

**Traumatic Brain Injury Model Systems
Live Syllabus**

**Revised Syllabus Pages
for Third Quarter 2005**

Compiled and Distributed by the

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

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LIVE SYLLABUS

HOURS OF PAID COMPETITIVE EMPLOYMENT

Variable 111b

Date of last revision: 07/01/05

DEFINITION:

Average number of hours per week usually worked at all paid competitive jobs (minimum wage or greater) in the month prior to injury

CODE:

?? Hours per week
888 NA-not currently competitively employed
999 Unknown

CHARACTERS:

3 numeric

NOTE:

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

Code actual number of hours per week **only** for those cases coded 05 (competitively employed) in either the primary or secondary status of variable 111a (employment status), otherwise this variable must be coded 88.

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

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

CHARACTERISTICS OF DATA:

*When missing data codes were changed from 88 and 99 to 888 and 999 (4/1/05), the TBINDC changed all 88 and 99 codes in the database to 888 and 999. (There were almost no other codes in the 80-100hr/wk range.)

EXAMPLE:

Patient was employed 37.5 hours per week.

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VARIABLE HISTORY:

Date of last Revision	Description
2005-07-01	Added to CHARACTERISTICS OF DATA that the TBINDC changed all 88 and 99 codes in the database to 888 and 999 when the missing data codes were changed (4/1/05) from 88 and 99 to 888 and 999.
2005-04-01	Changed missing data codes 88 and 99 to 888 and 999.
2005-04-01	Deleted missing data code 66=variable did not exist. (Variable has always existed.)
2005-04-01	Changed field width from 2 characters to 3.
2002-07-01	Changed code 88 to "not currently competitively employed".
2002-04-01	Added "not competitively employed" to code "88=NA".
2002-01-01	Clarified instruction to code this variable if "05=competitive employment" is coded for either the primary or secondary status of V111a.
2001-08-20	Added CODE "66=Variable did not exist".
2001-07-01	In DEFINITION, added "usually worked at all" prior to "paid competitive".
2001-07-01	In DEFINITION, replaced "employment" with "jobs".

Date of last Revision	Description
2001-07-01	In DEFINITION, replaced "at time of injury" with "in the month prior to injury".
1999-04-02	Added NOTE regarding hours for more than one job.
1998-09-01	Added NOTE regarding coding hours greater than 98.
1995-07-01	Added note clarifying when to code variable in relationship to variable V111a.

PREMORBID CONDITIONS

Variable 122

Date of last revision: 07/01/05

DEFINITION:

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

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

CODE:

- 1 No
- 2 Yes
- 9 Unknown

CHARACTERS:

- 1 numeric

VARIABLE HISTORY:

Date of last Revision	Description
2005-07-01	Variable added to database.

PREMORBID LIMITATIONS

Variable 123

Date of last revision: 07/01/05

DEFINITION:

The purpose of this variable is to help determine the preinjury functional level of the Model System participant. This variable was taken from the wording of the Long Form of the 2000 Census, which asks about current function. To meet our needs, this question was revised to ask specifically about the patient's difficulty in doing the following activities due to a physical, mental, or emotional condition that has been present for at least 6 months:

- a. Learning, remembering, or concentrating
- b. Dressing, bathing, or getting around inside the home
- c. Going outside the home alone to shop or visit a doctor's office
- d. Working at a job or business

CODE:

- 1 No
- 2 Yes
- 9 Unknown

CHARACTERS:

- 1 numeric

VARIABLE HISTORY:

Date of last Revision	Description
2005-07-01	Variable added to database.

ETOH BLOOD LEVEL AT INJURY

Variable 134

Date of last revision: 07/01/05

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:

Some of our acute hospitals do not collect (or record) this information. Some report only positive or negative. In 2003, the overall TBIMS missing data rate was 25% and 10 Model Systems had difficulty obtaining this information (10% or more missing data). In 2004 the missing data rate was 28% and 11 MS's had 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
2005-07-01	Added more information to CHARACTERISTICS about across-center variation in availability of data.
1999-04-01	Added NOTE regarding use of first available ED BAL data.
1998-09-01	Clarified measurement as "milligrams" not "micrograms".

VARIABLE HISTORY:

Date of last Revision	Description
2005-04-01	Added code "9=unknown if pathology" to all items in sections B2 through B6.
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.

GLASGOW COMA SCALE

Variable 139

Date of last revision: 07/01/05

DEFINITION:

Glasgow Coma Scale scores on admission to Model System emergency department.

CODE:

A. Eye Opening Response:

- 4 Spontaneous
- 3 To Voice
- 2 To Pain
- 1 None
- 7 Patient chemically paralyzed or in chemically-induced coma for treatment purposes*sedated
- 9 Unknown eye opening response

B. Best Verbal Response:

- 5 Oriented
- 4 Confused
- 3 Inappropriate Speech
- 2 Incomprehensible Sounds
- 1 None
- 7 Patient chemically paralyzed or in chemically-induced coma for treatment purposes*sedated
- 8 Patient intubated at time of scoring
- 9 Unknown verbal response

C. Best Motor Response:

- 6 Obeys Commands
- 5 Localizes Pain
- 4 Withdraws from Pain
- 3 Flexion to Pain
- 2 Extension to Pain
- 1 None
- 7 Patient chemically paralyzed or in chemically-induced coma for treatment purposes*sedated
- 9 Unknown motor response

D. Total GCS Score - add eye opening response, verbal response, and motor response. Add preceding zero to Total if single-digit.

- 77 Patient chemically paralyzed or in chemically-induced coma for treatment purposes*sedated
- 88 Patient intubated at time of scoring
- 99 Unknown Total GCS score

CHARACTERS:

- 2 numeric
- 1 numeric

NOTE:

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

If patient is in barbiturate coma or paralyzed by use of Pavalin at the time of assessment, record individual items as 7 and total as 77. The coma or paralysis must be induced by medical personnel and not by patient. *Other medications indicating sedation include midazolam (VERSED), lorazepam (ATIVAN), vecuronium (NORCURON), and pentobarbital (NEMBUTAL).

Only code "chemically induced coma" with neuromuscular blocking agents or barbiturates.

If patient is intubated at the time of assessment, record the verbal score as 8 and the total score as 88. For the purposes of analysis, these cases will not be included unless specified for recoding during analysis.

If patient is intubated and in chemically-induced coma or paralysis, code 8 for verbal response and 7's for eye opening, motor response and total GCS.

CHARACTERISTICS OF DATA:

In the days that we were collecting 3 GCSs (highest, lowest, admit), there was the option of using 1 GCS for the other 2 GCSs if they were missing. A cursory check suggests that this was not done consistently.

SOURCE:

Teasdale G, Jennett B (1976) Assessment and Prognosis of Coma After Head Injury, Acta Neurochir 34, 45-55. *For an abstract of this article, see: PubMed:Teasdale et al (1976) (http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=961490).

EXAMPLE:

On admission to the Model System emergency department, patient was intubated. The patient had no eye opening or motor responses and made incomprehensible noises.

Eye Opening 1
 Verbal Response 8
 Motor Response 1
 Total 88

VARIABLE HISTORY:

Date of last Revision	Description
2005-07-01	Added to CHARACTERISTICS OF DATA that blanks GCS's were not always filled in with one of the other GCS's.
2004-04-01	Added "sedated" to reasons for coding "7".
2004-04-01	Added list of sedatives in NOTES.
2004-04-01	Added link to PubMed.
2003-01-01	Deleted "highest score" and "lowest score" for variables 139a-d and all related instructions.
1999-10-01	Corrected reference from "for EMS contact" to "first EMS contact".
1999-10-01	Further clarified note which stated for highest and lowest score can use model system EMS and ED GCS.
1999-07-01	Revised definition for highest and lowest scores to be within 24 hours following first EMS contact.
1999-04-01	Added clarification that GCS at ED is Model System ED.
1999-04-01	Added NOTE regarding determining highest and lowest GCS scores when patient is chemically paralyzed and/or intubated.
1999-01-01	Added NOTE regarding chemical paralysis.
1996-04-01	Changed codes for patient intubated from "T" and "TT" to "8" and "88".
1995-07-01	Highest/lowest now collected within 24 hours of injury; this includes EMS and initial ED score.
1995-07-01	Added CODE 7 for individual items and 77 for total = "chemically induced coma or paralysis".
1995-07-01	Added CODES T=intubated for verbal item and TT=intubated for total.
1995-07-01	Dropped eye swelling and intubation items.
1995-01-01	Dropped 88 and 8=Not applicable codes.
1994-02-01	Added NOTES to clarify which GCS scores to use.
1994-02-01	Changed example to match definitions and be clearer.

METHOD OF PTA DETERMINATION

Variable 144b

Date of last revision: 07/01/05

DEFINITION:

Specification of whether PTA was recognized during data collection through (1) Chart Review, (2) GOAT, *(3) GOAT-R, or *(4) O-Log. N/A code to be used when PTA has not been determined.

CODE:

0 Variable did not exist
1 Chart Review
2 GOAT
*3 GOAT-R
*4 O-log
8 Not Applicable (N/A)

CHARACTERS:

1 numeric

NOTE:

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

EXAMPLE:

PTA documented through chart review, according to the criteria for variable 144a.

Code 1

VARIABLE HISTORY:

Date of last Revision	Description
2005-07-01	Added NOTE that there is no code for "unknown" because this should never be unknown.
2002-01-01	Added GOAT-R and O-Log to DEFINITION.
2001-10-01	Added codes "3=GOAT-R" and "4=O-log".
2001-08-20	Removed code "0=Var didn't exist" from Form I.
2001-08-20	Added code "0=Variable did not exist".
2001-01-01	New variable added to TBIMS V4.5 (7/1/2000).
2001-01-01	N/A code added to TBIMS V5.0.

QUESTIONS AND ANSWERS:

QUESTION:	Why isn't there an "unknown" code? 07-01-2005
ANSWER:	This variable should never be unknowable. 07-01-2005

HOURS OF PAID COMPETITIVE EMPLOYMENT

Variable 211b

Date of last revision: 07/01/05

DEFINITION:

Average number of hours per week usually worked in all paid competitive jobs (minimum wage or greater) in the month prior to evaluation.

CODE:

?? Hours per week
888 NA-not currently competitively employed
999 Unknown

CHARACTERS:

3 numeric

NOTE:

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

Code actual number of hours per week **only** for those cases coded 05 (competitively employed) in V211a (employment status), otherwise this variable must be coded 88.

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

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

Skip this question if the person is not currently competitively employed.

CHARACTERISTICS OF DATA:

*When missing data codes were changed from 88 and 99 to 888 and 999 (4/1/05), the TBINDC changed all 88 and 99 codes in the database to 888 and 999. (There were almost no other codes in the 80-100hr/wk range.)

EXAMPLE:

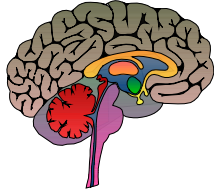
Patient was employed 37.5 hours per week.

38

VARIABLE HISTORY:

Date of last Revision	Description
2005-07-01	Added to CHARACTERISTICS OF DATA that the TBINDC changed all 88 and 99 codes in the database to 888 and 999 when the missing data codes were changed (4/1/05) from 88 and 99 to 888 and 999.
2005-04-01	Changed missing data codes 88 and 99 to 888 and 999.
2005-04-01	Deleted missing data code 66=variable did not exist. (Variable has always existed.)
2005-04-01	Changed number of characters from 2 to 3.
2004-07-01	Deleted references to primary and secondary employment status.
2004-07-01	Deleted references to "annual" evaluation.
2002-07-01	Added "currently" to code "8=NA".
2002-07-01	Added instruction to skip this question if the person is not currently competitively employed.
2002-04-01	Added "not competitively employed" to code "8=NA".
2002-01-01	Clarified instruction to code this variable if "05=competitive employment" is coded for either the primary or secondary status of V211a.
2001-08-20	Added code "66=Variable did not exist".

Date of last Revision	Description
2001-07-01	In the definition, added “usually worked in all” prior to “paid competitive”; replaced “employment” with “jobs”; added “in the month prior to the” before “annual evaluation”.
1999-04-02	Added note regarding coding hours greater than 98 and hours for more than one job.
1996-11-01	Corrected note.
1995-07-01	Added note clarifying when to code variable in relationship to variable V211a.
1994-08-19	Removed note regarding collecting data from subject and SO.



TRAUMATIC BRAIN INJURY MODEL SYSTEMS NATIONAL DATABASE SYLLABUS

**Funded by the National Institute on
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TRAUMATIC BRAIN INJURY MODEL SYSTEMS NATIONAL DATA BASE SYLLABUS

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TBI Model System of Mississippi
Tbi Model Systems National Data Center
Northern California TBI Model System

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Tamara Bushnik, Ph.D.	Northern California TBI Model System
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Sureyya Dikmen, Ph.D.	University of Washington Traumatic Brain Injury Model System
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Cindy Harrison-Felix, Ph.D.	Rocky Mountain Regional Brain Injury System
Tessa Hart, Ph.D.	Moss TBI Model System
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TRAUMATIC BRAIN INJURY MODEL SYSTEMS
DATA COLLECTION FORM FOR INITIAL HOSPITALIZATION AND REHABILITATION - FORM I
Use for cases first admitted to System acute hospital 7/1/2005 or later, until replaced by a newer Form I.

100. SYSTEM/SUBJECT ID:

ENTER INTO DATABASE 10.0

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

122. PREMORBID CONDITIONS

At the time of injury did the patient have any of these following long-lasting conditions?

a. Blindness, deafness, or a severe vision or hearing impairment. 1=No 2=Yes 9=Unknown

b. A condition that substantially limited one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying. 1=No 2=Yes 9=Unknown

123. PREMORBID LIMITATIONS

At the time of injury was the patient having difficulty doing any of the following activities due to a physical, mental, or emotional condition that had been present for at least 6 months?

a. Learning, remembering, or concentrating 1=No 2=Yes 9=Unknown

b. Dressing, bathing, or getting around inside the home 1=No 2=Yes 9=Unknown

c. Going outside the home alone to shop or visit a doctor's office 1=No 2=Yes 9=Unknown

d. Working at a job or business 1=No 2=Yes 9=Unknown

**TRAUMATIC BRAIN INJURY MODEL SYSTEMS
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100. SYSTEM/SUBJECT ID:

ENTER INTO DATABASE **10.0**

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.*

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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
DATA COLLECTION FORM FOR INITIAL HOSPITALIZATION AND REHABILITATION - FORM I
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100. SYSTEM/SUBJECT ID: ENTER INTO DATABASE 10.0

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 ***

GUIDELINES FOR COLLECTION OF FOLLOW-UP DATA

7/1/2005

1. For the first year of follow-up, data collection should occur within 2 months before to 2 months after the anniversary date of the injury. For follow-up year 2, data collection should occur within 3 months before to 3 months after the anniversary date of the injury. For follow-up years 5 and thereafter, data collection should occur within 6 months before to 6 months after the anniversary date of the injury.
2. Follow-up should be attempted according to TBIMS schedule for every participant (person with TBI) for whom a Form I (initial hospitalization and rehabilitation) was submitted, unless the participant expires or refuses to continue participation.
3. The primary source of information for the annual follow-up should be the participant. In all cases, the participant is interviewed to complete the questions to be asked specifically of the participant or specifically of the "best source".
4. If the participant does not or cannot respond to certain "best source" questions, then the person who knows the participant best--either a professional caregiver or significant other--becomes the participant proxy and can answer for the participant. The proxy cannot provide information for item V292g: SATISFACTION WITH LIFE. A "significant other" is someone who knows the participant well and is available, able, and willing to answer questions reliably about that individual's daily life. This person is typically a family member, but is not required to be related to the participant or live with that person. A significant other can be a non-traditional person such as a nurse at the SNF where the person resides, a legal/public guardian, a roommate, etc. The significant other knows the participant sufficiently well to answer the questions accurately. The significant other may qualify to answer some questions but not others. Those questions the significant other cannot answer reliably are coded as "unknown".
5. If a participant expires during initial inpatient rehabilitation, no Form II is to be completed.
6. If a participant expires during any follow-up year, a Form II should be submitted. However, only items V200, V20Aa, V20Ab, V20Ac, V20Ad, V20Ae and V201 are to be completed. All other items are left blank. Thereafter, no additional Form II forms are submitted.
7. If a participant withdraws authorization to use his/her data (i.e., definitive refusal to continue participation) during any follow-up year, a Form II should be submitted indicating that he/she withdrew authorization (enter code 05/05/5555 into the first part of V201). Only items V200, V20Aa, V20Ab, V20Ac, V20Ad, V20Ae, and V201 are to be completed. All other items are left blank. Thereafter, no additional Form II forms are to be submitted unless the participant agrees to again participate. In this situation, submit a Form II form for the follow-up year in which the participant again agreed to participate, and submit Form IIs without data (except V200, V20's, and V201) for the interim years in which no Form IIs had been submitted due to refusal.
8. Submit a Form II but do not collect follow-up data from subjects who are incarcerated at the time of follow-up. If an appropriate significant other is available, collect variables V200, V20Aa, V20Ab, V20Ac, V20Ad, V20Ae, V201, V207, V208, V209, *V209a,

V210*(a,b), V211*(a-i), V212, V221, and V273 from that individual. *If no significant other is available, code “unknown” for variables 207, *209, 209a, 210*(a,b), 211*(a-i), 212, 221, and 273. All other variables are to be left blank. Variable V201a:FOLLOW-UP EVALUATION DATE is to be coded “07/07/7777= N/A-other”. Variable V209:RESIDENCE is coded “4=correctional institution”. Variable V208:PRIMARY PERSON LIVING WITH is coded 77=other.

9. No data in the TBIMS dataset must be collected only from a significant other. Therefore, a significant other needs to be interviewed only if needed information cannot be obtained from the participant.
10. For expired subjects, Living Status (V20Aa) and Dates (V201a:FOLLOW-UP EVALUATION DATE; V201b:DATE OF DEATH) may be collected at any time. These variables may be submitted in any quarter. If the quarter in which this information is submitted is not within a data collection window for the subject, then “follow-up year” (last 2 digits of V200) is coded as the year of the next follow-up that would have been due for the person.
11. Follow-up evaluations that have not been completed by the time the data collection window closes are to be completed as soon as possible. Data from such evaluations must not be submitted if collected more than two weeks after the window closes.
12. Missing data may not be filled in using data obtained outside the follow-up window. Data collected outside the follow-up window may not be added to Form II’s that were originally submitted without data.

Follow-up Years:

1. Every living participant for whom a Form I was submitted, other than those who are incarcerated or have previously withdrawn authorization to use their data, should complete the annual follow-up evaluation (Form II) for all follow-up years (1, 2, 5, and every 5th year thereafter). This evaluation consists of all data items in the Form II.
2. If in-person contact with the participant is not feasible, he/she should be contacted by phone to complete all data items in the Form II .
3. An appropriate significant other should be contacted by phone to complete any “best source” questions for which the participant failed to provide an adequate answer.
4. If phone contact with the participant is not possible, all “best source” information should be collected from a significant other by phone. The participant should be sent the “person with TBI only” item (V292g:SATISFACTION WITH LIFE) by mail with a self-addressed return envelope.
5. If phone contact with the participant and significant others is not successful, the participant should be mailed the Form II with appropriate instructions for self-administration, with a self-addressed return envelope.

6. If adequate data are not obtained from the participant by mailout, the Form II with appropriate instructions for self-administration should be mailed to the significant other, with a self-addressed return envelope
7. If no form of contact is successful with either the participant or a significant other, a Form II is to be submitted with only items V200, V20Aa, V20Ab, V20Ac, V20Ad, V20Ae and V201 completed. All other items are left blank.

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) 7/1/05 or later, until replaced by a newer Form II

200. SYSTEM/SUBJECT ID: - - **ENTER INTO DATABASE 10.0**

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 (including incarcerated)
 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 V10.0.050615
 1

TRAUMATIC BRAIN INJURY MODEL SYSTEMS

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

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200. SYSTEM/SUBJECT ID: - - **ENTER INTO DATABASE 10.0**

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.)

- 888=N/A-nt currently comp. employed
999=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 1st employment

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) 7/1/05 or later, until replaced by a newer Form II

200. SYSTEM/SUBJECT ID: - - **ENTER INTO DATABASE 10.0**

212. CENSUS OCCUPATIONAL CATEGORY:

(Enter data if V211a=05 or 08, otherwise code 88)

- | | | |
|---------------------------|--------------------------------------|--|
| 01=Exec/Admin/Manager | 06=Private household | 11=Machine Operators/Assemblers/Inspectors |
| 02=Professional specialty | 07=Protective services | 12=Transportation/Material Moving |
| 03=Technicians/support | 08=Service, other | 13=Handlers/Equip Cleaner/Helpers/Laborers |
| 04=Sales | 09=Farm/Forest/Fish | 14=Military |
| 05=Adm support/Clerical | 10=Precision Production/Craft/Repair | 88=N/A |
| | | 99= Unknown |

CLINICAL ASSESSMENTS

221. DATE OF SUBSEQUENT TRAUMATIC BRAIN INJURY:

M M Y Y Y Y

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

77/7777=had subsequent TBI date unknown
88/8888=no subsequent TBI

99/9999=unknown if subsequent TBI

QUESTIONS FOR BEST SOURCE

251. DISABILITY RATING SCALE:

1. Eye Opening.....	<input type="text"/>	0=Spontaneous 1=To Speech	2=To Pain 3=None	9=Unknown
2. Communication Ability.....	<input type="text"/>	0=Oriented 1=Confused	2=Inappropriate 3=Incomprehensible	4=None 9=Unknown
3. Motor Response	<input type="text"/>	0=Obeying 1=Localizing	2=Withdrawing 3=Flexing	4=Extending 5=None 9=Unknown
4. Feeding	<input type="text"/>	0.0=Complete 0.5=Btw Complete/Partial 1.0=Partial	1.5=Btw Partial/Minimal 2.0=Minimal 2.5=Btw Minimal/None	3.0=None 9.9=Unknown
5. Toileting	<input type="text"/>			
6. Grooming	<input type="text"/>			
7. Level of Functioning	<input type="text"/> . <input type="text"/>	0.0=Completely Independent 0.5=Btw Comp. Indep/Spec Environ 1.0=Indep in Special Environment 1.5=Btw Spec Envir/Mild Dependent 2.0=Mildly Dependent 2.5=Btw Mild Dep/Mod Dependent	3.0=Moderately Dependent 3.5=Btw Mod Dep/Mark Dependent 4.0=Markedly Dependent 4.5=Btw Mark Dep/Tot Dependent 5.0=Totally Dependent 9.9=Unknown	
8. "Employability"	<input type="text"/> . <input type="text"/>	0.0=Not Restricted 0.5=Btw not restricted/Selected jobs 1.0=Selected Jobs/Competitive 1.5=Btw selected jobs/sheltered wkshp	2.0=Sheltered Workshop/Non-competitive 2.5=Btw Sheltered/Not Employable 3.0=Not Employable 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 ANNUAL FOLLOW-UP EVALUATION – **FORM II**

Use for cases with follow-up completion date or window closing date (if no contact) 7/1/05 or later, until replaced by a newer Form II

200. SYSTEM/SUBJECT ID: - - **ENTER INTO DATABASE 10.0**

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) 7/1/05 or later, until replaced by a newer Form II

200. SYSTEM/SUBJECT ID: - - **ENTER INTO DATABASE 10.0**

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) 05=Orthopedic
- 01=Seizures 06=General Health Maintenance or OB/GYN
- 02=Neurologic disorder (non-seizure) 07=Other not specified above
- 03=Psychiatric 08=NA-no rehospitalizations or no further rehospitalizations
- 04=Infectious 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) 7/1/05 or later, until replaced by a newer Form II

200. SYSTEM/SUBJECT ID: - - **ENTER INTO DATABASE 10.0**

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) 7/1/05 or later, until replaced by a newer Form II

200. SYSTEM/SUBJECT ID: - - **ENTER INTO DATABASE 10.0**

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) 7/1/05 or later, until replaced by a newer Form II

200. SYSTEM/SUBJECT ID: - - **ENTER INTO DATABASE 10.0**

292f. PSYCHIATRIC PROBLEMS:

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

<input type="text"/>	1=No	2=Yes	9=Unk
<input type="text"/>			

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!

Data Submission Form

Enrollment Benchmark Data & Data for Planning Committee¹

Please provide the following information about patients admitted to your TBIMS inpatient rehabilitation facility(ies) during the quarter indicated at the top of this page. Fill out and submit this form during the quarter *after* the quarter indicated. (In order to ensure that your counts are complete).

ADMISSIONS

*Number of TBI admissions to your TBIMS inpatient rehab facility(ies) during the indicated quarter. _____

Number of these admissions that met TBIMS inclusion criteria. _____

*Number of these admissions that did not meet TBIMS inclusion criteria. _____

Number of TBI admissions that did not meet inclusion criteria for each of the following reasons. Assign only one reason to each person. If more than one reason applies, select the reason nearest to the top of this list.

- 1) Too mild a TBI _____
- 2) Too young _____
- 3) From non-TBIMS acute hospital _____
- 4) Ineligible due to transfer issues _____
- 5) Admitted to TBIMS acute hospital >72 hours post injury _____
- 6) Discharged home before admitted to TBIMS acute rehab _____
- 7) Other reasons. *Specify each reason and enter the number of ptns with that reason.*

	Number: _____
	Number: _____
	Number: _____
	Number: _____

ENROLLMENT FOR CORE TBIMS DATA COLLECTION *Do not include patients enrolled only for local projects.*

Number enrolled (consented) during the indicated quarter _____

Number of eligible patients who were not consented _____.

¹ * = Variables temporarily collected for the Planning Committee.



How many eligible patients were not consented for each of the following reasons? Count only one reason per patient. If more than one reason applies, select the main reason (in the judgement of the person who made contact with the patient/significant other).

1) Refused. _____

Indicate the number of refusals due to each of the following reasons. For each person, count only one reason for refusal. If more than one reason applies, select the main reason (in the judgement of the person to whom the person/significant other refused).

- a) *Not interested in research _____
- b) *Not able to contact _____
- c) *Wants to put it behind him/her _____
- d) *Did not like hospital _____
- e) *Attorney advised/legal issues _____
- f) *Confidentiality issues _____
- g) *TBI not severe enough _____
- h) *Family member concern _____
- i) *Paperwork _____
- j) *Doesn't want to be bothered _____
- k) *Language barrier _____
- l) *Unknown reason _____
- m) *Other reasons. *List each reason and the number of ptns for which it is the main reason.*
 _____ Number: _____
 _____ Number: _____
 _____ Number: _____

2) Foreign language _____

3) Left against medical advice (AMA) _____

4) Not consentable and no SO/family member available _____

5) Not approached _____

6) Transferred out of Model System _____

7) Died _____

8) Discharged early _____

9) Consent still pending _____

10) Other reasons. *List each reason and number of ptns for which it is the main reason.*

- _____ Number: _____
- _____ Number: _____
- _____ Number: _____

Number consented in the indicated quarter that had been pending at the end of the prior quarter. _____



Follow-Up Strategies Sources

1. Never Say Lost: A Practical Guide for Maintaining Participant Follow-Up in Clinical Trials, 3rd edition. Pittsburgh, PA: National Surgical Adjuvant Breast and Bowel Project, Operations Center. Available as a pdf document at http://www.nsabp.pitt.edu/Never_Say_Lost.htm.

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)

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 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

6b. Did the patient earn a GED (Graduate Equivalent Degree) instead of graduating from high school?

NO YES

7. At the time of injury did the patient have any of the following long-lasting conditions?

a. Blindness, deafness, or a severe vision or hearing impairment. NO YES

b. A condition that substantially limited one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying. NO YES

8. At the time of injury was the patient having difficulty doing any of the following activities due to a physical, mental, or emotional condition that had been present for at least 6 months?

a. Learning, remembering, or concentrating. NO YES

b. Dressing, bathing, or getting around inside the home. NO YES

c. Going outside the home alone to shop or visit a doctor's office. NO YES

d. Working at a job or business. NO YES

9a. 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) |

9b. 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

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

If yes, please explain: _____

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

12. 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

13. 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: _____

14. 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:_____

15. 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:_____

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

17. While in school, was the patient ever classified as a special education student? **NO** **YES**

THAT'S ALL. THANK YOU.

DETAILED LIST OF SYLLABUS CHANGES COMPLETED IN 2nd QUARTER 2005 for 3rd QUARTER 2005 (V10.0)

Var/Topic	Date due	Description	Job done?	IVP/Appndx do?	DC form done	DE screen do?	DE screen done	DBS/E chk do?	DBS/E chk done
FORM I									
V111b	05Q3	Add note: When missing data codes were changed from 88 and 99 to 888 and 999, the TBINDC changed all the 88 and 99 codes in the database to 888 and 999.	X	X	X				
V122(a,b)	05Q3	Add premorbid condition variables. Create new syllabus page.	X	X	X	X	X	X	X
V123(a-d)	05Q3	Add premorbid limitations variables. Create new syllabus page.	X	X	X	X	X	X	X
V134	05Q3	On dcf, change "millig" to "milligrams"	X			X	X		
V134	05Q3	Add more information about across-center variation in availability of information needed for this variable..	X	X	X				
V139	05Q3	Add to CHARACTERISTICS OF DATA window: "In the days that we were collecting 3 GCSs (highest, lowest, admit), there was the option of using 1 GCS for the other 2 GCSs if they were missing. But, a cursory review of the database indicates that this was not done consistently."	X	X	X				
144b	05Q3	Add note that there is no code for "unknown" because this should never be unknowable.	X	X	X				
FORM II									
V211b	05Q3	Fix datas entry screen so can enter 999.	X				X	X	
V211b	05Q3	Add to CHARACTERISTICS OF DATA: When missing data codes were changed from 88 and 99 to 888 and 999, the TBINDC changed all the 88 and 99 codes in the database to 888 and 999.	X	X	X				
V211c	05Q3	Change the label for code 09/09/9999 from "evaluation" to "1 st employment"	X			X	X		
CONTACT INFO									
	05Q3	Add Jonathan Dobres, TBIMS Research Assistant, at Spaulding	X	X	X				
LISTSERV ER LISTS									
	05Q3	Jonathan Dobres, TBIMS Research Assistant, at Spaulding added to the Data Listserve.	X						
OTHER DOCS									
00e.Participants	05Q3	Change UT/Baylor to "Institute FOR rehabilitation" rather than OF.	X	X	X				
09c.Guidelines forFUP	05Q3	Add instruction that for incarcerated subjects with no SO, variables 207, 209a, 210, 211, 212,	X	X	X				

DETAILED LIST OF SYLLABUS CHANGES COMPLETED IN 2nd QUARTER 2005 for 3rd QUARTER 2005 (V10.0)

Var/Topic	Date due	Description	Job done?	IVP/Appndx do?	DC form done	DC form done	DE screen do?	DE screen done	Db/E chk do?	Db/E chk done
data collection		221, and 273 are left blank..								
09c.Guidelines forFUP data collection	05Q3	In #8, more clearly specified which variables are collected from an SO of an incarcerated participant, by adding the following information to the list of variables: V209a, "a&b" of V210, and "a-i" of V211.	X	X	X					
22p.Enrollment bchmrk data form	05Q3	Add to syllabus section 22.	X	X	X					
22p.Enrollment bchmrk data form	05Q3	Improve the instructions on the Benchmark Data Submission Form so it's clear hat only the main reason (rather than multiple reasons) should be indicated.	X	X	X					
22q:Bib of FUP strategies	05Q3	Add to appendices.	X	X	X					
LIVE SYLLAB FEATURES										
DATABASE										
To view all variables	05Q3	Add an instruction that to view all variables in the current database, select version 8.1 from the dropdown menu.	X				X	X		
Missing Data Report	05Q3	Add another row for 292g:SWLW, that counts "10" as a missing data code.	X						X	X
MDRpt	05Q3	Add FIM <u>discharge</u> variables 152:8a, 8b, 9a, 9b, 11 to the report.	X						X	X
MDRpt	05Q3	Be sure that all "injury date" columns are listed second. (Some are currently at the end of the report.)	X						X	X
MDRpt	05Q3	Add variables 207, 208, 209	X						X	X
STANDARD UPDATES										
"What's new"	every quarter	Write description of changes for this quarter	X							
00d.Title page	every quarter	Update the version number.	X	X	X					
03a.Contact Information	every quarter	Update	X	X	X					
03c.Committee list	Every quarter	Update	X	X	X					
03e.Listserver	every quarter	Update	X	X	X					

DETAILED LIST OF SYLLABUS CHANGES COMPLETED IN 2nd QUARTER 2005 for 3rd QUARTER 2005 (V10.0)

Var/Topic	Date due	Description	Job done?	IVP/Appndx do?	DC form done	DE screen do?	Dbs/E chk do?				
subscribers-by center											
03f.Listserver subscribers-by Listserver	every quarter	Update	X	X	X						
07a.Form I dcf	Every quarter	Update version and date.	X	X	X						
12a.Form II data collection form	Every quarter	Update version and date.	X	X	X						
12b.Mailout Form II	Every quarter	Update version and date.	X	X	X						
26a. Premorbid Hist-Family	Every quarter	Update version number	X	X	X						
26b. Premorbid Hist-Patient	Every quarter	Update version number	X	X	X						
		DOCS ADDED/MODIFIED									
	modify	00d.Title page									
	modify	00e.Participants									
	modify	03a.Contact Information									
	modify	03c.Committee list									
	modify	03e.Listserver subscribers-by center									
	modify	03f.Listserver subscribers-by Listserver									
	modify	07a.Form I data collection form									
	modify	09c.Guidelines forFUP data collection									
	modify	12a.Form II data collection form									
	modify	12b.Mailout Form II									
	add	22p.Enrollment bnchmrk data form									
	add	22q:Bib of FUP strategies									
	modify	26a. Premorbid Hist-Family									
	modify	26b. Premorbid Hist-Patient									
	new	Detailed list of changes (for website)									

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 wiith 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

7. At the time of injury did you have any of the following long-lasting conditions?

a. Blindness, deafness, or a severe vision or hearing impairment. NO YES

b. A condition that substantially limited one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying. NO YES

8. At the time of injury were you having difficulty doing any of the following activities due to a physical, mental, or emotional condition that had been present for at least 6 months?

a. Learning, remembering, or concentrating. NO YES

b. Dressing, bathing, or getting around inside the home. NO YES

c. Going outside the home alone to shop or visit a doctor's office. NO YES

d. Working at a job or business. NO YES

9a. 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) |

9b. 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

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

If yes, please explain: _____

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

12. 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

13. 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:** _____

14. 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: _____

15. 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: _____

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

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

THAT'S ALL. THANK YOU.

