

**THE NATIONAL SPINAL CORD INJURY DATABASE**  
**PERSONAL DATA**

*To be submitted on all patients - Registry and Form I patients*

System ID.....\_\_ 1. Patient Number .....

2. Alternate ID .....

3. Patient Name  
 \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
First MI Last

4. Social Security Number..... - - - - -

5. Date of Birth Modifier .....

6. Date of Birth..... / /

7. Address1 \_\_\_\_\_

8. Address2 \_\_\_\_\_

9. City \_\_\_\_\_

10. State \_\_\_\_

11. Current Zip Code ..... /

12. Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

13. Email \_\_\_\_\_

|              | <u><b>Contact 1</b></u> | <u><b>Contact 2</b></u> | <u><b>Contact 3</b></u> |
|--------------|-------------------------|-------------------------|-------------------------|
| 14. Name     | _____                   | _____                   | _____                   |
| 15. Relation | _____                   | _____                   | _____                   |
| 16. Address1 | _____                   | _____                   | _____                   |
| 17. Address2 | _____                   | _____                   | _____                   |
| 18. City     | _____                   | _____                   | _____                   |
| 19. State    | _____                   | _____                   | _____                   |
| 20. Zip Code | _____                   | _____                   | _____                   |
| 21. Phone    | _____                   | _____                   | _____                   |
| 22. Email    | _____                   | _____                   | _____                   |

# THE NATIONAL SPINAL CORD INJURY DATABASE

## Registry

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

|   | <u>Initial System Exam</u><br><i>(days only)</i>   | <u>Discharge</u>   |
|---|--|--|
| 12. Neuro Exam Date Modifier .....                          | __   | __   |
| 13. Date Neurologic Exam.....                               | __ / __ / __ __ __<br><span style="margin-left: 50px;">mm</span> <span style="margin-left: 50px;">dd</span> <span style="margin-left: 50px;">yyyy</span> | __ / __ / __ __ __<br><span style="margin-left: 50px;">mm</span> <span style="margin-left: 50px;">dd</span> <span style="margin-left: 50px;">yyyy</span> |
| 14. Category of Neurologic Impairment .....                 | __   | __   |
| 15. ASIA Impairment Scale .....                             | __   | __   |
| 16. Any Anal Sensation .....                                | __   | __   |
| 17. Any Voluntary Anal Sphincter Contraction.....           | __   | __   |
| 18. Sensory Level.....                                      | __ __ __ L __ __ __ R  | __ __ __ L __ __ __ R  |
| 19. Motor Level .....                                       | __ __ __ L __ __ __ R  | __ __ __ L __ __ __ R  |
| 20. Level Preserved Neurologic Function.....                | __ __ __ L __ __ __ R  | __ __ __ 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 .....                                     | __ / __ / __ __ __<br><span style="margin-left: 50px;">mm</span> <span style="margin-left: 50px;">dd</span> <span style="margin-left: 50px;">yyyy</span> | __ / __ / __ __ __<br><span style="margin-left: 50px;">mm</span> <span style="margin-left: 50px;">dd</span> <span style="margin-left: 50px;">yyyy</span> |

**THE NATIONAL SPINAL CORD INJURY DATABASE**

**FORM I**

*Unless indicated, data are to be collected on all patients*

- System ID ..... \_ \_ \_ Patient Number ..... \_ \_ \_ \_ \_
1. Date of Injury ..... \_ \_ / \_ \_ / \_ \_ \_ \_ \_ (mm/dd/yyyy)
  2. Date of First System Admission ..... \_ \_ / \_ \_ / \_ \_ \_ \_ \_ (mm/dd/yyyy)
  3. Date of First System Inpatient Rehab Modifier ..... \_ \_
  4. Date of First System Inpatient Rehab Admission ..... \_ \_ / \_ \_ / \_ \_ \_ \_ \_ (mm/dd/yyyy)
  5. Number of Days from Injury to
    - A. First System Admission ..... \_ \_ \_ \_ \_ *computer-generated*
    - R. First System Inpatient Rehab Admission ..... \_ \_ \_ \_ \_ *computer-generated*
  6. Date of Discharge ..... \_ \_ / \_ \_ / \_ \_ \_ \_ \_ (mm/dd/yyyy)
  7. Number of Short term Discharge Days
    - A. Between Acute Care and Rehab ..... \_ \_ \_ \_ \_
    - R. During Rehab ..... \_ \_ \_ \_ \_
  8. Number of Days Hospitalized in the System's
    - A. Acute Care Unit ..... \_ \_ \_ \_ \_ (*computer-generated*)
    - R. Inpatient Rehab Unit ..... \_ \_ \_ \_ \_ (*computer-generated*)
  9. Age At Injury ..... \_ \_ \_ \_ \_
  10. Sex ..... \_ \_
  11. Racial or Ethnic Group ..... \_ \_
  12. Hispanic Origin ..... \_ \_
  13. Is English The Patient's Primary Language? ..... \_ \_
  14. Traumatic Etiology ..... \_ \_
  15. External Cause of Injury ..... \_ \_ \_ \_ . \_ \_ \_ \_
  16. SCI Nature of Injury ..... \_ \_ \_ \_ . \_ \_ \_ \_
  17. Work Relatedness ..... \_ \_
  18. Place of Residence at Injury ..... \_ \_
  19. Place of Residence at Discharge ..... \_ \_
  20. Resides in Catchment Area at Discharge ..... \_ \_
  21. Marital Status at Injury ..... \_ \_
  22. Level of Education ..... \_ \_
  23. Primary Occupational, Educational or Training Status ..... \_ \_
  24. Job Census Code ..... \_ \_
  25. Are You A Veteran Of The U.S. Military Forces? ..... \_ \_

# THE NATIONAL SPINAL CORD INJURY DATABASE

## FORM I

*Unless indicated, data are to be collected on all patients*

System ID ..... \_ \_ \_ Patient Number ..... \_ \_ \_ \_ \_

### NEUROLOGIC EXAM

|   | <u>Initial System Exam</u><br><i>(days only)</i> | <u>Admit to System Inpatient Rehab</u> | <u>Discharge</u>             |
|---|--|--|------------------------------|
| 26. Neuro Exam Date Modifier .....                              | _____  | _____                                  | _____                        |
| 27. Date Neurologic Exam .....                                  | ____/____/____<br>mm dd yyyy                     | ____/____/____<br>mm dd yyyy           | ____/____/____<br>mm dd yyyy |
| 28. Category of Neurologic Impairment .....                     | _____  | _____                                  | _____                        |
| 29. ASIA Impairment Scale .....                                 | _____  | _____                                  | _____                        |
| 30. ASIA Motor Index Score                                      | Left    Right                                    | Left    Right                          | Left    Right                |
| Elbow flexors (biceps, brachialis) C5                           | ___  | ___                                    | ___                          |
| Wrist extensors (extensor carpi radialis longus&brevis) C6      | ___  | ___                                    | ___                          |
| Elbow extensors (triceps) C7                                    | ___  | ___                                    | ___                          |
| Finger flexors to the middle finger C8                          | ___  | ___                                    | ___                          |
| Small finger abductors(abductor digiti minimi) T1               | ___  | ___                                    | ___                          |
| Hip flexors(iliopsoas) L2                                       | ___  | ___                                    | ___                          |
| Knee extensors(quadriceps) L3                                   | ___  | ___                                    | ___                          |
| Ankle dorsiflexors (tibialis anterior) L4                       | ___  | ___                                    | ___                          |
| Long toe extensors(extensor hallucis longus) L5                 | ___  | ___                                    | ___                          |
| Ankle plantarflexors(gastrocnemius, soleus) S1                  | ___  | ___                                    | ___                          |
|   | Subtotal*  | ___                                    | ___                          |
|   | Total*   | ___                                    | ___                          |
| 31. Any Anal Sensation .....                                    | _____  | _____                                  | _____                        |
| 32. Any Voluntary Anal Sphincter Contraction .....              | _____  | _____                                  | _____                        |
| 33. Sensory Level.....  | ___ L    ___ R                                   | ___ L    ___ R                         | ___ L    ___ R               |
| 34. Motor Level .....   | ___ L    ___ R                                   | ___ L    ___ R                         | ___ L    ___ R               |
| 35. Level Preserved Neurologic Function .....                   | ___ L    ___ R                                   | ___ L    ___ R                         | ___ L    ___ R               |
| 36. Vertebral Injury .....                                      | _____  | _____                                  | _____                        |
| 37. Associated Injury .....                                     | _____  | _____                                  | _____                        |
| 38. Spinal Surgery .....  | _____  | _____                                  | _____                        |
| 39. Halo device at Rehab Discharge .....                        | _____  | _____                                  | _____                        |
| 40. Thoracolumbosacral orthosis (TLSO) at Rehab Discharge ..... | _____  | _____                                  | _____                        |

|   | <u>Admit to System Inpatient Rehab</u> | <u>Discharge</u> |
|---|--|------------------|
| 41. Method of Bladder Management.....           | _____                                  | _____            |
| 42. Utilization of Mechanical Ventilation ..... | _____                                  | _____            |
| 43. Height.....                                 | _____                                  | _____ (inches)   |
| 44. 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 ..... \_\_\_\_\_

|         |                   | <u>Inpatient Rehab</u>    |                  |
|---------|-------------------|---------------------------|------------------|
|         |                   | <u>Admit</u>              | <u>Discharge</u> |
| 45. FIM | 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. Walk or Wheelchair     | —                |
|         |                   | LM. Mode of Locomotion    | —                |
|         |                   | M. Stairs                 | —                |
|         |                   | T. Total Motor Score      | — *      — *     |

Collect the FIM on those persons whose current age is 6 years or older

*\* computer-generated*

**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? ..... 

|   |   |   |   |   |
|---|---|---|---|---|
| _ | _ | _ | _ | _ |
| 1 | 2 | 3 | 4 | 5 |

**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     | #1 | #2 | #3 | #4 | #5 | #6 | #7 | 8+ |
|     | 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

System ID ..... Patient Number ..... 1. Post-injury Year .....

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.

# 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 ..... \_ \_

**ALL OF THE VARIABLES ON THIS PAGE ARE TO BE COLLECTED ONLY AT YEAR 01 (OR YEAR 02 \*)**

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.

**NEUROLOGIC EXAM** [Data are required for year 01 (or year 02\*); data for subsequent years are optional]

82. Category of Neurologic Impairment ..... \_

83. ASIA Impairment Scale ..... \_

84. ASIA Motor Index Score Left Right

|   |                |                            |
|---|----------------|----------------------------|
| Elbow flexors (biceps, brachialis)                      | C5..... _      | _                          |
| Wrist extensors (extensor carpi radialis longus&brevis) | C6..... _      | _                          |
| Elbow extensors (triceps)                               | C7..... _      | _                          |
| Finger flexors to the middle finger                     | C8..... _      | _                          |
| Small finger abductors(abductor digiti minimi)          | T1..... _      | _                          |
| Hip flexors(iliopsoas)                                  | L2..... _      | _                          |
| Knee extensors(quadiceps)                               | L3..... _      | _                          |
| Ankle dorsiflexors (tibialis anterior)                  | L4..... _      | _                          |
| Long toe extensors(extensor hallucis longus)            | L5..... _      | _                          |
| Ankle plantarflexors(gastrocnemius, soleus)             | S1..... _      | _                          |
|   | Subtotal ..... | _____ (computer-generated) |
|   | Total.....     | _____ (computer-generated) |

85. Any Anal Sensation ..... \_

86. Any Voluntary Anal Sphincter Contraction ..... \_

|   | <u>Left</u> | <u>Right</u>               |
|---|-------------|----------------------------|
| 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.***

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**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.*