

Keys

Center ID _____

Subject ID _____

Staff initials _____

Did participant consent to FITBIR GUID? _____

1 - Consented; 2 - Deceased prior; 3 - Did Not Consent; 77 - Refused

Real GUID _____

Acute

Sex _____

1 - Female; 2 - Male; 99 - Unknown

Height in inches _____

888 - Not Applicable (Any Arm Or Leg Amputation); 999 - Unknown

Weight in pounds _____

8888 - Not Applicable (Any Arm Or Leg Amputation); 9999 - Unknown

Date of injury _____

09/09/9999 - Unknown

Date of model system ER admit _____

Date of acute care discharge _____

08/08/8888 - Not Applicable; 09/09/9999 - Unknown

Primary acute payor _____

1 - Medicare; 2 - Medicaid; 3 - Workers Compensation; 4 - Private Insurance [Employee Insurance, Privately Purchased Policies such as BCBS, HMO, PPO, TRICARE/TRIWEST, Federal Exchanges, etc.]; 7 - Self or Private Pay; 8 - State or County [State Crippled Children, Department Of Rehab, etc.]; 10 - Auto Insurance; 14 - Charity [Hospital Provided Free Care]; 15 - Other; 55 - Payor Source Pending; 999 - Unknown

Secondary acute payor _____

1 - Medicare; 2 - Medicaid; 3 - Workers Compensation; 4 - Private Insurance [Employee Insurance, Privately Purchased Policies such as BCBS, HMO, PPO, TRICARE/TRIWEST, Federal Exchanges, etc.]; 7 - Self or Private Pay; 8 - State or County [State Crippled Children, Department Of Rehab, etc.]; 10 - Auto Insurance; 14 - Charity [Hospital Provided Free Care]; 15 - Other; 55 - Payor Source Pending; 888 - Not Applicable: No secondary payor; 999 - Unknown

Cause of injury

1 - Motor Vehicle [Does not include auto racing. Auto racing is coded 18]; **2** - Motorcycle [2-wheeled, motorized vehicle including mopeds, motorized dirt bikes, and motorized scooters]; **3** - Bicycle [Includes tricycles and unicycles]; **4** - All-Terrain Vehicle (ATV) and All-Terrain Cycle (ATC) [Includes both 3-wheeled and 4-wheeled recreational]; **5** - Other Vehicular: Unclassified [Includes tractor, bulldozer, steam roller, train, road grader, forklift, aircraft]; **10** - Gunshot Wound; **11** - Assaults With Blunt Instrument [Non-penetrating]; **12** - Other Violence [Includes all other penetrating wounds: stabbing, impalement. Also includes explosions.]; **13** - Water Sports [Includes diving, water skiing, surfing (includes body surfing), swimming, boating, etc.]; **14** - Field/Track Sports [Includes football, baseball, softball, basketball, volleyball, field hockey, lacrosse, soccer,]; **15** - Gymnastic Activities [Includes trampoline, breakdancing and other gym activities]; **16** - Winter Sports [Includes snow skiing, sled, snow tube, toboggan, snowmobile, etc.]; **17** - Air Sports [Includes hang gliding, parachuting, para-sailing, glider kite, etc. (Does not include airplane. Airplane)]; **18** - Other Sports [Includes wrestling, horseback riding, rodeo (e.g. bronco/bull riding), skateboard, auto]; **19** - Fall [Includes jumping and being pushed]; **20** - Hit By Falling/Flying Object [Includes ditch cave-in, avalanche, rock slide]; **21** - Pedestrian; **22** - Other Unclassified [Includes lightning, kicked by an animal, machinery accidents]; **999** – Unknown

Include the preceding "V", "W", "X", or "Y" for ICD-10 External cause of injury codes

ICD External cause of injury code 1 _____

ICD External cause of injury code 2 _____

88888 - Not Applicable [No other E-codes]; **99999** – Unknown

ICD

ICD Diagnosis Codes *Do NOT include V, W, X or Y codes here. If more than 20 codes, use back of form to record remaining codes.*

Code 1: _____

Code 11: _____

Code 2: _____

Code 12: _____

Code 3: _____

Code 13: _____

Code 4: _____

Code 14: _____

Code 5: _____

Code 15: _____

Code 6: _____

Code 16: _____

Code 7: _____

Code 17: _____

Code 8: _____

Code 18: _____

Code 9: _____

Code 19: _____

Code 10: _____

Code 20: _____

Severity

Spinal cord injury

0 - No; 1 - Yes; 99 - Unknown

GCS Eye opening

1 - None; 2 - To Pain; 3 - To Voice; 4 - Spontaneous; 7 - Chemically Paralyzed or Sedated; 99 - Unknown

GCS Verbal

1 - None; 2 - Incomprehensible Sounds; 3 - Inappropriate Speech; 4 - Confused; 5 - Oriented; 7 - Chemically Paralyzed or Sedated; 8 - Intubated; 99 - Unknown

GCS Motor

1 - None; 2 - Extension to Pain; 3 - Flexion to Pain; 4 - Withdraws from Pain; 5 - Localizes Pain; 6 - Obeys Commands; 7 - Chemically Paralyzed or Sedated; 99 - Unknown

GCS Total

77 - Chemically Paralyzed or Sedated; 88 - Intubated; 999 - Unknown

Respiratory rate at admission to ED

888 - Unmeasurable: Bagged or on mechanical ventilation; 999 - Unknown

Systolic blood pressure at admission to ED

8888 - Unmeasurable; 9999 - Unknown

Date able to follow commands

08/08/8888 - Patient Never Able to Follow Simple Motor Commands; 09/09/9999 - Unknown

Intracranial hypertension

1 - Monitored, no ICP \geq 20 mm/Hg; 2 - ICP Fluctuations Are Evident Where Peaks Of \geq 20 mm/Hg Occur Within One 24 Hour Span; 3 - ICP Fluctuations Are Evident Where Peaks Of \geq 20mm/Hg Occur Over More Than A 24 Hour Span; 4 - ICP Evident Where ICP \geq 20mm/Hg Is Sustained For Greater Than A 24 Hour Period; 88 - Not Monitored; 99 - Unknown

Craniotomy/Craniectomy

1 - Neither Craniotomy Nor Craniectomy; 2 - Craniotomy; 3 - Craniectomy; 4 - Both: Separate Procedures; 99 - Unknown

Date emerged from PTA

08/08/8888 - Not Applicable: Still in PTA at discharge; 09/09/9999 - Unknown

Method of PTA determination

1 - Acute Chart Review; 2 - GOAT; 3 - GOAT-R; 4 - O-Log; 5 - Clinical Judgement [GOAT/O-Log not possible due to language functioning]; 6 - Non-Verbal Version of the O-Log; 88 - Not Applicable: PTA has not been tracked

Rehab

Date of rehab admit _____/_____/_____

Date of rehab discharge _____/_____/_____

08/08/8888 - Not Applicable; 09/09/9999 - Unknown

First interruption start date _____/_____/_____

First interruption end date _____/_____/_____

Second interruption start date _____/_____/_____

Second interruption end date _____/_____/_____

08/08/8888 - Not Applicable; 09/09/9999 - Unknown

Date of death _____/_____/_____

08/08/8888 - Not Applicable; 09/09/9999 - Unknown

** If patient is expired during rehab, code Causes of Death as "44444 - Person Expired But Cause Unknown". ICD 10 codes to be assigned by NDSC staff only.*

Primary cause of death ICD diagnosis code _____

Secondary cause of death ICD diagnosis code _____

External cause of death ICD code _____

44444 - Person Expired But Cause Unknown; 88888 - Not Applicable [Person alive or no other internal cause of death indicated, or death due to external causes]; 99999 - Unknown, if Person Expired

Primary rehabilitation payor _____

1 - Medicare; 2 - Medicaid; 3 - Workers Compensation; 4 - Private Insurance [Employee Insurance, Privately Purchased Policies such as BCBS, HMO, PPO, TRICARE/TRIWEST, Federal Exchanges, etc.]; 7 - Self or Private Pay; 8 - State or County [State Crippled Children, Department Of Rehab, etc.]; 14 - Charity [Hospital Provided Free Care]; 10 - Auto Insurance; 15 - Other; 55 - Payor Source Pending; 999 - Unknown

Secondary rehabilitation payor _____

1 - Medicare; 2 - Medicaid; 3 - Workers Compensation; 4 - Private Insurance [Employee Insurance, Privately Purchased Policies such as BCBS, HMO, PPO, TRICARE/TRIWEST, Federal Exchanges, etc.]; 7 - Self or Private Pay; 8 - State or County [State Crippled Children, Department Of Rehab, etc.]; 14 - Charity [Hospital Provided Free Care]; 10 - Auto Insurance; 15 - Other; 55 - Payor Source Pending; 888 - Not Applicable: No secondary payor; 999 - Unknown

Primary person living with after rehab discharge _____

1 - Alone; 2 - With spouse or significant other; 3 - Other family; 4 - Someone else; 88 - NA: Expired in Rehab; 99 - Unknown

Residence after rehab discharge _____

1 - Private Residence [Includes house, apartment, mobile home, foster home, condominium, dormitory (school, church, college), military barracks, boarding school, boarding home, rooming house, bunk-house, boys ranch, fraternity/sorority house, commune, migrant farmworkers camp]; 2 - Nursing Home/Subacute Care [Includes medi-center, residential, institutions licensed as hospitals but providing essentially long-term, custodial, chronic disease care, etc.]; 3 - Adult Home [Includes adult foster care, independent living center, transitional living facility, assisted living, supported living, group home]; 4 - Correctional Institution [Includes prison, jail, penitentiary, correctional center, labor camp, halfway house, etc.]; 5 - Hotel/Motel [Includes YWCA, YMCA, guest ranch, inn]; 6 - Homeless [Includes a shelter for the homeless]; 7 - Hospital: Acute care; 8 - Hospital: Rehabilitation; 9 - Hospital: Other [Includes mental hospital, inpatient drug treatment]; 10 - Other; 888 - Not Applicable: Expired in rehab; 999 - Unknown

Zip code after rehab discharge _____

88888 - Not Applicable [Expired in Rehab; Outside US]; 99999 - Unknown

Evidence of seizure post-injury _____

0 - No; 1 - Yes; 99 - Unknown

If seizures are present, may include seizures at more than one time point

Seizures during first 24 hours after injury _____

Seizures between 24 hours and 7 days after injury _____

Seizure more than 7 days after injury _____

0 - No; 1 - Yes; 88 - Not Applicable; 99 - Unknown

FIM

FIM Cognitive Method of Data Collection

1 - Assessed By Clinical Staff Following UDS Rules; **2** - Assessed By Clinical Staff, Single Administration; **3** - Abstracted From Medical Record [(e.g., Reading Clinical Notes In The Medical Record To Determine Score)]; **4** - Assessed By Research Staff Following UDS Rules; **5** - Assessed By Research Staff, Single Administration; **6** - Assessed By Consulting Clinical Staff; **7** - Assessed Using A Mixture Of Above [(Describe Method In Open Text Field)]; **88** - Not applicable; **99** - Unknown

Description of Method if Multiple Methods Used

ADMISSION FIM: COGNITIVE

Comprehension

Expression

Social interaction

Problem solving

Memory

1 - Total Assist [$< 25\%$]; **2** - Maximal Assist [25 - 49%]; **3** - Moderate Assist [50 - 74%]; **4** - Minimal Assist [$\geq 75\%$]; **5** - Supervision [100%]; **6** - Modified Independence [Extra time, device]; **7** - Complete Independence [Timely, safely]; **99** - Unknown

DISCHARGE FIM: COGNITIVE

Comprehension

Expression

Social interaction

Problem solving

Memory

1 - Total Assist [$< 25\%$]; **2** - Maximal Assist [25 - 49%]; **3** - Moderate Assist [50 - 74%]; **4** - Minimal Assist [$\geq 75\%$]; **5** - Supervision [100%]; **6** - Modified Independence [Extra time, device]; **7** - Complete Independence [Timely, safely]; **99** - Unknown

CARE

ADMISSION CARE TOOL: SELF CARE

A. Eating:

B. Oral hygiene:

C. Toileting hygiene:

E. Shower/bathe self:

F. Upper body dressing:

G. Lower body dressing:

H. Putting on/taking off footwear:

1 - Dependent; 2 - Substantial/maximal assistance; 3 - Partial/moderate assistance; 4 - Supervision or touching assistance; 5 - Setup or clean-up assistance; 6 - Independent; 77 - Patient refused; 81 - Not applicable; 82 - Not attempted due to environmental limitations; 83 - Not attempted due to medical condition or safety concerns; 84 - Did not meet criteria for administration; 99 - Unknown

ADMISSION CARE TOOL: MOBILITY

A. Roll left and right:

B. Sit to lying:

C. Lying to sitting on side of bed:

D. Sit to stand:

E. Chair/bed-to-chair transfer:

F. Toilet transfer:

G. Car transfer:

I. Walk 10 feet:

J. Walk 50 feet with two turns:

K. Walk 150 feet:

L. Walking 10 feet on uneven surfaces:

M. 1 step (curb):

N. 4 steps:

O. 12 steps:

P. Picking up object:

Q1. Does the patient use a wheelchair/scooter?

0 - No; 1 - Yes

R. Wheel 50 feet with two turns:

RR1. Indicate the type of wheelchair/scooter used.

1 - Manual; 2 - Motorized; 88 - N/A

S. Wheel 150 feet:

SS1. Indicate the type of wheelchair/scooter used.

1 - Manual; 2 - Motorized; 88 - N/A

1 - Dependent; 2 - Substantial/maximal assistance; 3 - Partial/moderate assistance; 4 - Supervision or touching assistance; 5 - Setup or clean-up assistance; 6 - Independent; 77 - Patient refused; 81 - Not applicable; 82 - Not attempted due to environmental limitations; 83 - Not attempted due to medical condition or safety concerns; 84 - Did not meet criteria for administration; 99 - Unknown

DISCHARGE CARE TOOL: SELF CARE

A. Eating:

B. Oral hygiene:

C. Toileting hygiene:

E. Shower/bathe self:

F. Upper body dressing:

G. Lower body dressing:

H. Putting on/taking off footwear:

1 - Dependent; 2 - Substantial/maximal assistance; 3 - Partial/moderate assistance; 4 - Supervision or touching assistance; 5 - Setup or clean-up assistance; 6 - Independent; 77 - Patient refused; 81 - Not applicable; 82 - Not attempted due to environmental limitations; 83 - Not attempted due to medical condition or safety concerns; 84 - Did not meet criteria for administration; 99 - Unknown

DISCHARGE CARE TOOL: MOBILITY

A. Roll left and right:

B. Sit to lying:

C. Lying to sitting on side of bed:

D. Sit to stand:

E. Chair/bed-to-chair transfer:

F. Toilet transfer:

G. Car transfer:

I. Walk 10 feet:

J. Walk 50 feet with two turns:

K. Walk 150 feet:

L. Walking 10 feet on uneven surfaces:

M. 1 step (curb):

N. 4 steps:

O. 12 steps:

P. Picking up object:

Q3. Does the patient use a wheelchair/scooter?

0 - No; 1 - Yes

R. Wheel 50 feet with two turns:

RR3. Indicate the type of wheelchair/scooter used.

1 - Manual; 2 - Motorized; 88 - N/A

S. Wheel 150 feet:

SS3. Indicate the type of wheelchair/scooter used.

1 - Manual; 2 - Motorized; 88 - N/A

1 - Dependent; 2 - Substantial/maximal assistance; 3 - Partial/moderate assistance; 4 - Supervision or touching assistance; 5 - Setup or clean-up assistance; 6 - Independent; 77 - Patient refused; 81 - Not applicable; 82 - Not attempted due to environmental limitations; 83 - Not attempted due to medical condition or safety concerns; 84 - Did not meet criteria for administration; 99 - Unknown