

Traumatic Brain Injury Model Systems
Live Syllabus

**Revised Syllabus Pages
for First Quarter 2005**

Compiled and Distributed by the

**Traumatic Brain Injury
Model Systems National Data Center**

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LIVE SYLLABUS

NOTE: The syllabus pages for all variables with a “Characteristics of Data” box or a “Q&A” box are included in this set of variable pages with revisions for 9.8. Although most of the variables with these boxes do not have revisions for 9.8, their pages still need to be added to your syllabus binders because these two boxes were added in 9.7 and are not in your binders.

METHOD OF INTERVIEW DATA COLLECTION -PERSON WITH BRAIN INJURY

Variable 20Ab

Date of last revision: 04/01/04

DEFINITION:

The manner in which interview data were collected from the person with brain injury.

CODE:

- 1 In-person interview
- 2 Telephone interview
- 3 Questionnaire mailing
- 7 No data to be collected at this time (e.g., no funding)
- 8 No interview data provided by person with brain injury

CHARACTERS:

- 1 numeric

NOTE:

Interview data includes all Form II data collected from the person with brain injury.

If multiple methods are used to collect data, record the method used the most with this participant.

*Code 7 is not shown on Form II because it is a special purpose code and should not be used in normal data collection/submission.

EXAMPLE:

Data were collected via telephone interview.

2

VARIABLE HISTORY:

Date of last Revision	Description
2004-04-01	Added NOTE about code 7 not being in Form II.
2004-01-01	Added code 7.
2003-10-01	Corrected example (added code).
2003-10-01	In note, removed reference to (deleted) neuropsych battery and physical exam.
2001-08-20	Note added about how to code if multiple methods are used to collect data.
1996-01-01	Clarified that this variable refers to interview data collection only.
1994-08-19	Added code 8 to be consistent with data collection form.

QUESTIONS AND ANSWERS:

QUESTION:	On the syllabus I have and on the list of Form II Syllabus changes, it is noted "Added code 7" but that code isn't on the new Form II. Should it be? 01-13-2004
ANSWER:	This code is used only for very specific purposes that data collectors will not run into. So, the code should not be on the Form II. 01-15-2004

METHOD OF INTERVIEW DATA COLLECTION -SIGNIFICANT OTHER

Variable 20Ac

Date of last revision: 04/01/04

DEFINITION:

The manner in which interview data is collected from the main significant other.

CODE:

- 1 In-person interview
- 2 Telephone interview
- 3 Questionnaire mailing
- 7 No data to be collected at this time (e.g., no funding)
- 8 No interview data provided by a significant other

CHARACTERS:

- 1 numeric

NOTE:

Interview data includes all Form II data collected from a family member/significant other of the person with brain injury, which includes any patient-related medical/functional/historical information which cannot be reliably obtained from the person with brain injury, or if the person with brain injury cannot be interviewed.

If multiple methods are used to collect data, record the method used the most with this participant.

*Code 7 is not shown on Form II because it is a special purpose code and should not be used in normal data collection/submission.

EXAMPLE:

Data were collected by in-person interview:via telephone interview.

2

VARIABLE HISTORY:

Date of last Revision	Description
2004-04-01	Added NOTE about code 7 not being in Form II.
2004-01-01	Added code "7=No data to be collected at this time (e.g., no funding)", to be used by Center that was not funded for a period of time.
2003-10-01	Reinstated variable in database (otherwise, if SO is only source of information, there is no information about method of interview data collection).
2003-10-01	In NOTE, removed reference to CIQ and to significant other-only community integration questions.
2003-01-01	Deleted this variable from database.
2001-08-20	Note added about multiple methods of collecting data.
1996-01-01	Clarified that this variable refers to interview data collection only.
1994-08-19	Added code 8 to be consistent with data collection form.

QUESTIONS AND ANSWERS:

QUESTION:	On the syllabus I have and on the list of Form II Syllabus changes, it is noted "Added code 7" but that code isn't on the new Form II. Should it be? 01-13-2004
ANSWER:	This code is used only for very specific purposes that data collectors will not run into. So, the code should not be on the Form II. 01-15-2004

DATES (AND TIMES)

Variable 101a

Date of last revision: 10/01/04

DEFINITION:

The "Dates" set of variables includes the following:

1. Date of injury
2. Date admitted to Model System emergency department
3. Date discharged from acute care
4. Date admitted to inpatient rehabilitation facility
5. Date discharged from inpatient rehabilitation facility
6. Date of death

CODE:

MM/DD/YYYY

08/08/8888 = Not Applicable

09/09/9999 = Unknown

CHARACTERS:

8 date

NOTE:

If a patient completes acute care and inpatient rehabilitation and is then transferred to an alternate level of care (regardless of whether it is a designated Model System facility or not), this is considered the rehabilitation discharge date and the residence at discharge (V109) should reflect this alternate level of care discharge.

An alternate level of care is defined as a transfer of a patient from inpatient rehabilitation to a lower level of care (usually with maintenance therapy) after he/she is medically stable and reaches functional plateau (as determined by a medical doctor and utilization review committee).

If a patient is transferred to an alternate level of care within the designated Model System prior to inpatient rehabilitation, the ALC length of stay should be added to the Model System acute care stay or inpatient rehabilitation stay, which ever is most applicable.

Day hospital treatment should not to be included as part of inpatient rehabilitation stay.

Do not assume that the date of discharge from the acute care hospital is the same as the date of admission to inpatient rehab.

Do not include rehab in a day hospital as part of the inpatient stay.

EXAMPLE:

Date of injury was April 13, 1988.

04/13/1988

VARIABLE HISTORY:

Date of last Revision	Description
2004-10-01	In DEFINITION, numbered the six parts of this item. (In order to make them easier to identify.)
2003-01-01	Deleted 101B: Times of Injury and ER Admission
2002-04-01	Removed typo from first 1/1/02 note.
2002-04-01	Removed second 1/1/02 note (regarding family consent).
2002-01-01	Added NOTE to not assume that date of acute discharge is the same as admission to inpatient rehab.
2002-01-01	Added NOTE about consent from family if patient dies before consent.
1999-04-01	Revised unknown date codes to be compatible with the new software.

Date of last Revision	Description
1998-08-15	Year expanded to four digits.
1995-07-01	Added codes for unknown time less than 8 hours or less than 24 hours to correspond to new inclusion criteria.
1995-07-01	Clarified code 99:99. Now refers only to unknown time of ED admit.
1994-09-13	Deleted these date variables: "admitted to acute care", "first acute rehab services", "admitted to/discharged from an alternate level of care".
1994-09-13	Added notes for clarification of ALC (alternative level of care).
1994-02-01	Added note to clarify what the Date of First Acute Care Rehab Services refers to.

QUESTIONS AND ANSWERS:

QUESTION:	Person entered hospital NOT for TBI. Received a TBI in hospital. How to handle various issues in coding? 05-19-2004
ANSWER:	If in-house TBI meets inclusion criteria, then enroll this person and code accordingly. Please contact if any specific coding questions. 05-20-2004

RESIDENCE

Variable 109

Date of last revision: 01/01/05

DEFINITION:

Where the person with brain injury is living:

- at the time just prior to injury
- at discharge from Rehabilitation.

CODE:

- 01 **Private Residence** (includes house, apartment, mobile home, foster home, condominium, dormitory (school, church, college), military barracks, boarding school, boarding home, rooming house, bunk-house, boys ranch, fraternity/sorority house, commune, migrant farmworkers camp)
- 02 **Nursing Home** (includes medi-center, residential, institutions licensed as hospitals but providing essentially long-term, custodial, chronic disease care, etc.)
- 03 **Adult Home** (includes adult foster care, indep. living center, transitional living facility, assisted living, supported living, group home)
- 04 **Correctional Institution** (includes prison, jail, penitentiary, correctional center, labor camp, halfway house, etc.)
- 05 **Hotel/Motel** (includes YWCA, YMCA, guest ranch, inn)
- 06 **Homeless** (includes a shelter for the homeless)
- 07 **Hospital - Acute Care**
- 08 **Hospital - Rehabilitation**
- 09 **Hospital - Other** (includes mental hospital, inpatient drug treatment)
- 10 **Subacute care** (includes subacute hospital bed, skilled nursing facility)
- 77 **Other**
- 88 **Not Applicable** (patient expired in rehab)
- 99 **Unknown**

CHARACTERS:

2 numeric

NOTE:

If category is not applicable, then field should be coded 88. Do not leave blank.

*If there is uncertainty regarding residence, treat it as a self-report variable. If residence is not clear, a reliable respondent (when possible the person with TBI) should be asked, eg., "Where were you [the person with TBI] living at the time of the injury?". If the response is ambiguous (as may happen, eg., if the person is transient) use probes in order to adequately understand the respondent's belief regarding residence, then code that. Do not probe to obtain additional objective information about the living situation and then (the data collector) use that information in determining the correct code. When residence is at all ambiguous, treat it as a self-report variable.

CHARACTERISTICS OF DATA:

Deleting the category "shelter" from code 01 and moving it to 06 as "shelter for the homeless" as of 10/1/2004 means that prior to this date, persons in that category are in 01 and after that date they are in 06.

EXAMPLE:

Patient lived at home at time of injury, and lived in a transitional living facility after rehabilitation.

At time of injury 01
After rehab discharge 03

VARIABLE HISTORY:

Date of last Revision	Description
2005-01-01	Added NOTE how to determine residence if not clear.
2004-10-01	Deleted "shelter" from code 01. Added "shelter for the homeless" to code 06.
2004-10-01	Deleted "involuntary" from "involuntary inpatient drug treatment program", a category of code "09=Hospital-other".
2001-08-20	Added "Involuntary inpatient drug treatment program" to "Hospital-Other" category.

Date of last Revision	Description
2001-07-01	Zip Code question becomes a separate variable (V109a).
2001-01-01	Zip Code collected.
1996-04-01	Added halfway house to code 4=correctional institution.
1995-07-01	Moved dorm thru farmworkers camp from code 3 to code 1.
1995-07-01	Moved skilled nursing facility from code 2 to code 10.
1995-07-01	Moved all code 11 to code 3.
1995-07-01	Added new code 10=subacute.
1994-09-13	Dropped "residence at time of acute discharge".
1994-09-13	Added "adult foster care" to code 3.
1994-02-01	Deleted references to Level I data collection.

YEARS OF EDUCATION

Variable 110a

Date of last revision: 04/01/04

DEFINITION:

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

CODE:

01 1 year or less
02 2 years
03 3 years
04 4 years
05 5 years
06 6 years
07 7 years
08 8 years
09 9 years
10 10 years
11 11 years/12 years, no diploma
12 HS diploma
13 Work toward Associate's degrees, no diploma
14 Associate's degrees
15 Work toward Bachelor's degree, no diploma
16 Bachelor's degree
17 Work toward Master's degree, no diploma
18 Master's degree
19 Work toward Doctoral level degree, no diploma
20 Doctoral level degree
66 Var didn't exist at the time of interview
77 Other
99 Unknown

CHARACTERS:

2 numeric

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 as 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

CHARACTERISTICS OF DATA:

*All data on educational level are available in the calculated variable "EDUCATION". This calculated variable merges data for V110a with data for V110 "Highest grade of school completed", which V110a replaced on 1/1/01.

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.

EXAMPLE:

Patient finished high school.

12

VARIABLE HISTORY:

Date of last Revision	Description
2004-04-01	Added "successfully" prior to "completed" in DEFINITION.
2004-04-01	Added EXAMPLE of being held back in elementary school.
2004-04-01	Updated SOURCE.
2004-04-01	Added information about the calculated education variable, in CHARACTERISTICS OF DATA.
2003-01-01	Changed label of code 01 from "1 year" to "1 year or less".
2003-01-01	Corrected code for "Variable did not exist at time of interview" from "00" to "66".
2001-08-20	NOTE added about recording the higher number, if person is uncertain.
2001-07-01	Added note that actual years of education may not equal the actual number of years in school.
2001-07-01	Added instruction to not count GED, trade school, or other types of education not listed in the syllabus toward years of education.
2001-01-01	Variable added to database (replaced V110:HIGHEST GRADE OF SCHOOL COMPLETED).

EMPLOYMENT STATUS

Variable 111a

Date of last revision: 04/01/04

DEFINITION:

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

Determine primary status and 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.

CODE:

- 02 Full-time student (regular class)
- 03 Part-time student (regular class)
- 04 Special Education/other non-regular education
- 05 Competitively Employed (minimum wage or greater, legal or illegal employment)
- 07 Taking care of house or family
- 08 Special employed (sheltered workshop, supportive employment, has job coach)
- 09 Retired (age)
- 10 Unemployed (looking for work in the 4 weeks prior to injury)
- 11 Volunteer work
- 12 Retired (disability)
- 13 Unemployed (not looking for work in 4 weeks prior to injury for any reason)
- 14 Hospitalized without pay during most of 4 weeks prior to injury
- 15 Retired (other)
- 77 Other
- 88 No secondary employment status
- 99 Unknown

CHARACTERS:

2 numeric

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 77.

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 follow-up evaluation, code employment status as during the majority of the work days during that month.

If person had been hired but had not begun work, code as employed.

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

CHARACTERISTICS OF DATA:

*Starting 7/1/01, data are entered into a new field that uses the additional coding categories implemented on 7/1/01. The old field has been retained in the database. Data for all cases is available in the calculated variable "EMPLOYMENT", which merges these two fields.

EXAMPLE:

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

07
88

VARIABLE HISTORY:

Date of last Revision	Description
2004-04-01	Moved prioritization list from NOTES to DEFINITION.
2004-04-01	Added information to CHARACTERISTICS OF DATA about the employment calculated variable, which merges current data with data collected before the response categories were expanded.
2004-01-01	Added NOTE to code education as full-time or part-time based on self-report.
2003-10-01	Added to DEFINITION an instruction to use the priority list to determine primary and secondary, if more than two employment statuses.
2003-10-01	Added NOTE to use the priority list to determine primary and secondary, irrespective of relative number of hours worked in the various statuses.
2003-10-01	Added NOTE to code as employed if had been hired but had not started work.
2002-07-01	Added NOTE about minimum wage in foreign country.
2002-07-01	Added NOTE about coding if did not work all days in prior month.
2001-07-01	Replaced "at the time of injury" with "in the month prior to injury".
2001-07-01	For code 7, replaced "Homemaker" with "Taking care of house or family".
2001-07-01	For code 10, added "(looking for work in the last 4 weeks)".
2001-07-01	Added code 12=Retired (disability).
2001-07-01	Added code 13=Unemployed (not looking for work in the last 4 weeks).
2001-07-01	Added code 15=Retired (other).
2001-07-01	Removed [i]source of income support for disability[/i] as a criterion for classification.
2001-07-01	Revised the prioritization list as follows: "taking care of house or family" replaces "home management (homemaker)", "job-directed/on-the-job training" reverses position with "supported employment", "volunteer work" replaces "volunteer activity", "retirement (age-related), retirement (disability-related)" replaces "active leisure/retirement, disability-related retirement".
2001-07-01	Added NOTE that for the code "09=Retired (age)", accept the respondent's statement as to whether age was the cause of retirement.
1999-10-01	Added use of job coach to code 8.
1999-10-01	Added list to prioritize employment status if more than one.
1999-04-02	Added clarification for some codes.
1995-07-01	Dropped reference to variable 112 to make coding consistent between all employment-related variables.
1994-09-13	Dropped "3rd employment status".

QUESTIONS AND ANSWERS:

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. 12-03-2004
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. 12-03-2004

ANNUAL EARNINGS

Variable 111i

Date of last revision: 07/01/04

DEFINITION:

Dollar earnings from all jobs held by patient during the year prior to injury.

CODE:

01 \$9,999 or less
02 \$10,000-\$19,999
03 \$20,000-\$29,999
04 \$30,000-\$39,999
05 \$40,000-\$49,999
06 \$50,000-\$59,999
07 \$60,000-\$69,999
08 \$70,000-\$79,999
09 \$80,000-\$89,999
10 \$90,000-\$99,999
11 \$100,000 or more
66 Variable did not exist
77 Refused
88 N/A, no competitive employment in the last year
99 Unknown

CHARACTERS:

2 numeric

NOTE:

Include only competitive, legal employment. Exclude income support, investment income, and settlements. *Include tips.

This is pre-tax income.

CHARACTERISTICS OF DATA:

In 2003, four Model Systems had difficulty obtaining this information (10% or more missing data).

EXAMPLE:

Patient earned \$75,956 in the year prior to injury.

08

VARIABLE HISTORY:

Date of last Revision	Description
2004-07-01	Corrected VARIABLE HISTORY for 7/1/02: changed "year prior to evaluation" to "year prior to injury".
2004-01-01	Added NOTE to include tips.
2002-07-01	Changed code 88 from "not competitively employed" to "no competitive employment", to indicate that 88 should be used only if person has not been competitively employed for the entire year prior to injury.
2002-04-01	Added "not competitively employed" to code 88.
2002-01-01	Added NOTE that this is pretax earnings.
2001-08-20	Added CODE "66=Variable did not exist".
2001-07-01	Variable added to database.

CENSUS OCCUPATIONAL CATEGORY

Variable 112

Date of last revision: 04/01/04

DEFINITION:

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

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: 1990 Census Industrial & Occupational Classification Codes (<http://www.bls.gov/nls/quex/r1/y97r1cbka1.pdf>). A copy of this list should be in Appendix D of your syllabus binder. *For instructions using this document see: 17a.Instructions for 1990 Census Occupational Codes (http://syllabus/pdf/Occ_codes_w_govt_URL.pdf) in Appendix D.

- 01 Executive, Administrative, and Managerial
- 02 Professional Speciality
- 03 Technicians and Related Support
- 04 Sales
- 05 Administrative Support Including Clerical
- 06 Private Household
- 07 Protective Service
- 08 Service, except Protective and Household
- 09 Farming, Forestry, and Fishing
- 10 Precision Production, Craft, and Repair
- 11 Machine Operators, Assemblers, and Inspectors
- 12 Transportation and Material Moving
- 13 Handlers, Equipment Cleaners, Helpers, and Laborers
- 14 Military Occupations
- 88 Not Applicable, not coded 05 or 08 for variable 111a
- 99 Unknown occupation

CHARACTERS:

2 numeric

NOTE:

Code only if variable 111a (employment status) is coded 05 or 08 (competitively employed or special employed) for either either the primary or secondary occupation; otherwise this variable must be coded 88.

CHARACTERISTICS OF DATA:

Four Model Systems have difficulty collecting this information (missing data rates are 10% or higher).

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. 1990 Census Industrial & Occupational Classification Codes (<http://www.bls.gov/nls/quex/r1/y97r1cbka1.pdf>)

EXAMPLE:

Patient was primarily a secretary at the time of injury.

05

VARIABLE HISTORY:

Date of last Revision	Description
2004-04-01	Added link to website with occupation codes information.
2004-04-01	Added instructions for using the occupations codes document and a link to the instructions.
2002-01-01	Added NOTE to code this variable if V111a is 05 or 08 in either primary or secondary occupation.
2001-07-01	In DEFINITION, substituted "in the month prior to injury" for "at the time of injury".
1995-07-01	Added NOTE clarifying when to code variable in relationship to variable V111a.
1994-09-13	Converted to using the 1990 Census codes and only coding major category of occupation instead of specific classification.
1994-02-01	Added "1990" to clarify which codes are being used.
1994-02-01	Added NOTE to refer to Appendix D for codes.
1994-01-01	Removed NOTE referring to a new census code for homemaker.

ETOH BLOOD LEVEL AT INJURY

Variable 134

Date of last revision: 04/01/99

DEFINITION:

Actual Serum Ethanol Level in milligrams per deciliter on admission to emergency room.

CODE:

000 Test completed, no ethanol found
888 Not tested
999 Unknown

CHARACTERS:

3 numeric

NOTE:

Milligram/deciliter is equivalent to milligrams/100 milliliters times 1000 or milligrams% times 1000. Variable is coded in this manner so as to avoid data problems in coding of decimal point.

Use BAL data from first available ED which may or may not be the Model System ED.

CHARACTERISTICS OF DATA:

In 2003, the TBIMS missing data rate was 25%. 10 Model Systems had difficulty obtaining this information (10% or more missing data).

SOURCE:

UAB

EXAMPLE:

Patient had a blood ethanol level of 50 milligrams/deciliter on admission to emergency room.

050

VARIABLE HISTORY:

Date of last Revision	Description
1999-04-01	Added NOTE regarding use of first available ED BAL data.
1998-09-01	Clarified measurement as "milligrams" not "micrograms".

INTRACRANIAL CT DIAGNOSIS

Variable 135

Date of last revision: 01/01/05

DEFINITION:

CT diagnoses based on a combination of reports taken from radiographic CT scan results within 7 days of injury. See: 27a.Guidelines for Completing Variable 135 (http://syllabus/pdf/27a_Guidelines_V135.pdf) in Appendix N.

CT diagnosis data collection form: 27b.Intracranial CT Diagnosis Data Collection Form (http://syllabus/pdf/27b_CT_DCF.pdf).

CODE:

[It is not possible to display information in columns in the live syllabus, which is important for displaying the codes for V135. A more neatly formatted display of the codes than below is available at: [Codes for v135 \(http://syllabus/pdf/V135_Codes_A.pdf\)](http://syllabus/pdf/V135_Codes_A.pdf).]

A. EXTENT OF INTRACRANIAL COMPRESSION - use only one of the following codes:

- 0 Variable did not exist when data collected for this case
- 1 No visible intracranial compression
- 2 Cisterns are present but midline shift is noted of 1-5 mm.
- 3 Cisterns compressed or absent with midline shift of 0-5 mm. compression
- 4 Midline shift of greater than 5 mm.
- 5 Extent not specified
- 8 CT not done
- 9 Unknown if intracranial

B. PATHOLOGY:

- 0 Variable did not exist when data collected for this case
- 1 No visible pathology
- 2 Yes, pathology exists
- 8 CT not done
- 9 Unknown if pathology

2. Punctate/petechial hemorrhages, with/without cerebral swelling:

1=No 2=Yes 8=CT not done

3. Subarachnoid hemorrhage:

1=No 2=Yes 8=CT not done

4. Intraventricular hemorrhage:

1=No 2=Yes 8=CT not done

5. Focal cortical parenchymal contusions (non-hemorrhagic/hemorrhagic) or hemorrhage in cerebral cortex; indicate all by laterality and location:

- a1. Left, Frontal: 1=No 2=Yes 8=CT not done
- a2. Right, Frontal: 1=No 2=Yes 8=CT not done
- a3. Laterality not specified, Frontal: 1=No 2=Yes 8=CT not done
- b1. Left, Temporal: 1=No 2=Yes 8=CT not done
- b2. Right, Temporal: 1=No 2=Yes 8=CT not done
- b3. Laterality not specified, Temporal: 1=No 2=Yes 8=CT not done
- c1. Left, Parietal: 1=No 2=Yes 8=CT not done
- c2. Right, Parietal: 1=No 2=Yes 8=CT not done
- c3. Laterality not specified, Parietal: 1=No 2=Yes 8=CT not done
- d1. Left, Occipital: 1=No 2=Yes 8=CT not done
- d2. Right, Occipital: 1=No 2=Yes 8=CT not done
- d3. Laterality not specified, Occipital: 1=No 2=Yes 8=CT not done
- e1. Left, Location not specified: 1=No 2=Yes 8=CT not done
- e2. Right, Location not specified: 1=No 2=Yes 8=CT not done
- e3. Laterality and Location not specified: 1=No 2=Yes 8=CT not done

6. Focal noncortical parenchymal contusions (non-hemorrhagic/hemorrhagic) or hemorrhage; includes cerebellum, brainstem, pons, thalamus, basal ganglion and internal capsule: indicate laterality.

- a. Left: 1=No 2=Yes 8=CT not done
- b. Right: 1=No 2=Yes 8=CT not done
- c. Laterality not specified: 1=No 2=Yes 8=CT not done

7. Presence of any extra-axial collection

- a1. Left, Epidural: 1=No 2=Yes 8=CT not done
- a2. Right, Epidural: 1=No 2=Yes 8=CT not done
- a3. Laterality not specified, Epidural: 1=No 2=Yes 8=CT not done
- b1. Left, Subdural: 1=No 2=Yes 8=CT not done
- b2. Right, Subdural: 1=No 2=Yes 8=CT not done
- b3. Laterality not specified, Subdural: 1=No 2=Yes 8=CT not done
- c1. Left, location not specified: 1=No 2=Yes 8=CT not done
- c2. Right, location not specified: 1=No 2=Yes 8=CT not done
- c3. Laterality and location not specified: 1=No 2=Yes 8=CT not done

C. INTRAPARENCHYMAL FRAGMENTS:

1 No fragment(s)
2 Yes fragment(s)
8 No CT done
9 Unknown if fragments
0 Variable did not exist when data collected for this case

CHARACTERS:

1 numeric

NOTE:

Do not use MRI findings to code this variable.

*Added phrase to Guidelines for Completing that: "a properly trained person at the facility who has been certified by TBIMS procedures may code this variable"

TRAINING:

Testing and certification of collectors of this variable is required. It is available from the Northern California TBI Model System (contact Jerry Wright at Jerry.Wright@hhs.co.santa-clara.ca.us.)

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.

A. EXTENT OF COMPRESSION: 1

B. PATHOLOGY:

1. 2
2. 1
3. 2
4. 1
5a1. 1
5a2. 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

VARIABLE HISTORY:

Date of last Revision	Description
2005-01-01	Added code 8 (CT not done) to items B2-7.
2004-01-01	Added NOTE that a trained person who is TBIMS certified may code this variable.
1999-10-01	Collapsed coding for fragments.
1999-04-01	Substituted "non-hemorrhagic" for "bland" for description of contusion.
1999-04-01	Added NOTE regarding not using MRI data.
1998-09-01	Corrected NOTE regarding coding no fragments.
1997-01-01	Added CODE 0 for variable not in existence; added NOTE on how to code those cases.
1996-05-15	Dropped laterality for punctate, subarachnoid and intraventricular hemorrhages; dropped location for noncortical contusions. Retrospective coding to be done for all cases with system admissions as of 1/1/94. Use code 0 for all cases prior to that date if data was not collected.
1994-09-13	Revised entire coding scheme.

INTRACRANIAL CT DIAGNOSIS CODES

for Variable 135

A. EXTENT OF INTRACRANIAL COMPRESSION - use only one of the following codes:

- 1 No visible intracranial compression
- 2 Cisterns are present but midline shift is noted of 1-5 mm.
- 3 Cisterns compressed or absent with midline shift of 0-5 mm.
- 4 Midline shift of greater than 5 mm.
- 5 Extent not specified
- 8 CT not done
- 9 Unknown if intracranial compression
- 0 Variable did not exist when data collected for this case

B. PATHOLOGY:

- | | | |
|--|-------------------------|--|
| 1. Presence of pathology: | 1 No visible pathology | 9 Unknown if pathology |
| | 2 Yes, pathology exists | 0 Variable did not exist when data collected for this case |
| | 8 CT not done | |
| 2. Punctate/petechial hemorrhages, with/without cerebral swelling: | 1 No | 2 Yes 8 CT not done |
| 3. Subarachnoid hemorrhage: | 1 No | 2 Yes 8 CT not done |
| 4. Intraventricular hemorrhage: | 1 No | 2 Yes 8 CT not done |
| 5. Focal cortical parenchymal contusions (non-hemorrhagic/hemorrhagic) or hemorrhage in cerebral cortex; indicate all by laterality and location: | | |
| a1. Left, Frontal: | 1 No | 2 Yes 8 CT not done |
| a2. Right, Frontal: | 1 No | 2 Yes 8 CT not done |
| a3. Laterality not specified, Frontal: | 1 No | 2 Yes 8 CT not done |
| b1. Left, Temporal: | 1 No | 2 Yes 8 CT not done |
| b2. Right, Temporal: | 1 No | 2 Yes 8 CT not done |
| b3. Laterality not specified, Temporal: | 1 No | 2 Yes 8 CT not done |
| c1. Left, Parietal: | 1 No | 2 Yes 8 CT not done |
| c2. Right, Parietal: | 1 No | 2 Yes 8 CT not done |
| c3. Laterality not specified, Parietal: | 1 No | 2 Yes 8 CT not done |
| d1. Left, Occipital: | 1 No | 2 Yes 8 CT not done |
| d2. Right, Occipital: | 1 No | 2 Yes 8 CT not done |
| d3. Laterality not specified, Occipital: | 1 No | 2 Yes 8 CT not done |
| e1. Left, Location not specified: | 1 No | 2 Yes 8 CT not done |
| e2. Right, Location not specified: | 1 No | 2 Yes 8 CT not done |
| e3. Laterality and Location not specified: | 1 No | 2 Yes 8 CT not done |
| 6. Focal noncortical parenchymal contusions (non-hemorrhagic/hemorrhagic) or hemorrhage; includes cerebellum, brainstem, pons, thalamus, basal ganglion and internal capsule: indicate laterality. | | |
| a. Left: | 1 No | 2 Yes 8 CT not done |
| b. Right: | 1 No | 2 Yes 8 CT not done |
| c. Laterality not specified: | 1 No | 2 Yes 8 CT not done |

7. Presence of any extra-axial collection

a1. Left, Epidural:	1 No	2 Yes	8 CT not done
a2. Right, Epidural:	1 No	2 Yes	8 CT not done
a3. Laterality not specified, Epidural:	1 No	2 Yes	8 CT not done
b1. Left, Subdural:	1 No	2 Yes	8 CT not done
b2. Right, Subdural:	1 No	2 Yes	8 CT not done
b3. Laterality not specified, Subdural:	1 No	2 Yes	8 CT not done
c1. Left, location not specified:	1 No	2 Yes	8 CT not done
c2. Right, location not specified:	1 No	2 Yes	8 CT not done
c3. Laterality and location not specified:	1 No	2 Yes	8 CT not done

C. INTRAPARENCHYMAL FRAGMENTS:

- 1 No fragment(s)
- 2 Yes fragment(s)
- 8 No CT done
- 9 Unknown if fragments
- 0 Variable did not exist when data collected for this case

V135 Codes A.041203

DATE EMERGED FROM PTA

Variable 144a

Date of last revision: 07/01/04

DEFINITION:

Date of emergence from Post-Traumatic Amnesia (PTA). PTA emergence can be defined as 1) two consecutive GOAT scores of 76 or greater within a period of 24-72 hours, 2) two consecutive scores of 11 or greater on the Revised GOAT within a period of 24-72 hours, 3) two consecutive scores of 25 or greater on the Orientation-Log within a period of 24-72 hours, or 4) in the judgement of a qualified clinician (i.e., speech-language pathologist, physician, neuropsychologist), the person has cleared PTA but administration of the GOAT is not possible due to language functioning.

A modified GOAT can be used to assist with this decision. The examiner presents three alternatives, in written form and orally, including the correct choice for each question. The patient is to indicate a choice in some manner, such as nodding or pointing. This procedure can be used for all questions except numbers 4 and 5. The three response alternatives for each question should be arranged vertically in large print on an index card. Error points are assigned and subtracted from 80 (the maximum score with items 4 and 5 removed). A score of 61 or higher is reflective of orientation. PTA is considered resolved when a score of 61 or greater is achieved on two consecutive occasions within a period of 24-72 hours. Scores from the modified GOAT are for determination of PTA duration only.

In the case of a responsive patient, it is the choice of the neuropsychologist 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.

Date of emergence from PTA can also be determined via chart review. For those patients who are oriented at rehabilitation admission (as defined by first two GOAT scores after rehab. Admission >75), the following procedure can be used to determine the length of PTA based on hospital records.

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 X3 (or 4, or OX#, etc.). This is orientation day 1.
3. Review notes from the next calendar day to determine that all relevant notes indicate that the patient is fully oriented.
4. If Orientation Day 2 falls within three calendar days of 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 3 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

CODE:

MM/DD/YYYY

07/07/7777 Never had amnesia. [Code replaced with date of admission to ER.]

08/08/8888 Not Applicable - ptn still has amnesia or is unconscious as of discharge from TBI system.

09/09/9999 Unknown

Code date of admission to ER if person was never in PTA.

CHARACTERS:

8 date

NOTE:

Computer calculates duration of post traumatic 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.

Neuropsych Committee databusters confirmed that duration of PTA is not to be calculated from date of emergence from coma (V130a).

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

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

CHARACTERISTICS OF DATA:

A few participants have a very long time in PTA. These have been checked and found to be correct.

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. *[Link to PubMed: Levin, HS, O'Donnell, VM, & Grossman, RG for v144a](#)

(http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=501342)

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. *[Link to PubMed: Bode RK, Heinemann AW, Semik P. for v144a](#)

(http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10745181)

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: Jackson WT, Novack TA, Dowler RN for v144a](#)

(http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=9630156)

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. *[Link to PubMed: Novack TA, Dowler RN, Bush BA, Glen T, Schneider JJ. for v144a](#)

(http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10785625)

*[Introduction to O-Log \(COMBI\) \(http://www.tbims.org/combi/olog/index.html\)](http://www.tbims.org/combi/olog/index.html).

*[O-Log frequently asked questions \(COMBI\) \(http://www.tbims.org/combi/olog/ologfaq.html\)](http://www.tbims.org/combi/olog/ologfaq.html).

*[O-Log Syllabus \(COMBI\) \(http://www.tbims.org/combi/olog/ologsyl.html\)](http://www.tbims.org/combi/olog/ologsyl.html).

*[O-Log Rating Form \(COMBI\) \(http://www.tbims.org/combi/olog/olograt.html\)](http://www.tbims.org/combi/olog/olograt.html).

*[O-Log Properties \(COMBI\) \(http://www.tbims.org/combi/olog/ologprop.html\)](http://www.tbims.org/combi/olog/ologprop.html).

*[O-Log References \(COMBI\) \(http://www.tbims.org/combi/olog/ologref.html\)](http://www.tbims.org/combi/olog/ologref.html).

EXAMPLE:

Patient emerged from PTA on August 22, 1988.

MM/DD/YYYY

08/22/1988

VARIABLE HISTORY:

Date of last Revision	Description
2004-07-01	Added links to COMBI.
2004-04-01	Added full references to SOURCES.
2004-04-01	In DEFINITION removed reference to the neuropsychological battery.
2004-04-01	Added links to COMBI.
2004-04-01	Added links to PubMed.
2004-01-01	Added NOTE that NP databusters confirmed current procedure for calculation (approx 9/02).
2003-01-01	Deleted code "07/07/7777=Never had amnesia".
2003-01-01	Added to NOTES that if person never had PTA, code date of admission to ER.
2002-01-01	Added to DEFINITION the Revised GOAT, Orientation-Log, and modified GOAT.
2002-01-01	SOURCES section added, with references for Revised GOAT and Orientation-Log.
2001-10-01	Clarified DEFINITION and instruction in NOTES that date of emergence from PTA is the date of the first of 2 [u]consecutive[/u] scores greater than 75.
2000-07-01	Added PTA determination based on Chart Review (see 144b on following page).
1999-10-01	Added NOTE to clarify which date to use.
1999-04-02	Revised unknown codes to be compatible with new software.
1998-09-01	Revised definition of PTA.
1998-08-15	Year expanded to four digits.
1995-07-01	Added NOTE regarding calculation of duration of PTA.
1994-09-13	Added reference regarding use of modified GOAT.

FUNCTIONAL INDEPENDENCE MEASURE (FIM)

Variable 152

Date of last revision: 07/01/04

DEFINITION:

The FIM 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 within 72 hours after Rehab Admission and again within 72 hours before Rehab Discharge.

FIM data are to be collected according to the current (4/1/04) *IRF-PAI coding instructions IRF-PAI Coding Instructions: 4/1/2004 version (<http://www.cms.hhs.gov/providers/irfpps/irfpaimanual040104.pdf>), supplemented by any further instructions in your syllabus. Information about the FIM can be found in the IRF-PAI manual in section III, pages 40-57, Appendix H, and pages 29-34. A copy of the FIM-related sections of this manual should be in your syllabus, in Appendix A. If it is not possible for your Center to follow the correct manual, notify the TBINDC.

*Information about the FIM is available from COMBI at these two links: Introduction (COMBI) (<http://www.tbims.org/combi/FIM/index.html>); Background (COMBI) (<http://www.tbims.org/combi/FIM/fimbg.html>).

CODE:

- 7 Complete Independence (Timely, Safely)
- 6 Modified Independence (Extra time, device)
- 5 Supervision (pt does 100%)
- 4 Minimal Assist (subject > 75% of task)
- 3 Moderate Assist (50 - 74% of task)
- 2 Maximal Assist (25 - 49% of task)
- 1 Total Assist (subject 72 hours)
- 66 Variable did not exist

Items 8b and 9b

- 7 No accidents
- 6 No accidents, uses device (e.g., catheter, ostomy)
- 5 One accident in the past 7 days
- 4 Two accidents in the past 7 days
- 3 Three accidents in the past 7 days
- 2 Four accidents in the past 7 days
- 1 Five or more accidents in the past 7 days
- 9 Unknown / assessed at >72 hours
- 66 Variable did not exist

Item 14: Primary mode of locomotion on discharge

- w Walking
- c Wheelchair
- 9 Unknown

Item 17: Primary mode of comprehension

- a Auditory comprehension > 50% of the time
- v Visual comprehension > 50% of the time
- b Both used equally
- 9 Unknown

Item 18: Primary mode of expression

- v Verbal expression > 50% of the time
- n Nonverbal expression > 50% of the time
- b Both used equally
- 9 Unknown

CHARACTERS:

- 1 numeric
- 2 numeric
- 1 alpha-numeric

NOTE:

All FIM items must be scored. Record what patient actually does. If FIM assessment cannot be completed within the 72 hour window, it should still reflect the patients' status within that time period. If this is not possible and the assessments are done out of the 72 hour window, code with 9's. Every effort should be made to obtain the FIM assessments; however, if any items are not assessed, use code 9 -- do not leave blanks.

For admission item #14, if patient is walking and not using wheelchair, code item 14b (wheelchair) "8=not applicable". If patient is unable to walk on admission, code item 14a (walking) "1=total assist". If, at discharge, patient is walking AND using a wheelchair, code 14 (mode) 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".

According to the UDS Procedures for Scoring the FIM, "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 data collection.

According to the UDS procedures for scoring the FIM, "the mode of locomotion for FIM item #14 (Walk/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 item #14, 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).

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.

"Level of assistance" (part a) and "Frequency of accidents" (part b) are recorded for #8 (Bladder Management) and #9 (Bowel Management).

For items 1-6 and 10-15 *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 assistance" (do not use the "0" code at the discharge evaluation).

For #8 (Bladder Management), if patient does not void (e.g., renal failure and on hemodialysis), assign code "7=Complete independence".

According to new FIM instructions (effective 1/1/02), all FIM items now have an "assessment time period". The person's score on a given FIM item is determined by his/her functional level during this "assessment time period"--a specified number of days prior to the evaluation. (FIM instructions prior to 1/1/02 did not indicate 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 period¹. 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 items 8b and 9b (number of bladder accidents, number 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 8b and 9b 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).

*See: Properties of the FIM instrument (COMBI) (<http://www.tbims.org/combi/FIM/fimprop.html>)

¹ However, the current training manual qualifies this, as follows: "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: Walk/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).

TRAINING:

FIM training will follow guidelines from the Uniform Data System (UDS). It is the responsibility of each center to assure that all staff who perform FIM assessments (Form I and Form II) are certified by a recognized credentialing organization (e.g., UDS, e-Rehab) and remain certified for the duration of the time that they collect data/assess patients for the TBIMS National Database.

CHARACTERISTICS OF DATA:

On 4/1/02 new fields were created to accept data collected with the new (1/1/02)IRF-PAI instructions. The old fields are still in the database. At present there are no calculated variables that merge old data and with new data. Calculated variables based on old **OR** new scoring are available.

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 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>.

EXAMPLE:

[It is not possible to display information in columns in the live syllabus, which is important for displaying the example for V152. A more neatly formatted example is available at:[FIM example \(http://syllabus/pdf/F1_FIM_Example.pdf\)](http://syllabus/pdf/F1_FIM_Example.pdf).]

Admission Discharge

SELF CARE ITEMS:

- 2 4 1. Feeding
- 1 4 2. Grooming
- 2 3 3. Bathing
- 3 5 4. Dressing Upper Body
- 3 5 5. Dressing Lower Body
- 2 4 6. Toileting

SPHINCTER CONTROL:

- 3 5 8. Bladder Management
 - 4 5 a. Level of assistance
 - 3 6 b. Frequency of accidents
- 4 5 9. Bowel Management
 - 4 6 a. Level of assistance
 - 5 5 b. Frequency of accidents

MOBILITY ITEMS:

- Transfers technique
- 3 4 10. Bed, Chair, Wheelchair
- 4 6 11. Toilet
- 3 3 12. Tub or Shower
 - Locomotion
 - 3 14a. Walking on admission
 - 3 14b. Wheelchair on admission
 - w 3 14. Walking/Wheelchair on discharge (w/c/9)
 - 3 3 15. Stairs

COMMUNICATIONS:

- b 7 b 7 17. Comprehension (a/v/b/9)
- v 6 v 6 18. Expression (v/n/b/9)

PSYCHOSOCIAL ADJUSTMENT ITEMS:

- 6 5 22. Social Interaction

COGNITIVE FUNCTION:

- 5 6 26. Problem Solving
- 4 5 27. Memory

VARIABLE HISTORY:

Date of last Revision	Description
2004-07-01	Added information about training and certification to TRAINING (from 22f.Data Quality Guidelines).
2004-07-01	In DEFINITION fixed the link to the current (4/1/2004) IRF-PAI manual and added a description of where in the manual to look for FIM-related information.
2004-04-01	Updated link to IRF-PAI manual (4/1/04 version).
2004-04-01	Added links to COMBI.
2004-01-01	Added note about scoring Comprehension when person wears eyeglasses.
2003-01-01	In SOURCE, updated the URL at which the IRF-PAI Training Manual can be viewed & printed.
2002-07-01	Revised 1st sentence in code "66" to read "Data not available with new (1/1/02) scoring."
2002-07-01	Updated SOURCE.
2002-07-01	Improved DEFINITION: added first two sentences; added reference to SOURCE; made explicit the requirement to follow current instructions.
2002-07-01	Added NOTE that score is to reflect poorest functioning during the assessment time period.

Date of last Revision	Description
2002-07-01	Added note about admission score for 8b and 9b regarding use of 3-day rather than 7-day assessment period.
2002-04-01	Modified DEFINITION to refer to Center's instruction manual rather than Appendix.
2002-04-01	Corrected code 4 "Minimal Assist" -- ">75%" rather than ">75%".
2002-04-01	Added code "0=Activity does not occur" and NOTE about code "0".
2002-04-01	Added "66=Variable not available [data did not exist].
2002-04-01	Added to CODE 5 that "(pt does 100%)".
2002-04-01	Replaced in CODE 9 "doesn't perform task" with "or, for all items at discharge and for items 8, 8a, 8b,9,9a, 9b, and 17-27 at admission, if the activity does not occur."
2002-04-01	Added function modifier items "a=Level of assistance" and "b=Frequency of accidents" for #8 and 9, CODES for #8b and #9b, NOTE explaining scoring of #8 and 9, and EXAMPLES.
2002-04-01	Added NOTE about "assessment time period".
2002-04-01	Added note about how to score #8b if patient does not urinate.
2002-04-01	Added note about coding 14 (mode of locomotion) if patient both walks and uses wheelchair.
2002-04-01	Updated SOURCE.
2002-04-01	Added NOTE for #8 and 9 to obtain patient's function during last few days prior to discharge from acute hospital (4, 5, 6, or 7 days, depending on number of days after discharge the evaluation is done).
1999-10-01	Revised note and unknown code used if patient does not perform activity.
1999-07-01	FAM items deleted.
1998-04-15	Added note how to code optional FAM items not collected.
1998-04-01	Added note that 12 FAM items are now optional for collection. FIM items must be collected.
1995-07-01	Added code 8=not applicable, walking and not using wheelchair for item #14b (wheelchair admission) only.
1995-07-01	Clarified how to code person not walking at admission.
1995-07-01	Dropped mode of locomotion code "b" at discharge.
1995-03-24	Added unknown code for mode items 14, 17, and 18.
1994-09-13	Added unknown code.
1994-09-13	Added notes for coding clarification.
1994-09-13	Added admission score for walking and wheelchair.
1994-09-13	Deleted dates of assessment.
1994-09-13	Updated source to include FIM Version 4.0 and descriptors for #16, 23, and 25.
1994-02-01	Added codes for unknown.
1994-02-01	Deleted not applicable date code since Level I data collection has been discontinued.
1994-02-01	Added notes for coding data collected out of 72 hour window.
1994-02-01	Updated source to include FIM Version 4.0.

QUESTIONS AND ANSWERS:

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? 11-26-2003
ANSWER:	Walking score at admission is used if person 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.) 11-26-2003

CHARGES

Variable 176

Date of last revision: 01/10/02

DEFINITION:

Total charges for a) Acute Hospitalization, and b) Inpatient Rehabilitation.

CODE:

Actual dollar cost - round to whole dollars only, no cents.

[N/A code dropped]
999999 Unknown

CHARACTERS:

6 numeric

NOTE:

Add preceding zeros, right-justify numbers.

Include psychology charges in the total inpatient rehabilitation hospital charge, even if the psychology charges are direct billed and not included in the hospital bill.

Charge data should be directly related to acute care and inpatient rehabilitation lengths of stay, therefore: 1) do not include charges for intermittent acute stays during inpatient rehabilitation.

*For interruptions in System care of less than 72 hours, there is enough variation across centers in the nature of charges data that are available, that for purposes of analysis, homogeneity of the data cannot be assumed.

CHARACTERISTICS OF DATA:

In 2003 four Model Systems had difficulty obtaining Acute Charges data; two of these also had difficulty obtaining Rehab Charges data (10% or more missing data).

EXAMPLE:

Total charges for Acute Hospitalization = \$12,439.45 and Inpatient Rehabilitation = \$4,952.

a.012439

b.004952

VARIABLE HISTORY:

Date of last Revision	Description
2002-01-10	Revised the note regarding nonhomogeneity of data.
2001-08-20	Added note regarding nonhomogeneity of data.
1999-10-01	Added note regarding charge data for intermittent acute hospitalizations.
1999-10-01	Dropped not applicable code.
1999-04-01	Added note regarding including direct billed psychology charges in rehab. hospital charge total.
1995-01-01	Dropped Alternate Level of Care charges.

PAYOR SOURCE

Variable 178

Date of last revision: 10/01/99

DEFINITION:

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

CODE:

01 = Medicare (unable to determine if traditionally or managed care administered)

02 = Medicaid (unable to determine if traditionally or managed care administered)

03 = Workers' Compensation

04 = Blue Cross/Shield

05 = Private Insurance - Other

06 = HMO (Health Maintenance Organization)

07 = Private Pay

08 = State Crippled Children's

09 = Department of Rehabilitation

10 = No Fault Insurance

11 = PPO

12 = CHAMPUS

14 = Hospital (free bed)

15 = Medicare (traditionally administered)

16 = Medicaid (traditionally administered)

17 = Medicare (managed care administered)

18 = Medicaid (managed care administered)

77 = Other

88 = N/A - no care given or no secondary payor

99 = Unknown

CHARACTERS:

2 numeric

NOTE:

If the payor source is recorded as "Medicaid Pending" at the time of data collection, code as Medicaid, keep track of which cases these are and review cases at the time of follow-up to determine if Medicaid was approved or denied. If Medicaid was denied, determine who paid the bill and code appropriately.

All cases coded as "01 - Medicare" or "02 - Medicaid" prior to 4/2/99 remained in these coding categories. Centers with the ability to perform retrospective recoding, recoded these cases to codes 15 through 18 as appropriate.

This variable should be collected based on who pays the bill. It should be collected just prior to quarterly submission. It should then be verified that it has not changed just prior to the next quarterly submission.

CHARACTERISTICS OF DATA:

In 2003, three Model Systems had difficulty obtaining Acute Payor Source (10% or more missing data). One other Model System had difficulty obtaining secondary rehab payor source.

EXAMPLE:

Acute hospitalization - primary, Medicare traditional, secondary, Blue Cross/Shield.

Inpatient Rehabilitation - primary, private insurance, secondary, none.

a. 15 04

b. 04 88

VARIABLE HISTORY:

Date of last Revision	Description
1999-10-01	Added note on how variable should be collected.
1999-04-27	Corrected description for code 18.
1999-04-02	Added codes to differentiate between traditional and managed care administered Medicare and Medicaid, added note regarding recoding of old data.
1997-01-01	Added note about Medicaid pending cases.
1995-01-01	Dropped Alternate Level of Care payor source.

QUESTIONS AND ANSWERS:

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? 01-14-2004
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. 01-14-2004

PREMORBID DRUG USE

Variable 192a1

Date of last revision: 07/01/04

DEFINITION:

Indices of drug use and abuse prior to injury: During the year before your injury, did you use any illicit or non-prescription drugs?

CODE:

- 1 No
- 2 Yes
- 0 Variable not in existence when data collected for this case
- 9 Unknown

(DELETED Items 1a-f about specific drugs)

CHARACTERS:

1 numeric

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: Problematic Substance Use Identified in the TBIMS National Dataset (<http://www.tbims.org/combi/subst/index.html>)

CHARACTERISTICS OF DATA:

*Some cases older than 1/1/97 have data for this variable because Centers were encouraged to collect these data retrospectively for older cases.

In 2003, three Model Systems had difficulty obtaining this information (10% or more missing data).

EXAMPLE:

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

(1) 2

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

(1) 1

VARIABLE HISTORY:

Date of last Revision	Description
2004-07-01	Added to CHARACTERISTICS OF DATA, an explanation for data in cases existing prior to implementation date (1/1/97).
2004-04-01	Added link to report on COMBI using TBIMS data.
2003-01-01	Items 1a-f deleted (specific drugs used).
2001-10-01	Added note about getting data from medical chart, if not available from ptn or SO.
1998-09-01	Added note regarding contradictory information from patient.
1997-01-01	Variable added to database.

PREMORBID ALCOHOL USE

Variable 192a2

Date of last revision: 01/01/05

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?

A "drink" is defined in: 20a.Standard Drink Chart (http://syllabus/pdf/20a_Standard_drink_chart.pdf), in Appendix G.

CODE:

Item 1):

- 1 No (autofills items 2-4 with 66=NA)
- 2 Yes
- 7 Refused (autofills items 2-4 with 77=Refused)
- 8 Variable did not exist when data collected (autofills items 2-4 with "88=Variable did not exist")
- 9 Unknown/Don't know/Not sure (autofills items 2-4 with "99=Unknown/Don't know/Not sure")

Item 2):

- a) ## enter number of days per week
- b) ## enter number of days per month
- a)& b) 66 N/A - Not Applicable (Use for item not answered; use for both items if item 1 = No.)
- 77 Refused
- 88 Variable did not exist when data collected
- 99 Unknown/Don't know/Not sure

Item 3) ## enter number of drinks

- 66 N/A - Not Applicable (use only if item 1 = No)
- 77 Refused
- 88 Variable did not exist when data collected
- 99 Unknown/Don't know/Not sure

Item 4) ## enter number of times

- 00 None
- 66 N/A (use only if item 1 = No)
- 77 Refused
- 88 Variable did not exist when data collected
- 99 Unknown/Don't know/Not sure

CHARACTERS:

- 1 numeric
- 2 numeric

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.

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:

Problematic Substance Use Identified in the TBIMS National Dataset (<http://www.tbims.org/combi/subst/index.html>)

*

CHARACTERISTICS OF DATA:

QFVI was added to the Form I database as one of the premorbid history questions on 1/1/97. The QFVI was dropped from both Form I and Form II on 10/1/99 and replaced with alcohol questions from NHSDA and BRFSS module 13. The QFVI data are available in a separate database.

Some cases older than 1/1/97 have data for this variable because Centers were encouraged to collect these data retrospectively for older cases.

*Starting 4/1/04 (version 9.5), the "7" and "9" codes were reversed in order to be consistent with other variables (7/77=refused, 9/99=unknown/don't know/not sure). When working with data collection forms 9.4 and earlier, keep in mind that 7's on the form will appear as 9's in the database and vice versa. Take this into account when data on 9.4 or earlier forms are being reviewed for accuracy or being corrected or entered. The data entry screens have instructions about this.

In 2003, three Model Systems had difficulty collecting part 1 of this item (the same three Model Systems that had difficulty collecting V192a1:Premorbid Drug Use). (10% or more missing data). Between six and eight Model Systems had difficulty collecting the the other 3 parts of this item.

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.

EXAMPLE:

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

- 1) 2
- 2a) 66
- 2b) 30
- 3) 1
- 4) 00

VARIABLE HISTORY:

Date of last Revision	Description
2005-01-01	Deleted NOTE that data entry screens are programmed so pull-down menu items 7 and 9 (switched starting with V9.5) now adjust for forms 9.4 and earlier and for form 9.5 and later.
2005-01-01	Added to CHARACTERISTICS OF DATA that "7" and "9" codes on data collection forms 9.4 and earlier are reversed, and that this should be taken into account when working with 9.4 and earlier forms.
2005-01-01	Added NOTE that variable is to be collected from participant if possible, or family, or medical chart.
2004-10-01	Added NOTE that data entry screens are programmed so pull-down menu items 7 and 9 (switched starting with V9.5) now adjust for forms 9.4 and earlier and for form 9.5 and later. Data from all forms can now be entered AS IS. (This change was made in the database last quarter (9.6) but too late to add to syllabus page.)
2004-07-01	Moved NOTE explaining why there are some cases prior to 1/1/97 that have data, to CHARACTERISTICS OF DATA.
2004-07-01	Corrected EXAMPLE so 2a is "66".
2004-04-01	Added "Unknown" to code "Don't know/Not sure"
2004-04-01	Reversed the codes for "Refused" (was 9, now 7) and "Unknown/Don't know/Not sure" (was 7, now 9)
2004-04-01	Added NOTE explaining why there are some cases prior to 1/1/97 that have data.
2004-04-01	Added NOTE that a report on alcohol use based on TBIMS data is on COMBI.
2004-01-01	Added coding instruction for item 2 that 66 should be scored for the item not answered.
2004-01-01	Added NOTE box with 2 notes (use self-report; reference to appendix G for definition of "drink") from the syllabus page for V292a2.
2004-01-01	Added note to code the higher score if a range is given.

Date of last Revision	Description
2004-01-01	Added note to probe for size of drink, and adjust scoring according to answer received.
2002-04-01	In CODES, corrected autofills so will occur when #1 = 1, 5, 7, 8, or 9. Revised format of autofill information.
2001-01-01	Added/revised coding instructions.
1999-10-01	Dropped QFVI, replaced with alcohol questions from NHSDA and BRFSS module 13.
1997-01-01	Variable added to Form I database.

PREMORBID HISTORY OF PENAL INCARCERATIONS WITH CONVICTION FOR FELONY

Variable 192h

Date of last revision: 07/01/04

DEFINITION:

Did the person with brain injury have any penal incarcerations with conviction for felony prior to his/her injury?

CODE:

- 1 No
- 2 Yes
- 0 Variable not in existence when data collected for this case
- 9 Unknown

CHARACTERS:

1 numeric

CHARACTERISTICS OF DATA:

*Some cases older than 1/1/97 have data for this variable because Centers were encouraged to collect data retrospectively for older cases.

In 2003, two Model Systems had difficulty obtaining this information (10% or more missing data). These two centers also had difficulty collecting V192a (drug, alcohol) and V192i (special ed).

EXAMPLE:

Person with brain injury did not have any penal incarceration with conviction for felony prior to his/her injury.

1

VARIABLE HISTORY:

Date of last Revision	Description
2004-07-01	Added to CHARACTERISTICS OF DATA, an explanation for data in cases existing prior to implementation date (1/1/97).
1997-01-01	Variable added to database.

PREMORBID HISTORY OF LEARNING AND/OR BEHAVIOR PROBLEMS IN SCHOOL

Variable 192i

Date of last revision: 07/01/04

DEFINITION:

*Was the person with brain injury officially classified as Special Education student prior to his/her injury?

CODE:

- 1 No
- 2 Yes
- 0 Variable not in existence when data collected for this case
- 9 Unknown

CHARACTERS:

1 numeric

CHARACTERISTICS OF DATA:

*Some cases older than 1/1/97 have data for this variable because Centers were encouraged to collect data retrospectively for older cases.

In 2003, two Model Systems had difficulty obtaining this information (10% or more missing data). These two centers also had difficulty collecting V192a (drug, alcohol) and V192h (incarceration).

EXAMPLE:

The person with brain injury had some difficulty with high school. He was held back one grade but did graduate. He was never expelled and was not a special education student.

Special education1

VARIABLE HISTORY:

Date of last Revision	Description
2004-07-01	Added to CHARACTERISTICS OF DATA, an explanation for data in cases existing prior to implementation date (1/1/97).
2004-07-01	Changed format of EXAMPLE.
2004-07-01	Deleted references to the dropped items (1,2,4).
2003-01-01	Deleted items 1,2 and 4 (expelled, dropped out, failed to advance to next grade).
1997-01-01	Variable added to database.

RESIDENCE

Variable 209

Date of last revision: 01/01/05

DEFINITION:

Where the person with brain injury is living at time of follow-up evaluation, according to the best source of information (person with brain injury unless unavailable or unreliable).

CODE:

01 **Private Residence** (includes house, apartment, mobile home, foster home, condominium, dormitory [school, church, college], military barracks, boarding school, boarding home, rooming house, bunk-house, boys' ranch, fraternity/sorority house, commune, migrant farmworkers' camp)
02 **Nursing Home** (includes medi-center, residential, institutions licensed as hospitals but providing essentially long-term, custodial, chronic disease care, etc.)
03 **Adult Home** (adult foster care, independent living center, transitional living facility, group home)
04 **Correctional Institution** (includes prison, jail, penitentiary, correctional center, labor camp, etc.) For a list of on-line databases of incarcerated persons, see: [25a.List of online offender databases](http://syllabus/pdf/25a_Incarceration_databases.pdf) (http://syllabus/pdf/25a_Incarceration_databases.pdf) in Appendix L.
05 **Hotel/Motel** (includes YWCA, YMCA, guest ranch, inn)
06 **Homeless** (includes a shelter for the homeless)
07 **Hospital - Acute Care**
08 **Hospital - Rehabilitation**
09 **Hospital - Other** (includes mental hospital, inpatient drug rehabilitation)
10 **Subacute care** (includes subacute hospital bed, skilled nursing facility)
77 **Other**
99 **Unknown**

CHARACTERS:

2 numeric

NOTE:

*Cases coded "04" must be coded "07/07/7777" in V201a (Follow-up Evaluation Date) in order to not be included in the Missing Data Report.

*If there is uncertainty regarding residence, treat it as a self-report variable. If residence is not clear, a reliable respondent (when possible the person with TBI) should be asked, eg., "Where were you [the person with TBI] living at the time of the injury?". If the response is ambiguous (as may happen, eg., if the person is transient) use probes in order to adequately understand the respondent's belief regarding residence, then code that. Do not probe to obtain additional objective information about the living situation and then (the data collector) use that information in determining the correct code. When residence is at all ambiguous, treat it as a self-report variable.

EXAMPLE:

Patient lived at home at time of evaluation.

01

VARIABLE HISTORY:

Date of last Revision	Description
2005-01-01	Added NOTE that for cases coded "04", V201a (Follow-up evaluation date) must be coded "07/07/7777" so the case will not be included in the Missing Data Report.
2005-01-01	Added NOTE how to determine residence if not clear.
2004-10-01	Added "Inpatient drug rehabilitation" as a type of code "09=Hospital-other".
2004-10-01	Deleted "shelter" as a category of "01=Private". Added "shelter for the homeless" to code "06=Homeless".
2004-07-01	Added instruction in DEFINITION to obtain from the "best source". (This instruction was not added on 8/20/2001 as stated).

Date of last Revision	Description
2004-04-01	In CODES, added note about availability of incarceration online databases in Appendix L.
2001-08-20	Instruction added to obtain information from "Best Source of Information".
2001-07-01	Zip Code removed and made into V209a.
2001-01-01	Added Zip Code.
1995-07-01	Revised codes, moved dorm thru farmworkers camp from 3 to 1, moved skilled nursing facility from 2 to 10, moved all 11 to 3, added new code 10=subacute.
1994-09-13	Added "adult foster care" to code 3.
1994-08-19	Removed note regarding collecting data from subject and SO.
1994-08-19	Dropped code 88.

YEARS OF EDUCATION

Variable 210a

Date of last revision: 04/01/04

DEFINITION:

Number of years of education *successfully completed at the time of follow-up interview.

CODE:

01 1 year or less
02 2 years
03 3 years
04 4 years
05 5 years
06 6 years
07 7 years
08 8 years
09 9 years
10 10 years
11 11 years/12 years, no diploma
12 HS diploma
13 Work toward Associate's degrees, no diploma
14 Associate's degrees
15 Work toward Bachelor's degree, no diploma
16 Bachelor's degree
17 Work toward Master's degree, no diploma
18 Master's degree
19 Work toward Doctoral level degree, no diploma
20 Doctoral level degree
66 Var didn't exist at the time this form was filled out
77 Other

CHARACTERS:

2 numeric

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 as having completed 9 years; 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.

CHARACTERISTICS OF DATA:

All data on educational level are available in the calculated variable "EDUCATION2". This calculated variable merges data for V210a with data for V210 "Highest grade of school completed", which V210a replaced on 1/1/01.

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, 17-18.

EXAMPLE:

At the time of interview, person with disability had completed high school but no work toward an advanced degree.

12

VARIABLE HISTORY:

Date of last Revision	Description
2004-04-01	Added "successfully" prior to "completed" in DEFINITION.
2004-04-01	Added EXAMPLE of being held back in elementary school.
2004-04-01	Updated SOURCE.
2003-01-01	Changed code 01 from "1 year" to "1 year or less".
2003-01-01	Changed code "01 = Var didn't exist at the time this form was filled out" to "66= Var didn't exist at the time this form was filled out".
2002-01-01	Added SOURCE box; added info about NAFFSA website.
2001-07-01	Note added that actual years of education may not equal the actual number of years in school.
2001-07-01	Note added to not count GED, trade school, or other types of education not listed toward years of education.
2001-01-01	Variable added.

EMPLOYMENT STATUS

Variable 211a

Date of last revision: 07/01/04

DEFINITION:

Code primary employment status in the month prior to the evaluation.

Determine primary status by 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.

CODE:

- 02 Full-time student (regular class)
- 03 Part-time student (regular class)
- 04 Special education/other non-regular education
- 05 Competitively employed (minimum wage or greater, legal or illegal employment)
- 07 Taking care of house or family
- 08 Special employed (sheltered workshop, supportive employment, has job coach)
- 09 Retired (age)
- 10 Unemployed (looking for work in the *last 4 weeks)
- 11 Volunteer work
- 12 Retired (disability)
- 13 Unemployed (not looking for work in the *last 4 weeks, for any reason)
- 14 Hospitalized without pay during most of the *last 4 weeks
- 15 Retired (other)
- *66 Variable did not exist at time of data collection
- 77 Other
- 99 Unknown

CHARACTERS:

2 numeric

NOTE:

If patient is in the hospital at the time of follow-up, employment status is that status existing at the time of admission to the hospital.

Competitive subminimum wage employment such as babysitting, newspaper delivery, and piecework should be coded 77.

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 is in jail, code "77=other".

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 follow-up evaluation, code employment status as during the majority of the work days during that month.

If person has been hired but has not begun work, code as employed.

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

CHARACTERISTICS OF DATA:

Starting 7/1/01, data are entered into a new field that uses the additional coding categories implemented on 7/1/01. The old field has been retained in the database. Data for all cases is available in the calculated variable "EMPLOYMENT2", which merges these two fields.

EXAMPLE:

Patient was a homemaker at the time of evaluation, with no other employment status.

07

VARIABLE HISTORY:

Date of last Revision	Description
2004-07-01	In CODES, corrected the labels for codes 10, 13, 14: Replaced "4 weeks prior to injury" with "last 4 weeks".
2004-07-01	Added CODE 66=Variable did not exist at time of data collection. (This code has been used in the database for some time.)
2004-07-01	Removed "annual" from references to follow-up evaluation.
2004-07-01	In Variable History for 1/1/04 regarding "DATABASE" box, corrected a typo so prior text "...added that variable added..." has been changed to "...added that new variable added..."
2004-04-01	Added information to CHARACTERISTICS OF DATA about the employment calculated variable, which merges current data with data collected before the response categories were expanded.
2004-04-01	Moved prioritization list from NOTES to DEFINITION.
2004-04-01	Renamed "DATABASE" box as "CHARACTERISTICS OF DATA".
2004-01-01	Added DATABASE box. Added that the new variable was added and the old variable was kept in the database.
2004-01-01	Added note to code education as full-time or part-time based on self-report.
2003-10-01	Added note to code as employed if hired prior to evaluation but has not yet started work.
2003-01-01	Deleted Secondary Employment variable; instructions adjusted as needed.
2003-01-01	Deleted code "88=No secondary employment status".
2003-01-01	Added note to use priority list to determine primary status, regardless of hours worked.
2002-07-01	Added note about minimum wage in foreign country.
2002-07-01	Added note about coding if did not work all days in prior month.
2001-07-01	Replaced "at annual evaluation" with "in the month prior to the annual evaluation".
2001-07-01	For code 7, replaced "Homemaker" with "Taking care of house or family".
2001-07-01	For code 10, added "(looking for work in the last 4 weeks)".
2001-07-01	Added code "12=Retired (disability)".
2001-07-01	Added code "13=Unemployed (not looking for work in the last 4 weeks)".
2001-07-01	Added code "14 =Hospitalized without pay during most of the last 4 weeks".
2001-07-01	Added code "15=Retired (other)".
2001-07-01	Removed [i]source of income support for disability[/i] as a criterion for classification.
2001-07-01	Revised the prioritization list as follows: "taking care of house or family" replaces "home management (homemaker)", "job-directed/on-the-job training" reverses position with "supported employment", "volunteer work" replaces "volunteer activity", "retirement (age-related), retirement (disability-related)" replaces "active leisure/retirement, disability-related retirement".
2001-07-01	Added note that for the code "09=Retired (age)", accept the respondent's statement as to whether age was the cause of retirement.
1999-10-01	Added use of job coach to code 8.
1999-10-01	Added list to prioritize employment status if more than 1.
1999-04-02	Added clarification for some codes.
1995-07-01	Dropped reference to variable 112 so coding is consistent among employment-related vars.
1994-09-13	Dropped third employment status.
1994-08-19	Removed note regarding collecting data from subject and SO.
1994-08-19	Added code 88 and added 88's to example.
1994-08-19	Added notes to be consistent with V111a.

QUESTIONS AND ANSWERS:

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. 12-03-2004
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. 12-03-2004

ANNUAL EARNINGS

Variable 211i

Date of last revision: 04/01/04

DEFINITION:

Annualized income from competitive employment, based on all competitive employment at the time of the evaluation. Calculate the person's income for the next year as if he/she were to continue to earn at the rate at the time of the follow-up evaluation. Do not take into account anticipated future changes in income--no matter how large or how temporary the present rate of earning.

CODE:

01 \$9,999 or less
02 \$10,000-\$19,999
03 \$20,000-\$29,999
04 \$30,000-\$39,999
05 \$40,000-\$49,999
06 \$50,000-\$59,999
07 \$60,000-\$69,999
08 \$70,000-\$79,999
09 \$80,000-\$89,999
10 \$90,000-\$99,999
11 \$100,000 or more
66 Variable did not exist
77 Refused
88 N/A- not currently competitively employed
99 Unknown

CHARACTERS:

2 numeric

NOTE:

Include only competitive, legal, above-minimum wage employment.

Include salary, commissions, tips, and bonuses.

Exclude income support, investment income, and settlements.

This question may be asked along with V292c.

Ask this question only if person is currently competitively employed, because this is a measure of projected income based on current competitive employment.

CHARACTERISTICS OF DATA:

In 2003, one Model System had difficulty obtaining this information.

EXAMPLE:

Until this month, employment income was \$675 a week from a full-time job. Employment income is now \$255 a week from part-time work and about \$425 a month from a home business.

02

VARIABLE HISTORY:

Date of last Revision	Description
2004-04-01	Removed reference to "annual" evaluation.
2004-01-01	Added note to include tips.
2004-01-01	Added note explaining why to include only participants who are competitively employed.
2002-07-01	Changed code 8 to "not currently competitively employed".

Date of last Revision	Description
2002-07-01	Added note to ask this question only if person is currently competitively employed.
2002-04-01	Added "not competitively employed" to code 8=NA.
2002-01-01	Definition modified to instruct not to take into account known future changes in earning.
2002-01-01	Removed note added in 10/1/01 regarding taking into account future changes in income.
2002-01-01	Added note that this variable can be collected along with V292c.
2002-01-01	Replaced code "66=Not due" with "66=Variable did not exist" (error in syllabus, not forms).
2001-10-01	Definition modified to emphasize this is an annualized estimate based on current jobs.
2001-10-01	Note added to take into account definite future changes in income.
2001-07-01	Variable added to database.

***** This page has instructions for updating your syllabus binders. You do not have to add this page to your syllabus. *****

This variable is deleted as of version 9.8 (implementation date 1/1/05):

MEDICAL MORBIDITY: CRANIAL – Seizures
VARIABLE 248f

TO UPDATE A SYLLABUS BINDER:

1. Remove the page for variable V248f from the Form II individual variable pages section (13a) of your binder.
2. The page after this instructional page in this stack of pages that you printed is the syllabus variable page for V248f that has been updated to indicate that V248f is a deleted variable. Insert this page in Appendix 39b2 (deleted Form II variable pages) in the proper sequence.

MEDICAL MORBIDITY: CRANIAL – Seizures
VARIABLE 248f

Deleted 1/1/05

DEFINITION: Occurrence of seizures.

CODES: Have you been told by a physician that you have had a seizure since your last annual follow-up interview?

1 No
2 Yes
9 Unknown

CHARACTERS: 1

NOTES: *Collect this variable until 12/31/04 (needed for CA project)

EXAMPLE: Patient was told by his/her physician that he/she had experienced a seizure during the current follow-up period.

2

VARIABLE HISTORY:

4/1/04 - Changed categories on DCF to 1=no, 2=yes, 9=unknown.
4/1/02 - Corrected example (“2” instead of “1”)
1/1/03 - Added note to collect until 12/31/04

FUNCTIONAL INDEPENDENCE MEASURE (FIM)

Variable 252

Date of last revision: 07/01/04

DEFINITION:

The FIM 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.

FIM data are to be collected according to the current (4/1/04) *IRF-PAI coding instructions IRF-PAI Coding Instructions: 4/1/2004 version (<http://www.cms.hhs.gov/providers/irfpps/irfpaimanual040104.pdf>), supplemented by any further instructions in your syllabus. Information about the FIM can be found in the IRF-PAI manual in section III, pages 40-57, Appendix H, and pages 29-34. A copy of the FIM-related sections of this manual should be in your syllabus, in Appendix A. If it is not possible for your Center to follow the correct manual, notify the TBINDC.

*Information about the FIM is available from COMBI at these two links: Introduction (COMBI) (<http://www.tbims.org/combi/FIM/index.html>); Background (COMBI) (<http://www.tbims.org/combi/FIM/fimbg.html>).

CODE:

- 7 Complete Independence (Timely, Safely)
- 6 Modified Independence (Extra time, device)
- 5 Supervision
- 4 Minimal Assist (subject does 75% or more of task)
- 3 Moderate Assist (50 - 74% of task)
- 2 Maximal Assist (25 - 49% of task)
- 1 Total Assist (subject does less than 25% of task)
- 8 Not due this year [Code no longer used; data now collected in all follow-up years.]
- 9 Unknown

Items 8b and 9b

- 7 No accidents
- 6 No accidents, uses device (catheter, ostomy)
- 5 One accident in the past 7 days
- 4 Two accidents in the past 7 days
- 3 Three accidents in the past 7 days
- 2 Four accidents in the past 7 days
- 1 Five or more accidents in the past 7 days
- 8 Not due this year [Code no longer used; data now collected in all follow-up years.]
- 9 Unknown - assessment not done
- 66 Variable did not exist

Item 14: Primary mode of locomotion

- w Walking
- c Wheelchair
- 8 Not due this year [Code no longer used; data now collected in all follow-up years.]
- 9 Unknown

Item 17: Primary mode of comprehension

- a Auditory comprehension > 50% of the time
- v Visual comprehension > 50% of the time
- b Both used equally
- 8 Not due this year [Code no longer used; data now collected in all follow-up years.]
- 9 Unknown

Item 18: Primary mode of expression

- v Verbal expression > 50% of the time
- n Nonverbal expression > 50% of the time
- b Both used equally
- 8 Not due this year [Code no longer used; data now collected in all follow-up years.]
- 9 Unknown

CHARACTERS:

- 1 numeric
- 2 numeric
- 1 alpha-numeric

NOTE:

All FIM items must be scored. Record what patient actually does. Every effort should be made to obtain the FIM assessments, however, if any items are not assessed, use code 9. Do not leave blanks.

According to the UDS Procedures for Scoring the FIM, "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 data collection.

If at follow-up evaluation, patient is walking AND using a wheelchair, code 14 (mode) as the more frequently used mode of locomotion. Do not use the code "b=Both" (as is indicated by UDS instructions). 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 more frequent mode of locomotion cannot be determined, code "9".

For #8 (Bladder Management), if patient does not void (e.g., renal failure and on hemodialysis), assign code "7=Complete independence".

According to new FIM instructions (effective 1/1/02), all FIM items now have an "assessment time period". The person's score on a given FIM item is determined by his/her functional level during this "assessment time period"--a specified number of days prior to the evaluation. (FIM instructions prior to 1/1/02 did not indicate 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 period¹. 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.

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).

"Level of assistance" (part a) and "Frequency of accidents" (part b) are recorded for #8 (Bladder Management) and #9 (Bowel Management). For items 8b and 9b, 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.

*See: Properties of the FIM instrument (COMBI) (<http://www.tbims.org/combi/FIM/fimprop.html>)

¹ However, the current training manual qualifies this, as follows: "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: Walk/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).

TRAINING:

FIM training will follow guidelines from the Uniform Data System (UDS). It is the responsibility of each center to assure that all staff who perform FIM assessments (Form I and Form II) are certified by a recognized credentialing organization (e.g., UDS, e-Rehab) and remain certified for the duration of the time that they collect data/assess patients for the TBIMS National Database.

CHARACTERISTICS OF DATA:

On 4/1/02 new fields were created to accept data collected with the new (1/1/02)IRF-PAI instructions. The old fields are still in the database. At present there are no calculated variables that merge old data and with new data. Calculated variables based on old **OR** new scoring are available.

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 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>.

EXAMPLE:**SELF CARE ITEMS:**

- 2 1. Feeding
- 1 2. Grooming
- 2 3. Bathing
- 3 4. Dressing Upper Body
- 3 5. Dressing Lower Body
- 2 6. Toileting

SPHINCTER CONTROL:

- 4 8. Bladder Management
 - 4 a. Level of assistance
 - 5 b. Frequency of accidents
- 5 9. Bowel Management
 - 6 a. Level of assistance
 - 5 b. Frequency of accidents

MOBILITY ITEMS

Transfers technique:

- 3 10. Bed, Chair, Wheelchair
- 4 11. Toilet
- 3 12. Tub or Shower

Locomotion:

- 3 14. Walking/Wheelchair (1/2/9)
- 3 15. Stairs

COMMUNICATIONS:

- 7 17. Comprehension (1/2/3/9)
- 6 18. Expression (1/2/3/9)

PSYCHOSOCIAL ADJUSTMENT ITEMS:

- 6 22. Social Interaction

COGNITIVE FUNCTION:

- 5 26. Problem Solving
- 4 27. Memory

VARIABLE HISTORY:

Date of last Revision	Description
2004-07-01	In TRAINING, added instructions regarding certification that are found in "22f.Data Quality Guidelines".
2004-07-01	In CODES, added back in the code for "Not due this year", plus a statement that the code is no longer used.
2004-07-01	In DEFINITION fixed the link to the current (4/1/2004) IRF-PAI manual and added a description of where to look in the manual for FIM-related information.
2004-04-01	Updated link to IRF-PAI manual (4/1/04 version).
2004-04-01	Added links to COMBI.
2004-01-01	Added note about scoring Comprehension when person wears eyeglasses.
2003-01-01	Deleted "less dynamic schedue" instruction (because FIM is now collected in all years due to reduced schedule).
2003-01-01	Deleted codes for "Not due", because data are now being collected in all follow-up years (due to less dynamic follow-up schedule).
2002-07-01	Updated SOURCE.
2002-07-01	Improved DEFINITION: added first two sentences; added reference to SOURCE; made explicit the requirement to follow current instructions.
2002-07-01	Added note to record what participant actually does.
2002-07-01	Added note about coding of #8 if participant does not void.
2002-07-01	Added note about assessment time period, including that score is to reflect poorest functioning.

Date of last Revision	Description
2002-07-01	Added note about coding 8a, 8b, 9a, 9b, including coding of 8b and 9b if information is not available for the full 7-day assessment time period.
2002-07-01	Added code "66=Variable did not exist".
2002-04-01	Corrected the "mode" codes for #14, 17, 18 (alphabetic rather than numeric).
2002-04-01	In DEFINITION, added reference Center's instruction manual.
2002-04-01	For #8 and #9, added function modifier items "a=Level of assistance" and "b=Frequency of accidents", the codes for 8b and 9b, and examples for 8a,b & 9a,b.
2002-04-01	Added note about coding 14 (mode of locomotion) if patient both walks and uses wheelchair.
2002-04-01	Corrected code 4 "Minimal Assist" that ptn does greater than or equal to 75% rather than greater than 75%.
2002-04-01	Updated SOURCE.
2002-01-01	Added code "8=Not due" to #14 & 18 in these pages.
2001-07-01	Added definition of FIM.
2001-01-01	Changed collection schedule to years 1,2,5,10 and every 5 years thereafter.
1999-10-01	Revised note and unknown code used if patient does not perform activity.
1999-07-01	Deleted FAM items.
1998-04-15	Added note how to code optional FAM items not collected.
1998-04-01	Added note that the 12 FAM items are now optional for collection.
1995-07-01	Dropped mode of locomotion code "b" for item #14.
1995-03-24	Added unknown code for mode items 14,17 and 18.
1994-09-13	Added unknown code.
1994-09-13	Added notes for coding clarification.
1994-09-13	Deleted date of assessment.
1994-09-13	Updated source to include FIM Version 4.0.
1994-09-13	Updated descriptors for #16, 23, and 25.

ALCOHOL USE

Variable 292a2

Date of last revision: 01/01/05

DEFINITION:

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: 20a.Standard Drink Chart (http://syllabus/pdf/20a_Standard_drink_chart.pdf) in Appendix G.)

- 1) During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?
- 2) During the past month, 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 past month did you have five or more drinks on an occasion?

CODE:

Item 1):

- 1 No (autofills items 2-4 with 66=N/A)
- 2 Yes
- 5 Not due this year [Code no longer used; data now collected in all follow-up years.]
- 7 Refused (autofills items 2-4 with 7=Refused)
- 8 Variable did not exist when data collected (autofills items 2-4 with 88=Variable did not exist).
- 9 Unknown/Don't know/Not sure (autofills items 2-4 with 99=Unknown/Don't know/Not sure)

Item 2):

- a) ## enter number of days per week
- b) ## enter number of days per month
- a)& b)
- 55 Not due this year. [Code no longer used; data now collected in all follow-up years.]
- 66 N/A-Not Applicable (use for item not answered; use for both items if item 1=No)
- 77 Refused
- 88 Variable did not exist when data collected
- 99 Unknown/Don't know/Not sure

Item 3):

- ## enter number of drinks
- 55 Not due this year. [Code no longer used; data now collected in all follow-up years.]
- 66 N/A - Not Applicable (use only if item 1=no)
- 77 Refused
- 88 Variable did not exist when data collected
- 99 Unknown/Don't know/Not sure

Item 4):

- ## enter number of times
- 00 None
- 55 Not due this year. [Code no longer used; data now collected in all follow-up years.]
- 66 N/A (use only if item 1 = no)
- 77 Refused
- 88 Variable did not exist when data collected
- 99 Unknown/Don't know/Not sure

CHARACTERS:

- 2 numeric
- 1 numeric

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.

Code the higher score if a range is given.

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: [Problematic Substance Use Identified in the TBIMS National Dataset \(http://www.tbims.org/combi/subst/index.html\)](http://www.tbims.org/combi/subst/index.html)

*

CHARACTERISTICS OF DATA:

The QFVI was added to the Form II database starting 3/21/91. The QFVI was added to the Form I database as one of the premorbid history questions on 1/1/97. The QFVI was dropped from both Form I and Form II on 10/1/99 and replaced with alcohol questions from NHSDA and BRFSS module 13. The QFVI data are available in a separate database.

*Starting 4/1/04 (version 9.5), the "7" and "9" codes were reversed in order to be consistent with other variables (7/77=refused, 9/99=unknown/don't know/not sure). When working with data collection forms 9.4 and earlier, keep in mind that 7's on the form will appear as 9's in the database and vice versa. Take this into account when data on 9.4 or earlier forms are being reviewed for accuracy or being corrected or entered. The data entry screens have instructions about this.

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.

EXAMPLE:

During the past month, person with brain injury had a single glass of wine with dinner every night, but never consumed more than that amount.

- 1) 2
- 2a) *66
- 2b) 30
- 3) 1
- 4) 00

VARIABLE HISTORY:

Date of last Revision	Description
2005-01-01	Added to CHARACTERISTICS OF DATA that "7" and "9" codes on data collection forms 9.4 and earlier are reversed, and that this should be taken into account when working with 9.4 and earlier forms.
2005-01-01	Deleted NOTE that data entry screens are programmed so pull-down menu items 7 and 9 (switched starting with V9.5) now adjust for forms 9.4 and earlier and for form 9.5 and later.
2005-01-01	Added NOTE that variable is to be collected from participant if possible, or family, or medical chart.
2004-10-01	Added NOTE that data entry screens are programmed so pull-down menu items 7 and 9 (switched starting with V9.5) now adjust for forms 9.4 and earlier and for form 9.5 and later. Data from all forms can now be entered AS IS. (This change was made in the database last quarter (9.6) but too late to add to syllabus page.)
2004-07-01	Corrected EXAMPLE so 2a is "66".
2004-07-01	In CODES, added back in the code for "Not due this year" plus statement that this code is no longer used.
2004-04-01	Added "Unknown" to code "Don't know/Not sure"

Date of last Revision	Description
2004-04-01	Reversed the codes for "Refused" (was 9, now 7) and "Unknown/Don't know/Not sure" (was 7, now 9)
2004-04-01	Added a NOTE that a report on alcohol use based on TBIMS data is on COMBI.
2004-01-01	Added coding instruction for item 2 that 66 should be scored for the item not answered.
2004-01-01	Added note to code the higher score if a range is given.
2004-01-01	Added note to probe for size of drink and adjust scoring according to answer received.
2003-10-01	Added note that scores for these questions should be based on self-reports and should not be influenced by information available clinically in the Model System.
2003-10-01	Added note referring to Appendix G for more information.
2003-01-01	Removed references to this variable as being asked of the person with TBI.
2003-01-01	Deleted codes for "This variable not due this year".
2003-01-01	Deleted the question that identifies respondent as the person with TBI or significant other.
2002-04-01	In CODES, corrected autofills so will occur when #1 = 1, 5, 7, 8, or 9. Revised format of autofill information.
2001-01-01	Added/revised coding instructions.
1999-10-01	Dropped QFVI, replaced with alcohol questions from NHSDA and BRFSS module 13.
1997-01-01	Moved drug question to separate variable.
1996-04-01	Added code for additional CIQ questions not due this year.
1994-09-13	Added Appendix G including standard drink chart.
1994-08-12	Added note for coding someone who does not drink at all.
1994-08-12	Corrected example.
1994-08-12	Added full reference for Cahalan/Cisin article.
1991-03-21	QFVI added to Form II.

INCOME AND SOURCE

Variable 292c

Date of last revision: 01/01/05

DEFINITION:

Family income of person with brain injury and sources * of non-employment income for person with brain injury at follow-up evaluation as reported by the best source of information, which is the person with brain injury unless he or she is considered unreliable or is not available.

(1) What is your total family income (approximate combined income of all members of the household)?

(2a) Do you receive income from the following sources? (This applies only to the person with the brain injury.)

(a) Supplemental Security Income (SSI)

(b) Supplemental Security Disability (SSD)

(c) Temporary Assistance to Needy Families (TA or TANF) (Formerly, Aid to Families with Dependent Children - AFDC)

(d) State/Local Welfare (incl. General Relief, Home Relief)

(e) Unemployment Insurance

(f) Workers' Compensation

(g) Private Insurance

(h) Income from Settlement

(i) Other non-employment sources

(2b (a-i)) DELETED - How much income a month do you receive from each source?

CODE:

Item (1):

01 \$9,999 or less

02 \$10,000-\$19,999

03 \$20,000-\$29,999

04 \$30,000-\$39,999

05 \$40,000-\$49,999

06 \$50,000-\$59,999

07 \$60,000-\$69,999

08 \$70,000-\$79,999

09 \$80,000-\$89,999

10 \$90,000-\$99,999

11 \$100,000 or more

55 Data collected before codes 06-11 existed; data exist in calculated variable "income".

66 Not due this year. [Code no longer used; data now collected at all follow-ups.]

77 Refused

88 N/A-no *income

99 Unknown

Items (2a: a-i):

1 No

2 Yes

7 Not due this year. [Code no longer used; data now collected in all follow-up years.]

9 Unknown

CHARACTERS:

2 numeric

1 numeric

NOTE:

For source: "Settlement", exclude legal fees to be paid out of the settlement.

This variable can be collected along with V211I.

CHARACTERISTICS OF DATA:

All data on income level are available in the calculated variable "income". In this variable, new data (starting 7/1/01) are merged with old data by transforming the new codes (06-11) into the old code "06".

In 2003, the TBIMS had difficulty obtaining this information (24% missing data). Eleven Model Systems had 10% or more missing data.

EXAMPLE:

Person with brain injury has an annual family income of \$16,500, and receives \$1,274.35 a month from an account established with money obtained through a lawsuit associated with the injury.

- (1) 02
- (2a) (1) 1
- (2) 1
- (3) 1
- (4) 1
- (5) 1
- (6) 1
- (7) 1
- (8) 2
- (9) 1

VARIABLE HISTORY:

Date of last Revision	Description
2005-01-01	Changed label of code "88" from "N/A-no salary" to "N/A-no income" On data collection form, changed "N/A-not employed" to "N/A-no income".
2004-07-01	In DEFINITION, removed reference to amount of income from supplemental sources.
2004-07-01	In CODES, added back the codes for "Not due this year" plus a statement that the codes are no longer used.
2004-04-01	Added CODES for (2a).
2004-04-01	Corrected number of characters (was 10 iems, 1 character each).
2004-04-01	Corrected example so item (1) has two characters (rather than one).
2004-04-01	Replaced reference to "annual evaluation" with "follow-up evaluation".
2004-01-12	Added to code label for code 55: "data exist in calculated variable "inc"".
2003-01-01	Deleted v292c2b variables (amount of income from non-employment sources) and made appropriate changes in syllabus.
2003-01-01	Deleted code "66=Not due" (because this variable is always collected in the new,less frequent follow-up schedule).
2003-01-01	Deleted the question that identifies respondent as the person with TBI or significant other.
2002-04-01	Corrected example so code is "99998" rather than "8".
2002-04-01	Added code "55= Data collected before codes 06-11 existed". (Data on such cases are available only in a calculated variable that merges current data with data based on the original 01-06 codes.)
2002-04-01	Updated CODE 3 label to replace "AFDC" with "TA".
2002-01-01	Added note that this variable can be collected along with V211i.
2002-01-01	In example, changed "0" to "8" in 2b when 2a = 1(No).
2002-01-01	Added note about calculated variable that includes new and old cases.
2002-01-01	Added code "99995 Variable did not exist".
2002-01-01	Corrected syllabus: code 99998 changed from "NA not due this year" to "NA no income from this source", which matches Form II.
2001-10-01	Added income codes to match V211I.
2001-08-20	Added note about excluding legal fees from settlement amount.

Date of last Revision	Description
2001-07-01	Added amount of income obtained monthly from each non-employment source.
2001-07-01	Integrated with V293c to create a "best source of information" variable. (Initially, was named V300c, but reverted to V292c plus V292c1 before variable was renamed in the database.)
1998-04-15	Changed code N/A, not due this year or no SO.
1996-04-01	Added code 7 for additional CIQ questions not due this year.
1994-08-19	Clarified #1 by adding "total" family income.
1994-08-19	Removed statement from #2 "in addition to employment income".

ARRESTS

Variable 292e

Date of last revision: 07/01/04

DEFINITION:

Determine if the person with brain injury has been arrested during the past year.

- (1) In the past year, have you been arrested?
- (2) If yes for #1, how many times? [DROPPED]
- (3) If yes for #1, how many were drug/alcohol related? [DROPPED]

CODE:

Item (1)

- 1 No
- 2 Yes
- *7 Not due this year. [Code no longer used; data now collected in all follow-up years.]
- 9 Unknown

CHARACTERS:

1 numeric

NOTE:

If person is arrested post-injury for a crime allegedly committed pre-injury, code as "1=No".

EXAMPLE:

Person with brain injury reports he/she was arrested and charged for breaking and entering.

2

VARIABLE HISTORY:

Date of last Revision	Description
2004-07-01	In CODES, added back in the code for "Not due this year" plus a statement that this code is no longer used.
2004-04-01	Removed deleted items from CHARACTERS box.
2004-04-01	Improved wording in NOTE about coding if person arrested for pre-injury crime. Does not affect data already collected. (Previously stated: "If person is arrested post-injury for a crime allegedly committed pre-injury, record the arrest as occurring pre-injury.")
2003-10-01	Changed lookback period from "since the last interview" to "In the past year".
2003-01-01	Deleted variables 292e2 (number of arrests) and 292e3 (number of arrests that were for drug-related offenses).
2003-01-01	Replaced "during the last year" with "Since the last interview in [month, year]".
2003-01-01	Removed references to this variable being asked of the person with TBI.
2003-01-01	Deleted code "7=This variable not collected this year".
2003-01-01	Deleted notes related to number of arrests and number that were drug/alcohol related.
2003-01-01	Deleted the question identifying respondent as the person with TBI or significant other.
2001-08-20	Added note about pre-injury crimes in which the arrest is post-injury.
1998-04-01	Changed code description and example to reflect how to code when no arrests are drug/ETOH related.
1997-04-01	Expanded items 2-3 to 2 characters, clarified wording #3.
1997-01-01	Expanded variable.
1996-04-01	Added code for additional CIQ questions not due this year.

Date of last Revision	Description
1994-08-19	Added clarification to description to refer to current follow-up period.
1994-08-19	Corrected example.

QUESTIONS AND ANSWERS:

QUESTION:	In coding 292e we noticed that the note about coding this as a pre-injury arrest is no longer accurate now that 192e has been deleted. 01-30-2004
ANSWER:	This will be corrected in next quarter's syllabus. [Change made 4/1/04.] 02-02-2004

SATISFACTION WITH LIFE SCALE (SWLS) -FOR PERSON WITH BRAIN INJURY

Variable 292g

Date of last revision: 07/01/04

DEFINITION:

The person with brain injury should rate his/her satisfaction with life at the time of the follow-up evaluation by indicating his/her level of agreement with the five questions below.

- (1) In most ways my life is close to my ideal.
- (2) The conditions of my life are excellent.
- (3) I am satisfied with my life.
- (4) So far I have gotten the important things I want in life.
- (5) If I could live my life over, I would change almost nothing.

For more information, see: Introduction to the SWLS (COMBI) (<http://www.tbims.org/combi/swls/index.html>).

CODE:

- 1 Strongly disagree
- 2 Disagree
- 3 Slightly disagree
- 4 Neither agree nor disagree
- 5 Slightly agree
- 6 Agree
- 7 Strongly agree

*8 Not due this year. [Code no longer used; data now collected in all follow-up years.]

- 0 Variable not in existence when data collected
- 9 Unknown
- 10 N/A - no data from person w/ TBI

CHARACTERS:

2 numeric

NOTE:

See: [SWLS Frequently Asked Questions/Tips \(COMBI\)](http://www.tbims.org/combi/swls/swlsfaq.html) (<http://www.tbims.org/combi/swls/swlsfaq.html>)

See: (<http://syllabus/pdf/>)

CHARACTERISTICS OF DATA:

In 2003, the TBIMS had difficulty obtaining this information (11% missing data). Five Model Systems had missing data rates of 10% or more. Data managers report that missing data are due to some persons with TBI being unable to provide information for the Form II, combined with the requirement that the SWLS must not be answered by anyone other than the person with TBI. A new code was been added to this item to identify these cases.

SOURCE:

Diener E, Emmons R, Larsen J, Griffin S. (1985). The Satisfaction With Life Scale. J Personality Assessment, 49(1), 71-75.

Pavot W, Deiner E. (1993). Review of the Satisfaction With Life Scale. Psychological Assessment. 5(3), 164-172.

(<http://syllabus/pdf/>)

EXAMPLE:

1. In most ways my life is close to my ideal. [2]
2. The conditions of my life are excellent. [4]
3. I am satisfied with my life. [6]
4. So far I have gotten the important things I want in life. [6]
5. If I could live my life over, I would change almost nothing. [2]

VARIABLE HISTORY:

Date of last Revision	Description
2004-07-01	In CODES, added back in the code for "Not due this year" plus a statement that this code is no longer used.
2004-07-01	Removed reference to "annual" evaluation.
2004-04-01	Added links to COMBI.
2003-10-01	Added CODE "10=N/A-no data from person w/ TBI"
2003-01-01	Deleted code "8=This variable not collected this year".
1998-04-01	Dropped quality of life and health questions, added Satisfaction With Life Scale (self-assessment by person with brain injury).
1997-01-01	Quality of Life and Health - new variable added to database.

GLASGOW OUTCOME SCALE - EXTENDED

Variable 296

Date of last revision: 01/01/05

DEFINITION:

The Glasgow Outcome Scale-Extended is given at the time of follow up evaluation. For information about the GOS-E, see: [Introduction to the GOS-E \(COMBI\)](#)

(<http://tbims.org/combi/gose/index.html>). For coding instructions, see: [28a.Instructions for Rating GOS-E](#) (http://syllabus/pdf/28a_Instructions_GOS-E.pdf) in Appendix O.

CODE:

Total score:

- 1 DEAD
- 2 VEGETATIVE STATE
- 3 LOWER SEVERE DISABILITY
- 4 UPPER SEVERE DISABILITY
- 5 LOWER MODERATE DISABILITY
- 6 UPPER MODERATE DISABILITY
- 7 LOWER GOOD RECOVERY
- 8 UPPER GOOD RECOVERY
- 9 UNKNOWN
- 0 VARIABLE DID NOT EXIST

Subscores:

Scores for 1,2a,2b,2c,3a,3b,4a,4b,5a,6a,6c,7a,7c,8a:

- 1 NO
- 2 YES
- 8 N/A-deceased
- 9 UNKNOWN

Scores for 5b:

- 1 Reduced work capacity
- 2 Able to work only in a sheltered workshop or non-competitive job, or currently unable to work
- 9 Unknown

Scores for 6b:

- 1 Participate a bit less: at least half as often as before injury
- 2 Participate much less: less than half as often
- 3 Unable to participate: rarely, if ever, take part
- 9 Unknown

Scores for 7b:

- 1 Occasionally - less than weekly
- 2 Frequent or constant - once a week or more but tolerable
- 3 Constant - daily and intolerable
- 9 Unknown

CHARACTERS:

- 1 numeric

NOTE:

Every effort should be made to obtain the GOS-E assessment, however, if it can not be assessed, use code 9. Do not leave blank.

Collect and record all subscale scores unless instructed to skip some of them by the skip instructions on the Form II.

*For scoring instructions if any subscale items are "unknown", see Appendix 28b (http://syllabus/pdf/28b_GOSE_unk_items.pdf)

GOS-E is a "best source" variable. Not necessary to ask the 2 "supplemental" questions about seizures and source of disability (not present on data collection form).

DATA ENTRY: Enter into the database all subscale scores that do not autofill. For each case that you enter, check to be sure that the autofilled total score in the database is the same as the total score that has been recorded on the Form II. Notify your Data Manager of any discrepancies.

DATA MANAGERS: If errors in calculating the total score turn up on the Form II, provide your data collector(s) with more training in scoring the GOS-E and in calculating the total score. Contact the TBINDC if you have questions.

For additional information about the GOS-E see:

Frequently Asked Questions for GOS-E (COMBI) (<http://www.tbims.org/combi/gose/gosefaq.html>)

Properties of the GOS-E instrument (COMBI) (<http://www.tbims.org/combi/gose/goseprop.html>)

CHARACTERISTICS OF DATA:

On 7/1/00 a field for data with the new scoring was created. The old field (data prior to 7/1/00) is also in the database. GOS-E data can be collapsed onto the GOS scale if analyses require.

SOURCE:

JT Wilson, L Pettigrew, G Teasdale. Structured Interviews for the Glasgow Outcome Scale and the Extended Glasgow Outcome Scale: Guidelines for their use. Journal of Neurotrauma, Vol. 15 No. 8, 1998. For an abstract of this article, see: PubMed link: JT Wilson, et. al. (1998) (http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=9726257)

For additional references, see: GOS-E References (COMBI) (<http://www.tbims.org/combi/gose/goseref.html>)

EXAMPLE:

Patient has constant, daily childish psychological problems.

5 (Lower Moderate Disability)

VARIABLE HISTORY:

Date of last Revision	Description
2005-01-01	Moved items from CODE to NOTE.
2005-01-01	Moved item about comparability of GOS variables and GOSE variables from NOTE to CHARACTERISTICS OF DATA.
2005-01-01	Added NOTE about Appendix 28b instructions for handling items coded "unknown".
2005-01-01	Deleted NOTE about adding subscale boxes for the convenience of data collectors. (Data collectors should now fill out all boxes other than those skipped according to instructions on the data collection form.)

Date of last Revision	Description
2004-07-01	Clarified instructions in CODE for double-checking the accuracy of the total score.
2004-07-01	Added NOTE to use the procedure in CODE to check the accuracy of the total score.
2004-07-01	Removed instruction to enter only the overall score into the database.
2004-04-01	Added database procedure that double-checks data collector's coding of overall rating score
2004-04-01	Added instructions in NOTES for double-check procedure.
2004-04-01	In syllabus, added "unknown" codes for 5b, 6b, 7b.
2004-04-01	Added link from source publication to PubMed.
2004-04-01	Added links to COMBI.
2003-10-01	Added answer boxes to individual items. (To assist in data collection; individual item data are not entered into the database.)
2003-01-01	Deleted subscore variables.
2002-10-14	Now shows the codes for 5b,6b,7b as different than the codes for the other items.
2002-10-14	Removed initial question from data collection form that asked if ptn is deceased.
2002-10-14	Added note that the two supplemental items are no longer on the data collection form.
2002-07-01	Added "8=N/A-deceased" to item codes.
2002-01-01	Added note that the 2 "supplemental" questions are not required.
2001-10-01	New administration and scoring instructions added to Form II.
2001-10-01	Revised the reference to Appendix O in DEFINITION.
2001-10-01	Added new overview and instructions in Appendix O.
2001-10-01	Removed references to the GOS-E Structured Interview (superceded by new instructions in Form II).
2001-10-01	Added note that GOS-E is a "best souce" variable.
2001-08-20	Corrected code labels, as follows: Added DEAD=1; Changed VEGETATIVE STATE 1->2, LSD 2->3, USD 3->4, LMD 4->5, UMD 5->6, LGR 6->7, UGR 7->8, UNK 8->9.
2001-07-01	Instructions for data collection have been modified so questions 2b,5b,6b,7b, and 8b are not asked (coded 8=N/A) if participant has no disability.
2001-07-01	Added codes "8=N/A, no disability" and "9=unknown".
2001-07-01	Corrected code labels: added "Upper GR" to 8a(1); added "Lower GR" to 8a(2).
2001-01-01	Subscores to be entered into database.
2000-07-01	Adopted extended version of Glasgow Outcome Scale (Glasgow Outcome Scale-Extended).
1999-04-02	Added note regarding scoring persons not employed prior to injury.
1998-09-01	Added ABIC checklist for scoring GOS, amended example and source.
1998-04-01	Variable added to database.

QUESTIONS AND ANSWERS:

QUESTION:	In the GOS-E, if one or more items are "9=unknown", should the overall score be "9=unknown"? 05-01-2004
ANSWER:	Not necessarily. The hierarchical nature of the GOS-E items causes lower items in the scale to not contribute to the overall score if the person is able to perform the task described by a higher item. For more information see the email sent 10/12/2004, which will be added to the syllabus as a NOTE on 1/1/2005. 10-12-2004
QUESTION:	It would be good if you could recreate the coding as in 8.1, because it's very useful for checking the accuracy with which data collectors assign the overall score. 03-01-2004
ANSWER:	That has been added to the data entry screens as a check on the accuracy of data collector's calculation of the overall score. 03-31-2004

SUPERVISION RATING SCALE (SRS)

Variable 297

Date of last revision: 01/01/05

DEFINITION:

The Supervision Rating Scale is used to rate the amount of supervision that the person with brain injury actually receives by choosing one of the thirteen categories below. This rating is determined by the interviewer with information from the person with TBI and/or others at the time of the follow-up evaluation. "Supervision" means that someone is responsible for being with the person with brain injury. For more information, see: [Introduction to SRS \(COMBI\)](http://www.tbims.org/combi/srs/index.html) (<http://www.tbims.org/combi/srs/index.html>).

A copy of the SRS data collection form is available at: [SRS Rating Form \(COMBI\)](http://www.tbims.org/combi/srs/srsrat.html) (<http://www.tbims.org/combi/srs/srsrat.html>).

CODE:**Level 1 - INDEPENDENT**

01 - The person with brain injury lives alone or independently. Other persons can live with the person with brain injury, but they cannot take responsibility for supervision (for example, a child or elderly person). *If person is independent and living with one or more other adults, code "1".

02 - The person with brain injury is unsupervised overnight. The person with brain injury lives with one or more persons who could be responsible for supervision (for example, a spouse or roommate), but they are all sometimes absent overnight.

Level 2 - OVERNIGHT SUPERVISION

03 - The person with brain injury is only supervised overnight. One or more supervising persons are always present overnight but they are all sometimes absent for the rest of the day.

Level 3 - PART-TIME SUPERVISION

04 - The person with brain injury is supervised overnight and part-time during waking hours, but is allowed on independent outings. One or more supervising persons are always present overnight and are also present during part of waking hours every day. However, the person with brain injury is sometimes allowed to leave the residence without being accompanied by someone who is responsible for supervision.

05 - The person with brain injury is supervised overnight and part-time during waking hours, but unsupervised during working hours. Supervising persons are all sometimes absent for enough time for them to work full-time outside the home.

06 - The person with brain injury is supervised overnight and during most waking hours. Supervising persons are all sometimes absent for periods longer than one hour, but less than the time needed to hold a full-time job away from home.

07 - The person with brain injury is supervised overnight and during almost all waking hours. Supervising persons are all sometimes absent for periods shorter than one hour.

Level 4 - FULL-TIME INDIRECT SUPERVISION

08 - The person with brain injury is under full-time indirect supervision. At least one supervising person is always present, but the supervising person does not check on the person with brain injury more than once every 30 minutes.

09 - Same as #8 plus requires overnight safety precautions (for example, a deadbolt on outside door).

Level 5 - FULL-TIME DIRECT SUPERVISION

10 - The person with brain injury is under full-time direct supervision. At least one supervising person is always present and the supervising person checks on the person with brain injury more than once every thirty minutes.

11 - The person with brain injury lives in a setting in which the exits are physically controlled by others (for example, a locked ward).

12 - Same as #11 plus a supervising person is designated to provide full-time line-of-sight supervision (for example, an escape watch or suicide watch).

13 - The person with brain injury is in physical restraints.

OTHER CODES

00 - Variable did not exist (cases prior to 4/1/98).

99 - Unknown

CHARACTERS:

2 numeric

NOTE:

For more information see:

[Frequently Asked Questions for SRS \(COMBI\) \(http://www.tbims.org/combi/srs/srsfaq.html\)](http://www.tbims.org/combi/srs/srsfaq.html)

[Properties of SRS \(COMBI\) \(http://www.tbims.org/combi/srs/srsprop.html\)](http://www.tbims.org/combi/srs/srsprop.html)

CHARACTERISTICS OF DATA:

Errors on the Form II data collection form starting 7/1/00 were corrected on 7/1/01 as follows:

Heading: "Overnight supervision" replaces "Independent at night".

Label for 03: "Supervised only at night" replaces "Usually supervised during day".

Label for 04: "Supervised at night and selected day times" replaces "Supervision always at night and at selected day times".

Label for 05: "Supervised and night and part-time during day; not supervised during working hours (full time)" replaces "Supervised at night, and most day times, except during work".

Heading: "Full time indirect supervision" replaces "Full time supervision".

Label for 08: "Full time indirect supervision; does not check more than once every 30 minutes" replaces "Full time direct supervision, at least every 30 minutes".

Label for 09: "Same as 08, and requires overnight safety precautions (lock, etc." replaces "Same as 08, and requires special safety precautions (lock, etc.)".

Label for 10: "Full time direct supervision; checked more than once every thirty minutes" replaces "Full time supervision, more than once every thirty minutes".

Label for 11: "Full time direct supervision in confined, controlled setting" replaces "Full time supervision in confined, controlled setting".

Data collected using the incorrect codes were deleted from V297, trichotomized to eliminate the effect of the label errors, and are stored in a separate database. Current data are also saved as a trichotomized variable ("SRScalc") and can be merged with the deleted data, upon request. The trichotomization is: 01=independent (01); 02=part-time supervision (02-07); 03=full-time supervision (08-13).

*In October 2004 it was determined that certain Model Systems had been coding independent persons as "2" if living with one or more adults (e.g., spouse). Most but not all such cases can be corrected by the Model Systems. Starting with database 9.8 the TBINDC will: (1) archive the current, flawed variable, (2) make available a new variable in which codes 1 and 2 are collapsed into a single category (thereby making all SRS data consistent across all centers), and (3) fix the current variable by deleting incorrectly coded cases that cannot be corrected. (It is expected that about 130 cases will be deleted.) Data will continue to be entered into the current variable.

SOURCE:

Boake, C. Supervision Rating Scale: A measure of functional outcome from brain injury. Archives of Physical Medicine and Rehabilitation. 1996;77(8):765-772. For an abstract, see:PubMed link to Boake et. al (1996) (http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8702369)

EXAMPLE:

The patient is supervised overnight and during the day, however his spouse works full-time outside the home during the day.

05

VARIABLE HISTORY:

Date of last Revision	Description
2005-01-01	In CODE, added instruction to code "1" if person is independent and living with other person(s).
2005-01-01	Added to CHARACTERISTICS OF DATA an explanation of how the database will handle cases that were coded "2" rather than "1" and cannot be corrected.
2004-07-01	Removed reference to "annual" evaluation.
2004-04-01	Added link to PubMed.
2004-04-01	Added links to COMBI.

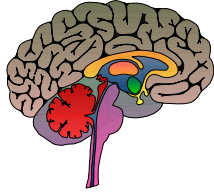
Date of last Revision	Description
2001-07-01	<p>Corrected errors that were implemented on 7/1/00 in the Form II, as follows: the heading [u]"Overnight supervision"/[u] replaces [u]"Independent at night"/[u]; for code 03 the label "Supervised only at night" replaces "Usually supervised during day"; for code 04 the label "Supervised at night and selected day times" replaces "Supervision always at night and at selected day times"; for code 05 the label "Supervised and night and part-time during day; not supervised during working hours (full time)" replaces "Supervised at night, and most day times, except during work"; the heading [u]"Full time indirect supervision"/[u] replaces [u]"Full time supervision"/[u]; for code 08 the label "Full time indirect supervision; does not check more than once every 30 minutes" replaces "Full time direct supervision, at least every 30 minutes"; for code 09 the label "Same as 08, and requires overnight safety precautions (lock, etc.)" replaces "Same as 08, and requires special safety precautions (lock, etc.)"; for code 10 the label "Full time direct supervision; checked more than once every thirty minutes" replaces "Full time supervision, more than once every thirty minutes"; for code 11 the label "Full time direct supervision in confined, controlled setting" replaces "Full time supervision in confined, controlled setting".</p>
1998-09-01	Dropped code "77=not due", added code "00=variable did not exist".
1998-04-01	Variable added to database.

TRAUMATIC BRAIN INJURY MODEL SYSTEMS NATIONAL DATA BASE SYLLABUS

TABLE OF CONTENTS

1. Introduction to the TBI Model Systems
2. Introduction to the TBI Model Systems Data Base
3. Model Systems Contact List, Committees, Listservers
4. Data Base Inclusion Criteria
5. Form I Variables (list)
6. Form I Syllabus Changes/Updates
7. Form I Data Collection Form
8. Form I Description of Individual Variables
9. Guidelines for Form II Data Collection
10. Form II Variables (list)
11. Form II Syllabus Changes/Updates
12. Form II Data Collection Form
13. Form II Description of Individual Variables
14. Appendix A - Functional Independence Measure
15. Appendix B – Data Modules
16. Appendix C – Cause of Death
17. Appendix D - 1990 Census Occupational Codes for Variables 112 and 212
19. Appendix F - Race Specification Codes for Variable 105
20. Appendix G - Standard Drink Chart for Variable 292a
21. Appendix H - List of Reference articles for Measures used in the TBI Model Systems Data Base
22. Appendix I - TBI Model Systems Data Collection and Management
23. Appendix J - Disability Rating Scale
24. Appendix K– ICD-9-CM External Cause of Injury Codes
25. Appendix L - Incarceration
26. Appendix M –Other Data Collection Forms (Premorbid History, Medical Form I)
27. Appendix N – Intracranial CT Diagnosis
28. Appendix O – Glasgow Outcome Scale-Extended Scoring Checklist
32. Appendix S - Notification Policy (new projects)
33. Appendix T –Research & Publication Registries
34. Appendix U – Dissemination Policy (draft)
35. Appendix V –Training/Reliability Testing Materials (DRS, FIM)
36. Appendix W Assessment of Orientation
39. Appendix Z – Deleted Individual Variable Pages and Appendices

00a.Table of Contents.041123



TRAUMATIC BRAIN INJURY MODEL SYSTEMS NATIONAL DATABASE SYLLABUS

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Version 9.8
January 2005

00d.Title page.041115

Differences Between Non-PHI TBIMS Database vs. PHI TBIMS Database As Available from the TBINDC

October 1, 2003

PHI variables deleted from non-PHI database	Equivalent non-PHI variables added to PHI & non-PHI database
101a DATES (ER admit, acute d/c, rehab admit, rehab d/c, death); day and month in Date of Injury.	Added: # days between injury and... <ul style="list-style-type: none"> • ER admit • Acute d/c • Rehab admit • Rehab d/c • Death. Retained: Year of injury.
103 PATIENT BIRTHDATE	Added: Age at injury; ages greater than 89 years are coded as "90+" (as required by HIPAA rules).
109a ZIP CODE (pre-injury; discharge)	<i>none</i>
130a DATE ABLE TO FOLLOW SIMPLE MOTOR COMMANDS	# days between injury date and V130a. (<i>variable already existed</i>)
144a DATE EMERGED FROM PTA	# days between injury date and V144a. (<i>variable already existed</i>)
201 DATES (follow-up eval date, date of death --deleted: day, month)	Added: # days between injury date and the date of every follow-up interview. Retained: Follow-up year, year of death.
209a ZIP CODE	<i>none</i>
211c DATE OF FIRST COMPETITIVE EMPLOYMENT	Added: # days between injury date and V211c.
221 DATE OF SUBSEQUENT TBI (month, year). Deleted: month.	Retained: year of subsequent TBI

02b.PHI+nonPHI dbs.041116

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12/29/2004

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MC=MEDICAL COMMITTEE (disbanded; databusters still in effect)

NC=NEUROPSYCH COMMITTEE (disbanded; databusters still in effect)

FACES=FUNCTIONAL ASSESSMENT COMMITTEE (disbanded; databusters still in effect)

FORM I

- 101. DATES AND TIMES (DC)
- 102. SHORT TERM REHABILITATION INTERRUPTIONS (DC)
- 103. PATIENT BIRTHDATE (DC)
- 104. SEX (DC)
- 105. RACE (DC)
- 107. MARITAL STATUS (DC)
- 108. LIVING WITH (DC)
- 109. RESIDENCE VARIABLES (DC)
- 110. EDUCATION VARIABLES (DC)
- 111. EMPLOYMENT VARIABLES (FACES)
- 112. CENSUS OCCUPATIONAL CATEGORY (FACES)
- 121. HISTORY OF TRAUMATIC BRAIN INJURY (MC)
- 130. PHYSICAL EXAMINATION VARIABLES (MC)
- 131. ASSOCIATED INJURIES (MC)
- 133. CAUSE OF INJURY (DC)
- 134. BLOOD ALCOHOL LEVEL AT INJURY (MC)
- 135. INTRACRANIAL CAT SCAN DIAGNOSIS (MC)
- 137. BRAIN INJURY ICD-9-CM CODES (MC)
- 139. GLASGOW COMA SCALE (MC)
- 140. REVISED TRAUMA SCORE AT ADMISSION TO EMERGENCY DEPT. (MC)
- 144. DATE EMERGED FROM POST TRAUMATIC AMNESIA (NC)
- 146. CAUSE(S) OF DEATH (MC)
- 148. CRANIAL COMPLICATIONS (MC)
- 151. DISABILITY RATING SCALE (FACES)
- 152. FUNCTIONAL INDEPENDENCE MEASURE (FACES)
- 170. STATUS OPERATIONS ACUTE (MC)
- 176. CHARGES (DC)
- 178. PAYER SOURCE (DC)
- 192. PREMORBID HISTORY (FACES)

03d.Variables by Committee.041203

FORM II

- 20A. ADMINISTRATIVE CODES (DC)
- 201. DATES (DC)
- 207. MARITAL STATUS (DC)
- 208. LIVING WITH (DC)
- 209. RESIDENCE VARIABLES (DC)
- 210. EDUCATION VARIABLES (DC)
- 211. EMPLOYMENT VARIABLES (FACES)
- 212. CENSUS OCCUPATIONAL CATEGORY (FACES)
- 221. SUBSEQUENT TRAUMATIC BRAIN INJURY (MC)
- 251. DISABILITY RATING SCALE (FACES)
- 252. FUNCTIONAL INDEPENDENCE MEASURE (FACES)
- 273. REHOSPITALIZATION (MC)
- 292. COMMUNITY INTEGRATION QUESTIONS - PERSON WITH TBI (FACES)
- 296. GLASGOW OUTCOME SCALE – EXTENDED (FACES)
- 297. SUPERVISION RATING SCALE (FACES)

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- 103. PATIENT BIRTHDATE (DC)
- 104. SEX (DC)
- 105. RACE (DC)
- 107. MARITAL STATUS (DC)
- 108. LIVING WITH (DC)
- 109. RESIDENCE VARIABLES (DC)
- 110. EDUCATION VARIABLES (DC)
- 133. CAUSE OF INJURY (DC)
- 176. CHARGES (DC)
- 178. PAYER SOURCE (DC)

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- 20A. ADMINISTRATIVE CODES (DC)
- 201. DATES (DC)
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FORM I

- 121. HISTORY OF TRAUMATIC BRAIN INJURY (MC)
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- 131. ASSOCIATED INJURIES (MC)
- 134. BLOOD ALCOHOL LEVEL AT INJURY (MC)
- 135. INTRACRANIAL CAT SCAN DIAGNOSIS (MC)
- 137. BRAIN INJURY ICD-9-CM CODES (MC)
- 139. GLASGOW COMA SCALE (MC)
- 140. REVISED TRAUMA SCORE AT ADMISSION TO EMERGENCY DEPT. (MC)
- 146. CAUSE(S) OF DEATH (MC)
- 148. CRANIAL COMPLICATIONS (MC)
- 170. STATUS OPERATIONS ACUTE (MC)

FORM II

- 221. SUBSEQUENT TRAUMATIC BRAIN INJURY (MC)
- 273. REHOSPITALIZATION (MC)

03d.Variables by Committee.041203

DATABASE VARIABLES - NEUROPSYCH COMMITTEE

FORM I

144. DATE EMERGED FROM POST TRAUMATIC AMNESIA (NC)

FORM II

(none)

DATABASE VARIABLES - FACES COMMITTEE

FORM I

111. EMPLOYMENT VARIABLES (FACES)
112. CENSUS OCCUPATIONAL CATEGORY (FACES)
151. DISABILITY RATING SCALE (FACES)
152. FUNCTIONAL INDEPENDENCE MEASURE (FACES)
192. PREMORBID HISTORY (FACES)

FORM II

211. EMPLOYMENT VARIABLES (FACES)
212. CENSUS OCCUPATIONAL CATEGORY (FACES)
251. DISABILITY RATING SCALE (FACES)
252. FUNCTIONAL INDEPENDENCE MEASURE (FACES)
292. COMMUNITY INTEGRATION QUESTIONS - PERSON WITH TBI (FACES)
296. GLASGOW OUTCOME SCALE – EXTENDED (FACES)
297. SUPERVISION RATING SCALE (FACES)

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Page 1 of 20

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Page 19 of 20

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Page 1 of 29

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Wednesday, November 10, 2004

Page 2 of 29



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Wednesday, November 10, 2004

Page 3 of 29



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Page 4 of 29



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Page 5 of 29



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Page 6 of 29



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Wednesday, November 10, 2004

Page 7 of 29



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Page 8 of 29



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Wednesday, November 10, 2004

Page 9 of 29



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Page 10 of 29



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Wednesday, November 10, 2004

Page 11 of 29



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Wednesday, November 10, 2004

Page 12 of 29



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Wednesday, November 10, 2004

Page 13 of 29



Listserver

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Wednesday, November 10, 2004

Page 14 of 29



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Wednesday, November 10, 2004

Page 15 of 29



Listserver

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Wednesday, November 10, 2004

Page 16 of 29



Listserver

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Tbi Model Systems National Data Center

Wednesday, November 10, 2004

Page 17 of 29



Traumatic Brain Injury Model Systems
National Data Center
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Wednesday, November 10, 2004

Page 18 of 29



Listserver

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Wednesday, November 10, 2004

Page 19 of 29



Listserver

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Wednesday, November 10, 2004

Page 20 of 29



Listserver

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Wednesday, November 10, 2004

Page 21 of 29



Listserver

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Wednesday, November 10, 2004

Page 22 of 29



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Wednesday, November 10, 2004

Page 23 of 29



Traumatic Brain Injury Model Systems
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Wednesday, November 10, 2004

Page 24 of 29



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Wednesday, November 10, 2004

Page 25 of 29



Traumatic Brain Injury Model Systems
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Wednesday, November 10, 2004

Page 26 of 29



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Wednesday, November 10, 2004

Page 27 of 29



Traumatic Brain Injury Model Systems
National Data Center
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Wednesday, November 10, 2004

Page 28 of 29



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Wednesday, November 10, 2004

Page 29 of 29



Traumatic Brain Injury Model Systems
National Data Center
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TRAUMATIC BRAIN INJURY MODEL SYSTEMS NATIONAL DATA BASE INCLUSION CRITERIA

1/1/2005

CASE DEFINITION:

Traumatic brain injury is defined as damage to brain tissue caused by an external mechanical force as evidenced by loss of consciousness or post traumatic amnesia (PTA) due to brain trauma or by objective neurological findings that can be reasonably attributed to TBI on physical examination or mental status examination.

Penetrating wounds fitting definition listed above are included. Lacerations and/or bruises of the scalp or forehead without other criteria listed above are excluded. Primary anoxic encephalopathy is excluded.

INCLUSION CRITERIA:

All persons:

1. fitting the above definition;
2. meeting at least one of the following criteria for moderate to severe TBI:
 - PTA > 24 hours
 - Trauma related intracranial neuroimaging abnormalities
 - Loss of consciousness exceeding 30 minutes (unless due to sedation or intoxication)
 - GCS in the emergency department of less than 13 (unless due to intubation, sedation, or intoxication);
3. who are age 16 or older;
4. presenting to the Model System's acute care hospital within 72 hours of injury;
5. must receive both acute hospital care and comprehensive rehabilitation in a designated brain injury inpatient rehabilitation program within the Model System. Comprehensive rehabilitation may occur in a hospital, hospital-based skilled nursing facility, skilled nursing facility, long-term acute care hospital, or nonhospital-based residential facility that meets the following criteria:
 - Medical and rehabilitation care are supervised on a regular basis by a physician affiliated with the Model System
 - 24-hour nursing care is provided to the patient
 - Comprehensive rehabilitation (minimum of PT, OT, Speech, Rehabilitation Psychology/ Neuropsychology, family support/ education) is available to the patient as needed with the expectation of further functional gain
 - All data required by the National TBI Model System Database are accessible and transferable to the National Data Center with appropriate informed consent;
6. who understand and provide informed consent to participate or, if unable, family or legal guardian understands and provides informed consent for the patient.

ADDITIONAL GUIDELINES FOR INCLUSION/EXCLUSION OF CASES:

1. Submit cases which expire anytime after inpatient rehabilitation has begun; even if the patient was transferred back to acute care from rehabilitation prior to expiring.
2. Subjects who have a preexisting central nervous system problem (anoxia, stroke, aneurysm, etc.) will be included in the database as long as all other inclusion criteria are met.
3. Subjects who have concurrent events (e.g., aneurysm rupture with TBI, syncope/stroke/fall with TBI) will be included if the admitting physiatrist determines that the predominant mode of central nervous system injury is traumatic, as long as all other inclusion criteria are met.
4. Subjects are included if the time of injury can be approximated within a 12 hour window. If time of injury cannot be approximately determined within 12 hours, the subject should be excluded.
5. If date of injury is in question, it will be decided by the midpoint of the theoretical 12 hour (or less) window.
6. If, prior to admission to comprehensive rehabilitation, a patient leaves a designated Model System facility for more than 72 hours, the patient should be excluded from the study. Once the patient enters comprehensive rehabilitation and meets the inclusion criteria, the subject should be retained even if she/he is subsequently transferred to a non-model system facility.
7. If a patient completes acute care and comprehensive rehabilitation and is then transferred outside of the Model System or to an alternate level of care that does not meet the criteria for comprehensive rehabilitation specified above (regardless of whether it is a designated Model System facility or not), this is considered the rehabilitation discharge date, and the residence at discharge (V109) should reflect this alternate level of care discharge (see variable 101).
8. If a patient is transferred to an alternate level of care (ALC) within the designated Model System prior to inpatient rehabilitation, the ALC length of stay should be added to the Model System acute care stay or comprehensive rehabilitation stay, whichever is most applicable (see variable 101).
9. Do not exclude a person from the database because of early discharge from inpatient rehabilitation.
10. If patient expires prior to consenting, attempts should be made to obtain consent from family members in order to include data in the dataset (to avoid biasing the dataset).

04a.Inclusion criteria.041207

History of Changes in TBIMS Inclusion/Exclusion Criteria

1/1/05

Removed “skull fracture” from “Case Definition”. (Skull fracture is not necessarily associated with brain injury.)

Introduced specific medical inclusion criteria that are based on the “Case Definition”: PTA > 24hrs, trauma related intracranial neuroimaging abnormalities, loss of consciousness exceeding 30 minutes, GCS of less than 13. (Inclusion Criteria)

Removed the requirement that patients must be admitted to the emergency department of the Model System. (Some patients will bypass the ED when transferred from a non-MS acute hospital to an MS ICU or step-down unit.) (Inclusion Criteria)

Lengthened the maximum time between injury and admission to Model System from 24 hours to 72 hours. (Inclusion Criteria)

Added that the patient is to be excluded if time of injury cannot be located within a 12 hour or smaller window. (Additional Guidelines)

Added rule for determining date of injury, if unknown. When the exact time of injury is not known and the window of time of injury spans two dates, then the date of injury is considered to be the date in which the midpoint of the window falls. (Additional Guidelines)

Expanded the types of locations in which Model System inpatient rehabilitation may be received, as follows:

- Throughout this document, deleted “acute” from the phrase “acute comprehensive rehabilitation” in order to make clear that “comprehensive rehabilitation” includes acute and subacute rehabilitation, that subacute rehabilitation does require “active” rehabilitation, and that family training can be considered to be “active rehabilitation”.
- Replaced “inpatient rehabilitation **unit**” with “inpatient rehabilitation **program**” and added specifications that must be met by such programs: supervision by Model System-affiliated physician, 24 hour nursing care, comprehensive rehabilitation, all needed data are available to TBIMS data collectors. (Inclusion Criteria)

Changed the “72 hour rule”. Patient is not to be enrolled (or is dropped from the study) if she/he is out of Model System acute hospital for more than 72 hours (per episode). Patient may be enrolled (or is not dropped from the study) if she/he is out of Model System inpatient rehab for more than 72 hours. (Additional Guidelines)

Added definition of “alternative level of care”. (Additional Guidelines)

Changed the requirement that consent *must* be obtained from family members of unconsented, deceased patients who meet inclusion criteria , to “attempts should be made to obtain consent from family members...”.

- 1/24/02 Added that for patients who expire prior to providing consent, consent is to be obtained from family members in order to include data in the dataset (to avoid biasing the dataset). (Additional Guidelines)
- 12/4/01 Added that patients are not to be excluded because of early discharge from inpatient rehabilitation. (Additional Guidelines)
- (before 1/01) Added that if during subjects’ stay in the acute hospital or inpatient rehabilitation they are out of System for more than 72 hours, they are to be excluded from the study. (Additional Guidelines)
- 5/25/95 Added requirement that patient must present to the Model System’s acute care hospital emergency department within 24 hours of injury. (Inclusion Criteria)

Inclusion exclusion.041203a

**TRAUMATIC BRAIN INJURY MODEL SYSTEMS
DATA COLLECTION FORM FOR INITIAL HOSPITALIZATION AND REHABILITATION - FORM I**
Use for cases first admitted to System acute hospital 1/1/2005 or later, until replaced by a newer Form I.

100. SYSTEM/SUBJECT ID: - **ENTER INTO DATABASE 9.8**

101. a. DATES: (MM DD YYYY)

08/08/8888=N/A 09/09/9999=Unknown

Injury: / / ER admit: / /

Acute d/c: / / Rehab adm: / /

Rehab d/c: / / Death: / /

102. SHORT TERM REHABILITATION INTERRUPTIONS:

08/08/8888=N/A 09/09/9999=Unknown

	Interruption Date				Return Date											
	M	M	D	D	Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y
1 st Interrupt	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 nd Interrupt	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

103. PATIENT BIRTHDATE:

/ /

09/09/9999=Unknown

104. SEX:

1=Female 2=Male 9=Unknown

OBTAIN FROM BEST SOURCE (*person with TBI, unless unreliable or unavailable*)

105. RACE:

1=White 2=Black 3=Asian/Pacific Islander 4=Native American 5=Hispanic origin 7=Other, unclassified 9=Unknown

107. MARITAL STATUS:

1=Single (never married) 2=Married/Cohab>=7 yrs 3=Divorced 4=Separated 5=Widowed 7=Other 9=Unknown

108. PRIMARY PERSON LIVING WITH:

Injury	<input type="text"/>	01=Alone	06=Child>=21/other relative	11=Personal care attendant
Rehab Discharge	<input type="text"/>	02=Spouse	07=Roommate	77=Other
		03=Parent	08=Significant other	88=N/A-expired
		04=Sibling	09=Other patients	99=Unknown
		05=Child<21	10=Other residents	

109. RESIDENCE:

Injury: Rehab Discharge:

01=Private	03=Adult Home	05=Hotel	07=Acute Care	09=Hosp-Other	77=Other
02=Nursing home	04=Correctional	06=Homeless	08=Rehabilitation	10=Sub-acute	88=Pt expired
					99=Unk

109a. ZIP CODE:

8=N/A-expired or lived outside US 9=Unknown

Injury Rehab Discharge

TRAUMATIC BRAIN INJURY MODEL SYSTEMS
DATA COLLECTION FORM FOR INITIAL HOSPITALIZATION AND REHABILITATION - FORM I
 Use for cases first admitted to System acute hospital 1/1/2005 or later, until replaced by a newer Form I.

100. SYSTEM/SUBJECT ID: - **ENTER INTO DATABASE 9.8**

110a. YEARS OF EDUCATION:

07a.Form I Data Collection V9.6.040615

01= \leq 1 yr	04=4 yrs	07=7 yrs	11=11 yrs/12 yrs, no diploma	14=Associate degree	17=Work twd Master's, no dpl
02=2 yrs	05=5 yrs	08=8 yrs	12=HS diploma	15=Work twd Bach., no dpl	18=Master's degree
03=3 yrs	06=6 yrs	09=9 yrs	13=Work twd Assoc, no dpl	16=Bachelor's degree	19=Work twd Doctoral, no dpl
	10=10 yrs		77=Other	99=Unknown	20=Doctoral level

110b. GED: 1=No 2=Yes 3=NA-HS diploma or attended college 9=Unknown

111a. EMPLOYMENT STATUS:

Primary:

Secondary:

02=Full time student	11=Volunteer
03=Part time student	12=Retired (disability)
04=Special education	13=Unempl (not looking)
05=Competitively employed	14=Hospitalized, no pay
07=Taking care of house or fam.	15=Retired (other)
08=Special employed	77=Other
09=Retired (age)	88=No secondary employment
10=Unemployed (looking)	99=Unknown

CODING PRIORITY:

competitively empl, degree-oriented ed, taking care of house/fam, job-directed/on-the-job training, supported empl, sheltered empl, non-directed coursewrk, volunteer wrk, retiremt (age), retiremt (disab), no productive activity.

111b. HOURS/WEEK PAID COMPETITIVE EMPLOYMENT: 88=N/A-not currently competitively employed
 (enter hours only if V111a=05 for primary or secondary, otherwise code=88) 99=Unknown

If V111a=05 for primary or secondary, go to 111d.

If V111a NOT=05 for primary or secondary, ask: In the year before injury, were you ever competitively employed? If YES, go to 111d.

If NO and 111a=08 for primary or secondary, code 88 in 111d and 111i, then go to 112.

If NO and 111a NOT=08, code 88 in 111d, 111i, and 112, then go to 121.

111d. WEEKS EMPLOYED IN PAID COMPETITIVE EMPLOYMENT: 88=N/A-no comp emplmt
 In the year before your injury, how many weeks were you competitively employed? 99=Unknown

111i. ANNUAL EARNINGS OF PERSON:

What is your best estimate of your total annual salary from all jobs for the year prior to the injury?
 (cue patient that salary = total earnings from all competitive employment, but not from nonemployment sources.)

01=\$9,999 or less (employed)	07=\$60,000-\$69,999	77=Refused
02=\$10,000-\$19,999	08=\$70,000-\$79,999	88=N/A-no competitive employment
03=\$20,000-\$29,999	09=\$80,000-\$89,999	99=Unknown
04=\$30,000-\$39,999	10=\$90,000-\$99,999	
05=\$40,000-\$49,999	11=\$100,000 or more	
06=\$50,000-\$59,999		

112. CENSUS OCCUPATIONAL CATEGORY:
 (enter only if V111a=05 or 08 for primary or secondary, otherwise code=88)

01=Exec/Admin/Manager	05=Admin support/Clerical	09=Farming/Forestry/Fishing	14=Military
02=Professional specialty	06=Private household	10=Precision Production/Craft/Repair	
03=Technicians/support	07=Protective service	11=Machine Operators/Assemblers/Inspectors	88=N/A
04=Sales	08=Service other	12=Transportation/Material Moving	99=Unknown
		13=Handlers/Equip Clean/Helpers/Laborers	

**TRAUMATIC BRAIN INJURY MODEL SYSTEMS
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100. SYSTEM/SUBJECT ID: - ENTER INTO DATABASE 9.8

CLINICAL ASSESSMENTS

121. HISTORY OF TBI: 1=No 2=Yes 9=Unknown

130a. DATE ABLE TO FOLLOW SIMPLE MOTOR COMMANDS: / /
(if person was always able to follow simple motor commands, code date of admission to ER)
M M D D Y Y Y Y

07/07/7777=Never able to follow simple motor commands
09/09/9999=Unknown

131h. ASSOCIATED INJURIES-SPINAL CORD INJURY: 1=No 2=Yes 9=Unknown

133a. CAUSE OF INJURY: (see syllabus for detailed list of causes within each code)

01=Motor vehicle (auto racing=18)	11=Assaults w/ blunt instrmt	17=Air sports
02=Motorcycle, moped	12=Other violence	18=Other sports (incl. auto racing)
03=Bicycle	13=Water sports	19=Fall (incl. jumping, being pushed)
04=ATV, go-kart, dune buggy	14=Field/Track	20=Hit by falling/flying object
05=Other vehicular (incl. aircraft)	15=Gymnastic	21=Pedestrian
10=gunshot wound	16=Winter sport	77=Other unclassified 99=Unknown

133b. E-CODES: E . E . 888.8=N/A 999.9=Unknown

134. ETOH BLOOD LEVEL: millig/dl 888=Not tested 999=Unknown

135. INTRACRANIAL CT DIAGNOSIS: (see syllabus for codes)

a. Extent of Compression:

b. Pathology: 1. 2. 3. 4.

5a1. 5b1. 5c1. 5d1. 5e1.

a2. b2. c2. d2. e2.

a3. b3. c3. d3. e3.

6a. 6b. 6c.

7a1. 7a2. 7a3. 7b1. 7b2. 7b3. 7c1. 7c2. 7c3.

c. Intraparenchymal Fragments: 1=No fragments 2=Yes, fragments 8=Not Done 9=Unknown

137. BRAIN INJURY ICD.9 CODES: 888.88=No further codes 999.99=Unknown

a. . b. . c. .

d. . e. . f. .

TRAUMATIC BRAIN INJURY MODEL SYSTEMS
DATA COLLECTION FORM FOR INITIAL HOSPITALIZATION AND REHABILITATION - FORM I
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100. SYSTEM/SUBJECT ID: - **ENTER INTO DATABASE 9.8**

139. GLASGOW COMA SCALE:

ED Admission

a. Eye Opening	<input type="text"/>	4=Spontaneous 3=To Voice	2=To Pain 1= None	7=Chemical Coma/Paralysis/Sedated* 9=Unknown
b. Verbal	<input type="text"/>	5=Oriented 4=Confused 3=Inapp. Words	2=Incomp Words 1=None	8=Intubated 9=Unknown 7=Chemical Coma/Paralysis/ Sedated*
c. Motor	<input type="text"/>	6=Obeys Commands 5=Localizes pain 4=Withdraw from pain	3=Flexion to pain 2=Extension to pain 1=None	7=Chemical Coma/Paralysis/ Sedated* 9=Unknown
d. Total (a+b+c)	<input type="text"/> <input type="text"/>	77=Chemical Coma/Paralysis/Sedated; Chem Coma/Paralysis/Sedated* & Intubated 88=Intubated 99=Unknown		

**code "7" & "77" if administered any of the following: midazolam (VERSED), lorzaepam (ATIVAN), vecuronium (NORCURON), pentobarbital (NEMBUTAL).*

140. REVISED TRAUMA SCORE AT ADMISSION TO ED:

a. Respiratory Rate (#/minute) 888=Unmeasurable 999=Unknown

c. Systolic Blood Pressure (mm Hg) 888=Unmeasurable 999=Unknown

144 a. DATE EMERGED FROM PTA (MM/DD/YYYY): / /

(if person was never in PTA, code date of admission to ER)

08/08/8888=Still had PTA or unconsciousness at TBI system discharge
 09/09/9999=Unknown

b. METHOD OF PTA DETERMINATION

1=Chart Review 2=GOAT 3=GOAT-R 4=O-LOG 8=NA

146. ICD-9-CM CAUSE(S) OF DEATH CODES:

a. Primary cause ICD-9 777.77 Expired cause unknown
 888.88 N/A-alive/no other internal cause/external cause

b. Secondary cause ICD-9 999.99 Unknown if expired

c. E-code E 777.7 Expired cause unknown
 888.8 NA-alive/not an external cause of death
 999.9 Unknown if expired

148h. CRANIAL COMPLICATIONS-INTRACRANIAL HYPERTENSION:

 1=No 2= \leq 24hr 3=peaks > 24hr 4=Sustained>24hrs
 8=not monitored 9=Unknown

TRAUMATIC BRAIN INJURY MODEL SYSTEMS
DATA COLLECTION FORM FOR INITIAL HOSPITALIZATION AND REHABILITATION - FORM I
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100. SYSTEM/SUBJECT ID: - ENTER INTO DATABASE 9.8

151. DISABILITY RATING SCALE:

	<u>Rehab</u> <u>Admit</u>		<u>Rehab</u> <u>Disch</u>		
1. Eye Opening	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0=Spontaneous 2=To Pain 9=Unknown 1=To Speech 3=None
2. Communication Ability	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0=Oriented 2=Inappropriate 4=None 1=Confused 3=Incomprehensible 9=Unknown
3. Motor Response	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0=Obeying 2=Withdrawing 4=Extending 1=Localizing 3=Flexing 5=None 9=Unknown
4. Feeding	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.0=Complete 1.5=Btw partial/minimal 3.0=None 0.5=Btw complete/partial 2.0=Minimal 1.0=Partial 2.5=Btw minimal/none 9.9=Unknown
5. Toileting	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
6. Grooming	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
7. Level of Functioning	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.0=Completely Independent 3.0=Moderately Dependent 0.5=Btw Comp, Indep/Spec Environ 3.5=Btw Mod Dep/Mark Dependent 1.0=Independent-Special Environ 4.0=Markedly Dependent 1.5=Btw Spec Envir/Mild Dependent 4.5=Btw Mark Dep/Tot Dependent 2.0=Mildly Dependent 5.0=Totally Dependent 2.5=Btw Mild Dep/Mod Dependent 9.9=Unknown
8. "Employability"	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.0= Not Restricted 2.0=Sheltered Wrkshop/Non-comp 0.5= Btw not restrict/select jobs 2.5=Btw Sheltered/Not Employable 1.0= Selected Jobs/Competitive 3.0=Not Employable 1.5= Btw select jobs/sheltered wkshp 9.9=Unknown

*Items 4,5,6 indicate the effects of cognitive disability—extent to which person knows how and when to feed, toilet, groom self.
 Items 7,8 indicate the effects of physical and cognitive disability.*

**TRAUMATIC BRAIN INJURY MODEL SYSTEMS
DATA COLLECTION FORM FOR INITIAL HOSPITALIZATION AND REHABILITATION - FORM I**
Use for cases first admitted to System acute hospital 1/1/2005 or later, until replaced by a newer Form I.

100. SYSTEM/SUBJECT ID: - ENTER INTO DATABASE 9.8

152. FUNCTIONAL INDEPENDENCE MEASURE:

SELF CARE ITEMS:

ADMISSION DISCHARGE

1. Feeding	<input type="text"/>	<input type="text"/>
2. Grooming	<input type="text"/>	<input type="text"/>
3. Bathing	<input type="text"/>	<input type="text"/>
4. Dressing Upper Body	<input type="text"/>	<input type="text"/>
5. Dressing Lower Body	<input type="text"/>	<input type="text"/>
6. Toileting	<input type="text"/>	<input type="text"/>

7=Complete Independence (Timely, safely)
6=Modified Independence (Extra time, device)
5=Supervision (pt does 100%)
4=Minimal Assistance (pt ≥75% of task)
3=Moderate Assistance (pt 50-74% of task)
2=Maximum Assistance (pt 25-49% of task)
1=Total Assistance (pt <25% of task)
0=Activity does not occur. (Use only at admission and only for #1-6,10-15; else use code "9".)
8=N/A, pt walking/not using wheelchair. (only for item #14b)
9=Unknown / assessed at >72 hours / activity does not occur (see instructions in code "0", above).
66=Data not available with new (1/1/02) scoring. (Use only at admission and only for #1-8a, 9, 9a, 10-15)

SPHINCTER CONTROL:

8. Bladder Management	<input type="text"/>	<input type="text"/>
a. Level of assistance.....	<input type="text"/>	<input type="text"/>
b. Frequency of accidents.....	<input type="text"/>	<input type="text"/>
9. Bowel Management	<input type="text"/>	<input type="text"/>
a. Level of assistance.....	<input type="text"/>	<input type="text"/>
b. Frequency of accidents	<input type="text"/>	<input type="text"/>

MOBILITY ITEMS:

Transfer Technique

10. Bed, Chair, Wheelchair	<input type="text"/>	<input type="text"/>
11. Toilet	<input type="text"/>	<input type="text"/>
12. Tub or Shower	<input type="text"/>	<input type="text"/>

Locomotion

14a. Walking on admission	<input type="text"/>	
14b. Wheelchair on admission	<input type="text"/>	
14. Walking/Wheelchair-discharge (w/c/9)	<input type="text"/>	<input type="text"/>
15. Stairs	<input type="text"/>	<input type="text"/>

Use with 8b and 9b
7=No accidents
6=No accidents; uses device (catheter, ostomy)
5=One accident in the past 7 days
4=Two accidents in the past 7 days
3=Three accidents in the past 7 days
2=Four accidents in the past 7 days
1=Five or more accidents in the past 7 days
9= Unknown / assessed at >72 hours
66=Variable did not exist

COMMUNICATIONS:

17. Comprehension ...(a/v/b/9)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18. Expression (v/n/b/9)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PSYCHOSOCIAL ADJUSTMENT ITEMS:

22. Social Interaction	<input type="text"/>	<input type="text"/>
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COGNITIVE FUNCTION:

26. Problem Solving	<input type="text"/>	<input type="text"/>
27. Memory	<input type="text"/>	<input type="text"/>

**TRAUMATIC BRAIN INJURY MODEL SYSTEMS
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100. SYSTEM/SUBJECT ID: - **ENTER INTO DATABASE 9.8**

170m1. STATUS OPERATIONS-CRANIOTOMY/CRANIECTOMY:

1=Neither 2=Craniotomy 3=Craniectomy 4=Both (separate procedures)
9=Unknown

176. CHARGES:

a. Acute Hospitalization (Dollars only)\$, 999999=Unknown
b. Inpatient Rehabilitation (Dollars only)\$,

178. PAYOR SOURCE:

a. Acute care Primary Secondary
b. Rehabilitation Primary Secondary

01=Medicare (unk if traditional or managed care)	11=PPO
02=Medicaid (unk if traditional or managed care)	12=CHAMPUS
03=Workers Comp	14=Free Care
04=BC/BS	15=Medicare (traditional)
05=Private Insurance	16=Medicaid (traditional)
06=HMO	17=Medicare (managed care)
07=Self-Pay	18=Medicaid (managed care)
08=State Crippled Child	77=Other
09=Dept of Rehabilitation	88=N/A
10=No-fault	99=Unknown

192a1. PREMORBID DRUG USE:

1) Use of illicit/non-prescription drugs 1=No 2=Yes 9=Unknown

192a2. PREMORBID ALCOHOL USE: (Use the higher score if a range is given. Probe for size of drink and adjust scoring accordingly)

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?

1=No 2=Yes 7=Refused 9=Unknown/Don't know/Not sure

2) During the month before the injury, how many days per week or per month did you drink any alcoholic beverages, on the average? (enter data into one of the following; code the other "66")

Enter number of days per week: **OR** Enter number of days per month:

66=N/A-Not Applicable 77= Refused 99=Unknown/Don't know/Not sure

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?

Enter number of drinks:

66=N/A-Not Applicable 77= Refused 99=Unknown/Don't know/Not sure

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?

Enter number of times:

00=None 66=N/A-Not Applicable 77=Refused 99=Unknown/Don't know/Not sure

TRAUMATIC BRAIN INJURY MODEL SYSTEMS
DATA COLLECTION FORM FOR INITIAL HOSPITALIZATION AND REHABILITATION - FORM I
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100. SYSTEM/SUBJECT ID: - ENTER INTO DATABASE 9.8

192h. PREMORBID HISTORY OF PENAL INCARCERATIONS WITH CONVICTION FOR FELONY:

1=No 2=Yes 9=Unknown

192i(3). PREMORBID HISTORY OF LEARNING AND/OR BEHAVIOR PROBLEMS IN SCHOOL:

Officially classified as Special Education student

1=No 2=Yes 9=Unknown

*** END ***

TRAUMATIC BRAIN INJURY MODEL SYSTEMS

DATA COLLECTION FORM FOR ANNUAL FOLLOW-UP EVALUATION – FORM II

Use for cases with follow-up completion date or window closing date (if no contact) 1/1/05 or later, until replaced by a newer Form II

200. SYSTEM/SUBJECT ID : - - **ENTER INTO DATABASE 9.8**

Follow-up evaluations are done in years 1, 2, 5, 10 and every fifth year thereafter. All items are collected at every follow-up. Items not collected due to skip instructions must be filled in with the appropriate "N/A" code.

20Aa. LIVING STATUS: a. ICD-9-CM Primary . 777.77=Expired cause unknown
 888.88=N/A-alive/no other internal cause/external cause
 999.99=Unknown if expired
 b. ICD-9-CM Secondary .
 c. E-code **E** . 777.7 =Expired cause unknown
 888.8 =NA-alive/not an external cause of death
 999.9 =Unknown if expired

20Ab. METHOD OF INTERVIEW DATA COLLECTION – PERSON WITH TBI :
 1=In-person interview 2=Telephone interview 3=Questionnaire mailing 8=No interview data provided by person w/ TBI

20Ac. METHOD OF INTERVIEW DATA COLLECTION – SIGNIFICANT OTHER:
 1=In-person interview 2=Telephone interview 3=Questionnaire mailing 8=No interview data provided by SO

20Ad. REASON PERSON WITH TBI NOT PROVIDING DATA:
 03=Physically or cognitively unable 07=Lost to follow-up
 04=Not available 08=Language barrier 88=N/A-data provided by person with TBI
 05=Stated refusal 09=Expired 99=Unknown reason why no data provided by person w/ TBI
 06=No response to contact

20Ae. IDENTITY OF SIGNIFICANT OTHER:
 01=Spouse 04=Adult child 08=Friend
 02=Parent(s) 05=Boy/girlfriend 09=Professional caregiver
 03=Sibling 07=Other relative 77=Other 88=N/A-no SO interviewed

201. DATES: (MM/DD/YYYY) 05/05/5555=N/A-withdrew authorization
 Follow-up evaluation Date: / / 06/06/6666=N/A-deceased
 07/07/7777=N/A-other
 09/09/9999=Unknown date of evaluation
 Date of Death: / / 07/07/7777=Person expired, unk date
 08/08/8888=N/A-alive
 09/09/9999=Unknown if person expired

QUESTIONS FOR BEST SOURCE (person with TB unless unreliable/unavailable)

207. MARITAL STATUS: 1=Single (never married) 3=Divorced 5=Widowed 9=Unknown
 2=Married/Cohabit >= 7yrs 4=Separated 7=Other

208. PRIMARY PERSON LIVING WITH:
 01=Alone 05=Child aged <21 09=Other patients
 02=Spouse 06=Child >= 21/other rel 10=Other residents
 03=Parent(s) 07=Roommate/friend 11=Personal care attendant
 04=Sibling 08=Significant other 77=Other 99=Unknown

209. RESIDENCE:
 01=Private 05=Hotel 09=Other hospital
 02=Nursing home 06=Homeless 10=Subacute care
 03=Adult Home 07=Acute hospital 77=Other
 04=Correct. Inst. 08=Rehab hospital 99=Unknown

If "04", code V201 as 07/07/7777

209a. ZIP CODE: 8=N/A-lives outside US 9=Unknown 12a.Form II Data Collection V9.8.041115a
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TRAUMATIC BRAIN INJURY MODEL SYSTEMS

DATA COLLECTION FORM FOR ANNUAL FOLLOW-UP EVALUATION – FORM II

Use for cases with follow-up completion date or window closing date (if no contact) 1/1/05 or later, until replaced by a newer Form II

200. SYSTEM/SUBJECT ID : - - **ENTER INTO DATABASE 9.8**

210a. YEARS OF EDUCATION:

- | | | | |
|-------------------|-------------|--|---------------------------------------|
| 01= \leq 1 year | 06=6 years | 11=11 years/ 12 years, no diploma | 16=Bachelors degree |
| 02=2 years | 07=7 years | 12= High school diploma | 17=Work toward Master’s dgr, no dpl |
| 03=3 years | 08=8 years | 13=Work toward Associate’s dgr, no dpl | 18=Master’s degree |
| 04=4 years | 09=9 years | 14=Associate’s degree | 19=Work toward doctoral level, no dpl |
| 05=5 years | 10=10 years | 15=Work toward Bachelor’s degree, no dpl | 20=Doctoral level degree |
| | | | 77=Other 99=Unknown |

210b. GED:

- 1=No 2=Yes 3=N/A-HS diploma or attended college 9=Unknown

211a. EMPLOYMENT STATUS:

CODING PRIORITY: competitively empl, degree-oriented ed, taking care of house/fam, job-directed/on-the-job training, supported empl, sheltered empl, non-directed coursewrk, volunteer wrk, retiremt (age), retiremt (disab), no productive activity.

- | | | | |
|---------------------------|---------------------------------|--------------------------|--------------------|
| 02=Full-time student | 07=Taking care of house or fam. | 11=Volunteer | 15=Retired (other) |
| 03=Part-time student | 08=Special employment | 12=Retired (disability) | 77=Other |
| 04=Special education | 09=Retired (age) | 13=Unempl. (not looking) | 99=Unknown |
| 05=Competitively employed | 10=Unemployed (looking) | 14=Hospitalized, no pay | |

211b. HOURS (PER WEEK) PAID COMPETITIVE EMPLOYMENT:

(Enter data if 211a=05, otherwise enter the correct missing data code.)

- 88=N/A-not currently compet. employed
99=Unknown

If 211a NOT=05, ask: Have you ever been competitively employed since your injury?

If YES, go to 211c

If NO and 211a NOT=08, go to 221

If NO and 211a=08, go to 212

211c. DATE OF FIRST COMPETITIVE EMPLOYMENT:

(Obtain this answer only once. Estimate day, if unknown.)

M M D D Y Y Y Y

1) When did you begin competitive employment following your injury? / /

08/08/8888 = N/A-no post-injury competitive employment

09/09/9999 = Unknown date of evaluation

08/08/8899 = N/A-employment started prior to last annual evaluation

If competitive employment started prior to this year, ask: Have you been competitively employed in the past year?

If YES, go to 211d

If NO and 211a NOT=05 or 08, go to 221

If NO and 211a=08, go to 212

211d. WEEKS OF PAID COMPETITIVE EMPLOYMENT:

1) Ask at one year: During the year after your injury and since you began competitive employment, how many weeks have you worked?

- 88=NA-no compet. employmt
99=Unknown

Ask other years: In the past year since your return to work, during how many weeks were you competitively employed?

211i. ANNUAL EARNINGS OF PERSON:

(Enter data if V211a=05, otherwise enter the correct missing data code.)

1) What is your total annual salary, based on all jobs held at the time of annual evaluation?

(cue respondent that salary=total earnings from all competitive employment, but not from nonemployment sources.)

- | | | | |
|-------------------------------|----------------------|----------------------|---------------------------------------|
| 01=\$9,999 or less (employed) | 05=\$40,000-\$49,999 | 09=\$80,000-\$89,999 | 77=Refused |
| 02=\$10,000-\$19,999 | 06=\$50,000-\$59,999 | 10=\$90,000-\$99,999 | 88=N/A-not currently compet. employed |
| 03=\$20,000-\$29,999 | 07=\$60,000-\$69,999 | 11=\$100,000 or more | 99=Unknown |
| 04=\$30,000-\$39,999 | 08=\$70,000-\$79,999 | | |

TRAUMATIC BRAIN INJURY MODEL SYSTEMS

DATA COLLECTION FORM FOR ANNUAL FOLLOW-UP EVALUATION – **FORM II**

Use for cases with follow-up completion date or window closing date (if no contact) 1/1/05 or later, until replaced by a newer Form II

200. SYSTEM/SUBJECT ID : - - **ENTER INTO DATABASE 9.8**

297. SUPERVISION RATING SCALE (Refer to variable page for definitions and clarification.)

Independent

01=Alone, Independent

02=Unsupervised at night, sometimes during day

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Overnight supervision

03=Supervised only at night

Part Time supervision

04=Supervised at night and selected day times.

05=Supervised at night and part-time during day; not supervised during working hours (full time)

06=Supervised at night and most of day except for few unsupervised hours.

07=Only unsupervised for periods less than one hour at a time.

Full-time indirect supervision

08=Full time indirect supervision; does not check more than once every 30 minutes

09=Same as 08, and requires overnight safety precautions (lock, etc.)

Full time direct supervision

10=Full time direct supervision; checked more than once every thirty minutes

11=Full time direct supervision in confined, controlled setting.

12=Same as 11, but with constant visual watch

13=Person is in physical restraints.

99=Unknown

TRAUMATIC BRAIN INJURY MODEL SYSTEMS

DATA COLLECTION FORM FOR ANNUAL FOLLOW-UP EVALUATION – FORM II

Use for cases with follow-up completion date or window closing date (if no contact) 1/1/05 or later, until replaced by a newer Form II

200. SYSTEM/SUBJECT ID : - - **ENTER INTO DATABASE 9.8**

252. FUNCTIONAL INDEPENDENCE MEASURE:

SELF CARE ITEMS:

- 1. Feeding
- 2. Grooming
- 3. Bathing
- 4. Dressing Upper Body
- 5. Dressing Lower Body
- 6. Toileting

7=Complete Independence (Timely, safely)
 6=Modified Independence (Extra time, device)
 5=Supervision
 4=Minimal Assistance (pt ≥75% of task)
 3=Moderate Assistance (pt 50-74% of task)
 2=Maximum Assistance (pt 25-49% of task)
 1=Total Assistance (pt <25% of task; doesn't do)
 9=Unknown/assessment not done
 66=Variable did not exist (8a,9a only)

SPHINCTER CONTROL:

- 8. Bladder Management.....
- a. Level of assistance
- b. Frequency of accidents
- 9. Bowel Management.....
- a. Level of assistance
- b. Frequency of accidents

Use with 8b and 9b

7=No accidents
 6=No accidents; uses device (catheter, ostomy)
 5=One accident in the past 7 days
 4=Two accidents in the past 7 days
 3=Three accidents in the past 7 days
 2=Four accidents in the past 7 days
 1=Five or more accidents in the past 7 days
 9=Unknown/assessment not done
 66=Variable did not exist (8b,9b only)

MOBILITY ITEMS:

Transfer Technique

- 10. Bed, Chair, Wheelchair
- 11. Toilet
- 12. Tub or Shower

Locomotion

- 14a. Walking/Wheelchair (w/c/9).....
- 15. Stairs

COMMUNICATIONS:

- 17. Comprehension...(a/v/b/9).....
- 18. Expression.....(v/n/b/9).....

PSYCHOSOCIAL ADJUSTMENT ITEMS:

- 22. Social Interaction

COGNITIVE FUNCTION:

- 26. Problem Solving.....
- 27. Memory

273. REHOSPITALIZATION(S): (code one reason for each hospitalization in the past year) 1.

- 00=Rehabilitation (inpatient)
- 01=Seizures
- 02=Neurologic disorder (non-seizure)
- 03=Psychiatric
- 04=Infectious
- 05=Orthopedic
- 06=General Health Maintenance or OB/GYN
- 07=Other not specified above
- 08=NA-no rehospitalizations or no further rehospitalizations
- 09=Unknown--rehospitalized but reason is unknown
- 99=Unknown if rehospitalized

2.

3.

4.

5.

TRAUMATIC BRAIN INJURY MODEL SYSTEMS

DATA COLLECTION FORM FOR ANNUAL FOLLOW-UP EVALUATION – FORM II

Use for cases with follow-up completion date or window closing date (if no contact) 1/1/05 or later, until replaced by a newer Form II

200. SYSTEM/SUBJECT ID : - - **ENTER INTO DATABASE 9.8**

296. GLASGOW OUTCOME SCALE – EXTENDED: (see Appendix O for administration and coding guidelines)

Take into account all available information.

Enter data into boxes that are not skipped per instructions.

1. Is the head-injured person able to obey simple commands, or say any words ? 2=Yes 1=No
If NO, skip rest of questions, code GOS-E = 2 “VS”. 9=Unknown
- 2a. Is the assistance of another person at home essential every day for some activities of daily living? 2=Yes 1=No
If NO, skip to 3a. 9=Unknown
- 2b. Do they need frequent help or someone around at home most of the time ? 9=Unknown
 1=No 2=Yes
- 2c. Was assistance at home essential before the injury ? 2=Yes 1=No
If NO, skip rest of questions, code GOS-E=3 “LSD” if 2b=2, or code GOS-E=4 “USD” if 2b=1. 9=Unknown
- 3a. Are they able to shop without assistance ? 2=Yes 1=No
If YES, skip to 4a. 9=Unknown
- 3b. Were they able to shop without assistance before the injury ? 2=Yes 1=No
If YES, skip rest of questions, code GOS-E=4 “USD”. 9=Unknown
- 4a. Are they able to travel locally without assistance ? 2=Yes 1=No
If YES, skip to 5a. 9=Unknown
- 4b. Were they able to travel without assistance before the injury ? 2=Yes 1=No
If YES, skip rest of questions, code GOS-E=4 “USD”. 9=Unknown
- 5a. Are they currently able to work to their previous capacity ? 2=Yes 1=No
If YES, skip to 6a. 9=Unknown
- 5b. How restricted are they ? *Choose one.* 9=Unknown
 1=Reduced work capacity
 2=Able to work only in a sheltered workshop or non-competitive job, or currently unable to work.
- 5c. Were they either working or seeking employment before the injury (answer ‘yes’) or were they doing neither (answer ‘no’) ? 2=Yes 1=No
If YES, skip rest of questions, code GOS-E=5 “LMD” if 5b=2 or code GOS-E=6 “UMD” if 5b=1. 9=Unknown
- 6a. Are they able to resume regular social and leisure activities outside home ? 2=Yes 1=No
If YES, skip to 7a. 9=Unknown
- 6b. What is the extent of restriction on their social and leisure activities ? *Choose one.* 9=Unknown
 1=Participate a bit less: at least half as often as before injury
 2=Participate much less: less than half as often
 3=Unable to participate: rarely, if ever, take part.

TRAUMATIC BRAIN INJURY MODEL SYSTEMS

DATA COLLECTION FORM FOR ANNUAL FOLLOW-UP EVALUATION – FORM II

Use for cases with follow-up completion date or window closing date (if no contact) 1/1/05 or later, until replaced by a newer Form II

200. SYSTEM/SUBJECT ID : - - **ENTER INTO DATABASE 9.8**

296. GLASGOW OUTCOME SCALE – EXTENDED (cont.)

Enter data into boxes that are not skipped per instructions.

6c. Did they engage in regular social and leisure activities outside the home before the injury ? 2=Yes 1=No
*If YES, skip rest of questions, code GOS-E=5 “LMD” if 6b=3,
 or code GOS-E=6 “UMD” if 6b=2,
 or code GOS-E=7 “LGR” if 6b=1.* 9=Unknown

7a. Have there been psychological problems which have resulted in ongoing family disruption or disruption of friendships ? 2=Yes 1=No
If NO, skip to 8a 9=Unknown

7b. What has been the extent of disruptions or strain ? *Choose one.* 9=Unknown
 1=Occasional – less than weekly.
 2=Frequent or constant – once a week or more but tolerable.
 3=Constant – daily and intolerable.

7c. Were there problems with family or friends before the injury ? 2=Yes 1=No
*If NO, skip rest of questions, code GOS-E=5 “LMD” if 7b=3,
 or code GOS-E=6 “UMD” if 7b=2,
 or code GOS-E=7 “LGR” if 7b=1.* 9=Unknown

8a. Are there any other current problems relating to the injury which affect daily life ? 2=Yes 1=No
If NO, skip 8b, code GOS-E=8 “UGR”. 9=Unknown

8b. Were similar problems present before the injury ? 2=Yes 1=No
If NO, code GOS-E=7 “LGR”.
*If YES: If pre and post injury status essentially equal, code GOS-E=8 “UGR”,
 or if pre and post injury status not essentially equal, use judgement to code GOS-E* 9=Unknown

The patient’s overall rating is based on the lowest outcome category indicated on the scale. Refer to guidelines in Appendix O for further information concerning administration and scoring.

-
- 0=Variable didn’t exist
 - 1=Dead
 - 2=Vegetative State (VS)
 - 3=Lower Severe Disability (LSD)
 - 4=Upper Severe Disability (USD)
 - 5=Lower Moderate Disability (LMD)
 - 6=Upper Moderate Disability (UMD)
 - 7=Lower Good Recovery (LGR)
 - 8=Upper Good Recovery (UGR)
 - 9=Unknown

TRAUMATIC BRAIN INJURY MODEL SYSTEMS

DATA COLLECTION FORM FOR ANNUAL FOLLOW-UP EVALUATION – FORM II

Use for cases with follow-up completion date or window closing date (if no contact) 1/1/05 or later, until replaced by a newer Form II

200. SYSTEM/SUBJECT ID : - - **ENTER INTO DATABASE 9.8**

292f. PSYCHIATRIC PROBLEMS:

- 1) Attempted suicide in the past year ?
- 2) Any psychiatric hospitalizations in the past year ?

1=No 2=Yes 9=Unk

QUESTION FOR PERSON WITH BRAIN INJURY ONLY

292g. SATISFACTION WITH LIFE:

- 1) In most ways my life is close to my ideal.....
- 2) The conditions of my life are excellent.....
- 3) I am satisfied with my life.....
- 4) So far I have gotten the important things I want in life.....
- 5) If I could live my life over, I would change almost nothing

1=Strongly disagree
2=Disagree
3=Slightly disagree
4=Neither agree nor disagree
5=Slightly agree
6=Agree
7=Strongly agree
9=Unknown
10=N/A-no data from person w/ TBI

*** END ***

TBI MODEL SYSTEMS FOLLOW-UP SURVEY

[*Firstname Lastname*] has been a participant in our TBI Model Systems Study since [*enrollment date*]. We need information about [*Firstname*] that is asked on the next few pages in order to better understand the course of recovery and outcomes after brain injury. All the information will be kept confidential. All terms of the initial TBI Model System consent apply.

These questions are to be answered by [*Firstname*] (the person with brain injury). If that is not possible, someone who knows [*Firstname*] well may answer the questions.

If you would like more information or if answering these questions over the telephone would be better than writing out the answers, please contact me.

[Name], [TBIMS title], [phone number]

THANK YOU FOR PARTICIPATING IN THIS STUDY!

What is the name of the person answering these questions?

Mr/Mrs/Ms _____

1. How are you (the person answering these questions) related to the person with the brain injury (TBI)?

20Ae

I AM the person with the brain injury.

I am the person with brain injury's. . .

- | | |
|--|---|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Boyfriend or girlfriend |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Brother or sister | <input type="checkbox"/> Professional caregiver |
| <input type="checkbox"/> Son or daughter over 21 years old | <input type="checkbox"/> Other (please describe)_____ |
| <input type="checkbox"/> Other relative | |

2. Which is true at present for the person with TBI? (Check one)

207

- Never married
 Married (or living with someone as a couple for 7 or more years)
 Divorced
 Separated
 Widowed
 Other (please describe) _____

3. Who is the main person that the person with TBI is living with? (Check one)

208

- | | |
|--|--|
| <input type="checkbox"/> No one (lives alone) | <input type="checkbox"/> Son or daughter or step-child who is less than 21 years old |
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Son or daughter or step-child who is 21 years or older |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Other relative |
| <input type="checkbox"/> Brother or sister | <input type="checkbox"/> Significant other (like a spouse, but not married) |
| <input type="checkbox"/> Roommate | <input type="checkbox"/> Other patients in a hospital or place like a hospital |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Other residents in a group home |
| <input type="checkbox"/> Personal care attendant | <input type="checkbox"/> Other (describe)_____ |

4. Where is the person with TBI currently living? (Check one)

209

- | | |
|---|---|
| <input type="checkbox"/> Private home or apartment | <input type="checkbox"/> Rehabilitation Hospital |
| <input type="checkbox"/> Nursing home | <input type="checkbox"/> Mental hospital |
| <input type="checkbox"/> Adult Home (group home, foster care) | <input type="checkbox"/> Prison/Jail |
| <input type="checkbox"/> Hotel | <input type="checkbox"/> Other (describe)_____ |
| <input type="checkbox"/> Regular hospital | <input type="checkbox"/> Not living anywhere (homeless) |
| <input type="checkbox"/> Subacute care (1-3 hrs of therapy a day, medical care available) | |

What is the ZIP code there? _____ (zip code)

209a

5. What is the highest level of school that the person with TBI has successfully completed? (Check one)

- | | | |
|--|---|------|
| <input type="checkbox"/> 1 st grade or less | <input type="checkbox"/> 12 th grade but did not graduate | 210a |
| <input type="checkbox"/> 2 nd grade | <input type="checkbox"/> High school (12 th grade, graduated with diploma) | |
| <input type="checkbox"/> 3 rd grade | <input type="checkbox"/> Work toward Associates degree (but no degree received) | |
| <input type="checkbox"/> 4 th grade | <input type="checkbox"/> Associates degree | |
| <input type="checkbox"/> 5 th grade | <input type="checkbox"/> Work toward Bachelors degree (but no degree received) | |
| <input type="checkbox"/> 6 th grade | <input type="checkbox"/> Bachelors degree | |
| <input type="checkbox"/> 7 th grade | <input type="checkbox"/> Work toward Masters degree (but no degree received) | |
| <input type="checkbox"/> 8 th grade | <input type="checkbox"/> Masters degree | |
| <input type="checkbox"/> 9 th grade | <input type="checkbox"/> Work toward Doctorate degree (PhD,MD,etc) (but no degree received) | |
| <input type="checkbox"/> 10 th grade | <input type="checkbox"/> Doctorate degree | |
| <input type="checkbox"/> 11 th grade | <input type="checkbox"/> Other (describe) _____ | |

6. Did the person with TBI earn a General Equivalency Diploma (GED) instead of graduating from high school? No Yes

210b

7. What is the person with TBI's current employment or educational status? (Check all that apply) 211a

- | | |
|---|--|
| <input type="checkbox"/> Has a regular job | <input type="checkbox"/> Volunteer work |
| <input type="checkbox"/> Special employment because of disability | <input type="checkbox"/> Retired because of disability |
| <input type="checkbox"/> Takes care of house or family | <input type="checkbox"/> Retired due to age |
| <input type="checkbox"/> Unemployed and looking for work | <input type="checkbox"/> Retired due to other reasons |
| <input type="checkbox"/> Unemployed, not looking for work | <input type="checkbox"/> Hospitalized |
| <input type="checkbox"/> Full-time student | <input type="checkbox"/> Other (describe) _____ |
| <input type="checkbox"/> Part-time student | |
| <input type="checkbox"/> Special education classes (describe) _____ | |

8. After the injury, when did the person with TBI start working in a regular job? ____ / ____ / ____ 211c
(month) (day) (year)

No regular job since the TBI

9. Currently, what kind of work does the person with TBI do? _____ 212

No regular job currently

10. About how many hours a week does the person with TBI work in a regular job?

_____ hours a week No regular job currently 211b

11. In the past year, how many weeks did the person with TBI work in a regular job?

_____ weeks No regular job in the past year 211d

12. Currently, about how much money does the person with TBI make at work each week ?

_____ dollars per week No regular job currently 211i

Thank you for answering our questions

Thanks to people like you, the Traumatic Brain Injury Model Systems Study remains one of the most successful projects that learns about long-term outcomes of people who have had a brain injury. In order to continue this high rate of success, we need to update our contact information.

What is your (person with TBI) current address and phone number?

Street _____

City _____ State _____ Zip _____

Home phone (include area code) _____

Cell phone (include area code) _____

Email address _____ @ _____

What is the name, address, and phone number of someone close to you (person with TBI) whom we may contact if necessary?

Name _____ Relationship _____

Street _____

City _____ State _____ Zip _____

Home phone (include area code) _____

Cell phone (include area code) _____

Email address _____ @ _____

THAT'S ALL.

THANK YOU!

TRAUMATIC BRAIN INJURY MODEL SYSTEMS NATIONAL CENTER

DATA PROCESSING SCHEDULE

When you are in...	Enter and Submit all** Form I's with model system acute care admission dates between...	Enter and Submit all Form II's with follow-up eval. completion date or follow-up window closing date (for those with no contact) between...	Deadline for data submission to National Data Center	Error reports sent to Model Systems	Corrections from error reports submitted to National Data Center	Quarterly Data Summary Reports sent to Model Systems
2 nd Quarter, 2002	1/1/2002-6/30/2002	1/1/2002-6/30/2002	6/30/2002	7/31/2002	9/30/2002	8/31/2002
3 rd Quarter, 2002	4/1/2002-9/30/2002	4/1/2002-9/30/2002	9/30/2002	10/31/2002	12/31/2002	11/30/2002
4 th Quarter, 2002	7/1/2002-12/31/2002	7/1/2002-12/31/2002	12/31/2002	1/31/2003	3/31/2003	2/28/2003
1 st Quarter, 2003	10/1/2002-3/31/2003	10/1/2002-3/31/2003	3/31/2003	4/30/2003	6/30/2003	5/31/2003*
2 nd Quarter, 2003	1/1/2003-6/30/2003	1/1/2003-6/30/2003	6/30/2003	7/31/2003	9/30/2003	8/31/2003
3 rd Quarter, 2003	4/1/2003-9/30/2003	4/1/2003-9/30/2003	9/30/2003	10/31/2003	12/31/2003	11/30/2003
4 th Quarter, 2003	7/1/2003-12/31/2003	7/1/2003-12/31/2003	12/31/2003	1/31/2004	3/31/2004	2/28/2004
1 st Quarter, 2004	10/1/2003-3/31/2004	10/1/2003-3/31/2004	3/31/2004	4/30/2004	6/30/2004	5/31/2004*
2 nd Quarter, 2004	1/1/2004-6/30/2004	1/1/2004-6/30/2004	6/30/2004	7/31/2004	9/30/2004	8/31/2004
3 rd Quarter, 2004	4/1/2004-9/30/2004	4/1/2004-9/30/2004	9/30/2004	10/31/2004	12/31/2004	11/30/2004
4 th Quarter, 2004	7/1/2004-12/31/2004	7/1/2004-12/31/2004	12/31/2004	1/31/2005	3/31/2005	2/28/2005
1st Quarter, 2005	10/1/2004-3/31/2005	10/1/2004-3/31/2005	3/31/2005	4/30/2005	6/30/2005	5/31/2005*
2nd Quarter, 2005	1/1/2005-6/30/2005	1/1/2005-6/30/2005	6/30/2005	7/31/2005	9/30/2005	8/31/2005
3rd Quarter, 2005	4/1/2005-9/30/2005	4/1/2005-9/30/2005	9/30/2005	10/31/2005	12/31/2005	11/30/2005
4th Quarter, 2005	7/1/2005-12/31/2005	7/1/2005-12/31/2005	12/31/2005	1/31/2006	3/31/2006	2/28/2006

* Annual Data Summary Report

** Data for participants whose discharge information is not available at the time of scheduled submission may be submitted as scheduled and completed at the next submission, or may be held until data are complete and then submitted.

Strategies for reducing your Center's missing data rates In the TBIMS Missing Data Report

1/1/2005

FORM I

*1. Form I cases that are submitted before rehab discharge data can be obtained and entered (e.g., if the person has not yet been discharged) will not be included in the Missing Data Report if V101a:Rehab Discharge Date is left blank.

FORM II

Your Center's Form II missing data rates may be higher than they should be if in any of your follow-ups V201a has been incorrectly coded. Following these instructions for coding V201a will minimize your Center's missing data rates.

1. Enter a follow-up date into V201a only if a follow-up evaluation is done--that is, if data were collected. Don't enter a date if the person or a significant other was contacted but no data were collected. Entering a date causes the Missing Data Report to treat the follow-up as having been submitted with data, and all the data submitted with the follow-up is then included in the calculations of the variables' missing data rates. This increases your missing data rate in all variables (except V20-V201)¹.
2. If you are unable to collect follow-up data from the person and his/her significant others but are able to collect a limited amount of data from other sources such as therapists at your outpatient facility, please do so. In such situations you should code V201a as "07/07/7777=N/A-other" because no follow-up evaluation was done. Entering 07/07/7777 will (correctly) remove this follow-up (with its considerable missing data) from the calculation of your Center's missing data rates. *(Such cases will also not be counted in Quarterly Reports as having been followed-up.)
3. If a follow-up evaluation was done but the exact date of the evaluation is unknown, enter an approximate date into V201a. If instead you enter "09/09/9999=unknown date of evaluation", this will cause all the data from this follow-up to not be counted in the Missing Data Report, and you won't get credit for all the work you've done.

¹ Correctly coding this kind of case-- i.e., entering a missing data code rather than a date into V201a--will cause your follow-up-with-data rate in the Quarterly Report to be a little lower.

TBIMS Missing Data Report by the TBI National Data Center

Calculation of Missing Data Rates

1/1/2005

The TBIMS Missing Data Report (MDR) describes the extent of missing data in important variables during recent data collection¹. The MDR is released twice a year by the TBINDC. Missing data in the first two quarters of the year are covered in the MDR issued in the fourth quarter of that year; missing data in the entire year are covered in the MDR issued in the second quarter of the following year. The lag between submission of cases used in the report and issuing of the MDR allows Centers an extra quarter in which to collect and submit data for those cases. As a result, the missing data rates reported in the MDR better reflect those data that are truly missing, because the report includes little missing data caused by delays in collection and submission².

“Missing data” is defined as blanks and “unknown” (9’s). For each variable with one or more additional missing data codes such as “refused” and “not tested”, a second row is provided with a missing data figure that also includes cases with these codes. These rows are indicated by a “+” sign after the variable name followed by the additional missing data code(s). The following variables have a second row of missing data percents:

○ 111i:ANNUAL EARNINGS	77	Refused
○ 134:ETOH	888	Not tested
○ 135c:INTRACRANIAL CT	8	Not done
○ 192a2:PREMORBID ALCOHOL (1)	7	Refused
○ 192a2:PREMORBID ALCOHOL (2a/b)	77	Refused
○ 192a2:PREMORBID ALCOHOL (3)	77	Refused
○ 192a2:PREMORBID ALCOHOL (4)	77	Refused
○ 211i:ANNUAL EARNINGS	77	Refused

¹ The TBINDC recognizes the request from TBIMS members that the missing data statistics in the user-generated missing data report in each Center’s TBIMS database match the missing data statistics in the MDR. The TBINDC is working on this.

² In the future, cases indicated by centers as having been submitted with temporarily missing data will not be included in that MDR.

- 292a2:ALCOHOL USE (1) 7 Refused
- 292a2:ALCOHOL USE (2a/b) 77 Refused
- 292a2:ALCOHOL USE (3) 77 Refused
- 292a2:ALCOHOL USE (4) 77 Refused
- 292c:INCOME AND SOURCE 77 Refused

The percent of missing data for a given variable is calculated by dividing the number of cases with missing data by the number of cases that have a date of injury (for Form I) or follow-up date (for Form II) within the appropriate time period. Rates of missing data are shown in the MDR if they are 10% or greater.

22n_MDRpt_calculations.041203

MODEL SYSTEMS OF CARE FOR TRAUMATIC BRAIN INJURY

Please answer these questions about the person's situation before the injury. Your answers will help us understand problems related to the injury. All information will be kept confidential. Please answer all questions and be as accurate as possible. If you have any questions please contact us at _____.

Your Name: _____ Date _____ - _____ - _____

Address: _____

Phone Number: (____) _____ Other phone number: (____) _____

Cell phone number: (____) _____ email address: _____

Patient's Name: _____

Your relationship to the patient. Are you the patient's: (CIRCLE ONE)

MOTHER FATHER WIFE HUSBAND BROTHER SISTER SON
DAUGHTER FRIEND GIRL/BOYFRIEND OTHER _____
(PLEASE WRITE IN)

1. What is the patient's date of birth? ____ / ____ / ____
month day year

2. What is the patient's race? (CIRCLE ONE)

WHITE ASIAN/PACIFIC ISLANDER HISPANIC ORIGIN
BLACK NATIVE AMERICAN OTHER _____
(PLEASE WRITE IN)

3. What is the patient's marital status? (CIRCLE ONE)

NEVER MARRIED DIVORCED WIDOWED
MARRIED OR LIVING TOGETHER AT LEAST 7 YEARS SEPARATED OTHER _____
(PLEASE WRITE IN)

4. Before the injury, who was the primary person living with the patient? (CIRCLE ONE)

NO ONE (LIVED ALONE) CHILD 21 YEARS OR OLDER PERSONAL CARE ATTENDANT
WIFE HUSBAND ROOMMATE OTHER _____
PARENT SIGNIFICANT OTHER (PLEASE WRITE IN)
BROTHER/SISTER OTHER PATIENTS
CHILD LESS THAN 21 YEARS OTHER RESIDENTS

5. Before the injury, where was the patient living? (CIRCLE ONE)

PRIVATE RESIDENCE (HOME, APARTMENT, ETC)

REHABILITATION CENTER

NURSING HOME

HOTEL

OTHER HOSPITAL

ADULT HOME

HOMELESS

SUB-ACUTE

CORRECTIONAL

ACUTE CARE HOSPITAL

OTHER _____

(PLEASE WRITE IN)

5a. What is the zip code at the place where the patient was living before the injury? _____

If the patient is now living in a different place, or will be living in a different place after leaving inpatient rehabilitation, what is the zip code there? _____

6. How far has the patient gone in school? If the patient has not graduated from high school, circle the number of years spent in school. If the patient has at least a high school diploma, circle the highest degree earned (or worked toward). (CIRCLE ONE)

1 YR OR LESS

7 YRS

HIGH SCHOOL DIPLOMA

WORK TOWARD BACH., NO DIPLOMA

2 YRS

8 YRS

WORK TOWARD ASSOC., NO DIPLOMA

BACHELOR'S DEGREE

3 YRS

9 YRS

ASSOCIATE DEGREE

WORK TOWARD MASTER'S, NO DIPLOMA

4 YRS

10 YRS

MASTER'S DEGREE

5 YRS

11 YRS/12 YRS, NO DIPLOMA

WORK TOWARD DOCTORAL, NO DIPLOMA

6 YRS

DOCTORAL LEVEL

Did the patient earn a GED (Graduate Equivalent Degree) instead of graduating from high school?

NO YES

7a. Before the injury, what was the patient's employment status? (CIRCLE ALL THAT APPLY)

FULL TIME STUDENT

SPECIAL EMPLOYMENT/SHELTERED WORKSHOP/JOB COACH

PART TIME STUDENT

RETIRED (AGE)

UNEMPLOYED (NOT LOOKING)

SPECIAL EDUCATION

UNEMPLOYED (LOOKING)

HOSPITALIZED (NO PAY)

COMPETITVELY EMPLOYED

VOLUNTEER

RETIRED (OTHER)

TAKING CARE OF HOUSE/FAMILY

RETIRED (DISABILITY)

OTHER _____

(PLEASE WRITE IN)

7b. If the patient was employed before the injury, please list the following:

Type of job (not name of company) prior to injury: _____

Average number of hours worked per week in the month before injury: _____ hrs/week

Number of weeks employed in the year before injury: _____ weeks

Annual earnings of patient (total salary) for the year before injury. (CIRCLE ONE)

(Earnings from work only. Do not include income from non-work sources such as investments, law suits, lottery, etc.)

Not employed	\$30,000-\$39,999	\$70,000-\$79,999
\$9,999 or less (employed)	\$40,000-\$49,999	\$80,000-\$89,999
\$10,000-\$19,999	\$50,000-\$59,999	\$90,000-\$99,999
\$20,000-\$29,999	\$60,000-\$69,999	\$100,000 or more

8. Was the patient ever hospitalized for a brain injury prior to the current hospitalization? **NO** **YES**

If **yes**, please explain: _____

9. During the year before the injury did the patient use any illicit or non-prescription drugs? **NO** **YES**

10. During the month before the injury, did the patient have at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?

NO **YES**

11. During the month before the injury, how many days per week or days per month did he/she drink any alcoholic beverages, on the average?

NUMBER OF DAYS PER WEEK: _____ **OR** **NUMBER OF DAYS PER MONTH:** _____

12. 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 the patient drank, about how many drinks did he/she drink on the average?

NUMBER OF DRINKS ON DAYS WHEN DRANK: _____

13. Considering all types of alcoholic beverages, how many times during the month before the injury did he/she have five or more drinks on an occasion?

NUMBER OF TIMES PER MONTH: _____

14. Was the patient ever incarcerated for conviction of a felony? **NO** **YES**

15. While in school, was the patient ever classified as a special education student?

NO **YES**

THAT'S ALL. THANK YOU.

MODEL SYSTEMS OF CARE FOR TRAUMATIC BRAIN INJURY

Please answer these questions about your situation before the injury. Your answers will help us understand problems related to the injury. All information will be kept confidential. Please answer all questions and be as accurate as possible. If you have any questions please contact us at _____.

Your name: _____ Date ____ - ____ - ____

Best person to contact if we cannot reach you:

Name: _____

Address: _____

Phone Number: (____) _____ Other phone number: (____) _____

Cell phone number: (____) _____ email address: _____

This person's relationship to you. Is the person your: (CIRCLE ONE)

MOTHER FATHER WIFE HUSBAND BROTHER SISTER SON
DAUGHTER FRIEND GIRL/BOYFRIEND OTHER _____
(PLEASE WRITE IN)

1. What is your date of birth? ____ / ____ / ____
month day year

2. What is your race? (CIRCLE ONE)

WHITE ASIAN/PACIFIC ISLANDER HISPANIC ORIGIN
BLACK NATIVE AMERICAN OTHER _____
(PLEASE WRITE IN)

3. What is your marital status? (CIRCLE ONE)

NEVER MARRIED DIVORCED WIDOWED
MARRIED OR LIVING TOGETHER AT LEAST 7 YEARS SEPARATED OTHER _____
(PLEASE WRITE IN)

4. Before the injury, who was the primary person living with you? (CIRCLE ONE)

NO ONE (LIVED ALONE) CHILD 21 YEARS OR OLDER PERSONAL CARE ATTENDANT
WIFE HUSBAND ROOMMATE OTHER _____
PARENT SIGNIFICANT OTHER (PLEASE WRITE IN)
BROTHER/SISTER OTHER PATIENTS
CHILD LESS THAN 21 YEARS OTHER RESIDENTS

5. Before the injury, where were you living? (CIRCLE ONE)

PRIVATE RESIDENCE (HOME, APARTMENT, ETC)

NURSING HOME

ADULT HOME

CORRECTIONAL

HOTEL

HOMELESS

ACUTE CARE HOSPITAL

REHABILITATION CENTER

OTHER HOSPITAL

SUB-ACUTE

OTHER _____

(PLEASE WRITE IN)

5a. What is the zip code at the place where you were living before the injury? _____

If you are now living in a different place, or will be living in a different place after leaving inpatient rehabilitation, what is the zip code there? _____

6. How far have you gone in school? If you have not graduated from high school, circle the number of years spent in school. If you have at least a high school diploma, circle the highest degree earned (or worked toward). (CIRCLE ONE)

1 YR OR LESS

7 YRS

HIGH SCHOOL DIPLOMA

WORK TOWARD BACH., NO DIPLOMA

2 YRS

8 YRS

WORK TOWARD ASSOC., NO DIPLOMA

BACHELOR'S DEGREE

3 YRS

9 YRS

ASSOCIATE DEGREE

WORK TOWARD MASTER'S, NO DIPLOMA

4 YRS

10 YRS

MASTER'S DEGREE

5 YRS

11 YRS/12 YRS, NO DIPLOMA

WORK TOWARD DOCTORAL, NO DIPLOMA

6 YRS

DOCTORAL LEVEL

Did you earn a GED (Graduate Equivalent Degree) instead of graduating from high school?

NO

YES

7a. Before the injury, what was your employment status? (CIRCLE ALL THAT APPLY)

FULL TIME STUDENT

SPECIAL EMPLOYMENT/SHELTERED WORKSHOP/JOB COACH

PART TIME STUDENT

RETIRED (AGE)

UNEMPLOYED (NOT LOOKING)

SPECIAL EDUCATION

UNEMPLOYED (LOOKING)

HOSPITALIZED (NO PAY)

COMPETITVELY EMPLOYED

VOLUNTEER

RETIRED (OTHER)

TAKING CARE OF HOUSE/FAMILY

RETIRED (DISABILITY)

OTHER _____

(PLEASE WRITE IN)

7b. If you were employed before the injury, please list the following:

Type of job (not name of company) prior to injury: _____

Average number of hours worked per week in the month before injury: _____ hrs/week

Number of weeks employed in the year before injury: _____ weeks

Annual earnings (total salary) for the year before injury. (CIRCLE ONE)

(Earnings from work only. Do not include income from non-work sources such as investments, law suits, lottery, etc.)

Not employed	\$30,000-\$39,999	\$70,000-\$79,999
\$9,999 or less (employed)	\$40,000-\$49,999	\$80,000-\$89,999
\$10,000-\$19,999	\$50,000-\$59,999	\$90,000-\$99,999
\$20,000-\$29,999	\$60,000-\$69,999	\$100,000 or more

8. Were you ever hospitalized for a brain injury prior to the current hospitalization? **NO** **YES**

If **yes**, please explain: _____

9. During the year before the injury did you use any illicit or non-prescription drugs? **NO** **YES**

10. 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?

NO **YES**

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

NUMBER OF DAYS PER WEEK: _____ **OR** **NUMBER OF DAYS PER MONTH:** _____

12. 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?

NUMBER OF DRINKS ON DAYS WHEN DRANK: _____

13. 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?

NUMBER OF TIMES PER MONTH: _____

14. Were you ever incarcerated for conviction of a felony? **NO** **YES**

15. While in school, were you ever classified as a special education student? **NO** **YES**

THAT'S ALL. THANK YOU.

28b.Instructions for scoring the GOS-E if “9=Unknown” in some items

1/1/2005

1. There should not be many "9=unknown" answers from a respondent. If there are, then the respondent is probably not sufficiently informed about the person with TBI to be the basis for scoring the GOS-E. If there ARE many “unknown” responses and no better source of information is available, then the overall rating for the GOS-E should be "unknown". Data collectors should use their judgment as to whether there are too many "unknown" responses to allow the GOS-E to accurately indicate the person's level. Confer with your Model System’s data manager if uncertain.
2. For a GOS-E item that the respondent does not provide enough information to score other than “unknown”, the data collector should attempt to infer the score from alternative sources, such as the respondent’s answers to numerically higher GOS-E items, other items in the Form II, and probes asked of the respondent and other persons informed about the person with TBI.
3. If after your best efforts to obtain scores for all items there is still an "unknown" response in any part of a GOS-E item (e.g., 2a, 2b, or 2c) then that entire item (e.g., 2) is not used in determining the GOS-E overall score.
4. Because the TBIMS scoring instructions treat questions 1-8 as hierarchical (i.e., higher numbered questions indicate higher levels of functioning), if responses to a higher-numbered question indicate that the person is functioning at that level, then "unknown" responses to lower items should be disregarded in determining the overall score.
5. If all items above a given item are “unknown”, then the GOS-E overall score is “unknown”. (Because it is not possible to determine the person’s highest level of performance.)
6. If the person has difficulty with the first item above an item that is “unknown”, then the GOS-E overall score is “unknown”. (Because it is not possible to identify the lowest item with which the person has difficulty.)

28b.Instructions for GOSE w unk items.041118

***** This page has instructions for updating your syllabus binders. You do not have to add this page to your syllabus. *****

This appendix is deleted as of version 9.8 (implementation date 1/1/05):

APPENDIX 29: COMMON SEIZURE SYMPTOMS

TO UPDATE A SYLLABUS BINDER:

1. Remove Appendix 29 (Common seizure symptoms) from your syllabus. (Appendix 29 supports V248f, which is deleted as of 1/1/05.)
2. The page after this instructional page in this stack of pages that you printed is the new page for “Common Seizure Symptoms”. This new page is Appendix 39f1. Insert this page into the correct place (following Appendix 39f) in Appendix 39.

COMMON SEIZURE SYMPTOMS

7/6/1999

These may indicate that you have had a seizure:

- ❖ **Fainting or "passing out"**
- ❖ **Can't remember name, or where you are**
- ❖ **Increased stiffness or rigid feeling in body**
- ❖ **Shaking or twitching**
- ❖ **Tongue or cheek bite**
- ❖ **Choking or difficulty swallowing**
- ❖ **Bowel or bladder accident**

39f1.Appendix P.Common seizure symptoms.041119

29a.Common seizure symptoms

VARIABLES NO LONGER COLLECTED BY TBIMS

Number	Name	Date deleted	Comments
	FORM I		
101b	Time of injury101b	1/1/03	
102	Short term interruptions	1/1/03	Collected again starting 4/1/2004
110	Highest grade of school completed	8/20/01	
111f	Job stability: Number of employers	1/1/03	
111g	Job stability: Number of times left a job	1/1/03	
111h	Hourly wage	1/1/03	
113	Monthly employment ratio	7/1/95	
129	Pupils response	1/1/03	
130	Physical examination variables	1/1/03	
130b	Physical examination: Auditory function	1/1/02	
130c	Physical examination: Vision	1/1/03	
130d	Physical examination: Swallowing	1/1/03	
130e	Physical examination: Dynamic balance	4/1/02	
130f	Physical examination: Cerebellar motor coordination	4/1/02	
130g	Physical examination: Muscle tone	4/1/02	
130h	Physical examination: Voluntary muscle strength	4/1/02	
131a	Associated injury: Amputation	1/1/02	
131b	Associated injury: Peripheral nerve injury	1/1/02	
131c	Associated injury: Cranial nerve injury	1/1/03	
131d	Associated injury: Fracture	1/1/03	
131e	Associated injury: Brachial plexus injury	1/1/02	
131f	Associated injury: Intra-abdominal injury	1/1/03	
131g	?		Not on changes list.
131i	Associated injury: Traumatic pneumothorax and/or	1/1/03	

39a.List of deleted variables.041116a

	hemothorax		
133a	Cause of injury	1/1/95	Collected again starting 4/1/96
133c	Seat belt	9/13/94	As of 9/13/94, collected under V184c: Protective Equipment
133d	Helmet/Hardhat	9/13/94	As of 9/13/94, collected under V184c: Protective Equipment
138	Intracranial hemorrhage	10/1/99	
140	Revised Trauma Score: Respiratory rate, capillary refill	1/1/95	
141a,b	Consciousness status	4/1/99	
141c	Date GCS greater than 5	7/1/00	
148a	?		Not on changes list.
148b	Cranial complications: Cerebrospinal fluid leak	1/1/03	
148c	Cranial complications: Extracranial infections	1/1/95	
148d	Cranial complications: Intracranial infections	1/1/03	
148e	Cranial complications: Hydrocephalus/ventriculo-peritoneal shunt	1/1/03	
148f	Cranial complications: Seizures	1/1/03	
148g	Cranial complications: Herniation syndrome	1/1/03	
148i	Cranial complications: Other	1/1/95	
149a	Non-cranial complications: Respiratory failure	1/1/03	
149b	Non-cranial complications: Cardiopulmonary arrest	1/1/03	
149c	Non-cranial complications: Coagulopathy	1/1/03	
149d	Non-cranial complications: hemo/pneumothorax	4/1/99	
149e	Non-cranial complications: pneumonitis/pneumonia	1/1/03	
149f	Non-cranial complications: renal failure	1/1/95	
149g	Non-cranial complications: Septic shock	1/1/03	
149h	Non-cranial complications: Soft tissue infection	1/1/01	
149i	Non-cranial complications: Urinary tract infection	1/1/03	

39a.List of deleted variables.041116a

149j	Non-cranial complications: Deep vein thrombosis	1/1/03	
150a	Neuropsych battery: Galveston Orientation and Amnesia Test (GOAT)	1/1/03	
150b	Neuropsych battery: Multilingual Aphasia Examination Token Test	1/1/03	
150c	Neuropsych battery: Wechsler Memory Scale-Revised Logical Memory	1/1/03	
150d	Neuropsych battery: Wechsler Visual Reproduction Test	1/1/95	
150e	Neuropsych battery: Wechsler Memory Scale-Revised Digit Span	1/1/03	
150f	Neuropsych battery: Wechsler Visual Memory Span Test	1/1/95	
150g	Neuropsych battery: Grooved Pegboard	1/1/03	
150h	Neuropsych battery: Benton Visual Discrimination Test	1/1/03	
150i	Neuropsych battery: WAIS-R Similarities	1/1/95	
150j	Neuropsych battery: Controlled Oral Word Association (COWA)	1/1/03	
150k	Neuropsych battery: Rey Auditory Verbal Learning Test (Rey AVLT)	1/1/03	
150l	Neuropsych battery: Symbol Digit Modalities Test	1/1/03	
150m	Neuropsych battery: Reitan Trail Making	1/1/03	
150n	Neuropsych battery: WAIS R Block Design	1/1/03	
150o	Neuropsych battery: Double Letter Cancellation Test	2/1/94	
150p	Neuropsych battery: Wisconsin Card Sorting Test	1/1/03	
150q	Neuropsych battery: Neurobehavioral Rating Scale	4/1/96	
152:7	FAM: swallowing	7/1/99	
152:13	FAM: car transfers	7/1/99	
152:16	FAM: community access	7/1/99	
152:19	FAM: reading	7/1/99	

152:20	FAM: writing	7/1/99	
152:21	FAM: speech intelligibility	7/1/99	
152:23	FAM: emotional status	7/1/99	
152:24	FAM: adjustment to limitations	7/1/99	
152:25	FAM: employability	7/1/99	
152:28	FAM: orientation	7/1/99	
152:29	FAM: attention	7/1/99	
152:30	FAM: safety judgment	7/1/99	
153	Rancho Los Amigos Scale	1/1/03	
170a	Cranial surgery: Evacuation of epidural hemorrhage	1/1/03	
170b	Cranial surgery: Evacuation of sub-dural hemorrhage	1/1/03	
170c	?		Not on changes list.
170d	?		Not on changes list.
170e	Cranial surgery: Evacuation of traumatic and/or delayed intracerebral hemorrhage	1/1/03	
170f	Cranial surgery: Debridement of frontal contusion	1/1/03	
170g	Cranial surgery: Debridement of temporal contusion	1/1/03	
170h	Cranial surgery: Debridement of other contusions	1/1/03	
170i	Cranial surgery: Reoperation of the same site due to rebleeding	1/1/03	
170j	Cranial surgery: Elevation of depressed skull fracture	1/1/03	
170k	Cranial surgery: Removal of bone flap	1/1/03	
170k2	Cranial surgery: Replacement of bone flap	1/1/95	
170l	Cranial surgery: Use of intracranial pressure monitor (length of time used)	1/1/03	
170m	Cranial surgery: Other	7/1/95	
170n	Non-cranial surgery: Peritoneal lavage	1/1/03	
170o	Non-cranial surgery: Laparotomy	1/1/03	
170p	Non-cranial surgery: Open or closed reduction,	1/1/03	

	internal or external fixation of fracture		
170q	Non-cranial surgery: Thoracotomy	1/1/03	
170r	Non-cranial surgery: Tracheostomy	1/1/03	
170s	Non-cranial surgery: Tube thoracostomy	1/1/03	
170t	Non-cranial surgery: Gastrostomy	1/1/03	
170u	Non-cranial surgery: Jejunostomy	1/1/03	
170v	Non-cranial surgery: Ileostomy	1/1/95	
170w	Non-cranial surgery: Oral or maxillo-mandibulo-facial	1/1/03	
170x	Non-cranial surgery: Other	7/1/95	
172	Service interventions (therapeutic rec, vocational rehab, social service)	7/1/95	
172	Service interventions (minutes of PT,OT,SLP,Psych)	1/1/03	
174	Medications	1/1/01	
180	Date and time of injuyr (EMS)	1/1/95	
181	Glasgow Coma Scale (EMS)	1/1/02	
182	Revised Trauma Score (EMS): Respiratory effort; capillary refill	1/1/95	
182	Revised trauma score (EMS)	1/1/03	
183	EMS fluids & medications	1/1/95	
184a	Mechanism of injury (EMS)	9/13/94	As of 9/13/94, this info is captured in V133.
184b	ICD-9-CM External cause of injury code	9/13/94	As of 9/13/94, this info is captured in V133.
184c	Protective devices (in use by patient at time of injury)	10/1/99	
185	Prehospital care (EMS)	1/1/95	
186	Transport mode (EMS)	4/1/99	
187	Information source (EMS)	1/1/95	
192a1 1)a-f	Drug use: Use of specific drugs	1/1/03	

192a2	Premorbid alcohol use (QFVI)	10/1/99	
192a3	Premorbid alcohol abuse (CAGE)	10/1/99	
192e	Premorbid history of arrests	1/1/03	
192f	Premorbid history of psychiatric problems	1/1/03	
192i(1)	Expelled from school	1/1/03	
192i(2)	Dropped out of school before high school	1/1/03	
192i(4)	Failed to advance to next grade (held back)	1/1/03	
192j	Accuracy of premorbid data	1/1/03	
196	Glasgow Outcome Scale-Extended	1/1/02	
	FORM II		
20Ac	Method of interview data collection-family member/SO	1/1/03	Collected again starting 10/1/03
20Ad	Reason person with brain injury not providing data	1/1/03	Collected again starting 4/1/04
20Ad2	Reason family member/significant other of person with brain injury not providing data	1/1/03	
20Af	Significant other different from previous respondent	1/1/95	
20Ag	Follow-up status	1/1/96	
210	Highest grade of school completed	7/1/01	
211e	Job stability: Employment continuity	1/1/03	
211f	Job stability: Number of employers	1/1/03	
211g	Job stability: Number of time left a job	1/1/03	
211h	Hourly wage	1/1/03	
213	Monthly employment ratio	7/1/95	
230a	?		Not in variable changes list
230b	Physical exam: Auditory function	1/1/02	
230c	Physical exam: Vision	1/1/03	
230d	Physical exam: Swallowing	1/1/03	

39a.List of deleted variables.041116a

230e	Physical exam: Balance	4/1/02	
230f	Physical exam: Cerebellar motor coordination	4/1/02	
230g	Physical exam: Muscle tone	4/1/02	
230h	Physical exam: Voluntary muscle strength	4/1/02	
241	Duration of unconsciousness	1/1/97	
248b	Medical morbidity: Cranial – Cerebrospinal fluid leak	1/1/95	
248c	Medical morbidity: Cranial –Extracranial infections	1/1/95	
248d	Medical morbidity: Cranial – Intracranial infections	1/1/95	
248e	Medical morbidity: Cranial – Hydrocephalus/ ventriculo-peritoneal shunt	10/1/99	
248f	Medical morbidity: Cranial – Seizures	1/1/05	
249j	Medical Morbidity:Non-cranial - Heterotopic Ossification	9/13/94	
250aa	Reason neuropsych battery not administered	1/1/03	
250a	Neuropsych battery: Galveston Orientation and Amnesia Test (GOAT)	1/1/03	
250b	Neuropsych battery: Multilingual Aphasia Examination Token Test	1/1/03	
250c	Neuropsych battery: Wechsler Memory Scale-Revised Logical Memory	1/1/03	
250d	Neuropsych battery: Wechsler Visual Reproduction Test	1/1/95	
250e	Neuropsych battery: Wechsler Memory Scale-Revised Digit Span	1/1/03	
250f	Neuropsych battery: Wechsler Visual Memory Span Test	1/1/95	
250g	Neuropsych battery: Grooved Pegboard	1/1/03	
250h	Neuropsych battery: Benton Visual Discrimination Test	1/1/03	
250i	Neuropsych battery: WAIS - R Similarities	1/1/95	
250j	Neuropsych battery: Controlled Oral Word Association (COWA)	1/1/03	

250k	Neuropsych battery: Rey Auditory Verbal Learning Test (Rey AVLT)	1/1/03	
250l	Neuropsych battery: Symbol Digit Modalities Test	1/1/03	
250m	Neuropsych battery: Reitan Trail Making	1/1/03	
250n	Neuropsych battery: WAIS R Block Design	1/1/03	
250o	Neuropsych battery: Double Letter Cancellation Test	2/1/94	
250p	Neuropsych battery: Wisconsin Card Sorting Test	1/1/03	
250q	Neuropsych battery: Neurobehavioral Rating Scale	4/1/96	
252:7	FAM: swallowing	7/1/99	
252:13	FAM: car transfers	7/1/99	
252:16	FAM: community access	7/1/99	
252:19	FAM: reading	7/1/99	
252:20	FAM: writing	7/1/99	
252:21	FAM: speech intelligibility	7/1/99	
252:23	FAM: emotional status	7/1/99	
252:24	FAM: adjustment to limitations	7/1/99	
252:25	FAM: employability	7/1/99	
252:28	FAM: orientation	7/1/99	
252:29	FAM: attention	7/1/99	
252:30	FAM: safety judgment	7/1/99	
272	Service interventions	7/1/95	
274	Medications	1/1/01	
290	Community Integration Questionnaire (CIQ)	1/1/03	
290a	Respondent to V290	1/1/03	
291	Community Integration Questionnaire	7/1/01	
292a1 1)a-f	Drug use: Use of specific drugs	1/1/03	
292a2	Alcohol use (QFVI)	10/1/99	

39a.List of deleted variables.041116a

292a3	Alcohol abuse: From person with TBI (CAGE)	10/1/99	
292b1	Respondent to 292b	1/1/03	
292c2b	Income and source: Amount received from non-salary sources	1/1/03	
292c1	Respondent to 292c	1/1/03	
292d	Sexuality – from person with TBI	1/1/03	
292e2	Number of arrests	1/1/03	
292e3	Number of arrests drug/alcohol related	1/1/03	
292f1	Respondent to V292f	1/1/03	
292g	Satisfaction with Life Scale. Deleted the “Quality of Life and Health” scale and added the SWLS.	4/1/98	
293a1	Drug use: From family members/significant others	1/1/03	
293a2	Alcohol use: From family members/significant others	1/1/03	
293a3	Alcohol abuse: From family members/significant others	10/1/99	
293b	Transportation: From family members/significant others	7/1/01	
293c	Income and source: From family members/significant others	7/1/01	
293e	Arrests: From family members/significant others	1/1/03	
293f	Psychiatric problems: From family members/significant others	7/1/01	
293g	Satisfaction with Life Scale (SWLS): Self-assessment of family member / significant other.	1/1/03	
294	Neurobehavioral Functioning Inventory, Revised – for person with TBI	1/1/03	
295	Neurobehavioral Functioning Inventory, Revised – family member / significant other	1/1/03	
298	Craig Hospital Inventory of Environmental Factors: Short Form – For person with TBI	1/1/03	
299	Family Assessment Device - For family member / SO	1/1/03	

DETAILED LIST OF SYLLABUS CHANGES COMPLETED IN 4th QUARTER 2004 for 1st QUARTER 2005 (V9.8)

Var/Topic	Date due	Description	Job done?	IVP/Appndx do?	DC form done	DC form do?	DE screen do?	DE screen done	Dbs/E chk do?	Dbs/E chk done	
FORM I											
109	05Q1	Add NOTE how to determine residence if not clear.	X	X	X						
133a	05Q1	Correct the typo in label for code 11 ("assualts" should be "assaults")	X			X	X				
135	05Q1	Add code "08=CT not done" to all items.	X	X	X				X		
135	05Q1	Add prefills for all 135 items	X						X	X	
151	05Q1	Add instructions that distinguish items that are cognitive only vs overall	X			X	X				
192a2	05Q1	Remove function that allows data to be entered from 9.4 and earlier forms. Add warning messages that explain the coding change (7 & 9 codes). Remove NOTE and add to CHARACTERISTICS OF DATA.	X	X	X			X	X	X	X
FORM II											
209	05Q1	Add instruction that code "04=Correct Inst" must be accompanied by code "07/07/7777" in V201a. (Otherwise, the blanks for the case are included in the missing data reports (database awa MDR)).	X	X	X	X	X				
209	05Q1	Add NOTE how to determine residence if not clear.	X	X	X						
210b	05Q1	Add autofill "3" if 210a >11	X					X	X		
212	05Q1	Add autofill "88" if 211a NE (05,08)	X					X	X		
248f	05Q1	Delete IVP in section 13a and add to 39b2.	X	X	X	X	X	X	X		
251	05Q1	Add instructions that distinguish items that are cognitive only vs overall	X			X	X				
273	04Q04	data collection form has a 2 digit field but the database is a single number field	X					X	X		
292a2	05Q1	Remove function that allows data to be entered from 9.4 and earlier forms. Add warning messages that explain the coding change (7 & 9 codes). Add NOTE to this effect.	X	X	X			X	X	X	X
292c	05Q1	In syllabus, change "88=N/A-no salary" to "88=N/A-no income". On dcf, change "N/A-not employed" to "N/A-no income".	X	X	X	X	X				
292g	05Q1	Add to SOURCES a link to the COMBI webpage with references for the SWLS. The COMBI webpage with the desired information is: (http://tbims.org/combi/swls/swlsref.html)	X								
296	05Q1	In 4b, add "9" to "unknown"	X			X	X				
296	05Q1	Add instructions how to code the overall score if one or more items are "unknown".	X	X	X						
296	05Q1	Create new document (28b) with instructions for coding if any items are "unknown"	X	X	X						
296	05Q1	In NOTE, add link to Appendix 28b.	X	X	X						
297	05Q1	Clarify how to code if person is living with	X	X	X						

DETAILED LIST OF SYLLABUS CHANGES COMPLETED IN 4th QUARTER 2004 for 1st QUARTER 2005 (V9.8)

Var/Topic	Date due	Description	Job done?	IVP/Appndx do?	DC form done	DE screen do?	Dbs/E chk do?				
		someone.									
297	05Q1	Add to CHARACTERISTICS OF DATA that the database is handling cases that may have been incorrectly coded 2 instead of 1.	X	X	X						
297	05Q1	Correct the database to handle cases that may have been coded 2 rather than 1.	X							X	X
CONTACT INFO											
	05Q1	Add phone and fax #s for Allison Knotts: phone#: 704.355.9368 fax#: 704.355.9480	X	X	X						
	05Q1	Delete Tiffany Wren from all lists.	X	X	X						
	05Q1	Add Cindy Dunklin to Contact List. Same phone as Tiffany. Email is: CynthiDu@BaylorHealth.edu	X	X	X						
LISTSERVER LISTS											
	05Q1	Add Cindy Dunklin to Health LS list.	X	X	X						
OTHER DOCS											
00a. Table of contents											
00d. Title page	every quarter	Update the version and/or date	X	X	X						
02b. PHI + nonPHI databases	05Q1	Add this document	X	X	X						
03a. Contact Information	every quarter	Update the version and/or date	X	X	X						
03d. Variables by committee	05Q1	Delete v248f.	X	X	X						
03e. Listserv subscribers-by center	every quarter	Update the version and/or date	X	X	X						
03f. Listserv subscribers-by Listserver	every quarter	Update the version and/or date	X	X	X						
03f. Listserv subscribers-by Listserver	05Q1	Correct the title. Should be "03f" rather than "03e".	X	X	X						

DETAILED LIST OF SYLLABUS CHANGES COMPLETED IN 4th QUARTER 2004 for 1st QUARTER 2005 (V9.8)

S	Var/Topic	Date due	Description	Job	IVP/Appndx	DC form	DE screen	DbS/E chk		
				done?	do?	done	do?	done	do?	done
		anytime								
	FAQ	05Q1	Add this feature. Allow users to ask questions.	X	X	X				
	Printing changed pages	05Q1	Have the pdf of changed documents present the documents in the same order as in the "Contents of Live Syllabus" page, so it's easier to get the pages into the binder.	X						
	Public access	05Q1	Allow public access to selected parts of the live syllabus. TBIMS users must now login or else certain sections of the syllabus do not appear.	X						
	ERROR CHECKS									
	V144a	04Q4	In 9.7 added warning message that date emerged from PTA should not be greater than 1yr from date of injury.	X						X X
	V144a	04Q4	In 9.7 added stop to data entry if V144a (Date emerged from PTA) is prior to V130a (Date able to follow simple motor commands).	X						X X

Aspects of Live Syllabus Not for Public Viewing

11/11/2004

Section	Name	Location
	Data boxes	IVP; description on home page
	Variable history	IVP; description on home page
	What's New	Home page
	Now Available	Home page
00e	Participants	Appendix
03	Contact info, various lists of TBIMS people (all documents)	Appendix
06a	Form I variable changes	Appendix
11a	Form II variable changes	Appendix
22g-22o	Data Use Agreement through Quarterly Report Calculations	Appendix
25a	Incarceration databases	App L
32	Notification Policy. (Both docs)	App S
33	Project and Publication Registries (Both docs)	AppT
34	Dissemination Policy	App U
39	Deleted variables & pages	App Z

Live syllabus not public.041123a

New for 1st Quarter 2005

The main changes for this quarter are described below. All changes are listed in “Detailed List of Syllabus Changes” in the “What’s New” window

New features in the live syllabus

- **“Frequently Asked Questions” (FAQ) function added.** The new FAQ will display questions/answers frequently asked about the database. TBIMS members can ask questions via a textbox on the FAQ page. Questions about specific variables will continue to be viewable on the individual variable pages.
- **Public given limited access to live syllabus.** Selected parts of the live syllabus are now available without a password—that is, viewable by the general public. In order to view all aspects of the live syllabus (e.g., variable history box, contact list, etc.) you need to be logged on.
- **Logon/logoff button added.** A logon/logoff button is now available on every page of the live syllabus. It is the last button on the right on the menu bar. You may use this button to “logon” (if you are not logged on) or “logoff” (if you are already logged on). If you should find that you are unable to view all aspects of the live syllabus, check to see if this button shows as “logon”. If it does, then selecting this button and going through the logon procedure will give you access to all sections of the live syllabus.

Changes in variable pages

- The syllabus pages for these variables have been revised: **109, 135, 151, 192a2, 209, 248f (deleted), 292a2, 296, and 297**. For information about these changes, select “Variable History” in the menu bar.

Changes in appendices & documents

- **Inclusion/exclusion criteria.** Revisions approved by the project directors in June have been added.
- **Seizures.** “Appendix 29:Common Seizure Symptoms”, which pertains to the deleted V248f, has been archived in Appendix 39 (deleted documents).
- **List of differences between the PHI vs. non-PHI databases.** A list of the differences between the PHI database and the non-PHI TBIMS database, both available from the TBINDC, has been added as section 02b in Appendix 2.
- **Data Processing Schedule.** A note has been added to the Data Processing Schedule (document 22c) that incomplete Form I’s may either be submitted with missing data or held for submission until data are complete.
- **Missing Data Report.** A note has been added to document 22i (“Improve Your Missing Data Rates”) that if a Form I is submitted before rehab discharge data for the patient are available (e.g., if the patient has not yet been discharged), if you leave V101a5 (rehab discharge date) blank the case will be excluded from the Missing Data Reports, thereby not inflating your center’s missing data statistics.

Partial list of changes to data entry screens & database

- **Autofills.** Starting with version 9.8 of the database, there will be an autofill for most items in V135 (Intracranial CT Diagnosis). Also, V210b (GED) will autofill with “3” if V210a (Education) > 11. V212 (Census Occupational Category) will autofill with “88” if V211a (Employment Status) is not “05” or “08”.
- **Revert to manual handling of reversed missing data codes in alcohol variables on old data collection forms.** The automatic feature in last quarter’s database for handling the reversed “7” and “9” codes in data collection forms prior to V9.5 has been discontinued, due to the complexity it added to managing the database and to decreased demand for this feature now that data from these earlier forms is less active. However, warning messages have been added to the database in order to alert persons

who are working with alcohol data from forms 9.4 and earlier that in the database these codes are reversed.

- **Change in the time period covered by the database report “Window Closed Before this Quarter, Follow-up Not Yet Entered”.** At present, this report lists cases whose data collection window closed 90 days or more prior to the date that the user runs the report, and which have not yet been entered into the database. The new version of this report will list cases whose window closed in the *prior calendar quarter* and have not yet been entered into the database. The advantage of this change is that all cases due for submission in the current quarter will be listed if they have not yet been entered into the database. This provides the user with a comprehensive “to do” list of cases still to be entered in the current quarter, regardless of the point in time within the quarter that the report is run. (Cases on this list that are not submitted in the current quarter will be listed as “overdue” in the Quarterly Report.)

Whats new 9.8.041203