27.8 Contact with other hot objects, undetermined intent
Y27.9 Contact with unspecified hot objects, undetermined intent

Y28 Contact with sharp object, undetermined intent
The appropriate 7th character is to be added to each code from category Y28
  A initial encounter
  D subsequent encounter
  S sequela
Y28.0 Contact with sharp glass, undetermined intent
Y28.1 Contact with knife, undetermined intent
Y28.2 Contact with sword or dagger, undetermined intent
Y28.8 Contact with other sharp object, undetermined intent
Y28.9 Contact with unspecified sharp object, undetermined intent

Y29 Contact with blunt object, undetermined intent
The appropriate 7th character is to be added to code Y29
  A initial encounter
  D subsequent encounter
  S sequela

Y30 Falling, jumping or pushed from a high place, undetermined intent
Includes: victim falling from one level to another, undetermined intent
The appropriate 7th character is to be added to code Y30
  A initial encounter
  D subsequent encounter
  S sequela

Y31 Falling, lying or running before or into moving object, undetermined intent
The appropriate 7th character is to be added to code Y31
  A initial encounter
  D subsequent encounter
  S sequela

Y32 Crashing of motor vehicle, undetermined intent
The appropriate 7th character is to be added to code Y32
A  initial encounter  
D  subsequent encounter  
S  sequela  

**Y33 Other specified events, undetermined intent**  
The appropriate 7th character is to be added to code Y33  
A  initial encounter  
D  subsequent encounter  
S  sequela  

**Legal intervention, operations of war, military operations, and terrorism (Y35-Y38)**  

**Y35 Legal intervention**  
Includes: any injury sustained as a result of an encounter with any law enforcement official, serving in any capacity at the time of the encounter, whether on-duty or off-duty. Includes injury to law enforcement official, suspect and bystander  
The appropriate 7th character is to be added to each code from category Y35  
A  initial encounter  
D  subsequent encounter  
S  sequela  

**Y35.0 Legal intervention involving firearm discharge**  

**Y35.00 Legal intervention involving unspecified firearm discharge**  
Legal intervention involving gunshot wound  
Legal intervention involving shot NOS  

**Y35.001 Legal intervention involving unspecified firearm discharge, law enforcement official injured**  

**Y35.002 Legal intervention involving unspecified firearm discharge, bystander injured**  

**Y35.003 Legal intervention involving unspecified firearm discharge, suspect injured**  

**Y35.01 Legal intervention involving injury by machine gun**  

**Y35.011 Legal intervention involving injury by machine gun, law enforcement official injured**  

**Y35.012 Legal intervention involving injury by**
machine gun, bystander injured
Y35.013 Legal intervention involving injury by machine gun, suspect injured

Y35.02 Legal intervention involving injury by handgun
Y35.021 Legal intervention involving injury by handgun, law enforcement official injured
Y35.022 Legal intervention involving injury by handgun, bystander injured
Y35.023 Legal intervention involving injury by handgun, suspect injured

Y35.03 Legal intervention involving injury by rifle pellet
Y35.031 Legal intervention involving injury by rifle pellet, law enforcement official injured
Y35.032 Legal intervention involving injury by rifle pellet, bystander injured
Y35.033 Legal intervention involving injury by rifle pellet, suspect injured

Y35.04 Legal intervention involving injury by rubber bullet
Y35.041 Legal intervention involving injury by rubber bullet, law enforcement official injured
Y35.042 Legal intervention involving injury by rubber bullet, bystander injured
Y35.043 Legal intervention involving injury by rubber bullet, suspect injured

Y35.09 Legal intervention involving other firearm discharge
Y35.091 Legal intervention involving other firearm discharge, law enforcement official injured
Y35.092 Legal intervention involving other firearm discharge, bystander injured
Y35.093 Legal intervention involving other firearm discharge, suspect injured

Y35.1 Legal intervention involving explosives
Y35.10 Legal intervention involving unspecified
explosives
Y35.101 Legal intervention involving unspecified explosives, law enforcement official injured
Y35.102 Legal intervention involving unspecified explosives, bystander injured
Y35.103 Legal intervention involving unspecified explosives, suspect injured
Y35.11 Legal intervention involving injury by dynamite
Y35.111 Legal intervention involving injury by dynamite, law enforcement official injured
Y35.112 Legal intervention involving injury by dynamite, bystander injured
Y35.113 Legal intervention involving injury by dynamite, suspect injured
Y35.12 Legal intervention involving injury by explosive shell
Y35.121 Legal intervention involving injury by explosive shell, law enforcement official injured
Y35.122 Legal intervention involving injury by explosive shell, bystander injured
Y35.123 Legal intervention involving injury by explosive shell, suspect injured
Y35.19 Legal intervention involving other explosives
Y35.191 Legal intervention involving other explosives, law enforcement official injured
Y35.192 Legal intervention involving other explosives, bystander injured
Y35.193 Legal intervention involving other explosives, suspect injured
Y35.2 Legal intervention involving gas
Y35.20 Legal intervention involving unspecified gas
Y35.201 Legal intervention involving unspecified gas, law enforcement official injured
Y35.202 Legal intervention involving unspecified gas, bystander injured
Y35.203 Legal intervention involving unspecified gas, suspect injured
Y35.21 Legal intervention involving injury by tear gas
  Y35.211 Legal intervention involving injury by tear gas, law enforcement official injured
  Y35.212 Legal intervention involving injury by tear gas, bystander injured
  Y35.213 Legal intervention involving injury by tear gas, suspect injured
Y35.29 Legal intervention involving other gas
  Y35.291 Legal intervention involving other gas, law enforcement official injured
  Y35.292 Legal intervention involving other gas, bystander injured
  Y35.293 Legal intervention involving other gas, suspect injured
Y35.3 Legal intervention involving blunt objects
  Legal intervention involving being hit or struck by blunt object
Y35.30 Legal intervention involving unspecified blunt objects
  Y35.301 Legal intervention involving unspecified blunt objects, law enforcement official injured
  Y35.302 Legal intervention involving unspecified blunt objects, bystander injured
  Y35.303 Legal intervention involving unspecified blunt objects, suspect injured
Y35.31 Legal intervention involving baton
  Y35.311 Legal intervention involving baton, law enforcement official injured
  Y35.312 Legal intervention involving baton,
bystander injured

Y35.313 Legal intervention involving baton, suspect injured

Y35.39 Legal intervention involving other blunt objects

Y35.391 Legal intervention involving other blunt objects, law enforcement official injured

Y35.392 Legal intervention involving other blunt objects, bystander injured

Y35.393 Legal intervention involving other blunt objects, suspect injured

Y35.4 Legal intervention involving sharp objects

Legal intervention involving being cut by sharp objects

Legal intervention involving being stabbed by sharp objects

Y35.40 Legal intervention involving unspecified sharp objects

Y35.401 Legal intervention involving unspecified sharp objects, law enforcement official injured

Y35.402 Legal intervention involving unspecified sharp objects, bystander injured

Y35.403 Legal intervention involving unspecified sharp objects, suspect injured

Y35.41 Legal intervention involving bayonet

Y35.411 Legal intervention involving bayonet, law enforcement official injured

Y35.412 Legal intervention involving bayonet, bystander injured

Y35.413 Legal intervention involving bayonet, suspect injured

Y35.49 Legal intervention involving other sharp objects

Y35.491 Legal intervention involving other sharp objects, law enforcement official injured

Y35.492 Legal intervention involving other sharp objects, bystander injured
Y35.493 Legal intervention involving other sharp objects, suspect injured

Y35.8 Legal intervention involving other specified means
   Y35.81 Legal intervention involving manhandling
      Y35.811 Legal intervention involving manhandling, law enforcement official injured
      Y35.812 Legal intervention involving manhandling, bystander injured
      Y35.813 Legal intervention involving manhandling, suspect injured
   Y35.89 Legal intervention involving other specified means
      Y35.891 Legal intervention involving other specified means, law enforcement official injured
      Y35.892 Legal intervention involving other specified means, bystander injured
      Y35.893 Legal intervention involving other specified means, suspect injured

Y35.9 Legal intervention, means unspecified
   Y35.91 Legal intervention, means unspecified, law enforcement official injured
   Y35.92 Legal intervention, means unspecified, bystander injured
   Y35.93 Legal intervention, means unspecified, suspect injured

Y36 Operations of war
   Includes: injuries to military personnel and civilians caused by war and civil insurrection
   Excludes: injury to military personnel occurring during peacetime military operations (Y37.-)
      military vehicles involved in transport accidents with non-military vehicle during peacetime (V09.01, V09.21, V19.81, V29.81, V39.81, V49.81, V59.81, V69.81, V79.81)
   The appropriate 7th character is to be added to each code from category Y36
      A initial encounter
      D subsequent encounter
      S sequela

Y36.0 War operations involving explosion of marine
weapons and military watercraft
Y36.0x War operations involving explosion of marine weapons and military watercraft
  War operations involving explosion of depth-charge
  War operations involving explosion of marine mine
  War operations involving explosion of mine NOS, at sea or in harbor
  War operations involving explosion of sea-based artillery shell
  War operations involving explosion of torpedo
  War operations involving underwater blast
  Y36.0x1 War operations involving explosion of marine weapons and military watercraft, military personnel injured due to enemy fire
  Y36.0x2 War operations involving explosion of marine weapons and military watercraft, military personnel injured due to friendly fire
  Y36.0x3 War operations involving explosion of marine weapons and military watercraft, civilian injured due to enemy fire
  Y36.0x4 War operations involving explosion of marine weapons and military watercraft, civilian injured due to friendly fire

Y36.1 War operations involving aircraft
  Y36.11 War operations involving helicopter
    Y36.111 War operations involving helicopter, military personnel injured due to enemy fire
    Y36.112 War operations involving helicopter, military personnel injured due to friendly fire
    Y36.113 War operations involving helicopter, civilian injured due to enemy fire
    Y36.114 War operations involving helicopter, civilian injured due to friendly fire
  Y36.12 War operations involving fixed-wing powered aircraft
    Y36.121 War operations involving fixed-wing powered aircraft, military personnel injured due to enemy fire
    Y36.122 War operations involving fixed-wing powered aircraft, military personnel injured due to friendly fire
Y36.123 War operations involving fixed-wing powered aircraft, civilian injured due to enemy fire
Y36.124 War operations involving fixed-wing powered aircraft, civilian injured due to friendly fire
Y36.13 War operations involving ultra-light or micro-light aircraft
  Y36.131 War operations involving ultra-light or micro-light aircraft, military personnel injured due to enemy fire
  Y36.132 War operations involving ultra-light or micro-light aircraft, military personnel injured due to friendly fire
  Y36.133 War operations involving ultra-light or micro-light aircraft, civilian injured due to enemy fire
  Y36.134 War operations involving ultra-light or micro-light aircraft, civilian injured due to friendly fire
Y36.19 War operations involving destruction of other aircraft
  Y36.191 War operations involving destruction of other aircraft, military personnel injured due to enemy fire
  Y36.192 War operations involving destruction of other aircraft, military personnel injured due to friendly fire
  Y36.193 War operations involving destruction of other aircraft, civilian injured due to enemy fire
  Y36.194 War operations involving destruction of other aircraft, civilian injured due to friendly fire
Y36.2 War operations involving other explosions and fragments
  Y36.2x War operations involving other explosions and fragments

  War operations involving accidental explosion of munitions being used in war
War operations involving accidental explosion of own weapons
War operations involving accidental explosion of antipersonnel bomb (fragments)
War operations involving blast NOS
War operations involving explosion from mine NOS
War operations involving explosion NOS
War operations involving explosion of artillery shell
War operations involving explosion of breech-block
War operations involving explosion of cannon block
War operations involving explosion of mortar bomb
War operations involving fragments from artillery shell
War operations involving fragments from bomb
War operations involving fragments from grenade
War operations involving fragments from guided missile
War operations involving fragments from land-mine
War operations involving fragments from rocket
War operations involving fragments from shell
War operations involving fragments from shrapnel

**Y36.2x1** War operations involving other explosions and fragments, military personnel injured due to enemy fire

**Y36.2x2** War operations involving other explosions and fragments, military personnel injured due to friendly fire

**Y36.2x3** War operations involving other explosions and fragments, civilian injured due to enemy fire

**Y36.2x4** War operations involving other explosions and fragments, civilian injured due to friendly fire

**Y36.3** War operations involving fires, conflagrations and hot substances

**Y36.31** Fire due to conventional weapon during war operations

**Y36.311** Fire due to conventional weapon during war operations, military personnel injured due to enemy fire

**Y36.312** Fire due to conventional weapon during war operations, military personnel injured due to friendly fire

**Y36.313** Fire due to conventional weapon during war operations, civilian injured due to enemy fire

**Y36.314** Fire due to conventional weapon
during war operations, civilian
injured due to friendly fire
Y36.32 Fire due to fire-producing device during war operations
  Y36.321 Fire due to fire-producing device
during war operations, military
personnel injured due to enemy fire
  Y36.322 Fire due to fire-producing device
during war operations, military
personnel injured due to friendly fire
  Y36.323 Fire due to fire-producing device
during war operations, civilian
injured due to enemy fire
  Y36.324 Fire due to fire-producing device
during war operations, civilian
injured due to friendly fire
Y36.33 Heat due to conventional weapon during war operations
  Y36.331 Heat due to conventional weapon
during war operations, military
personnel injured due to enemy fire
  Y36.332 Heat due to conventional weapon
during war operations, military
personnel injured due to friendly fire
  Y36.333 Heat due to conventional weapon
during war operations, civilian
injured due to enemy fire
  Y36.334 Heat due to conventional weapon
during war operations, civilian
injured due to friendly fire
Y36.34 Heat due to fire-producing device during war operations
  Y36.341 Heat due to fire-producing device
during war operations, military
personnel injured due to enemy fire
  Y36.342 Heat due to fire-producing device
during war operations, military
personnel injured due to friendly fire
  Y36.343 Heat due to fire-producing device
during war operations, civilian
injured due to enemy fire

Y36.344 Heat due to fire-producing device during war operations, civilian injured due to friendly fire

Y36.35 Other cause of injury due to fire, conflagrations and hot substances during war operations

Y36.351 Other cause of injury due to fire, conflagrations and hot substances during war operations, military personnel injured due to enemy fire

Y36.352 Other cause of injury due to fire, conflagrations and hot substances during war operations, military personnel injured due to friendly fire

Y36.353 Other cause of injury due to fire, conflagrations and hot substances during war operations, civilian injured due to enemy fire

Y36.354 Other cause of injury due to fire, conflagrations and hot substances during war operations, civilian injured due to friendly fire

Y36.4 War operations involving firearm discharge and other forms of conventional warfare

Y36.41 War operations involving firearm discharge

War operations involving bayonet injury
War operations involving carbine bullet
War operations involving machine gun bullet
War operations involving pellets (shotgun)
War operations involving pistol bullet
War operations involving rifle bullet

War operations involving rubber (rifle) bullet

Y36.411 War operations involving firearm discharge, military personnel injured due to enemy fire

Y36.412 War operations involving firearm discharge, military personnel injured due to friendly fire

Y36.413 War operations involving firearm discharge, civilian injured due to
enemy fire
Y36.414 War operations involving firearm discharge, civilian injured due to friendly fire

Y36.49 War operations involving other forms of conventional warfare
Y36.491 War operations involving other forms of conventional warfare, military personnel injured due to enemy fire
Y36.492 War operations involving other forms of conventional warfare, military personnel injured due to friendly fire
Y36.493 War operations involving other forms of conventional warfare, civilian injured due to enemy fire
Y36.494 War operations involving other forms of conventional warfare, civilian injured due to friendly fire

Y36.5 War operations involving nuclear weapons
Y36.51 Direct effects of nuclear weapons during war operations
Blast effects from nuclear weapons during war operations
Direct heat from nuclear weapon during war operations
Exposure to immediate ionizing radiation from nuclear weapon during war operations
Fireball effects from nuclear weapon during war operation
Y36.511 Direct effects of nuclear weapons during war operations, military personnel injured due to enemy fire
Y36.512 Direct effects of nuclear weapons during war operations, military personnel injured due to friendly fire
Y36.513 Direct effects of nuclear weapons during war operations, civilian injured due to enemy fire
Y36.514 Direct effects of nuclear weapons during war operations, civilian
injured due to friendly fire
Y36.52 Secondary effects of nuclear weapons during war operations
Blast wave from nuclear weapon during war operation
Fire following nuclear explosion during war operation
Y36.521 Secondary effects of nuclear weapons during war operations, military personnel injured due to enemy fire
Y36.522 Secondary effects of nuclear weapons during war operations, military personnel injured due to friendly fire
Y36.523 Secondary effects of nuclear weapons during war operations, civilian injured due to enemy fire
Y36.524 Secondary effects of nuclear weapons during war operations, civilian injured due to friendly fire

Y36.53 Sequela of nuclear weapons (during) (following) war operations
Exposure to residual radiation from nuclear weapons (during) (following) war operations
Ingestion of radioactive products from nuclear weapons (during) (following) war operations
Inhalation of radioactive products from nuclear weapons (during) (following) war operations
Y36.531 Sequela of nuclear weapons (during) (following) war operations, military personnel injured due to enemy fire
Y36.532 Sequela of nuclear weapons (during) (following) war operations, military personnel injured due to friendly fire
Y36.533 Sequela of nuclear weapons (during) (following) war operations, civilian
injured due to enemy fire
Y36.534 Sequela of nuclear weapons (during) (following) war operations, civilian injured due to friendly fire

Y36.6 War operations involving biological weapons
Y36.6x War operations involving biological weapons
Y36.6x1 War operations involving biological weapons, military personnel injured due to enemy fire
Y36.6x2 War operations involving biological weapons, military personnel injured due to friendly fire
Y36.6x3 War operations involving biological weapons, civilian injured due to enemy fire
Y36.6x4 War operations involving biological weapons, civilian injured due to friendly fire

Y36.7 War operations involving chemical weapons and other forms of unconventional warfare
Excludes2: war operations involving incendiary devices (Y36.3-, Y36.5-)
Y36.71 War operations involving chemical weapons
War operations involving gases, fumes and chemicals
Y36.711 War operations involving chemical weapons, military personnel injured due to enemy fire
Y36.712 War operations involving chemical weapons, military personnel injured due to friendly fire
Y36.713 War operations involving chemical weapons, civilian injured due to enemy fire
Y36.714 War operations involving chemical weapons, civilian injured due to friendly fire

Y36.79 War operations involving other forms of unconventional warfare
War operations involving lasers
Y36.791 War operations involving other forms of unconventional warfare, military personnel injured due to enemy fire
Y36.792 War operations involving other forms of unconventional warfare, military personnel injured due to friendly fire
Y36.793 War operations involving other forms of unconventional warfare, civilian injured due to enemy fire
Y36.794 War operations involving other forms of
unconventional warfare, civilian injured due to friendly fire

**Y36.9  War operations, unspecified**

**Y37  Military operations**

Includes: Injuries to military personnel and civilians occurring during peacetime on military property and during routine military exercises and operations

Excludes 1: military aircraft involved in aircraft accident with civilian aircraft (V97.81-)

military vehicles involved in transport accident with civilian vehicle (V09.01, V09.21, V19.81, V29.81, V39.81, V49.81, V59.81, V69.81, V79.81)

military watercraft involved in water transport accident with civilian watercraft (V94.81-)

war operations (Y36.-)

The appropriate 7th character is to be added to each code from category Y37

A  initial encounter

D  subsequent encounter

S  sequela

**Y37.0  Military operations involving explosion of marine weapons and military watercraft**

**Y37.0x Military operations involving explosion of marine weapons and military watercraft**

Military operations involving explosion of depth-charge

Military operations involving explosion of marine mine

Military operations involving explosion of mine NOS, at sea or in harbor

Military operations involving explosion of sea-based artillery shell

Military operations involving explosion of torpedo

Military operations involving underwater blast

**Y37.0x1  Military operations involving explosion of marine weapons and military watercraft, military personnel injured due to enemy fire**

**Y37.0x2  Military operations involving explosion of marine weapons and military watercraft, military personnel injured due to friendly fire**

**Y37.0x3  Military operations involving explosion of marine weapons and military watercraft, civilian injured due to enemy fire**

**Y37.0x4  Military operations involving explosion of marine weapons and military watercraft, civilian injured due to friendly fire**
Y37.11 Military operations involving helicopter
  Y37.111 Military operations involving helicopter, military personnel injured due to enemy fire
  Y37.112 Military operations involving helicopter, military personnel injured due to friendly fire
  Y37.113 Military operations involving helicopter, civilian injured due to enemy fire
  Y37.114 Military operations involving helicopter, civilian injured due to friendly fire

Y37.12 Military operations involving fixed-wing powered aircraft
  Y37.121 Military operations involving fixed-wing powered aircraft, military personnel injured due to enemy fire
  Y37.122 Military operations involving fixed-wing powered aircraft, military personnel injured due to friendly fire
  Y37.123 Military operations involving fixed-wing powered aircraft, civilian injured due to enemy fire
  Y37.124 Military operations involving fixed-wing powered aircraft, civilian injured due to friendly fire

Y37.13 Military operations involving ultra-light or micro-light aircraft
  Y37.131 Military operations involving ultra-light or micro-light aircraft, military personnel injured due to enemy fire
  Y37.132 Military operations involving ultra-light or micro-light aircraft, military personnel injured due to friendly fire
  Y37.133 Military operations involving ultra-light or micro-light aircraft, civilian injured due to enemy fire
  Y37.134 Military operations involving ultra-light or micro-light aircraft, civilian
injured due to friendly fire

Y37.19 Military operations involving destruction of other aircraft

Y37.191 Military operations involving destruction of other aircraft, military personnel injured due to enemy fire

Y37.192 Military operations involving destruction of other aircraft, military personnel injured due to friendly fire

Y37.193 Military operations involving destruction of other aircraft, civilian injured due to enemy fire

Y37.194 Military operations involving destruction of other aircraft, civilian injured due to friendly fire

Y37.2 Military operations involving other explosions and fragments

Y37.2x Military operations involving other explosions and fragments

Military operations involving accidental explosion of munitions being used in war
Military operations involving accidental explosion of own weapons
Military operations involving accidental explosion of antipersonnel bomb (fragments)
Military operations involving blast NOS
Military operations involving explosion from mine NOS
Military operations involving explosion NOS
Military operations involving explosion of artillery shell
Military operations involving explosion of breech-block
Military operations involving explosion of cannon block
Military operations involving explosion of mortar bomb
Military operations involving fragments from artillery shell
Military operations involving fragments from bomb
Military operations involving fragments from grenade
Military operations involving fragments from guided missile
Military operations involving fragments from land-mine
Military operations involving fragments from rocket
Military operations involving fragments from shell
Military operations involving fragments from shrapnel

Y37.2x1 Military operations involving other explosions and fragments, military personnel injured due to enemy fire
Y37.2x2 Military operations involving other explosions and fragments, military personnel injured due to friendly fire

Y37.2x3 Military operations involving other explosions and fragments, civilian injured due to enemy fire

Y37.2x4 Military operations involving other explosions and fragments, civilian injured due to friendly fire

Y37.3 Military operations involving fires, conflagrations and hot substances

Y37.31 Fire due to conventional weapon during military operations

Y37.311 Fire due to conventional weapon during military operations, military personnel injured due to enemy fire

Y37.312 Fire due to conventional weapon during military operations, military personnel injured due to friendly fire

Y37.313 Fire due to conventional weapon during military operations, civilian injured due to enemy fire

Y37.314 Fire due to conventional weapon during military operations, civilian injured due to friendly fire

Y37.32 Fire due to fire-producing device during military operations

Y37.321 Fire due to fire-producing device during military operations, military personnel injured due to enemy fire

Y37.322 Fire due to fire-producing device during military operations, military personnel injured due to friendly fire

Y37.323 Fire due to fire-producing device during military operations, civilian injured due to enemy fire

Y37.324 Fire due to fire-producing device during military operations, civilian injured due to friendly fire

Y37.33 Heat due to conventional weapon during
military operations

Y37.331 Heat due to conventional weapon during military operations, military personnel injured due to enemy fire
Y37.332 Heat due to conventional weapon during military operations, military personnel injured due to friendly fire
Y37.333 Heat due to conventional weapon during military operations, civilian injured due to enemy fire
Y37.334 Heat due to conventional weapon during military operations, civilian injured due to friendly fire

Y37.34 Heat due to fire-producing device during military operations

Y37.341 Heat due to fire-producing device during military operations, military personnel injured due to enemy fire
Y37.342 Heat due to fire-producing device during military operations, military personnel injured due to friendly fire
Y37.343 Heat due to fire-producing device during military operations, civilian injured due to enemy fire
Y37.344 Heat due to fire-producing device during military operations, civilian injured due to friendly fire

Y37.35 Other cause of injury due to fire, conflagrations and hot substances during military operations

Y37.351 Other cause of injury due to fire, conflagrations and hot substances during military operations, military personnel injured due to enemy fire
Y37.352 Other cause of injury due to fire, conflagrations and hot substances during military operations, military personnel injured due to friendly fire
Y37.353 Other cause of injury due to fire, conflagrations and hot substances
during military operations, civilian injured due to enemy fire

Y37.354 Other cause of injury due to fire, conflagrations and hot substances during military operations, civilian injured due to friendly fire

Y37.4 Military operations involving firearm discharge and other forms of conventional warfare

Y37.41 Military operations involving firearm discharge

Military operations involving bayonet injury
Military operations involving carbine bullet
Military operations involving machine gun bullet
Military operations involving pellets (shotgun)
Military operations involving pistol bullet
Military operations involving rifle bullet

Military operations involving rubber (rifle) bullet

Y37.411 Military operations involving firearm discharge, military personnel injured due to enemy fire

Y37.412 Military operations involving firearm discharge, military personnel injured due to friendly fire

Y37.413 Military operations involving firearm discharge, civilian injured due to enemy fire

Y37.414 Military operations involving firearm discharge, civilian injured due to friendly fire

Y37.49 Military operations involving other forms of conventional warfare

Y37.491 Military operations involving other forms of conventional warfare, military personnel injured due to enemy fire

Y37.492 Military operations involving other forms of conventional warfare, military personnel injured due to friendly fire

Y37.493 Military operations involving other forms of conventional warfare,
civilian injured due to enemy fire

Y37.494 Military operations involving other forms of conventional warfare, civilian injured due to friendly fire

Y37.5 Military operations involving nuclear weapons

Y37.51 Direct effects of nuclear weapons during military operations

Blast effects from nuclear weapons during military operations
Direct heat from nuclear weapon during military operations
Exposure to immediate ionizing radiation from nuclear weapon during military operations
Fireball effects from nuclear weapon during military operation

Y37.511 Direct effects of nuclear weapons during military operations, military personnel injured due to enemy fire

Y37.512 Direct effects of nuclear weapons during military operations, military personnel injured due to friendly fire

Y37.513 Direct effects of nuclear weapons during military operations, civilian injured due to enemy fire

Y37.514 Direct effects of nuclear weapons during military operations, civilian injured due to friendly fire

Y37.52 Secondary effects of nuclear weapons during military operations

Blast wave from nuclear weapon during military operation
Fire following nuclear explosion during military operation

Y37.521 Secondary effects of nuclear weapons during military operations, military personnel injured due to enemy fire

Y37.522 Secondary effects of nuclear weapons during military operations,
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>Y37.523</td>
<td>Secondary effects of nuclear weapons during military operations, civilian injured due to enemy fire</td>
</tr>
<tr>
<td>Y37.524</td>
<td>Secondary effects of nuclear weapons during military operations, civilian injured due to friendly fire</td>
</tr>
<tr>
<td>Y37.53</td>
<td>Sequela of nuclear weapons (during) (following) military operations</td>
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<td></td>
<td>Exposure to residual radiation from nuclear weapons (during) (following) military operations</td>
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<td></td>
<td>Ingestion of radioactive products from nuclear weapons (during) (following) military operations</td>
</tr>
<tr>
<td></td>
<td>Inhalation of radioactive products from nuclear weapons (during) (following) military operations</td>
</tr>
<tr>
<td>Y37.531</td>
<td>Sequela of nuclear weapons (during) (following) military operations, military personnel injured due to enemy fire</td>
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<tr>
<td>Y37.532</td>
<td>Sequela of nuclear weapons (during) (following) military operations, military personnel injured due to friendly fire</td>
</tr>
<tr>
<td>Y37.533</td>
<td>Sequela of nuclear weapons (during) (following) military operations, civilian injured due to enemy fire</td>
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<tr>
<td>Y37.534</td>
<td>Sequela of nuclear weapons (during) (following) military operations, civilian injured due to friendly fire</td>
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<tr>
<td>Y37.6</td>
<td>Military operations involving biological weapons</td>
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<tr>
<td>Y37.6x1</td>
<td>Military operations involving biological weapons, military personnel injured due to enemy fire</td>
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<td>Y37.6x2</td>
<td>Military operations involving</td>
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</tbody>
</table>
biological weapons, military personnel injured due to friendly fire

Y37.6x3 Military operations involving biological weapons, civilian injured due to enemy fire

Y37.6x4 Military operations involving biological weapons, civilian injured due to friendly fire

Y37.7 Military operations involving chemical weapons and other forms of unconventional warfare

Excludes2: military operations involving incendiary devices (Y36.3-, Y36.5-)

Y37.71 Military operations involving chemical weapons

Military operations involving gases, fumes and chemicals

Y37.711 Military operations involving chemical weapons, military personnel injured due to enemy fire

Y37.712 Military operations involving chemical weapons, military personnel injured due to friendly fire

Y37.713 Military operations involving chemical weapons, civilian injured due to enemy fire

Y37.714 Military operations involving chemical weapons, civilian injured due to friendly fire

Y37.79 Military operations involving other forms of unconventional warfare

Military operations involving lasers

Y37.791 Military operations involving other forms of unconventional warfare, military personnel injured due to enemy fire

Y37.792 Military operations involving other forms of unconventional warfare, military personnel injured due to friendly fire

Y37.793 Military operations involving other forms of unconventional warfare, civilian injured due to enemy fire

Y37.794 Military operations involving other forms of unconventional warfare, civilian injured due to friendly fire

Y37.9 Military operations, unspecified

Y38 Terrorism

These codes are for use to identify injuries resulting from the unlawful use of force or violence against persons or property to intimidate or coerce a Government, the civilian population, or any segment thereof, in
furtherance of political or social objective
Use additional code for place of occurrence (Y92.-)
The appropriate 7th character is to be added to each code from category Y38
A initial encounter
D subsequent encounter
S sequela

Y38.0 Terrorism involving explosion of marine weapons
Terrorism involving depth-charge
Terrorism involving marine mine
Terrorism involving mine NOS, at sea or in harbor
Terrorism involving sea-based artillery shell
Terrorism involving torpedo
Terrorism involving underwater blast
Y38.0x Terrorism involving explosion of marine weapons
  Y38.0x1 Terrorism involving explosion of marine weapons, public safety official injured
  Y38.0x2 Terrorism involving explosion of marine weapons, civilian injured
  Y38.0x3 Terrorism involving explosion of marine weapons, terrorist injured

Y38.1 Terrorism involving destruction of aircraft
Terrorism involving aircraft burned
Terrorism involving aircraft exploded
Terrorism involving aircraft being shot down
Terrorism involving aircraft used as a weapon
Y38.1x Terrorism involving destruction of aircraft
  Y38.1x1 Terrorism involving destruction of aircraft, public safety official injured
  Y38.1x2 Terrorism involving destruction of aircraft, civilian injured
  Y38.1x3 Terrorism involving destruction of aircraft, terrorist injured

Y38.2 Terrorism involving other explosions and fragments
Terrorism involving antipersonnel (fragments) bomb
Terrorism involving blast NOS
Terrorism involving explosion NOS
Terrorism involving explosion of breech block
Terrorism involving explosion of cannon block
Terrorism involving explosion (fragments) of artillery shell
Terrorism involving explosion (fragments) of bomb
Terrorism involving explosion (fragments) of grenade
Terrorism involving explosion (fragments) of guided missile
Terrorism involving explosion (fragments) of land mine
Terrorism involving explosion of mortar bomb
Terrorism involving explosion of munitions
Terrorism involving explosion (fragments) of rocket
Terrorism involving explosion (fragments) of shell
Terrorism involving shrapnel
Terrorism involving mine NOS, on land
Excludes1: terrorism involving explosion of nuclear weapon (Y38.5)
      terrorism involving suicide bomber (Y38.81)
Y38.2x Terrorism involving other explosions and fragments
   Y38.2x1 Terrorism involving other explosions and fragments, public safety official injured
   Y38.2x2 Terrorism involving other explosions and fragments, civilian injured
   Y38.2x3 Terrorism involving other explosions and fragments, terrorist injured
Y38.3 Terrorism involving fires, conflagration and hot substances
   Terrorism involving conflagration NOS
   Terrorism involving fire NOS
   Terrorism involving petrol bomb
Excludes1: terrorism involving fire or heat of nuclear weapon (Y38.5)
Y38.3x Terrorism involving fires, conflagration and hot substances
   Y38.3x1 Terrorism involving fires, conflagration and hot substances, public safety official injured
Y38.3x2 Terrorism involving fires, conflagration and hot substances, civilian injured
Y38.3x3 Terrorism involving fires, conflagration and hot substances, terrorist injured

Y38.4 Terrorism involving firearms
Terrorism involving carbine bullet
Terrorism involving machine gun bullet
Terrorism involving pellets (shotgun)
Terrorism involving pistol bullet
Terrorism involving rifle bullet
Terrorism involving rubber (rifle) bullet

Y38.4x Terrorism involving firearms
Y38.4x1 Terrorism involving firearms, public safety official injured
Y38.4x2 Terrorism involving firearms, civilian injured
Y38.4x3 Terrorism involving firearms, terrorist injured

Y38.5 Terrorism involving nuclear weapons
Terrorism involving blast effects of nuclear weapon
Terrorism involving exposure to ionizing radiation from nuclear weapon
Terrorism involving fireball effect of nuclear weapon
Terrorism involving heat from nuclear weapon

Y38.5x Terrorism involving nuclear weapons
Y38.5x1 Terrorism involving nuclear weapons, public safety official injured
Y38.5x2 Terrorism involving nuclear weapons, civilian injured
Y38.5x3 Terrorism involving nuclear weapons, terrorist injured

Y38.6 Terrorism involving biological weapons
Terrorism involving anthrax
Terrorism involving cholera
Terrorism involving smallpox

Y38.6x Terrorism involving biological weapons
Y38.6x1 Terrorism involving biological
weapons, public safety official injured
Y38.6x2 Terrorism involving biological weapons, civilian injured
Y38.6x3 Terrorism involving biological weapons, terrorist injured

Y38.7 Terrorism involving chemical weapons
Terrorism involving gases, fumes, chemicals
Terrorism involving hydrogen cyanide
Terrorism involving phosgene
Terrorism involving sarin
Y38.7x Terrorism involving chemical weapons
Y38.7x1 Terrorism involving chemical weapons, public safety official injured
Y38.7x2 Terrorism involving chemical weapons, civilian injured
Y38.7x3 Terrorism involving chemical weapons, terrorist injured

Y38.8 Terrorism involving other and unspecified means
Y38.80 Terrorism involving unspecified means
Terrorism NOS
Y38.81 Terrorism involving suicide bomber
Y38.811 Terrorism involving suicide bomber, public safety official injured
Y38.812 Terrorism involving suicide bomber, civilian injured
Y38.89 Terrorism involving other means
Terrorism involving drowning and submersion
Terrorism involving lasers
Terrorism involving piercing or stabbing instruments
Y38.891 Terrorism involving other means, public safety official injured
Y38.892 Terrorism involving other means, civilian injured
Y38.893 Terrorism involving other means, terrorist injured

Y38.9 Terrorism, secondary effects
This code is for use to identify injuries occurring subsequent to a terrorist attack, not due to the initial attack itself.

**Y38.9x Terrorism, secondary effects**
- **Y38.9x1** Terrorism, secondary effects, public safety official injured
- **Y38.9x2** Terrorism, secondary effects, civilian injured

categories Y40-Y59 have been deactivated. (See T36-T50 with final character 5)

**Complications of medical and surgical care (Y62-Y84)**

Includes: complications of medical devices surgical and medical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure

**Misadventures to patients during surgical and medical care (Y62-Y69)**

Excludes2: breakdown or malfunctioning of medical device (during procedure) (after implantation) (ongoing use) (Y70-Y82) surgical and medical procedures as the cause of abnormal reaction of the patient, without mention of misadventure at the time of the procedure (Y83-Y84)

Y60 deactivated. See complications within body system chapters

Y61 deactivated. See T81.5

**Y62 Failure of sterile precautions during surgical and medical care**
- **Y62.0** Failure of sterile precautions during surgical operation
- **Y62.1** Failure of sterile precautions during infusion or transfusion
- **Y62.2** Failure of sterile precautions during kidney dialysis and other perfusion
- **Y62.3** Failure of sterile precautions during injection or immunization
- **Y62.4** Failure of sterile precautions during endoscopic
examination
Y62.5 Failure of sterile precautions during heart catheterization
Y62.6 Failure of sterile precautions during aspiration, puncture and other catheterization
Y62.8 Failure of sterile precautions during other surgical and medical care
Y62.9 Failure of sterile precautions during unspecified surgical and medical care

Y63 Failure in dosage during surgical and medical care
Excludes2: accidental overdose of drug or wrong drug given in error (T36-T50)
Y63.0 Excessive amount of blood or other fluid given during transfusion or infusion
Y63.1 Incorrect dilution of fluid used during infusion
Y63.2 Overdose of radiation given during therapy
Y63.3 Inadvertent exposure of patient to radiation during medical care
Y63.4 Failure in dosage in electroshock or insulin-shock therapy
Y63.5 Inappropriate temperature in local application and packing
Y63.6 Underdosing and nonadministration of necessary drug, medicament or biological substance
Y63.61 Underdosing of necessary drug, medicament or biological substance
Y63.62 Nonadministration of necessary drug, medicament or biological substance
Y63.8 Failure in dosage during other surgical and medical care
Y63.9 Failure in dosage during unspecified surgical and medical care

Y64 Contaminated medical or biological substances
Y64.0 Contaminated medical or biological substance, transfused or infused
Y64.1 Contaminated medical or biological substance, injected or used for immunization
Y64.8 Contaminated medical or biological substance administered by other means
Y64.9 Contaminated medical or biological substance
administered by unspecified means
Administered contaminated medical or biological substance NOS

Y65 Other misadventures during surgical and medical care
  Y65.0 Mismatched blood in transfusion
  Y65.1 Wrong fluid used in infusion
  Y65.2 Failure in suture or ligature during surgical operation
  Y65.3 Endotracheal tube wrongly placed during anesthetic procedure
  Y65.4 Failure to introduce or to remove other tube or instrument
  Y65.5 Performance of inappropriate operation
  Y65.8 Other specified misadventures during surgical and medical care

Y66 Nonadministration of surgical and medical care
  Includes: premature cessation of surgical and medical care
  Excludes1: DNR status (Z66)
  palliative care (Z51.5)

Y69 Unspecified misadventure during surgical and medical care

Medical devices associated with adverse incidents in diagnostic and therapeutic use (Y70-Y82)

  Includes: breakdown or malfunction of medical devices (during use) (after implantation) (ongoing use)
  Excludes1: misadventure to patients during surgical and medical care, classifiable to Y60-Y69 (Y60-Y69)
  later complications following use of medical devices without breakdown or malfunctioning of device (Y83-Y84)

Y70 Anesthesiology devices associated with adverse incidents
  Y70.0 Diagnostic and monitoring anesthesiology devices associated with adverse incidents
  Y70.1 Therapeutic (nonsurgical) and rehabilitative anesthesiology devices associated with adverse incidents
incidents

Y70.2 Prosthetic and other implants, materials and accessory anesthesiology devices associated with adverse incidents

Y70.3 Surgical instruments, materials and anesthesiology devices (including sutures) associated with adverse incidents

Y70.8 Miscellaneous anesthesiology devices associated with adverse incidents, not elsewhere classified

Y71 Cardiovascular devices associated with adverse incidents

Y71.0 Diagnostic and monitoring cardiovascular devices associated with adverse incidents

Y71.1 Therapeutic (nonsurgical) and rehabilitative cardiovascular devices associated with adverse incidents

Y71.2 Prosthetic and other implants, materials and accessory cardiovascular devices associated with adverse incidents

Y71.3 Surgical instruments, materials and cardiovascular devices (including sutures) associated with adverse incidents

Y71.8 Miscellaneous cardiovascular devices associated with adverse incidents, not elsewhere classified

Y72 Otorhinolaryngological devices associated with adverse incidents

Y72.0 Diagnostic and monitoring otorhinolaryngological devices associated with adverse incidents

Y72.1 Therapeutic (nonsurgical) and rehabilitative otorhinolaryngological devices associated with adverse incidents

Y72.2 Prosthetic and other implants, materials and accessory otorhinolaryngological devices associated with adverse incidents

Y72.3 Surgical instruments, materials and otorhinolaryngological devices (including sutures) associated with adverse incidents
Y72.8 Miscellaneous otorhinolaryngological devices associated with adverse incidents, not elsewhere classified

Y73 Gastroenterology and urology devices associated with adverse incidents
Y73.0 Diagnostic and monitoring gastroenterology and urology devices associated with adverse incidents
Y73.1 Therapeutic (nonsurgical) and rehabilitative gastroenterology and urology devices associated with adverse incidents
Y73.2 Prosthetic and other implants, materials and accessory gastroenterology and urology devices associated with adverse incidents
Y73.3 Surgical instruments, materials and gastroenterology and urology devices (including sutures) associated with adverse incidents
Y73.8 Miscellaneous gastroenterology and urology devices associated with adverse incidents, not elsewhere classified

Y74 General hospital and personal-use devices associated with adverse incidents
Y74.0 Diagnostic and monitoring general hospital and personal-use devices associated with adverse incidents
Y74.1 Therapeutic (nonsurgical) and rehabilitative general hospital and personal-use devices associated with adverse incidents
Y74.2 Prosthetic and other implants, materials and accessory general hospital and personal-use devices associated with adverse incidents
Y74.3 Surgical instruments, materials and general hospital and personal-use devices (including sutures) associated with adverse incidents
Y74.8 Miscellaneous general hospital and personal-use devices associated with adverse incidents, not elsewhere classified

Y75 Neurological devices associated with adverse incidents
Y75.0  Diagnostic and monitoring neurological devices associated with adverse incidents
Y75.1  Therapeutic (nonsurgical) and rehabilitative neurological devices associated with adverse incidents
Y75.2  Prosthetic and other implants, materials and neurological devices associated with adverse incidents
Y75.3  Surgical instruments, materials and neurological devices (including sutures) associated with adverse incidents
Y75.8  Miscellaneous neurological devices associated with adverse incidents, not elsewhere classified

Y76  Obstetric and gynecological devices associated with adverse incidents
Y76.0  Diagnostic and monitoring obstetric and gynecological devices associated with adverse incidents
Y76.1  Therapeutic (nonsurgical) and rehabilitative obstetric and gynecological devices associated with adverse incidents
Y76.2  Prosthetic and other implants, materials and accessory obstetric and gynecological devices associated with adverse incidents
Y76.3  Surgical instruments, materials and obstetric and gynecological devices (including sutures) associated with adverse incidents
Y76.8  Miscellaneous obstetric and gynecological devices associated with adverse incidents, not elsewhere classified

Y77  Ophthalmic devices associated with adverse incidents
Y77.0  Diagnostic and monitoring ophthalmic devices associated with adverse incidents
Y77.1  Therapeutic (nonsurgical) and rehabilitative ophthalmic devices associated with adverse incidents
Y77.2  Prosthetic and other implants, materials and accessory ophthalmic devices associated with adverse incidents
Y77.3 Surgical instruments, materials and ophthalmic devices (including sutures) associated with adverse incidents
Y77.8 Miscellaneous ophthalmic devices associated with adverse incidents, not elsewhere classified

Y78 Radiological devices associated with adverse incidents
Y78.0 Diagnostic and monitoring radiological devices associated with adverse incidents
Y78.1 Therapeutic (nonsurgical) and rehabilitative radiological devices associated with adverse incidents
Y78.2 Prosthetic and other implants, materials and accessory radiological devices associated with adverse incidents
Y78.3 Surgical instruments, materials and radiological devices (including sutures) associated with adverse incidents
Y78.8 Miscellaneous radiological devices associated with adverse incidents, not elsewhere classified

Y79 Orthopedic devices associated with adverse incidents
Y79.0 Diagnostic and monitoring orthopedic devices associated with adverse incidents
Y79.1 Therapeutic (nonsurgical) and rehabilitative orthopedic devices associated with adverse incidents
Y79.2 Prosthetic and other implants, materials and accessory orthopedic devices associated with adverse incidents
Y79.3 Surgical instruments, materials and orthopedic devices (including sutures) associated with adverse incidents
Y79.8 Miscellaneous orthopedic devices associated with adverse incidents, not elsewhere classified

Y80 Physical medicine devices associated with adverse incidents
Y80.0 Diagnostic and monitoring physical medicine devices associated with adverse incidents
Y80.1 Therapeutic (nonsurgical) and rehabilitative physical medicine devices associated with adverse incidents
incidents
Y80.2 Prosthetic and other implants, materials and accessory physical medicine devices associated with adverse incidents
Y80.3 Surgical instruments, materials and physical medicine devices (including sutures) associated with adverse incidents
Y80.8 Miscellaneous physical medicine devices associated with adverse incidents, not elsewhere classified

Y81 General- and plastic-surgery devices associated with adverse incidents
Y81.0 Diagnostic and monitoring general- and plastic-surgery devices associated with adverse incidents
Y81.1 Therapeutic (nonsurgical) and rehabilitative general- and plastic-surgery devices associated with adverse incidents
Y81.2 Prosthetic and other implants, materials and accessory general- and plastic-surgery devices associated with adverse incidents
Y81.3 Surgical instruments, materials and general- and plastic-surgery devices (including sutures) associated with adverse incidents
Y81.8 Miscellaneous general- and plastic-surgery devices associated with adverse incidents, not elsewhere classified

Y82 Other and unspecified medical devices associated with adverse incidents
Y82.0 Other medical devices associated with adverse incidents
Y82.9 Unspecified medical devices associated with adverse incidents
Surgical and other medical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure (Y83-Y84)

Excludes1: misadventures to patients during surgical and medical care, classifiable to Y60-Y69 (Y60-Y69)

Y83 Surgical operation and other surgical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure

Y83.0 Surgical operation with transplant of whole organ as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure

Y83.1 Surgical operation with implant of artificial internal device as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure

Y83.2 Surgical operation with anastomosis, bypass or graft as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure

Y83.3 Surgical operation with formation of external stoma as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure

Y83.4 Other reconstructive surgery as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure

Y83.5 Amputation of limb(s) as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure

Y83.6 Removal of other organ (partial) (total) as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the
time of the procedure
Y83.8 Other surgical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Y83.9 Surgical procedure, unspecified as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure

Y84 Other medical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Y84.0 Cardiac catheterization as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Y84.1 Kidney dialysis as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Y84.2 Radiological procedure and radiotherapy as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Y84.3 Shock therapy as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Y84.4 Aspiration of fluid as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Y84.5 Insertion of gastric or duodenal sound as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Y84.6 Urinary catheterization as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Y84.7 Blood-sampling as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Y84.8 Other medical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Y84.9 Medical procedure, unspecified as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure

Y85-Y89 deactivated. 7th character S is to be used to indicate sequelae of external cause