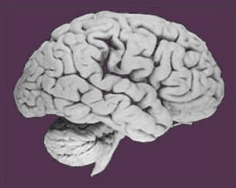

Traumatic Brain Injury Model Systems
PRC Syllabus

Syllabus Pages

Revised between

01/01/2010 - 02/07/2018

A Traumatic Brain Injury Model Systems National Data and Statistical Center Publication

DEFINITION

Person who completed the Pre-Injury History Interview or Questionnaire.

VARIABLES

Name	Description	Date Added	Date Removed
DataFrom	**Data collected from**	**01/15/2017**	
Question:	**Data collected from**		
0	Participant	*01/15/2017*	
1	Spouce	*01/15/2017*	
2	Parent(s)	*01/15/2017*	
3	Sibling	*01/15/2017*	
4	Adult Child	*01/15/2017*	
5	Boyfriend, girlfriend, fiance	*01/15/2017*	
7	Other relative	*01/15/2017*	
8	Friend	*01/15/2017*	
9	Professional Caregiver	*01/15/2017*	
66	VariabelDid not exist	*01/15/2017*	
77	Other relative	*01/15/2017*	
88	NA	*01/15/2017*	
99	Unknown	*01/15/2017*	

NOTE

Code the person who completed the PreInjury History Interview or Questionnaire.

If data was collected from more than one person, code the person that the most information was collected from.

HISTORY

Date of Change	Description
01/15/2017	Variable added to the database

DEFINITION

Primary method of data collection used to complete the PreInjury History Interview or Questionnaire.

VARIABLES

Name	Description	Date Added	Date Removed
DataMethod	**Data collection method**	**01/15/2017**	
Question:	**Data collection method**		
1	PIH Interview	*01/15/2017*	
2	PIH Questionairre	*01/15/2017*	
3	Spanish PIH Questionairre	*01/15/2017*	
4	Professional Translator: Spanish	*01/15/2017*	
5	Professional Translator: Other language	*01/15/2017*	
6	Other translator: Spanish	*01/15/2017*	
7	Other tranlator: Other language	*01/15/2017*	
66	Variable did not exist	*01/15/2017*	
77	Other	*01/15/2017*	
88	NA	*01/15/2017*	
99	Unknown	*01/15/2017*	

CODE

Code the method of data collection used to complete the PreInjury History Interview or Questionnaire.

If more than one method was used, code the method that the most information was collected from.

HISTORY

Date of Change	Description
01/15/2017	Variable added to the database

DEFINITION

The "Index TBI" set of variables includes the following:

1. Index TBI Date - Date of TBI that led to PRC admission
2. Index TBI Date Estimated
3. Index TBI Self-Reported

VARIABLES

Name	Description	Date Added	Date Removed
IndexDate	**Index TBI Date**	**02/01/2009**	
Question:	**Index TBI Date**		
09/09/9999	Unknown	*02/01/2009*	
IndexEstimate	**Index TBI Date: Estimated**	**02/01/2009**	
Question:	**Index TBI Date Estimated**		
1	No	*02/01/2009*	
2	Yes	*02/01/2009*	
8	Not Applicable	*02/01/2009*	
9	Unknown	*02/01/2009*	
IndexSelfReport	**Index TBI Self-Reported**	**02/01/2009**	
Question:	**Index TBI Self-Reported**		
1	No	*02/01/2009*	
2	Yes	*02/01/2009*	
8	Not Applicable	*02/01/2009*	
9	Unknown	*02/01/2009*	

CODE

Index TBI Date: MM/DD/YYYY

NOTE

For estimated dates identify the mid-point of the estimated time period. For example if a person was injured in the first part of January use 1/1/YYYY, toward the end of January code 1/31/YYYY, mid month would be 1/15/YYYY.

Self-report will only be coded "yes" in the absence of medical documentation.

The Blast Experience Questionnaire will be used to determine the worst experience as the point of reference for the date of the index TBI. If dates of these occurrences can only be estimated, use the midpoint of the estimates to determine the date of the index TBI. (See external link for the Blast Experience Questionnaire)

In the case where there are multiple mild events, and it is not clear that one event was more severe than the others, the most recent event that caused the admission to the PRC would be coded as the index TBI.

EXAMPLE

Patient sustained a TBI during combat on 1/2/2009.

Index TBI Date = 1/2/2009
Index TBI Date Estimated = 1 No
Index TBI Date Self-reported = 1 No

HISTORY

Date of Change	Description
12/01/2017	Added NOTE: In the case where there are multiple mild events, and it is not clear that one event was more severe than the others, the most recent event that caused the admission to the PRC would be coded as the index TBI.

SOURCE

QUESTIONS

QUESTION: Person entered hospital NOT for TBI. Received a TBI in hospital. How to handle various issues in coding?

ANSWER: If in-house TBI meets inclusion criteria, then enroll this person and code accordingly. Please contact if any specific coding questions.

DEFINITION

The "Military System" (any DoD facility) set of variables includes the following:

1. Medical Assessment/Treatment Received in Military System (prior to PRC admission for index TBI)
2. First Medical Assessment/Treatment Received Date
3. First Medical Assessment/Treatment Received Date Estimated
4. Medical Treatment/Assessment Received in A Combat Zone (for index TBI)

VARIABLES

Name	Description	Date Added	Date Removed
TxAdmissionDate	**Medical Assessment/Treatment Admission Date**	**01/15/2018**	
Question:	**Medical Assessment/Treatment Admission Date**		
1	No	*01/15/2018*	
2	Yes	*01/15/2018*	
8	Not Applicable	*01/15/2018*	
9	Unknown	*01/15/2018*	
1	Overseas Military	*01/15/2018*	
2	Landstuhl Germany	*01/15/2018*	
3	Stateside Military	*01/15/2018*	
4	Civilian System	*01/15/2018*	
5	ED Visit	*01/15/2018*	
9	Unknown	*01/15/2018*	
CombatTx	**Medical Assessment/Treatment Received: Combat Zone**	**02/01/2009**	
Question:	**Medical Assessment/Treatment Received in a Combat Zone**		
1	No	*02/01/2009*	
2	Yes	*02/01/2009*	
8	Not Applicable	*02/01/2009*	
9	Unknown	*02/01/2009*	

CODE

First Military Contact Date: MM/DD/YYYY

NOTE

The "Military System" is defined as any DoD facility

The Military System [MILSYS] variables refer specifically to DoD facilities outside of the United States. DoD facilites within the United States are included under Stateside Military System [STSD].

Treatment in a VA facilty should be included under the Civilian System [CIVIL] variables.

Combat Zone is based on geographic areas classified as combat zones (found at: http://www.irs.gov/uac/Combat-Zones)

EXAMPLE

Patient was assessed and treated for TBI in a combat zone on 1/2/2009 at 09:00, and was transfered to a military hospital for further treatment that same day at 13:00.

Medical Treatment/Assessment Received in Military System = 2 Yes
First Military Contact Date = 1/2/2009
First Military Contact Date Estimated = 1 No
Medical Treatment/Assessment Received in A Combat Zone = 2 Yes

HISTORY

Date of Change	Description

10/01/2013	Changed VARIABLE: CombatTx - "Theater of combat" to "Combat Zone"
10/01/2013	Added NOTE: Reference link to list of combat zones
10/01/2012	Added CODE: Not Applicable (Injured Stateside)

DEFINITION

The "Landstuhl Germany" set of variables includes the following:

1. Medical Treatment/Assessment Received at Landstuhl Germany (for index TBI)
2. Number of Days Hospitalized at Landstuhl Germany
3. Number of Days Hospitalized at Landstuhl Germany Estimated

VARIABLES

Name	Description	Date Added	Date Removed

Question:

CODE

Number of Days Hospitalized at Landstuhl Germany: (Range = 1 to 1,095)

NOTE

For number of days zero equals < 24 hours

If given a range for days in hospital enter mid-point.

Number of day hospitalized should be calculated using [http://www.timeanddate.com/date/duration.html] selecting the method that does not include the end date in the calculation.

EXAMPLE

Patient was transfered to Landstuhl Germany for further treatment on 1/4/2009, and was eventually discharged to a stateside system on 1/16/2009.

Medical Treatment/Assessment Received at Landstuhl Germany = 2 Yes
Number of Days Hospitalized at Landstuhl Germany = 12
Number of Days Hospitalized at Landstuhl Germany Estimated = 1 No

HISTORY

Date of Change	Description
10/01/2013	Added NOTE: Number of day hospitalized should be calculated using [http://www.timeanddate.com/date/duration.html] selecting the method that does not include the end date in the calculation.
01/15/2011	Expanded range of LandstuhlDays variable to 1,095. Changed N/A and Unknown codes from 888 and 999 to 8888 and 9999.

DEFINITION

The "Stateside Military System" set of variables includes the following:

1. Medical Treatment/Assessment Received Stateside in Military System (for index TBI)
2. Number of Days Hospitalized in Stateside Military Hospital
3. Number of Days Hospitalized in Stateside Military Hospital Estimated

VARIABLES

Name	Description	Date Added	Date Removed

Question:

CODE

Number of Days Hospitalized in Stateside Military Hospital: (Range = 1 to 1,095)

NOTE

The "Military System" is defined as any DoD facility

The Stateside Military System [STSD] variables refer specifically to DoD facilities within the United States. DoD facilites outside the United States are included under Military System [MILSYS]

For number of days zero equals < 24 hours

If given a range for days in hospital enter mid-point.

Number of day hospitalized should be calculated using [http://www.timeanddate.com/date/duration.html] selecting the method that does not include the end date in the calculation.

EXAMPLE

Patient was transfered to a stateside military system on 1/16/2009, and was eventually discharged to a PRC for comprehensive rehab on 2/4/2009.

Medical Treatment/Assessment Received Stateside in Military System = 2 Yes
Number of Days Hospitalized in Stateside Military Hospital = 19
Number of Days Hospitalized in Stateside Military Hospital Estimated = 1 No

HISTORY

Date of Change	Description
10/01/2013	Added NOTE: Number of day hospitalized should be calculated using [http://www.timeanddate.com/date/duration.html] selecting the method that does not include the end date in the calculation.

DEFINITION

The "Civilian System" set of variables includes the following:

1. Medical Treatment/Assessment Received in Civilian System
2. Number Of Days Hospitalized In Civilian System
3. Number Of Days Hospitalized In Civilian System Estimated
4. Civilian Emergency Room Admission Date
5. Civilian Acute Hospital Admission Date
6. Civilian Acute Hospital Discharge Date

VARIABLES

Name	Description	Date Added	Date Removed

Question:

CODE

Number Of Days Hospitalized In Civilian System: (Range = 1 to 1,095)

Civilian Emergency Room Admission Date: (MM/DD/YYYY)

Civilian Acute Hospital Admission Date: (MM/DD/YYYY)

Civilian Acute Hospital Discharge Date: (MM/DD/YYYY)

NOTE

Civilian system can be a foreign or domestic facility, including VA facilities, and rehabilitation facilities prior to PRC admission

Civilian system stays can predate military treatment

For number of days zero equals < 24 hours

If given a range for days in hospital enter mid-point

If there is more than 1 civilian hospitalization, enter admission and discharge dates for first civilian hospitalization

Number Of Days Hospitalized In Civilian System should include days hospitalized in a rehabilitation facility prior to PRC admission

Number Of Days Hospitalized In Civilian System should include medical/surgical days at the beginning of PRC stays (before they are on the PRC unit or assigned a PRC physician).

Number of day hospitalized should be calculated using [http://www.timeanddate.com/date/duration.html] selecting the method that does not include the end date in the calculation.

For cases that are admitted to a civilian system, not necesarrily for acute treatment, do not include an ER date; rather, code as not applicable.

EXAMPLE

Patient received all care for their TBI within the military system.

Medical Treatment/Assessment Received in Civilian System = 1 No
Number Of Days Hospitalized In Civilian System = 888
Number Of Days Hospitalized In Civilian System Estimated = 8
Civilian Emergency Room Admission Date = 8/8/8888
Civilian Acute Hospital Admission Date = 8/8/8888
Civilian Acute Hospital Discharge Date = 8/8/8888

HISTORY

Date of Change	Description

10/01/2013	Added NOTE: Number of day hospitalized should be calculated using [http://www.timeanddate.com/date/duration.html] selecting the method that does not include the end date in the calculation.
10/01/2013	Added NOTE: For cases that are admitted to a civilian system, not necesarrily for acute treatment, do not include an ER date; rather, code as not applicable.
01/15/2011	Added NOTE : Number Of Days Hospitalized In Civilian System should include medical/surgical days at the beginning of PRC stays (before they are on the PRC unit or assigned a PRC physician)
01/15/2011	Expanded range of CivilianDays variable to 1,095. Changed N/A and Unknown codes from 888 and 999 to 8888 and 9999.
10/01/2010	Added NOTE : Clarifying that rehabilitation facilities prior to PRC admission should be considered as a Civilian System

QUESTIONS

QUESTION: For 'Number of Days Hospitalized in Civilian System", I'm including days in acute care and rehabilitation at a civilian site before they came to our PRC. But when coding the civilian acute hospital admission/discharge dates, this doesn't reflect the rehab stay, so the dates will not add up. Is this right?

ANSWER: Yes, you are coding these variables correctly. 'Number of Days Hospitalized in Civilian System' should capture all civilian stays, including both acute and rehabilitation hospitalizations. 'Civilian Acute Hospital Admission Date' and 'Civilian Acute Hospital Discharge Date' should be coded for the first civilian hospitalization if there are multiple hospitalizations.

DEFINITION

Code primary (largest) source, and secondary source for a) Acute Hospitalization and b) Inpatient Rehabilitation.

VARIABLES

Name	Description	Date Added	Date Removed
AcutePay1	**Primary Acute Payor**	**01/03/1900**	
Question:	**Primary Acute Payor**		
1	Medicare	*01/01/1900*	
2	Medicaid	*01/01/1900*	
3	Workers Compensation	*01/01/1900*	
4	Private Insurance: Other (BC/BS, employee insurance, privately purchased policies, etc.)	*01/01/1900*	
5	Private Insurance: Other	*01/01/1900*	*10/01/2011*
6	HMO (Health Maintenance Organization)	*01/01/1900*	
7	Self or Private Pay	*01/01/1900*	
8	State or County (State Crippled Children, Department Of Rehab, Etc.)	*01/01/1900*	
9	Department of Rehabilitation	*01/01/1900*	*10/01/2011*
10	Auto Insurance	*01/01/1900*	
11	PPO	*01/01/1900*	
12	TRICARE/TRIWEST (Formerly CHAMPUS)	*01/01/1900*	
14	Hospital Free Care	*01/01/1900*	
15	Medicare: Traditionally administered	*01/01/1900*	*10/01/2011*
16	Medicaid: Traditionally administered	*01/01/1900*	*10/01/2011*
17	Medicare: Managed care administered	*01/01/1900*	*10/01/2011*
18	Medicaid: Managed care administered	*01/01/1900*	*10/01/2011*
20	VA	*02/01/2009*	
55	Payor Source Pending	*04/01/2008*	
77	Other	*01/01/1900*	
88	Not Applicable: No secondary payor	*01/01/1900*	
99	Unknown	*01/01/1900*	
AcutePay2	**Secondary Acute Payor**	**01/03/1900**	
Question:	**Secondary Acute Payor**		
1	Medicare	*01/01/1900*	
2	Medicaid	*01/01/1900*	
3	Workers Compensation	*01/01/1900*	
4	Private Insurance: Other (BC/BS, employee insurance, privately purchased policies, etc.)	*01/01/1900*	
5	Private Insurance: Other	*01/01/1900*	*10/01/2011*
6	HMO (Health Maintenance Organization)	*01/01/1900*	
7	Self or Private Pay	*01/01/1900*	
8	State or County (State Crippled Children, Department Of Rehab, Etc.)	*01/01/1900*	
9	Department of Rehabilitation	*01/01/1900*	*10/01/2011*
10	Auto Insurance	*01/01/1900*	
11	PPO	*01/01/1900*	
12	TRICARE/TRIWEST (Formerly CHAMPUS)	*01/01/1900*	
14	Hospital Free Care	*01/01/1900*	
15	Medicare: Traditionally administered	*01/01/1900*	*10/01/2011*
16	Medicaid: Traditionally administered	*01/01/1900*	*10/01/2011*
17	Medicare: Managed care administered	*01/01/1900*	*10/01/2011*
18	Medicaid: Managed care administered	*01/01/1900*	*10/01/2011*
20	VA	*02/01/2009*	
55	Payor Source Pending	*04/01/2008*	
77	Other	*01/01/1900*	
88	Not Applicable: No Secondary Payor	*01/01/1900*	
99	Unknown	*01/01/1900*	
RehabPay1	**Rehab Payor: Primary**	**01/03/1900**	
Question:	**Primary Rehabilitation Payor**		

1	Medicare	01/01/1900	
2	Medicaid	01/01/1900	
3	Workers Compensation	01/01/1900	
4	Private Insurance: Other (BC/BS, employee insurance, privately purchased policies, etc.)	01/01/1900	
5	Private Insurance: Other	01/01/1900	10/01/2011
6	HMO (Health Maintenance Organization)	01/01/1900	
7	Self or Private Pay	01/01/1900	
8	State or County (State Crippled Children, Department Of Rehab, etc.)	01/01/1900	
9	Department of Rehabilitation	01/01/1900	10/01/2011
10	Auto Insurance	01/01/1900	
11	PPO	01/01/1900	
12	TRICARE/TRIWEST (Formerly CHAMPUS)	01/01/1900	
14	Hospital Free Care	01/01/1900	
15	Medicare: Traditionally administered	01/01/1900	10/01/2011
16	Medicaid: Traditionally administered	01/01/1900	10/01/2011
17	Medicare: Managed care administered	01/01/1900	10/01/2011
18	Medicaid: Managed care administered	01/01/1900	10/01/2011
20	VA	02/01/2009	
55	Payor Source Pending	04/01/2008	
77	Other	01/01/1900	
88	Not Applicable: No secondary payor	01/01/1900	
99	Unknown	01/01/1900	

RehabPay2 **Rehab Payor: Secondary** **01/03/1900**

Question: **Secondary Rehabilitation Payor**

1	Medicare	01/01/1900	
2	Medicaid	01/01/1900	
3	Workers Compensation	01/01/1900	
4	Private Insurance: Other (BC/BS, employee insurance, privately purchased policies, etc.)	01/01/1900	
5	Private Insurance: Other	01/01/1900	10/01/2011
6	HMO (Health Maintenance Organization)	01/01/1900	
7	Self or Private Pay	01/01/1900	
8	State or County (State Crippled Children, Department Of Rehab, etc.)	01/01/1900	
9	Department of Rehabilitation	01/01/1900	10/01/2011
10	Auto Insurance	01/01/1900	
11	PPO	01/01/1900	
12	TRICARE/TRIWEST (Formerly CHAMPUS)	01/01/1900	
14	Hospital Free Care	01/01/1900	
15	Medicare: Traditionally administered	01/01/1900	10/01/2011
16	Medicaid: Traditionally administered	01/01/1900	10/01/2011
17	Medicare: Managed care administered	01/01/1900	10/01/2011
18	Medicaid: Managed care administered	01/01/1900	10/01/2011
20	VA	02/01/2009	
55	Payor Source Pending	04/01/2008	
77	Other	01/01/1900	
88	Not Applicable: No secondary payor	01/01/1900	
99	Unknown	01/01/1900	

NOTE

This variable should be collected based on who pays the bill. It should be collected just prior to quarterly submission.

Code "55 - Payor Source Pending" should be used only as a place holder until the actual payment source is known.

Payor sources fitting more than 1 category should be coded only once, and are not to be broken-out between the primary and secondary sources. If present, any type of "managed care" category should be given the highest prioritization. For example, if the payor source is "Auto Insurance with HMO" code 6 = HMO.

Medicaid HMO should be coded '2. Medicaid'.

"12 - TRICARE" is an insurance policy held by the service member; " DoD" is an Inter-Agency agreement to pay for the service member's care and should be coded under "12-TRICARE".

EXAMPLE

Acute hospitalization - primary, Medicare traditional, secondary, Blue Cross/Shield.
Inpatient Rehabilitation - primary, private insurance, secondary, none.

PRIMARY / SECONDARY
ACUTE : 15 / 04
REHABILITAION : 04 / 88

HISTORY

Date of Change	Description
01/15/2017	Removed NOTE: 'It should then be verified that it has not changed just prior to the next quarterly submission.'
04/01/2013	Added NOTE: Medicaid HMO should be coded '2. Medicaid'.
10/01/2009	Added NOTE : Code "55 - Medicaid Pending" should be used only as a place holder until the payment source is known
10/01/2009	Added NOTE for VA centers : Include TRICARE under code "12 - CHAMPUS"
10/01/2009	Deleted NOTE : If Medicaid status is pending at the time of discharge, code as "Medicaid" and change code when pending status is determined.

QUESTIONS

QUESTION: We have a subject that was involved in an airplane crash. The primary source of insurance is actually the commercial insurance from the flight school. (Pan American International Flight Academy). The bills are being sent to Phoenix Aviation Mgr. Inc. What type of payor is this?

ANSWER: Any given payor may have many kinds of policies, so the name of the payor is often not sufficient information for determining type of policy. In order to determine type of policy, contact a person in your hospital's billing department who is familiar with this person's case.

DEFINITION

Guidelines for Coding : See External Links

VARIABLES

Name	Description	Date Added	Date Removed
CauseE1	**Cause of Injury ICD-CM: External-Code 1**	**01/03/1900**	
Question:	**External ICD cause of injury code 1**		
88888	Not Applicable (No other E-codes)	*01/01/1900*	
99999	Unknown	*01/01/1900*	
CauseE2	**Cause of Injury ICD-CM: External-Code 2**	**01/03/1900**	
Question:	**External ICD cause of injury code 2**		
88888	Not Applicable (No other E-codes)	*01/01/1900*	
99999	Unknown	*01/01/1900*	
CauseE4	**Cause of Injury ICD-CM: External-Code 4**	**02/01/2009**	
Question:	**External ICD cause of injury code 4**		
88888	Not Applicable (No other E-codes)	*02/01/2009*	
99999	Unknown	*02/01/2009*	
CauseE3	**Cause of Injury ICD-CM: External-Code 3**	**02/01/2009**	
Question:	**External ICD cause of injury code 3**		
88888	Not Applicable (No other E-codes)	*02/01/2009*	
99999	Unknown	*02/01/2009*	

CODE

Abbreviated list of E-codes: See External Links
Complete list of E-codes: See External Links

NOTE

Obtain ICD -CM guide from your Medical Records department for a listing of External-Codes.

Numbers should be coded just as they appear on the record and not padded with zeros. (Some codes have more digits to the right of the decimal place than others).

The look-up boxes on the database screen provide the External-Codes and their definitions. When taking External-Codes from the Medical Record, they should be checked to ensure that they reflect the best / most current information available about the cause of the injury. Data collectors may submit External-Codes that differ from those recorded in the Medical Record in cases where they feel the Medical Record External-Codes may not reflect the best / most current information available. There should be clear documentation on the data collection form when an External-Code entered into the database does not reflect the External-Code recorded in the Medical Record. In unusual cases where no External-Code relative to the injury that resulted in traumatic brain injury is recorded in the Medical Record, the data collector should use best judgement and the consultation of other personnel, as necessary, to determine the appropriate External-Code from the TBIMS database list.

If person jumps from a moving vehicle, use appropriate vehicular ecode (E818.?), however, use code "19 = fall/jump" for Cause of Injury [CSEINJ].

EXAMPLE

Patient injured in diving accident in a public swimming pool. Code:

CauseE1 : E883.0
CauseE2 : E849.4

HISTORY

Date of Change	Description
04/01/2011	Updated EXTERNAL LINK : Guidelines for coding Cause of Injury and Etiology of Injury (Place of injury codes may be used with any primary E-Code).

SOURCE

SCVMC

ICD-9-CM 2001: International Classification of Diseases 9th Revision Clinical Modification, AMA Press. Volume 1, 2000, 251-279. ISBN: 1579471501.

QUESTIONS

QUESTION: If an assault happened in the parking lot of Walmart, would it be coded as E849.6 - Public Building because it is on adjacent grounds or would it be coded as E849.8 - Other Specified Place for parking place?

ANSWER: Code E849.8 - Other Specified Place since that category explicitly lists Parking Lot. The adjacent grounds to a public building would probably be more like the concrete causeway in front of Walmart, or the alley to the loading dock beside or behind the building.

QUESTION: Should Ecodes reflect alcohol intoxication at the time of the accident? A code of alcohol poisoning would be the closest code to capture this.

ANSWER: The group agreed not to collect any codes relating to alcohol intoxication.

VARIABLES

Name	Description	Date Added	Date Removed
DIAGICD1	**ICD Code 1**	**01/03/1900**	
Question:	**ICD-Code 1**		
88888	No Other Codes	*01/01/1900*	
99999	Unknown	*01/01/1900*	
DIAGICD2	**ICD Code 2**	**01/03/1900**	
Question:	**ICD-Code 2**		
88888	No Other Codes	*01/01/1900*	
99999	Unknown	*01/01/1900*	
DIAGICD3	**ICD Code 3**	**01/03/1900**	
Question:	**ICD-Code 3**		
88888	No Other Codes	*01/01/1900*	
99999	Unknown	*01/01/1900*	
DIAGICD4	**ICD Code 4**	**01/03/1900**	
Question:	**ICD-Code 4**		
88888	No Other Codes	*01/01/1900*	
99999	Unknown	*01/01/1900*	
DIAGICD5	**ICD Code 5**	**01/03/1900**	
Question:	**ICD-Code 5**		
88888	No Other Codes	*01/01/1900*	
99999	Unknown	*01/01/1900*	
DIAGICD6	**ICD Code 6**	**01/03/1900**	
Question:	**ICD-Code 6**		
88888	No Other Codes	*01/01/1900*	
99999	Unknown	*01/01/1900*	
DIAGICD7	**ICD Code 7**	**10/01/2007**	
Question:	**ICD-Code 7**		
88888	No Other Codes	*10/01/2007*	
99999	Unknown	*10/01/2007*	
DIAGICD8	**ICD Code 8**	**10/01/2007**	
Question:	**ICD-Code 8**		
88888	No Other Codes	*10/01/2007*	
99999	Unknown	*10/01/2007*	
DIAGICD9	**ICD Code 9**	**10/01/2007**	
Question:	**ICD-Code 9**		
88888	No Other Codes	*10/01/2007*	
99999	Unknown	*10/01/2007*	
DIAGICD10	**ICD Code 10**	**10/01/2007**	
Question:	**ICD-Code 10**		
88888	No Other Codes	*10/01/2007*	
99999	Unknown	*10/01/2007*	
DIAGICD11	**ICD Code 11**	**10/01/2007**	
Question:	**ICD-Code 11**		
88888	No Other Codes	*10/01/2007*	
99999	Unknown	*10/01/2007*	
DIAGICD12	**ICD Code 12**	**10/01/2007**	
Question:	**ICD-Code 12**		
88888	No Other Codes	*10/01/2007*	
99999	Unknown	*10/01/2007*	
DIAGICD13	**ICD Code 13**	**10/01/2007**	

Question: **ICD-Code 13**

88888	No Other Codes	*10/01/2007*
99999	Unknown	*10/01/2007*

DIAGICD14	ICD Code 14	10/01/2007

Question: **ICD-Code 14**

88888	No Other Codes	*10/01/2007*
99999	Unknown	*10/01/2007*

DIAGICD15	ICD Code 15	10/01/2007

Question: **ICD-Code 15**

88888	No Other Codes	*10/01/2007*
99999	Unknown	*10/01/2007*

DIAGICD16	ICD Code 16	10/01/2007

Question: **ICD-Code 16**

88888	No Other Codes	*10/01/2007*
99999	Unknown	*10/01/2007*

DIAGICD17	ICD Code 17	10/01/2007

Question: **ICD-Code 17**

88888	No Other Codes	*10/01/2007*
99999	Unknown	*10/01/2007*

DIAGICD18	ICD Code 18	10/01/2007

Question: **ICD-Code 18**

88888	No Other Codes	*10/01/2007*
99999	Unknown	*10/01/2007*

DIAGICD19	ICD Code 19	10/01/2007

Question: **ICD-Code 19**

88888	No Other Codes	*10/01/2007*
99999	Unknown	*10/01/2007*

DIAGICD20	ICD Code 20	10/01/2007

Question: **ICD-Code 20**

88888	No Other Codes	*10/01/2007*
99999	Unknown	*10/01/2007*

NOTE

These codes should be assigned by medical records and recorded on the chart at acute discharge. Numbers should be coded just as they appear on the record and not padded with zeros. The '99999. Unknown' code used in this syllabus should not be confused with the ICD -CM code for '99999. Other Unspecified Complication.'

This variable should include the first 20 ICD -CM codes from the acute care hospitalization irrespective of relatedness to TBI.

V-codes are to be included.

Codes do not need to be prioritized. The first 20 codes should be used.

If you suspect errors in ICD coding and can verify correct codes, please use corrected codes.

See external link for online ICD coding manual.

The PRC sites have considered including codes from inpatient rehabilitation (PRC/PTRP) since acute codes are difficult to get within the military system, but decided to stay with the syllabus definition.

EXAMPLE

Patient had a vault skull fracture with no further information specified.

a : 800
b : 88888

c : 88888
d : 88888
e : 88888
f : 88888
g : 88888
h : 88888
i : 88888
j : 88888
k : 88888
l : 88888
m : 88888
n : 88888
o : 88888
p : 88888
q : 88888
r : 88888
s : 88888
t : 88888

HISTORY

Date of Change	Description
10/01/2014	Added NOTE: The PRC sites have considered including codes from inpatient rehabilitation (PRC/PTRP) since acute codes are difficult to get within the military system, but decided to stay with the syllabus definition.
01/01/2013	Added NOTE: V-codes are to be included
10/01/2009	Added EXTERNAL LINK to online ICD-9 coding manual

QUESTIONS

QUESTION: Is it appropriate to assign an ICD-9 code for a diagnosis found on acute admit or discharge note that was not included on the center's medical record ICD-9 list?

ANSWER: It is recommended by the Data Committee that only ICD-9 codes reported in the medical record should be used.

DEFINITION

The intent of this variable is to capture major amputations (mid-hand/mid-foot or greater) that should be considered when calculating Body Mass Index (BMI) using the Height/Weight (HTWT) variables. This variable may be abstracted from either the acute or the rehabilitation records.

On Form II, major amputations are captured under the Rehospitalization (REHOSP) variables.

VARIABLES

Name	Description	Date Added	Date Removed
Amputation	**Major Amputation**	**10/01/2013**	
Question:	**Major Amputation (Mid-Hand/Mid-Foot or Greater)**		
1	No	*10/01/2013*	
2	Yes	*10/01/2013*	
6	Variable Did Not Exist	*10/01/2013*	
9	Unknown	*10/01/2013*	

EXAMPLE

Patient has a hitstory of aquired bilateral below knee (BBK) amputation secondary to blast injury occuring on 10/27/2013.

CODE: 2

HISTORY

Date of Change	Description
10/01/2013	Variable added to database.

DEFINITION

Glasgow Coma Scale scores on admission to emergency department.

If patient was admitted to a model systems acute facility within the first 24 hours of injury, use model systems ER data. However, if the patient was not admitted to a model systems acute facility within the first 24 hours of injury, use the first ER to obtain GCS data regardless of whether it was a model systems ER or not.

VARIABLES

Name	Description	Date Added	Date Removed
GCSEye	**Eye Opening**	**01/03/1900**	
Question:	**Eye Opening**		
1	None	*01/01/1900*	
2	To Pain	*01/01/1900*	
3	To Voice	*01/01/1900*	
4	Spontaneous	*01/01/1900*	
66	No Acute Hospitalization	*10/01/2013*	
77	Chemically Paralyzed or Sedated	*01/01/1900*	
99	Unknown	*01/01/1900*	
GCSVer	**Verbal**	**01/03/1900**	
Question:	**Verbal**		
1	None	*01/01/1900*	
2	Incomprehensible Sounds	*01/01/1900*	
3	Inappropriate Speech	*01/01/1900*	
4	Confused	*01/01/1900*	
5	Oriented	*01/01/1900*	
66	No Acute Hospitalization	*10/01/2013*	
77	Chemically Paralyzed or Sedated	*01/01/1900*	
88	Intubated	*01/01/1900*	
99	Unknown	*01/01/1900*	
GCSMot	**Motor**	**01/03/1900**	
Question:	**Motor**		
1	None	*01/01/1900*	
2	Extension to Pain	*01/01/1900*	
3	Flexion to Pain	*01/01/1900*	
4	Withdraws from Pain	*01/01/1900*	
5	Localizes Pain	*01/01/1900*	
6	Obeys Commands	*01/01/1900*	
66	No Acute Hospitalization	*10/01/2013*	
77	Chemically Paralyzed or Sedated	*01/01/1900*	
99	Unknown	*01/01/1900*	
GCSTot	**Total**	**01/03/1900**	
Question:	**Total**		
66	No Acute Hospitalization	*10/01/2013*	
77	Chemically Paralyzed or Sedated	*01/01/1900*	
88	Intubated	*01/01/1900*	
99	Unknown	*01/01/1900*	
GCSSource	**GCS Source**	**02/01/2009**	
Question:	**GCS Source**		
1	Emergency Department/FOB/CASH	*02/01/2009*	
2	First Available	*02/01/2009*	
6	No Acute Hospitalization	*10/01/2013*	
9	Unknown	*02/01/2009*	

CODE

TOTAL GCS SCORE - add eye opening response, verbal response, and motor response.

NOTE

If only 1 GCS is recorded, use that score for an assessment.

If the patient is chemically paralyzed with neuromuscular blocking agents or barbiturates, or is sedated with anesthetics, code the GCS as 'Chemically Paralyzed or Sedated' even if GCS scores are present in the record. The paralysis or sedation must be induced by medical personnel, and not by the patient.

Applicable medications commonly used in emergency care include…

Neuromuscular blocking agents: atracurium (TRACRIUM), pancuronium (PAVULON), rocuronium (ZEMURON), succinylcholine (ANECTINE, QUELICIN), and vecuronium (NORCURON).

Barbiturates: pentobarbital (NEMBUTAL), and sodium thiopental (SODIUM PENTOTHAL or THIOPENTAL).

Anesthetics: fentanyl (ABSTRAL, ACTIQ, DUROGESIC, FENTORA, IONSYS, LAZANDA, ONSOLIS, SUBLIMAZE, SUBSYS), lorazepam (ATIVAN), midazolam (VERSED), and propofol (DIPRIVAN).

If chemical paralyis or sedation at time of arrival is unclear, data collectors should seek the advice of their project director or physician at their hospital.

If patient is intubated at the time of assessment, code the verbal score as 88. For cases with GCS scores of 3T, 4T, 5T, etc., record eye opening and motor scores if they can be determined, code verbal=88, and record the given total score without the T. For the purposes of analysis, these cases will not be included unless specified for recoding during analysis.

If patient is intubated and in chemically-induced coma or paralysis, code 88 for verbal response and 77's for eye opening, motor response and total GCS.

If patient is nasally intubated they can provide a verbal GCS score.

If there were no emergency department assessments, use first available within 24 hours of the Index TBI

EXAMPLE

On admission to the Model System emergency department, patient was noted to have a GCS score of 9T. Eye Opening and Motor score could not be determined using provided documentation.

EYE OPENING : 99
VERBAL RESPONSE : 88
MOTOR RESPONSE : 99
TOTAL : 9

HISTORY

Date of Change	Description
10/01/2014	Removed NOTE: "If patient is in barbiturate coma or paralyzed by use of Pavulon at the time of assessment, record individual items as 7 and total as 77. The coma or paralysis must be induced by medical personnel and not by patient. Other medications indicating sedation include midazolam (VERSED), lorazepam (ATIVAN), vecuronium (NORCURON), and pentobarbital (NEMBUTAL). Only code "chemically induced coma" with neuromuscular blocking agents or barbiturates."
10/01/2014	Added NOTES: Regarding patient being chemically paralyzed with neuromuscular blocking agents or barbiturates, or sedated with anesthetics.
10/01/2013	Changed CODE description: GCS Source - added FOB and CASH to Emergency Dept.
02/26/2013	Added Q&A: regarding GCS Total
01/01/2013	Changed NOTE: Pavalin corrected to Pavulon
04/01/2011	Added NOTE: If patient is nasally intubated they can provide a verbal GCS score.
10/01/2009	Added content under CODES and NOTES pertaining only to VA centers.

SOURCE

Teasdale G, Jennett B (1976) Assessment and Prognosis of Coma After Head Injury, Acta Neurochir 34, 45-55.

QUESTIONS

QUESTION: If ER GCS = 'GCS of 3T'. How would you code this?

ANSWER:
E=1
V=8
M=1
Total=88

DATE ABLE TO FOLLOW COMMANDS

Variable FLLW

DEFINITION

Date that the individual with brain injury is able to follow simple motor commands. The individual has the ability to follow simple motor commands if:
1) Able to follow simple motor commands accurately at least two out of two times within a 24-hour period, or
2) GCS motor component = 6 (follows simple motor commands), two out of two times within a 24-hour period.

VARIABLES

Name	Description	Date Added	Date Removed
UnconsciousDate	**Date Able to Follow Commands**	**02/01/2009**	
Question:	**Date Able To Follow Commands**		
07/07/7777	Never lost ability to follow commands	*07/01/2013*	
08/08/8888	Never able to follow commands	*02/01/2009*	
09/09/9999	Unknown	*02/01/2009*	
UnconsciousMeth	**Unconscious Method**	**10/01/2013**	
Question:	**Method Used To Determine Date Able To Follow Commands**		
1	Regular (Per Syllabus Definition)	*10/01/2013*	
2	First Documented	*10/01/2013*	
3	Avgerage Within 7 Days	*10/01/2013*	
6	Variable Did Not Exist	*10/01/2013*	
8	Not Applicable	*10/01/2013*	
9	Unknown	*10/01/2013*	

NOTE

A patient with severe motor or sensory impairment (i.e. spinal cord injury, locked in syndrome) must demonstrate some ability to follow eye commands such as close your eyes, look to the right or left, blink eyes. If patient is able to follow commands, then following surgery he/she cannot follow commands for a period of time, use the first date the patient was able to follow commands.

If the two assessments of ability to follow simple motor commands within a 24-hour period fall across two dates, use the second date.

If two consecutive assessments are not documented within a 24 hour period, you can take the mid-point of 2 recorded dates as long as it is within a 7 day period. Code Unconscious method as "3 - Avg within 7 days". If there are an odd number of days between assessments round down.

If patient had a positive loss of consciousness lasting less than 24 hours, also code "Date Able To Follow Commands" using the date of the Index TBI.

Notes such as "following commands at times" or "follows some commands" may be used, as long as the ability to follow commands is documented 2 times consecutively.

Other scenarios that indicate following commands include "shows equal strength bilaterally", "ability to answer questions appropriately" or "2 consecutive GSC total scores of 15".

Scenarios that indicate NOT following commands include "localizing", "flexing", "withdraws from pain" or "posturing".

The purpose of this variable is to establish the duration of unconsciousness.

EXAMPLE

Patient sustained a severe TBI on November 15, 2008 and was unable to follow simple motor commands until 22:00 on November 25, 2008. Patient demonstrated the ability to follow commands again at 08:30 the following morning.

1. Date Emerged from Unconsciousness: 11/26/2008
2. Unconscious Method: 1 - Regular

Patient sustained a severe TBI on November 15, 2008 and was unable to following simple motor commands until November 25, 2008. The next available documentation on November 30th also showed patient following commands.

1. Date Emerged from Unconsciousness: 11/27/2008
2. Unconscious Method: 3 - Avg within 7 days

HISTORY

Date of Change	Description
10/01/2013	Changed CODE: UnconsciousDate - 7/7/7777 changed to 8/8/8888
10/01/2013	Added CODE: UnconsiousDate - 7/7/7777 Never lost abililty to follow commands
10/01/2013	Deleted VARIABLE: Time to follow commands less than 30 minutes
10/01/2013	Added VARIABLE: UnconsciousMethod
10/01/2013	Removed NOTE: regarding coding of variable time to follow commands less than 30 min
10/01/2013	Added NOTE: added other scenarios in which time to follow cammands could be determined
10/01/2013	Added NOTE: added other scenarios in which time to follow commands could not be determined
10/01/2013	Removed NOTE: the purpose of this variable is to establish the date of emergence from coma
10/01/2013	Added NOTE: regarding using the mid-point if two consecutive assessments were done in a 7 day period
10/01/2013	Added NOTE: the purpose of this variable is to establish the duration of unconsciousness
10/01/2013	Removed NOTE: If patient was always ale to follow command, code "Date Able to Follow Commands" using date of TBI.
10/01/2013	Deleted VARIABLE: UnconsciousEstimate
10/01/2010	Added NOTE : regarding ambiguous notes such as "follows some commands".

DEFINITION

Craniotomy and/or craniectomy performed (separate procedures). Craniotomy means "cranium opened, something removed, cranium closed." Craniectomy means "cranium opened and left open."

VARIABLES

Name	Description	Date Added	Date Removed
Craniotomy	**Craniotomy/Craniectomy**	**01/01/2003**	
Question:	**Craniotomy/Craniectomy**		
1	Neither Craniotomy nor Craniectomy	*01/01/1900*	
2	Craniotomy	*01/01/1900*	
3	Craniectomy	*01/01/1900*	
4	Both; Separate Procedures	*01/01/1900*	
9	Unknown	*01/01/1900*	

NOTE

Craniectomy is coded yes when bone flap is removed and not replaced during initial surgery.

The guidelines below should be followed when considering burr holes:

When a burr hole is drilled, the patient is left with a 1 cm diameter hole. Removing a small disc of bone is not equivalent to removing the cranium or any part of the cranium. A burr hole to put in an ICP monitor is neither a craniotomy nor craniectomy, simply placement of a monitor.

Situations where a chronic subdural is drained or washed out through a burr hole should be counted as a craniotomy. It is the removal of the chronic subdural that is the key part, because the goal is to remove something (the liquefied old blood).

EXAMPLE

Craniotomy performed:

CODE : 2

HISTORY

Date of Change	Description
04/01/2011	Added to DEFINITION : Craniotomy means "cranium opened, something removed, cranium closed." Craniectomy means "cranium opened and left open." Added to NOTES : Guidelines to follow when considering burr holes.

QUESTIONS

QUESTION: Does an EVD (External Ventricular Drain) count as a craniotomy?

ANSWER: No, an EVD should not be coded as a craniotomy.

DEFINITION

Date of emergence from Post-traumatic Amnesia (PTA).

Where possible, PTA emergence should be measured (tracked) prospectively by direct testing. With prospective tracking, emergence from PTA is defined as:

1) two consecutive GOAT scores of 76 or greater with no more than 2 full calendar days between assessments (Assessment 1 = Friday, Assessment 2 = Monday, two full days = Saturday, Sunday)
2) two consecutive scores of 11 or greater on the Revised GOAT with no more than 2 full calendar days between assessments (Assessment 1 = Friday, Assessment 2 = Monday, two full days = Saturday, Sunday)
3) two consecutive scores of 25 or greater on the Orientation-Log with no more than 2 full calendar days between assessments (Assessment 1 = Friday, Assessment 2 = Monday, two full days = Saturday, Sunday)
4) two consecutive scores of 8 or greater on the Non-Verbal version of the Orientation-Log with no more than 2 full calendar days between assessments (Assessment 1 = Friday, Assessment 2 = Monday, two full days = Saturday, Sunday), or
5) in the judgment of a qualified clinician (i.e., speech-language pathologist, physician, neuropsychologist), the person has cleared PTA but administration of an orientation test is not possible due to language functioning.

The day of clearance of PTA is the first day the person gets the first of 2 consecutive scores of 76 or greater on the GOAT, the first of 2 consecutive scores of 11 or greater on the Revised GOAT, the first of 2 consecutive scores of 25 or greater on the Orientation-Log, or the first of 2 consecutive scores of 8 or greater on the Non-Verbal version of the Orientation-Log.

It is the choice of the Project Director as to whether to use the GOAT, Revised GOAT (Bode, Heinemann, & Semik, 2000 – see SOURCES) or the Orientation-Log (Jackson, Novack, & Dowler, 1998; Novack, Dowler, Bush, Glen, & Schneider, 2000 – see SOURCES) to establish the duration of PTA. Alternating use of the scales in an individual patient is not acceptable, however. Preferably, copies of the test protocols documenting PTA tracking should be kept in the research record. If the PTA data is elsewhere (e.g., in the rehabilitation chart), the location should be noted in the research record.

The Non-Verbal version of the Orientation-Log is the preferred assessment of orientation for persons with traumatically induced expressive language disorder with significant difficulty generating comprehensible verbal output. Common causes for this problem include expressive aphasia and severe dysarthria accompanied by an inability to write responses. Non-verbal responses are scored according to the following criteria: 1 = correct upon multiple choice / 0 = incorrect or no response. This scoring adjustment is intended to be used only for non-verbal individuals with significant difficulty generating comprehensible verbal or written output. Careful clinical judgment will be required in each case to determine that the person's expressive problems are clearly due to neurological disorder, and the person is unable to respond in writing.

For those patients who are already oriented at rehabilitation admission (as defined by the first two GOAT scores after rehabilitation admission >75), prospective tracking of the date of emergence from PTA is not possible, because the date falls within the acute care stay. In these cases, PTA emergence can be determined via chart review of the acute care records only. (NOTE: Rehabilitation hospital charts may NOT be used for this purpose). The following procedure can be used to determine the length of PTA based on acute care hospital records. This procedure should be followed only for those patients who are oriented at rehabilitation admission.

1. Obtain all available physician, nursing and therapy notes from the acute hospitalization. In most hospital medical records, physician, nursing and therapy notes are filed in different sections. You may have to specifically request therapy and nursing notes, if you routinely only receive the physician progress notes.

2. Review all notes to determine the first DATE on which all notes referencing orientation indicate that the patient is fully oriented, oriented X 3 (or 4), or GCS Verbal Score = 5 (oriented). This is Orientation Day 1.

3. Review notes from the next calendar day to determine if all relevant notes again indicate that the patient is fully oriented.

4. If yes, the second day is Orientation Day 2, and Orientation Day 1 is the resolution date of PTA. If there are missing notes or no comments about orientation on the second day, keep looking for the second day that the notes consistently document full orientation. As long as Orientation Day 2 is no more than 2 full calendar days from Orientation Day 1, and if no notes from intervening days indicate less than full orientation, record Orientation Day 1 as the resolution date of PTA.

5. If any note from calendar days intervening between Orientation Days 1 and 2 indicate less than full orientation, use Day 2 as the new starting point (i.e., new Day 1) and repeat procedure from Step 3 above.

6. If there is no Orientation Day 2 (i.e., if the patient is never fully oriented on more than one day; or if more than 2 full calendar days elapse after Orientation Day 1 with no further notation about orientation), code date of PTA resolution as unknown. An exception would be if on the day before or the day of transfer to rehabilitation, the patient is specifically noted not to be oriented. If the patient then produces GOATs >75 on the first two examinations after rehabilitation admission, code the date of PTA resolution in the usual manner.

VARIABLES

DATE EMERGED FROM PTA

Variable PTA

Name	Description	Date Added	Date Removed
PTAdate	**Date Emerged from PTA**	**02/01/2009**	
Question:	**Date Emerged from PTA**		
07/07/7777	Not Applicable: Never had PTA	*02/01/2009*	
08/08/8888	Not Applicable: Still in PTA at discharge	*02/01/2009*	
09/09/9999	Unknown	*02/01/2009*	
PTAEstimate	**Date Emerged from PTA: Estimated**	**02/01/2009**	
Question:	**Date Emerged from PTA Estimated**		
1	No	*02/01/2009*	
2	Yes	*02/01/2009*	
8	Not Applicable	*02/01/2009*	
9	Unknown	*02/01/2009*	
PTA24hrs	**PTA Less Than 24 Hours**	**02/01/2009**	
Question:	**PTA Less Than 24 Hours**		
1	No	*02/01/2009*	
2	Yes	*02/01/2009*	
9	Unknown	*02/01/2009*	
PTAMethod	**Method of PTA Determination**	**01/03/1900**	
Question:	**Method of PTA Determination**		
0	Variable Did Not Exist	*01/01/1900*	
1	Acute Chart Review	*01/01/1900*	
2	GOAT	*01/01/1900*	
3	GOAT-R	*01/01/1900*	
4	O-Log	*01/01/1900*	
5	Clinical Judgement (GOAT/O-Log not possible due to language functioning)	*04/01/2008*	
6	Non-Verbal Version of the O-Log	*10/01/2010*	
8	Not Applicable: PTA has not been tracked	*01/01/1900*	

CODE

Date Emerged from PTA: (MM/DD/YYYY)

NOTE

Administer the test every 1 to 3 calendar days until patient emerges from PTA.

Computer calculates duration of posttraumatic amnesia by subtracting the date of injury from this date.

Duration of PTA is calculated only for those cases which emerge from PTA prior to discharge from inpatient rehabilitation.

Duration of PTA is not to be calculated from Date Able to Follow Commands [FLLW], per decision of the neuropsychology databusters group.

The date emerged from PTA is the date of the first of the two consecutive GOAT scores >75.

There is no code for "unknown" for method of PTA determination because this should never be unknowable. Please contact the TBINDC if you are in a situation in which this variable is truly unknown (and unknowable).

For cases who do not emerge from PTA by rehab discharge, code the method used to decide if the patient is still in PTA.

Two consecutive GCS Verbal Scores of '5 = Oriented' may be used to determine length of PTA when there is no other source of documentation.

EXAMPLE

Patient entered inpatient rehab on 8/2/05. GOAT tests occurred on these dates in August:

DATE : GOAT SCORE

08/04/2005 : 57
08/06/2005 : 56
08/07/2005 : 61

08/10/2005 : 72
08/12/2005 : 64
08/14/2005 : 70
08/17/2005 : 79
08/19/2005 : 74
08/20/2005 : 75
08/22/2005 : 78
08/23/2005 : 76
08/26/2005 : 72
08/29/2005 : 77
08/30/2005 : 79

Patient emerged from PTA on August 22, 2005. Code:

PTADate: 08/22/2005
PTAMethod: 2

HISTORY

Date of Change	Description
01/01/2013	Added NOTE: Two consecutive GCS Verbal Scores of '5 = Oriented' may be used to determine length of PTA when there is no other source of documentation.
10/01/2010	In DEFINITION, added details for new assessment method - Non-Verbal version of the Orientation-Log.
10/01/2009	In DEFINITION, changed wording from "within a period of 24 to 72 hours" to "within a period of 1 calendar day to 3 calendar days".
04/01/2009	Removed CODE : 7/7/7777 - Patient never had amnesia.

SOURCE

GOAT:
Levin, HS, O'Donnell, VM, & Grossman, RG. (1979). The Galveston Orientation and Amnesia Test: A practical scale to assess cognition after head injury. Journal of Nervous and Mental Diseases, 167, 675-684. See External Links

Revised GOAT:
Bode RK, Heinemann AW, Semik P. Measurement properties of the Galveston Orientation and Amnesia Test (GOAT) and improvement patterns during inpatient rehabilitation. J Head Trauma Rehabil. 2000 Feb;15(1):637-55. See External Links

Orientation-Log:
Jackson WT, Novack TA, Dowler RN. Effective serial measurement of cognitive orientation in rehabilitation: the Orientation Log. Arch Phys Med Rehabil. 1998 Jun;79(6):718-20. Link to PubMed: See External Links

Novack, TA, Dowler, RN, Bush, BA, Glen, T, Schneider, JJ. Validity of the Orientation Log, Relative to the Galveston Orientation and Amnesia Test. J Head Trauma Rehabil, 2000, 15(3), 957-961. See External Links

QUESTIONS

QUESTION: We have a patient who was reported to have a baseline level of "confused due to dementia," who doesn't have any documented GOAT or OLOG scores (formal testing may not have been possible secondary to the dementia). This patient was never reported to be above A&Ox2 in either the acute or the rehab records. How should this case be coded for date emerged from PTA?

ANSWER: Because there were no documented GOAT or OLOG scores, and record review cannot be used to determine emergence from PTA at the rehab facility, this case should be coded as "09/09/999 - Unknown" rather than "08/08/8888 - Never Emerged." The method of PTA determination should be coded as "8 - PTA has not been tracked."

QUESTION: I have a question about abstracting data out of PTA from the acute record. If it states that a patient is A&O x3 with choices, does that count as being oriented?

ANSWER: Does the patient have aphasia or some other expressive language disorder? If so, it would be appropriate to assess orientation giving choices, and counts as being oriented.

QUESTION: PTA for a particular patient was not tracked with GOAT or OLOG while in rehab. I was going to base this on physician's documentation of AOx3, but it looks like that is only acceptable for the acute care period. How should this case be coded?

ANSWER: Date Emerged should be coded as 09/09/9999 (Unknown), and Method of Determination should be coded as 8 (N/A PTA Not Tracked). PTA Not Tracked means not tracked prospectively using GOAT or O-Log in the rehab setting.

QUESTION: How should PTA be coded for a patient that was in PTA less than 24 hours? We have someone that only had 3 hours of PTA.

ANSWER: If PTA lasts less than 24 hours, code day 2 as the date of emergence from PTA, since this would be the first day that they were fully oriented.

DEFINITION

The "PRC" set of variables includes the following:

1) PRC Admission Date
2) Continuously Hospitalized Since Index TBI
3) Emerging Coma Program Admission
4) PRC Discharge Date

VARIABLES

Name	Description	Date Added	Date Removed
PRCAdmDate	**PRC Admission Date**	**02/01/2009**	
Question:	**PRC Admission Date**		
08/08/8888	Not Applicable	*01/15/2015*	
09/09/9999	Unknown	*02/01/2009*	
PRCContHosp	**Continuously Hospitalized**	**10/01/2013**	
Question:	**Continuously Hospitalized since index TBI**		
1	No	*10/01/2013*	
2	Yes	*10/01/2013*	
6	Variable Did Not Exist	*10/01/2013*	
8	Not Applicable	*10/01/2013*	
9	Unknown	*10/01/2013*	
PRCComa	**Emerging Coma Program Admission**	**02/01/2009**	
Question:	**Admitted to Emerging Coma Program**		
1	No	*02/01/2009*	
2	Yes	*02/01/2009*	
8	Not Applicable	*02/01/2009*	
9	Unknown	*02/01/2009*	
PRCDisDate	**PRC Discharge Date**	**02/01/2009**	
Question:	**PRC Discharge Date**		
08/08/8888	Not Applicable	*02/01/2009*	
09/09/9999	Unknown	*02/01/2009*	

CODE

PRC Admission Date: (MM/DD/YYYY)
Continually Hospitalized Since Index TBI (List)
Admitted to Emerging Coma Program (List)
PRC Discharge Date: (MM/DD/YYYY)

NOTE

The PRC admission date may be determined using the actual date of admission to the PRC unit and/or the date the PRC physician is assigned.

Medical/surgical days at the beginning of PRC stays (before they are on the PRC unit or assigned a PRC physician) should be counted in the total number of days in civilian/veterans acute hospitalization Civilian System [CIVIL].

EXAMPLE

Patient was injured in OEF combat operations on 2/1/2009, stabilized at Bastion, transferred to Landstuhl, and eventually admitted to the PRC for comprehensive rehab on 2/25/2009. The patient was eventually discharged from the PRC on 3/14/2009.

PRC Admission Date = 2/25/2009
Continuously Hospitalized = 2 Yes
Emerging Coma Program Admission = 1 No
PRC Discharge Date = 3/14/2009

HISTORY

Date of Change	Description
10/01/2013	Added VARIABLE: PRCContHosp (Continuously Hospitalized Since Index TBI)
10/01/2013	Removed NOTE : A short stay evaluation is a short-term admission to inpatient rehabilitation for comprehensive interdisciplinary evaluations for patients with varying levels of acuity and severity. These evaluations help determine the range and types of services needed to manage the full scope of medical, rehabilitation, and psychosocial sequelae resulting from injuries and the most appropriate setting in which to deliver those services. For short stay evaluations the FIM, DRS will be collected within 3 calendar days of admission to the PRC only. The neuropsychological testing, PC-LC, and NSI will be completed during the short stay if it falls within the testing window (i.e., at 1 month post-injury with a 2 week window either before or after that date).
10/01/2013	Removed NOTE: "Would Have Been Admitted to PRC for Only TBI" refers to whether the patient's TBI was severe enough to require inpatient rehabilitation regardless of other injuries. This is required in order to approximate a comparison group to the TBIMS.
10/01/2013	Removed NOTE: "Admitted to Emerging Coma Program" refers to cases that are admitted to the ECP, and may or may not receive comprehensive rehab. Patients admitted to the ECP who do receive comprehensive rehab should have the FIM and DRS administered upon admission and the end of comprehensive rehab (PRC discharge).
10/01/2013	Remove NOTE: The date of the beginning of comprehensive rehabilitation is determined by A) the patient is able to follow simple motor commands as demonstrated by a GCS motor component score of 6 (follows simple motor commands) two out of two times within a 24-hour period (per TBIMS syllabus); and B) the patient is receiving multiple rehabilitation therapies with active participation in at least one of those therapies. Comprehensive rehabilitation is complete when: 1) the interdisciplinary treatment team reaches consensus that further progress on rehabilitation goals does not require inpatient treatment and discharge from the PRC has been recommended, or would have been recommended if other medical treatment was not being provided; and/or 2) two consecutive weekly total FIM scores show no change.
10/01/2013	Deleted VARIABLE: PRCShortStay (PRC Admission for Short Stay Evaluation Only)
10/01/2013	Deleted VARIABLE: PRCTBI (Admitted to PRC for Only TBI)
10/01/2013	Deleted VARIABLE: PRCRehabStartDate (PRC Comprehensive Rehab Start Date)
10/01/2013	Deleted VARIABLE: PRCRehabEndDate (PRC Comprehensive Rehab End Date)

QUESTIONS

QUESTION: We have a patient who went to the following facilities: Civilian ER to Non-PRC rehab facility to PRC to PTRP to PRC and back to PTRP. How should all these dates be coded?

ANSWER: The first PRC discharge date should be the rehab discharge date. The subsequent PTRP and PRC admissions would each be counted as re-hospitalizations. The MPAI should be collected from the first PTRP admission.

DEFINITION

The "PTRP" set of variables includes the following:

1) PTRP Admission Date
2) PTRP Discharge Date
3) Transferred To Transitional Program After Rehab Discharge

VARIABLES

Name	Description	Date Added	Date Removed
PTRIPadm	**PTRP Admission Date**	**02/01/2009**	
Question:	**Date of PTRP Admission**		
08/08/8888	Not Applicable	*02/01/2009*	
09/09/9999	Unknown	*02/01/2009*	
PTRIPdis	**PTRP Discharge Date**	**02/01/2009**	
Question:	**Date of PTRP Discharge**		
08/08/8888	Not Applicable	*02/01/2009*	
09/09/9999	Unknown	*02/01/2009*	
RehdisTrans	**Transferred to Transitional Program**	**02/01/2009**	
Question:	**Transferred to Transitional Program after Rehab Discharge**		
1	No	*02/01/2009*	
2	Yes	*02/01/2009*	
8	Not Applicable	*02/01/2009*	
9	Unknown	*02/01/2009*	

NOTE

"Transferred to Transitional Program" refers to the VA transitional/residential program. Note: the MPAI-4 should be collected at admission and discharge from the transitional program (see variable 193).

Cases transferred to a PTRP facility should be coded as living with "other residents" at an "adult home" at the point of discharge.

For cases admitted directly to PTRP, enter the admission and discharge dates under 'PTRP Admission Date', and 'PRTP Discharge Date'. For' PRC Admission Date' and 'PRC Discharge Date', enter '08/08/8888 - Not Applicable'. For 'Transfer to Transitional Program', enter '8-Not Applicable'.

HISTORY

Date of Change	Description
10/01/2013	Began collecting PTRP admit and discharge dates on the Form I Medical Record Abstraction Form rather than the MPAI-4 Form, corresponding with inclusion criteria being expanded to include cases admitted directly to PTRP.

DEFINITION

The first coded cause of death is the primary cause. Thereafter list secondary cause and/or external cause of death, if applicable. For more information, see: External Links

VARIABLES

Name	Description	Date Added	Date Removed
DeathCause1	**Primary Cause of Death ICD Code**	**01/03/1900**	
Question:	**Primary Cause of Death ICD Code**		
77777	Person Expired But Cause Unknown	*01/01/1900*	
88888	Not Applicable (Person alive or no other internal cause of death indicated, or death due to external causes)	*01/01/1900*	
99999	Unknown, if person Expired	*01/01/1900*	
DeathCause2	**Secondary Cause of Death ICD Code**	**01/03/1900**	
Question:	**Secondary Cause of Death ICD Code**		
77777	Person Expired But Cause of Death Unknown	*01/01/1900*	
88888	Not Applicable (Person alive or no other internal cause of death indicated, or death due to external causes)	*01/01/1900*	
99999	Unknown, if person Expired	*01/01/1900*	
DeathECode	**Cause of Death External- ICD Code**	**01/03/1900**	
Question:	**Cause of Death External- ICD Code**		
77777	Person Expired But Cause of Death Unknown	*01/01/1900*	
88888	Not Applicable (Person alive or death not due to external causes)	*01/01/1900*	
99999	Unknown, if person Expired	*01/01/1900*	

CODE

Code the two boxes for the ICD-9-CM codes and the box for the External Cause of Injury Codes (E-codes) as follows.

ICD-9-CM code boxes:
For a list of ICD-9 codes, refer to an ICD-9 code manual at your facility.
See also, External Links - Online ICD-9 Coding Manual.

E-code box:
For an abbreviated list of E-codes, see External Links - ICD-9-CM E-Code Categories.
See also, External Links - List of E-Codes.

NOTE

Use the Guidelines for Coding Primary Cause of Death external link for instructions on how to code cause of death.

Every attempt should be made to obtain the death certificate. The death certificate should be used as the primary source to code cause of death. If the death certificate cannot be obtained (e.g., the state health department of residence does not have a certificate on file for that person), the next best source should be used (e.g., listing of cause of death in hospital record where person died, family member report, etc.)

Submit Form I data to the data base on patients which expire anytime after inpatient rehabilitation has begun and prior to definitive discharge from inpatient rehabilitation; even if the patient was transferred back to acute care from rehabilitation prior to expiring.

If the causes of death are already coded on the death certificate, do not use these codes because they may not be accurate and/or they may be ICD-10 codes. Please code the causes of death yourself by using the Guidelines referred to above. If you need assistance, please contact the NDSC.

ICD codes that are preceded by "E" are entered into Cause of Death External-Code box, never into the Cause of Death ICD code boxes.

Upon analysis if a person has an External-Code, it will be treated as the primary cause of death.

EXAMPLE

Patient died of unspecified septicemia (primary cause) and unspecified pneumonia (secondary). Code:

DeathCause1 (Primary, ICD-9-CM code) : 038.9
DeathCause2 (Secondary, ICD-9-CM code) : 486._
DeathECode : 88888

HISTORY

Date of Change	Description
04/01/2011	Added NOTE : Upon analysis if a person has an E-Code, it will be treated as the primary cause of death. Updated EXTERNAL LINK : Guidelines for Coding Primary Cause of Death (Removed verbiage under item F stating that if an E-Code is present, it should be listed first).
10/01/2010	Added External Link: Online ICD-9 Coding Manual.
10/01/2009	Added NOTE : If expired, complete only the variables listed on p3 of SOP 105b.
04/01/2009	Changed NOTES: Emphasis placed upon obtaining death certificates.

SOURCE

UAB

ICD-9-CM 2001: International Classification of Diseases 9th Revision Clinical Modification, AMA Press. Volume 1, 2000, 251-279. ISBN: 1579471501.

DEFINITION

The FIM instrument is a measure of disability. It is intended to measure what the person with the disability actually does, not what he or she ought to be able to do, or might be able to do if certain circumstances were different. It is to be completed based on assessment over 3 calendar days for each assessment period.

FIM instrument data are to be collected according to the current (10/01/2012) IRF-PAI coding instructions (see External Links, supplemented by any further instructions in your syllabus). Information about the FIM can be found in the IRF-PAI manual in section III, pages 39-95. If it is not possible for your Center to follow the correct manual, notify the TBINDC.

VARIABLES

Name	Description	Date Added	Date Removed
FIMFeedA	**Eating**	**01/03/1900**	
Question:	**Eating**		
0	Activity Does Not Occur	*01/01/1900*	
1	Total Assist (< 25%)	*01/01/1900*	
2	Maximal Assist (25 - 49%)	*01/01/1900*	
3	Moderate Assist (50 - 74%)	*01/01/1900*	
4	Minimal Assist (>= 75%)	*01/01/1900*	
5	Supervision (100%)	*01/01/1900*	
6	Modified Independence (Extra time, device)	*01/01/1900*	
7	Complete Independence (Timely, Safely)	*01/01/1900*	
9	Unknown: Assessed at more than 72 hours	*01/01/1900*	
FIMGroomA	**Grooming**	**01/03/1900**	
Question:	**Grooming**		
0	Activity Does Not Occur	*01/01/1900*	
1	Total Assist (< 25%)	*01/01/1900*	
2	Maximal Assist (25 - 49%)	*01/01/1900*	
3	Moderate Assist (50 - 74%)	*01/01/1900*	
4	Minimal Assist (>= 75%)	*01/01/1900*	
5	Supervision (100%)	*01/01/1900*	
6	Modified Independence (Extra time, device)	*01/01/1900*	
7	Complete Independence (Timely, Safely)	*01/01/1900*	
9	Unknown: Assessed at more than 72 hours	*01/01/1900*	
FIMBathA	**Bathing**	**01/03/1900**	
Question:	**Bathing**		
0	Activity Does Not Occur	*01/01/1900*	
1	Total Assist (< 25%)	*01/01/1900*	
2	Maximal Assist (25 - 49%)	*01/01/1900*	
3	Moderate Assist (50 - 74%)	*01/01/1900*	
4	Minimal Assist (>= 75%)	*01/01/1900*	
5	Supervision (100%)	*01/01/1900*	
6	Modified Independence (Extra time, device)	*01/01/1900*	
7	Complete Independence (Timely, Safely)	*01/01/1900*	
9	Unknown: Assessed at more than 72 hours	*01/01/1900*	
FIMDrupA	**Dressing Upper Body**	**01/03/1900**	
Question:	**Dressing Upper Body**		
0	Activity Does Not Occur	*01/01/1900*	
1	Total Assist (< 25%)	*01/01/1900*	
2	Maximal Assist (25 - 49%)	*01/01/1900*	
3	Moderate Assist (50 - 74%)	*01/01/1900*	
4	Minimal Assist (>= 75%)	*01/01/1900*	
5	Supervision (100%)	*01/01/1900*	
6	Modified Independence (Extra time, device)	*01/01/1900*	
7	Complete Independence (Timely, Safely)	*01/01/1900*	
9	Unknown: Assessed at more than 72 hours	*01/01/1900*	

FIMDrsdwnA	Dressing Lower Body	01/03/1900
Question:	**Dressing Lower Body**	
0	Activity Does Not Occur	*01/01/1900*
1	Total Assist (< 25%)	*01/01/1900*
2	Maximal Assist (25 - 49%)	*01/01/1900*
3	Moderate Assist (50 - 74%)	*01/01/1900*
4	Minimal Assist (>= 75%)	*01/01/1900*
5	Supervision (100%)	*01/01/1900*
6	Modified Independence (Extra time, device)	*01/01/1900*
7	Complete Independence (Timely, Safely)	*01/01/1900*
9	Unknown: Assessed at more than 72 hours	*01/01/1900*

FIMToiletA	Toileting	01/03/1900
Question:	**Toileting**	
0	Activity Does Not Occur	*01/01/1900*
1	Total Assist (< 25%)	*01/01/1900*
2	Maximal Assist (25 - 49%)	*01/01/1900*
3	Moderate Assist (50 - 74%)	*01/01/1900*
4	Minimal Assist (>= 75%)	*01/01/1900*
5	Supervision (100%)	*01/01/1900*
6	Modified Independence (Extra time, device)	*01/01/1900*
7	Complete Independence (Timely, Safely)	*01/01/1900*
9	Unknown: Assessed at more than 72 hours	*01/01/1900*

FIMBladMgtA	Bladder Management	01/03/1900
Question:	**Bladder Management**	
1	Total Assist (< 25%)	*01/01/1900*
2	Maximal Assist (25 - 49%)	*01/01/1900*
3	Moderate Assist (50 - 74%)	*01/01/1900*
4	Minimal Assist (>= 75%)	*01/01/1900*
5	Supervision (100%)	*01/01/1900*
6	Modified Independence (Extra time, device)	*01/01/1900*
7	Complete Independence (Timely, Safely)	*01/01/1900*
9	Unknown: Assessed at more than 72 hours	*01/01/1900*

FIMBwlMgtA	Bowel Management	01/03/1900
Question:	**Bowel Management**	
1	Total Assist (< 25%)	*01/01/1900*
2	Maximal Assist (25 - 49%)	*01/01/1900*
3	Moderate Assist (50 - 74%)	*01/01/1900*
4	Minimal Assist (>= 75%)	*01/01/1900*
5	Supervision (100%)	*01/01/1900*
6	Modified Independence (Extra time, device)	*01/01/1900*
7	Complete Independence (Timely, Safely)	*01/01/1900*
9	Unknown: Assessed at more than 72 hours	*01/01/1900*

FIMBedTransA	Bed Chair Wheelchair Transfers	01/03/1900
Question:	**Bed Chair Wheelchair Transfers**	
0	Activity Does Not Occur	*01/01/1900*
1	Total Assist (< 25%)	*01/01/1900*
2	Maximal Assist (25 - 49%)	*01/01/1900*
3	Moderate Assist (50 - 74%)	*01/01/1900*
4	Minimal Assist (>= 75%)	*01/01/1900*
5	Supervision (100%)	*01/01/1900*
6	Modified Independence (Extra time, device)	*01/01/1900*
7	Complete Independence (Timely, Safely)	*01/01/1900*
9	Unknown: Assessed at more than 72 hours	*01/01/1900*

FIMToilTransA	Toilet Transfers	01/03/1900
Question:	**Toilet Transfers**	

0	Activity Does Not Occur	01/01/1900
1	Total Assist (< 25%)	01/01/1900
2	Maximal Assist (25 - 49%)	01/01/1900
3	Moderate Assist (50 - 74%)	01/01/1900
4	Minimal Assist (>= 75%)	01/01/1900
5	Supervision (100%)	01/01/1900
6	Modified Independence (Extra time, device)	01/01/1900
7	Complete Independence (Timely, Safely)	01/01/1900
9	Unknown: Assessed at more than 72 hours	01/01/1900

FIMTubTransA **Tub or Shower Transfers** **01/03/1900**

Question: **Tub or Shower Transfers**

0	Activity Does Not Occur	01/01/1900
1	Total Assist (< 25%)	01/01/1900
2	Maximal Assist (25 - 49%)	01/01/1900
3	Moderate Assist (50 - 74%)	01/01/1900
4	Minimal Assist (>= 75%)	01/01/1900
5	Supervision (100%)	01/01/1900
6	Modified Independence (Extra time, device)	01/01/1900
7	Complete Independence (Timely, Safely)	01/01/1900
9	Unknown: Assessed at more than 72 hours	01/01/1900

FIMWalkingA **Walking** **01/03/1900**

Question: **Walking**

0	Activity Does Not Occur	01/01/1900
1	Total Assist (< 25%)	01/01/1900
2	Maximal Assist (25 - 49%)	01/01/1900
3	Moderate Assist (50 - 74%)	01/01/1900
4	Minimal Assist (>= 75%)	01/01/1900
5	Supervision (100%)	01/01/1900
6	Modified Independence (Extra time, device)	01/01/1900
7	Complete Independence (Timely, Safely)	01/01/1900
9	Unknown: Assessed at more than 72 hours	01/01/1900

FIMwcA **Wheelchair** **01/03/1900**

Question: **Wheelchair**

0	Activity Does Not Occur	01/01/1900
1	Total Assist (< 25%)	01/01/1900
2	Maximal Assist (25 - 49%)	01/01/1900
3	Moderate Assist (50 - 74%)	01/01/1900
4	Minimal Assist (>= 75%)	01/01/1900
5	Supervision (100%)	01/01/1900
6	Modified Independence (Extra time, device)	01/01/1900
7	Complete Independence (Timely, Safely)	01/01/1900
8	Not Applicable: Patient walking or not using a wheelchair	01/01/1900
9	Unknown: Assessed at more than 72 hours	01/01/1900

FIMStairsA **Stairs** **01/03/1900**

Question: **Stairs**

0	Activity Does Not Occur	01/01/1900
1	Total Assist (< 25%)	01/01/1900
2	Maximal Assist (25 - 49%)	01/01/1900
3	Moderate Assist (50 - 74%)	01/01/1900
4	Minimal Assist (>= 75%)	01/01/1900
5	Supervision (100%)	01/01/1900
6	Modified Independence (Extra time, device)	01/01/1900
7	Complete Independence (Timely, Safely)	01/01/1900
9	Unknown: Assessed at more than 72 hours	01/01/1900

FIMCompA **Comprehension** **01/03/1900**

Question: **Comprehension**

1	Total Assist (< 25%)	*01/01/1900*
2	Maximal Assist (25 - 49%)	*01/01/1900*
3	Moderate Assist (50 - 74%)	*01/01/1900*
4	Minimal Assist (>= 75%)	*01/01/1900*
5	Supervision (100%)	*01/01/1900*
6	Modified Independence (Extra time, device)	*01/01/1900*
7	Complete Independence (Timely, Safely)	*01/01/1900*
9	Unknown: Assessed at more than 72 hours	*01/01/1900*

FIMExpressA **Expression** **01/03/1900**

Question: **Expression**

1	Total Assist (< 25%)	*01/01/1900*
2	Maximal Assist (25 - 49%)	*01/01/1900*
3	Moderate Assist (50 - 74%)	*01/01/1900*
4	Minimal Assist (>= 75%)	*01/01/1900*
5	Supervision (100%)	*01/01/1900*
6	Modified Independence (Extra time, device)	*01/01/1900*
7	Complete Independence (Timely, Safely)	*01/01/1900*
9	Unknown: Assessed at more than 72 hours	*01/01/1900*

FIMSocialA **Social Interaction** **01/03/1900**

Question: **Social Interaction**

1	Total Assist (< 25%)	*01/01/1900*
2	Maximal Assist (25 - 49%)	*01/01/1900*
3	Moderate Assist (50 - 74%)	*01/01/1900*
4	Minimal Assist (>= 75%)	*01/01/1900*
5	Supervision (100%)	*01/01/1900*
6	Modified Independence (Extra time, device)	*01/01/1900*
7	Complete Independence (Timely, Safely)	*01/01/1900*
9	Unknown: Assessed at more than 72 hours	*01/01/1900*

FIMProbSlvA **Problem Solving** **01/03/1900**

Question: **Problem Solving**

1	Total Assist (< 25%)	*01/01/1900*
2	Maximal Assist (25 - 49%)	*01/01/1900*
3	Moderate Assist (50 - 74%)	*01/01/1900*
4	Minimal Assist (>= 75%)	*01/01/1900*
5	Supervision (100%)	*01/01/1900*
6	Modified Independence (Extra time, device)	*01/01/1900*
7	Complete Independence (Timely, Safely)	*01/01/1900*
9	Unknown: Assessed at more than 72 hours	*01/01/1900*

FIMMemA **Memory** **01/03/1900**

Question: **Memory**

1	Total Assist (< 25%)	*01/01/1900*
2	Maximal Assist (25 - 49%)	*01/01/1900*
3	Moderate Assist (50 - 74%)	*01/01/1900*
4	Minimal Assist (>= 75%)	*01/01/1900*
5	Supervision (100%)	*01/01/1900*
6	Modified Independence (Extra time, device)	*01/01/1900*
7	Complete Independence (Timely, Safely)	*01/01/1900*
9	Unknown: Assessed at more than 72 hours	*01/01/1900*

FIMFeedD **Eating** **01/03/1900**

Question: **Eating**

1	Total Assist (< 25%)	*01/01/1900*
2	Maximal Assist (25 - 49%)	*01/01/1900*
3	Moderate Assist (50 - 74%)	*01/01/1900*
4	Minimal Assist (>= 75%)	*01/01/1900*

5	Supervision (100%)	*01/01/1900*
6	Modified Independence (Extra time, device)	*01/01/1900*
7	Complete Independence (Timely, Safely)	*01/01/1900*
8	Not Applicable	*02/01/2009*
9	Unknown: Assessed at more than 72 hours	*01/01/1900*

FIMGroomD — Grooming — 01/03/1900

Question: **Grooming**

1	Total Assist (< 25%)	*01/01/1900*
2	Maximal Assist (25 - 49%)	*01/01/1900*
3	Moderate Assist (50 - 74%)	*01/01/1900*
4	Minimal Assist (>= 75%)	*01/01/1900*
5	Supervision (100%)	*01/01/1900*
6	Modified Independence (Extra time, device)	*01/01/1900*
7	Complete Independence (Timely, Safely)	*01/01/1900*
8	Not Applicable	*02/01/2009*
9	Unknown: Assessed at more than 72 hours	*01/01/1900*

FIMBathD — Bathing — 01/03/1900

Question: **Bathing**

1	Total Assist (< 25%)	*01/01/1900*
2	Maximal Assist (25 - 49%)	*01/01/1900*
3	Moderate Assist (50 - 74%)	*01/01/1900*
4	Minimal Assist (>= 75%)	*01/01/1900*
5	Supervision (100%)	*01/01/1900*
6	Modified Independence (Extra time, device)	*01/01/1900*
7	Complete Independence (Timely, Safely)	*01/01/1900*
8	Not Applicable	*02/01/2009*
9	Unknown: Assessed at more than 72 hours	*01/01/1900*

FIMDrupD — Dressing Upper Body — 01/03/1900

Question: **Dressing Upper Body**

1	Total Assist (< 25%)	*01/01/1900*
2	Maximal Assist (25 - 49%)	*01/01/1900*
3	Moderate Assist (50 - 74%)	*01/01/1900*
4	Minimal Assist (>= 75%)	*01/01/1900*
5	Supervision (100%)	*01/01/1900*
6	Modified Independence (Extra time, device)	*01/01/1900*
7	Complete Independence (Timely, Safely)	*01/01/1900*
8	Not Applicable	*02/01/2009*
9	Unknown: Assessed at more than 72 hours	*01/01/1900*

FIMDrsdwnD — Dressing Lower Body — 01/03/1900

Question: **Dressing Lower Body**

1	Total Assist (< 25%)	*01/01/1900*
2	Maximal Assist (25 - 49%)	*01/01/1900*
3	Moderate Assist (50 - 74%)	*01/01/1900*
4	Minimal Assist (>= 75%)	*01/01/1900*
5	Supervision (100%)	*01/01/1900*
6	Modified Independence (Extra time, device)	*01/01/1900*
7	Complete Independence (Timely, Safely)	*01/01/1900*
8	Not Applicable	*02/01/2009*
9	Unknown: Assessed at more than 72 hours	*01/01/1900*

FIMToiletD — Toileting — 01/03/1900

Question: **Toileting**

1	Total Assist (< 25%)	*01/01/1900*
2	Maximal Assist (25 - 49%)	*01/01/1900*
3	Moderate Assist (50 - 74%)	*01/01/1900*
4	Minimal Assist (>= 75%)	*01/01/1900*

5	Supervision (100%)	*01/01/1900*
6	Modified Independence (Extra time, device)	*01/01/1900*
7	Complete Independence (Timely, Safely)	*01/01/1900*
8	Not Applicable	*02/01/2009*
9	Unknown: Assessed at more than 72 hours	*01/01/1900*

FIMBladMgtD — Bladder Management — 01/03/1900

Question: Bladder Management

1	Total Assist (< 25%)	*01/01/1900*
2	Maximal Assist (25 - 49%)	*01/01/1900*
3	Moderate Assist (50 - 74%)	*01/01/1900*
4	Minimal Assist (>= 75%)	*01/01/1900*
5	Supervision (100%)	*01/01/1900*
6	Modified Independence (Extra time, device)	*01/01/1900*
7	Complete Independence (Timely, Safely)	*01/01/1900*
8	Not Applicable	*02/01/2009*
9	Unknown: Assessed at more than 72 hours	*01/01/1900*

FIMBwlMgtD — Bowel Management — 01/03/1900

Question: Bowel Management

1	Total Assist (< 25%)	*01/01/1900*
2	Maximal Assist (25 - 49%)	*01/01/1900*
3	Moderate Assist (50 - 74%)	*01/01/1900*
4	Minimal Assist (>= 75%)	*01/01/1900*
5	Supervision (100%)	*01/01/1900*
6	Modified Independence (Extra time, device)	*01/01/1900*
7	Complete Independence (Timely, Safely)	*01/01/1900*
8	Not Applicable	*02/01/2009*
9	Unknown: Assessed at more than 72 hours	*01/01/1900*

FIMBedTransD — Bed Chair Wheelchair Transfers — 01/03/1900

Question: Bed Chair Wheelchair Transfers

1	Total Assist (< 25%)	*01/01/1900*
2	Maximal Assist (25 - 49%)	*01/01/1900*
3	Moderate Assist (50 - 74%)	*01/01/1900*
4	Minimal Assist (>= 75%)	*01/01/1900*
5	Supervision (100%)	*01/01/1900*
6	Modified Independence (Extra time, device)	*01/01/1900*
7	Complete Independence (Timely, Safely)	*01/01/1900*
8	Not Applicable	*02/01/2009*
9	Unknown: Assessed at more than 72 hours	*01/01/1900*

FIMToilTransD — Toilet Transfers — 01/03/1900

Question: Toilet Transfers

1	Total Assist (< 25%)	*01/01/1900*
2	Maximal Assist (25 - 49%)	*01/01/1900*
3	Moderate Assist (50 - 74%)	*01/01/1900*
4	Minimal Assist (>= 75%)	*01/01/1900*
5	Supervision (100%)	*01/01/1900*
6	Modified Independence (Extra time, device)	*01/01/1900*
7	Complete Independence (Timely, Safely)	*01/01/1900*
8	Not Applicable	*02/01/2009*
9	Unknown: Assessed at more than 72 hours	*01/01/1900*

FIMTubTransD — Tub or Shower Transfers — 01/03/1900

Question: Tub or Shower Transfers

1	Total Assist (< 25%)	*01/01/1900*
2	Maximal Assist (25 - 49%)	*01/01/1900*
3	Moderate Assist (50 - 74%)	*01/01/1900*
4	Minimal Assist (>= 75%)	*01/01/1900*

5	Supervision (100%)	*01/01/1900*
6	Modified Independence (Extra time, device)	*01/01/1900*
7	Complete Independence (Timely, Safely)	*01/01/1900*
8	Not Applicable	*02/01/2009*
9	Unknown: Assessed at more than 72 hours	*01/01/1900*

FIMLocoModeD — **Walking/Wheelchair Mode** — **01/03/1900**

Question: **Walking/Wheelchair Mode**

c	Wheelchair	*01/01/1900*
w	Walk	*01/01/1900*
8	Not Applicable	*02/01/2009*
9	Unknown: Assessed at more than 72 hours	*01/01/1900*

FIMLocoD — **Walking/Wheelchair** — **01/03/1900**

Question: **Walking/Wheelchair**

1	Total Assist (< 25%)	*01/01/1900*
2	Maximal Assist (25 - 49%)	*01/01/1900*
3	Moderate Assist (50 - 74%)	*01/01/1900*
4	Minimal Assist (>= 75%)	*01/01/1900*
5	Supervision (100%)	*01/01/1900*
6	Modified Independence (Extra time, device)	*01/01/1900*
7	Complete Independence (Timely, Safely)	*01/01/1900*
8	Not Applicable	*02/01/2009*
9	Unknown: Assessed at more than 72 hours	*01/01/1900*

FIMStairsD — **Stairs** — **01/03/1900**

Question: **Stairs**

1	Total Assist (< 25%)	*01/01/1900*
2	Maximal Assist (25 - 49%)	*01/01/1900*
3	Moderate Assist (50 - 74%)	*01/01/1900*
4	Minimal Assist (>= 75%)	*01/01/1900*
5	Supervision (100%)	*01/01/1900*
6	Modified Independence (Extra time, device)	*01/01/1900*
7	Complete Independence (Timely, Safely)	*01/01/1900*
8	Not Applicable	*02/01/2009*
9	Unknown: Assessed at more than 72 hours	*01/01/1900*

FIMCompD — **Comprehension** — **01/03/1900**

Question: **Comprehension**

1	Total Assist (< 25%)	*01/01/1900*
2	Maximal Assist (25 - 49%)	*01/01/1900*
3	Moderate Assist (50 - 74%)	*01/01/1900*
4	Minimal Assist (>= 75%)	*01/01/1900*
5	Supervision (100%)	*01/01/1900*
6	Modified Independence (Extra time, device)	*01/01/1900*
7	Complete Independence (Timely, Safely)	*01/01/1900*
8	Not Applicable	*02/01/2009*
9	Unknown: Assessed at more than 72 hours	*01/01/1900*

FIMExpressD — **Expression** — **01/03/1900**

Question: **Expression**

1	Total Assist (< 25%)	*01/01/1900*
2	Maximal Assist (25 - 49%)	*01/01/1900*
3	Moderate Assist (50 - 74%)	*01/01/1900*
4	Minimal Assist (>= 75%)	*01/01/1900*
5	Supervision (100%)	*01/01/1900*
6	Modified Independence (Extra time, device)	*01/01/1900*
7	Complete Independence (Timely, Safely)	*01/01/1900*
8	Not Applicable	*02/01/2009*
9	Unknown: Assessed at more than 72 hours	*01/01/1900*

FIMSocialD	Social Interaction	01/03/1900
Question:	Social Interaction	
1	Total Assist (< 25%)	01/01/1900
2	Maximal Assist (25 - 49%)	01/01/1900
3	Moderate Assist (50 - 74%)	01/01/1900
4	Minimal Assist (>= 75%)	01/01/1900
5	Supervision (100%)	01/01/1900
6	Modified Independence (Extra time, device)	01/01/1900
7	Complete Independence (Timely, Safely)	01/01/1900
8	Not Applicable	02/01/2009
9	Unknown: Assessed at more than 72 hours	01/01/1900

FIMProbSlvD	Problem Solving	01/03/1900
Question:	Problem Solving	
1	Total Assist (< 25%)	01/01/1900
2	Maximal Assist (25 - 49%)	01/01/1900
3	Moderate Assist (50 - 74%)	01/01/1900
4	Minimal Assist (>= 75%)	01/01/1900
5	Supervision (100%)	01/01/1900
6	Modified Independence (Extra time, device)	01/01/1900
7	Complete Independence (Timely, Safely)	01/01/1900
8	Not Applicable	02/01/2009
9	Unknown: Assessed at more than 72 hours	01/01/1900

FIMMemD	Memory	01/03/1900
Question:	Memory	
1	Total Assist (< 25%)	01/01/1900
2	Maximal Assist (25 - 49%)	01/01/1900
3	Moderate Assist (50 - 74%)	01/01/1900
4	Minimal Assist (>= 75%)	01/01/1900
5	Supervision (100%)	01/01/1900
6	Modified Independence (Extra time, device)	01/01/1900
7	Complete Independence (Timely, Safely)	01/01/1900
8	Not Applicable	02/01/2009
9	Unknown: Assessed at more than 72 hours	01/01/1900

CODE

NOTE

All FIM items must be scored. Record what patient actually does. If FIM assessment cannot be completed within the window of 3 calendar days, it should still reflect the patients' status within that time period. If this is not possible and the assessments are done out of the window of 3 calendar days, code with 9's. Every effort should be made to obtain the FIM assessments; however, if any items are not assessed, use code "9. Unknown." Do not leave blanks.

According to the UDS Procedures for Scoring the FIM instrument, "if the subject would be put at risk for injury if tested or does not perform the activity, enter 1." Use this same rule for the TBI Model Systems FIM instrument data collection.

According to the UDS procedures for scoring the FIM instrument, "the mode of locomotion for FIM item Walking/Wheelchair must be the same on admission and discharge; if the subject changes the mode of locomotion from admission to discharge (usually wheelchair to walking), record the admission mode and score based on the most frequent mode of locomotion at discharge". Therefore, for the TBI Model Systems FIM data collection for FIM Walking/Wheelchair, score both modes of locomotion (Walking and Wheelchair) on admission. The total admission score will be calculated by the computer and based on the UDS procedure described above (i.e., if the discharge mode is walking, the admission score for walking is used; if the discharge mode is wheelchair, the admission score for wheelchair is used.

For admission Walking/Wheelchair items, if patient is walking and not using wheelchair, code Wheelchair On Admission as "8. Not Applicable." If patient is unable to walk on admission, code Walking On Admission as "1. Total Assist." If, at discharge, patient is walking AND using a wheelchair, code Walking/Wheelchair - Mode At Discharge as the more frequently used mode of locomotion. Do not use the code "b. Both" (as is indicated by UDS instructions). If FIM scores provided by your hospital include "b" codes, use all sources of information to determine the more frequent mode of locomotion at the time of evaluation and code either "w" or "c" as appropriate. If the more frequent mode of locomotion cannot be determined, code

"9. Unknown."

If patient has an intermittent acute care stay during inpatient rehabilitation, use the FIM scores from the first rehabilitation admission and the last definitive discharge. In addition, if a patient has an intermittent stay which is longer than 30 days, it is then considered a system discharge and the discharge date from rehabilitation is the system discharge date and the FIM scores should correspond to that date.

For Eating, Grooming, Bathing, Dressing Upper and Lower Body, Toileting and Transfers, at the admission evaluation only, if patient does not perform the activity and a helper does not perform the activity for the patient, assign code "0. Activity Does Not Occur." If the patient is simply not observed performing an activity, do not code "0" until all available sources of information have been consulted (e.g., other clinicians, medical record, family members). If at discharge evaluation an activity is not performed, assign code "1. Total Assist" (do not use the "0" code at the discharge evaluation).

For Bladder Management, if patient does not void (e.g., renal failure and on hemodialysis), assign code "7. Complete Independence."

All FIM items have an "assessment time period". The assessment time period for all FIM items (except 8b and 9b-see below) is 3 days. Scoring reflects the patient's poorest (most dependent) functioning during the assessment time period. The evaluation is therefore not a snap-shot of the patient's performance at the time of evaluation, but a summary of performance over the entire assessment time period.

For Frequency of Bladder Accidents and Frequency of Bowel Accidents, the assessment time period is 7 days - that is, the number of accidents is counted across the 7 days prior to the patient's FIM evaluation. Because the admission FIM evaluation must be done at the end of the first 3 days after rehab admission, the assessment time period therefore includes the 4 days prior to rehab admission. If information is not available from this 4-day period, then treat only the 3 days after rehab admission as the assessment time period. No adjustment in scoring of items Bladder and Bowel Frequency of Accidents is made when the assessment time period is shorter than 7 days.

Wearing of eyeglasses causes Comprehension to be scored "6" only if the person's primary form of comprehension is visual (rather than auditory, which is usually primary).

The patient's score on measures of function should not reflect arbitrary limitations or circumstances imposed by the facility. For example, a patient who can routinely ambulate more than 150 feet throughout the day with supervision (score of 5 for FIM Locomotion: Walking/Wheelchair item), but who is observed to ambulate only 20 feet at night to use the toilet because that is the distance from his/her bed, should receive a Walk score of 5 rather than a lower score (IRF-PAI Training Manual 1/16/02, page III-4).

FIM scores may be abstracted from the medical record as long as the notes are specific (e.g. "patient feeding themselves independently"; "patient is unable to ambulate"; "patient needs the assistance of two people for all transfers").

EXAMPLE

It is not possible to display information in columns in the live syllabus, which is important for displaying the example for the FIM instrument. A more neatly formated example is available. See External Links.

Admission/Discharge

SELF CARE ITEMS:
Eating : 2 / 4
Grooming : 1 / 4
Bathing : 2 / 3
Dressing Upper Body : 3 / 5
Dressing Lower Body : 3 / 5
Toileting : 2 / 4

SPHINCTER CONTROL:
Bladder Management : 3 / 5
Level of assistance : 4 / 5
Frequency of accidents : 3 / 6
Bowel Management : 4 / 5
Level of assistance : 4 / 6
Frequency of accidents : 5 / 5

MOBILITY ITEMS:
Transfers technique
Bed, Chair, Wheelchair Transfers : 3 / 4
Toilet Transfers : 4 / 6
Tub or Shower Transfers : 3 / 3
Walking (on admission) : 3
Wheelchair (on admission) : 3

Walking/Wheelchair (on discharge) : w / 3
Stair : 3 / 3

COMMUNICATIONS:
Comprehension : 7 / 7
Expression : 6 / 6

PSYCHOSOCIAL ADJUSTMENT ITEMS:
Social Interaction : 6 / 5

COGNITIVE FUNCTION:
Problem Solving : 5 / 6
Memory : 4 / 5

HISTORY

Date of Change	Description
07/01/2015	Added to SOURCES: UDS copyright statement
07/01/2015	Updated 'FIM' to 'FIM Instrument' where appropriate ins DEFINITIONS, NOTES, and SOURCES per current license agreement requirements
10/01/2014	Updated EXTERNAL LINK : IRF-PAI instructions for FIM data collection. Previous IRF-PAI manual has been archived by the NDSC, and is available by request.
10/01/2014	Deleted DEFINITION : FIM data are to be collected according to the current (4/1/04) IRF-PAI coding instructions See External Links, supplemented by any further instructions in your syllabus. Information about the FIM can be found in the IRF-PAI manual in section III, pages 10-57. If it is not possible for your Center to follow the correct manual, notify the TBINDC.
10/01/2014	Added DEFINITION : FIM data are to be collected according to the current (10/01/2012) IRF-PAI coding instructions (see External Links, supplemented by any further instructions in your syllabus). Information about the FIM can be found in the IRF-PAI manual in section III, pages 39-95. If it is not possible for your Center to follow the correct manual, notify the TBINDC.
10/01/2013	Removed: Bladder/Bowel Modifier variables
10/01/2013	Removed NOTE: Level of Assistance and Frequency of Accidents are recorded for Bladder Management and Bowel Management. For Frequency of Accidents for both Bowel and Bladder, the assessment time period is 7 days-that is, the number of accidents is counted across the 7 days prior to the patient's FIM evaluation. If information is not available from the entire 7-day period, then record over the number of days (at least the 3 days prior to evaluation) for which information is available. No adjustment in scoring is made when the when the assessment time period is shorter than 7 days.
10/01/2013	Removed NOTE: For Frequency of Bladder Accidents and Frequency of Bowel Accidents, the assessment time period is 7 days - that is, the number of accidents is counted across the 7 days prior to the patient's FIM evaluation. Because the admission FIM evaluation must be done at the end of the first 3 days after rehab admission, the assessment time period therefore includes the 4 days prior to rehab admission. If information is not available from this 4-day period, then treat only the 3 days after rehab admission as the assessment time period. No adjustment in scoring of items Bladder and Bowel Frequency of Accidents is made when the assessment time period is shorter than 7 days.
10/01/2013	Removed DEFINITION: For patients admitted to the emerging coma program (ECP) and did not receive comprehensive rehabilitation: Collect the FIM based on 3 calendar days after admission to the PRC (enter scores under [FIMMOTA] and [FIMCOGA]) and based on 3 calendar days before the PRC discharge date (enter scores under [FIMMOTD] and [FIMCOGD]).
10/01/2013	NOTE added: FIM scores may be abstracted from the medical record as long as the notes are specific (e.g. "patient feeding themselves independently"; "patient is unable to ambulate"; "patient needs the assistance of two people for all transfers")
10/01/2013	Removed DEFINITION: For short stay evaluation only fill out the admission [FIMMOTA] and [FIMCOGA].
07/01/2011	VA - Added date fields for each FIM administration, and NOTES about completing the date fields.
04/01/2010	Dropped Comprehension and Expression "Mode" variables
10/01/2009	Updated DEFINITION : "to be completed based on assessment over 3 calendar days for each assessment period"
10/01/2009	Changed variable name from "Functional Independence Measure" to "FIM" to be consistent with IRF-PAI changes.
07/01/2009	Added NOTE for VA Centers : For short stay evaluations the FIM will be collected within 3 calendar days of admission to the PRC only.
04/01/2009	Added DEFINITION for VA Centers : Described FIM1-3 variable time frames

SOURCE

Uniform Data System for Medical Rehabilitation
232 Parker Hall
SUNY South Campus
3435 Main Street
Buffalo, New York 14214 3007
(716) 829 2076; FAX (716) 829 2080

The IRF-PAI instructions for the FIM instrument are disseminated through the website of The Centers for Medicare and Medicaid Services. For information about the CMMS, go to: http://www.cms.hhs.gov/researchers/projects/APR/2003/facts.pdf.

QUESTIONS

QUESTION: Does the database calculate total admission FIM using walking score or wheelchair score? Is that score directly related to mode of locomotion at discharge? E.g., if walking at d/c then is the walking at adm score used in calculating total score?

ANSWER: Walking score at admission is used if peson is walking at dc, and wheelchair at admission score is used if person is in wheelchair at dc. (This answer can be found in the Data Dictionary in the database.)

QUESTION: We had 17% missing for (FIM w/c adm), all of which were coded unknown because these patients were walking, should these unknowns be coded 0-activity does not occur?

ANSWER: If patient is walking at admission, code FIM Wheelchair on admission as '8-Not Applicable'

QUESTION: According to the UDS procedures, if the FIM activity does not occur at discharge, a score of 1 should be entered. However, we noted in the syllabus a code of 9 can be used for unknown when items are not assessed. If we follow IRF-PAI coding, we would use a 1. Would this be correct?

ANSWER: A code of "1" is correct. At discharge, if an item is not assessed because the patient does not perform the activity, (e.g., patient is unable to perform activity due to an illness or other reasons, or it is unsafe for them to perform the activity) it should be coded as a "1-Total Assistance".
The "9-Unknown" code is specific to the Model Systems and is to be used when the activity was not assessed within the window due to site specific reasons (e.g. therapists were unable to track patient down to rate specific FIM item.)

QUESTION: According to the UDS procedures, if the FIM activity does not occur a score of 1 should be entered. However, we noted in the syllabus a code of 9 can be used for unknown when items are not assessed. If we follow IRF-PAI coding, we would use a 1. Would this be correct?

ANSWER: Yes, a code of "1" is correct. The "9-Unknown" code is specific to the Model Systems and is to be used when the activity was not assessed within the window due to site specific reasons (e.g. therapists were unable to track patient down to assess FIM item.) At discharge, if an item is not assessed because the patient does not perform the activity, (e.g., patient is unable to perform activity due to an illness or other reasons, or it is unsafe for them to perform the activity) it should be coded as a "1-Total Assistance". If the patient was being evaluated at admission with either of these reasons, the score would be a “0”.

QUESTION: If a patient expires during rehab, what are we supposed to do for the discharge FIM items?

ANSWER: According to the current IRF-PAI mannual, "If a patient expires while in the rehabilitation facility, record a score of Level 1 for all discharge FIM items."

DEFINITION

Baseline Height (in inches) and Weight (in pounds) obtained by self-report on the Pre-Injury History Questionnaire.

VARIABLES

Name	Description	Date Added	Date Removed
Height	**Height in Inches**	**10/01/2013**	
Question:	**At the time of your injury, how tall were you without shoes? (In inches)**		
888	Variable Did Not Exist	*10/01/2013*	
999	Unknown	*10/01/2013*	
Weight	**Weight in Pounds**	**10/01/2013**	
Question:	**At the time of your injury, how much did you weigh without shoes? (In pounds)**		
888	Variable Did Not Exist	*10/01/2013*	
999	Unknown	*10/01/2013*	

NOTE

Round up if half inches or pounds are reported.

EXAMPLE

The patient reports their height as 5'10" and weight as 185 lbs.

Height: 70 inches (5 feet * 12 = 60 inches + 10 inches = 70 inches)
Weight: 185 pounds

HISTORY

Date of Change	Description
10/01/2013	Height and Weight variables added to database.

SOURCE

CDC – BMI obesity rate by state; M #53, #54
CDC Survey: The State of Aging and Health in America report assesses the health status and health behaviors of U.S. adults aged 65 years and older and makes recommendations to improve the mental and physical health of all Americans in their later years. The report includes national- and state-based report cards that examine 15 key indicators of older adult health. Data is available for 2003-2004 and 2006-2007.

NHIS
National Health Interview Survey (NHIS)
The National Health Interview Survey (NHIS) has monitored the health of the nation since 1957. NHIS data on a broad range of health topics are collected through personal household interviews. For over 50 years, the U.S. Census Bureau has been the data collection agent for the National Health Interview Survey. Survey results have been instrumental in providing data to track health status, health care access, and progress toward achieving national health objectives.

DEFINITION

Self-reported Ethnicity for two categories: "Hispanic, Latino, or Spanish", and "Not Hispanic, Latino, or Spanish". To code this variable, participants are asked "Are you of Hispanic, Latino, or Spanish origin?"

Self-Reported racial identification for each of the following five categories: "White", "Black, African American", "Asian", "American Indian or Alaskan Native", and "Native Hawaiian or other Pacific Islander". To code these variables, participants are asked "What racial group or groups do you most identify as?". To account for mixed race, all race categories that a participant indicates should be coded.

VARIABLES

Name	Description	Date Added	Date Removed
Ethnicity	**Hispanic/Latino/Spanish**	**10/01/2013**	
Question:	**Are you of Hispanic, Latino, or Spanish origin?**		
1	No	*10/01/2013*	
2	Yes	*10/01/2013*	
7	Refused	*10/01/2013*	
9	Unknown	*10/01/2013*	
RaceWht	**White**	**10/01/2013**	
Question:	**White**		
1	No	*10/01/2013*	
2	Yes	*10/01/2013*	
7	Refused	*10/01/2013*	
9	Unknown	*10/01/2013*	
RaceBlk	**Black or African American**	**10/01/2013**	
Question:	**Black or African American**		
1	No	*10/01/2013*	
2	Yes	*10/01/2013*	
7	Refused	*10/01/2013*	
9	Unknown	*10/01/2013*	
RaceAsn	**Asian**	**10/01/2013**	
Question:	**Asian**		
1	No	*10/01/2013*	
2	Yes	*10/01/2013*	
7	Refused	*10/01/2013*	
9	Unknown	*10/01/2013*	
RaceInd	**American Indian or Alaskan Native**	**10/01/2013**	
Question:	**American Indian or Alaskan Native**		
1	No	*10/01/2013*	
2	Yes	*10/01/2013*	
7	Refused	*10/01/2013*	
9	Unknown	*10/01/2013*	
RacePI	**Native Hawaiian or other Pacific Islander**	**10/01/2013**	
Question:	**Native Hawaiian or other Pacific Islander**		
1	No	*10/01/2013*	
2	Yes	*10/01/2013*	
7	Refused	*10/01/2013*	
9	Unknown	*10/01/2013*	

NOTE

It is acceptable to collect RACE variables from an SO if individual cannot answer for themselves.

Collect one time only - either at Form I, or Form II.

EXAMPLE

Patient reported being of Hispanic, Latino, or Spanish origin, but did not initially report identifying as any of the racial groups listed. At the end of the list, the patient decided that "American Indian" would probably be the closest racial group listed that they would identify as.

Hispanic, Latino, or Spanish Origin: 2
White: 1
Black or African American: 1
Asian: 1
American Indian or Alaskan Native: 2
Native Hawaiian or Other Pacific Islander: 1

HISTORY

Date of Change	Description
10/01/2013	Deleted VARIABLE: Race
10/01/2013	Added VARIABLES: Ethnicity, RaceWht, RaceBlk, RaceAsn, RaceInd, RacePI
10/01/2013	Deleted DEFINITION: Self-reported race. For a list of the specific racial/ethnic groups that fall within in each of the five categories (above), see the "2000 Census of Population and Housing" (US Department of Commerce, 2003), "Summary 1": See - External Links. The race codes are in the "Technical Documentation" section, starting on page 587. (For TBIMS purposes, this list of race codes used in the 2000 census is sufficiently similar to the list used in the 1990 census.)
10/01/2013	Deleted NOTES: Patient's or significant other's statement is preferred to hospital record information. >> Record participant's statement regarding his/her race, or record race of father. >> *In obtaining a statement from the participant regarding his/her race/ethnicity, ambiguity may be resolved by asking which race/ethnicity is more important in his/her daily life. >> The following Bureau of the Census guidelines are to be used to code mixed race: in the event of a mixed white and other race, the other race is used; in the event of mixed races other than white, the race of the father is used.
10/01/2013	Added DEFINITION: Self-reported Ethnicity for two categories: "Hispanic, Latino, or Spanish", and "Not Hispanic, Latino, or Spanish". To code this variable, participants are asked "Are you of Hispanic, Latino, or Spanish origin?" >> Self-Reported racial identification for each of the following five categories: "White", "Black, African American", "Asian", "American Indian or Alaskan Native", and "Native Hawaiian or other Pacific Islander". To code these variables, participants are asked "What racial group or groups do you most identify as?". To account for mixed race, all race categories that a participant indicates should be coded.
10/01/2013	Added NOTE: It is acceptable to collect RACE variables from an SO if individual cannot answer for themselves.
10/01/2013	Deleted SOURCE: 2000 Census, Department of Commerce: See - External Links.
10/01/2013	Added SOURCE: Office of Management and Budget's "Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity." Federal Register, October 30, 1997. www.whitehouse.gov/omb/fedreg_1997standards >> United States Census 2010. www.prb.org/Articles/2009/questionnaire.asp
10/01/2013	Added NOTE: Collect one time only - either at Form I, or Form II.

SOURCE

Office of Management and Budget's "Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity." Federal Register, October 30, 1997. www.whitehouse.gov/omb/fedreg_1997standards

United States Census 2010. www.prb.org/Articles/2009/questionnaire.asp

DEFINITION

Primary Language spoken in the participants home; To code this variable, participants will be asked "What is the primary language spoken in your home?" Languages other than English or Spanish will be recorded in a secondary text field.

VARIABLES

Name	Description	Date Added	Date Removed
LngSpkHm	**Language Spoken at Home: Primary**	**10/01/2013**	
Question:	**What is the primary language spoken in your home?**		
1	English	*10/01/2013*	
2	Spanish	*10/01/2013*	
3	Other Language	*10/01/2013*	
7	Refused	*10/01/2013*	
9	Unknown	*10/01/2013*	
LngSpkHmOth	**Language Spoken at Home: Other**	**10/01/2013**	
Question:	**Language Spoken: (if not English or Spanish)**		

NOTE

For participants enrolled prior to addition of this variable, ask the question at the time of the next Form II follow-up.

If 2 or more languages are spoken in the home, try to get the participant to choose which language they consider to be the primary language.

EXAMPLE

Patient was born in Canada, and reported speaking both French and English. With additional prompting, the predominant language spoken in the home was determined to be English.

LngSpkHm : 1 - English
LngSpkHmOth : (Leave Blank)

HISTORY

Date of Change	Description
10/01/2013	Added VARIABLES: LngSpkHm, and LngSpkHmOth.

QUESTIONS

QUESTION: We just enrolled a participant who was born outside the US. She reported that for the past 30 years, she has spent 3-4 months of every year in the US. How would I code the culture question "How many years have you been in the United States?"

ANSWER: There is a note in the syllabus that states: "If participants have lived in the United States intermittently, with periods separated by time spent in another country, record the total number of years spent in the United States."

MARITAL STATUS

Variable MAR

DEFINITION

Marital status at time just prior to injury.

VARIABLES

Name	Description	Date Added	Date Removed
Mar	**Marital Status**	**01/03/1900**	
Question:	**What is your marital status?**		
1	Single (Never Married) (A person who has never married)	*01/01/1900*	
2	Married (A person who is married, whether legally or by common law)	*01/01/1900*	
3	Divorced (A person who is legally divorced)	*01/01/1900*	
4	Separated (Includes both legal separation and living apart from a married partner)	*01/01/1900*	
5	Widowed	*01/01/1900*	
6	Cohabitation (CODE NO LONGER USED)	*01/01/1900*	*09/13/1994*
7	Other	*01/01/1900*	
9	Unknown	*01/01/1900*	

NOTE

If separated but living together for more than 7 years, code as "2=married".

If married more than once, code to the most recent.

EXAMPLE

Patient was separated from spouse at time of injury

MARITAL STATUS : 4

HISTORY

Date of Change	Description
07/01/2011	Added change of marital status question to VA database
04/01/2011	Added code for separation; Re-assigned existing codes 1-7; Re-coded values in database (see characteristics of data)
04/01/2010	Dropped Long-Term Union/Partnership question

SOURCE

UAB

YEARS OF EDUCATION

Variable EDU

DEFINITION

Number of years of education successfully completed at the time just prior to injury.

VARIABLES

Name	Description	Date Added	Date Removed
EduYears	**Years of Education**	**01/01/2001**	
Question:	**How many years of education have you completed?**		
1	1 Year or Less	*01/01/1900*	
2	2 Years	*01/01/1900*	
3	3 Years	*01/01/1900*	
4	4 Years	*01/01/1900*	
5	5 Years	*01/01/1900*	
6	6 Years	*01/01/1900*	
7	7 Years	*01/01/1900*	
8	8 Years	*01/01/1900*	
9	9 Years	*01/01/1900*	
10	10 Years	*01/01/1900*	
11	11 or 12 Years: No diploma	*01/01/1900*	
12	HS Diploma	*01/01/1900*	
13	Work Toward Associate's	*01/01/1900*	
14	Associate's Degree	*01/01/1900*	
15	Work Toward Bachelor's	*01/01/1900*	
16	Bachelor's Degree	*01/01/1900*	
17	Work Toward Master's	*01/01/1900*	
18	Master's Degree	*01/01/1900*	
19	Work Toward Doctoral Level	*01/01/1900*	
20	Doctoral Level Degree	*01/01/1900*	
77	Other	*01/01/1900*	
99	Unknown	*01/01/1900*	

NOTE

The number of years of education coded may not equal the actual number of years spent in school. For example, a person who is held back two years in elementary school and then drops out of school in the 10th grade (for a total of 11 full years) would be coded has having completed 9 years; or, a person may take 6 years to complete a BA (for a total of 18 years), but, as indicated, only 16 years are coded.

GED, trade school, and other types of schooling not listed, are not counted toward years of education

If person is not sure of number of years, code the greater number.

If person takes a few courses in a college setting with no intention of earning a degree, code "Work toward Associate's degree, no diploma".

If participant attended school in a foreign country, data collectors should prompt the participant to pick the most comparable category.

EXAMPLE

Patient finished high school.

CODE : 12

HISTORY

Date of Change	Description
10/01/2014	Deleted NOTE: "Code years of foreign education completed the same as years of US education. The TBIMS has not yet found a satisfactory method for determining equivalence, and leaves it up to the data collector to confirm/convert levels of education."
10/01/2014	Added NOTE: If participant attended school in a foreign country, data collectors should prompt the participant to pick the most comparable category.

10/01/2009	Changed NOTE : If person takes a few courses in a college setting with no intention of earning a degree, code "Work toward Associate's degree, no diploma". (Previously indicated to code "Associate's degree")

SOURCE

Heaton RK, Miller SW, Taylor MJ, Grant I. Revised Comprehensive Norms for an Expanded Halstead-Reitan Battery: Demographically Adjusted Neuropsychological Norms for African American and Caucasian Adults. Lutz, FL: Psychological Assessment Resources, Inc., 2004, pages 17-18.

QUESTIONS

QUESTION: Participant reports working towards an Associate's Degree at follow-up, but had previously reported working towards a Bachelor's Degree. I am getting an inconsistency message in the database. What should I do?

ANSWER: In this particular instance, since the participant's intention changed, the previous data should not be changed.

DEFINITION

Code employment status in the month prior to injury. Code up to two statuses, if applicable.

Determine primary status and then secondary status using the following prioritization, regardless of the number of hours worked: competitive employment, degree-oriented education, taking care of house or family, job-directed/on-the-job training, supported employment, sheltered employment, non-directed coursework, volunteer work, retirement (age-related), retirement (disability-related), and no productive activity.

*The purpose of the preinjury employment variables is to record the extent to which participants were engaging in productive work and, also, their personal earning power [EARN] at the time of injury. Whether employment was legal or illegal is not relevant to coding any of the employment variables. (But see NOTE below about collecting information about illegal employment.)

VARIABLES

Name	Description	Date Added	Date Removed
Emp1	**Employment Status: Primary**	**01/03/1900**	
Question:	**Primary Employment Status**		
2	Full Time Student (Regular class)	*01/01/1900*	
3	Part Time Student (Regular class)	*01/01/1900*	
4	Special Education / Other Non-Regular Education	*01/01/1900*	
5	Competitively Employed (Minimum wage or greater, legal or illegal employment, *includes on leave with pay)	*01/01/1900*	
7	Taking Care of House or Family	*01/01/1900*	
8	Special Employed (Sheltered workshop, supportive employment, has job coach)	*01/01/1900*	
9	Retired: Age-related	*01/01/1900*	
10	Unemployed: Looking (Looking for work in the 4 weeks prior to injury)	*01/01/1900*	
11	Volunteer Work	*01/01/1900*	
12	Retired: Disability	*01/01/1900*	
13	Unemployed: Not looking (Not looking for work in 4 weeks prior to injury for any reason)	*01/01/1900*	
14	Hospitalized Without Pay (During Most of 4 Weeks Prior to Injury)	*01/01/1900*	
15	Retired: Other	*01/01/1900*	
16	On Leave From Work: Not receiving pay	*01/01/1900*	
17	Hospitalized With Pay	*02/08/2010*	
55	Other	*01/01/1900*	
77	Refused	*01/01/1900*	
99	Unknown	*01/01/1900*	
Emp2	**Employment Status: Secondary**	**01/03/1900**	
Question:	**Secondary Employment Status**		
2	Full Time Student (Regular class)	*01/01/1900*	
3	Part Time Student (Regular class)	*01/01/1900*	
4	Special Education / Other Non-Regular Education	*01/01/1900*	
5	Competitively Employed (Minimum wage or greater, legal or illegal employment, *includes on leave with pay)	*01/01/1900*	
7	Taking Care of House or Family	*01/01/1900*	
8	Special Employed (Sheltered workshop, supportive employment, has job coach)	*01/01/1900*	
9	Retired: Age-related	*01/01/1900*	
10	Unemployed: Looking (Looking for work in the 4 weeks prior to injury)	*01/01/1900*	
11	Volunteer Work	*01/01/1900*	
12	Retired: Disability (Disability)	*01/01/1900*	
13	Unemployed: Not Looking (Not looking for work in 4 weeks prior to injury for any reason)	*01/01/1900*	
14	Hospitalized Without Pay (During Most of 4 Weeks Prior to Injury)	*01/01/1900*	
15	Retired: Other	*01/01/1900*	
16	On Leave From Work: Not receiving pay	*01/01/1900*	
17	Hospitalized with pay	*01/01/1900*	
55	Other	*01/01/1900*	
77	Refused	*01/01/1900*	
88	Not Applicable: No Secondary Employment Status	*01/01/1900*	
99	Unknown	*01/01/1900*	

NOTE

If less than two employment categories are coded, then code 88 in the remaining field. Do not leave field blank.

Competitive subminimum wage employment such as baby-sitting, newspaper delivery, and piecework should be coded 55.

Code "09=Retired (age)" if respondent indicates that retirement was due to age (use respondent's definition).

Ignore non-employment sources of income such as pension, settlement, or disability income support.

If participant works in a foreign country, assume wage is not subminimum unless there is information to the contrary.

If participant is employed for only part of the month prior to the injury, code employment status as during the majority of the work days during that month.

If a person has been hired but has not yet started work, they should NOT be coded as competitively employed.

Code education as full-time or part-time based on self-report.

Illegal employment includes work that is illegal (e.g., selling drugs) as well as illegally engaging in legal work (e.g., non-citizens doing construction work without a green card).

DATA COLLECTORS: Do not ask the respondent if employment at the time of injury was legal or illegal. That distinction is not needed for any of the employment questions. If in the course of the interview you learn that some or all employment was illegal, continue asking the employment questions as long as providing that information does not become uncomfortable for the respondent and would therefore risk jeopardizing the rest of the interview.

[VA - If person is in guard/reserves, base all answers to the employment at the time of injury questions on their civilian occupation - not their military occupation. If person is in the Warrior Transition Unit code as special employment. If person is on home duty, code as unemployed.]

Worker's compensation and temporary disability should both be coded "55-Other".

EXAMPLE

Patient was taking care of family at the time of injury, with no other employment status.

CODE PRIMARY : 07
CODE SECONDARY : 88

HISTORY

Date of Change	Description
10/01/2014	Added NOTE: Worker's compensation and temporary disability should both be coded "55-Other".
07/01/2009	Added NOTE for VA Centers: If person is in guard/reserves, base all answers to the employment at the time of injury questions on their civilian occupation - not their military occupation.

QUESTIONS

QUESTION: I have a 61 year-old man who worked most of his life in an engineering position. A few months ago he was laid off and went to work as a salesman in a large home supply store where he subsequently was injured. In the year after his injury, he returned to this job. However, after 24 weeks, he decided to retire because of fatigue, and because it really wasn't the kind of work he was trained to do. He has no plans to work again.

ANSWER: Recall that "employment status" is coded according to the coding priority as shown on the data collection form and in the syllabus. The coding priority is applied in cases when more than one employment status is indicated by the respondent. In your example the person says that he retired due to fatigue (presumably "disability" due to the brain injury) and to the job not being the kind of work he was trained to do (ie., an "other" reason). The coding priority lists "retired (disability)" but does not list "retired (other)", so "retired (disability" is the higher priority and is the correct choice. The other two categories you wonder about--"retired (age)" and "unemployed (not looking)"--can be ruled out because they aren't indicated by the respondent.

QUESTION: Unlike the Form I, Form II has only one field for employment status. Is there a reason for this inconsistency between the forms?

ANSWER: Until 1/1/2003 there were two employment status boxes in the Form II, as well. The second box was deleted by vote of the Project Directors at their meeting in December 2002, as part of the initiative to eliminate low-priority and no-longer-needed variables.

QUESTION: I have a follow-up with a participant who is scheduled to start work a week after the interview took place. According to the syllabus, I'm to code him 05, competively employed for 211a, but then for 211b do I code 0 hours per week worked?

ANSWER: Person should be coded an unemployed, the person has not started working yet.

QUESTION: How would you code Employment Status for a participant that was about to start college or was on summer break from college at the time of injury, and had not officially started or gone back to school yet, but will be attending in the fall when the next semester starts?

ANSWER: If a participant is a student at the time of injury, then they are considered a student. However, if they are not a student at the time of injury then code as a non-student due to that fact that even though they are planning to attend school it doesn't mean they will.

QUESTION: I interviewed an active duty service member who is not really working at the moment, that told me he is doing an internship, mainly a desk job. How do I code his employment status?

ANSWER: Code as 'Special Employed' since he is still active duty (getting paid) but not working at a 'regular' job.

QUESTION: How should I code employment status for an 82 year old who was a stay at home mother/homemaker and never worked outside the home?

ANSWER: Data collectors should ask the participant to self-identify employment status. Data collectors may assist in the decision making if needed. The term 'retired' can be used even if there has never been any competitive employment, so that based on age, one may consider themselves as retired.

HOURS OF PAID COMPETITIVE EMPLOYMENT

Variable EMPHR

DEFINITION

Average number of hours per week usually worked at all paid competitive jobs (minimum wage or greater) in the month prior to injury. Includes illegal employment (see Employment Status [EMP] for more information and for data collection instructions).

VARIABLES

Name	Description	Date Added	Date Removed
EmpHr	**Hours Worked Per Week**	**01/03/1900**	
Question:	**Average number of hours worked per week in the month before injury?**		
777	Refused	*01/01/1900*	
888	Not Applicable: Not competitively employed	*01/01/1900*	
999	Unknown	*01/01/1900*	

CODE

Hours per week (Range = 1 to 168)

NOTE

Fractions are to be rounded to the nearest whole number. 0.5 should be rounded upward.

Code actual number of hours per week only for those cases coded 05 (competitively employed) in either the primary or secondary status of Employment Status [EMP], otherwise this variable must be coded 88.

If patient was employed more than 98 hours per week, code as 98 hours.

If patient works two jobs, add all hours together to code.

If data collector does not ask this question because the participant was illegally employed, code "999=Unknown".

[VA - If person is in guard/reserves, base all answers to the employment at the time of injury questions on their civilian occupation - not their military occupation.]

EXAMPLE

Patient was employed 37.5 hours per week.

CODE : 38

HISTORY

Date of Change	Description
01/15/2012	Added NOTE : [VA PRC centers should collect this data if the person is currently competitively employed or special employed/on modified duty.]
10/01/2009	Added NOTE for VA Centers: If person is in guard/reserves, base all answers to the employment at the time of injury questions on their civilian occupation - not their military occupation.

JOB STABILITY: WEEKS EMPLOYED

Variable EMPWK

DEFINITION

Number of weeks patient was competitively employed during the year prior to injury. Includes illegal employment (see Employment Status [EMP] for more information and for data collection instructions).

VARIABLES

Name	Description	Date Added	Date Removed
EmpWk	**Weeks Worked Past Year**	**07/01/2001**	
Question:	**Number of weeks employed in the year before injury?**		
77	Refused	*01/01/1900*	
88	Not Applicable: No competitive employment in the last year	*01/01/1900*	
99	Unknown	*01/01/1900*	

CODE

Number of weeks (Range = 1 to 52)

NOTE

Include all weeks employed at minimum wage or higher. * Include vacation time and other types of leave if the person was paid during that time. Round partial weeks up to the nearest whole week.

If employment is infrequent but on a regularly scheduled basis, or if it is related to a specific function, then code the number of weeks during which the person has been employed. But, if days of employment are just random and the person might or might not do it again, then code the total number of weeks in which the person worked. (E.g., if the person worked 2 times a month for 9 months, then in the first situation 39 weeks should be coded. In the second situation 18 weeks should be coded.)

If data collector does not ask this question because the participant was illegally employed, code "99=Unknown".

[VA - If person is in guard/reserves, base all answers to the employment at the time of injury questions on their civilian occupation - not their military occupation.]

Weeks worked should be calculated by multiplying the number of months by 4.

EXAMPLE

Patient worked October 11 through December 21.

CODE : 11

HISTORY

Date of Change	Description
10/01/2014	Added NOTE: Weeks worked should be calculated by multiplying the number of months by 4.
10/01/2009	Added NOTE for VA Centers: If person is in guard/reserves, base all answers to the employment at the time of injury questions on their civilian occupation - not their military occupation.

DEFINITION

OCC - The major census occupational category in which the patient's occupation is included for his/her primary occupation in the month prior to injury.

OCCMil - The major census occupational category that would best capture the types of work the participant was doing for the military in the month prior to the follow-up evaluation.

Instructions from Bureau of Census for collecting this information appear to not distinguish legal from illegal employment. The TBIMS Data Committee clarified that illegal employment is to be included (to take effect 1/1/06). See Employment Status [EMP] for more information and for data collection instructions.

VARIABLES

Name	Description	Date Added	Date Removed
OCC	**Census Occupational Category**	**01/03/1900**	
Question:	**Census Occupational Category**		
1	Executive, Administrative, and Managerial	*01/01/1900*	
2	Professional Speciality	*01/01/1900*	
3	Technicians and Related Support	*01/01/1900*	
4	Sales	*01/01/1900*	
5	Administrative Support Including Clerical	*01/01/1900*	
6	Private Household	*01/01/1900*	
7	Protective Service	*01/01/1900*	
8	Service, except Protective and Household	*01/01/1900*	
9	Farming, Forestry, and Fishing	*01/01/1900*	
10	Precision Production, Craft, and Repair	*01/01/1900*	
11	Machine Operators, Assemblers, and Inspectors	*01/01/1900*	
12	Transportation and Material Moving	*01/01/1900*	
13	Handlers, Equipment Cleaners, Helpers, and Laborers	*01/01/1900*	
14	Military Occupations	*01/01/1900*	
77	Refused	*01/01/1900*	
88	Not Applicable	*01/01/1900*	
99	Unknown	*01/01/1900*	
OCCMil	**Military Occupational Category**	**07/01/2011**	
Question:	**Military Occupational Category**		
1	Executive, Administrative, and Managerial	*07/01/2011*	
2	Professional Speciality	*07/01/2011*	
3	Technicians and Related Support	*07/01/2011*	
4	Sales	*07/01/2011*	
5	Administrative Support Including Clerical	*07/01/2011*	
6	Private Household	*07/01/2011*	
7	Protective Service	*07/01/2011*	
8	Service, except Protective and Household	*07/01/2011*	
9	Farming, Forestry, and Fishing	*07/01/2011*	
10	Precision Production, Craft, and Repair	*07/01/2011*	
11	Machine Operators, Assemblers, and Inspectors	*07/01/2011*	
12	Transportation and Material Moving	*07/01/2011*	
13	Handlers, Equipment Cleaners, Helpers, and Laborers	*07/01/2011*	
14	Military Occupations	*07/01/2011*	
66	Variable Did Not Exist	*07/01/2011*	
77	Refused	*07/01/2011*	
88	Not Applicable	*07/01/2011*	
99	Unknown	*07/01/2011*	

CODE

Code the patient's primary occupation using the categories below. For a list of the specific occupations in each category, see the "1990 Census of Population Occupational Classification System", pages 9-22 of this document: See Extenal Link. For instructions using this document see External

Links.

NOTE

Code only if Employment Status [EMP] is coded 05 or 08 (competitively employed or special employed) for either either the Primary or Secondary Employment Status; otherwise this variable must be coded 88.

If person is working in a regular military occupation, code census occupational category as "14 - Military Occupations" and classify the actual type of job under [OCCMil].

When determining the military occupational category, try to select the civilian occupation that most closely parallels the military occupation and locate that civilian occupation in the 1990 Census Occupation Codes. Following this method, if 'Combat Infantry' was the military occupation then the closest civilian occupation may be 'SWAT team', which would be coded as 7 – Protective Service.

If data collector does not ask this question because participant was illegally employed, code "99=Unknown".

If person is in guard/reserves, base all answers to the employment at the time of injury questions on their civilian occupation - not their military occupation.

Classification Principles listed in the Standard Occupational Classification User Guide may be followed to assist in coding occupational categories. Newer Standard Occupational Classifications may also be used to help categorize occupations not included in the list of 1990 Census Occupation Codes. (see External Link - Standard Occupational Classification User Guide)

If an occupation can be found using the newer SOC Classification and Coding Structure, try to identify other occupations in the same Minor Group that are included in the list of 1990 Census Occupation Codes. Select the 1990 classification that includes other occupations in the same SOC Classification and Coding Minor Group. If other occupations in the same Minor Group are not included in the list of 1990 Census Occupation Codes, try to find other occupations in the same Major Group. Note: There is a search function on the left side of the SOC webpage that is extremely helpful for finding occupations under their Major Group.

Example: Interpreter; Major Group = Arts, Design Entertainment, Sports, and Media Occupations; Minor Group = Media and Communication Workers; Other occupations under Media and Communication Workers = Public Relations Specialists and Announcers; 1990 Classification for Public Relations Specialists and Announcers = Professional Specialty Occupations.

EXAMPLE

Patient was primarily a secretary at the time of injury.

CODE : 05

HISTORY

Date of Change	Description
07/01/2014	Added NOTE : about using newer Standard Occupational Classifications to help categorize occupations not included in the list of 1990 Census Occupation Codes, including an example of how to crosswalk back to 1990 categories.
07/01/2014	Added EXTERNAL LINK : Standard Occupational Classification User Guide
10/01/2009	Added NOTE for VA Centers: If person is in guard/reserves, base all answers to the employment at the time of injury questions on their civilian occupation - not their military occupation.
10/01/2009	Added VA specific NOTE : about coding military occupations.

SOURCE

1990 Occupational Classification System, Alphabetical Index of Industries and Occupations, 1990 Census of Population and Housing, Bureau of the Census, U.S. Department of Commerce, pp 9-22. See Extenal Links

DEFINITION

The purpose of this variable is to help determine the preinjury functional level of the Model System participant. This variable was taken from the wording of the Long Form of the 2000 Census, which asks about current function. To meet our needs, this question was revised to ask specifically about the patient's specific function prior to the TBI regarding:

a. Blindness, deafness, or a severe vision or hearing impairment, and
b. A condition that substantially limited one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying.

VARIABLES

Name	Description	Date Added	Date Removed
PreconImpair	**Pre-injury Condition: Blindness, deafness**	**07/01/2005**	
Question:	**Blindness, deafness, or a severe vision or hearing impairment:**		
	1 No	*01/01/1900*	
	2 Yes	*01/01/1900*	
	9 Unknown	*01/01/1900*	
PreconPhys	**Pre-injury Condition: Limited physical activities**	**07/01/2005**	
Question:	**A condition that substantially limited one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying:**		
	1 No	*01/01/1900*	
	2 Yes	*01/01/1900*	
	9 Unknown	*01/01/1900*	

NOTE

Alcoholism can be considered a preinjury condition if it interfers with the person's functioning.

Having glasses/hearing aid does not constitute a severe impairment. If glasses/hearing aid cannot correct the severe vision/hearing impairment, however, then code 'yes'.

EXAMPLE

Participant is an amputee with no other physical impairments.

CODE a : 1
CODE b : 2

HISTORY

Date of Change	Description
10/01/2014	Added Note: Having glasses/hearing aid does not constitute a severe impairment. If glasses/hearing aid cannot correct the severe vision/hearing impairment, however, then code 'yes'.

SOURCE

Questions were taken from the long form of the 2000 census and modified to ask about preinjury function instead of current level of function. (Developed by a group headed by Flora Hammond.)

Variable was successfully pilot tested in first quarter 2005.

DEFINITION

At the time of your injury, or just prior to your injury, did you smoke cigarettes every day, some days or not at all?
Did you use chewing tobacco, snuff, or snus every day, some days, or not at all?

VARIABLES

Name	Description	Date Added	Date Removed
SmkCig	**Smoked Cigarettes Prior to Injury**	**10/01/2013**	
Question:	**At the time of your injury, or just prior to your injury, did you smoke cigarettes every day, some days, or not at all?**		
	0 Variable Did Not Exist	*10/01/2013*	
	1 Not At All	*10/01/2013*	
	2 Some Days	*10/01/2013*	
	3 Everyday	*10/01/2013*	
	7 Refused	*10/01/2013*	
	9 Unknown	*10/01/2013*	
ChwTob	**Chewed Tobacco Prior to Injury**	**10/01/2013**	
Question:	**At the time of your injury, or just prior to your injury, did you use chewing tobacco, snuff, or snus every day, some days, or not at all?**		
	0 Variable Did Not Exist	*10/01/2013*	
	1 Not At All	*10/01/2013*	
	2 Some Days	*10/01/2013*	
	3 Everyday	*10/01/2013*	
	7 Refused	*10/01/2013*	
	9 Unknown	*10/01/2013*	

NOTE

These measures are to be collected from best source available for the Form I Pre-Injury History Questionnaire/Interview. Do not be influenced by information about smoking habits that may be available from hospital records, etc.

If cannot get patient's response, get family, if not family then medical chart.

Snus ([snu:s]) is a type of tobacco snuff consumed in the form of a moist powder which is placed under the upper lip, without chewing, for extended periods of time.

Base the data recorded for these questions on self-response.

For cigarettes, do not include: electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), or marijuana.

HISTORY

Date of Change	Description
02/17/2017	NOTE added: For cigarettes, do not include: electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), or marijuana.
10/01/2013	Variable(s) added to database

SOURCE

Cigarette Smoking
BRFSS 7.2 – national and state norms

Other Tobacco Use
BRFSS 7.5 – national and state norms

QUESTIONS

QUESTION: Should e-cigarettes count towards smoking cigarettes?

ANSWER: No. If asked, we would not count e-cigarettes. Some e-cigarette users will simply say yes to the question of smoking without asking and the response should be coded as 'yes' without probing for regular vs. e-cigarette use.

QUESTION: For smoking cigarettes, do cigars count?

ANSWER: No. If asked, we would not count cigars.

DEFINITION

The intent of the question is to capture problematic use of drugs other than alcohol. Illegal or harmful use of substances is considered problematic use. The use of street drugs and drugs prescribed to someone else constitutes illegal use. "Huffing" or the inhalation of a toxic chemical is considered problematic due to the harmful effects (it is also illegal in 46 states). In addition, the overuse of drugs prescribed to the participant is considered problematic use.

"During the year before your injury, did you use any illicit or non-prescription drugs?"

VARIABLES

Name	Description	Date Added	Date Removed
Drugs	**Use of Illicit/Non-Prescription Drugs**	**01/01/1997**	
Question:	**During the year before the injury, did you use any illicit or non-prescription drugs?**		
	1 No	*01/01/1900*	
	2 Yes	*01/01/1900*	
	7 Refused	*01/01/2009*	
	9 Unknown	*01/01/1900*	

NOTE

Use patient's response, even if response contradicts other information. This is a self-report variable.

If cannot get patient's response, get family, if not family then medical chart.

A report on substance use that is based on TBIMS data can be found on COMBI: See External Links

The question should be presented as follows: "During the year before your injury, did you use any illicit or non-prescription drugs?" If further clarification is sought, the following verbiage may be offered: "We are wanting to know about drugs like marijuana, crack or heroin; or about prescription drugs like pain killers or stimulants that were not prescribed to you; or chemicals you might have inhaled or 'huffed'. We also want to know if sometimes you took more than you should have of any drugs that have been prescribed to you."

If participant answers "No," ask... "Did you use Marijuana?" If "Yes" to marijuana use, ask... "Was marijuana prescribed to you?" If prescribed, then code "1=No." If not prescribed, code "2=Yes."

EXAMPLE

EXAMPLE #1: Person with brain injury used crack and marijuana.

CODE : 2

EXAMPLE #2: Person with brain injury did not use any ilicit/non-prescription drugs.

CODE : 1

HISTORY

Date of Change	Description
10/01/2013	Added NOTE : If participant answers "No," ask… "Did you use Marijuana?" If "Yes" to marijuana use, ask… "Was marijuana prescribed to you?" If prescribed, then code "1=No." If not prescribed, code "2=Yes."
10/01/2011	Changed DEFINITION, and added NOTE about the use of clarifying language. For previous definition, see CHARACTERISTICS OF DATA.

DEFINITION

1) During the month before the injury, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?

2) During the month before the injury, how many days per week or per month did you drink any alcoholic beverages, on the average?

3) 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. On the days when you drank, about how many drinks did you drink on the average?

4) Considering all types of alcoholic beverages, how many times during the month before the injury did you have five or more drinks on an occasion?

5) FOR FEMALES ONLY: Considering all types of alcoholic beverages, how many times during the month before the injury did you have four or more drinks on an occasion?

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. See External Links

VARIABLES

Name	Description	Date Added	Date Removed
ALCAnyDrink	**At Least One Alcoholic Drink**	**01/01/1997**	
Question:	**During the month before the injury, did you have at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?**		
	1 No	*01/01/1900*	
	2 Yes	*01/01/1900*	
	7 Refused	*01/01/1900*	
	9 Unknown	*01/01/1900*	
ALCWeek	**Alcohol Use: Days per Week**	**01/01/1997**	
Question:	**During the month before the injury, how many days per week did you drink any alcoholic beverages, on the average?**		
	66 Not Applicable	*01/01/1900*	
	77 Refused	*01/01/1900*	
	99 Unknown	*01/01/1900*	
ALCMonth	**Alcohol Use: Days per Month**	**01/01/1997**	
Question:	**During the month before the injury, how many days per month did you drink any alcoholic beverages, on the average?**		
	66 Not Applicable	*01/01/1900*	
	77 Refused	*01/01/1900*	
	99 Unknown	*01/01/1900*	
ALCDrinks	**Average Number of Alcoholic Drinks**	**01/01/1997**	
Question:	**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. On the days when you drank, about how many drinks did you drink on the average?**		
	66 Not Applicable	*01/01/1900*	
	77 Refused	*01/01/1900*	
	99 Unknown	*01/01/1900*	
ALC5Drinks	**Five or More Drinks**	**01/01/1997**	
Question:	**Considering all types of alcoholic beverages, how many times during the month before the injury did you have five or more drinks on an occasion?**		
	00 None	*01/01/1900*	
	66 Not Applicable	*01/01/1900*	
	77 Refused	*01/01/1900*	
	99 Unknown	*01/01/1900*	
ALC4Drinks	**Four or More Drinks**	**01/15/2017**	
Question:	**Considering all types of alcoholic beverages, how many times during the month before the injury did you have four or more drinks on an occasion?**		
	0 None	*01/15/2017*	
	66 Not Applicable	*01/15/2017*	
	77 Refused	*01/15/2017*	

88	Variable Did Not Exist	*01/15/2017*
99	Unknown	*01/15/2017*

CODE

ALCAnyDrink
If coded 'No', ALCWeek through ALC4Drinks will be autofilled with '66 = NA'.
If coded '7', ALCWeek through ALC4Drinks will be autofilled with '77 = Refused'.
If coded '8', ALCWeek through ALC4Drinks will be autofilled with '88 = Variable did not exist'.
If coded '9', ALCWeek through ALC4Drinks will be autofilled with '99 = Unknown/Don't know/not sure'.

ALCWeek/ALCMonth
Enter number of days per week OR per month. Code item not answered as '66=NA'

ALCDrinks
Enter number of drinks

ALC5Drinks
Enter number of times had 5 or more drinks

ALC4Drinks
Enter number of times female had 4 or more drinks.

NOTE

Base the data recorded for these questions on self-response. Do not be influenced by information about drinking habits that may be available from hospital records, etc.

If cannot get patient's response, get family, if not family then medical chart.

Use the higher score if a range (in # of drinks) is given.

If participant completes both the days and weeks section for number of drinks, enter the higher rate of drinks.

Probe for size of drink, and adjust scoring according to answer received.

A report on substance use that is based on TBIMS data can be found on COMBI:
See External Links

EXAMPLE

Prior to his injury, person with brain injury had a single glass of wine with dinner every night, but never consumed more than that amount. Code:

ALCAnyDrink : 2
ALCWeek : 66
ALCMonth : 30
ALCDrinks : 1
ALC5Drinks : 00

HISTORY

Date of Change	Description
01/15/2018	Added NOTE: If participant completes both the days and weeks section for number of drinks, enter the higher rate of drinks.
01/15/2017	Added VARIABLE: FOR FEMALES ONLY: Considering all types of alcoholic beverages, how many times during the month before the injury did you have four or more drinks on an occasion?

SOURCE

Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System User's Guide. Atlanta: U.S. Department of Health and Human Services, 1998. National Household Survey on Drug Abuse. Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

DEFINITION

The purpose of these variables is to help determine history of military service. The two questions that are asked are:

1) How many years of active duty did you serve?
2) Were you ever deployed in a combat zone?

VARIABLES

Name	Description	Date Added	Date Removed
MILYears	**Years in Active Duty**	**04/01/2010**	
Question:	**How many years of active duty have you served in the military?**		
66	Variable Did Not Exist	*04/01/2010*	
77	Refused	*04/01/2010*	
99	Unknown	*04/01/2010*	
MILCombat	**Deployed in Combat Zone**	**04/01/2010**	
Question:	**Were you ever deployed in a combat zone?**		
1	No	*04/01/2010*	
2	Yes	*04/01/2010*	
6	Variable Did Not Exist	*04/01/2010*	
7	Refused	*04/01/2010*	
9	Unknown	*04/01/2010*	

NOTE

Guard or reserve duty should be considered as service in the military, but does not count toward years of active duty.

Include service in foreign military.

Round up if months of duty are given (e.g., month of active duty = .5 years; 14 months of active duty = 1.5 years)

EXAMPLE

The patient reported serving in the National Gaurd prior to their current injury for 5 years, without active duty or deployment to a combat zone.

CODE :
2
0
1

HISTORY

Date of Change	Description
07/01/2011	Variable(s) added to VA database
04/01/2010	Variable(s) added to database

SOURCE

DVBIC SIG

DEFINITION

The OSU TBI Identification Method-Short Form is a structured interview developed using recommendations from the CDC for the detection of and history of exposure to TBI. It was designed to elicit self- or proxy-reports of TBI occurring over a person's lifetime. The OSU TBI-ID-SF uses an interview methodology based on the original longer version, but only measures selected summary indices.

To avoid biases created by terminology used, the interview first elicits recall of all possible head or neck injuries through a series of queries tapping possible causes of TBI. This first step is critical for obtaining a complete history, and should not be interrupted by probing for more details at this stage. After all possible injuries have been elicited, the interviewer goes back to obtain more information about the injuries. For these injuries, the occurrence and length of loss of consciousness is probed. If there is no loss of consciousness, the presence of altered consciousness is probed. Age is also determined for any injuries reported. The final step involves identifying individuals who have experienced a period of time in which they have sustained multiple blows to the head.

Using the structured elicitation method of the OSU TBI-ID-SF, multiple dimensions of history are available, including number of injuries with LOC, number of injuries with LOC>30 minutes, age at first TBI, whether there was an injury with LOC before the age of 15, worst injury and repeated impacts to the head.

VARIABLES

Name	Description	Date Added	Date Removed
TBIInjury	**Head or Neck Injury Reported**	**04/01/2010**	
Question:	**Head or neck injury reported:**		
1	No	*04/01/2010*	
2	Yes	*04/01/2010*	
6	Variable Did Not Exist	*04/01/2010*	
7	Refused	*04/01/2010*	
9	Unknown	*04/01/2010*	

CODE

Enter the following details for each head or neck injury reported:

NOTE

This is a structured interview to detect lifetime history of TBI. It is not designed to be administered as a paper/pencil questionnaire.

Individuals are not directly asked about whether they had a traumatic brain injury, because of a tendency for misinterpretation of this and similar terms.

Many people have had multiple brain injuries in their life. We want to make sure we capture all injuries. For this reason, the first part of the interview is critical to obtaining information on all possible injuries. It should not be interrupted by probing for details, because that would disrupt the flow of recall.

The first time the OSU TBI-ID is administered, the five questions about head or neck injuries should be prefaced with "In your lifetime, have you ever ". During subsequent administrations, the five questions about head or neck injuries should be prefaced with "Since we last spoke with you on 'last successful follow-up date', have you ". When asking about head or neck injuries since the last follow-up, do not disregard any new 'lifetime' injuries if reported.

Multiple Mild Injuries: Some individuals have gone through periods in their life when they have sustained multiple mild TBIs, and they cannot distinguish between them. They usually describe such a period as a 'blur'. For example, they may have been victims of abuse, played football, etc. If the individual is unable to distinguish between these injuries, treat that period in the person's life as one injury. Ask the person to indicate the longest period that he/she was knocked out. For age, first ask the age range of the time period, then see if you can help them determine where the longest LOC happened in that time frame. If not known, use the midpoint of the age range.

Do NOT include the index injury (the TBI that brought them to your facility).

The OSU TBI-ID variables replaced the History of TBI variables.

When asking about the duration of LOC, participants should be encouraged to use their best guess and only code '5 - Positive Loss of Consciousness, Duration Unknown' when participant is truly unable to estimate the duration of LOC.

EXAMPLE

The participant reported 1 head injury with loss of consciousness lasting a couple of minutes while playing football at the age of 18. There were 2

more possible concussions reported due to motor vehicle accidents. One of the MVA's resulted in being dazed and a gap in memory. Code:

TBIInjury : 2
CAUSE : Football; LOC: 2; DAZED : 8; AGE : 18
CAUSE : MVA; LOC : 1; DAZED : 2; AGE : 18
CAUSE : MVA; LOC : 1; DAZED : 1; AGE : 18

HISTORY

Date of Change	Description
01/15/2018	Added NOTE: Do NOT include the index injury (the TBI that brought them to your facility).
01/15/2015	Added Variable to Form 1 data collection

SOURCE

Ohio State University

QUESTIONS

QUESTION: I just spoke to a subject who reported "blacking out for a few seconds" following what they described as a very strong hit of marijuana, possibly from holding it in their lungs for too long. I sought clarification and asked if she lost consciousness, she said no, "just blacked out a few seconds." Would you consider that a very brief LOC or should we code strictly on self-report since she said no? And, if this is considered a LOC, would it get coded under Choking, or Overdose?

ANSWER: Treat this the same way as you would a blackout from drinking. The individual does not lose consciousness but does lose "time" (e.g. I can't remember dancing on the tables, but they said I did). So, no, do not count this as a LOC.

QUESTION: Should passing out from drinking be considered a "loss of consciousness from a drug overdose"?

ANSWER: No, passing out should not be considered a LOC. Most people will pass out before they are able to drink enough alcohol to lose consciousness. However, someone with severe alcoholism may be able to drink enough alcohol to lose consciousness. Additional probing may be necessary to differentiate between an episode of passing out, and a true LOC.

QUESTION: If a participant reports a TBI with loss of consciousness of an unknown duration, how should that be handled?

ANSWER: In these instances, you should try to do some additional probing to assist the participant with narrowing down the time frame. For example, if the person awakened at the scene, then it is likely that LOC was less than 30 minutes. If the person awakened while already hospitalized, but it was still the day of the injury, then LOC is likely 30 minutes to 24 hours, etc. After probing using various anchors, then the next step would be to offer the individual the choice regarding the three time periods. If the person still does not know, then the time frame should be coded as 5

DEFINITION

These variables document the neuropsychological tests administered. The Battery Completion Code (below) indicates for a given patient the status of administration of the overall Battery. Test Completion Codes indicate for a given patient the status of administration of individual tests. The following is a list of all the Neuropsychological Battery tests:

a. The Orientation Log (O-Log)
b. California Verbal Learning Test-II (Alternate Form)
c. Reitan Trail Making Test

VARIABLES

Name	Description	Date Added	Date Removed
BatteryDate	**Battery Start Date**	**10/01/2007**	
Question:	**Battery Start Date**		
08/08/8888	Not Applicable: Battery not Given	*01/01/1900*	
09/09/9999	Unknown	*01/01/1900*	
BatteryCC	**Battery Completion Code**	**10/01/2007**	
Question:	**Battery Completion Code**		
1	Standard Administration of Battery	*10/01/2007*	
2	Partial Administration	*10/01/2007*	
3	Standard or Partial Administration in a Language Other than English	*10/01/2007*	
4	Battery Not Given: Patient not testable due to effects of TBI	*10/01/2007*	
5	Battery Not Given: Non-English speaking patient	*10/01/2007*	
6	Battery Not Given: Patient not in rehab during the specified window	*10/01/2007*	
7	Battery Not Given: Other reasons, site specific	*10/01/2007*	
77	Battery Not Given: Patient was fully oriented and refused, or family refused on patient's behalf	*10/01/2008*	
99	Unknown	*10/01/2007*	

CODE

Date testing started:
MM/DD/YYYY

NOTE

All patients must be tested if they are in your qualified rehabilitation facility (including subacute if one is part of your rehabilitation system) at 4 weeks (+/- 2 weeks) post injury. Patients that are too impaired to be tested (i.e., unable to follow simple commands or so agitated as to pose an imminent safety risk to themselves or the examiner) should not be tested. It is not required that testing be attempted on these patients on a subsequent occasion, although if time and resources permit, follow up attempts to retest are encouraged. These cases will not be counted as missing test data for benchmark (target) purposes.

Patients who were not tested due to failure to approach, scheduling problems, etc. will be counted as missing data for benchmark purposes.

Patients who were not available during the testing window (4 weeks +/- 2 weeks) due to being discharged from rehabilitation prior to 2 weeks post-injury or not admitted to rehabilitation before 6 weeks post-injury will not be counted as missing data for benchmark purposes. However, these patients should be tested if possible even though the testing will occur outside the window as these data may be useful for some analyses. If battery is completed or partially completed, but outside the testing window use code 1 or 2.

Testing can be performed by a trained research assistant. Record the date of testing and assign appropriate test and battery completion codes.

The neuropsychological battery should be administered to all patients even if the PRC dates fall outside the recommended window. *If neuropsychological tests are available from other facilities prior to PRC admission, that data may be used as long as all tests were administered at the same time.

Testing should be completed within 24 hours whenever possible. Once initiated, if testing is not completed within 72 hours(3 days), the tests not administered should be considered missing data. The first date of testing should be recorded as the Battery Start Date.

EXAMPLE

Patient was administered the Neuropsychological Battery on October 30, 2007

BATTERY COMPLETION CODE: 1

DATE STARTED: 10/30/2007

HISTORY

Date of Change	Description
02/26/2014	Added NOTE: regarding the completion of neuropsych battery within 72 hours.
10/01/2013	Removed NOTE: The neuropsychological battery should be administered to all patients admitted to the PRC for comprehensive rehabilitation even if comprehensive rehabilitation dates fall outside the designated window. For short stay evaluations, the battery should be administered if the short stay falls within the testing window (i.e. at 1 month post-injury with a 2 week window either before or after that date
10/01/2013	Added Clarifier to code 77 - Refused "or family refused on patient's behalf."
04/01/2012	Removed NOTE: stating that short-stay cases should only be tested when the short-stay falls within the designated testing window.
07/01/2009	Added NOTE for VA Centers : For short stay evaluations, the Neuropsychological Battery will be completed during the short stay if it falls within the testing window.

QUESTIONS

QUESTION: If a patient begins Trails A or B but refuses to continue during the time limit, how should the T-score be coded?

ANSWER: The test completion code of '2 - Attempted' should be used and no score would be recorded.

QUESTION: Is it best to try to complete testing when the patient is unable vs. waiting to complete when patient is out of PTA, but then risk missing them due to short length of stay or early discharge?

ANSWER: It's best to get the testing done, whether out of PTA or not, to try to get complete data rather than having no data.

DEFINITION

The California Verbal Learning Test® (CVLT®-II) is a test of the strategies and processes involved in learning and remembering verbal material.

Test Completion Codes:
These codes are assigned to indicate whether a test was administered and the quality of the patient's performance. Ideally, every patient will be able to complete each test despite physical, intellectual, or behavioral problems. It is very likely that some patients will be unable to complete some tests according to standard procedures. Test completion codes are used to help clarify the quality of the patient's performance and subsequent scores in a particular cognitive area.

1 Test administered – patient responded in a manner consistent with the demands of the test. Patient may have performed well or poorly . No validity problems Enter the patient's score. The patient need not complete the Trail Making Test Part A or B within time limits to receive this code if he/she was making progress on the test.

2 Test administration attempted – patient could not or would not respond in a manner consistent with the demands of the test as a result of the severity of brain injury. The lowest possible score is assigned (can include the patient who draws a smiley face on TMT, talks about going home on CVLT-II instead of giving words, etc.) This code should also be used for a patient who initially complies with the task demand but then refuses to complete the test, gives up, or begins responding in a manner inconsistent with the task demands. Enter the worst raw score and corresponding standardized T-score for the test.

3 Test administration not attempted – test not completed due to non-neurological factors outside the control of the site, such as intubation, peripheral injuries, or systemic illness throughout the testing window.

4 Test administration not attempted – Non-English speaking patient.

5 Test administration not attempted – site specific reasons such as unavailability of materials or staff to complete the test, or discharge of patient.

7 Test administration not attempted – patient refused

8 Not applicable – no tests administered

9 Unknown

VARIABLES

Name	Description	Date Added	Date Removed
CVLTRS	CVLT Trials 1-5 Raw Score	10/01/2007	
Question:	CVLT Trials 1-5 Raw Score		
CVLTTS	CVLT Trials 1-5 T-Score	10/01/2007	
Question:	CVLT Trials 1-5 T-Score		
CVLT_SDFR_RS	CVLT Short Delay Free Recall Raw Score	07/01/2011	
Question:	CVLT Short Delay Free Recall Raw Score		
CVLT_SDFR_ZS	CVLT Short Delay Free Recall Z-Score	07/01/2011	
Question:	CVLT Short Delay Free Recall Z-Score		
CVLT_SDCR_RS	CVLT Short Delay Cued Recall Raw Score	07/01/2011	
Question:	CVLT Short Delay Cued Recall Raw Score		
CVLT_SDCR_ZS	CVLT Short Delay Cued Recall Z-Score	07/01/2011	
Question:	CVLT Short Delay Cued Recall Z-Score		
CVLT_LDFR_RS	CVLT Long Delay Free Recall Raw Score	07/01/2011	
Question:	CVLT Long Delay Free Recall Raw Score		
CVLT_LDFR_ZS	CVLT Long Delay Free Recall Z-Score	07/01/2011	
Question:	CVLT Long Delay Free Recall Z-Score		

CVLT_LDCR_RS	CVLT Long Delay Cued Recall Raw Score	07/01/2011

Question: CVLT Long Delay Cued Recall Raw Score

CVLT_LDCR_ZS	CVLT Long Delay Cued Recall Z-Score	07/01/2011

Question: CVLT Long Delay Cued Recall Z-Score

CVLT_TI_RS	CVLT Total Intrusions Raw Score	07/01/2011

Question: CVLT Total Intrusions Raw Score

CVLT_TI_ZS	CVLT Total Intrusions Z-Score	07/01/2011

Question: CVLT Total Intrusions Z-Score

CVLT_TH_RS	CVLT Total Hits Raw Score	07/01/2011

Question: CVLT Total Hits Raw Score

CVLT_TH_ZS	CVLT Total Hits Z-Score	07/01/2011

Question: CVLT Total Hits Z-Score

CVLT_TFP_RS	CVLT Total False Positives Raw Score	07/01/2011

Question: CVLT Total False Positives Raw Score

CVLT_TFP_ZS	CVLT Total False Positives Z-Score	07/01/2011

Question: CVLT Total False Positives Z-Score

CVLT_TRD_RS	CVLT Total Recognition Discriminability Raw Score	07/01/2011

Question: CVLT Total Recognition Discriminability Raw Score

CVLT_TRD_ZS	CVLT Total Recognition Discriminability Z-Score	07/01/2011

Question: CVLT Total Recognition Discriminability Z-Score

CVLTCC	CVLT Test Completion Code	10/01/2007

Question: CVLT Test Completion Code

1	Test Administered	*10/01/2007*
2	Test Attempted	*10/01/2007*
3	Test Not Attempted: Due to non-neurological factors ()	*10/01/2007*
4	Test Not Attempted: Non-English speaking patient ()	*10/01/2007*
5	Test Not Attempted: Other reasons, site specific ()	*10/01/2007*
7	Test Not Attempted: Patient Refused	*10/01/2007*
8	Not Applicable: No Tests Administered	*10/01/2007*
9	Unknown	*10/01/2007*

CODE

Enter the total raw score (range 0-80) and T-score (range 5-100) for Trials 1-5 Free Recall Correct of the Alternate Form. See SOURCE for details.
Only the score from the 5 learning trial is being entered in the database.

NOTE

The lowest possible Trials 1-5 Recall Correct is 0 and the highest possible is 80.

The lowest possible T-score is 5 and the highest possible is 100.

[VA - It is permissible to use the standard rather than the alternate form of this test.

Additional items are being collected by the PRC centers in an effort to assess malingering.

See the PRC Neuropsych Data Collection Form for the full list of VA specific CVLT-II items and their possible ranges.]

EXAMPLE

Patient has the following scores:

Trials 1-5 Free Recall Total Correct:
RAW SCORE : 20
TSCORE : 29
TEST COMPLETION SCORE : 1

HISTORY

Date of Change	Description
07/01/2011	VA - Expanded the number of CVLT-II items collected in an effort to assess malingering
10/01/2009	Changed CODES and added NOTES : Provided range of possible T-Scores

SOURCE

Delis DC, Dramer JH, Kaplan E, Ober BA (2000). California Verbal Learning Test Second Edition (CVLT®-II) - Adult Version Manual. San Antonio, TX: The Psychological Corporation. The California Verbal Learning Test II Trials 1 – 5, alternate version: It is available for purchase at: http://harcourtassessment.com.

QUESTIONS

QUESTION: Q: The syllabus states that the lowest possible Trials 1-5 T-Score is 24. We have a 27 year old male with a raw score of 22. His T-score would actually be 19, so how should we code this?

ANSWER: A: According to the Cognitive SIG, T-scores as low as 5 are possible. Any cases with T-scores lower than 24 should be coded with the actual (lower) T-score. The syllabus will be changed to reflect 5 as the lower limit for T-scores.

DEFINITION

Disability Rating Scale ratings are to be completed within 3 calendar days for each assessment period. Indicate ratings for all items. Information about the DRS is available from COMBI. See External Links

VARIABLES

Name	Description	Date Added	Date Removed
DRSDateA	**DRSA Date**	**07/01/2011**	
Question:	**Date of DRS Admission Rating**		
06/06/6666	Variable Did Not Exist	*07/01/2011*	
08/08/8888	Not Applicable	*07/01/2011*	
09/09/9999	Unknown	*07/01/2011*	
DRSEyeA	**Eye Opening**	**01/03/1900**	
Question:	**Eye Opening**		
0	Spontaneous	*01/01/1900*	
1	To Speech	*01/01/1900*	
2	To Pain	*01/01/1900*	
3	None	*01/01/1900*	
9	Unknown (Or assessment not done, or does not reflect patient's status during the 3 calendar day window)	*01/01/1900*	
DRSVerA	**Communication Ability**	**01/03/1900**	
Question:	**Communication Ability**		
0	Oriented	*01/01/1900*	
1	Confused	*01/01/1900*	
2	Inappropriate	*01/01/1900*	
3	Incomprehensible	*01/01/1900*	
4	None	*01/01/1900*	
9	Unknown (Or assessment not done, or does not reflect patient's status during the 3 calendar day window)	*01/01/1900*	
DRSMotA	**Motor Response**	**01/03/1900**	
Question:	**Motor Response**		
0	Obeying	*01/01/1900*	
1	Localizing	*01/01/1900*	
2	Withdrawing	*01/01/1900*	
3	Flexing	*01/01/1900*	
4	Extending	*01/01/1900*	
5	None	*01/01/1900*	
9	Unknown (Or assessment not done, or does not reflect patient's status during the 3 calendar day window)	*01/01/1900*	
DRSFeedA	**Feeding**	**01/03/1900**	
Question:	**Feeding**		
0.0	Complete	*01/01/1900*	
1.0	Partial	*01/01/1900*	
2.0	Minimal	*01/01/1900*	
3.0	None	*01/01/1900*	
9.9	Unknown (Or assessment not done, or does not reflect patient's status during the 3 calendar day window)	*01/01/1900*	
DRSToiletA	**Toileting**	**01/03/1900**	
Question:	**Toileting**		
0.0	Complete	*01/01/1900*	
1.0	Partial	*01/01/1900*	
2.0	Minimal	*01/01/1900*	
3.0	None	*01/01/1900*	
9.9	Unknown (Or assessment not done, or does not reflect patient's status during the 3 calendar day window)	*01/01/1900*	
DRSGroomA	**Grooming**	**01/03/1900**	

Question: **Grooming**

0.0	Complete	*01/01/1900*
1.0	Partial	*01/01/1900*
2.0	Minimal	*01/01/1900*
3.0	None	*01/01/1900*
9.9	Unknown (Or assessment not done, or does not reflect patient's status during the 3 calendar day window)	*01/01/1900*

DRSFuncA — Level of Functioning — 01/03/1900

Question: **Level of Functioning**

0.0	Completely Independent	*01/01/1900*
1.0	Independent in Special Environment	*01/01/1900*
2.0	Mildly Dependent: Limited Assistance (Non-resident helper)	*01/01/1900*
3.0	Moderately Dependent: Moderate Assistance (Person in home)	*01/01/1900*
4.0	Markedly Dependent: Assist all major activities, all times	*01/01/1900*
5.0	Totally Dependent: 24 hour nursing care	*01/01/1900*
9.9	Unknown (Or assessment not done, or does not reflect patient's status during the 3 calendar day window)	*01/01/1900*

DRSEmpA — Employability — 01/03/1900

Question: **Employability**

0.0	Not Restricted	*01/01/1900*
1.0	Selected Jobs, Competitive	*01/01/1900*
2.0	Sheltered Workshop, Non-Competitive	*01/01/1900*
3.0	Not Employable	*01/01/1900*
9.9	Unknown (Or assessment not done, or does not reflect patient's status during the 3 calendar day window)	*01/01/1900*

DRSDateD — DRSD Date — 07/01/2011

Question: **Date of DRSD**

06/06/6666	Variable Did Not Exist	*07/01/2011*
08/08/8888	Not Applicable	*07/01/2011*
09/09/9999	Unknown	*07/01/2011*

DRSEyeD — Eye Opening — 01/03/1900

Question: **Eye Opening**

0	Spontaneous	*01/01/1900*
1	To Speech	*01/01/1900*
2	To Pain	*01/01/1900*
3	None	*01/01/1900*
8	Not Applicable	*02/01/2009*
9	Unknown (Or assessment not done, or does not reflect patient's status during the 3 calendar day window)	*01/01/1900*

DRSVerD — Communication Ability — 01/03/1900

Question: **Communication Ability**

0	Oriented	*01/01/1900*
1	Confused	*01/01/1900*
2	Inappropriate	*01/01/1900*
3	Incomprehensible	*01/01/1900*
4	None	*01/01/1900*
8	Not Applicable	*02/01/2009*
9	Unknown (Or assessment not done, or does not reflect patient's status during the 3 calendar day window)	*01/01/1900*

DRSMotD — Motor Response — 01/03/1900

Question: **Motor Response**

0	Obeying	*01/01/1900*
1	Localizing	*01/01/1900*
2	Withdrawing	*01/01/1900*
3	Flexing	*01/01/1900*
4	Extending	*01/01/1900*

5	None	01/01/1900
8	Not Applicable	02/01/2009
9	Unknown (Or assessment not done, or does not reflect patient's status during the 3 calendar day window)	01/01/1900

DRSFeedD — Feeding — 01/03/1900

Question: Feeding

0.0	Complete	01/01/1900
1.0	Partial	01/01/1900
2.0	Minimal	01/01/1900
3.0	None	01/01/1900
8.8	Not Applicable	02/01/2009
9.9	Unknown (Or assessment not done, or does not reflect patient's status during the 3 calendar day window)	01/01/1900

DRSToiletD — Toileting — 01/03/1900

Question: Toileting

0.0	Complete	01/01/1900
1.0	Partial	01/01/1900
2.0	Minimal	01/01/1900
3.0	None	01/01/1900
8.8	Not Applicable	02/01/2009
9.9	Unknown (Or assessment not done, or does not reflect patient's status during the 3 calendar day window)	01/01/1900

DRSGroomD — Grooming — 01/03/1900

Question: Grooming

0.0	Complete	01/01/1900
1.0	Partial	01/01/1900
2.0	Minimal	01/01/1900
3.0	None	01/01/1900
8.8	Not Applicable	02/01/2009
9.9	Unknown (Or assessment not done, or does not reflect patient's status during the 3 calendar day window)	01/01/1900

DRSFuncD — Level of Functioning — 01/03/1900

Question: Level of Functioning

0.0	Completely Independent	01/01/1900
1.0	Independent in Special Environment	01/01/1900
2.0	Mildly Dependent: Limited assistance (Non-resident helper)	01/01/1900
3.0	Moderately Dependent: Moderate assistance (Person in home)	01/01/1900
4.0	Markedly Dependent: Assist all major activities, all times	01/01/1900
5.0	Totally Dependent: 24 hour nursing care	01/01/1900
8.8	Not Applicable	02/01/2009
9.9	Unknown (Or assessment not done, or does not reflect patient's status during the 3 calendar day window)	01/01/1900

DRSEmpD — Employability — 01/03/1900

Question: Employability

0.0	Not Restricted	01/01/1900
1.0	Selected Jobs, Competitive	01/01/1900
2.0	Sheltered Workshop, Non-Competitive	01/01/1900
3.0	Not Employable	01/01/1900
8.8	Not Applicable	02/01/2009
9.9	Unknown (Or assessment not done, or does not reflect patient's status during the 3 calendar day window)	01/01/1900

NOTE

If DRS assessments cannot be completed within the 3 calendar day windows, they should still reflect the patients' status within that time period. If this is not possible and the assessments are done out of the 3 calendar day window, code with 9's.Every effort should be made to obtain the DRS assessments, however, if any items can not be assessed, use code 9. Do not leave blanks.

If a patient has an intermittent acute care stay during inpatient rehabilitation, use the DRS scores from the first rehabilitation admission and the last definitive discharge. In addition, if a patient has an intermittent stay which is longer than 30 days, it is then considered a system discharge and the discharge date from rehabilitation is the system discharge date and the DRS scores should correspond to that date.

Total DRS score is calculated using a computer program.

If DRS assessment was completed within the 3 calendar day window, enter the date the assessment was completed.

If DRS assessment was not completed within the 3 calendar day window, but still reflects the patients' status within that time period, enter the last date that the 3 calendar day window would have been open.

If DRS assessment was not completed within the 3 calendar day window, and does not reflect the patients' status within that time period, enter the date the assessment was completed.

EXAMPLE

Patient has the following Disability Rating Scale scores:

1. Eye Opening : 1
2. Communication Ability : 1
3. Motor Response : 0
4. Feeding : 0
5. Toileting : 0
6. Grooming : 0
7. Level of Functioning : 3
8. Employability : 2

HISTORY

Date of Change	Description
10/01/2013	Removed DEFINITION: DRSA - refers to PRC Admission (based on 3 calendar days after the beginning of comprehensive rehabilitation). [VA - See PRC Admission Date [PRC] for definition of comprehensive rehabilitation start and end dates. For patients admitted to the emerging coma program (ECP) who do not receive comprehensive rehabilitation: Collect the [DRSA] based on 3 calendar days after admission to the PRC. For short stay evaluation only fill out the admission [DRSA]
10/01/2013	Removed DEFINTION: DRSD - refers to PRC discharge. (based on 3 calendar days before the end of comprehensive rehabilitation) VA - See PRC Admission Date [PRC] for definition of comprehensive rehabilitation start and end dates. For patients admitted to the emerging coma program (ECP) who do not receive comprehensive rehabilitation: Collect the [DRSD] based on 3 calendar days before the PRC discharge date. For short stay evaluation do not fill out [DRSD]
07/01/2011	VA - Added date fields for each DRS administration, and NOTES about completing the date fields.
10/01/2010	Updated DEFINITION, CODES, and NOTES to reflect within 3 calendar days (rather than 72 hours) for each assessment period. This change was made to maintain consistency with the FIM.
07/01/2009	Added NOTE for VA Centers : For short stay evaluations the DRS will be collected within 72 hours of admission to the PRC only.
04/01/2009	Added DEFINITION : Described DRS1-3 variable time frames

SOURCE

Rappaport M, Hall KM, Hopkins K, Belleza T, Cope N. (1982). Disability Rating Scale for severe head trauma patients: Coma to community. Arch Phys Med & Rehabil, 63:118-123. rev 8/87. For an abstract of this article, see External Links

DEFINITION

The Neurobehavioral Symptom Inventory describes 22 common cognitive and somatic complaints often seen in individuals with TBI, Mild TBI, and PCS.

NSI ratings are to be completed at the same time or near the neuropsychological testing.

VARIABLES

Name	Description	Date Added	Date Removed
NSIDate	**NSI Date**	**10/01/2012**	
Question:	**Date of NSI**		
06/06/6666	Variable Did Not Exist	*07/01/2011*	
07/07/7777	Patient Unable to Complete	*07/01/2011*	
08/08/8888	Not Applicable	*07/01/2011*	
09/09/9999	Unknown	*07/01/2011*	
NSIDizzy	**Feeling Dizzy**	**10/01/2012**	
Question:	**1. Feeling dizzy:**		
0	None (Rarely if ever present, not a problem at all)	*10/01/2012*	
1	Mild (Occasionally present, but it does not disrupt activities; I can usually continue what I'm doing; doesn't really concern me)	*10/01/2012*	
2	Moderate (Often present, occasionally disrupts activities; I can usually continue what I'm doing with some effort; I feel somewhat concerned)	*10/01/2012*	
3	Severe (Frequently present and disrupts activities; I can only do things that are fairly simply or take little effort; I feel like I need help)	*10/01/2012*	
4	Very Severe (Almost always present and I have been unable to perform at work, school, or home due to this problem; I probably cannot function without help)	*10/01/2012*	
7	Patient Unable to Complete	*10/01/2012*	
9	Unknown (Or assessed at > 72 hours)	*10/01/2012*	
NSIBalance	**Loss of Balance**	**10/01/2012**	
Question:	**2. Loss of balance:**		
0	None (Rarely if ever present, not a problem at all)	*10/01/2012*	
1	Mild (Occasionally present, but it does not disrupt activities; I can usually continue what I'm doing; doesn't really concern me)	*10/01/2012*	
2	Moderate (Often present, occasionally disrupts activities; I can usually continue what I'm doing with some effort; I feel somewhat concerned)	*10/01/2012*	
3	Severe (Frequently present and disrupts activities; I can only do things that are fairly simply or take little effort; I feel like I need help)	*10/01/2012*	
4	Very Severe (Almost always present and I have been unable to perform at work, school, or home due to this problem; I probably cannot function without help)	*10/01/2012*	
7	Patient Unable to Complete	*10/01/2012*	
9	Unknown (Or assessed at > 72 hours)	*10/01/2012*	
NSIClumsy	**Poor Coordination, Clumsy**	**10/01/2012**	
Question:	**3. Poor coordination, clumsy:**		
0	None (Rarely if ever present, not a problem at all)	*10/01/2012*	
1	Mild (Occasionally present, but it does not disrupt activities; I can usually continue what I'm doing; doesn't really concern me)	*10/01/2012*	
2	Moderate (Often present, occasionally disrupts activities; I can usually continue what I'm doing with some effort; I feel somewhat concerned)	*10/01/2012*	
3	Severe (Frequently present and disrupts activities; I can only do things that are fairly simply or take little effort; I feel like I need help)	*10/01/2012*	
4	Very Severe (Almost always present and I have been unable to perform at work, school, or home due to this problem; I probably cannot function without help)	*10/01/2012*	
7	Patient Unable to Complete	*10/01/2012*	
9	Unknown (Or assessed at > 72 hours)	*10/01/2012*	
NSIHead	**Headaches**	**10/01/2012**	
Question:	**4. Headaches:**		
0	None (Rarely if ever present, not a problem at all)	*10/01/2012*	
1	Mild (Occasionally present, but it does not disrupt activities; I can usually continue what I'm doing; doesn't really concern me)	*10/01/2012*	

2	Moderate (Often present, occasionally disrupts activities; I can usually continue what I'm doing with some effort; I feel somewhat concerned)	10/01/2012
3	Severe (Frequently present and disrupts activities; I can only do things that are fairly simply or take little effort; I feel like I need help)	10/01/2012
4	Very Severe (Almost always present and I have been unable to perform at work, school, or home due to this problem; I probably cannot function without help)	10/01/2012
7	Patient Unable to Complete	10/01/2012
9	Unknown (Or assessed at > 72 hours)	10/01/2012

NSINausea — **Nausea** — **10/01/2012**

Question: 5. Nausea:

0	None (Rarely if ever present, not a problem at all)	10/01/2012
1	Mild (Occasionally present, but it does not disrupt activities; I can usually continue what I'm doing; doesn't really concern me)	10/01/2012
2	Moderate (Often present, occasionally disrupts activities; I can usually continue what I'm doing with some effort; I feel somewhat concerned)	10/01/2012
3	Severe (Frequently present and disrupts activities; I can only do things that are fairly simply or take little effort; I feel like I need help)	10/01/2012
4	Very Severe (Almost always present and I have been unable to perform at work, school, or home due to this problem; I probably cannot function without help)	10/01/2012
7	Patient Unable to Complete	10/01/2012
9	Unknown (Or assessed at > 72 hours)	10/01/2012

NSIVision — **Vision Problems, Blurring, Trouble Seeing** — **10/01/2012**

Question: 6. Vision problems, blurring, trouble seeing:

0	None (Rarely if ever present, not a problem at all)	10/01/2012
1	Mild (Occasionally present, but it does not disrupt activities; I can usually continue what I'm doing; doesn't really concern me)	10/01/2012
2	Moderate (Often present, occasionally disrupts activities; I can usually continue what I'm doing with some effort; I feel somewhat concerned)	10/01/2012
3	Severe (Frequently present and disrupts activities; I can only do things that are fairly simply or take little effort; I feel like I need help)	10/01/2012
4	Very Severe (Almost always present and I have been unable to perform at work, school, or home due to this problem; I probably cannot function without help)	10/01/2012
7	Patient Unable to Complete	10/01/2012
9	Unknown (Or assessed at > 72 hours)	10/01/2012

NSILight — **Sensitivity to Light** — **10/01/2012**

Question: 7. Sensitivity to light:

0	None (Rarely if ever present, not a problem at all)	10/01/2012
1	Mild (Occasionally present, but it does not disrupt activities; I can usually continue what I'm doing; doesn't really concern me)	10/01/2012
2	Moderate (Often present, occasionally disrupts activities; I can usually continue what I'm doing with some effort; I feel somewhat concerned)	10/01/2012
3	Severe (Frequently present and disrupts activities; I can only do things that are fairly simply or take little effort; I feel like I need help)	10/01/2012
4	Very Severe (Almost always present and I have been unable to perform at work, school, or home due to this problem; I probably cannot function without help)	10/01/2012
7	Patient Unable to Complete	10/01/2012
9	Unknown (Or assessed at > 72 hours)	10/01/2012

NSIHear — **Hearing Difficulty** — **10/01/2012**

Question: 8. Hearing difficulty:

0	None (Rarely if ever present, not a problem at all)	10/01/2012
1	Mild (Occasionally present, but it does not disrupt activities; I can usually continue what I'm doing; doesn't really concern me)	10/01/2012
2	Moderate (Often present, occasionally disrupts activities; I can usually continue what I'm doing with some effort; I feel somewhat concerned)	10/01/2012
3	Severe (Frequently present and disrupts activities; I can only do things that are fairly simply or take little effort; I feel like I need help)	10/01/2012
4	Very Severe (Almost always present and I have been unable to perform at work, school, or home due to this problem; I probably cannot function without help)	10/01/2012
7	Patient Unable to Complete	10/01/2012
9	Unknown (Or assessed at > 72 hours)	10/01/2012

NSINoise	Sensitivity to Noise	10/01/2012
Question:	**9. Sensitivity to noise:**	
0	None (Rarely if ever present, not a problem at all)	*10/01/2012*
1	Mild (Occasionally present, but it does not disrupt activities; I can usually continue what I'm doing; doesn't really concern me)	*10/01/2012*
2	Moderate (Often present, occasionally disrupts activities; I can usually continue what I'm doing with some effort; I feel somewhat concerned)	*10/01/2012*
3	Severe (Frequently present and disrupts activities; I can only do things that are fairly simply or take little effort; I feel like I need help)	*10/01/2012*
4	Very Severe (Almost always present and I have been unable to perform at work, school, or home due to this problem; I probably cannot function without help)	*10/01/2012*
7	Patient Unable to Complete	*10/01/2012*
9	Unknown (Or assessed at > 72 hours)	*10/01/2012*

NSINumb	Numbness or Tingling on Body Parts	10/01/2012
Question:	**10. Numbness or tingling on parts of my body:**	
0	None (Rarely if ever present, not a problem at all)	*10/01/2012*
1	Mild (Occasionally present, but it does not disrupt activities; I can usually continue what I'm doing; doesn't really concern me)	*10/01/2012*
2	Moderate (Often present, occasionally disrupts activities; I can usually continue what I'm doing with some effort; I feel somewhat concerned)	*10/01/2012*
3	Severe (Frequently present and disrupts activities; I can only do things that are fairly simply or take little effort; I feel like I need help)	*10/01/2012*
4	Very Severe (Almost always present and I have been unable to perform at work, school, or home due to this problem; I probably cannot function without help)	*10/01/2012*
7	Patient Unable to Complete	*10/01/2012*
9	Unknown (Or assessed at > 72 hours)	*10/01/2012*

NSITaste	Change in Taste and/or Smell	10/01/2012
Question:	**11. Change in taste and/or smell:**	
0	None (Rarely if ever present, not a problem at all)	*10/01/2012*
1	Mild (Occasionally present, but it does not disrupt activities; I can usually continue what I'm doing; doesn't really concern me)	*10/01/2012*
2	Moderate (Often present, occasionally disrupts activities; I can usually continue what I'm doing with some effort; I feel somewhat concerned)	*10/01/2012*
3	Severe (Frequently present and disrupts activities; I can only do things that are fairly simply or take little effort; I feel like I need help)	*10/01/2012*
4	Very Severe (Almost always present and I have been unable to perform at work, school, or home due to this problem; I probably cannot function without help)	*10/01/2012*
7	Patient Unable to Complete	*10/01/2012*
9	Unknown (Or assessed at > 72 hours)	*10/01/2012*

NSIApetite	Loss of Appetite or Increased Appetite	10/01/2012
Question:	**12. Loss of appetite or increased appetite:**	
0	None (Rarely if ever present, not a problem at all)	*10/01/2012*
1	Mild (Occasionally present, but it does not disrupt activities; I can usually continue what I'm doing; doesn't really concern me)	*10/01/2012*
2	Moderate (Often present, occasionally disrupts activities; I can usually continue what I'm doing with some effort; I feel somewhat concerned)	*10/01/2012*
3	Severe (Frequently present and disrupts activities; I can only do things that are fairly simply or take little effort; I feel like I need help)	*10/01/2012*
4	Very Severe (Almost always present and I have been unable to perform at work, school, or home due to this problem; I probably cannot function without help)	*10/01/2012*
7	Patient Unable to Complete	*10/01/2012*
9	Unknown (Or assessed at > 72 hours)	*10/01/2012*

NSIConcentrate	Poor Concentration	10/01/2012
Question:	**13. Poor concentration, can't pay attention, easily distracted:**	
0	None (Rarely if ever present, not a problem at all)	*10/01/2012*
1	Mild (Occasionally present, but it does not disrupt activities; I can usually continue what I'm doing; doesn't really concern me)	*10/01/2012*
2	Moderate (Often present, occasionally disrupts activities; I can usually continue what I'm doing with some effort; I feel somewhat concerned)	*10/01/2012*

3	Severe (Frequently present and disrupts activities; I can only do things that are fairly simply or take little effort; I feel like I need help)	10/01/2012
4	Very Severe (Almost always present and I have been unable to perform at work, school, or home due to this problem; I probably cannot function without help)	10/01/2012
7	Patient Unable to Complete	10/01/2012
9	Unknown (Or assessed at > 72 hours)	10/01/2012

NSIForget — **Forgetfulness** — **10/01/2012**

Question: **14. Forgetfulness, can't remember things:**

0	None (Rarely if ever present, not a problem at all)	10/01/2012
1	Mild (Occasionally present, but it does not disrupt activities; I can usually continue what I'm doing; doesn't really concern me)	10/01/2012
2	Moderate (Often present, occasionally disrupts activities; I can usually continue what I'm doing with some effort; I feel somewhat concerned)	10/01/2012
3	Severe (Frequently present and disrupts activities; I can only do things that are fairly simply or take little effort; I feel like I need help)	10/01/2012
4	Very Severe (Almost always present and I have been unable to perform at work, school, or home due to this problem; I probably cannot function without help)	10/01/2012
7	Patient Unable to Complete	10/01/2012
9	Unknown (Or assessed at > 72 hours)	10/01/2012

NSIDecide — **Difficulty Making Decisions** — **10/01/2012**

Question: **15. Difficulty making decisions:**

0	None (Rarely if ever present, not a problem at all)	10/01/2012
1	Mild (Occasionally present, but it does not disrupt activities; I can usually continue what I'm doing; doesn't really concern me)	10/01/2012
2	Moderate (Often present, occasionally disrupts activities; I can usually continue what I'm doing with some effort; I feel somewhat concerned)	10/01/2012
3	Severe (Frequently present and disrupts activities; I can only do things that are fairly simply or take little effort; I feel like I need help)	10/01/2012
4	Very Severe (Almost always present and I have been unable to perform at work, school, or home due to this problem; I probably cannot function without help)	10/01/2012
7	Patient Unable to Complete	10/01/2012
9	Unknown (Or assessed at > 72 hours)	10/01/2012

NSIOranize — **Slowed Thinking, Difficulty Getting Organized** — **10/01/2012**

Question: **16. Slowed thinking, difficulty getting organized, can't finish things:**

0	None (Rarely if ever present, not a problem at all)	10/01/2012
1	Mild (Occasionally present, but it does not disrupt activities; I can usually continue what I'm doing; doesn't really concern me)	10/01/2012
2	Moderate (Often present, occasionally disrupts activities; I can usually continue what I'm doing with some effort; I feel somewhat concerned)	10/01/2012
3	Severe (Frequently present and disrupts activities; I can only do things that are fairly simply or take little effort; I feel like I need help)	10/01/2012
4	Very Severe (Almost always present and I have been unable to perform at work, school, or home due to this problem; I probably cannot function without help)	10/01/2012
7	Patient Unable to Complete	10/01/2012
9	Unknown (Or assessed at > 72 hours)	10/01/2012

NSIFatigue — **Fatigue, Loss of Energy** — **10/01/2012**

Question: **17. Fatigue, loss of energy, getting tired easily:**

0	None (Rarely if ever present, not a problem at all)	10/01/2012
1	Mild (Occasionally present, but it does not disrupt activities; I can usually continue what I'm doing; doesn't really concern me)	10/01/2012
2	Moderate (Often present, occasionally disrupts activities; I can usually continue what I'm doing with some effort; I feel somewhat concerned)	10/01/2012
3	Severe (Frequently present and disrupts activities; I can only do things that are fairly simply or take little effort; I feel like I need help)	10/01/2012
4	Very Severe (Almost always present and I have been unable to perform at work, school, or home due to this problem; I probably cannot function without help)	10/01/2012
7	Patient Unable to Complete	10/01/2012
9	Unknown (Or assessed at > 72 hours)	10/01/2012

NSISleep — **Difficulty Falling or Staying Asleep** — **10/01/2012**

Question: **18. Difficulty falling or staying asleep:**

0	None (Rarely if ever present, not a problem at all)	10/01/2012
1	Mild (Occasionally present, but it does not disrupt activities; I can usually continue what I'm doing; doesn't really concern me)	10/01/2012
2	Moderate (Often present, occasionally disrupts activities; I can usually continue what I'm doing with some effort; I feel somewhat concerned)	10/01/2012
3	Severe (Frequently present and disrupts activities; I can only do things that are fairly simply or take little effort; I feel like I need help)	10/01/2012
4	Very Severe (Almost always present and I have been unable to perform at work, school, or home due to this problem; I probably cannot function without help)	10/01/2012
7	Patient Unable to Complete	10/01/2012
9	Unknown (Or assessed at > 72 hours)	10/01/2012

NSITense — Feel Anxious or Tense — 10/01/2012

Question: 19. Feeling anxious or tense:

0	None (Rarely if ever present, not a problem at all)	10/01/2012
1	Mild (Occasionally present, but it does not disrupt activities; I can usually continue what I'm doing; doesn't really concern me)	10/01/2012
2	Moderate (Often present, occasionally disrupts activities; I can usually continue what I'm doing with some effort; I feel somewhat concerned)	10/01/2012
3	Severe (Frequently present and disrupts activities; I can only do things that are fairly simply or take little effort; I feel like I need help)	10/01/2012
4	Very Severe (Almost always present and I have been unable to perform at work, school, or home due to this problem; I probably cannot function without help)	10/01/2012
7	Patient Unable to Complete	10/01/2012
9	Unknown (Or assessed at > 72 hours)	10/01/2012

NSISad — Feel Depressed or Sad — 10/01/2012

Question: 20. Feeling depressed or sad:

0	None (Rarely if ever present, not a problem at all)	10/01/2012
1	Mild (Occasionally present, but it does not disrupt activities; I can usually continue what I'm doing; doesn't really concern me)	10/01/2012
2	Moderate (Often present, occasionally disrupts activities; I can usually continue what I'm doing with some effort; I feel somewhat concerned)	10/01/2012
3	Severe (Frequently present and disrupts activities; I can only do things that are fairly simply or take little effort; I feel like I need help)	10/01/2012
4	Very Severe (Almost always present and I have been unable to perform at work, school, or home due to this problem; I probably cannot function without help)	10/01/2012
7	Patient Unable to Complete	10/01/2012
9	Unknown (Or assessed at > 72 hours)	10/01/2012

NSIAnnoy — Irritability, Easily Annoyed — 10/01/2012

Question: 21. Irritability, easily annoyed:

0	None (Rarely if ever present, not a problem at all)	10/01/2012
1	Mild (Occasionally present, but it does not disrupt activities; I can usually continue what I'm doing; doesn't really concern me)	10/01/2012
2	Moderate (Often present, occasionally disrupts activities; I can usually continue what I'm doing with some effort; I feel somewhat concerned)	10/01/2012
3	Severe (Frequently present and disrupts activities; I can only do things that are fairly simply or take little effort; I feel like I need help)	10/01/2012
4	Very Severe (Almost always present and I have been unable to perform at work, school, or home due to this problem; I probably cannot function without help)	10/01/2012
7	Patient Unable to Complete	10/01/2012
9	Unknown (Or assessed at > 72 hours)	10/01/2012

NSIFrustrate — Poor Frustration Tolerance — 10/01/2012

Question: 22. Poor frustration tolerance, feeling easily overwhelmed by things:

0	None (Rarely if ever present, not a problem at all)	10/01/2012
1	Mild (Occasionally present, but it does not disrupt activities; I can usually continue what I'm doing; doesn't really concern me)	10/01/2012
2	Moderate (Often present, occasionally disrupts activities; I can usually continue what I'm doing with some effort; I feel somewhat concerned)	10/01/2012
3	Severe (Frequently present and disrupts activities; I can only do things that are fairly simply or take little effort; I feel like I need help)	10/01/2012

4	Very Severe (Almost always present and I have been unable to perform at work, school, or home due to this problem; I probably cannot function without help)	*10/01/2012*
7	Patient Unable to Complete	*10/01/2012*
9	Unknown (Or assessed at > 72 hours)	*10/01/2012*

NOTE

Interviewers should read the following introduction prior to administering the NSI: "Rate the following symptoms with regard to how much they have disturbed you IN THE PAST TWO WEEKS."

If admitted to the PRC within 2 weeks of the Index TBI, the introduction should be changed to: "Rate the following symptoms with regard to how much they have disturbed you SINCE YOUR INJURY" upon administration at PRC admission.

The NSI should only be admininstered after the patient has cleared PTA.

The NSI should not be administered to a significant other, or any other proxy. If the individual is unable to provide data, use code 7 - Patient Unable to Complete.

Every effort should be made to obtain the NSI assessment, however, if any items cannot be assessed, use code 9. Do not leave blanks.

Total NSI score is calculated using a computer program.

EXAMPLE

Patient reported the following symptoms at rehab admission

1. Feeling dizzy: 0 - None
2. Loss of balance: 0 - None
3. Poor coordination, clumsy: 1 - Mild
4. Headaches: 3 - Severe
5. Nausea: 1 - Mild
6. Vision problems, blurring, trouble seeing: 0 - None
7. Sensitivity to light: 3 - Severe
8. Hearing difficulty: 0 - None
9. Sensitivity to noise: 1 - Mild
10. Numbness or tingling on parts of my body: 0 - None
11. Change in taste and/or smell: 0 - None
12. Loss of appetite or increased appetite: 2 - Moderate
13. Poor concentration, can't pay attention, easily distracted: 2 - Moderate
14. Forgetfulness, can't remember things: 3 - Severe
15. Difficulty making decisions: 2 - Moderate
16. Slowed thinking, difficulty getting organized, can't finish things: 2 - Moderate
17. Fatigue, loss of energy, getting tired easily: 2 - Moderate
18. Difficulty falling or staying asleep: 3 - Severe
19. Feeling anxious or tense: 1 - Mild
20. Feeling depressed or sad: 4 - Very Severe
21. Irritability, easily annoyed: 3 - Severe
22. Poor frustration tolerance, feeling easily overwhelmed by things: 3 - Severe

HISTORY

Date of Change	Description
10/01/2012	Variable Added to database to replace Multiple administrations (Admit and Discharge)

SOURCE

Cicerone: J Head Tr Rehabil 1995;10(3):1-17

DEFINITION

The Post Traumatic Stress Disorder Check List - Civilian Version lists 17 problems and complaints that people sometimes have in response to stressful life experiences.

PCL-C ratings are to be completed at the same time or near the neuropsychological testing.

VARIABLES

Name	Description	Date Added	Date Removed
PCLDate	**PCL Date**	**10/01/2012**	
Question:	**Date of PCL**		
06/06/6666	Variable Did Not Exist	*10/01/2012*	
07/07/7777	Patient Unable to Complete	*10/01/2012*	
08/08/8888	Not Applicable	*10/01/2012*	
09/09/9999	Unknown	*10/01/2012*	
PCLMemory	**Repeated, Disturbing Memories**	**10/01/2012**	
Question:	**1. Repeated, disturbing memories, thoughts, or images of a stressful experience from the past:**		
1	Not at All	*10/01/2012*	
2	A Little Bit	*10/01/2012*	
3	Moderately	*10/01/2012*	
4	Quite a Bit	*10/01/2012*	
5	Extremely	*10/01/2012*	
7	Patient Unable to Complete	*10/01/2012*	
9	Unknown (Or assessed at > 72 hours)	*10/01/2012*	
10	Not Applicable: No data from person with TBI	*10/01/2012*	
PCLDreams	**Repeated, Disturbing Dreams**	**10/01/2012**	
Question:	**2. Repeated, disturbing dreams of a stressful experience from past:**		
1	Not at All	*10/01/2012*	
2	A Little Bit	*10/01/2012*	
3	Moderately	*10/01/2012*	
4	Quite a Bit	*10/01/2012*	
5	Extremely	*10/01/2012*	
7	Patient Unable to Complete	*10/01/2012*	
9	Unknown (Or assessed at > 72 hours)	*10/01/2012*	
10	Not Applicable: No data from person with TBI	*10/01/2012*	
PCLRelive	**Sudden Feel that Stressful Experience were Happening Again**	**10/01/2012**	
Question:	**3. Suddenly acting or feeling as if a stressful experience from the past were happening again (as if you were reliving it):**		
1	Not at All	*10/01/2012*	
2	A Little Bit	*10/01/2012*	
3	Moderately	*10/01/2012*	
4	Quite a Bit	*10/01/2012*	
5	Extremely	*10/01/2012*	
7	Patient Unable to Complete	*10/01/2012*	
9	Unknown (Or assessed at > 72 hours)	*10/01/2012*	
10	Not Applicable: No data from person with TBI	*10/01/2012*	
PCLUpset	**Feel Upset when Reminded of Stressful Experience**	**10/01/2012**	
Question:	**4. Feeling very upset when something reminded you of a stressful experience from the past:**		
1	Not at All	*10/01/2012*	
2	A Little Bit	*10/01/2012*	
3	Moderately	*10/01/2012*	
4	Quite a Bit	*10/01/2012*	
5	Extremely	*10/01/2012*	
7	Patient Unable to Complete	*10/01/2012*	

9	Unknown (Or assessed at > 72 hours)	10/01/2012
10	Not Applicable: No data from person with TBI	10/01/2012

PCLPhys — Have Physical Reactions — 10/01/2012

Question: 5. Having physical reactions (i.e. heart pounding, trouble breathing, sweating) when something reminded you of a stressful experience from the past:

1	Not at All	10/01/2012
2	A Little Bit	10/01/2012
3	Moderately	10/01/2012
4	Quite a Bit	10/01/2012
5	Extremely	10/01/2012
7	Patient Unable to Complete	10/01/2012
9	Unknown (Or assessed at > 72 hours)	10/01/2012
10	Not Applicable: No data from person with TBI	10/01/2012

PCLAvoidThink — Avoid Thinking or Talking About Stressful Experience — 10/01/2012

Question: 6. Avoiding thinking about or talking about a stressful experience from the past or avoiding having feeling related to it:

1	Not at All	10/01/2012
2	A Little Bit	10/01/2012
3	Moderately	10/01/2012
4	Quite a Bit	10/01/2012
5	Extremely	10/01/2012
7	Patient Unable to Complete	10/01/2012
9	Unknown (Or assessed at > 72 hours)	10/01/2012
10	Not Applicable: No data from person with TBI	10/01/2012

PCLAvoidAct — Avoid Activities that Remind of Stressful Experience — 10/01/2012

Question: 7. Avoiding activities or situations because they reminded you of a stressful experience from the past:

1	Not at All	10/01/2012
2	A Little Bit	10/01/2012
3	Moderately	10/01/2012
4	Quite a Bit	10/01/2012
5	Extremely	10/01/2012
7	Patient Unable to Complete	10/01/2012
9	Unknown (Or assessed at > 72 hours)	10/01/2012
10	Not Applicable: No data from person with TBI	10/01/2012

PCLRemember — Trouble Remembering Important Parts of Stressful Experience — 10/01/2012

Question: 8. Trouble remembering important parts of a stressful experience from the past:

1	Not at All	10/01/2012
2	A Little Bit	10/01/2012
3	Moderately	10/01/2012
4	Quite a Bit	10/01/2012
5	Extremely	10/01/2012
7	Patient Unable to Complete	10/01/2012
9	Unknown (Or assessed at > 72 hours)	10/01/2012
10	Not Applicable: No data from person with TBI	10/01/2012

PCLNoInterest — Loss of Interest in Activities Used to Enjoy — 10/01/2012

Question: 9. Loss of interest in activities that you used to enjoy:

1	Not at All	10/01/2012
2	A Little Bit	10/01/2012
3	Moderately	10/01/2012
4	Quite a Bit	10/01/2012
5	Extremely	10/01/2012
7	Patient Unable to Complete	10/01/2012
9	Unknown (Or assessed at > 72 hours)	10/01/2012
10	Not Applicable: No data from person with TBI	10/01/2012

PCLDistant	Feel Distant or Cut Off from Other People	10/01/2012
Question:	**10. Feeling distant or cut off from other people:**	
1	Not at All	*10/01/2012*
2	A Little Bit	*10/01/2012*
3	Moderately	*10/01/2012*
4	Quite a Bit	*10/01/2012*
5	Extremely	*10/01/2012*
7	Patient Unable to Complete	*10/01/2012*
9	Unknown (Or assessed at > 72 hours)	*10/01/2012*
10	Not Applicable: No data from person with TBI	*10/01/2012*

PCLNumb	Feel Emotionally Numb or Unable to Love	10/01/2012
Question:	**11. Feeling emotionally numb or being unable to have loving feelings to those close to you:**	
1	Not at All	*10/01/2012*
2	A Little Bit	*10/01/2012*
3	Moderately	*10/01/2012*
4	Quite a Bit	*10/01/2012*
5	Extremely	*10/01/2012*
7	Patient Unable to Complete	*10/01/2012*
9	Unknown (Or assessed at > 72 hours)	*10/01/2012*
10	Not Applicable: No data from person with TBI	*10/01/2012*

PCLFuture	Feel as if Future will be Cut Short	10/01/2012
Question:	**12. Feeling as if your future will somehow be cut short:**	
1	Not at All	*10/01/2012*
2	A Little Bit	*10/01/2012*
3	Moderately	*10/01/2012*
4	Quite a Bit	*10/01/2012*
5	Extremely	*10/01/2012*
7	Patient Unable to Complete	*10/01/2012*
9	Unknown (Or assessed at > 72 hours)	*10/01/2012*
10	Not Applicable: No data from person with TBI	*10/01/2012*

PCLSleep	Trouble Falling or Staying Asleep	10/01/2012
Question:	**13. Trouble falling or staying asleep:**	
1	Not at All	*10/01/2012*
2	A Little Bit	*10/01/2012*
3	Moderately	*10/01/2012*
4	Quite a Bit	*10/01/2012*
5	Extremely	*10/01/2012*
7	Patient Unable to Complete	*10/01/2012*
9	Unknown (Or assessed at > 72 hours)	*10/01/2012*
10	Not Applicable: No data from person with TBI	*10/01/2012*

PCLAngry	Feel Irritable or Having Angry Outbursts	10/01/2012
Question:	**14. Feeling irritable or having angry outbursts:**	
1	Not at All	*10/01/2012*
2	A Little Bit	*10/01/2012*
3	Moderately	*10/01/2012*
4	Quite a Bit	*10/01/2012*
5	Extremely	*10/01/2012*
7	Patient Unable To Complete	*10/01/2012*
9	Unknown (Or assessed at > 72 hours)	*10/01/2012*
10	Not Applicable: No data from person with TBI	*10/01/2012*

PCLConcentrate	Have Difficulty Concentrating	10/01/2012
Question:	**15. Having difficulty concentrating:**	
1	Not at All	*10/01/2012*
2	A Little Bit	*10/01/2012*

3	Moderately	*10/01/2012*
4	Quite a Bit	*10/01/2012*
5	Extremely	*10/01/2012*
7	Patient Unable to Complete	*10/01/2012*
9	Unknown (Or assessed at > 72 hours)	*10/01/2012*
10	Not Applicable: No data from person with TBI	*10/01/2012*

PCLAlert	Being Super Alert or Watchful or on Guard	10/01/2012
Question:	**16. Being super alert or watchful or on guard:**	
1	Not at All	*10/01/2012*
2	A Little Bit	*10/01/2012*
3	Moderately	*10/01/2012*
4	Quite a Bit	*10/01/2012*
5	Extremely	*10/01/2012*
7	Patient Unable to Complete	*10/01/2012*
9	Unknown (Or assessed at > 72 hours)	*10/01/2012*
10	Not Applicable: No data from person with TBI	*10/01/2012*

PCLJumpy	Feel Jumpy or Easily Startled	10/01/2012
Question:	**17. Feeling jumpy or easily startled:**	
1	Not at All	*10/01/2012*
2	A Little Bit	*10/01/2012*
3	Moderately	*10/01/2012*
4	Quite a Bit	*10/01/2012*
5	Extremely	*10/01/2012*
7	Patient Unable to Complete	*10/01/2012*
9	Unknown (Or assessed at > 72 hours)	*10/01/2012*
10	Not Applicable: No data from person with TBI	*10/01/2012*

CODE

PCL Dates - MM/DD/YYYY

NOTE

Interviewers should read the following introduction prior to administering the PCL-C: "Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please indicate how much you have been bothered by the following IN THE PAST MONTH."

If admitted to the PRC within a month of the Index TBI, the introduction should be changed to: "Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please indicate how much you have been bothered by the following SINCE YOUR INJURY" upon administration at PRC admission.

The PCL-C should only be admininstered after the patient has cleared PTA.

The PCL-C should not be administered to a significant other, or any other proxy. If the individual is unable to provide data, use code 7 - Patient Unable to Complete.

Every effort should be made to obtain the PCL-C assessment, however, if any items cannot be assessed, use code 9. Do not leave blanks.

Total PCL-C score is calculated using a computer program.

EXAMPLE

Patient reported the following problems and complaints at rehab admission

1. Repeated, disturbing memories, thoughts, or images of a stressful experience from the past: 2 - A little bit
2. Repeated, disturbing dreams of a stressful experience from past: 2 - A little bit
3. Suddenly acting or feeling as if a stressful experience from the past were happening again (as if you were reliving it): 1 - Not at all
4. Feeling very upset when something reminded you of a stressful experience from the past: 1 - Not at all
5. Having physical reactions (i.e. heart pounding, trouble breathing, sweating) when something reminded you of a stressful experience from the past: 2 - A little bit

6. Avoiding thinking about or talking about a stressful experience from the past or avoiding having feeling related to it: 5 - Extremely
7. Avoiding activities or situations because they reminded you of a stressful experience from the past: 2 - A little bit
8. Trouble remembering important parts of a stressful experience from the past: 1 - Not at all
9. Loss of interest in activities that you used to enjoy: 3 - Moderately
10. Feeling distant or cut off from other people: 2 - A little bit
11. Feeling emotionally numb or being unable to have loving feelings to those close to you: 2 - A little bit
12. Feeling as if your future will somehow be cut short: 3 - Moderately
13. Trouble falling or staying asleep: 4 - Quite a bit
14. Feeling irritable or having angry outbursts: 2 - A little bit
15. Having difficulty concentrating: 2 - A little bit
16. Being super alert or watchful or on guard: 2 - A little bit
17. Feeling jumpy or easily startled: 2 - A little bit

HISTORY

Date of Change	Description
10/01/2012	Variable Added to database to replace Multiple administrations (Admit and Discharge)

SOURCE

Weathers FW, Litz BT, Huska JA, Keane TM: The PTSD Checklist-Civilian Version. Boston, National Center for PTSD; 1994.

DEFINITION

CT diagnoses based on a combination of reports taken from radiographic CT scan results within 7 days of first scan.

CT diagnosis data collection form: See SOP 0. Forms

VARIABLES

Name	Description	Date Added	Date Removed
MRI	**MRI Used: No CT Available**	**02/01/2009**	
Question:	**MRI Used: No CT's Available**		
1	No	*02/01/2009*	
2	Yes	*02/01/2009*	
9	Unknown	*02/01/2009*	
CTStatus	**CT Status**	**01/03/1900**	
Question:	**CT Status**		
1	CT Done	*01/01/1900*	
8	CT Not Done	*01/01/1900*	
9	Unknown (CT scans / reports done, but unavailable)	*01/01/1900*	
ScanDate	**CT/MRI Scan Date**	**07/01/2011**	
Question:	**Date of CT/MRI Scan**		
06/06/6666	Variable Did Not Exist	*07/01/2011*	
08/08/8888	Scans Not Done/Available	*07/01/2011*	
09/09/9999	Date Unknown	*07/01/2011*	
CTComp	**Extent of Intracranial Compression**	**01/03/1900**	
Question:	**Extent of Compression**		
1	No Visible Intracranial Compression	*01/01/1900*	
2	Cisterns Are Present But Midline Shift is Noted of 1-5 mm.	*01/01/1900*	
3	Cisterns Compressed or Absent with Midline Shift of 0-5 mm. Compression	*01/01/1900*	
4	Midline Shift of Greater Than 5 mm.	*01/01/1900*	
5	Extent Not Specified	*01/01/1900*	
8	CT Not Done	*01/01/1900*	
9	Unknown	*01/01/1900*	
CTIntracrain	**Intracrainial Hemorrhage and/or Contusions**	**01/03/1900**	
Question:	**1. Intracrainial hemorrhage and/or contusions, Extra-Axial Collections**		
1	No Visible Pathology	*01/01/1900*	
2	Yes, Pathology Exists	*01/01/1900*	
8	CT Not Done	*01/01/1900*	
9	Unknown	*01/01/1900*	
CTPunctate	**Punctate/Petechial Hemorrhages**	**01/03/1900**	
Question:	**2. Punctate/petechial hemorrhages**		
1	No	*01/01/1900*	
2	Yes	*01/01/1900*	
8	CT Not Done	*01/01/1900*	
9	Unknown	*01/01/1900*	
CTSubarachnioid	**Subarachnoid Hemorrhage**	**01/03/1900**	
Question:	**3. Subarachnoid hemorrhage**		
1	No	*01/01/1900*	
2	Yes	*01/01/1900*	
8	CT Not Done	*01/01/1900*	
9	Unknown	*01/01/1900*	
CTIntraventricular	**Intraventricular Hemorrhage**	**01/03/1900**	
Question:	**4. Intraventricular hemorrhage**		
1	No	*01/01/1900*	
2	Yes	*01/01/1900*	

8	CT Not Done	01/01/1900
9	Unknown	01/01/1900

CT5a1CorticalLFrc Left Frontal Cortical Parenchymal Contusions **01/03/1900**

Question: 5a1. Left Frontal

1	No	01/01/1900
2	Yes	01/01/1900
8	CT Not Done	01/01/1900
9	Unknown	01/01/1900

CT5a2CorticalRFrc Right Frontal Cortical Parenchymal Contusions **01/03/1900**

Question: 5a2. Right Frontal

1	No	01/01/1900
2	Yes	01/01/1900
8	CT Not Done	01/01/1900
9	Unknown	01/01/1900

CT5a3CorticalNFrc N/S Frontal Cortical Parenchymal Contusions **01/03/1900**

Question: 5a3. Lat. N/S Frontal

1	No	01/01/1900
2	Yes	01/01/1900
8	CT Not Done	01/01/1900
9	Unknown	01/01/1900

CT5b1CorticalLTe Left Temporal Cortical Parenchymal Contusions **01/03/1900**

Question: 5b1. Left Temporal

1	No	01/01/1900
2	Yes	01/01/1900
8	CT Not Done	01/01/1900
9	Unknown	01/01/1900

CT5b2CorticalRTe Right Temporal Cortical Parenchymal Contusions **01/03/1900**

Question: 5b2. Right Temporal

1	No	01/01/1900
2	Yes	01/01/1900
8	CT Not Done	01/01/1900
9	Unknown	01/01/1900

CT5b3CorticalNTe N/S Temporal Cortical Parenchymal Contusions **01/03/1900**

Question: 5b3. Lat. N/S Temporal

1	No	01/01/1900
2	Yes	01/01/1900
8	CT Not Done	01/01/1900
9	Unknown	01/01/1900

CT5c1CorticalLPa Left Parietal Cortical Parenchymal Contusions **01/03/1900**

Question: 5c1. Left Parietal

1	No	01/01/1900
2	Yes	01/01/1900
8	CT Not Done	01/01/1900
9	Unknown	01/01/1900

CT5c2CorticalRPa Right Parietal Cortical Parenchymal Contusions **01/03/1900**

Question: 5c2. Right Parietal

1	No	01/01/1900
2	Yes	01/01/1900
8	CT Not Done	01/01/1900
9	Unknown	01/01/1900

CT5c3CorticalNPa N/S Parietal Cortical Parenchymal Contusions **01/03/1900**

Question: 5c3. Lat. N/S Parietal

1	No	01/01/1900
2	Yes	01/01/1900

8	CT Not Done	*01/01/1900*
9	Unknown	*01/01/1900*

CT5d1CorticalLOc Left Occipital Cortical Parenchymal Contusions **01/03/1900**

Question: 5d1. Left Occipital

1	No	*01/01/1900*
2	Yes	*01/01/1900*
8	CT Not Done	*01/01/1900*
9	Unknown	*01/01/1900*

CT5d2CorticalROc Right Occipital Cortical Parenchymal Contusions **01/03/1900**

Question: 5d2. Right Occipital

1	No	*01/01/1900*
2	Yes	*01/01/1900*
8	CT Not Done	*01/01/1900*
9	Unknown	*01/01/1900*

CT5d3CorticalNOc N/S Occipital Cortical Parenchymal Contusions **01/03/1900**

Question: 5d3. Lat. N/S Occipital

1	No	*01/01/1900*
2	Yes	*01/01/1900*
8	CT Not Done	*01/01/1900*
9	Unknown	*01/01/1900*

CT5e1CorticalLUn Left Unknown Cortical Parenchymal Contusions **01/03/1900**

Question: 5e1. Left Loc. N/S

1	No	*01/01/1900*
2	Yes	*01/01/1900*
8	CT Not Done	*01/01/1900*
9	Unknown	*01/01/1900*

CT5e2CorticalRUn Right Unknown Cortical Parenchymal Contusions **01/03/1900**

Question: 5e2. Right Loc. N/S

1	No	*01/01/1900*
2	Yes	*01/01/1900*
8	CT Not Done	*01/01/1900*
9	Unknown	*01/01/1900*

CT5e3CorticalNUn N/S Unknown Cortical Parenchymal Contusions **01/03/1900**

Question: 5e3. Lat. N/S Loc. N/S

1	No	*01/01/1900*
2	Yes	*01/01/1900*
8	CT Not Done	*01/01/1900*
9	Unknown	*01/01/1900*

CT6aNonCortL Left Focal Noncortical Parenchymal Contusions **01/03/1900**

Question: 6a1. Left

1	No	*01/01/1900*
2	Yes	*01/01/1900*
8	CT Not Done	*01/01/1900*
9	Unknown	*01/01/1900*

CT6aNonCortR Right Focal Noncortical Parenchymal Contusions **01/03/1900**

Question: 6a2. Right

1	No	*01/01/1900*
2	Yes	*01/01/1900*
8	CT Not Done	*01/01/1900*
9	Unknown	*01/01/1900*

CT6aNonCortN N/S Focal Noncortical Parenchymal Contusions **01/03/1900**

Question: 6a3. Lat. N/S

1	No	*01/01/1900*
2	Yes	*01/01/1900*

8	CT Not Done	01/01/1900
9	Unknown	01/01/1900

CT7a1AxialLEpi — Left Extra-Axial Collection Epidural — 01/03/1900

Question: 7a1. Left Epidural

1	No	01/01/1900
2	Yes	01/01/1900
8	CT Not Done	01/01/1900
9	Unknown	01/01/1900

CT7a2AxialREpi — Right Extra-Axial Collection Epidural — 01/03/1900

Question: 7a2. Right Epidural

1	No	01/01/1900
2	Yes	01/01/1900
8	CT Not Done	01/01/1900
9	Unknown	01/01/1900

CT7a3AxialNEpi — N/S Extra-Axial Collection Epidural — 01/03/1900

Question: 7a3. Lat. N/S Epidural

1	No	01/01/1900
2	Yes	01/01/1900
8	CT Not Done	01/01/1900
9	Unknown	01/01/1900

CT7b1AxialLSub — Left Extra-Axial Collection Subdural — 01/03/1900

Question: 7b1. Left Subdural

1	No	01/01/1900
2	Yes	01/01/1900
8	CT Not Done	01/01/1900
9	Unknown	01/01/1900

CT7b2AxialRSub — Right Extra-Axial Collection Subdural — 01/03/1900

Question: 7b2. Right Subdural

1	No	01/01/1900
2	Yes	01/01/1900
8	CT Not Done	01/01/1900
9	Unknown	01/01/1900

CT7b3AxialNSub — N/S Extra-Axial Collection Subdural — 01/03/1900

Question: 7b3. Lat. N/S Subdural

1	No	01/01/1900
2	Yes	01/01/1900
8	CT Not Done	01/01/1900
9	Unknown	01/01/1900

CT7c1AxialLNS — Left Extra-Axial Collection Nondistinguished — 01/03/1900

Question: 7c1. Left Loc. N/S

1	No	01/01/1900
2	Yes	01/01/1900
8	CT Not Done	01/01/1900
9	Unknown	01/01/1900

CT7c2AxialRNS — Right Extra-Axial Collection Nondistinguished — 01/03/1900

Question: 7c2. Right Loc. N/S

1	No	01/01/1900
2	Yes	01/01/1900
8	CT Not Done	01/01/1900
9	Unknown	01/01/1900

CT7c3AxialNNS — N/S Extra-Axial Collection Nondistinguished — 01/03/1900

Question: 7c3. Lat. N/S Loc. N/S

1	No	01/01/1900
2	Yes	01/01/1900

8	CT Not Done	*01/01/1900*
9	Unknown	*01/01/1900*

CTFrag	Intraparenchymal Fragments	01/03/1900
Question:	**Intraparenchymal Fragments**	
1	No fragment(s)	*01/01/1900*
2	Yes fragment(s)	*01/01/1900*
8	No CT done	*01/01/1900*
9	Unknown	*01/01/1900*

CODE

It is not possible to display information in columns in the live syllabus, which is important for displaying the codes for [CT]. A more neatly formated display of the codes than below is available. See External Links

DATE OF MRI/CT SCAN: VA ONLY VARIABLE - MM/DD/YYYY
CT Status - If 1 then complete the rest of the form

NOTE

Do not use MRI findings to code this variable except if from VA PRC.

A properly trained person at the facility who has been certfied by TBIMS procedures may code this variable.

If any scans are available within the first 7 days of injury, inclusion should be limited to only scans done within the first 7 days to maintain consistency with the TBIMS. The "Scan Date" variable should indicate the date of the first scan used (if multiple scans).

If no scans are available within the first 7 days of injury, the "Scan Date" variable should indicate the date of the first scan available, and any subsequent scans done within 7 days may be included.

EXAMPLE

Patient had a CT scan demonstrating no intracranial compression. There was a right subarachnoid hemorrhage and bone fragments present in the right temporal area.

STATUS of CT : 1

A. EXTENT OF COMPRESSION : 1

B. PATHOLOGY:
1 : 2
2 : 1
3 : 2
4 : 1

5a1 : 1
5a : 1
5a3 : 1
5b1 : 1
5b2 : 1
5b3 : 1
5c1. : 1
5c2 : 1
5c3 : 1
5d1 : 1
5d2 : 1
5d3 : 1
5e1 : 1
5e2 : 1
5e3 : 1

6a : 1
6b : 1
6c : 1

7a1 : 1
7a2 : 1
7a3 : 1
7b1 : 1
7b2 : 1
7b3 : 1
7c1 : 1
7c2 : 1
7c3 : 1

C. INTRAPARENCHYMAL FRAGMENTS : 2

HISTORY

Date of Change	Description
10/01/2013	Changed DEFINITION: to include 7 days of scans after the first scan obtained.
01/01/2013	Updated TRAINING: contact NDSC (instead of Santa Clara)
07/01/2011	Added "Scan Date" variable to VA PRC database and NOTE regarding usage.
04/01/2009	Added NOTE : MRI can be used for VA PRC.

DEFINITION

The Mayo-Portland Adaptability Inventory (MPAI) was primarily designed: to assist in the clinical evaluation of people during the postacute (posthospital) period following acquired brain injury (ABI), and to assist in the evaluation of rehabilitation programs designed to serve these people.

To be collected of all participants transferred to the VA transitional/residential program (PTRP). For these participants, the MPAI-4 should be collected at both admission to and discharge from the transitional program within a 3 week window.

Consensus evaluation by staff is the preferred method of data collection. If a single staff person completes the MPAI-4, it is recommended that other staff be consulted who have evaluated or treated the person.

VARIABLES

Name	Description	Date Added	Date Removed
MPAI1	**Mobility**	**02/01/2009**	
Question:	**1. Mobility: Problems walking or moving; balance problems that interfere with moving about**		
	0 None	*02/01/2009*	
	1 Mild Problem: Without interference (Does NOT interfere with activities; may use assistive device or medication)	*02/01/2009*	
	2 Mild Problem: With Interference (Interferes With Activities 5-24% of the Time)	*02/01/2009*	
	3 Moderate Problem (Interferes With Activities 25-75% of the Time)	*02/01/2009*	
	4 Severe Problem (Interferes With Activities More Than 75% of the Time)	*02/01/2009*	
	8 Not Applicable (Patient not transfered to Transitional Program)	*02/01/2009*	
	9 Unknown	*02/01/2009*	
MPAI2	**Use of Hands**	**02/01/2009**	
Question:	**2. Use of hands: Impaired strength or coordination in one or both hands**		
	0 None	*02/01/2009*	
	1 Mild Problem: Without interference (Does NOT interfere with activities; may use assistive device or medication)	*02/01/2009*	
	2 Mild Problem: With Interference (Interferes With Activities 5-24% of the Time)	*02/01/2009*	
	3 Moderate Problem (Interferes With Activities 25-75% of the Time)	*02/01/2009*	
	4 Severe Problem (Interferes With Activities More Than 75% of the Time)	*02/01/2009*	
	8 Not Applicable (Patient not transfered to Transitional Program)	*02/01/2009*	
	9 Unknown	*02/01/2009*	
MPAI3	**Vision**	**02/01/2009**	
Question:	**3. Vision: Problems seeing, double vision eye, brain, or nerve injuries that interfere with seeing**		
	0 None	*02/01/2009*	
	1 Mild problem: Without interference (Does NOT interfere with activities; may use assistive device or medication)	*02/01/2009*	
	2 Mild Problem: With interference (Interferes With Activities 5-24% of the Time)	*02/01/2009*	
	3 Moderate Problem (Interferes With Activities 25-75% of the Time)	*02/01/2009*	
	4 Severe Problem (Interferes With Activities More Than 75% of the Time)	*02/01/2009*	
	8 Not Applicable (Patient not transfered to Transitional Program)	*02/01/2009*	
	9 Unknown	*02/01/2009*	
MPAI4	**Audition**	**02/01/2009**	
Question:	**4. Audition: Problems hearing; ringing in the ears**		
	0 None	*02/01/2009*	
	1 Mild Problem: Without interference (Does Not Interfere With Activities; may use assistive device or medication)	*02/01/2009*	
	2 Mild Problem: With interference (Interferes With Activities 5-24% of the Time)	*02/01/2009*	
	3 Moderate Problem (Interferes With Activities 25-75% of the Time)	*02/01/2009*	
	4 Severe Problem (Interferes With Activities More Than 75% of the Time)	*02/01/2009*	
	8 Not Applicable (Patient not transfered to Transitional Program)	*02/01/2009*	
	9 Unknown	*02/01/2009*	
MPAI5	**Dizziness**	**02/01/2009**	
Question:	**5. Dizziness: Feeling unsteady, dizzy, light-headed**		
	0 None	*02/01/2009*	

1	Mild Problem: Without interference (Does Not Interfere With Activities; may use assistive device or medication)	02/01/2009
2	Mild Problem: With interference (Interferes With Activities 5-24% of the Time)	02/01/2009
3	Moderate Problem (Interferes With Activities 25-75% of the Time)	02/01/2009
4	Severe Problem (Interferes With Activities More Than 75% of the Time)	02/01/2009
8	Not Applicable (Patient not transfered to Transitional Program)	02/01/2009
9	Unknown	02/01/2009

MPAI6 Motor Speech 02/01/2009

Question: 6. Motor speech: Abnormal clearness or rate of speech; stuttering

0	None	02/01/2009
1	Mild Problem: Without interference (Does Not Interfere With Activities; may use assistive device or medication)	02/01/2009
2	Mild Problem: With interference (Interferes With Activities 5-24% of the Time)	02/01/2009
3	Moderate Problem (Interferes With Activities 25-75% of the Time)	02/01/2009
4	Severe Problem (Interferes With Activities More Than 75% of the Time)	02/01/2009
8	Not Applicable (Patient not transfered to Transitional Program)	02/01/2009
9	Unknown	02/01/2009

MPAI7a Verbal Communication 02/01/2009

Question: 7a. Verbal communication: Problems expressing or understanding language

0	None	02/01/2009
1	Mild Problem: Without interference (Does Not Interfere With Activities; may use assistive device or medication)	02/01/2009
2	Mild Problem: With interference (Interferes With Activities 5-24% of the Time)	02/01/2009
3	Moderate Problem (Interferes With Activities 25-75% of the Time)	02/01/2009
4	Severe Problem (Interferes With Activities More Than 75% of the Time)	02/01/2009
8	Not Applicable (Patient not transfered to Transitional Program)	02/01/2009
9	Unknown	02/01/2009

MPAI7b Nonverbal Communication 02/01/2009

Question: 7b. Nonverbal communication: Restricted or unusual gestures or facial expressions; talking too much or not enough; missing nonverbal cues from others

0	None	02/01/2009
1	Mild Problem: Without interference (Does Not Interfere With Activities; may use assistive device or medication)	02/01/2009
2	Mild Problem: With interference (Interferes With Activities 5-24% of the Time)	02/01/2009
3	Moderate Problem (Interferes With Activities 25-75% of the Time)	02/01/2009
4	Severe Problem (Interferes With Activities More Than 75% of the Time)	02/01/2009
8	Not Applicable (Patient not transfered to Transitional Program)	02/01/2009
9	Unknown	02/01/2009

MPAI8 Attention/Concentration 02/01/2009

Question: 8. Attention/Concentration: Problems ignoring distractions, shifting attention, keeping more than one thing in mind at a time

0	None	02/01/2009
1	Mild Problem: Without interference (Does Not Interfere With Activities; may use assistive device or medication)	02/01/2009
2	Mild Problem: With interference (Interferes With Activities 5-24% of the Time)	02/01/2009
3	Moderate Problem (Interferes With Activities 25-75% of the Time)	02/01/2009
4	Severe Problem (Interferes With Activities More Than 75% of the Time)	02/01/2009
8	Not Applicable (Patient not transfered to Transitional Program)	02/01/2009
9	Unknown	02/01/2009

MPAI9 Memory 02/01/2009

Question: 9. Memory: Problems learning and recalling new information

0	None	02/01/2009
1	Mild Problem: Without interference (Does Not Interfere With Activities; may use assistive device or medication)	02/01/2009
2	Mild Problem: With interference (Interferes With Activities 5-24% of the Time)	02/01/2009
3	Moderate Problem (Interferes With Activities 25-75% of the Time)	02/01/2009
4	Severe Problem (Interferes With Activities More Than 75% of the Time)	02/01/2009

8	Not Applicable (Patient not transfered to Transitional Program)	02/01/2009
9	Unknown	02/01/2009

MPAI10 Fund of Information 02/01/2009

Question: 10. Fund of information: Problems remembering information learned in school or on the job; difficulty remembering information about self and family from years ago

0	None	02/01/2009
1	Mild Problem: Without interference (Does NOT interfere with activities; may use assistive device or medication)	02/01/2009
2	Mild Problem: With Interference (Interferes With Activities 5-24% of the Time)	02/01/2009
3	Moderate Problem (Interferes With Activities 25-75% of the Time)	02/01/2009
4	Severe Problem (Interferes With Activities More Than 75% of the Time)	02/01/2009
8	Not Applicable (Patient not transfered to Transitional Program)	02/01/2009
9	Unknown	02/01/2009

MPAI11 Novel Problem-Solving 02/01/2009

Question: 11. Novel problem-solving: Problems thinking up solution or picking the best solution to new problems

0	None	02/01/2009
1	Mild Problem: Without interference (Does NOT interfere with activities; may use assistive device or medication)	02/01/2009
2	Mild Problem: With Interference (Interferes With Activities 5-24% of the Time)	02/01/2009
3	Moderate Problem (Interferes With Activities 25-75% of the Time)	02/01/2009
4	Severe Problem (Interferes With Activities More Than 75% of the Time)	02/01/2009
8	Not Applicable (Patient not transfered to Transitional Program)	02/01/2009
9	Unknown	02/01/2009

MPAI12 Visuospacial Abilities 02/01/2009

Question: 12. Visuospacial abilities: Problems drawing, assembling things, route-finding, being visually aware on both the left and right sides

0	None	02/01/2009
1	Mild Problem: Without interference (Does NOT interfere with activities; may use assistive device or medication)	02/01/2009
2	Mild Problem: With Interference (Interferes With Activities 5-24% of the Time)	02/01/2009
3	Moderate Problem (Interferes With Activities 25-75% of the Time)	02/01/2009
4	Severe Problem (Interferes With Activities More Than 75% of the Time)	02/01/2009
8	Not Applicable (Patient not transfered to Transitional Program)	02/01/2009
9	Unknown	02/01/2009

MPAI13 Anxiety 02/01/2009

Question: 13. Anxiety: Tense, nervous, fearful, phobias, nightmares, flashbacks of stressful events

0	None	02/01/2009
1	Mild Problem: Without interference (Does NOT interfere with activities; may use assistive device or medication)	02/01/2009
2	Mild Problem: With Interference (Interferes With Activities 5-24% of the Time)	02/01/2009
3	Moderate Problem (Interferes With Activities 25-75% of the Time)	02/01/2009
4	Severe Problem (Interferes With Activities More Than 75% of the Time)	02/01/2009
8	Not Applicable (Patient not transfered to Transitional Program)	02/01/2009
9	Unknown	02/01/2009

MPAI14 Depression 02/01/2009

Question: 14. Depression: Sad, blue hopeless, poor appetite, poor sleep, worry, self-criticism

0	None	02/01/2009
1	Mild Problem: Without interference (Does NOT interfere with activities; may use assistive device or medication)	02/01/2009
2	Mild Problem: With Interference (Interferes With Activities 5-24% of the Time)	02/01/2009
3	Moderate Problem (Interferes With Activities 25-75% of the Time)	02/01/2009
4	Severe Problem (Interferes With Activities More Than 75% of the Time)	02/01/2009
8	Not Applicable (Patient not transfered to Transitional Program)	02/01/2009
9	Unknown	02/01/2009

MPAI15 Irritability, Anger, Aggression 02/01/2009

Question: **15. Irritability, anger, aggression: Verbal or physical expression of anger**

0	None	*02/01/2009*
1	Mild Problem: Without interference (Does NOT interfere with activities; may use assistive device or medication)	*02/01/2009*
2	Mild Problem: With Interference (Interferes With Activities 5-24% of the Time)	*02/01/2009*
3	Moderate Problem (Interferes With Activities 25-75% of the Time)	*02/01/2009*
4	Severe Problem (Interferes With Activities More Than 75% of the Time)	*02/01/2009*
8	Not Applicable (Patient not transfered to Transitional Program)	*02/01/2009*
9	Unknown	*02/01/2009*

MPAI16 Pain and Headache 02/01/2009

Question: **16. Pain and headache: Verbal and nonverbal expressions of pain; activities limited by pain**

0	None	*02/01/2009*
1	Mild Problem: Without interference (Does NOT interfere with activities; may use assistive device or medication)	*02/01/2009*
2	Mild Problem: With Interference (Interferes With Activities 5-24% of the Time)	*02/01/2009*
3	Moderate Problem (Interferes With Activities 25-75% of the Time)	*02/01/2009*
4	Severe Problem (Interferes With Activities More Than 75% of the Time)	*02/01/2009*
8	Not Applicable (Patient not transfered to Transitional Program)	*02/01/2009*
9	Unknown	*02/01/2009*

MPAI17 Fatigue 02/01/2009

Question: **17. Fatigue: Feeling tired; lack of energy; tiring easily**

0	None	*02/01/2009*
1	Mild Problem: Without interference (Does NOT interfere with activities; may use assistive device or medication)	*02/01/2009*
2	Mild Problem: With Interference (Interferes With Activities 5-24% of the Time)	*02/01/2009*
3	Moderate Problem (Interferes With Activities 25-75% of the Time)	*02/01/2009*
4	Severe Problem (Interferes With Activities More Than 75% of the Time)	*02/01/2009*
8	Not Applicable (Patient not transfered to Transitional Program)	*02/01/2009*
9	Unknown	*02/01/2009*

MPAI18 Sensitivity to Mild Symptoms 02/01/2009

Question: **18. Sensitivity to mild symptoms: Focusing on thinking, physical or emotional problems attributed to brain injury; rate only how concern or worry about these symptoms affects current functioning over and above the effects of the symptoms themselves**

0	None	*02/01/2009*
1	Mild Problem: Without interference (Does NOT interfere with activities; may use assistive device or medication)	*02/01/2009*
2	Mild Problem: With Interference (Interferes With Activities 5-24% of the Time)	*02/01/2009*
3	Moderate Problem (Interferes With Activities 25-75% of the Time)	*02/01/2009*
4	Severe Problem (Interferes With Activities More Than 75% of the Time)	*02/01/2009*
8	Not Applicable (Patient not transfered to Transitional Program)	*02/01/2009*
9	Unknown	*02/01/2009*

MPAI19 Inappropriate Social Interaction 02/01/2009

Question: **19. Inappropriate social interaction: Acting childish, silly, rude, behavior not fitting for time and place**

0	None	*02/01/2009*
1	Mild Problem: Without interference (Does NOT interfere with activities; may use assistive device or medication)	*02/01/2009*
2	Mild Problem: With Interference (Interferes With Activities 5-24% of the Time)	*02/01/2009*
3	Moderate Problem (Interferes With Activities 25-75% of the Time)	*02/01/2009*
4	Severe Problem (Interferes With Activities More Than 75% of the Time)	*02/01/2009*
8	Not Applicable (Patient not transfered to Transitional Program)	*02/01/2009*
9	Unknown	*02/01/2009*

MPAI20 Impaired Self-Awareness 02/01/2009

Question: **20. Impaired self-awareness: Lack of recognition of personal limitations and disabilities and how they interfere with everyday activities and work or school**

0	None	*02/01/2009*

1	Mild Problem: Without interference (Does NOT interfere with activities; may use assistive device or medication)	02/01/2009
2	Mild Problem: With Interference (Interferes With Activities 5-24% of the Time)	02/01/2009
3	Moderate Problem (Interferes With Activities 25-75% of the Time)	02/01/2009
4	Severe Problem (Interferes With Activities More Than 75% of the Time)	02/01/2009
8	Not Applicable (Patient not transfered to Transitional Program)	02/01/2009
9	Unknown	02/01/2009

MPAI21 — Family/Significant Relationships — 02/01/2009

Question: 21. Family/significant relationships: Interactions with close others; describe stress within the family or those closest to the person with brain injury

0	Normal Stress (Within the family or other close network of relationships)	02/01/2009
1	Mild Stress: Without interference (Does NOT interfere with family functioning)	02/01/2009
2	Mild Stress: With interference (Interferes with family functioning 5-24% of the time)	02/01/2009
3	Moderate Stress (Interferes with family functioning 25-75% of the time)	02/01/2009
4	Severe Stress (Interferes with family functioning more than 75% of the time)	02/01/2009
8	Not Applicable (Patient not transfered to Transitional Program)	02/01/2009
9	Unknown	02/01/2009

MPAI22 — Initiation — 02/01/2009

Question: 22. Initiation: Problems getting started on activities without prompting

0	None	02/01/2009
1	Mild Problem: Without interference (May use assistive device or medication)	02/01/2009
2	Mild Problem: With interference (Interferes With Activities 5-24% of the Time)	02/01/2009
3	Moderate Problem (Interferes With Activities 25-75% of the Time)	02/01/2009
4	Severe Problem (Interferes With Activities More Than 75% of the Time)	02/01/2009
8	Not Applicable (Patient not transfered to Transitional Program)	02/01/2009
9	Unknown	02/01/2009

MPAI23 — Social Contact — 02/01/2009

Question: 23. Social contact with friends, work associates, and other people who are not family, significant others, or professionals

0	Normal Involvement	02/01/2009
1	Mild Difficulty in Social Situations (But maintains normal involvement with others)	02/01/2009
2	Mildly Limited Involvement (75-95% of normal interaction for age)	02/01/2009
3	Moderately Limited Involvement (25-74% of normal interaction for age)	02/01/2009
4	No or Rare Involvement (Less than 25% of normal interaction for age)	02/01/2009
8	Not Applicable (Patient not transfered to Transitional Program)	02/01/2009
9	Unknown	02/01/2009

MPAI24 — Leisure and Recreational Activities — 02/01/2009

Question: 24. Leisure and recreational activities

0	Normal Participation	02/01/2009
1	Mild Difficulty in These Activities (But maintains normal participation)	02/01/2009
2	Mildly Limited Participation (75-95% of normal participation for age)	02/01/2009
3	Moderately Limited Participation (25-74% of normal participation for age)	02/01/2009
4	No or Rare Participation (Less than 25% of normal participation for age)	02/01/2009
8	Not Applicable (Patient not transfered to Transitional Program)	02/01/2009
9	Unknown	02/01/2009

MPAI25 — Self-Care — 02/01/2009

Question: 25. Self-care: Eating, dressing, bathing, hygiene

0	Independent Completion of Self-Care Activities	02/01/2009
1	Mild Difficulty (Occasional omissions or mildly slowed completion of self-care; may use assistive device or require occasional prompting)	02/01/2009
2	Little Assistance (Requires assistance or supervision from other 5-24% of the time)	02/01/2009
3	Moderate Assistance (Requires assistance or supervision from other 25-75% of the time)	02/01/2009
4	Extensive Assistance (Requires assistance or supervision from other more than 75% of the time)	02/01/2009
8	Not Applicable (Patient not transfered to Transitional Program)	02/01/2009
9	Unknown	02/01/2009

MPAI26	Residence	02/01/2009
Question:	**26. Residence: Responsibilities of independent living and homemaking but not including managing money**	
0	Independent (Living without supervision or concern from others)	*02/01/2009*
1	Living Without Supervision (But others have concerns about safety or managing responsibilities)	*02/01/2009*
2	Little Assistance (Requires assistance or supervision from other 5-24% of the time)	*02/01/2009*
3	Moderate Assistance (Requires assistance or supervision from other 25-75% of the time)	*02/01/2009*
4	Extensive Assistance (Requires assistance or supervision from other more than 75% of the time)	*02/01/2009*
8	Not Applicable (Patient not transfered to Transitional Program)	*02/01/2009*
9	Unknown	*02/01/2009*

MPAI27	Transportation	02/01/2009
Question:	**27. Transportation**	
0	Independent: Operates personal motor vehicle (Including independent ability to operate a personal motor vehicle)	*02/01/2009*
1	Independent: Others are concern (But others have concerns about safety)	*02/01/2009*
2	Little Assistance (Cannot drive; requires assistance or supervision from other 5-24% of the time)	*02/01/2009*
3	Moderate Assistance (Cannot drive; requires assistance or supervision from other 25-75% of the time)	*02/01/2009*
4	Extensive Assistance (Cannot drive; requires assistance or supervision from other more than 75% of the time)	*02/01/2009*
8	Not Applicable (Patient not transfered to Transitional Program)	*02/01/2009*
9	Unknown	*02/01/2009*

MPAI28a	Paid Employment	02/01/2009
Question:	**28a. Paid employment**	
0	Full Time (More than 30 hrs/wk without support)	*02/01/2009*
1	Part Time (3 to 30 hrs/wk without support)	*02/01/2009*
2	Full Time or Part Time With Support	*02/01/2009*
3	Sheltered Work	*02/01/2009*
4	Unemployed (Employed less than 3 hours per week)	*02/01/2009*
8	Not Applicable (Patient not transfered to Transitional Program)	*02/01/2009*
9	Unknown	*02/01/2009*

MPAI28b1	Other Employment	02/01/2009
Question:	**28b. Other employment: Involved in constructive, role-appropriate activity other than paid employment**	
0	Full Time (More than 30 hrs/wk without support; full-time course load for students)	*02/01/2009*
1	Part Time (3 to 30 hrs/wk without support)	*02/01/2009*
2	Full Time or Part Time With Support	*02/01/2009*
3	Activities in a Supervised Environment (Other than a sheltered workshop)	*02/01/2009*
4	Inactive (Involved in role-appropriate activities less than 3 hours per week)	*02/01/2009*
8	Not Applicable (Patient not transfered to Transitional Program)	*02/01/2009*
9	Unknown	*02/01/2009*

MPAI29	Managing Money and Finances	02/01/2009
Question:	**29. Managing money and finances: Shopping, keeping a checkbook or other bank account, managing personal income and investment**	
0	Independent: Without concerns form others (Manages small purchases and personal finances without supervision or concern from others)	*02/01/2009*
1	Independent: Others are concern (Manages money independently but others have concerns about larger financial decisions)	*02/01/2009*
2	Little Help (Independent with small purchases; requires little help or supervision 5-24% of the time with large finances)	*02/01/2009*
3	Moderate Help (Some help with small purchases; requires moderate help or supervision 25-75% of the time with large finances)	*02/01/2009*
4	Extensive Help (Frequent help with small purchases; requires help of supervision more than 75% of the time with large finances)	*02/01/2009*
8	Not Applicable (Patient not transfered to Transitional Program)	*02/01/2009*
9	Unknown	*02/01/2009*

CODE

Date of PTRP Admission: (MM/DD/YYYY)

Code descriptions do vary from item to item. Please refer to each item for specific code descriptions.

NOTE

Do not leave any items blank.

If the participant was not transferred to Transitional Program, code all items as 8 - Not Applicable.

For items 28a and 28b1, complete only the appropriate employment category (paid or other), and code the other item as 8 - Not Applicable.

Code any item not completed by the participant as 9 - Unknown.

EXAMPLE

(Example not given due to excessive verbiage associated with questions)

HISTORY

Date of Change	Description
04/01/2015	Changed DEFINITION: Expanded collection from a 3 calendar window to a 3 week window.
10/01/2013	Deleted VARIABLE: 28b2 Primary Desired Social Role
10/01/2013	Removed NOTE: If 28b1 (other) is completed, 28b2 (primary desired social role) should also be completed. Otherwise, code 28b2 as 8 - Not Applicable.

SOURCE

Malec, J. (2005). The Mayo Portland Adaptability Inventory. The Center for Outcome Measurement in Brain Injury. http://www.tbims.org/combi/mpai (accessed February 18, 2009).

DEFINITION

The Mayo-Portland Adaptability Inventory (MPAI) was primarily designed: to assist in the clinical evaluation of people during the postacute (posthospital) period following acquired brain injury (ABI), and to assist in the evaluation of rehabilitation programs designed to serve these people.

To be collected of all participants transferred to the VA transitional/residential program (PTRP). For these participants, the MPAI-4 should be collected at both admission to and discharge from the transitional program within a 3 week window.

Consensus evaluation by staff is the preferred method of data collection. If a single staff person completes the MPAI-4, it is recommended that other staff be consulted who have evaluated or treated the person.

VARIABLES

Name	Description	Date Added	Date Removed
MPAId1	**Mobility**	**02/01/2009**	
Question:	**1. Mobility: Problems walking or moving; balance problems that interfere with moving about**		
	0 None	*02/01/2009*	
	1 Mild Problem: Without interference (Does Not Interfere With Activities; may use assistive device or medication)	*02/01/2009*	
	2 Mild Problem: With interference (Interferes With Activities 5-24% of the Time)	*02/01/2009*	
	3 Moderate Problem (Interferes With Activities 25-75% of the Time)	*02/01/2009*	
	4 Severe Problem (Interferes With Activities More Than 75% of the Time)	*02/01/2009*	
	8 Not Applicable (Patient not transfered to Transitional Program)	*02/01/2009*	
	9 Unknown	*02/01/2009*	
MPAId2	**Use of Hands**	**02/01/2009**	
Question:	**2. Use of hands: Impaired strength or coordination in one or both hands**		
	0 None	*02/01/2009*	
	1 Mild Problem: Without interference (Does Not Interfere With Activities; may use assistive device or medication)	*02/01/2009*	
	2 Mild Problem: With interference (Interferes With Activities 5-24% of the Time)	*02/01/2009*	
	3 Moderate Problem (Interferes With Activities 25-75% of the Time)	*02/01/2009*	
	4 Severe Problem (Interferes With Activities More Than 75% of the Time)	*02/01/2009*	
	8 Not Applicable (Patient not transfered to Transitional Program)	*02/01/2009*	
	9 Unknown	*02/01/2009*	
MPAId3	**Vision**	**02/01/2009**	
Question:	**3. Vision: Problems seeing, double vision eye, brain, or nerve injuries that interfere with seeing**		
	0 None	*02/01/2009*	
	1 Mild problem: Without interference (Does NOT interfere with activities; may use assistive device or medication)	*02/01/2009*	
	2 Mild Problem: With interference (Interferes With Activities 5-24% of the Time)	*02/01/2009*	
	3 Moderate Problem (Interferes With Activities 25-75% of the Time)	*02/01/2009*	
	4 Severe Problem (Interferes With Activities More Than 75% of the Time)	*02/01/2009*	
	8 Not Applicable (Patient not transfered to Transitional Program)	*02/01/2009*	
	9 Unknown	*02/01/2009*	
MPAId4	**Audition**	**02/01/2009**	
Question:	**4. Audition: Problems hearing; ringing in the ears**		
	0 None	*02/01/2009*	
	1 Mild Problem: Without interference (Does Not Interfere With Activities; may use assistive device or medication)	*02/01/2009*	
	2 Mild Problem: With interference (Interferes With Activities 5-24% of the Time)	*02/01/2009*	
	3 Moderate Problem (Interferes With Activities 25-75% of the Time)	*02/01/2009*	
	4 Severe Problem (Interferes With Activities More Than 75% of the Time)	*02/01/2009*	
	8 Not Applicable (Patient not transfered to Transitional Program)	*02/01/2009*	
	9 Unknown	*02/01/2009*	
MPAId5	**Dizziness**	**02/01/2009**	
Question:	**5. Dizziness: Feeling unsteady, dizzy, light-headed**		
	0 None	*02/01/2009*	

1	Mild Problem: Without interference (Does Not Interfere With Activities; may use assistive device or medication)	02/01/2009
2	Mild Problem: With interference (Interferes With Activities 5-24% of the Time)	02/01/2009
3	Moderate Problem (Interferes With Activities 25-75% of the Time)	02/01/2009
4	Severe Problem (Interferes With Activities More Than 75% of the Time)	02/01/2009
8	Not Applicable (Patient not transfered to Transitional Program)	02/01/2009
9	Unknown	02/01/2009

MPAId6 — Motor Speech — 02/01/2009

Question: 6. Motor speech: Abnormal clearness or rate of speech; stuttering

0	None	02/01/2009
1	Mild Problem: Without interference (Does Not Interfere With Activities; may use assistive device or medication)	02/01/2009
2	Mild Problem: With interference (Interferes With Activities 5-24% of the Time)	02/01/2009
3	Moderate Problem (Interferes With Activities 25-75% of the Time)	02/01/2009
4	Severe Problem (Interferes With Activities More Than 75% of the Time)	02/01/2009
8	Not Applicable (Patient not transfered to Transitional Program)	02/01/2009
9	Unknown	02/01/2009

MPAId7a — Verbal Communication — 02/01/2009

Question: 7a. Verbal communication: Problems expressing or understanding language

0	None	02/01/2009
1	Mild Problem: Without interference (Does Not Interfere With Activities; may use assistive device or medication)	02/01/2009
2	Mild Problem: With interference (Interferes With Activities 5-24% of the Time)	02/01/2009
3	Moderate Problem (Interferes With Activities 25-75% of the Time)	02/01/2009
4	Severe Problem (Interferes With Activities More Than 75% of the Time)	02/01/2009
8	Not Applicable (Patient not transfered to Transitional Program)	02/01/2009
9	Unknown	02/01/2009

MPAId7b — Nonverbal Communication — 02/01/2009

Question: 7b. Nonverbal communication: Restricted or unusual gestures or facial expressions; talking too much or not enough; missing nonverbal cues from others

0	None	02/01/2009
1	Mild Problem: Without interference (Does Not Interfere With Activities; may use assistive device or medication)	02/01/2009
2	Mild Problem: With interference (Interferes With Activities 5-24% of the Time)	02/01/2009
3	Moderate Problem (Interferes With Activities 25-75% of the Time)	02/01/2009
4	Severe Problem (Interferes With Activities More Than 75% of the Time)	02/01/2009
8	Not Applicable (Patient not transfered to Transitional Program)	02/01/2009
9	Unknown	02/01/2009

MPAId8 — Attention/Concentration — 02/01/2009

Question: 8. Attention/Concentration: Problems ignoring distractions, shifting attention, keeping more than one thing in mind at a time

0	None	02/01/2009
1	Mild Problem: Without interference (Does Not Interfere With Activities; may use assistive device or medication)	02/01/2009
2	Mild Problem: With interference (Interferes With Activities 5-24% of the Time)	02/01/2009
3	Moderate Problem (Interferes With Activities 25-75% of the Time)	02/01/2009
4	Severe Problem (Interferes With Activities More Than 75% of the Time)	02/01/2009
8	Not Applicable (Patient not transfered to Transitional Program)	02/01/2009
9	Unknown	02/01/2009

MPAId9 — Memory — 02/01/2009

Question: 9. Memory: Problems learning and recalling new information

0	None	02/01/2009
1	Mild Problem: Without interference (Does Not Interfere With Activities; may use assistive device or medication)	02/01/2009
2	Mild Problem: With interference (Interferes With Activities 5-24% of the Time)	02/01/2009
3	Moderate Problem (Interferes With Activities 25-75% of the Time)	02/01/2009
4	Severe Problem (Interferes With Activities More Than 75% of the Time)	02/01/2009

8	Not Applicable (Patient not transfered to Transitional Program)	02/01/2009
9	Unknown	02/01/2009

MPAId10 — Fund of Information — 02/01/2009

Question: 10. Fund of information: Problems remembering information learned in school or on the job; difficulty remembering information about self and family from years ago

0	None	02/01/2009
1	Mild Problem: Without interference (Does Not Interfere With Activities; may use assistive device or medication)	02/01/2009
2	Mild Problem: With interference (Interferes With Activities 5-24% of the Time)	02/01/2009
3	Moderate Problem (Interferes With Activities 25-75% of the Time)	02/01/2009
4	Severe Problem (Interferes With Activities More Than 75% of the Time)	02/01/2009
8	Not Applicable (Patient not transfered to Transitional Program)	02/01/2009
9	Unknown	02/01/2009

MPAId11 — Novel Problem-Solving — 02/01/2009

Question: 11. Novel problem-solving: Problems thinking up solution or picking the best solution to new problems

0	None	02/01/2009
1	Mild Problem: Without interference (Does Not Interfere With Activities; may use assistive device or medication)	02/01/2009
2	Mild Problem: With interference (Interferes With Activities 5-24% of the Time)	02/01/2009
3	Moderate Problem (Interferes With Activities 25-75% of the Time)	02/01/2009
4	Severe Problem (Interferes With Activities More Than 75% of the Time)	02/01/2009
8	Not Applicable (Patient not transfered to Transitional Program)	02/01/2009
9	Unknown	02/01/2009

MPAId12 — Visuospacial Abilities — 02/01/2009

Question: 12. Visuospacial abilities: Problems drawing, assembling things, route-finding, being visually aware on both the left and right sides

0	None	02/01/2009
1	Mild Problem: Without interference (Does Not Interfere With Activities; may use assistive device or medication)	02/01/2009
2	Mild Problem: With interference (Interferes With Activities 5-24% of the Time)	02/01/2009
3	Moderate Problem (Interferes With Activities 25-75% of the Time)	02/01/2009
4	Severe Problem (Interferes With Activities More Than 75% of the Time)	02/01/2009
8	Not Applicable (Patient not transfered to Transitional Program)	02/01/2009
9	Unknown	02/01/2009

MPAId13 — Anxiety — 02/01/2009

Question: 13. Anxiety: Tense, nervous, fearful, phobias, nightmares, flashbacks of stressful events

0	None	02/01/2009
1	Mild Problem: Without interference (Does Not Interfere With Activities; may use assistive device or medication)	02/01/2009
2	Mild Problem: With interference (Interferes With Activities 5-24% of the Time)	02/01/2009
3	Moderate Problem (Interferes With Activities 25-75% of the Time)	02/01/2009
4	Severe Problem (Interferes With Activities More Than 75% of the Time)	02/01/2009
8	Not Applicable (Patient not transfered to Transitional Program)	02/01/2009
9	Unknown	02/01/2009

MPAId14 — Depression — 02/01/2009

Question: 14. Depression: Sad, blue hopeless, poor appetite, poor sleep, worry, self-criticism

0	None	02/01/2009
1	Mild Problem: Without interference (Does Not Interfere With Activities; may use assistive device or medication)	02/01/2009
2	Mild Problem: With interference (Interferes With Activities 5-24% of the Time)	02/01/2009
3	Moderate Problem (Interferes With Activities 25-75% of the Time)	02/01/2009
4	Severe Problem (Interferes With Activities More Than 75% of the Time)	02/01/2009
8	Not Applicable (Patient not transfered to Transitional Program)	02/01/2009
9	Unknown	02/01/2009

MPAId15 — Irritability, Anger, Aggression — 02/01/2009

Question: **15. Irritability, anger, aggression: Verbal or physical expression of anger**

0	None	*02/01/2009*
1	Mild Problem: Without interference (Does Not Interfere With Activities; may use assistive device or medication)	*02/01/2009*
2	Mild Problem: With interference (Interferes With Activities 5-24% of the Time)	*02/01/2009*
3	Moderate Problem (Interferes With Activities 25-75% of the Time)	*02/01/2009*
4	Severe Problem (Interferes With Activities More Than 75% of the Time)	*02/01/2009*
8	Not Applicable (Patient not transfered to Transitional Program)	*02/01/2009*
9	Unknown	*02/01/2009*

MPAId16 — Pain and Headache — 02/01/2009

Question: **16. Pain and headache: Verbal and nonverbal expressions of pain; activities limited by pain**

0	None	*02/01/2009*
1	Mild Problem: Without interference (Does Not Interfere With Activities; may use assistive device or medication)	*02/01/2009*
2	Mild Problem: With interference (Interferes With Activities 5-24% of the Time)	*02/01/2009*
3	Moderate Problem (Interferes With Activities 25-75% of the Time)	*02/01/2009*
4	Severe Problem (Interferes With Activities More Than 75% of the Time)	*02/01/2009*
8	Not Applicable (Patient not transfered to Transitional Program)	*02/01/2009*
9	Unknown	*02/01/2009*

MPAId17 — Fatigue — 02/01/2009

Question: **17. Fatigue: Feeling tired; lack of energy; tiring easily**

0	None	*02/01/2009*
1	Mild Problem: Without interference (Does Not Interfere With Activities; may use assistive device or medication)	*02/01/2009*
2	Mild Problem: With interference (Interferes With Activities 5-24% of the Time)	*02/01/2009*
3	Moderate Problem (Interferes With Activities 25-75% of the Time)	*02/01/2009*
4	Severe Problem (Interferes With Activities More Than 75% of the Time)	*02/01/2009*
8	Not Applicable (Patient not transfered to Transitional Program)	*02/01/2009*
9	Unknown	*02/01/2009*

MPAId18 — Sensitivity to Mild Symptoms — 02/01/2009

Question: **18. Sensitivity to mild symptoms: Focusing on thinking, physical or emotional problems attributed to brain injury; rate only how concern or worry about these symptoms affects current functioning over and above the effects of the symptoms themselves**

0	None	*02/01/2009*
1	Mild Problem: Without interference (Does Not Interfere With Activities; may use assistive device or medication)	*02/01/2009*
2	Mild Problem: With interference (Interferes With Activities 5-24% of the Time)	*02/01/2009*
3	Moderate Problem (Interferes With Activities 25-75% of the Time)	*02/01/2009*
4	Severe Problem (Interferes With Activities More Than 75% of the Time)	*02/01/2009*
8	Not Applicable (Patient not transfered to Transitional Program)	*02/01/2009*
9	Unknown	*02/01/2009*

MPAId19 — Inappropriate Social Interaction — 02/01/2009

Question: **19. Inappropriate social interaction: Acting childish, silly, rude, behavior not fitting for time and place**

0	None	*02/01/2009*
1	Mild Problem: Without interference (Does Not Interfere With Activities; may use assistive device or medication)	*02/01/2009*
2	Mild Problem: With interference (Interferes With Activities 5-24% of the Time)	*02/01/2009*
3	Moderate Problem (Interferes With Activities 25-75% of the Time)	*02/01/2009*
4	Severe Problem (Interferes With Activities More Than 75% of the Time)	*02/01/2009*
8	Not Applicable (Patient not transfered to Transitional Program)	*02/01/2009*
9	Unknown	*02/01/2009*

MPAId20 — Impaired Self-Awareness — 02/01/2009

Question: **20. Impaired self-awareness: Lack of recognition of personal limitations and disabilities and how they interfere with everyday activities and work or school**

0	None	*02/01/2009*

1	Mild Problem: Without interference (Does Not Interfere With Activities; may use assistive device or medication)	02/01/2009
2	Mild Problem: With interference (Interferes With Activities 5-24% of the Time)	02/01/2009
3	Moderate Problem (Interferes With Activities 25-75% of the Time)	02/01/2009
4	Severe Problem (Interferes With Activities More Than 75% of the Time)	02/01/2009
8	Not Applicable (Patient not transfered to Transitional Program)	02/01/2009
9	Unknown	02/01/2009

MPAId21 — Family/Significant Relationships — 02/01/2009

Question: 21. Family/significant relationships: Interactions with close others; describe stress within the family or those closest to the person with brain injury

0	Normal stress	02/01/2009
1	Mild Stress: Without interference	02/01/2009
2	Mild Stress: With interference (Interferes with family functioning 5-24% of the time)	02/01/2009
3	Moderate Stress (Interferes with family functioning 25-75% of the time)	02/01/2009
4	Severe Stress (Interferes with family functioning more than 75% of the time)	02/01/2009
8	Not Applicable (Patient not transfered to Transitional Program)	02/01/2009
9	Unknown	02/01/2009

MPAId22 — Initiation — 02/01/2009

Question: 22. Initiation: Problems getting started on activities without prompting

0	None	02/01/2009
1	Mild Problem: Without interference (Does Not Interfere With Activities; may use assistive device or medication)	02/01/2009
2	Mild Problem: With interference (Interferes With Activities 5-24% of the Time)	02/01/2009
3	Moderate Problem (Interferes With Activities 25-75% of the Time)	02/01/2009
4	Severe Problem (Interferes With Activities More Than 75% of the Time)	02/01/2009
8	Not Applicable (Patient not transfered to Transitional Program)	02/01/2009
9	Unknown	02/01/2009

MPAId23 — Social Contact — 02/01/2009

Question: 23. Social contact with friends, work associates, and other people who are not family, significant others, or professionals.

0	Normal Involvement	02/01/2009
1	Mild Difficulty in Social Situations (But maintains normal involvement with others)	02/01/2009
2	Mildly Limited Involvement (75-95% of normal interaction for age)	02/01/2009
3	Moderately Limited Involvement (25-74% of normal interaction for age)	02/01/2009
4	No or Rare Involvement (Less than 25% of normal interaction for age)	02/01/2009
8	Not Applicable (Patient not transfered to Transitional Program)	02/01/2009
9	Unknown	02/01/2009

MPAId24 — Leisure and Recreational Activities — 02/01/2009

Question: 24. Leisure and recreational activities.

0	Normal Participation	02/01/2009
1	Mild Difficulty in These activities (But maintains normal participation)	02/01/2009
2	Mildly Limited Participation (75-95% of normal participation for age)	02/01/2009
3	Moderately Limited Participation (25-74% of normal participation for age)	02/01/2009
4	No or Rare Participation (Less than 25% of normal participation for age)	02/01/2009
8	Not Applicable (Patient not transfered to Transitional Program)	02/01/2009
9	Unknown	02/01/2009

MPAId25 — Self-Care — 02/01/2009

Question: 25. Self-care: Eating, dressing, bathing, hygiene

0	Independent Completion of Self-Care Activities	02/01/2009
1	Mild difficulty (Occasional omissions or mildly slowed completion of self-care; may use assistive device or require occasional prompting)	02/01/2009
2	Little Assistance (Requires assistance or supervision from other 5-24% of the time)	02/01/2009
3	Moderate Assistance (Requires assistance or supervision from other 25-75% of the time)	02/01/2009
4	Extensive Assistance (Requires assistance or supervision from other more than 75% of the time)	02/01/2009
8	Not Applicable (Patient not transfered to Transitional Program)	02/01/2009
9	Unknown	02/01/2009

MPAId26	Residence	02/01/2009
Question:	26. Residence: Responsibilities of independent living and homemaking but not including managing money	
0	Independent (Living without supervision or concern from others)	02/01/2009
1	Living Without Supervision (But others have concerns about safety or managing responsibilities)	02/01/2009
2	Little Assistance (Requires assistance or supervision from other 5-24% of the time)	02/01/2009
3	Mderate Assistance (Requires assistance or supervision from other 25-75% of the time)	02/01/2009
4	Extensive Assistance (Requires assistance or supervision from other more than 75% of the time)	02/01/2009
8	Not Applicable (Patient not transfered to Transitional Program)	02/01/2009
9	Unknown	02/01/2009

MPAId27	Transportation	02/01/2009
Question:	27. Transportation	
0	Independent: Operates personal motor vehicle (Including independent ability to operate a personal motor vehicle)	02/01/2009
1	Independent: Others are concern (But others have concerns about safety)	02/01/2009
2	Little Assistance (Cannot drive; requires assistance or supervision from other 5-24% of the time)	02/01/2009
3	Moderate Assistance (Cannot drive; requires assistance or supervision from other 25-75% of the time)	02/01/2009
4	Extensive Assistance (Cannot drive; requires assistance or supervision from other more than 75% of the time)	02/01/2009
8	Not Applicable (Patient not transfered to Transitional Program)	02/01/2009
9	Unknown	02/01/2009

MPAId28a	Paid Employment	02/01/2009
Question:	28a. Paid employment	
0	Full Time (More than 30 hrs/wk without support)	02/01/2009
1	Part Time (3 to 30 hrs/wk without support)	02/01/2009
2	Full Time or Part Time With Support	02/01/2009
3	Sheltered Work	02/01/2009
4	Unemployed (Employed less than 3 hours per week)	02/01/2009
8	Not Applicable (Patient not transfered to Transitional Program)	02/01/2009
9	Unknown	02/01/2009

MPAId28b1	Other Employment	02/01/2009
Question:	28b. Other employment: Involved in constructive, role-appropriate activity other than paid employment	
0	Full Time (More than 30 hrs/wk without support; full-time course load for students)	02/01/2009
1	Part Time (3 to 30 hrs/wk without support)	02/01/2009
2	Full Time or Part Time With Support	02/01/2009
3	Activities in a Supervised Environment (Other than a sheltered workshop)	02/01/2009
4	Inactive (Involved in role-appropriate activities less than 3 hours per week)	02/01/2009
8	Not Applicable (Patient not transfered to Transitional Program)	02/01/2009
9	Unknown	02/01/2009

MPAId29	Managing Money and Finances	02/01/2009
Question:	29. Managing money and finances: Shopping, keeping a checkbook or other bank account, managing personal income and investment	
0	Independent: Without concerns form others (Manages small purchases and personal finances without supervision or concern from others)	02/01/2009
1	Independent: Others are concern (Manages money independently but others have concerns about larger financial decisions)	02/01/2009
2	Little Help (Independent with small purchases; requires little help or supervision 5-24% of the time with large finances)	02/01/2009
3	Moderate Help (Some help with small purchases; requires moderate help or supervision 25-75% of the time with large finances)	02/01/2009
4	Extensive Help (Frequent help with small purchases; requires help of supervision more than 75% of the time with large finances)	02/01/2009
8	Not Applicable (Patient not transfered to Transitional Program)	02/01/2009
9	Unknown	02/01/2009

CODE

Date of PTRP Discharge: (MM/DD/YYYY)

Code descriptions do vary from item to item. Please refer to each item for specific code descriptions.

NOTE

The dates collected should reflect the actual PTRP admission and discharge dates, rather than the date that the MPAI-4 was administered.

Do not leave any items blank.

If the participant was not transferred to Transitional Program, code all items as 8 - Not Applicable.

For items 28a and 28b1, complete only the appropriate employment category (paid or other), and code the other item as 8 - Not Applicable.

Code any item not completed by the participant as 9 - Unknown.

EXAMPLE

(Example not given due to excessive verbiage associated with questions)

HISTORY

Date of Change	Description
04/01/2015	Changed DEFINITION: Expanded collection from a 3 calendar window to a 3 week window.
10/01/2013	Deleted VARIABLE: 28b2 Primary Desired Social Role
10/01/2013	Removed NOTE: If 28b1 (other) is completed, 28b2 (primary desired social role) should also be completed. Otherwise, code 28b2 as 8 - Not Applicable.

SOURCE

Malec, J. (2005). The Mayo Portland Adaptability Inventory. The Center for Outcome Measurement in Brain Injury. http://www.tbims.org/combi/mpai (accessed February 18, 2009).