



# Traumatic Brain Injury Model Systems PRC Syllabus

## Syllabus Pages

Revised between

01/01/2010 - 02/07/2018



## DEFINITION

IntStatus: Status of interview currently being conducted

Followup: Date of Follow-up Evaluation

LostReason: Why participant is coded as lost

## VARIABLES

Name	Description	Date Added	Date Removed
<b>IntStatus</b>	<b>Interview Status</b>	<b>01/01/1900</b>	
<b>Question:</b>	<b>Interview Status</b>		
	1 Followed	01/01/1900	
	2 Lost	01/01/1900	
	3 Refused	07/01/2009	
	4 Incarcerated	01/01/1900	
	5 Withdrew	01/01/1900	
	6 Expired	01/01/1900	
	7 Follow-up Prior to Enrollment	02/08/2010	
<b>LostReason</b>	<b>Lost Reason</b>	<b>01/15/2017</b>	
<b>Question:</b>	<b>If lost, Why?</b>		
	1 No Known Valid Contact Information	01/15/2017	
	2 Valid Contact Information, No Response To Contact (Passive Refusal)	01/15/2017	
	3 Valid Contact Information, Participant Not Physically or Cognitively Available, No Valid SO	01/15/2017	
	4 Language Barrier	01/15/2017	
	8 Not Applicable	01/15/2017	
	9 Not Applicable, Expired	01/15/2017	
	77 Not Applicable (Funding Not Available)	01/15/2017	
	88 Not Applicable (Data Was Provided)	01/15/2017	
	99 Unknown	01/15/2017	
<b>Followup</b>	<b>Follow-Up Evaluation Date</b>	<b>01/01/1900</b>	
<b>Question:</b>	<b>Follow-Up Evaluation Date:</b>		
	05/05/5555 Withdrew authorization	01/01/1900	
	06/06/6666 Expired	01/01/1900	
	07/07/7777 Not Applicable: Includes refused, incarcerated and lost	01/01/1900	
	09/09/9999 Unknown (Or data have been collected out of window from an inwindow)	01/01/1900	

## CODE

Date of Follow-up Evaluation - MM/DD/YYYY

## NOTE

For date of follow-up evaluation, enter date when first data are collected (if data collection is done with more than one contact) with patient or significant other. If no follow-up data are collected from patient or significant other, code the reason (05/05/5555, 06/06/6666, etc).

For 'If lost, why?', code the primary reason the followup was not completed.

## EXAMPLE

Follow-up evaluation was conducted on May 13, 1989.

IntStatus: 1 Followed

Followup: 05/13/1989

## HISTORY

Date of Change	Description
01/15/2017	Added VARIABLE: LostReason



Form: 2

**DATE OF FOLLOW-UP**

Last updated: 01/15/2017

Variable FU

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## QUESTIONS

**QUESTION:** I have a participant who is in court ordered rehab. When entering into the database, do I select 'incarcerated' for interview status?

**ANSWER:** [Yes. Court ordered rehab is considered as a form of incarceration for the purposes of the TBIMS.](#)

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DEFINITION

Code the living status of the person with brain injury. If patient has died, code the cause of death.

Instructions for coding ICD-9-CM primary and secondary causes of death are in External Links
Instructions for coding the E-code cause of death are in External Links

VARIABLES

Table with columns: Name, Description, Date Added, Date Removed. Rows include DeathF, DeathCause1F, DeathCause2F, and DeathECodeF with their respective questions and codes.

CODE

Death Date: MM/DD/YYYY

Code the Primary and Secondary Cause of Death ICD-9 Codes and the Cause of Death E-Code as follows;

ICD-9 Codes:

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

E-Codes:

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

NOTE

Use the Guidelines for Coding Primary Cause of Death external link for instructions on how to code cause of death. The first coded cause of death on the death certificate is the primary cause. Thereafter list secondary cause and/or external cause of death, if applicable. For more information, see: External Links

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

If expired, only the variables indicated on page 3 of SOP 105b (Guidelines for Collection of Follow-up Data) are to be completed. If follow-up was started but not completed prior to the participant being expired, complete the Form II appropriately for an expired participant.



If follow-up was started but not completed prior to the participant being expired, enter the partial data that was collected on the participant and then record the individual as expired for the next follow-up period.

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

EXAMPLE

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

DeathCause1F (Primary, ICD-9-CM code) : 038.9
DeathCause2F (Secondary, ICD-9-CM code) : 486.\_
DeathECodeF : 88888

HISTORY

Table with 2 columns: Date of Change, Description. Rows include updates from 04/01/2011, 04/01/2009, and 01/15/2001 regarding E-Code handling and follow-up procedures.

SOURCE

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



DEFINITION

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

VARIABLES

<u>Name</u>	<u>Description</u>	<u>Date Added</u>	<u>Date Removed</u>
<b>IntMthdInd</b>	<b>Method of Interview Data Collection: Person with TBI</b>	<b>01/01/1900</b>	
<b>Question:</b>	<b>Method of Data Collection - Person With TBI:</b>		
	1 In-person Interview	01/01/1900	
	2 Telephone Interview	01/01/1900	
	3 Questionnaire Mailing	01/01/1900	
	4 Data Obtained From Secondary Source	01/01/1900	
	7 Not Applicable: Follow-up Prior to Enrollment	01/01/1900	
	8 Not Applicable: No Data Provided by Person with TBI	01/01/1900	
<b>NoDataInd</b>	<b>Reason No Data Provided: Person with TBI</b>	<b>01/01/1900</b>	
<b>Question:</b>	<b>Reason Person with TBI Not Providing Data:</b>		
	3 Physically or Cognitively Unable	01/01/1900	
	4 Not available (Not at home, in the hospital or jail, is working or in school and not available for interview)	01/01/1900	
	5 Stated Refusal	01/01/1900	
	6 No Response to Contact (Center staff know the whereabouts of the person with brain injury but he/she has not responded to contact)	01/01/1900	
	7 Lost to Follow-Up (Unknown whereabouts of person with brain injury)	01/01/1900	
	8 Language Barrier (Person with brain injury does not speak English and no interpreter was available)	01/01/1900	
	9 Expired	01/01/1900	
	77 Not Applicable: Follow-up Prior to Enrollment (No funding)	01/01/1900	
	88 Not Applicable: Data was provided (Interview data was provided by person with brain injury)	01/01/1900	
	99 Unknown (Reason why no interview data was provided by person with brain injury, or unknown reason why no follow-up was attempted.)	01/01/1900	
<b>IntMthdSO</b>	<b>Method of Interview Data Collection: Family Member/SO</b>	<b>01/01/1900</b>	
<b>Question:</b>	<b>Method of Interview Data Collection - Family Member/Significant Other</b>		
	1 In-person Interview	01/01/1900	
	2 Telephone Interview	01/01/1900	
	3 Questionnaire Mailing	01/01/1900	
	4 Data Obtained From Secondary Source	01/01/1900	
	7 Not Applicable: Follow-up Prior to Enrollment	01/01/1900	
	8 Not Applicable: No Data Provided by Significant Other	01/01/1900	
<b>SO</b>	<b>Identity of Significant Other</b>	<b>01/01/1900</b>	
<b>Question:</b>	<b>Identity of Significant Other:</b>		
	1 Spouse	01/01/1900	
	2 Parent(s)	01/01/1900	
	3 Sibling	01/01/1900	
	4 Adult Child	01/01/1900	
	5 Boyfriend, Girlfriend, Fiancee	01/01/1900	
	7 Other Relative	01/01/1900	
	8 Friend	01/01/1900	
	9 Professional Caregiver	01/01/1900	
	77 Other	01/01/1900	
	88 Not Applicable: No family or significant other data	01/01/1900	
<b>CollectionMethodf</b>	<b>Primary Method of Data Collection</b>	<b>01/15/2017</b>	
<b>Question:</b>	<b>Primary Method of Data Collection</b>		
	1 In Person Interview	01/15/2017	
	2 Telephone Interview	01/15/2017	
	3 Questionnaire Mailing	01/15/2017	
	4 Data Obtained from Second Source	01/15/2017	



7	NA: Funding Not available	01/15/2017
8	NA	01/15/2017
9	Unknown	01/15/2017

**CollectionSourceF Primary Source of data collection 01/15/2017**

<b>Question:</b>	<b>Source</b>	
0	Participant	01/15/2017
1	Spouse	01/15/2017
2	Parent(s)	01/15/2017
3	Sibling	01/15/2017
4	Adult Child	01/15/2017
5	Boyfriend, girlfriend, fiance	01/15/2017
7	Other relative	01/15/2017
8	Friend	01/15/2017
9	Professional Caregiver	01/15/2017
77	Other	01/15/2017
88	NA	01/15/2017

**CollectionMethodG Secondary Method of Data Collection 01/15/2017**

<b>Question:</b>	<b>Secondary Method of Data Collection</b>	
1	In Person Interview	01/15/2017
2	Telephone Interview	01/15/2017
3	Questionaire Mailing	01/15/2017
4	Data Obtained from Second Source	01/15/2017
7	NA: Funding Not available	01/15/2017
8	NA	01/15/2017
9	No Secondary Method of Data Collection	01/15/2017

**CollectionSourceS Secondary Source of data collection 01/15/2017**

<b>Question:</b>	<b>Source</b>	
0	Participant	01/15/2017
1	Spouse	01/15/2017
2	Parent(s)	01/15/2017
3	Sibling	01/15/2017
4	Adult Child	01/15/2017
5	Boyfriend, girlfriend, fiance	01/15/2017
7	Other relative	01/15/2017
8	Friend	01/15/2017
9	Professional Caregiver	01/15/2017
77	Other	01/15/2017
88	NA	01/15/2017
99	No secondary Method of Data collection	01/15/2017

**ReasonNoDataIrd Reason Person with TBI not Providing Data 01/15/2017**

<b>Question:</b>	<b>Reason Person with TBI not Providing Data</b>	
3	Physically Or Cognitively Unable	01/15/2017
4	Not Available	01/15/2017
5	Stated Refusal	01/15/2017
6	No Response To Contact	01/15/2017
8	Language Barrier	01/15/2017
9	Expired	01/15/2017
77	Not Applicable (Funding Not Available)	01/15/2017
88	Not Applicable (Data Was Provided)	01/15/2017
99	Unknown	01/15/2017

**LengthInterview How long did this interview take 01/15/2017**

<b>Question:</b>	<b>How long did this interview take</b>	
777	NA- Data Collected Online	01/15/2017
888	NA- Data Collected by Mail-Out	01/15/2017
999	Unknown	01/15/2017



CollectionFormat	Format used for data collection	01/15/2017
Question:	Format used for data collection	
	1 Online Interview	01/15/2017
	2 Paper Interview	01/15/2017
CollectionLanguage	Language interview was conducted in	01/15/2017
Question:	Language interview was conducted in	
	1 English	01/15/2017
	2 Spanish	01/15/2017
	3 Other	01/15/2017
CollectionTranslat	Translation Service used	01/15/2017
Question:	If Spanish or other language, was a translation service used	
	1 No	01/15/2017
	2 Yes	01/15/2017
	8 NA - Interview conducted in English	01/15/2017

### 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.

Use code "4" for both IntMthdInd and IntMthdSo if most of the data were obtained from a secondary source. These data must have originally been collected within window and must be high quality.

Every effort should be made to collect data from the participant or an appropriately informed significant other. Data from other sources (indicated by code "4" ) should be entered only if: (1)it has not been possible to obtain that information from the person or SO during the follow-up window, (2) those data were originally collected during the follow-up window, and (3) the data meet TBIMS standards for data collection procedures and data quality standards.

Interviewers should use their best judgment in determining whether a significant other has enough current knowledge of the participant to accurately answer follow-up questions.

Chart review is to be used solely for cases in which it was not possible to obtain data from the participant or SO. The following items are specific to chart review; (1) Use the first date of contact that occurred within the window (as noted in chart documents) to code the Follow-up Evaluation Date. (2) If information is abstracted from documents with several dates, the document with the closest date to the window open date will be used. (3) Only documentation that occurred DURING the follow-up window may be used for chart review. (4) If the interview consists of both live contact and chart review, the date of the live contact will be recorded as the follow-up date. (5) If no documentation exists during the followup window, the person must be marked as "Lost".

### EXAMPLE

Data were collected via telephone interview.

CODE : 2

### HISTORY

Date of Change	Description
10/01/2013	Added NOTE: Regarding chart review
10/01/2013	Added NOTE: "Interviewers should use their best judgment in determining whether a significant other has enough current knowledge of the participant to accurately answer follow-up questions."

### QUESTIONS

**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?

**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.



**QUESTION:** On the Form II, variable INTMTHIND and INTMTHDSO now have a code "4". Do I understand this to actually be a form of chart review? How will this code be treated in calculation of follow-up rates in the Quarterly Report?

**ANSWER:** The "4" code was added in response to a center's need to be able to enter a code for INTMTHIND and INTMTHDSO for a few respondents who had withdrawn authorization during the follow-up window but re-authorized TBIMS data collection after the window had closed, and for whom, it turned out, data usable in their Form IIs were obtainable later from sources that had happened to have collected that information for clinical purposes, during the follow-up window. The key elements in this situation are: (a) data could not be obtained by TBIMS data collectors (or their proxies) from any source during the follow-up window, and (b) data that were appropriate for entering into the Form II were collected elsewhere during the follow-up window and became available to TBIMS data collectors after the follow-up window had closed. This is a rare situation. The availability of this new code should not affect your data collection practices or your use of the 1, 2, and 3 codes under any circumstances other than when the above two key elements are present.

Form II data that are obtained by chart review during the follow-up window should be coded 1, 2, or 3, depending on how the original data collector obtained it for entering into the chart.

In the Quarterly Report follow-up rates, the "4" code will be counted the same as the 1, 2, and 3 codes. That is, Form IIs with a "4" in INTMTHIND and INTMTHDSO will be counted as having been submitted with data.



DEFINITION

Marital status at evaluation and change of marital status since last successful follow-up, according to the best source of information (person with brain injury unless unavailable or unreliable).

VARIABLES

<u>Name</u>	<u>Description</u>	<u>Date Added</u>	<u>Date Removed</u>
<b>MarF</b>	<b>Marital Status</b>	<b>01/01/1900</b>	
<b>Question:</b>	<b>What is your current marital status?</b>		
1	Single (Never Married) (A person who has never married)	01/01/1900	
2	Married (A person who is married, whether legally or by common law)	01/01/1900	
3	Divorced (A person who is legally divorced)	01/01/1900	
4	Separated (Includes both legal separation and living apart from a married partner)	01/01/1900	
5	Widowed	01/01/1900	
7	Other	01/01/1900	
9	Unknown	01/01/1900	
<b>MarChange</b>	<b>Change in Marital Status</b>	<b>04/01/2010</b>	
<b>Question:</b>	<b>Has your marital status changed?</b>		
0	No Change	04/01/2010	
1	Separation	04/01/2011	
2	Divorce	04/01/2010	
3	Marriage	04/01/2010	
4	Widowed	04/01/2010	
5	Divorce and Marriage (In Either Order)	04/01/2010	
6	Widowed and Marriage (In Either Order)	04/01/2010	
7	Divorce, Marriage and Widowed (In Any Order)	04/01/2010	
8	Other	04/01/2010	
9	Unknown	04/01/2010	
66	Variable Did Not Exist	04/01/2010	

EXAMPLE

Patient was separated from spouse at follow-up with no overall change in marital status since the last follow-up evaluation.

MarF : 4

MarChange : 0

HISTORY

<u>Date of Change</u>	<u>Description</u>
04/01/2010	Dropped Long-Term Union/Partnership question

SOURCE

UAB



DEFINITION

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

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

VARIABLES

Table with 4 columns: Name, Description, Date Added, Date Removed. Rows include Ethnicity, RaceWht (White), RaceBlk (Black or African American), RaceAsn (Asian), RaceInd (American Indian or Alaskan Native), and RacePI (Native Hawaiian or other Pacific Islander). Each row lists a question and response options (1-9) with corresponding dates.

NOTE

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

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

EXAMPLE



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

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

### HISTORY

<u>Date of Change</u>	<u>Description</u>
10/01/2013	Added VARIABLES: EthnicityF, RaceWhtF, RaceBlkF, RaceAsnF, RaceIndF, RacePIF
10/01/2013	Added DEFINITION: Self-reported Ethnicity for two categories: "Hispanic, Latino, or Spanish", and "Not Hispanic, Latino, or Spanish". To code this variable, participants are asked "Are you of Hispanic, Latino, or Spanish origin?" >> Self-Reported racial identification for each of the following five categories: "White", "Black, African American", "Asian", "American Indian or Alaskan Native", and "Native Hawaiian or other Pacific Islander". To code these variables, participants are asked "What racial group or groups do you most identify as?". To account for mixed race, all race categories that a participant indicates should be coded.
10/01/2013	Added NOTES: For participants enrolled prior to addition of this variable, ask the question at the time of the next Form II follow-up. --And-- It is acceptable to collect RACE variables from an SO if individual cannot answer for themselves.

### SOURCE

Office of Management and Budget's "Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity." Federal Register, October 30, 1997. [www.whitehouse.gov/omb/fedreg\\_1997standards](http://www.whitehouse.gov/omb/fedreg_1997standards)

United States Census 2010. [www.prb.org/Articles/2009/questionnaire.asp](http://www.prb.org/Articles/2009/questionnaire.asp)



### DEFINITION

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

### VARIABLES

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

### NOTE

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

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

### EXAMPLE

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

LngSpkHm : 1 - English

LngSpkHmOth : (Leave Blank)

### HISTORY

<u>Date of Change</u>	<u>Description</u>
10/01/2013	Added VARIABLES: LngSpkHmF, and LngSpkHmOthF.



DEFINITION

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

VARIABLES

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

NOTE

The number of years of education coded may not equal the actual number of years spent in school. For example, a person who is held back two years in elementary school and then drops out of school in the 10th grade (for a total of 11 full years) would be coded 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.

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

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

EXAMPLE

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

EduYearsF : 12

HISTORY

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

SOURCE



Form: 2

## YEARS OF EDUCATION

Last updated: 10/01/2014

Variable EDU

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.



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.

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

VARIABLES

Table with columns: Name, Description, Date Added, Date Removed. Row 1: Emp1F, Employment Status: Primary, 01/01/1900. Question: What is your current employment status? followed by list of 19 options (2-99) with their respective dates.

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 "55 Other".

Code "09. Retired: Age-Related" 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.

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

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

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

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



[VA -

For persons in the Warrior Transition Unit (WTU), inquire as to whether they have been assigned to home duty or other select duties/jobs (i.e. filing papers, cutting grass, etc.). If on home duty, code primary employment status as Unemployed - Not looking for work in last 4 weeks for any reason. If assigned select duties/jobs, code primary employment status as Special Employed.

If person is in guard/reserves, base answers to the follow-up employment questions on their civilian occupation - not their military occupation.

]

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

### EXAMPLE

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

Emp1F : 07

### HISTORY

Date of Change	Description
10/01/2014	Added NOTE: Worker's compensation and temporary disability should both be coded "55-Other".
03/13/2013	Q&A Added: regarding how to code active duty soldier working an internship.

### QUESTIONS

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

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

**QUESTION:** We have two older gentlemen right now who own companies. They are back to work in some respect I guess but both of them just wander down to the office, actually now need more help than before to even get to the office, and then they hang out for awhile and oversee a bit, but their children who are also involved in the business assure me they make no important decisions. They just like work and the biz and don't care to think of themselves as retired. I know this has been discussed before but I can't find anything in the syllabus. So how do we code these folks for employment? They both draw a modest salary but don't really seem to do much at work other than hang out, listen in, and serve as more of a figure head. So this doesn't seem like competitively employed to me. And one of them is quite physically disabled with notable cognitive impairments so on DRS employability I would lean towards giving him a high score in the 2-3 range but our coder put him as competitively employed but those don't jive. Any advice?

**ANSWER:** These cases should be coded as '08 - Special Employment (sheltered workshop, supportive employment, has job coach)' as it seems the participants are really only able to work with the support of their children. Collect census occupational code and vocational services questions, but code all other 211 employment variables as 'N/A - Not competitively employed'. Income earned as a result of owning a business in which a person is not truly competitively employed should be considered an investment rather than a salary and should be coded under variable 292c - Family Income.



**QUESTION:** I have a question regarding how to code Employment Status and Census Occupational Category for a patient who has been working in a trial job for the last 9 months through workers comp. He works 12 hours a week at his former place of employment, which he is still the vice-president of. He has nowhere near the amount of responsibility he had previously, and is not receiving any separate payment for working, just receiving the same work comp payment he was receiving while he was not working, and has been doing this since November. It sounds to me like they are keeping a job for him as a courtesy. He even admits that this is what it feels like to him because he just can't focus on the job and does report to someone else, but he's not supervised frequently (no job coach or anyone that directs him). How would you code Employment Status?

Also, for Census Occupational Category, his official title is Vice President of the company, but he readily states that he's not performing those duties now, and is only doing clerical work, in charge of one project that basically is more than he can handle. Are we to code based on title or duties

**ANSWER:** Employment status should probably be coded as 'other', as it truly does not seem to fit within the other categories. To be 'competitively employed', the person must be earning minimum wage or higher, and there are no wages being paid to the individual. The individual is not working in a sheltered workshop, with a job coach, or with a vocational rehab counselor so 'special employment' doesn't seem appropriate either. Similarly, the 'volunteer' category doesn't really fit since the individual is attempting to test his employability, rather than perform an act of altruism.

**QUESTION:** How would you code Employment Status for a participant that was in college at the time of injury, and has not gone back to school yet, but will be attending in the fall when the next semester starts?

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

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

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

**QUESTION:** How should hours per week worked or weeks per year worked be coded for jobs such as substitute teaching, or other "as needed" employment?

**ANSWER:** For hours worked, the syllabus states that hours per week are from the hours worked in the month prior to the evaluation. It was decided to stick with the syllabus for this. For weeks worked, it was decided to count up the actual weeks that were worked throughout the year.

**QUESTION:** How do I code employment for an active duty service member who has been hospitalized continuously since his injury? He went from the EC program to inpatient PRC and then to PTRP. I completed his year 1 follow-up while he was in PTRP.

**ANSWER:** EMPFIRST (when did you start working in a regular job following injury) should be coded as '08/08/8888 - N/A no post-Injury competitive employment'; EMP (current employment status) as '17 hospitalized with pay'; EARN, EMPWK (in the past year how many weeks did you work a regular job) EMPHR (how many hours per week), OCC and OCCMIL should all be coded as '88' or '888 - NA'.

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

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



**DEFINITION**

AT 1 YEAR FOLLOW-UP: Number of weeks of competitive employment during the year after injury.

AT OTHER FOLLOW-UPS: Number of weeks of competitive employment in the last year.

Include illegal as well as legal employment.

**VARIABLES**

<u>Name</u>	<u>Description</u>	<u>Date Added</u>	<u>Date Removed</u>
<b>EmpWkF</b>	<b>Weeks Worked Past Year</b>	<b>07/01/2001</b>	
<b>Question:</b>	<b>In the past year, how many weeks did you work at a regular job?</b>		
	77 Refused	01/01/1900	
	88 Not Applicable: No competitive employment in the last year	01/01/1900	
	99 Unknown	01/01/1900	

**CODE**

- ?? Number of weeks (Range = 1-52)
- 66 Variable did not exist
- 77 Refused
- 88 N/A-no competitive employment in the last year.
- 99 Unknown

**NOTE**

- Include all weeks employed at minimum wage or higher.
- Include vacation time and other types of leave if the person was paid during that time.
- Partial weeks are rounded up to the nearest whole week.
- Ask this question if the person has been competitively employed since the last evaluation, even if not currently competitively employed.
- If employment is infrequent but on a regularly scheduled basis, or if it is related to a specific function, then code the number of weeks during which the person was employed. But, if days of employment were just random and the person might or might not do it again, then code the total number of weeks in which the person worked. (E.g., if the person worked 2 times a month for 9 months, then in the first situation 39 weeks should be coded. In the second situation 18 weeks should be coded.)
- If data collector does not ask this question because the participant was illegally employed, code "99=Unknown".
- Weeks worked should be calculated by multiplying the number of months by 4.

**EXAMPLE**

Patient worked October 11 through December 21.

CODE : 11

**HISTORY**

<u>Date of Change</u>	<u>Description</u>
10/01/2014	Added NOTE : Weeks worked should be calculated by multiplying the number of months by 4.



DEFINITION

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

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

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

VARIABLES

Table with columns: Name, Description, Date Added, Date Removed. Rows include OCCF (Census Occupational Category) and OCCMiIF (Military Occupational Category) with their respective question text and numbered list items.

CODE

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



NOTE

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

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

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

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

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

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

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

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

EXAMPLE

Patient was primarily a sales clerk at the time of the follow-up evaluation.

OCCF : 04

HISTORY

<u>Date of Change</u>	<u>Description</u>
07/01/2014	Added NOTE : about using newer Standard Occupational Classifications to help categorize occupations not included in the list of 1990 Census Occupation Codes, including an example of how to crosswalk back to 1990 categories.
07/01/2014	Added EXTERNAL LINK : Standard Occupational Classification User Guide
05/14/2013	Added NOTE for VA Centers: If person is in guard/reserves, base all answers to the employment at the time of injury questions on their civilian occupation - not their military occupation.

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.



### DEFINITION

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

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

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

### VARIABLES

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

### CODE

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

#### CAUSE

Enter cause [30 characters]

#### LOSS OF CONSCIOUSNESS / KNOCKED OUT

- 1. No LOC
- 2. Less Than 30 Min
- 3. 30 Min To 24 Hrs
- 4. More Than 24 Hrs
- 5. Positive Loss of Consciousness, Duration Unknown
- 6. Variable Did Not Exist
- 7. Refused
- 9. Unknown

#### DAZED / GAP IN MEMORY

- 1. No
- 2. Yes
- 6. Variable Did Not Exist
- 7. Refused
- 8. Not Applicable (+ LOC)
- 9. Unknown

#### AGE

Enter age [max=110]

- 666. Variable Did Not Exist
- 888. Not Applicable
- 999. Unknown

#### CAUSE OF REPEATED INJURY

Enter cause [30 characters]

#### TYPICAL

- 1. Dazed/Memory Gap (No LOC)



- 2. LOC
- 6. Neither Dazed nor LOC
- 7. Refused
- 9. Unknown

**MOST SEVERE**

- 1. Dazed/Memory Gap (No LOC)
- 2. LOC
- 6. Neither Dazed nor LOC
- 7. Refused
- 9. Unknown

**BEGAN**

- Enter age [max=110]
- 666. Variable Did Not Exist
- 888. Not Applicable
- 999. Unknown

**ENDED**

- Enter age [max=110]
- 666. Variable Did Not Exist
- 888. Not Applicable
- 999. Unknown

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**NOTE**

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

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

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

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

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

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

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

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

---

**EXAMPLE**

The participant reported 1 head injury with loss of consciousness lasting a couple of minutes while playing football at the age of 18. There were 2 more possible concussions reported due to motor vehicle accidents. One of the MVA's resulted in being dazed and a gap in memory. Code:

TBIInjury : 2

CAUSE : Football; LOC : 2; DAZED : 8; AGE : 18

CAUSE : MVA; LOC : 1; DAZED : 2; AGE : 18

CAUSE : MVA; LOC : 1; DAZED : 1; AGE : 18



### HISTORY

<u>Date of Change</u>	<u>Description</u>
01/15/2018	Added NOTE: Do NOT include the index injury (the TBI that brought them to your facility).
01/15/2015	Updated VARIABLE: to match the updated OSU-TBI ID Data Collection Form, which includes the addition of a new 'Step 3' to capture multiple mild TBI's, and the deletion of the question 'Have you ever lost consciousness due to a drug overdose or being choked?'
01/15/2015	Added NOTE: When asking about the duration of LOC, participants should be encouraged to use their best guess and only code "5 - Positive Loss of Consciousness, Duration Unknown" when participant is truly unable to estimate the duration of LOC.
10/01/2013	Prompt removed from Form II ... "Since your discharge from Rehab Center".
10/01/2013	Added NOTE: regarding asking 'In your lifetime' during first administration of TBI-ID and 'Since we spoke with you' during subsequent follow-ups.
07/01/2011	Variable(s) added to VA database
04/01/2010	Variable(s) added to database

### SOURCE

Ohio State University

### QUESTIONS

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

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

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

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

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

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



DEFINITION

SeizSncTBI: Have you had a seizure(s) since your traumatic brain injury?
SeizInYr: If yes, (Since your discharge from rehab) or (In the past year) have you had a seizure?
SeizAmt: If yes, how many in the past year?

VARIABLES

Table with 4 columns: Name, Description, Date Added, Date Removed. Rows include SeizSncTBI, SeizInYr, and SeizAmt with their respective questions and response options.

NOTE

These measures can be collected from best source available during the Form II interview for all participants.

HISTORY

Table with 2 columns: Date of Change, Description. Row: 10/01/2013, Added VARIABLES: SeizSncTBI, SeizInYr, and SeizAmt.



DEFINITION

The reason for each patient rehospitalization since inpatient rehabilitation discharge or in the past year (whichever is shorter).

VARIABLES

<u>Name</u>	<u>Description</u>	<u>Date Added</u>	<u>Date Removed</u>
Rehosp1lv1	Rehospitalization Reason 1 Level 1	01/15/2018	
Question:	Rehospitalization Reason 1 Level 1		
	1 Infectious and parasitic diseases	01/15/2018	
	2 Neoplasms	01/15/2018	
	3 Endocrine; nutritional; and metabolic diseases and immunity disorders	01/15/2018	
	4 Diseases of the blood and blood-forming organs	01/15/2018	
	5 Mental illness	01/15/2018	
	6 Diseases of the nervous system and sense organs	01/15/2018	
	7 Diseases of the circulatory system	01/15/2018	
	8 Diseases of the respiratory system	01/15/2018	
	9 Diseases of the digestive system	01/15/2018	
	10 Diseases of the genitourinary system	01/15/2018	
	11 Complications of pregnancy; childbirth; and the puerperium	01/15/2018	
	12 Diseases of the skin and subcutaneous tissue	01/15/2018	
	13 Diseases of the musculoskeletal system and connective tissue	01/15/2018	
	14 Congenital anomalies	01/15/2018	
	15 Certain conditions originating in the perinatal period	01/15/2018	
	16 Injury and poisoning	01/15/2018	
	17 Symptoms; signs; and ill-defined conditions and factors influencing health status	01/15/2018	
	18 Residual codes; unclassified; all E codes	01/15/2018	
	66 Variable did not exist	01/15/2018	
	77 Participant hospitalized, reason unknown	11/14/2017	
	88 N/A	01/15/2018	
	99 Unknown whether participant was hospitalized	01/15/2018	
66.00	Variable did not exist	01/15/2018	
88.00	N/A	01/15/2018	
99.00	Unknown whether participant was hospitalized	01/15/2018	
	1 Infectious and parasitic diseases	01/15/2018	
	2 Neoplasms	01/15/2018	
	3 Endocrine; nutritional; and metabolic diseases and immunity disorders	01/15/2018	
	4 Diseases of the blood and blood-forming organs	01/15/2018	
	5 Mental illness	01/15/2018	
	6 Diseases of the nervous system and sense organs	01/15/2018	
	7 Diseases of the circulatory system	01/15/2018	
	8 Diseases of the respiratory system	01/15/2018	
	9 Diseases of the digestive system	01/15/2018	
	10 Diseases of the genitourinary system	01/15/2018	
	11 Complications of pregnancy; childbirth; and the puerperium	01/15/2018	
	12 Diseases of the skin and subcutaneous tissue	01/15/2018	
	13 Diseases of the musculoskeletal system and connective tissue	01/15/2018	
	14 Congenital anomalies	01/15/2018	
	15 Certain conditions originating in the perinatal period	01/15/2018	
	16 Injury and poisoning	01/15/2018	
	17 Symptoms; signs; and ill-defined conditions and factors influencing health status	01/15/2018	
	18 Residual codes; unclassified; all E codes	01/15/2018	
	66 Variable did not exist	01/15/2018	
	77 Participant hospitalized, reason unknown	11/14/2017	
	88 N/A	01/15/2018	
	99 Unknown whether participant was hospitalized	01/15/2018	
66.00	Variable did not exist	01/15/2018	



77.00	Participant hospitalized, reason unknown	11/14/2017
88.00	N/A	01/15/2018
99.00	Unknown whether participant was hospitalized	01/15/2018
1	Infectious and parasitic diseases	01/15/2018
2	Neoplasms	01/15/2018
3	Endocrine; nutritional; and metabolic diseases and immunity disorders	01/15/2018
4	Diseases of the blood and blood-forming organs	01/15/2018
5	Mental illness	01/15/2018
6	Diseases of the nervous system and sense organs	01/15/2018
7	Diseases of the circulatory system	01/15/2018
8	Diseases of the respiratory system	01/15/2018
9	Diseases of the digestive system	01/15/2018
10	Diseases of the genitourinary system	01/15/2018
11	Complications of pregnancy; childbirth; and the puerperium	01/15/2018
12	Diseases of the skin and subcutaneous tissue	01/15/2018
13	Diseases of the musculoskeletal system and connective tissue	01/15/2018
14	Congenital anomalies	01/15/2018
15	Certain conditions originating in the perinatal period	01/15/2018
16	Injury and poisoning	01/15/2018
17	Symptoms; signs; and ill-defined conditions and factors influencing health status	01/15/2018
18	Residual codes; unclassified; all E codes	01/15/2018
66	Variable did not exist	01/15/2018
77	Participant hospitalized, reason unknown	11/14/2017
88	N/A	01/15/2018
99	Unknown whether participant was hospitalized	01/15/2018
66.00	Variable did not exist	01/15/2018
77.00	Participant hospitalized, reason unknown	11/14/2017
88.00	N/A	01/15/2018
99.00	Unknown whether participant was hospitalized	01/15/2018
1	Infectious and parasitic diseases	01/15/2018
2	Neoplasms	01/15/2018
3	Endocrine; nutritional; and metabolic diseases and immunity disorders	01/15/2018
4	Diseases of the blood and blood-forming organs	01/15/2018
5	Mental illness	01/15/2018
6	Diseases of the nervous system and sense organs	01/15/2018
7	Diseases of the circulatory system	01/15/2018
8	Diseases of the respiratory system	01/15/2018
9	Diseases of the digestive system	01/15/2018
10	Diseases of the genitourinary system	01/15/2018
11	Complications of pregnancy; childbirth; and the puerperium	01/15/2018
12	Diseases of the skin and subcutaneous tissue	01/15/2018
13	Diseases of the musculoskeletal system and connective tissue	01/15/2018
14	Congenital anomalies	01/15/2018
15	Certain conditions originating in the perinatal period	01/15/2018
16	Injury and poisoning	01/15/2018
17	Symptoms; signs; and ill-defined conditions and factors influencing health status	01/15/2018
18	Residual codes; unclassified; all E codes	01/15/2018
66	Variable did not exist	01/15/2018
77	Participant hospitalized, reason unknown	11/14/2017
88	N/A	01/15/2018
99	Unknown whether participant was hospitalized	01/15/2018
66.00	Variable did not exist	01/15/2018
77.00	Participant hospitalized, reason unknown	11/14/2017
88.00	N/A	01/15/2018
99.00	Unknown whether participant was hospitalized	01/15/2018
1	Infectious and parasitic diseases	01/15/2018
2	Neoplasms	01/15/2018



3	Endocrine; nutritional; and metabolic diseases and immunity disorders	01/15/2018
4	Diseases of the blood and blood-forming organs	01/15/2018
5	Mental illness	01/15/2018
6	Diseases of the nervous system and sense organs	01/15/2018
7	Diseases of the circulatory system	01/15/2018
8	Diseases of the respiratory system	01/15/2018
9	Diseases of the digestive system	01/15/2018
10	Diseases of the genitourinary system	01/15/2018
11	Complications of pregnancy; childbirth; and the puerperium	01/15/2018
12	Diseases of the skin and subcutaneous tissue	01/15/2018
13	Diseases of the musculoskeletal system and connective tissue	01/15/2018
14	Congenital anomalies	01/15/2018
15	Certain conditions originating in the perinatal period	01/15/2018
16	Injury and poisoning	01/15/2018
17	Symptoms; signs; and ill-defined conditions and factors influencing health status	01/15/2018
18	Residual codes; unclassified; all E codes	01/15/2018
66	Variable did not exist	01/15/2018
77	Participant hospitalized, reason unknown	11/14/2017
88	N/A	01/15/2018
99	Unknown whether participant was hospitalized	01/15/2018
66.00	Variable did not exist	01/15/2018
77.00	Participant hospitalized, reason unknown	11/14/2017
88.00	N/A	01/15/2018
99.00	Unknown whether participant was hospitalized	01/15/2018

**CODE**

**NOTE**

This variable includes all types of hospitalizations (i.e., an inpatient stay in any hospital, whether part of a TBI Model System or not). See Linked Document for more information.

Code one reason for each rehospitalization.

If multiple reasons are given for one hospitalization, cod the most severe/significant reason for hospitalization.

If more than five hospitalizations, have your Medical Director prioritize which two to code.

Data for follow-ups prior to 10/1/99 will be recoded from text field to the categories above.

Prior to 1/1/02 the code "9=unknown" did not distinguish between "unknown if rehospitalized" and "unknown reason for rehospitalization". On 1/1/02 "9=unknown" was clarified to mean "unknown reason for rehospitalization". On 1/1/04 the code "99=unknown if rehospitalized" was added. Thus, between 1/1/02 and 1/1/04 there was no way to record rehospitalization for unknown reason.

**EXAMPLE**

Patient has been hospitalized twice since the last evaluation. Once for seizures related to TBI, and once for complications of diabetes. Code:

- Rehosp1 : 01
- Rehosp2 : 06
- Rehosp3 : 08
- Rehosp4 : 08
- Rehosp5 : 08

**HISTORY**

<u>Date of Change</u>	<u>Description</u>
10/01/2013	Added CODE: 7-Major Amputation; Re-assigned code 7-Other to 8-Other; Re-assigned code 8-NA to 88-NA. Existing data re-coded in database.



## SOURCE

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## QUESTIONS

**QUESTION:** How would you code an accidental overdose of pain medications?

**ANSWER:** [You would code this as level 16.11 Poisoning in the HCUP coding scheme](#)

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**QUESTION:** A participant was rehospitalized for a UTI, but then had a seizure while in the hospital and was kept for a few more days because of the seizure. Do I code the reason for rehospitalization as Infectious, Seizures or both?

**ANSWER:** [Code the seizures to capture the most severe/significant reason for the hospitalization](#)

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### DEFINITION

Height (in inches) and Weight (in pounds) obtained by self-report or secondary source if available in medical records within the follow-up window.

### VARIABLES

<u>Name</u>	<u>Description</u>	<u>Date Added</u>	<u>Date Removed</u>
<b>HeightF</b>	<b>Height in Inches</b>	<b>10/01/2013</b>	
<b>Question:</b>	<b>How tall are you without shoes? (in Inches)</b>		
	888 Variable Did Not Exist	10/01/2013	
	999 Unknown	10/01/2013	
<b>WeightF</b>	<b>Weight in Pounds</b>	<b>10/01/2013</b>	
<b>Question:</b>	<b>How much do you weigh without shoes? (in Pounds)</b>		
	888 Variable Did Not Exist	10/01/2013	
	999 Unknown	10/01/2013	

### NOTE

Round up if half inches or pounds are reported.

### EXAMPLE

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

Height: 70 inches (5 feet \* 12 = 60 inches + 10 inches = 70 inches)

Weight: 185 pounds

### HISTORY

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

### SOURCE

CDC – BMI obesity rate by state; M #53, #54

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

NHIS

National Health Interview Survey (NHIS)

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



## DEFINITION

Do you currently smoke cigarettes every day, some days or not at all?

Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

## VARIABLES

Name	Description	Date Added	Date Removed
<b>SmkCigF</b>	<b>Smoked Cigarettes Currently</b>	<b>10/01/2013</b>	
Question:	Do you currently smoke cigarettes every day, some days or not at all?		
	0 Variable Did Not Exist	10/01/2013	
	1 Not At All	10/01/2013	
	2 Some Days	10/01/2013	
	3 Everyday	10/01/2013	
	7 Refused	10/01/2013	
	9 Unknown	10/01/2013	
<b>ChwTobF</b>	<b>Chewed Tobacco Currently</b>	<b>10/01/2013</b>	
Question:	Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?		
	0 Variable Did Not Exist	10/01/2013	
	1 Not At All	10/01/2013	
	2 Some Days	10/01/2013	
	3 Everyday	10/01/2013	
	7 Refused	10/01/2013	
	9 Unknown	10/01/2013	

## NOTE

These measures are to be collected from best source available. If cannot get patient's response, get family, if not family then medical chart.

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

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

## HISTORY

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

## SOURCE

Cigarette Smoking  
BRFSS 7.2 – national and state norms

Other Tobacco Use  
BRFSS 7.5 – national and state norms

## QUESTIONS

**QUESTION:** Should e-cigarettes count towards smoking cigarettes?

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

**QUESTION:** For smoking cigarettes, do cigars count?

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



### DEFINITION

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

"During the last 12 months, did you use any illicit or non-prescription drugs?"

### VARIABLES

<u>Name</u>	<u>Description</u>	<u>Date Added</u>	<u>Date Removed</u>
DrugsF	Use of Illicit/Non-Prescription Drugs	01/01/1900	
Question:	During the last 12 months did you use any illicit or non-prescription drugs?		
1	No	01/01/1900	
2	Yes	01/01/1900	
7	Refused	01/01/2009	
9	Unknown	01/01/1900	

### NOTE

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

The question should be presented as follows: "During the last 12 months, did you use any illicit or non-prescription drugs?" If further clarification is sought, the following verbiage may be offered: "We are wanting to know about drugs like marijuana, crack or heroin; or about prescription drugs like pain killers or stimulants that were not prescribed to you; or chemicals you might have inhaled or 'huffed'. We also want to know if sometimes you took more than you should have of any drugs that have been prescribed to you."

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

### EXAMPLE

Person with brain injury used marijuana in past year. Code:

DrugsF : 2

### HISTORY

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



DEFINITION

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

A "drink" is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. See External Links

VARIABLES

Name	Description	Date Added	Date Removed
<b>ALCAnyDrinkF</b>	<b>At Least One Alcoholic Drink</b>	<b>01/01/1900</b>	
Question:	During the past month have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?		
	1 No	01/01/1900	
	2 Yes	01/01/1900	
	7 Refused	01/01/1900	
	9 Unknown	01/01/1900	
<b>ALCWeekF</b>	<b>Alcohol Use: Days per Week</b>	<b>01/01/1900</b>	
Question:	Days Per Week:		
	66 Not Applicable	01/01/1900	
	77 Refused	01/01/1900	
	99 Unknown	01/01/1900	
<b>ALCMonthF</b>	<b>Alcohol Use: Days per Month</b>	<b>01/01/1900</b>	
Question:	Days Per Month:		
	66 Not Applicable	01/01/1900	
	77 Refused	01/01/1900	
	99 Unknown	01/01/1900	
<b>ALCDrinksF</b>	<b>Average Number of Alcoholic Drinks</b>	<b>01/01/1900</b>	
Question:	A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank, about how many drinks did you drink on average?		
	66 Not Applicable	01/01/1900	
	77 Refused	01/01/1900	
	99 Unknown	01/01/1900	
<b>ALC5DrinksF</b>	<b>Five or More Drinks</b>	<b>01/01/1900</b>	
Question:	Considering all types of alcoholic beverages, how many times during the past month did you have five or more drinks on an occasion?		
	00 None	01/01/1900	
	66 Not Applicable (Use only if item 1 = No)	01/01/1900	
	77 Refused	01/01/1900	
	99 Unknown	01/01/1900	
<b>ALC4DrinksF</b>	<b>Four or More Drinks</b>	<b>01/15/2017</b>	
Question:	Considering all types of alcoholic beverages, how many times during the past month did you have four or more drinks on an occasion?		
	0 None	01/15/2017	
	66 Not Applicable	01/15/2017	
	77 Refused	01/15/2017	
	88 Variable Did Not Exist	01/15/2017	
	99 Unknown	01/15/2017	



### CODE

ALCAnyDrink

If coded 'No', ALCWeek through ALC4Drinks will be autofilled with '66 = NA'.

If coded '7', ALCWeek through ALC4Drinks will be autofilled with '77 = Refused'.

If coded '8', ALCWeek through ALC4Drinks will be autofilled with '88 = Variable did not exist'.

If coded '9', ALCWeek through ALC4Drinks will be autofilled with '99 = Unknown/Don't know/not sure'.

ALCWeek/ALCMonth

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

ALCDrinks

Enter number of drinks

ALC5Drinks

Enter number of times had 5 or more drinks

ALC4Drinks

Enter number of times female had 4 or more drinks

### NOTE

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

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

Code the higher score if a range is given.

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

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

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

### EXAMPLE

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.

Code:

ALCAnyDrinkF : 2

ALCAnyWeekF : 66

ALCAnyMonthF : 30

ALCAnyDrinksF : 1

ALCAny5DrinksF : 00

### HISTORY

**Date of Change**

**Description**

01/15/2018

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

01/15/2017

Added VARIABLE: For females only: 'Considering all types of alcoholic beverages, how many times during the past month did you have four or more drinks on an occasion?'

### SOURCE

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



DEFINITION

The GAD-7 is a 7-item scale validated as a screener for generalized anxiety disorder (GAD)

- a. Feeling nervous, anxious or on edge
b. Not being able to stop or control worrying
c. Worrying too much about different things
d. Trouble relaxing
e. Being so restless that it is hard to sit still
f. Becoming easily annoyed or irritable
g. Feeling afraid as if something awful might happen
h. If you indicated any problems in the previous questions, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people

VARIABLES

Table with 4 columns: Name, Description, Date Added, Date Removed. Rows include GADNervous, GADCntrlWry, GADWorry, GADRelax, and GADRestless, each with associated questions and response options.



Form: 2

# GENERALIZED ANXIETY DISORDER SCALE (GAD-7)

Last updated: 07/01/2011

Variable GAD

2	More Than Half of the Days	10/01/2007
3	Nearly Every Day	10/01/2007
6	Variable Did Not Exist	10/01/2007
9	Unknown	10/01/2007
10	Not Applicable: No data from person with TBI	10/01/2007

**GADAnnoy      Becoming Easily Annoyed or Irritable      04/01/2010**

**Question: f. Becoming easily annoyed or irritable:**

0	Not at All	10/01/2007
1	Several Days	10/01/2007
2	More Than Half of the Days	10/01/2007
3	Nearly Every Day	10/01/2007
6	Variable Did Not Exist	10/01/2007
9	Unknown	10/01/2007
10	Not Applicable: No data from person with TBI	10/01/2007

**GADAfraid      Feeling Afraid Something Awful Might Happen      04/01/2010**

**Question: g. Feeling afraid as if something awful might happen:**

0	Not at All	10/01/2007
1	Several Days	10/01/2007
2	More Than Half of the Days	10/01/2007
3	Nearly Every Day	10/01/2007
6	Variable Did Not Exist	10/01/2007
9	Unknown	10/01/2007
10	Not Applicable: No data from person with TBI	10/01/2007

**GADDifficult      Problems Made it Difficult (GAD7) at home, or get along with other people      04/01/2010**

**Question: h. How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?**

0	Not Difficult at All	10/01/2007
1	Somewhat Difficult	10/01/2007
2	Very Difficult	10/01/2007
3	Extremely Difficult	10/01/2007
6	Variable Did Not Exist	10/01/2007
8	Not Applicable: No problems	10/01/2007
9	Unknown	10/01/2007
10	Not Applicable: No data from person with TBI	10/01/2007

## NOTE

Interviewers should read the following introduction prior to administering the GAD-7: "Over the LAST 2 WEEKS, how often have you been bothered by any of the following problems..."

The GAD-7 should not be administered to a significant other, or any other proxy. If the individual is unable to provide data, use code 10 - Not Applicable (No Data From Person With TBI).

Every effort should be made to obtain the GAD-7 assessments, however, if any items can not be assessed, use code 9. Do not leave blanks.

Total GAD-7 score is calculated using a computer program.

## HISTORY

<u>Date of Change</u>	<u>Description</u>
07/01/2011	Variable(s) added to VA database



DEFINITION

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

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

VARIABLES

Name	Description	Date Added	Date Removed
<b>FIMFeedF</b>	<b>Eating</b>	<b>01/01/1900</b>	
<b>Question:</b>	<b>Eating</b>		
	1 Total Assist (< 25%)	01/01/1900	
	2 Maximal Assist (25 - 49%)	01/01/1900	
	3 Moderate Assist (50 - 74%)	01/01/1900	
	4 Minimal Assist (>= 75%)	01/01/1900	
	5 Supervision (100%)	01/01/1900	
	6 Modified Independence (Extra time, device)	01/01/1900	
	7 Complete Independence (Timely, Safely)	01/01/1900	
	9 Unknown	01/01/1900	
<b>FIMGroomF</b>	<b>Grooming</b>	<b>01/01/1900</b>	
<b>Question:</b>	<b>Grooming:</b>		
	1 Total Assist (< 25%)	01/01/1900	
	2 Maximal Assist (25 - 49%)	01/01/1900	
	3 Moderate Assist (50 - 74%)	01/01/1900	
	4 Minimal Assist (>= 75%)	01/01/1900	
	5 Supervision (100%)	01/01/1900	
	6 Modified Independence (Extra time, device)	01/01/1900	
	7 Complete Independence (Timely, Safely)	01/01/1900	
	9 Unknown	01/01/1900	
<b>FIMBathF</b>	<b>Bathing</b>	<b>01/01/1900</b>	
<b>Question:</b>	<b>Bathing:</b>		
	1 Total Assist (< 25%)	01/01/1900	
	2 Maximal Assist (25 - 49%)	01/01/1900	
	3 Moderate Assist (50 - 74%)	01/01/1900	
	4 Minimal Assist (>= 75%)	01/01/1900	
	5 Supervision (100%)	01/01/1900	
	6 Modified Independence (Extra time, device)	01/01/1900	
	7 Complete Independence (Timely, Safely)	01/01/1900	
	9 Unknown	01/01/1900	
<b>FIMDrupF</b>	<b>Dressing Upper Body</b>	<b>01/01/1900</b>	
<b>Question:</b>	<b>Dressing Upper Body:</b>		
	1 Total Assist (< 25%)	01/01/1900	
	2 Maximal Assist (25 - 49%)	01/01/1900	
	3 Moderate Assist (50 - 74%)	01/01/1900	
	4 Minimal Assist (>= 75%)	01/01/1900	
	5 Supervision (100%)	01/01/1900	
	6 Modified Independence (Extra time, device)	01/01/1900	
	7 Complete Independence (Timely, Safely)	01/01/1900	
	9 Unknown	01/01/1900	
<b>FIMDrsdwnF</b>	<b>Dressing Lower Body</b>	<b>01/01/1900</b>	
<b>Question:</b>	<b>Dressing Lower Body:</b>		
	1 Total Assist (< 25%)	01/01/1900	
	2 Maximal Assist (25 - 49%)	01/01/1900	



3	Moderate Assist (50 - 74%)	01/01/1900
4	Minimal Assist (>= 75%)	01/01/1900
5	Supervision (100%)	01/01/1900
6	Modified Independence (Extra time, device)	01/01/1900
7	Complete Independence (Timely, Safely)	01/01/1900
9	Unknown	01/01/1900

<b>FIMToiletF</b>	<b>Toileting</b>	<b>01/01/1900</b>
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<b>Question:</b>	<b>Toileting:</b>	
1	Total Assist (< 25%)	01/01/1900
2	Maximal Assist (25 - 49%)	01/01/1900
3	Moderate Assist (50 - 74%)	01/01/1900
4	Minimal Assist (>= 75%)	01/01/1900
5	Supervision (100%)	01/01/1900
6	Modified Independence (Extra time, device)	01/01/1900
7	Complete Independence (Timely, Safely)	01/01/1900
9	Unknown	01/01/1900

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

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

<b>FIMBedTransF</b>	<b>Bed Chair Wheelchair Transfers</b>	<b>01/01/1900</b>
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<b>Question:</b>	<b>Bed Chair Wheelchair Transfers:</b>	
1	Total Assist (< 25%)	01/01/1900
2	Maximal Assist (25 - 49%)	01/01/1900
3	Moderate Assist (50 - 74%)	01/01/1900
4	Minimal Assist (>= 75%)	01/01/1900
5	Supervision (100%)	01/01/1900
6	Modified Independence (Extra time, device)	01/01/1900
7	Complete Independence (Timely, Safely)	01/01/1900
9	Unknown	01/01/1900

<b>FIMToilTransF</b>	<b>Toilet Transfers</b>	<b>01/01/1900</b>
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<b>Question:</b>	<b>Toilet Transfers:</b>	
1	Total Assist (< 25%)	01/01/1900
2	Maximal Assist (25 - 49%)	01/01/1900
3	Moderate Assist (50 - 74%)	01/01/1900
4	Minimal Assist (>= 75%)	01/01/1900
5	Supervision (100%)	01/01/1900
6	Modified Independence (Extra time, device)	01/01/1900
7	Complete Independence (Timely, Safely)	01/01/1900



9 Unknown 01/01/1900

**FIMLocoModeF Walking/Wheelchair Mode 01/01/1900**

- Question: Walking/Wheelchair – Mode:**
- c Wheelchair 01/01/1900
  - w Walk 01/01/1900
  - 9 Unknown 01/01/1900

**FIMLocoF Walking/Wheelchair 01/01/1900**

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

**FIMStairsF Stairs 01/01/1900**

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

**FIMCompF Comprehension 01/01/1900**

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

**FIMExpressF Expression 01/01/1900**

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

**FIMSocialF Social Interaction 01/01/1900**

- Question: Social Interaction:**
- 1 Total Assist (< 25%) 01/01/1900
  - 2 Maximal Assist (25 - 49%) 01/01/1900
  - 3 Moderate Assist (50 - 74%) 01/01/1900
  - 4 Minimal Assist (>= 75%) 01/01/1900
  - 5 Supervision (100%) 01/01/1900
  - 6 Modified Independence (Extra time, device) 01/01/1900
  - 7 Complete Independence (Timely, Safely) 01/01/1900



9 Unknown 01/01/1900

**FIMProbSivF Problem Solving 01/01/1900**

<b>Question:</b>	<b>Problem Solving:</b>	
	1 Total Assist (< 25%)	01/01/1900
	2 Maximal Assist (25 - 49%)	01/01/1900
	3 Moderate Assist (50 - 74%)	01/01/1900
	4 Minimal Assist (>= 75%)	01/01/1900
	5 Supervision (100%)	01/01/1900
	6 Modified Independence (Extra time, device)	01/01/1900
	7 Complete Independence (Timely, Safely)	01/01/1900
	9 Unknown	01/01/1900

**FIMMemF Memory 01/01/1900**

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

**CODE**

**NOTE**

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

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

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

For admission Walking/Wheelchair items, if patient is walking and not using wheelchair, code Wheelchair On Admission as "8. Not Applicable." If patient is unable to walk on admission, code Walking On Admission as "1. Total Assist." If, at discharge, patient is walking AND using a wheelchair, code Walking/Wheelchair - Mode At Discharge as the more frequently used mode of locomotion. Do not use the code "b. Both" (as is indicated by UDS instructions). If FIM scores provided by your hospital include "b" codes, use all sources of information to determine the more frequent mode of locomotion at the time of evaluation and code either "w" or "c" as appropriate. If the more frequent mode of locomotion cannot be determined, code "9. Unknown."

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

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

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



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

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

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

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

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

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## EXAMPLE

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

### Admission/Discharge

#### SELF CARE ITEMS:

Eating : 2 / 4

Grooming : 1 / 4

Bathing : 2 / 3

Dressing Upper Body : 3 / 5

Dressing Lower Body : 3 / 5

Toileting : 2 / 4

#### SPHINCTER CONTROL:

Bladder Management : 3 / 5

Level of assistance : 4 / 5

Frequency of accidents : 3 / 6

Bowel Management : 4 / 5

Level of assistance : 4 / 6

Frequency of accidents : 5 / 5

#### MOBILITY ITEMS:

Transfers technique

Bed, Chair, Wheelchair Transfers : 3 / 4

Toilet Transfers : 4 / 6

Tub or Shower Transfers : 3 / 3

Walking (on admission) : 3

Wheelchair (on admission) : 3

Walking/Wheelchair (on discharge) : w / 3

Stair : 3 / 3

#### COMMUNICATIONS:

Comprehension : 7 / 7

Expression : 6 / 6

#### PSYCHOSOCIAL ADJUSTMENT ITEMS:

Social Interaction : 6 / 5

#### COGNITIVE FUNCTION:

Problem Solving : 5 / 6

Memory : 4 / 5



### HISTORY

<u>Date of Change</u>	<u>Description</u>
07/01/2015	Added to SOURCES: UDS copyright statement
07/01/2015	Updated 'FIM' to 'FIM Instrument' where appropriate ins DEFINITIONS, NOTES, and SOURCES per current license agreement requirements
10/01/2014	Updated EXTERNAL LINK : IRF-PAI instructions for FIM data collection
10/01/2014	Deleted DEFINITION : FIM data are to be collected according to the current (4/1/04) IRF-PAI coding instructions See External Links, supplemented by any further instructions in your syllabus. Information about the FIM can be found in the IRF-PAI manual in section III, pages 10-57. If it is not possible for your Center to follow the correct manual, notify the TBINDC.
10/01/2014	Added DEFINITION : FIM data are to be collected according to the current (10/01/2012) IRF-PAI coding instructions (see External Links, supplemented by any further instructions in your syllabus). Information about the FIM can be found in the IRF-PAI manual in section III, pages 39-95. If it is not possible for your Center to follow the correct manual, notify the TBINDC.
01/01/2014	Dropped Bladder and Bowel Level of Assistance and Frequency of Accidents variables
04/01/2010	Dropped Comprehension and Expression "Mode" variables
04/01/2010	Added FONE FIM document to External Links
10/01/2009	Changed variable name from "Functional Independence Measure" to "FIM" to be consistent with IRF-PAI changes.

### 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>.

©1997 Uniform Data System for Medical Rehabilitation (UDSMR), a division of UB Foundation Activities, Inc. FIM is a trademark of Uniform Data System for Medical Rehabilitation, a division of UB Foundation Activities, Inc. This version of the FIM instrument has been modified with permission from UDSMR for use by the Traumatic Brain Injury Model Systems.

### QUESTIONS

**QUESTION:** We have a question about how to rate Bladder Management Frequency of Accidents specifically in cases where the pt is not continent of bowels and wears diapers. We are hesitant to select the word 'accident' since this implies continence. We would like to know if a diaper can be likened to a device (ie, catheter as in item Bladder management when a pt is not continent of bladder) therefore selecting 6-No Accidents: Uses Device?

**ANSWER:** For a Bowel Management score of 6-Modified Independence on the FIM, the patient must be able to manage all aspects of their bowel care independently and have had no accidents within the last 7 days. An accident is defined by FIM as any soiling of linens or clothing, and if the participant wears a diaper, the bowel movement must be fully contained within the diaper, not soiling clothing or bedding. So if the patient wears a diaper, and they are able to retrieve the diaper, change it, and dispose of it without assistance, AND they have no accidents outside of the diaper then the total Bowel Management score would be a 6.

**QUESTION:** When scoring the FIM for FormII, do we have to ask these questions to the patient only or could a family member or caretaker in a rehab facility answer them?

**ANSWER:** You may ask the FIM of anyone who would know the details of the participant's functioning in these areas at Form II.



### VARIABLES

<u>Name</u>	<u>Description</u>	<u>Date Added</u>	<u>Date Removed</u>
Question:			

### NOTE

The DRS for Form II is a standardized questionnaire, and questions should be asked the same way every time with no words changed. If the participant is having trouble understanding the question, restate the question as phrased. If additional clarification is needed, then data collectors can rephrase the question or offer clarification.

### HISTORY

<u>Date of Change</u>	<u>Description</u>
10/01/2013	Added to Database to replace Original DRS Collection Form

### SOURCE

Malec JF, Hammond FM, Giacino JT, Whyte J, Wright J. (2012) A Structured Interview to Improve the Reliability and Psychometric Integrity of the Disability Rating Scale. Arch Phys Med & Rehabil, Epub 2012 Sep;93(9):1603-8.

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

### QUESTIONS

**QUESTION:** If someone is fully functioning at home with daily activities, but has severe aphasia and cannot speak on the phone if something came up and his wife wasn't there, or if someone came to the door, can he still be 0-Independent on Level of Functioning?

**ANSWER:** No, if he isn't able to handle callers or visitors, this would be considered a restriction and participant should be a 1-Independent in Special Environment.



DEFINITION

DRS Structured Interview: Communication Items

VARIABLES

<u>Name</u>	<u>Description</u>	<u>Date Added</u>	<u>Date Removed</u>
<b>drs2_1</b>	<b>Able to Communicate and Understood Clearly</b>	<b>10/01/2013</b>	
<b>Question:</b>	<b>Is [name] able to communicate with you in a way that you and others clearly understand?</b>		
	1 No (Skip to 2.4)	10/01/2013	
	2 Inconsistently (Go to 2.2)	10/01/2013	
	3 Consistently (Go to 2.2)	10/01/2013	
	6 Variable Did Not Exist	10/01/2013	
	9 Unknown	10/01/2013	
<b>drs2_2</b>	<b>Primary Communication</b>	<b>10/01/2013</b>	
<b>Question:</b>	<b>How do they communicate primarily?</b>		
	1 Speech	10/01/2013	
	2 Writing Or Spelling Device	10/01/2013	
	3 Gestures Or Signals	10/01/2013	
	6 Variable Did Not Exist	10/01/2013	
	8 Not Applicable (Go to 2.2)	10/01/2013	
	9 Unknown	10/01/2013	
<b>drs2_3</b>	<b>Able to Give the Correct Date and Time</b>	<b>10/01/2013</b>	
<b>Question:</b>	<b>Are you [they] able to give the correct date and time within a few seconds of being asked?</b>		
	1 No (Skip to 4.0)	10/01/2013	
	2 Sometimes (Skip to 4.0)	10/01/2013	
	3 Yes But Takes More Than A Few Seconds (Skip to 4.0)	10/01/2013	
	4 Yes (Skip to 4.0)	10/01/2013	
	6 Variable Did Not Exist	10/01/2013	
	8 Not Applicable (Go to 2.2)	10/01/2013	
	9 Unknown	10/01/2013	
<b>drs2_4</b>	<b>Repeated Few Words or Random Answers, Shouting or Swearing</b>	<b>10/01/2013</b>	
<b>Question:</b>	<b>Does [name] have only a few words that [s/he] uses over and over or does [s/he] express him/herself only through random answers, shouting or swearing?</b>		
	1 No (Go to 2.5)	10/01/2013	
	2 Yes (Skip to 4.0)	10/01/2013	
	6 Variable Did Not Exist	10/01/2013	
	8 Not Applicable	10/01/2013	
	9 Unknown	10/01/2013	
<b>drs2_5</b>	<b>Moan, Groan or Make Other Sounds</b>	<b>10/01/2013</b>	
<b>Question:</b>	<b>Does [name] only moan, groan or make other sounds that are not understandable?</b>		
	1 No (Skip to 4.0)	10/01/2013	
	2 Yes (Skip to 4.0)	10/01/2013	
	6 Variable Did Not Exist	10/01/2013	
	8 Not Applicable	10/01/2013	
	9 Unknown	10/01/2013	

NOTE

The DRS for Form II is a standardized questionnaire, and questions should be asked the same way every time with no words changed. If the answers to specific questions are obvious from answers given prior to the DRS questions, they may be confirmed and skipped. If the participant is having trouble understanding the question, restate the question as phrased. If additional clarification is needed, then data collectors can rephrase the question or offer clarification.



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## HISTORY

<u>Date of Change</u>	<u>Description</u>
10/01/2015	Changed clarification language from 'Questions 2.1, 2.2, 2.4 and 2.5 are to be asked only of the SO.' to 'Questions 2.1, 2.2, 2.4 and 2.5 are not to be asked of the participant.'
01/15/2015	Added NOTE : If the answers to specific questions are obvious from answers given prior to the DRS questions, they may be confirmed and skipped
10/01/2013	Added Questions to database to replace the original DRS Rating Form

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## SOURCE

Malec JF, Hammond FM, Giacino JT, Whyte J, Wright J. (2012) A Structured Interview to Improve the Reliability and Psychometric Integrity of the Disability Rating Scale. Arch Phys Med & Rehabil, Epub 2012 Sep;93(9):1603-8.



## DEFINITION

DRS Structured Interview: Motor Items

## VARIABLES

<u>Name</u>	<u>Description</u>	<u>Date Added</u>	<u>Date Removed</u>
<b>drs3_1</b>	<b>Obey Commands</b>	<b>01/15/2015</b>	
<b>Question:</b>	<b>Are you [they] able to obey commands? For example, Move finger, Look up, Close eyes, Stick out tongue.</b>		
	1 No	01/15/2015	
	2 Inconsistently	01/15/2015	
	3 Yes	01/15/2015	
	6 VariableDid Not Exist	01/15/2015	
	8 Not Applicable	01/15/2015	
	9 Unknown	01/15/2015	
<b>drs3_2</b>	<b>Respond to Pain</b>	<b>01/15/2015</b>	
<b>Question:</b>	<b>If you pinch an arm/leg hard enough to hurt, how does [name] respond:</b>		
	0 Yes	01/15/2015	
	1 Localization	01/15/2015	
	2 Withdrawal	01/15/2015	
	3 Flexion	01/15/2015	
	4 Extension	01/15/2015	
	5 No Response	01/15/2015	
	6 VariableDid Not Exist	01/15/2015	
	8 Not Applicable	01/15/2015	
	9 Unknown	01/15/2015	

## NOTE

The DRS for Form II is a standardized questionnaire, and questions should be asked the same way every time with no words changed. If the answers to specific questions are obvious from answers given prior to the DRS questions, they may be confirmed and skipped. If the participant is having trouble understanding the question, restate the question as phrased. If additional clarification is needed, then data collectors can rephrase the question or offer clarification.

## HISTORY

<u>Date of Change</u>	<u>Description</u>
10/15/2015	Added Questions to database to replace the original DRS Rating Form
01/15/2015	Added NOTE : If the answers to specific questions are obvious from answers given prior to the DRS questions, they may be confirmed and skipped

## SOURCE

Malec JF, Hammond FM, Giacino JT, Whyte J, Wright J. (2012) A Structured Interview to Improve the Reliability and Psychometric Integrity of the Disability Rating Scale. Arch Phys Med & Rehabil, Epub 2012 Sep;93(9):1603-8.



DEFINITION

DRS Structured Interview: Feeding Items

VARIABLES

<u>Name</u>	<u>Description</u>	<u>Date Added</u>	<u>Date Removed</u>
<b>drs4_1</b>	<b>Feed Self Independently/Manage Tube Feedings</b>	<b>10/01/2013</b>	
<b>Question:</b>	<b>Can you feed yourself independently or manage tube feedings appropriately without help or reminders?</b>		
1	No (Go to 4.2)	10/01/2013	
2	Yes (Mark 4 = Always in 4.2. and 4.3., then skip to 5.0.)	10/01/2013	
6	Variable Did Not Exist	10/01/2013	
9	Unknown	10/01/2013	
<b>drs4_2</b>	<b>Use of Eating/Feeding Utensils/Equipment</b>	<b>10/01/2013</b>	
<b>Question:</b>	<b>Do you understand what eating or feeding utensils or equipment are for and how they should be used?</b>		
1	Never	10/01/2013	
2	Some Of The Time	10/01/2013	
3	Most Of The Time	10/01/2013	
4	Always	10/01/2013	
6	Variable Did Not Exist	10/01/2013	
9	Unknown	10/01/2013	
<b>drs4_3</b>	<b>Meal/Feeding Times</b>	<b>10/01/2013</b>	
<b>Question:</b>	<b>Do you know when meal or feeding times are?</b>		
1	Never	10/01/2013	
2	Some Of The Time	10/01/2013	
3	Most Of The Time	10/01/2013	
4	Always	10/01/2013	
6	Variable Did Not Exist	10/01/2013	
9	Unknown	10/01/2013	

NOTE

The DRS for Form II is a standardized questionnaire, and questions should be asked the same way every time with no words changed. If the answers to specific questions are obvious from answers given prior to the DRS questions, they may be confirmed and skipped. If the participant is having trouble understanding the question, restate the question as phrased. If additional clarification is needed, then data collectors can rephrase the question or offer clarification.

HISTORY

<u>Date of Change</u>	<u>Description</u>
01/15/2015	Added NOTE : If the answers to specific questions are obvious from answers given prior to the DRS questions, they may be confirmed and skipped
10/01/2013	Added Questions to database to replace the original DRS Rating Form

SOURCE

Malec JF, Hammond FM, Giacino JT, Whyte J, Wright J. (2012) A Structured Interview to Improve the Reliability and Psychometric Integrity of the Disability Rating Scale. Arch Phys Med & Rehabil, Epub 2012 Sep;93(9):1603-8.

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



## DEFINITION

DRS Structured Interview: Toileting Items

## VARIABLES

<u>Name</u>	<u>Description</u>	<u>Date Added</u>	<u>Date Removed</u>
<b>drs5_1</b>	<b>Can Use Toilet/Manage Bowel and Bladder Routine</b>	<b>10/01/2013</b>	
<b>Question:</b>	<b>Can you use the toilet or manage your bowel and bladder routine independently and appropriately without help or reminders?</b>		
1	No (Go to 5.2)	10/01/2013	
2	Yes (Mark 4 = Always in 5.2. and 5.3., then skip to 6.0)	10/01/2013	
6	Variable Did Not Exist	10/01/2013	
9	Unknown	10/01/2013	
<b>drs5_2</b>	<b>Manage Clothing or Special Equipment When Toileting</b>	<b>10/01/2013</b>	
<b>Question:</b>	<b>Do you understand how to manage your clothing or special equipment when toileting or in bowel and bladder management?</b>		
1	Never	10/01/2013	
2	Some Of The Time	10/01/2013	
3	Most Of The Time	10/01/2013	
4	Always	10/01/2013	
6	Variable Did Not Exist	10/01/2013	
9	Unknown	10/01/2013	
<b>drs5_3</b>	<b>Know To Use Toilet or to Conduct Bowel and Bladder Management</b>	<b>10/01/2013</b>	
<b>Question:</b>	<b>Do you know when to use the toilet or to conduct bowel and bladder management?</b>		
1	Never	10/01/2013	
2	Some Of The Time	10/01/2013	
3	Most Of The Time	10/01/2013	
4	Always	10/01/2013	
6	Variable Did Not Exist	10/01/2013	
9	Unknown	10/01/2013	

## NOTE

The DRS for Form II is a standardized questionnaire, and questions should be asked the same way every time with no words changed. If the answers to specific questions are obvious from answers given prior to the DRS questions, they may be confirmed and skipped. If the participant is having trouble understanding the question, restate the question as phrased. If additional clarification is needed, then data collectors can rephrase the question or offer clarification.

## HISTORY

<u>Date of Change</u>	<u>Description</u>
01/15/2015	Added NOTE : If the answers to specific questions are obvious from answers given prior to the DRS questions, they may be confirmed and skipped
10/01/2013	Added Questions to database to replace the original DRS Rating Form

## SOURCE

Malec JF, Hammond FM, Giacino JT, Whyte J, Wright J. (2012) A Structured Interview to Improve the Reliability and Psychometric Integrity of the Disability Rating Scale. Arch Phys Med & Rehabil, Epub 2012 Sep;93(9):1603-8.

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



DEFINITION

DRS Structured Interview: Grooming Items

VARIABLES

<u>Name</u>	<u>Description</u>	<u>Date Added</u>	<u>Date Removed</u>
<b>drs6_1</b>	<b>Dress and Groom Self Independently or Direct Someone Else</b>	<b>10/01/2013</b>	
<b>Question:</b>	<b>Can you dress and groom yourself independently and appropriately or direct someone else in these activities without help or reminders?</b>		
	1 No (Go to 6.2)	10/01/2013	
	2 Yes (Mark 4 = Always in 6.2. and 6.3., then skip to 7.0)	10/01/2013	
	6 Variable Did Not Exist	10/01/2013	
	9 Unknown	10/01/2013	
<b>drs6_2</b>	<b>Know To Bathe and Wash</b>	<b>10/01/2013</b>	
<b>Question:</b>	<b>Do you know how to bathe and wash?</b>		
	1 Never	10/01/2013	
	2 Some Of The Time	10/01/2013	
	3 Most Of The Time	10/01/2013	
	4 Always	10/01/2013	
	6 Variable Did Not Exist	10/01/2013	
	9 Unknown	10/01/2013	
<b>drs6_3</b>	<b>Understand To Get Dressed</b>	<b>10/01/2013</b>	
<b>Question:</b>	<b>Do you understand how to get dressed?</b>		
	1 Never	10/01/2013	
	2 Some Of The Time	10/01/2013	
	3 Most Of The Time	10/01/2013	
	4 Always	10/01/2013	
	6 Variable Did Not Exist	10/01/2013	
	9 Unknown	10/01/2013	
<b>drs6_4</b>	<b>Start and Finish Grooming Activities</b>	<b>10/01/2013</b>	
<b>Question:</b>	<b>Can you start and finish these grooming activities without prompting?</b>		
	1 Never	10/01/2013	
	2 Some Of The Time	10/01/2013	
	3 Most Of The Time	10/01/2013	
	4 Always	10/01/2013	
	6 Variable Did Not Exist	10/01/2013	
	9 Unknown	10/01/2013	

NOTE

The DRS for Form II is a standardized questionnaire, and questions should be asked the same way every time with no words changed. If the answers to specific questions are obvious from answers given prior to the DRS questions, they may be confirmed and skipped. If the participant is having trouble understanding the question, restate the question as phrased. If additional clarification is needed, then data collectors can rephrase the question or offer clarification.

HISTORY

<u>Date of Change</u>	<u>Description</u>
01/15/2015	Added NOTE : If the answers to specific questions are obvious from answers given prior to the DRS questions, they may be confirmed and skipped
10/01/2013	Added Questions to database to replace the original DRS Rating Form

SOURCE



Form: 2

## DRS GROOMING

Last updated: 01/15/2015

Variable DRSGRM

Malec JF, Hammond FM, Giacino JT, Whyte J, Wright J. (2012) A Structured Interview to Improve the Reliability and Psychometric Integrity of the Disability Rating Scale. Arch Phys Med & Rehabil, Epub 2012 Sep;93(9):1603-8.

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



DEFINITION

DRS Structured Interview: Employability Items

VARIABLES

<u>Name</u>	<u>Description</u>	<u>Date Added</u>	<u>Date Removed</u>
<b>drs8_1</b>	<b>Function with Complete Independence in Work/Social Situations</b>	<b>10/01/2013</b>	
<b>Question:</b>	<b>Can you function with complete independence in work or social situations?</b>		
	1 Never	10/01/2013	
	2 Some Of The Time	10/01/2013	
	3 Most Of The Time	10/01/2013	
	4 Always	10/01/2013	
	6 Variable Did Not Exist	10/01/2013	
	9 Unknown	10/01/2013	
<b>drs8_2</b>	<b>Understand, Remember, and Follow Directions</b>	<b>10/01/2013</b>	
<b>Question:</b>	<b>Can you understand, remember, and follow directions?</b>		
	1 Never	10/01/2013	
	2 Some Of The Time	10/01/2013	
	3 Most Of The Time	10/01/2013	
	4 Always	10/01/2013	
	6 Variable Did Not Exist	10/01/2013	
	9 Unknown	10/01/2013	
<b>drs8_3</b>	<b>Keep Track of Time, Schedules and Appointments</b>	<b>10/01/2013</b>	
<b>Question:</b>	<b>Can you keep track of time, schedules and appointments?</b>		
	1 Never	10/01/2013	
	2 Some Of The Time	10/01/2013	
	3 Most Of The Time	10/01/2013	
	4 Always	10/01/2013	
	6 Variable Did Not Exist	10/01/2013	
	9 Unknown	10/01/2013	
<b>drs8_4</b>	<b>Perform Variety of Jobs Chosen /Manage Home Independently/Participate in School Full Time</b>	<b>10/01/2013</b>	
<b>Question:</b>	<b>Perform in a wide variety of jobs of your choosing or manage a home independently or participate in school full-time</b>		
	1 Certain Or Very Certain I Cannot (Go to 8.5.)	10/01/2013	
	2 Uncertain (Go to 8.5.)	10/01/2013	
	3 Certain Or Very Certain I Can (END)	10/01/2013	
	6 Variable Did Not Exist	10/01/2013	
	9 Unknown	10/01/2013	
<b>drs8_5</b>	<b>Successful but With Some Reduction in the Workload/Other Accommodations</b>	<b>10/01/2013</b>	
<b>Question:</b>	<b>Be successful at work, school or in home management with some reduction in the work load or with other accommodations due to disabilities</b>		
	1 Certain Or Very Certain I Cannot (Go to 8.6.)	10/01/2013	
	2 Uncertain (Go to 8.6.)	10/01/2013	
	3 Certain Or Very Certain I Can (END)	10/01/2013	
	6 Variable Did Not Exist	10/01/2013	
	8 Not Applicable	10/01/2013	
	9 Unknown	10/01/2013	
<b>drs8_6</b>	<b>Successful but With Limited Job Choices/School Courses</b>	<b>10/01/2013</b>	
<b>Question:</b>	<b>Be successful at work, school or in home management but with limited choices in jobs or school courses due to disabilities</b>		
	1 Certain Or Very Certain I Cannot (Go to 8.7.)	10/01/2013	
	2 Uncertain (Go to 8.7.)	10/01/2013	
	3 Certain Or Very Certain I Can (END)	10/01/2013	
	6 Variable Did Not Exist	10/01/2013	
	8 Not Applicable	10/01/2013	



9	Unknown	10/01/2013
<b>drs8_7</b>	<b>Able to Work at Home/Special Setting</b>	<b>10/01/2013</b>
<b>Question:</b>	<b>Be able to work at home or in a special setting like a sheltered workshop in which the work is very routine and there is very frequent supervision and support</b>	
1	Certain Or Very Certain I Cannot (END)	10/01/2013
2	Uncertain (END)	10/01/2013
3	Certain Or Very Certain I Can (END)	10/01/2013
6	Variable Did Not Exist	10/01/2013
8	Not Applicable (END)	10/01/2013
9	Unknown	10/01/2013

**NOTE**

The DRS for Form II is a standardized questionnaire, and questions should be asked the same way every time with no words changed. If the answers to specific questions are obvious from answers given prior to the DRS questions, they may be confirmed and skipped. If the participant is having trouble understanding the question, restate the question as phrased. If additional clarification is needed, then data collectors can rephrase the question or offer clarification.

**HISTORY**

<u>Date of Change</u>	<u>Description</u>
01/15/2015	Added NOTE : If the answers to specific questions are obvious from answers given prior to the DRS questions, they may be confirmed and skipped
10/01/2013	Added Questions to database to replace the original DRS Rating Form

**SOURCE**

Malec JF, Hammond FM, Giacino JT, Whyte J, Wright J. (2012) A Structured Interview to Improve the Reliability and Psychometric Integrity of the Disability Rating Scale. Arch Phys Med & Rehabil, Epub 2012 Sep;93(9):1603-8.

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



DEFINITION

DRS Structured Interview: Level of Functioning Items

VARIABLES

<u>Name</u>	<u>Description</u>	<u>Date Added</u>	<u>Date Removed</u>
<b>drs7_1</b>	<b>Function Completely Independently</b>	<b>10/01/2013</b>	
<b>Question:</b>	<b>Do you function completely independently? That is, you do not require any physical assistance, supervision, equipment, devices, or reminders for cognitive, social, behavioral, emotional, and physical function?</b>		
1	No	10/01/2013	
2	Yes	10/01/2013	
6	Variable Did Not Exist	10/01/2013	
9	Unknown	10/01/2013	
<b>drs7_2</b>	<b>Require Special Aids or Equipment</b>	<b>10/01/2013</b>	
<b>Question:</b>	<b>Do you REQUIRE special aids or equipment such as a brace, walker, wheelchair, memory notebook, day planner, verbal reminders, prompts, cues, or alarm watch because of a disability?</b>		
1	No	10/01/2013	
2	Yes	10/01/2013	
6	Variable Did Not Exist	10/01/2013	
9	Unknown	10/01/2013	
<b>drs7_3</b>	<b>Require Physical Assistance for Daily Needs</b>	<b>10/01/2013</b>	
<b>Question:</b>	<b>Do you require PHYSICAL assistance from another person to meet daily needs?</b>		
1	Never	10/01/2013	
2	Some of the Time	10/01/2013	
3	Most of the Time	10/01/2013	
4	Always	10/01/2013	
6	Variable Did Not Exist	10/01/2013	
9	Unknown	10/01/2013	
<b>drs7_4</b>	<b>Require Assistance in Tasks that Require Thinking Abilities</b>	<b>10/01/2013</b>	
<b>Question:</b>	<b>Do you require assistance from another person in tasks that require THINKING ABILITIES?</b>		
1	Never	10/01/2013	
2	Some of the Time	10/01/2013	
3	Most of the Time	10/01/2013	
4	Always	10/01/2013	
6	Variable Did Not Exist	10/01/2013	
9	Unknown	10/01/2013	
<b>drs7_5</b>	<b>Require Assistance to Manage Emotion and Behavior</b>	<b>10/01/2013</b>	
<b>Question:</b>	<b>Do you require assistance from another person to manage EMOTIONS AND BEHAVIOR?</b>		
1	Never	10/01/2013	
2	Some of the Time	10/01/2013	
3	Most of the Time	10/01/2013	
4	Always	10/01/2013	
6	Variable Did Not Exist	10/01/2013	
9	Unknown	10/01/2013	
<b>drs7_6a</b>	<b>Take Care of Own Needs but also Need a Helper Close By</b>	<b>10/01/2013</b>	
<b>Question:</b>	<b>Do you take care of some of your needs but also need a helper who is always close by?</b>		
1	No	10/01/2013	
2	Yes	10/01/2013	
6	Variable Did Not Exist	10/01/2013	
9	Unknown	10/01/2013	
<b>drs7_6b</b>	<b>Need Help With all Major Activities and Assistance All the Time</b>	<b>10/01/2013</b>	
<b>Question:</b>	<b>Do you need help with all major activities and the assistance of another person all the time?</b>		



Form: 2

## DRS FUNCTIONING

Last updated: 01/15/2015

Variable DRSFUN

1	No	10/01/2013
2	Yes	10/01/2013
6	Variable Did Not Exist	10/01/2013
9	Unknown	10/01/2013

<b>drs7_6c</b>	<b>Need 24-Hour Care and Not Able to Help with Own Care at All</b>	<b>10/01/2013</b>
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**Question:** Do you need 24-hour care and are not able to help with your own care at all?

1	No	10/01/2013
2	Yes	10/01/2013
6	Variable Did Not Exist	10/01/2013
9	Unknown	10/01/2013

### NOTE

These questions evaluate if the person with TBI is able to live as s/he wishes and what kind of assistance s/he needs from others. Physical difficulties are considered in the scoring.

Thinking abilities may be clarified with 'Thinking abilities include things such as concentrating, understanding, and remembering.'

The DRS for Form II is a standardized questionnaire, and questions should be asked the same way every time with no words changed. If the answers to specific questions are obvious from answers given prior to the DRS questions, they may be confirmed and skipped. If the participant is having trouble understanding the question, restate the question as phrased. If additional clarification is needed, then data collectors can rephrase the question or offer clarification.

### HISTORY

<u>Date of Change</u>	<u>Description</u>
01/15/2015	Added NOTE : If the answers to specific questions are obvious from answers given prior to the DRS questions, they may be confirmed and skipped
10/01/2013	Added Questions to database to replace the original DRS Rating Form

### SOURCE

Malec JF, Hammond FM, Giacino JT, Whyte J, Wright J. (2012) A Structured Interview to Improve the Reliability and Psychometric Integrity of the Disability Rating Scale. Arch Phys Med & Rehabil, Epub 2012 Sep;93(9):1603-8.

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



DEFINITION

Purpose

This form queries the participant about their rehabilitation needs and whether help (or more help) is needed. Item content asks about needs in the domains of cognitive, emotional/psychological, instrumental activities of daily living, interpersonal/social support, and activities of daily living.

VARIABLES

Name	Description	Date Added	Date Removed
<b>memHelp</b>	<b>Have you received help since VA inpatient rehabilitation (or since we last spoke)?</b>	<b>08/03/2015</b>	
Question:	Have you received help since VA inpatient rehabilitation (or since we last spoke)?		
	1 No	08/05/2015	
	2 Yes	08/05/2015	
	7 Refused	08/05/2015	
	9 Unknown	08/05/2015	
<b>memHelpNeed</b>	<b>Do you need or want (more) help?</b>	<b>08/03/2015</b>	
Question:	Do you need or want (more) help?		
	1 No	08/05/2015	
	2 Yes	08/05/2015	
	7 Refused	08/05/2015	
	9 Unknown	08/05/2015	
<b>solvProbHelp</b>	<b>Have you received help since VA inpatient rehabilitation (or since we last spoke)?</b>	<b>08/03/2015</b>	
Question:	Have you received help since VA inpatient rehabilitation (or since we last spoke)?		
	1 No	08/05/2015	
	2 Yes	08/05/2015	
	7 Refused	08/05/2015	
	9 Unknown	08/05/2015	
<b>solvProbHelpNeed</b>	<b>Do you need or want (more) help?</b>	<b>08/03/2015</b>	
Question:	Do you need or want (more) help?		
	1 No	08/05/2015	
	2 Yes	08/05/2015	
	7 Refused	08/05/2015	
	9 Unknown	08/05/2015	
<b>manageStressHelp</b>	<b>Have you received help since VA inpatient rehabilitation (or since we last spoke)?</b>	<b>08/03/2015</b>	
Question:	Have you received help since VA inpatient rehabilitation (or since we last spoke)?		
	1 No	08/05/2015	
	2 Yes	08/05/2015	
	7 Refused	08/05/2015	
	9 Unknown	08/05/2015	
<b>manageStressHelpNeed</b>	<b>Do you need or want (more) help?</b>	<b>08/03/2015</b>	
Question:	Do you need or want (more) help?		
	1 No	08/05/2015	
	2 Yes	08/05/2015	
	7 Refused	08/05/2015	
	9 Unknown	08/05/2015	
<b>manageEmotionsHelp</b>	<b>Have you received help since VA inpatient rehabilitation (or since we last spoke)?</b>	<b>08/03/2015</b>	
Question:	Have you received help since VA inpatient rehabilitation (or since we last spoke)?		
	1 No	08/05/2015	
	2 Yes	08/05/2015	
	7 Refused	08/05/2015	
	9 Unknown	08/05/2015	
<b>manageEmotionsHelpNeed</b>	<b>Do you need or want (more) help?</b>	<b>08/03/2015</b>	
Question:	Do you need or want (more) help?		
	1 No	08/05/2015	
	2 Yes	08/05/2015	



7	Refused	08/05/2015
9	Unknown	08/05/2015

**substanceControll Have you received help since VA inpatient rehabilitation (or since we last spoke)? 08/03/2015**

**Question: Have you received help since VA inpatient rehabilitation (or since we last spoke)?**

1	No	08/05/2015
2	Yes	08/05/2015
7	Refused	08/05/2015
9	Unknown	08/05/2015

**substanceControll Do you need or want (more) help? 08/03/2015**

**Question: Do you need or want (more) help?**

1	No	08/05/2015
2	Yes	08/05/2015
7	Refused	08/05/2015
9	Unknown	08/05/2015

**phySymptomCont Have you received help since VA inpatient rehabilitation (or since we last spoke)? 08/03/2015**

**Question: Have you received help since VA inpatient rehabilitation (or since we last spoke)?**

1	No	08/05/2015
2	Yes	08/05/2015
7	Refused	08/05/2015
9	Unknown	08/05/2015

**phySymptomCont Do you need or want (more) help? 08/03/2015**

**Question: Do you need or want (more) help?**

1	No	08/05/2015
2	Yes	08/05/2015
7	Refused	08/05/2015
9	Unknown	08/05/2015

**manageMoneyHelj Have you received help since VA inpatient rehabilitation (or since we last spoke)? 08/03/2015**

**Question: Have you received help since VA inpatient rehabilitation (or since we last spoke)?**

1	No	08/05/2015
2	Yes	08/05/2015
7	Refused	08/05/2015
9	Unknown	08/05/2015

**manageMoneyHelj Do you need or want (more) help? 08/03/2015**

**Question: Do you need or want (more) help?**

1	No	08/05/2015
2	Yes	08/05/2015
7	Refused	08/05/2015
9	Unknown	08/05/2015

**independenceHelj Have you received help since VA inpatient rehabilitation (or since we last spoke)? 08/03/2015**

**Question: Have you received help since VA inpatient rehabilitation (or since we last spoke)?**

1	No	08/05/2015
2	Yes	08/05/2015
7	Refused	08/05/2015
9	Unknown	08/05/2015

**independenceHelj Do you need or want (more) help? 08/03/2015**

**Question: Do you need or want (more) help?**

1	No	08/05/2015
2	Yes	08/05/2015
7	Refused	08/05/2015
9	Unknown	08/05/2015

**improveSkillsHelp Have you received help since VA inpatient rehabilitation (or since we last spoke)? 08/03/2015**

**Question: Have you received help since VA inpatient rehabilitation (or since we last spoke)?**

1	No	08/05/2015
2	Yes	08/05/2015



7	Refused	08/05/2015
9	Unknown	08/05/2015

**improveSkillsHelp Do you need or want (more) help? 08/03/2015**

**Question: Do you need or want (more) help?**

1	No	08/05/2015
2	Yes	08/05/2015
7	Refused	08/05/2015
9	Unknown	08/05/2015

**successfulHelp Have you received help since VA inpatient rehabilitation (or since we last spoke)? 08/03/2015**

**Question: Have you received help since VA inpatient rehabilitation (or since we last spoke)?**

1	No	08/05/2015
2	Yes	08/05/2015
7	Refused	08/05/2015
9	Unknown	08/05/2015

**successfulHelpNe Do you need or want (more) help? 08/03/2015**

**Question: Do you need or want (more) help?**

1	No	08/05/2015
2	Yes	08/05/2015
7	Refused	08/05/2015
9	Unknown	08/05/2015

**gettingAroundHel Have you received help since VA inpatient rehabilitation (or since we last spoke)? 08/03/2015**

**Question: Have you received help since VA inpatient rehabilitation (or since we last spoke)?**

1	No	08/05/2015
2	Yes	08/05/2015
7	Refused	08/05/2015
9	Unknown	08/05/2015

**gettingAroundHel Do you need or want (more) help? 08/03/2015**

**Question: Do you need or want (more) help?**

1	No	08/05/2015
2	Yes	08/05/2015
7	Refused	08/05/2015
9	Unknown	08/05/2015

**psychSupportHel Have you received help since VA inpatient rehabilitation (or since we last spoke)? 08/03/2015**

**Question: Have you received help since VA inpatient rehabilitation (or since we last spoke)?**

1	No	08/05/2015
2	Yes	08/05/2015
7	Refused	08/05/2015
9	Unknown	08/05/2015

**psychSupportHel Do you need or want (more) help? 08/03/2015**

**Question: Do you need or want (more) help?**

1	No	08/05/2015
2	Yes	08/05/2015
7	Refused	08/05/2015
9	Unknown	08/05/2015

**medServiceHelp Have you received help since VA inpatient rehabilitation (or since we last spoke)? 08/03/2015**

**Question: Have you received help since VA inpatient rehabilitation (or since we last spoke)?**

1	No	08/05/2015
2	Yes	08/05/2015
7	Refused	08/05/2015
9	Unknown	08/05/2015

**medServiceHelpN Do you need or want (more) help? 08/03/2015**

**Question: Do you need or want (more) help?**

1	No	08/05/2015
2	Yes	08/05/2015



7	Refused	08/05/2015
9	Unknown	08/05/2015

**rehabServiceHelp Have you received help since VA inpatient rehabilitation (or since we last spoke)? 08/03/2015**

**Question: Have you received help since VA inpatient rehabilitation (or since we last spoke)?**

1	No	08/05/2015
2	Yes	08/05/2015
7	Refused	08/05/2015
9	Unknown	08/05/2015

**rehabServiceHelp Do you need or want (more) help? 08/03/2015**

**Question: Do you need or want (more) help?**

1	No	08/05/2015
2	Yes	08/05/2015
7	Refused	08/05/2015
9	Unknown	08/05/2015

**recreationalHelp Have you received help since VA inpatient rehabilitation (or since we last spoke)? 08/03/2015**

**Question: Have you received help since VA inpatient rehabilitation (or since we last spoke)?**

1	No	08/05/2015
2	Yes	08/05/2015
7	Refused	08/05/2015
9	Unknown	08/05/2015

**recreationalHelp Do you need or want (more) help? 08/03/2015**

**Question: Do you need or want (more) help?**

1	No	08/05/2015
2	Yes	08/05/2015
7	Refused	08/05/2015
9	Unknown	08/05/2015

**socializeHelp Have you received help since VA inpatient rehabilitation (or since we last spoke)? 08/03/2015**

**Question: Have you received help since VA inpatient rehabilitation (or since we last spoke)?**

1	No	08/05/2015
2	Yes	08/05/2015
7	Refused	08/05/2015
9	Unknown	08/05/2015

**socializeHelpNeed Do you need or want (more) help? 08/03/2015**

**Question: Do you need or want (more) help?**

1	No	08/05/2015
2	Yes	08/05/2015
7	Refused	08/05/2015
9	Unknown	08/05/2015

**improveRelationHi Have you received help since VA inpatient rehabilitation (or since we last spoke)? 08/03/2015**

**Question: Have you received help since VA inpatient rehabilitation (or since we last spoke)?**

1	No	08/05/2015
2	Yes	08/05/2015
7	Refused	08/05/2015
9	Unknown	08/05/2015

**improveRelationHi Do you need or want (more) help? 08/03/2015**

**Question: Do you need or want (more) help?**

1	No	08/05/2015
2	Yes	08/05/2015
7	Refused	08/05/2015
9	Unknown	08/05/2015

**improveHealthHelj Have you received help since VA inpatient rehabilitation (or since we last spoke)? 08/03/2015**

**Question: Have you received help since VA inpatient rehabilitation (or since we last spoke)?**

1	No	08/05/2015
2	Yes	08/05/2015



7	Refused	08/05/2015
9	Unknown	08/05/2015

**improveHealthHel** Do you need or want (more) help? **08/03/2015**

**Question:** Do you need or want (more) help?

1	No	08/05/2015
2	Yes	08/05/2015
7	Refused	08/05/2015
9	Unknown	08/05/2015

**dailyLivingHelp** Have you received help since VA inpatient rehabilitation (or since we last spoke)? **08/03/2015**

**Question:** Have you received help since VA inpatient rehabilitation (or since we last spoke)?

1	No	08/05/2015
2	Yes	08/05/2015
7	Refused	08/05/2015
9	Unknown	08/05/2015

**dailyLivingHelpNe** Do you need or want (more) help? **08/03/2015**

**Question:** Do you need or want (more) help?

1	No	08/05/2015
2	Yes	08/05/2015
7	Refused	08/05/2015
9	Unknown	08/05/2015

**informationSuppo** Have you received help since VA inpatient rehabilitation (or since we last spoke)? **08/03/2015**

**Question:** Have you received help since VA inpatient rehabilitation (or since we last spoke)?

1	No	08/05/2015
2	Yes	08/05/2015
7	Refused	08/05/2015
9	Unknown	08/05/2015

**informationSuppo** Do you need or want (more) help? **08/03/2015**

**Question:** Do you need or want (more) help?

1	No	08/05/2015
2	Yes	08/05/2015
7	Refused	08/05/2015
9	Unknown	08/05/2015

**transitionHelp** Have you received help since VA inpatient rehabilitation (or since we last spoke)? **08/03/2015**

**Question:** Have you received help since VA inpatient rehabilitation (or since we last spoke)?

1	No	08/05/2015
2	Yes	08/05/2015
7	Refused	08/05/2015
9	Unknown	08/05/2015

**transitionHelpNee** Do you need or want (more) help? **08/03/2015**

**Question:** Do you need or want (more) help?

1	No	08/05/2015
2	Yes	08/05/2015
7	Refused	08/05/2015
9	Unknown	08/05/2015

**CODE**

**NOTE**

Instructions for administration

First administration: For participants being administered this measure for the first time since discharge from rehab, state: "First I'm going to ask you some questions about whether or not you have received help since your inpatient rehabilitation discharge. I'll then ask whether or not you need or want (more) help in that area. Help can be defined as receiving treatment from any organization (VA, DOD, private facility) and assistance from



friends/family. Have you needed help with ...?" for each activity listed.

If yes, the data collector will follow-up with "do you need or want more help?"

If no, the data collector will follow-up with "do you need or want help?"

Follow-up administrations: For participants who previously completed this measure, state: "First I'm going to ask you some questions about whether or not you have received help since the last time we spoke with you for research follow-up. I'll then ask whether or not you need or want (more) help in that area. Help can be defined as receiving treatment from any organization (VA, DOD, private facility) and assistance from friends/family. Have you needed help with ...? Yes or No?" for each activity listed.

If yes, the data collector will follow-up with "do you need or want more help?"

If no, the data collector will follow-up with "do you need or want help?"

Items with multiple needs listed: For questions with multiple needs listed in the item, if the participant answers "yes" to at least 1 item but "no" to the remaining items, code as "yes." For example, for item 6, if the participant received (or needs/wants) help with headaches, but not with insomnia, fatigue, imbalance, or tinnitus, then code as "yes."

Form Instructions

Mailout:

1. For each of the following needs, please indicate as to whether you have received help since your inpatient rehabilitation discharge (or since the last time we spoke with you for research follow-up) by circling either Yes or No.
2. Then indicate as to whether you need or want (more) help by circling either Yes or No. Help can be defined as receiving treatment from any organization (VA, DOD, private facility) and assistance from friends/family.

Phone: First, I'm going to ask you some questions about whether or not you have received help in certain areas since (your inpatient discharge) or (your last follow-up). I'll then ask whether or not you need OR want (more) help in that area.

Method for collecting

Form2 - Interview, Mail Out

Source

Best Source

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## EXAMPLE

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## HISTORY

<u>Date of Change</u>	<u>Description</u>
09/21/2016	Data dictionary reference form created

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## SOURCE

Corrigan JD, Whiteneck G, Mellick D. Perceived needs following traumatic brain injury. J Head Trauma Rehabil 19; 202-216.  
 Heinemann AW, Sokol K, Garvin L, Bode RK. Measuring unmet needs and services among persons with traumatic brain injury. Arch Phys Med Rehabil 83; 1052-1059.

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## QUESTIONS

**QUESTION:** If this form is being completed by someone other than the Veteran/Service Member, they should indicate what they believe the Veteran/Service Member needs are at that time. Note: Caregiver needs are documented on the Family Needs Questionnaire.

**ANSWER:**



DEFINITION

Purpose: This measure is to identify the types of rehab services the participant is receiving by asking, "What type of outpatient healthcare providers have you seen?"

VARIABLES

Name	Description	Date Added	Date Removed
<b>audiologist</b>	<b>Audiologist (Hearing Specialist)</b>	<b>08/03/2015</b>	
Question:	<b>Audiologist (Hearing Specialist)</b>		
	1 No	08/05/2015	
	2 Yes	08/05/2015	
	3 Currently Inpatient	10/01/2017	
	8 Don't Know	08/05/2015	
	9 Unknown	08/05/2015	
<b>caseManager</b>	<b>Case Manager/Social Worker</b>	<b>08/03/2015</b>	
Question:	<b>Case Manager/Social Worker</b>		
	1 No	08/05/2015	
	2 Yes	08/05/2015	
	3 Currently Inpatient	10/01/2017	
	8 Don't Know	08/05/2015	
	9 Unknown	08/05/2015	
<b>gastroenterologist</b>	<b>Gastroenterologist (Digestive System Doctor)</b>	<b>08/03/2015</b>	
Question:	<b>Gastroenterologist (Digestive System Doctor)</b>		
	1 No	08/05/2015	
	2 Yes	08/05/2015	
	3 Currently Inpatient	10/01/2017	
	8 Don't Know	08/05/2015	
	9 Unknown	08/05/2015	
<b>infectiousDisease!</b>	<b>Infectious Disease Specialist</b>	<b>08/03/2015</b>	
Question:	<b>Infectious Disease Specialist</b>		
	1 No	08/05/2015	
	2 Yes	08/05/2015	
	3 Currently Inpatient	10/01/2017	
	8 Don't Know	08/05/2015	
	9 Unknown	08/05/2015	
<b>Neurologist</b>	<b>Neurologist</b>	<b>08/03/2015</b>	
Question:	<b>Neurologist</b>		
	1 No	08/05/2015	
	2 Yes	08/05/2015	
	3 Currently Inpatient	10/01/2017	
	8 Don't Know	08/05/2015	
	9 Unknown	08/05/2015	
<b>neuropsychologis!</b>	<b>Neuropsychologist</b>	<b>08/03/2015</b>	
Question:	<b>Neuropsychologist</b>		
	1 No	08/05/2015	
	2 Yes	08/05/2015	
	3 Currently Inpatient	10/01/2017	
	8 Don't Know	08/05/2015	
	9 Unknown	08/05/2015	
<b>nursing</b>	<b>Nursing</b>	<b>08/03/2015</b>	
Question:	<b>Nursing</b>		
	1 No	08/05/2015	
	2 Yes	08/05/2015	
	3 Currently Inpatient	10/01/2017	
	8 Don't Know	08/05/2015	



9 Unknown 08/05/2015

**occupationalTherapist Occupational Therapist 08/03/2015**

**Question: Occupational Therapist**

1 No 08/05/2015

2 Yes 08/05/2015

3 Currently Inpatient 10/01/2017

8 Don't Know 08/05/2015

9 Unknown 08/05/2015

**otolaryngology Otolaryngology (ear, nose, and throat/ENT Doctor) 08/03/2015**

**Question: Otolaryngology (ear, nose, and throat/ENT Doctor)**

1 No 08/05/2015

2 Yes 08/05/2015

3 Currently Inpatient 10/01/2017

8 Don't Know 08/05/2015

9 Unknown 08/05/2015

**painSpecialist Pain Specialist 08/03/2015**

**Question: Pain Specialist**

1 No 08/05/2015

2 Yes 08/05/2015

3 Currently Inpatient 10/01/2017

8 Don't Know 08/05/2015

9 Unknown 08/05/2015

**physiatrist Physiatrist (Rehabilitation Physician) 08/03/2015**

**Question: Physiatrist (Rehabilitation Physician)**

1 No 08/05/2015

2 Yes 08/05/2015

3 Currently Inpatient 10/01/2017

8 Don't Know 08/05/2015

9 Unknown 08/05/2015

**physicalTherapist Physical Therapist 08/03/2015**

**Question: Physical Therapist**

1 No 08/05/2015

2 Yes 08/05/2015

3 Currently Inpatient 10/01/2017

8 Don't Know 08/05/2015

9 Unknown 08/05/2015

**primaryCare Primary Care (Family Medicine, Internist, OB/GYN) 08/03/2015**

**Question: Primary Care (Family Medicine, Internist, OB/GYN)**

1 No 08/05/2015

2 Yes 08/05/2015

3 Currently Inpatient 10/01/2017

8 Don't Know 08/05/2015

9 Unknown 08/05/2015

**prosthetics Prosthetics/Assistive Technology 08/03/2015**

**Question: Prosthetics/Assistive Technology**

1 No 08/05/2015

2 Yes 08/05/2015

3 Currently Inpatient 10/01/2017

8 Don't Know 08/05/2015

9 Unknown 08/05/2015

**psychiatrist Psychiatrist 08/03/2015**

**Question: Psychiatrist**

1 No 08/05/2015

2 Yes 08/05/2015



Form: 2

SERVICES RECEIVED

Last updated: 06/02/2016

Variable SERVI

3	Currently Inpatient	10/01/2017
8	Don't Know	08/05/2015
9	Unknown	08/05/2015

**psychologist      Psychologist      08/03/2015**

**Question: Psychologist**

1	No	08/05/2015
2	Yes	08/05/2015
3	Currently Inpatient	10/01/2017
8	Don't Know	08/05/2015
9	Unknown	08/05/2015

**recreationalTherapist      Recreational Therapist      08/03/2015**

**Question: Recreational Therapist**

1	No	08/05/2015
2	Yes	08/05/2015
3	Currently Inpatient	10/01/2017
8	Don't Know	08/05/2015
9	Unknown	08/05/2015

**relationshipCounselor      Relationship Counselor      08/03/2015**

**Question: Relationship Counselor**

1	No	08/05/2015
2	Yes	08/05/2015
3	Currently Inpatient	10/01/2017
8	Don't Know	08/05/2015
9	Unknown	08/05/2015

**speechTherapist      Speech Therapist      08/03/2015**

**Question: Speech Therapist**

1	No	08/05/2015
2	Yes	08/05/2015
3	Currently Inpatient	10/01/2017
8	Don't Know	08/05/2015
9	Unknown	08/05/2015

**surgeon      Surgeon      08/03/2015**

**Question: Surgeon**

1	No	08/05/2015
2	Yes	08/05/2015
3	Currently Inpatient	10/01/2017
8	Don't Know	08/05/2015
9	Unknown	08/05/2015

**vestibularSpecialist      Vestibular Specialist      08/03/2015**

**Question: Vestibular Specialist**

1	No	08/05/2015
2	Yes	08/05/2015
3	Currently Inpatient	10/01/2017
8	Don't Know	08/05/2015
9	Unknown	08/05/2015

**visionSpecialist      Vision Specialist (Optometrist, Ophthalmologist, or other)      08/03/2015**

**Question: Vision Specialist (Optometrist, Ophthalmologist, or other)**

1	No	08/05/2015
2	Yes	08/05/2015
3	Currently Inpatient	10/01/2017
8	Don't Know	08/05/2015
9	Unknown	08/05/2015

**vocRehabCounselor      Vocational Rehabilitation Counselor      08/03/2015**

**Question: Vocational Rehabilitation Counselor**



Form: 2

### SERVICES RECEIVED

Last updated: 06/02/2016

Variable SERVI

1	No	08/05/2015
2	Yes	08/05/2015
3	Currently Inpatient	10/01/2017
8	Don't Know	08/05/2015
9	Unknown	08/05/2015

**Other**      **Other**      **08/03/2015**

Question: Other

1	No	08/05/2015
2	Yes	08/05/2015
8	Don't Know	08/05/2015
9	Unknown	08/05/2015

**otherList**      **If others, List**      **08/03/2015**

Question: If others, List

## CODE

## NOTE

Instructions for administration

First administration: For participants being administered this measure for the first time since discharge from rehab, ask: "Since your discharge from rehab what type of outpatient healthcare providers have you seen? Have you seen a/an ....?" for each specialist listed.

Follow-up administration: For participants who previously completed this measure ask: "In the past year what type of outpatient healthcare providers have you seen? Have you seen a/an ....?" for each specialist listed.

Completion note:

Only complete with discharged participants. For those currently in-patient, including PTRP and STAR, use code 3 – currently inpatient.

Form Instructions

Mail Out: (Since your discharge from rehab)... or (In the past year)...What type of outpatient healthcare providers have you seen? Circle either Yes, No, or Uncertain for each of the responses below.

Interview: (Since your discharge from rehab)... or (In the past year)...What type of outpatient healthcare providers have you seen?

Method for collecting

Form2 - Interview, Mail Out

Source

Best Source

## EXAMPLE

## HISTORY

<u>Date of Change</u>	<u>Description</u>
06/02/2016	Data Dictionary reference form created



DEFINITION

Purpose

The purpose of this measure is to obtain information as to who is paying for the Veteran/Service Member's medical care. By obtaining this information, we can hypothesize as to whether finances are a limiting factor to obtaining services.

VARIABLES

Name	Description	Date Added	Date Removed
<b>sepCharitable</b>	<b>Charitable/Non-Profit Organizations (e.g., Church Organization, Red Cross)</b>	<b>08/03/2015</b>	
Question:	Charitable/Non-Profit Organizations (e.g., Church Organization, Red Cross)		
	1 No	08/05/2015	
	2 Yes	08/05/2015	
	8 Don't Know	08/05/2015	
	9 Unknown	08/05/2015	
<b>sepDOD</b>	<b>Department of Defense Military Treatment Facility (MTF)</b>	<b>08/03/2015</b>	
Question:	Department of Defense Military Treatment Facility (MTF)		
	1 No	08/05/2015	
	2 Yes	08/05/2015	
	8 Don't Know	08/05/2015	
	9 Unknown	08/05/2015	
<b>sepDeptRehab</b>	<b>Department of Rehabilitation</b>	<b>08/03/2015</b>	
Question:	Department of Rehabilitation		
	1 No	08/05/2015	
	2 Yes	08/05/2015	
	8 Don't Know	08/05/2015	
	9 Unknown	08/05/2015	
<b>sepVA</b>	<b>Department of Veteran Affairs (VA)</b>	<b>08/03/2015</b>	
Question:	Department of Veteran Affairs (VA)		
	1 No	08/05/2015	
	2 Yes	08/05/2015	
	8 Don't Know	08/05/2015	
	9 Unknown	08/05/2015	
<b>sepMedicaid</b>	<b>Medicaid</b>	<b>08/03/2015</b>	
Question:	Medicaid		
	1 No	08/05/2015	
	2 Yes	08/05/2015	
	8 Don't Know	08/05/2015	
	9 Unknown	08/05/2015	
<b>sepMedicare</b>	<b>Medicare</b>	<b>08/03/2015</b>	
Question:	Medicare		
	1 No	08/05/2015	
	2 Yes	08/05/2015	
	8 Don't Know	08/05/2015	
	9 Unknown	08/05/2015	
<b>sepPrivateInsuran</b>	<b>Private Insurance (HMO, PPO, Auto insurance)</b>	<b>08/03/2015</b>	
Question:	Private Insurance (HMO, PPO, Auto insurance)		
	1 No	08/05/2015	
	2 Yes	08/05/2015	
	8 Don't Know	08/05/2015	
	9 Unknown	08/05/2015	
<b>sepSelfPay</b>	<b>Self-Pay or Care Paid for by Family</b>	<b>08/03/2015</b>	
Question:	Self-Pay or Care Paid for by Family		
	1 No	08/05/2015	
	2 Yes	08/05/2015	



8	Don't Know	08/05/2015
9	Unknown	08/05/2015

<b>sepStateProgram</b>	<b>State or County Program (e.g., Social Security Disability)</b>	<b>08/03/2015</b>
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<b>Question:</b>	<b>State or County Program (e.g., Social Security Disability)</b>	
1	No	08/05/2015
2	Yes	08/05/2015
8	Don't Know	08/05/2015
9	Unknown	08/05/2015

<b>sepTricare</b>	<b>Tricare</b>	<b>08/03/2015</b>
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<b>Question:</b>	<b>Tricare</b>	
1	No	08/05/2015
2	Yes	08/05/2015
8	Don't Know	08/05/2015
9	Unknown	08/05/2015

<b>sepVeteranOrg</b>	<b>Veteran Service Organizations (e.g., Wounded Warrior Project, Semper Fi Fund)</b>	<b>08/03/2015</b>
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<b>Question:</b>	<b>Veteran Service Organizations (e.g., Wounded Warrior Project, Semper Fi Fund)</b>	
1	No	08/05/2015
2	Yes	08/05/2015
8	Don't Know	08/05/2015
9	Unknown	08/05/2015

<b>sepWorkComp</b>	<b>Workers Compensation</b>	<b>08/03/2015</b>
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<b>Question:</b>	<b>Workers Compensation</b>	
1	No	08/05/2015
2	Yes	08/05/2015
8	Don't Know	08/05/2015
9	Unknown	08/05/2015

<b>sepOthers</b>	<b>Other:</b>	<b>08/03/2015</b>
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<b>Question:</b>	<b>Other:</b>	
1	No	08/05/2015
2	Yes	08/05/2015
8	Don't Know	08/05/2015
9	Unknown	08/05/2015

<b>sepOthersList</b>	<b>If others, list:</b>	<b>08/03/2015</b>
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<b>Question:</b>	<b>If others, list:</b>	
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**CODE**

**NOTE**

Instructions for administration

First administration: For participants being administered this measure for the first time since discharge from rehab, ask "Since your discharge from rehab who has been paying for your healthcare and rehabilitation services and/or equipment? Has .... paid for your healthcare and rehabilitation services and/or equipment?" for each payment option.

Subsequent administrations: For participants who previously completed this measure, ask "In the past year who has been paying for your healthcare and rehabilitation services and/or equipment? Has .... paid for your healthcare and rehabilitation services and/or equipment?" for each payment option.

Form Instructions

Mailout: (Since your discharge from rehab) or (In the past year) who has been paying for your healthcare and rehabilitation services and/or equipment? Circle either Yes, No or Uncertain for each of the responses below.

Phone: (Since your discharge from rehab) or (In the past year) who has been paying for your healthcare and rehabilitation services and/or



Form: 2

**SERVICES PAID**

Last updated: 09/21/2016

Variable SEPAYI

equipment?

Method for collecting  
Form2 - Interview, Mail Out

Source  
Best Source, Chart Review

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## EXAMPLE

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## HISTORY

<u>Date of Change</u>	<u>Description</u>
09/21/2016	Data dictionary reference form created

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## SOURCE

MTF: Walter Reed, Brooke Army Medical Center, Center for the Intrepid, NICOE



### DEFINITION

#### Purpose

The PGIC was selected by stakeholders as a core measure for global concussion health care outcome to capture the patient perspective regarding the achievement of clinically important benefit from concussion care treatment. Standardization of the definition of clinically meaningful change and measurement frequency are important so that data can be aggregated across settings to produce meaningful results.

### VARIABLES

<u>Name</u>	<u>Description</u>	<u>Date Added</u>	<u>Date Removed</u>
afterDischargeCha	Since your discharge, how would you describe the change (if any) in ACTIVITY LIMITATIONS, SYMPTOMS, EMOTIONS and OVERALL QUALITY OF LIFE related to your brain injury?	08/03/2015	
Question:	Since your discharge, how would you describe the change (if any) in ACTIVITY LIMITATIONS, SYMPTOMS, EMOTIONS and OVERALL QUALITY OF LIFE related to your brain injury?		
	1 No Change	08/05/2015	
	2 Almost the same	08/05/2015	
	3 A little better	08/05/2015	
	4 Somewhat better	08/05/2015	
	5 Moderately better	08/05/2015	
	6 Better and a definite improvement	08/05/2015	
	7 A great deal better and a considerable improvement	08/05/2015	
	10 Not Applicable	08/05/2015	
	77 Don't know or Not sure	08/05/2015	

### NOTE

Instructions for administration

Ask "Since your discharge, how would you describe the change (if any) in activity limitations, symptoms, emotions and overall quality of life related to your brain injury?"

Form Instructions

Form II: Since your discharge, how would you describe the change (if any) in activity limitations, symptoms, emotions and overall quality of life related to your brain injury?

Form II Mail Out: Since your discharge, how would you describe the change (if any) in activity limitations, symptoms, emotions and overall quality of life related to your brain injury?

Method for collecting

Form2 - Interview, Mail Out

Source

Veteran/Service Member Only

### HISTORY

<u>Date of Change</u>	<u>Description</u>
09/21/2016	Data dictionary reference form created

### SOURCE

Guy W. ECDEU assessment manual for psychopharmacology (DHEW Publication No. ADM 76-338). Washington, DC: US Government Printing Office; 1976.



DEFINITION

Purpose

The CHIEF-SF is designed to assess the frequency and magnitude of perceived physical, attitudinal, and policy barriers that keep people with disabilities from doing what they want or need to do. It is designed to be a short inventory of environmental barriers that can be utilized in large-scale surveys and surveillance systems, and be valid for both individuals with and without disabilities.

VARIABLES

Name	Description	Date Added	Date Removed
transportationPro	In the past 12 months, how often has the availability of transportation been a problem for you?	08/03/2015	
Question:	In the past 12 months, how often has the availability of transportation been a problem for you?		
	1 Never	08/05/2015	
	2 Less than Monthly	08/05/2015	
	3 Monthly	08/05/2015	
	4 Weekly	08/05/2015	
	5 Daily	08/05/2015	
	9 Unknown	08/05/2015	
transportationPro	When this problem occurs has it been a big problem or a little problem?	08/03/2015	
Question:	When this problem occurs has it been a big problem or a little problem?		
	1 Little Problem	08/05/2015	
	2 Big Problem	08/05/2015	
	8 Not Applicable	08/05/2015	
	9 Unknown	08/05/2015	
naturalEnvironme	In the past 12 months, how often has the natural environment – temperature, terrain, and climate – made it difficult to do what you want or need to do?	08/03/2015	
Question:	In the past 12 months, how often has the natural environment – temperature, terrain, and climate – made it difficult to do what you want or need to do?		
	1 Never	08/05/2015	
	2 Less than Monthly	08/05/2015	
	3 Monthly	08/05/2015	
	4 Weekly	08/05/2015	
	5 Daily	08/05/2015	
	9 Unknown	08/05/2015	
naturalEnvironme	When this problem occurs has it been a big problem or a little problem?	08/03/2015	
Question:	When this problem occurs has it been a big problem or a little problem?		
	1 Little Problem	08/05/2015	
	2 Big Problem	08/05/2015	
	8 Not Applicable	08/05/2015	
	9 Unknown	08/05/2015	
surroundingsIssu	In the past 12 months, how often have other aspects of your surroundings – lighting, noise, crowds, etc – made it difficult to do what you want or need to do?	08/03/2015	
Question:	In the past 12 months, how often have other aspects of your surroundings – lighting, noise, crowds, etc – made it difficult to do what you want or need to do?		
	1 Never	08/05/2015	
	2 Less than Monthly	08/05/2015	
	3 Monthly	08/05/2015	
	4 Weekly	08/05/2015	
	5 Daily	08/05/2015	
	9 Unknown	08/05/2015	
surroundingsIssu	When this problem occurs has it been a big problem or a little problem?	08/03/2015	
Question:	When this problem occurs has it been a big problem or a little problem?		
	1 Little Problem	08/05/2015	
	2 Big Problem	08/05/2015	
	8 Not Applicable	08/05/2015	



9 Unknown 08/05/2015

**infoFormatIssues** In the past 12 months, how often has the information you wanted or needed not been available in a format you can use or understand? 08/03/2015

- Question:** In the past 12 months, how often has the information you wanted or needed not been available in a format you can use or understand?
- 1 Never 08/05/2015
  - 2 Less than Monthly 08/05/2015
  - 3 Monthly 08/05/2015
  - 4 Weekly 08/05/2015
  - 5 Daily 08/05/2015
  - 9 Unknown 08/05/2015

**infoFormatIssues2** When this problem occurs has it been a big problem or a little problem? 08/03/2015

- Question:** When this problem occurs has it been a big problem or a little problem?
- 1 Little Problem 08/05/2015
  - 2 Big Problem 08/05/2015
  - 8 Not Applicable 08/05/2015
  - 9 Unknown 08/05/2015

**healthcareAvailabi** In the past 12 months, how often has the availability of health care services and medical care been a problem for you? 08/03/2015

- Question:** In the past 12 months, how often has the availability of health care services and medical care been a problem for you?
- 1 Never 08/05/2015
  - 2 Less than Monthly 08/05/2015
  - 3 Monthly 08/05/2015
  - 4 Weekly 08/05/2015
  - 5 Daily 08/05/2015
  - 9 Unknown 08/05/2015

**healthcareAvailabi** When this problem occurs has it been a big problem or a little problem? 08/03/2015

- Question:** When this problem occurs has it been a big problem or a little problem?
- 1 Little Problem 08/05/2015
  - 2 Big Problem 08/05/2015
  - 8 Not Applicable 08/05/2015
  - 9 Unknown 08/05/2015

**helpNeedIssues** In the past 12 months, how often did you need someone else's help in your home and could not easily get it? 08/03/2015

- Question:** In the past 12 months, how often did you need someone else's help in your home and could not easily get it?
- 1 Never 08/05/2015
  - 2 Less than Monthly 08/05/2015
  - 3 Monthly 08/05/2015
  - 4 Weekly 08/05/2015
  - 5 Daily 08/05/2015
  - 9 Unknown 08/05/2015

**helpNeedIssuesBi** When this problem occurs has it been a big problem or a little problem? 08/03/2015

- Question:** When this problem occurs has it been a big problem or a little problem?
- 1 Little Problem 08/05/2015
  - 2 Big Problem 08/05/2015
  - 8 Not Applicable 08/05/2015
  - 9 Unknown 08/05/2015

**helpNeedSchoolW** In the past 12 months, how often did you need someone else's help at school or work and could not get it easily? 08/03/2015

- Question:** In the past 12 months, how often did you need someone else's help at school or work and could not get it easily?
- 1 Never 08/05/2015
  - 2 Less than Monthly 08/05/2015
  - 3 Monthly 08/05/2015



Form: 2

Last updated: 09/21/2016

CRAIG HOSPITAL INVENTORY OF ENVIRONMENTAL FACTORS  
Variable: CHIEFI

4	Weekly	08/05/2015
5	Daily	08/05/2015
8	Not Applicable	08/05/2015
9	Unknown	08/05/2015

**helpneedschoolW** When this problem occurs has it been a big problem or a little problem? 08/03/2015

**Question:** When this problem occurs has it been a big problem or a little problem?

1	Little Problem	08/05/2015
2	Big Problem	08/05/2015
8	Not Applicable	08/05/2015
9	Unknown	08/05/2015

**ppleAttitudeHome** In the past 12 months, how often have other people's attitudes toward you been a problem at home? 08/03/2015

**Question:** In the past 12 months, how often have other people's attitudes toward you been a problem at home?

1	Never	08/05/2015
2	Less than Monthly	08/05/2015
3	Monthly	08/05/2015
4	Weekly	08/05/2015
5	Daily	08/05/2015
9	Unknown	08/05/2015

**ppleAttitudeHome** When this problem occurs has it been a big problem or a little problem? 08/03/2015

**Question:** When this problem occurs has it been a big problem or a little problem?

1	Little Problem	08/05/2015
2	Big Problem	08/05/2015
8	Not Applicable	08/05/2015
9	Unknown	08/05/2015

**ppleAttitudWorkSc** In the past 12 months, how often have other people's attitudes toward you been a problem at school or work? 08/03/2015

**Question:** In the past 12 months, how often have other people's attitudes toward you been a problem at school or work?

1	Never	08/05/2015
2	Less than Monthly	08/05/2015
3	Monthly	08/05/2015
4	Weekly	08/05/2015
5	Daily	08/05/2015
8	Not Applicable	08/05/2015
9	Unknown	08/05/2015

**ppleAttitudWorkSc** When this problem occurs has it been a big problem or a little problem? 08/03/2015

**Question:** When this problem occurs has it been a big problem or a little problem?

1	Little Problem	08/05/2015
2	Big Problem	08/05/2015
8	Not Applicable	08/05/2015
9	Unknown	08/05/2015

**discriminationIssu** In the past 12 months, how often did you experience prejudice or discrimination? 08/03/2015

**Question:** In the past 12 months, how often did you experience prejudice or discrimination?

1	Never	08/05/2015
2	Less than Monthly	08/05/2015
3	Monthly	08/05/2015
4	Weekly	08/05/2015
5	Daily	08/05/2015
9	Unknown	08/05/2015

**discriminationIssu** When this problem occurs has it been a big problem or a little problem? 08/03/2015

**Question:** When this problem occurs has it been a big problem or a little problem?

1	Little Problem	08/05/2015
2	Big Problem	08/05/2015



- 8 Not Applicable 08/05/2015
- 9 Unknown 08/05/2015

**businessRulesIssi In the past 12 months, how often did the policies and rules of businesses and organizations make problems for you? 08/03/2015**

- Question:** In the past 12 months, how often did the policies and rules of businesses and organizations make problems for you?
- 1 Never 08/05/2015
  - 2 Less than Monthly 08/05/2015
  - 3 Monthly 08/05/2015
  - 4 Weekly 08/05/2015
  - 5 Daily 08/05/2015
  - 9 Unknown 08/05/2015

**businessRulesIssi When this problem occurs has it been a big problem or a little problem? 08/03/2015**

- Question:** When this problem occurs has it been a big problem or a little problem?
- 1 Little Problem 08/05/2015
  - 2 Big Problem 08/05/2015
  - 8 Not Applicable 08/05/2015
  - 9 Unknown 08/05/2015

**govPoliciesIssues In the past 12 months, how often did government programs and policies make it difficult to do what you want or need to do? 08/03/2015**

- Question:** In the past 12 months, how often did government programs and policies make it difficult to do what you want or need to do?
- 1 Never 08/05/2015
  - 2 Less than Monthly 08/05/2015
  - 3 Monthly 08/05/2015
  - 4 Weekly 08/05/2015
  - 5 Daily 08/05/2015
  - 9 Unknown 08/05/2015

**govpoliciesIssues When this problem occurs has it been a big problem or a little problem? 08/03/2015**

- Question:** When this problem occurs has it been a big problem or a little problem?
- 1 Little Problem 08/05/2015
  - 2 Big Problem 08/05/2015
  - 8 Not Applicable 08/05/2015
  - 9 Unknown 08/05/2015

**CODE**

**NOTE**

Instructions for administration

Read each question as it is written on the form and record their answer.

Form Instructions

Mail Out:

Being an active, productive member of society includes participating in such things as working, going to school, taking care of your home, and being involved with family and friends in social, recreational and civic activities in the community. Many factors can help or improve a person's participation in these activities while other factors can act as barriers and limit participation.

First, please tell me how often each of the following has been a barrier to your own participation in the activities that matter to you. Think about the past year, and tell me whether each item on the list below has been a problem daily, weekly, monthly, less than monthly, or never. If the item occurs, then answer the question as to how big a problem the item is with regard to your participation in the activities that matter to you.

(Note: if a question asks specifically about school or work and you neither work nor attend school, check not applicable.)

Interview:

"Next, I'd like to hear more about your participation in certain activities... Think about the past year, and tell me whether each item has been a problem daily, weekly, monthly, less than monthly, or never. (Q7 and Q9 may not be applicable)



Form: 2

Last updated: 09/21/2016

# CRAIG HOSPITAL INVENTORY OF ENVIRONMENTAL FACTORS

Variable CHIEFI

'8- Not applicable' may be used ONLY on questions Q7 and Q9 if the person is not involved with school/employment. All other options should be coded.

Subset questions will be 8- NA if main questions are 1-Never or 9-Unknown

Some items can be modified if person lives in hospital, if they live in a nursing home or hospital (e.g., 'How often did you need someone else's help in the nursing home and could not easily get it?')

Method for collecting  
Form2 - Interview, Mail Out

Source  
Best Source

## EXAMPLE

## HISTORY

<u>Date of Change</u>	<u>Description</u>
09/21/2016	Data dictionary reference form created

## SOURCE

Craig Hospital Inventory of Environmental Factors – Short Form (CHIEF-SF, NEW)  
<https://craighospital.org/uploads/CraigHospital.ChiefManual.pdf>

Whiteneck GG, Gerhart KA, Cusick CP. Identifying environmental factors that influence the outcomes of people with traumatic brain injury. J Head Trauma Rehabil. 2004 May-Jun;19(3):191-204.

Whiteneck GG, Harrison-Felix CL, Mellick DC, Brooks CA, Charlifue SB, Gerhart KA. Quantifying environmental factors: a measure of physical, attitudinal, service, productivity, and policy barriers. Arch Phys Med Rehabil. 2004 Aug;85(8):1324-35.

## QUESTIONS

**QUESTION:** Should the CHIEF-SF be administered to those who have not discharged from the hospital.

**ANSWER:** Yes, the following questions may be applicable to the patient setting.



## DEFINITION

All definitions provide below are from Mayo Clinic (<http://www.mayoclinic.org>) except chronic pain. If a participant asks for a definition of the disease, it is acceptable to tell them the following:

**Hypertension/High Blood Pressure:** High blood pressure is a common condition in which the long-term force of the blood against your artery walls is high enough that it may eventually cause health problems, such as heart disease.

**Congestive Heart Failure:** Congestive heart failure, occurs when your heart muscle doesn't pump blood as well as it should.

**Myocardial Infarction/Heart Attack:** A heart attack occurs when the flow of blood to the heart is blocked, most often by a build-up of fat, cholesterol and other substances, which form a plaque in the arteries that feed the heart (coronary arteries). The interrupted blood flow can damage or destroy part of the heart muscle. (<http://www.mayoclinic.org/diseases-conditions/heart-attack/basics/definition/con-20019520>)

**Other Heart Conditions:** Include, for example, Aortic dissection, Atrial fibrillation, Aortic valve stenosis,

**Stroke:** A stroke occurs when the blood supply to part of your brain is interrupted or severely reduced, depriving brain tissue of oxygen and nutrients. Within minutes, brain cells begin to die.

**Respiratory Illness:** Asthma

**Diabetes:** Diabetes mellitus refers to a group of diseases that affect how your body uses blood sugar (glucose). If you have diabetes, no matter what type, it means you have too much glucose in your blood, although the causes may differ. Too much glucose can lead to serious health problems.

**Cancer:** Cancer refers to any one of a large number of diseases characterized by the development of abnormal cells that divide uncontrollably and have the ability to infiltrate and destroy normal body tissue. Cancer often has the ability to spread throughout your body

**Liver Disease, such as Hepatitis:** Hepatitis A, B, and C: Hepatitis A, B, and C are infections caused by viruses that attacks the liver. Toxic hepatitis is an inflammation of your liver in reaction to certain substances to which you're exposed. Toxic hepatitis can be caused by alcohol, chemicals, drugs or nutritional supplements. Cirrhosis: a late stage of scarring (fibrosis) of the liver caused by many forms of liver diseases and conditions, such as hepatitis and chronic alcohol abuse.

**Rheumatoid Arthritis:** Rheumatoid arthritis is a chronic inflammatory disorder that typically affects the small joints in your hands and feet. Unlike the wear-and-tear damage of osteoarthritis, rheumatoid arthritis affects the lining of your joints, causing a painful swelling that can eventually result in bone erosion and joint deformity.

**Osteoarthritis:** The most common form of arthritis; it involves the wearing away of the cartilage that caps the bones in your joints.

**Osteoporosis:** It causes bones to become weak and brittle — so brittle that a fall or even mild stresses like bending over or coughing can cause a fracture. Osteoporosis-related fractures most commonly occur in the hip, wrist or spine.

**Cataracts:** A clouding of the normally clear lens of your eye. For people who have cataracts, seeing through cloudy lenses is a bit like looking through a frosty or fogged-up window.

**Lupus:** A chronic inflammatory disease that occurs when your body's immune system attacks your own tissues and organs. Inflammation caused by lupus can affect many different body systems — including your joints, skin, kidneys, blood cells, brain, heart and lungs

**Goiter:** (pronounced GOI-tur) An abnormal enlargement of your thyroid gland. Your thyroid is a butterfly-shaped gland located at the base of your neck just below your Adam's apple. Although goiters are usually painless, a large goiter can cause a cough and make it difficult for you to swallow or breathe.

**Other thyroid diseases:** Hyperthyroidism, Hypothyroidism, Hashimoto's disease

**High Blood Cholesterol:** When you have high cholesterol, you may develop fatty deposits in your blood vessels. Eventually, these deposits make it difficult for enough blood to flow through your arteries. Includes hyperlipidemia/hypercholesterolemia.

**Fractures of the hip, wrist, spine:** Stress fractures are tiny cracks in a bone. Stress fractures are caused by the repetitive application of force, often by overuse — such as repeatedly jumping up and down or running long distances. Stress fractures can also arise from normal use of a bone that's been weakened by a condition such as osteoporosis. Fractures can also be traumatically induced

**Kidney Stones:** Small, hard mineral deposits that form inside your kidneys. The stones are made of mineral and acid salts. Kidney stones have many causes and can affect any part of your urinary tract — from your kidneys to your bladder.

**Sleep Apnea:** A disorder in which breathing repeatedly stops and starts during sleep.

**Narcolepsy:** A chronic sleep disorder characterized by overwhelming daytime drowsiness and sudden attacks of sleep. People with narcolepsy often find it difficult to stay awake for long periods of time, regardless of the circumstances. Narcolepsy can be accompanied by a sudden loss of



muscle tone (cataplexy) that leads to weakness and loss of muscle control.

Sexual Dysfunction: Persistent and recurrent problems with sexual response, desire, orgasm, or pain, and can affect men and women.

Chronic Pain: Pain is actually a symptom, not a diagnosis. Pain is a self-report item. However, there are diagnosis in which chronic pain is a central feature. While acute pain is a normal sensation triggered in the nervous system to alert you to possible injury and the need to take care of yourself, chronic pain is different. Chronic pain persists. Pain signals keep firing in the nervous system for weeks, months, even years. There may have been an initial mishap -- sprained back, serious infection, or there may be an ongoing cause of pain -- arthritis, cancer, ear infection, but some people suffer chronic pain in the absence of any past injury or evidence of body damage. Many chronic pain conditions affect older adults. Common chronic pain complaints include headache, low back pain, cancer pain, arthritis pain, neurogenic pain (pain resulting from damage to the peripheral nerves or to the central nervous system itself), psychogenic pain (pain not due to past disease or injury or any visible sign of damage inside or outside the nervous system). A person may have two or more co-existing chronic pain conditions. Such conditions can include chronic fatigue syndrome, endometriosis, fibromyalgia, inflammatory bowel disease, interstitial cystitis, temporomandibular joint dysfunction, and vulvodynia. It is not known whether these disorders share a common cause.

VARIABLES

Table with columns: Name, Description, Date Added, Date Removed. Rows include hypertension, hypertensionlastC, hypertensionAge, hypertensionTBI, congestiveHeartF, congestiveHeartF, congestiveHeartF, heartAttack.



1	No	08/05/2015
2	Yes	08/05/2015
9	Unknown	08/05/2015

**heartattackAge**    **Age at which you were diagnosed**    **08/03/2015**

<b>Question:</b>	<b>Age at which you were diagnosed</b>	
888	Not Applicable	08/05/2015
999	Unknown	08/05/2015

**heartAttackTBIon:**    **Heart attack onset at time of TBI?**    **07/03/2017**

<b>Question:</b>	<b>Was that before, after, or about same time as your TBI?</b>	
1	Before	07/03/2017
2	After	07/03/2017
3	About the same time as TBI	07/03/2017
77	Variable Did Not Exist	07/03/2017
88	Not Applicable	07/03/2017
99	Unknown	07/03/2017

**otherHeartConditio**    **Other heart conditions (such as problems with heart valves or the rhythm of your heartbeat)?**    **08/03/2015**

<b>Question:</b>	<b>Other heart conditions (such as problems with heart valves or the rhythm of your heartbeat)?</b>	
1	No	08/05/2015
2	Yes	08/05/2015
9	Unknown	08/05/2015

**otherHeartConditio**    **Age at which you were diagnosed**    **08/03/2015**

<b>Question:</b>	<b>Age at which you were diagnosed</b>	
888	Not Applicable	08/05/2015
999	Unknown	08/05/2015

**otherHeartConditio**    **Other heart conditions onset at time of TBI?**    **07/03/2017**

<b>Question:</b>	<b>Was that before, after, or about same time as your TBI?</b>	
1	Before	07/03/2017
2	After	07/03/2017
3	About the same time as TBI	07/03/2017
77	Variable Did Not Exist	07/03/2017
88	Not Applicable	07/03/2017
99	Unknown	07/03/2017

**stroke**    **Stroke**    **08/03/2015**

<b>Question:</b>	<b>Stroke</b>	
1	No	08/05/2015
2	Yes	08/05/2015
9	Unknown	08/05/2015

**strokeAge**    **Age at which you were diagnosed**    **08/03/2015**

<b>Question:</b>	<b>Age at which you were diagnosed</b>	
888	Not Applicable	08/05/2015
999	Unknown	08/05/2015

**strokeTBIOnset**    **Stroke onset at time of TBI?**    **07/03/2017**

<b>Question:</b>	<b>Was that before, after, or about same time as your TBI?</b>	
1	Before	07/03/2017
2	After	07/03/2017
3	About the same time as TBI	07/03/2017
77	Variable Did Not Exist	07/03/2017
88	Not Applicable	07/03/2017
99	Unknown	07/03/2017

**respiratoryIllness**    **Respiratory Illness**    **08/03/2015**

<b>Question:</b>	<b>Respiratory Illness</b>	
1	No	08/05/2015



2	Yes	08/05/2015
9	Unknown	08/05/2015

**respiratoryIllness1 What type? 08/03/2015**

Question: What type?

**respiratoryIllness4 Age at which you were diagnosed 08/03/2015**

Question: Age at which you were diagnosed

888	Not Applicable	08/05/2015
999	Unknown	08/05/2015

**respiratoryIllness1 Respiratory illness onset at time of TBI? 07/03/2017**

Question: Was that before, after, or about same time as your TBI?

1	Before	07/03/2017
2	After	07/03/2017
3	About the same time as TBI	07/03/2017
77	Variable Did Not Exist	07/03/2017
88	Not Applicable	07/03/2017
99	Unknown	07/03/2017

**diabetesHighBloo Diabetes, high blood sugar, or sugar in the urine 08/03/2015**

Question: Diabetes, high blood sugar, or sugar in the urine

1	No	08/05/2015
2	Yes	08/05/2015
9	Unknown	08/05/2015

**diabetesInsulin Are you currently taking insulin? 08/03/2015**

Question: Are you currently taking insulin?

1	No	08/05/2015
2	Yes	08/05/2015
8	NA	08/05/2015
9	Unknown	08/05/2015

**diabetesAge Age at which you were diagnosed 08/03/2015**

Question: Age at which you were diagnosed

888	Not Applicable	08/05/2015
999	Unknown	08/05/2015

**diabetesHighBloo Diabetes high blood sugar onset at time of TBI? 07/03/2017**

Question: Was that before, after, or about same time as your TBI?

1	Before	07/03/2017
2	After	07/03/2017
3	About the same time as TBI	07/03/2017
77	Variable Did Not Exist	07/03/2017
88	Not Applicable	07/03/2017
99	Unknown	07/03/2017

**cancer Cancer 08/03/2015**

Question: Cancer

1	No	08/05/2015
2	Yes	08/05/2015
9	Unknown	08/05/2015

**cancerType What type? 08/03/2015**

Question: What type?

**cancerAge Age at which you were diagnosed 08/03/2015**

Question: Age at which you were diagnosed

888	Not Applicable	08/05/2015
999	Unknown	08/05/2015

**cancerTBIOnset Cancer onset at time of TBI? 07/03/2017**



**Question:** Was that before, after, or about same time as your TBI?

1	Before	07/03/2017
2	After	07/03/2017
3	About the same time as TBI	07/03/2017
77	Variable Did Not Exist	07/03/2017
88	Not Applicable	07/03/2017
99	Unknown	07/03/2017

**liverDisease**      **Liver disease (such as hepatitis)**      **08/03/2015**

**Question:** Liver disease (such as hepatitis)

1	No	08/05/2015
2	Yes	08/05/2015
9	Unknown	08/05/2015

**liverDiseaseAge**      **Age at which you were diagnosed**      **08/03/2015**

**Question:** Age at which you were diagnosed

888	Not Applicable	08/05/2015
999	Unknown	08/05/2015

**liverDiseaseTBIOn**      **Liver disease onset at time of TBI?**      **07/03/2017**

**Question:** Was that before, after, or about same time as your TBI?

1	Before	07/03/2017
2	After	07/03/2017
3	About the same time as TBI	07/03/2017
77	Variable Did Not Exist	07/03/2017
88	Not Applicable	07/03/2017
99	Unknown	07/03/2017

**rheumatoidArthrIti**      **Rheumatoid arthritis**      **08/03/2015**

**Question:** Rheumatoid arthritis

1	No	08/05/2015
2	Yes	08/05/2015
9	Unknown	08/05/2015

**rheumatoidArthrIti**      **Age at which you were diagnosed**      **08/03/2015**

**Question:** Age at which you were diagnosed

888	Not Applicable	08/05/2015
999	Unknown	08/05/2015

**rheumatoidArthrIti**      **Rheumatoid arthritis onset at time of TBI?**      **07/03/2017**

**Question:** Was that before, after, or about same time as your TBI?

1	Before	07/03/2017
2	After	07/03/2017
3	About the same time as TBI	07/03/2017
77	Variable Did Not Exist	07/03/2017
88	Not Applicable	07/03/2017
99	Unknown	07/03/2017

**osteoarthritis**      **Osteoarthritis**      **08/03/2015**

**Question:** Osteoarthritis

1	No	08/05/2015
2	Yes	08/05/2015
9	Unknown	08/05/2015

**osteoarthritisAge**      **Age at which you were diagnosed**      **08/03/2015**

**Question:** Age at which you were diagnosed

888	Not Applicable	08/05/2015
999	Unknown	08/05/2015

**osteoarthritisTBIO**      **Osteoarthritis onset at time of TBI?**      **07/03/2017**

**Question:** Was that before, after, or about same time as your TBI?

1	Before	07/03/2017
2	After	07/03/2017



3	About the same time as TBI	07/03/2017
77	Variable Did Not Exist	07/03/2017
88	Not Applicable	07/03/2017
99	Unknown	07/03/2017

**osteoporosis Osteoporosis 08/03/2015**

**Question: Osteoporosis**

1	No	08/05/2015
2	Yes	08/05/2015
9	Unknown	08/05/2015

**osteoporosisAge Age at which you were diagnosed 08/03/2015**

**Question: Age at which you were diagnosed**

888	Not Applicable	08/05/2015
999	Unknown	08/05/2015

**osteoporosisTBIO Osteoporosis onset at time of TBI? 07/03/2017**

**Question: Was that before, after, or about same time as your TBI?**

1	Before	07/03/2017
2	After	07/03/2017
3	About the same time as TBI	07/03/2017
77	Variable Did Not Exist	07/03/2017
88	Not Applicable	07/03/2017
99	Unknown	07/03/2017

**cataracts Cataracts 08/03/2015**

**Question: Cataracts**

1	No	08/05/2015
2	Yes	08/05/2015
9	Unknown	08/05/2015

**cataractsAge Age at which you were diagnosed 08/03/2015**

**Question: Age at which you were diagnosed**

888	Not Applicable	08/05/2015
999	Unknown	08/05/2015

**cataractsTBIONset Cataracts onset at time of TBI? 07/03/2017**

**Question: Was that before, after, or about same time as your TBI?**

1	Before	07/03/2017
2	After	07/03/2017
3	About the same time as TBI	07/03/2017
77	Variable Did Not Exist	07/03/2017
88	Not Applicable	07/03/2017
99	Unknown	07/03/2017

**lupus Lupus 08/03/2015**

**Question: Lupus**

1	No	08/05/2015
2	Yes	08/05/2015
9	Unknown	08/05/2015

**lupusAge Age at which you were diagnosed 08/03/2015**

**Question: Age at which you were diagnosed**

888	Not Applicable	08/05/2015
999	Unknown	08/05/2015

**lupusTBIONset Lupus onset at time of TBI? 07/03/2017**

**Question: Was that before, after, or about same time as your TBI?**

1	Before	07/03/2017
2	After	07/03/2017
3	About the same time as TBI	07/03/2017
77	Variable Did Not Exist	07/03/2017
88	Not Applicable	07/03/2017



99	Unknown	07/03/2017
<b>goiter</b>	<b>Goiter</b>	<b>08/03/2015</b>
<b>Question:</b>	<b>Goiter</b>	
1	No	08/05/2015
2	Yes	08/05/2015
9	Unknown	08/05/2015
<b>goiterAge</b>	<b>Age at which you were diagnosed</b>	<b>08/03/2015</b>
<b>Question:</b>	<b>Age at which you were diagnosed</b>	
888	Not Applicable	08/05/2015
999	Unknown	08/05/2015
<b>goiterTBIonset</b>	<b>Goiter onset at time of TBI?</b>	<b>07/03/2017</b>
<b>Question:</b>	<b>Was that before, after, or about same time as your TBI?</b>	
1	Before	07/03/2017
2	After	07/03/2017
3	About the same time as TBI	07/03/2017
77	Variable Did Not Exist	07/03/2017
88	Not Applicable	07/03/2017
99	Unknown	07/03/2017
<b>otherThyroidDisea</b>	<b>Other thyroid disease</b>	<b>08/03/2015</b>
<b>Question:</b>	<b>Other thyroid disease</b>	
1	No	08/05/2015
2	Yes	08/05/2015
9	Unknown	08/05/2015
<b>otherThyroidDisea</b>	<b>Age at which you were diagnosed</b>	<b>08/03/2015</b>
<b>Question:</b>	<b>Age at which you were diagnosed</b>	
888	Not Applicable	08/05/2015
999	Unknown	08/05/2015
<b>otherThyroidDisea</b>	<b>Other thyroid disease onset at time of TBI?</b>	<b>07/03/2017</b>
<b>Question:</b>	<b>Was that before, after, or about same time as your TBI?</b>	
1	Before	07/03/2017
2	After	07/03/2017
3	About the same time as TBI	07/03/2017
77	Variable Did Not Exist	07/03/2017
88	Not Applicable	07/03/2017
99	Unknown	07/03/2017
<b>highBloodCholest</b>	<b>High blood cholesterol</b>	<b>08/03/2015</b>
<b>Question:</b>	<b>High blood cholesterol</b>	
1	No	08/05/2015
2	Yes	08/05/2015
9	Unknown	08/05/2015
<b>highBloodCholest</b>	<b>When was it last checked?</b>	<b>08/03/2015</b>
<b>Question:</b>	<b>When was it last checked?</b>	
9/9/9999	Unknown	08/05/2015
<b>highBloodCholest</b>	<b>Age at which you were diagnosed</b>	<b>08/03/2015</b>
<b>Question:</b>	<b>Age at which you were diagnosed</b>	
888	Not Applicable	08/05/2015
999	Unknown	08/05/2015
<b>highBloodCholest</b>	<b>High blood cholesterol onset at time of TBI?</b>	<b>07/03/2017</b>
<b>Question:</b>	<b>Was that before, after, or about same time as your TBI?</b>	
1	Before	07/03/2017
2	After	07/03/2017
3	About the same time as TBI	07/03/2017
77	Variable Did Not Exist	07/03/2017



88	Not Applicable	07/03/2017
99	Unknown	07/03/2017

<b>factureHip</b>	<b>Fractures of the hip, wrist, or spine</b>	<b>08/03/2015</b>
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<b>Question:</b>	<b>Fractures of the hip, wrist, or spine</b>	
1	No	08/05/2015
2	Yes	08/05/2015
9	Unknown	08/05/2015

<b>factureHipAge</b>	<b>Age at which you were diagnosed</b>	<b>08/03/2015</b>
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<b>Question:</b>	<b>Age at which you were diagnosed</b>	
888	Not Applicable	08/05/2015
999	Unknown	08/05/2015

<b>factureHipTBIOns</b>	<b>Hip fracture onset at time of TBI?</b>	<b>07/03/2017</b>
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<b>Question:</b>	<b>Was that before, after, or about same time as your TBI?</b>	
1	Before	07/03/2017
2	After	07/03/2017
3	About the same time as TBI	07/03/2017
77	Variable Did Not Exist	07/03/2017
88	Not Applicable	07/03/2017
99	Unknown	07/03/2017

<b>kidneyStones</b>	<b>Kidney stones</b>	<b>08/03/2015</b>
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<b>Question:</b>	<b>Kidney stones</b>	
1	No	08/05/2015
2	Yes	08/05/2015
9	Unknown	08/05/2015

<b>kidneyStonesAge</b>	<b>Age at which you were diagnosed</b>	<b>08/03/2015</b>
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<b>Question:</b>	<b>Age at which you were diagnosed</b>	
888	Not Applicable	08/05/2015
999	Unknown	08/05/2015

<b>kidneyStonesTBI</b>	<b>Kidney stones onset at time of TBI?</b>	<b>07/03/2017</b>
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<b>Question:</b>	<b>Was that before, after, or about same time as your TBI?</b>	
1	Before	07/03/2017
2	After	07/03/2017
3	About the same time as TBI	07/03/2017
77	Variable Did Not Exist	07/03/2017
88	Not Applicable	07/03/2017
99	Unknown	07/03/2017

<b>sleepApnea</b>	<b>Sleep Apnea</b>	<b>08/03/2015</b>
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<b>Question:</b>	<b>Sleep Apnea</b>	
1	No	08/05/2015
2	Yes	08/05/2015
9	Unknown	08/05/2015

<b>sleepApneaAge</b>	<b>Age at which you were diagnosed</b>	<b>08/03/2015</b>
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<b>Question:</b>	<b>Age at which you were diagnosed</b>	
888	Not Applicable	08/05/2015
999	Unknown	08/05/2015

<b>sleepApneaTBIOn</b>	<b>Sleep apnea onset at time of TBI?</b>	<b>07/03/2017</b>
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<b>Question:</b>	<b>Was that before, after, or about same time as your TBI?</b>	
1	Before	07/03/2017
2	After	07/03/2017
3	About the same time as TBI	07/03/2017
77	Variable Did Not Exist	07/03/2017
88	Not Applicable	07/03/2017
99	Unknown	07/03/2017



**narcolepsy Narcolepsy 08/03/2015**

<b>Question:</b>	<b>Narcolepsy</b>	
	1 No	08/05/2015
	2 Yes	08/05/2015
	9 Unknown	08/05/2015

**narcolepsyAge Age at which you were diagnosed 08/03/2015**

<b>Question:</b>	<b>Age at which you were diagnosed</b>	
	888 Not Applicable	08/05/2015
	999 Unknown	08/05/2015

**narcolepsyTBIOns Narcolepsy onset at time of TBI? 07/03/2017**

<b>Question:</b>	<b>Was that before, after, or about same time as your TBI?</b>	
	1 Before	07/03/2017
	2 After	07/03/2017
	3 About the same time as TBI	07/03/2017
	77 Variable Did Not Exist	07/03/2017
	88 Not Applicable	07/03/2017
	99 Unknown	07/03/2017

**sexualDysfunction Sexual Dysfunction 08/03/2015**

<b>Question:</b>	<b>Sexual Dysfunction</b>	
	1 No	08/05/2015
	2 Yes	08/05/2015
	9 Unknown	08/05/2015

**sexualDysfunction Age at which you were diagnosed 08/03/2015**

<b>Question:</b>	<b>Age at which you were diagnosed</b>	
	888 Not Applicable	08/05/2015
	999 Unknown	08/05/2015

**sexualDysfunction Sexual dysfunction onset at time of TBI? 07/03/2017**

<b>Question:</b>	<b>Was that before, after, or about same time as your TBI?</b>	
	1 Before	07/03/2017
	2 After	07/03/2017
	3 About the same time as TBI	07/03/2017
	77 Variable Did Not Exist	07/03/2017
	88 Not Applicable	07/03/2017
	99 Unknown	07/03/2017

**chronicPain Chronic Pain 08/03/2015**

<b>Question:</b>	<b>Chronic Pain</b>	
	1 No	08/05/2015
	2 Yes	08/05/2015
	8 NA	08/05/2015
	9 Unknown	08/05/2015

**chronicPainTBIOn Chronic pain onset at time of TBI? 07/03/2017**

<b>Question:</b>	<b>Was that before, after, or about same time as your TBI?</b>	
	1 Before	07/03/2017
	2 After	07/03/2017
	3 About the same time as TBI	07/03/2017
	77 Variable Did Not Exist	07/03/2017
	88 Not Applicable	07/03/2017
	99 Unknown	07/03/2017

**headPain Head Pain 08/03/2015**

<b>Question:</b>	<b>Head Pain</b>	
	1 No	08/05/2015
	2 Yes	08/05/2015
	8 NA	08/05/2015
	9 Unknown	08/05/2015



neckPain	Neck Pain	08/03/2015
<b>Question:</b>	<b>Neck Pain</b>	
	1 No	08/05/2015
	2 Yes	08/05/2015
	8 NA	08/05/2015
	9 Unknown	08/05/2015
backPain	Back Pain	08/03/2015
<b>Question:</b>	<b>Back Pain</b>	
	1 No	08/05/2015
	2 Yes	08/05/2015
	8 NA	08/05/2015
	9 Unknown	08/05/2015
ageDiagnosed	Age at which you were diagnosed	08/03/2015
<b>Question:</b>	<b>Age at which you were diagnosed</b>	
	888 Not Applicable	08/05/2015
	999 Unknown	08/05/2015

CODE

NOTE

Instructions for administration

This queries the participant about their past medical history by asking, "Has a doctor ever told you that you have..." for each medical condition. For this study, these questions will be supplemented with queries so that health condition data are collected in the same format.

First administration: For participants being administered the NHANES for the first time since study enrollment ask "has a doctor ever told you that you had..." for each medical condition. For each health condition endorsed with "yes" the data collector will follow-up with "at what age were you diagnosed?"

Follow-up administration: For participants who were previously administered the NHANES, and are now being administered a follow up NHANES ask, "In the past year has a doctor told you that you have..." For any health condition endorsed with "Yes" follow up with additional questions (e.g., 'At what age were you diagnosed?').

Dates:

On questions requiring dates last checked (e.g. [high blood pressure/cholesterol), obtain a best estimate for the value. First, ask for the year of diagnosis followed by the month and then the day. If the respondent has trouble remembering the year, try to prompt for significant periods of life (e.g., elementary school, after college, before marriage, etc.). If the respondent has troubles remembering the month, prompt for a season or time of year.

- Season - Months
- Winter - Dec/Jan/Feb
- Spring - Mar/Apr/May
- Summer - Jun/Jul/Aug
- Fall - Sep/Oct/Nov

If a respondent is able to estimate the month and year but not the day, use the beginning (i.e., 1st), middle (i.e., 15th), or end (i.e., 28th) as the best guess. For estimated dates identify the midpoint of the estimated time period.

Timeframe - Code

- in the first part of January 2015 - 1/1/2015
- toward the end of January - 1/31/2015
- mid-month of January 2015 - 1/15/2015
- The middle of 2015 - 6/15/2015
- The beginning of spring 2015 - 3/1/2015
- Middle of the spring of 2015 - 4/15/2015
- The end of summer - 8/31/2015

Age:

On questions asking for the age of diagnosis, obtain the age of diagnosis. It is permissible for participant to estimate if they have an idea for when



they were diagnosed, but should not make up a random age if they truly have no idea. Prompt if the diagnosis occurred during childhood, adolescence, their 20s, their 30s, etc.

Fill in blank:

On questions requiring write in responses (i.e., cancer, respiratory illness), enter patient response verbatim and request them to be as specific as possible during interviews.

Form Instructions

Form I: Next, I'm going to ask you some questions about your health history. Has a doctor ever told you that you have...

Form II: (In the past year) or (since your last follow-up) has a doctor told you that you have:

Form II Mailout: The following questions are used to determine your prior medical history and/or diagnosed medical conditions. Please circle yes or no if a doctor has ever told you that you have had any of the following condition(s).

Method for collecting

Form 1 - Interview

Form2 - Interview, Mail Out

Source

Best Source

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## EXAMPLE

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## HISTORY

<u>Date of Change</u>	<u>Description</u>
04/12/2016	Data dictionary reference form created

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## SOURCE

Centers for Disease Control National Health and Nutrition Examination Survey. <http://www.cdc.gov/nhanes>

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## QUESTIONS

**QUESTION:** Is it acceptable to collect this information via chart review if we are unable to contact the Veteran/Service Member or their Family Member, Significant Other or Caregiver?

**ANSWER:** No



DEFINITION

Purpose

The FNQ-R includes 37-items representing diverse needs that may arise during acute rehabilitation, soon after discharge, and in the long-term. Factor analytically derived scales include: Health Information, Emotional Support, Instrumental Support, Professional Support, Community Support Network, and Involvement with Care. Family members are asked to indicate the importance of each perceived need and then rate the degree to which the need has been met.

VARIABLES

Table with 4 columns: Name, Description, Date Added, Date Removed. Rows include variables like methodofInterview, identifySigOther, respectPatientNee, donePatient, and opinionintoOthers, each with associated questions and response options.



9 Unknown 08/05/2015

patientMedicalStat To be told about all changes in the patient's medical status. 08/03/2015

Question: To be told about all changes in the patient's medical status.

- 1 No 08/05/2015
2 Partly 08/05/2015
3 Yes 08/05/2015
7 NA/not a need 01/15/2017
8 No Family member available 08/05/2015
9 Unknown 08/05/2015

possibleMedicalC: To be assured that the best possible medical care is being given to the patient. 08/03/2015

Question: To be assured that the best possible medical care is being given to the patient.

- 1 No 08/05/2015
2 Partly 08/05/2015
3 Yes 08/05/2015
7 NA/not a need 01/15/2017
8 No Family member available 08/05/2015
9 Unknown 08/05/2015

explanation!Under To have explanations from professionals given in terms I can understand. 08/03/2015

Question: To have explanations from professionals given in terms I can understand.

- 1 No 08/05/2015
2 Partly 08/05/2015
3 Yes 08/05/2015
7 NA/not a need 01/15/2017
8 No Family member available 08/05/2015
9 Unknown 08/05/2015

answerHonestly To have my questions answered honestly. 08/03/2015

Question: To have my questions answered honestly.

- 1 No 08/05/2015
2 Partly 08/05/2015
3 Yes 08/05/2015
7 NA/not a need 01/15/2017
8 No Family member available 08/05/2015
9 Unknown 08/05/2015

opinionsUsedinPl: To be shown that my opinions are used in planning the patient's treatment, rehabilitation or education. 08/03/2015

Question: To be shown that my opinions are used in planning the patient's treatment, rehabilitation or education.

- 1 No 08/05/2015
2 Partly 08/05/2015
3 Yes 08/05/2015
7 NA/not a need 01/15/2017
8 No Family member available 08/05/2015
9 Unknown 08/05/2015

adviceFromProfes To have a professional to turn to for advice or services when the patient needs help. 08/03/2015

Question: To have a professional to turn to for advice or services when the patient needs help.

- 1 No 08/05/2015
2 Partly 08/05/2015
3 Yes 08/05/2015
7 NA/not a need 01/15/2017
8 No Family member available 08/05/2015
9 Unknown 08/05/2015

traumaticInjuryInf: To have complete information on the medical care of traumatic injuries (e.g., medications, injections, or surgery). 08/03/2015



**Question:** To have complete information on the medical care of traumatic injuries (e.g., medications, injections, or surgery).

1	No	08/05/2015
2	Partly	08/05/2015
3	Yes	08/05/2015
7	NA/not a need	01/15/2017
8	No Family member available	08/05/2015
9	Unknown	08/05/2015

**physicalProblemI** To have complete information on the patient's physical problems (e.g., weakness, headaches, dizziness, problems with vision or walking). **08/03/2015**

**Question:** To have complete information on the patient's physical problems (e.g., weakness, headaches, dizziness, problems with vision or walking).

1	No	08/05/2015
2	Partly	08/05/2015
3	Yes	08/05/2015
7	NA/not a need	01/15/2017
8	No Family member available	08/05/2015
9	Unknown	08/05/2015

**thinkingProblemIn** To have complete information on the patient's problems in thinking (e.g., confusion, memory, or communication). **08/03/2015**

**Question:** To have complete information on the patient's problems in thinking (e.g., confusion, memory, or communication).

1	No	08/05/2015
2	Partly	08/05/2015
3	Yes	08/05/2015
7	NA/not a need	01/15/2017
8	No Family member available	08/05/2015
9	Unknown	08/05/2015

**drugProbInfo** To have complete information on drug or alcohol problems and treatment. **08/03/2015**

**Question:** To have complete information on drug or alcohol problems and treatment.

1	No	08/05/2015
2	Partly	08/05/2015
3	Yes	08/05/2015
7	NA/not a need	01/15/2017
8	No Family member available	08/05/2015
9	Unknown	08/05/2015

**problemExpectedI** To be told how long each of the patient's problems is expected to last. **08/03/2015**

**Question:** To be told how long each of the patient's problems is expected to last.

1	No	08/05/2015
2	Partly	08/05/2015
3	Yes	08/05/2015
7	NA/not a need	01/15/2017
8	No Family member available	08/05/2015
9	Unknown	08/05/2015

**patientUpset** To be shown what to do when the patient is upset or acting strange. **08/03/2015**

**Question:** To be shown what to do when the patient is upset or acting strange.

1	No	08/05/2015
2	Partly	08/05/2015
3	Yes	08/05/2015
7	NA/not a need	01/15/2017
8	No Family member available	08/05/2015
9	Unknown	08/05/2015

**patientRehabInfo** To have information on the patient's rehabilitative or educational progress. **08/03/2015**

**Question:** To have information on the patient's rehabilitative or educational progress.

1	No	08/05/2015
2	Partly	08/05/2015



- 3 Yes 08/05/2015
- 7 NA/not a need 01/15/2017
- 8 No Family member available 08/05/2015
- 9 Unknown 08/05/2015

**patientResources** To have enough resources for the patient (e.g. rehabilitation programs, physical therapy, counseling, job counseling). 08/03/2015

- Question:** To have enough resources for the patient (e.g. rehabilitation programs, physical therapy, counseling, job counseling).
- 1 No 08/05/2015
  - 2 Partly 08/05/2015
  - 3 Yes 08/05/2015
  - 7 NA/not a need 01/15/2017
  - 8 No Family member available 08/05/2015
  - 9 Unknown 08/05/2015

**patientSelfHelp** To have help in deciding how much to let the patient do by himself/herself. 08/03/2015

- Question:** To have help in deciding how much to let the patient do by himself/herself.
- 1 No 08/05/2015
  - 2 Partly 08/05/2015
  - 3 Yes 08/05/2015
  - 7 NA/not a need 01/15/2017
  - 8 No Family member available 08/05/2015
  - 9 Unknown 08/05/2015

**myselfFamilyReso** To have enough resources for myself or the family (e.g. financial or legal counseling, respite care, counseling, nursing or day care). 08/03/2015

- Question:** To have enough resources for myself or the family (e.g. financial or legal counseling, respite care, counseling, nursing or day care).
- 1 No 08/05/2015
  - 2 Partly 08/05/2015
  - 3 Yes 08/05/2015
  - 7 NA/not a need 01/15/2017
  - 8 No Family member available 08/05/2015
  - 9 Unknown 08/05/2015

**houseKeepingHel** To have help keeping the house (e.g., shopping, cleaning, cooking). 08/03/2015

- Question:** To have help keeping the house (e.g., shopping, cleaning, cooking).
- 1 No 08/05/2015
  - 2 Partly 08/05/2015
  - 3 Yes 08/05/2015
  - 7 NA/not a need 01/15/2017
  - 8 No Family member available 08/05/2015
  - 9 Unknown 08/05/2015

**familyMemberHelp** To have help from other members of the family in taking care of the patient. 08/03/2015

- Question:** To have help from other members of the family in taking care of the patient.
- 1 No 08/05/2015
  - 2 Partly 08/05/2015
  - 3 Yes 08/05/2015
  - 7 NA/not a need 01/15/2017
  - 8 No Family member available 08/05/2015
  - 9 Unknown 08/05/2015

**restSleep** To get enough rest or sleep. 08/03/2015

- Question:** To get enough rest or sleep.
- 1 No 08/05/2015
  - 2 Partly 08/05/2015
  - 3 Yes 08/05/2015
  - 7 NA/not a need 01/15/2017
  - 8 No Family member available 08/05/2015
  - 9 Unknown 08/05/2015



**breakFromProble** To get a break from my problems and responsibilities. 08/03/2015

<b>Question:</b>	To get a break from my problems and responsibilities.	
1	No	08/05/2015
2	Partly	08/05/2015
3	Yes	08/05/2015
7	NA/not a need	01/15/2017
8	No Family member available	08/05/2015
9	Unknown	08/05/2015

**timeWithFriends** To spend time with my friends. 08/03/2015

<b>Question:</b>	To spend time with my friends.	
1	No	08/05/2015
2	Partly	08/05/2015
3	Yes	08/05/2015
7	NA/not a need	01/15/2017
8	No Family member available	08/05/2015
9	Unknown	08/05/2015

**attentiontoMyNee** To pay attention to my own needs, job, or interests. 08/03/2015

<b>Question:</b>	To pay attention to my own needs, job, or interests.	
1	No	08/05/2015
2	Partly	08/05/2015
3	Yes	08/05/2015
7	NA/not a need	01/15/2017
8	No Family member available	08/05/2015
9	Unknown	08/05/2015

**significantotherUn** To have my significant other understand how difficult it is for me. 08/03/2015

<b>Question:</b>	To have my significant other understand how difficult it is for me.	
1	No	08/05/2015
2	Partly	08/05/2015
3	Yes	08/05/2015
7	NA/not a need	01/15/2017
8	No Family member available	08/05/2015
9	Unknown	08/05/2015

**partnerFriendUnd** To have my partner or friends understand how difficult it is for me. 08/03/2015

<b>Question:</b>	To have my partner or friends understand how difficult it is for me.	
1	No	08/05/2015
2	Partly	08/05/2015
3	Yes	08/05/2015
7	NA/not a need	01/15/2017
8	No Family member available	08/05/2015
9	Unknown	08/05/2015

**familyMemberUnd** To have other family members understand the patient's problems. 08/03/2015

<b>Question:</b>	To have other family members understand the patient's problems.	
1	No	08/05/2015
2	Partly	08/05/2015
3	Yes	08/05/2015
7	NA/not a need	01/15/2017
8	No Family member available	08/05/2015
9	Unknown	08/05/2015

**patientFriendUnde** To have the patient's friends understand his/her problems. 08/03/2015

<b>Question:</b>	To have the patient's friends understand his/her problems.	
1	No	08/05/2015
2	Partly	08/05/2015
3	Yes	08/05/2015
7	NA/not a need	01/15/2017



- 8 No Family member available 08/05/2015
- 9 Unknown 08/05/2015

**patiendEmployerU To have the patient's employer, coworkers or teachers understand his/her problems. 08/03/2015**

- Question: To have the patient's employer, coworkers or teachers understand his/her problems.**
- 1 No 08/05/2015
  - 2 Partly 08/05/2015
  - 3 Yes 08/05/2015
  - 7 NA/not a need 01/15/2017
  - 8 No Family member available 08/05/2015
  - 9 Unknown 08/05/2015

**discussFeelingWit To discuss my feelings about the patient with someone who has gone through the same experience. 08/03/2015**

- Question: To discuss my feelings about the patient with someone who has gone through the same experience.**
- 1 No 08/05/2015
  - 2 Partly 08/05/2015
  - 3 Yes 08/05/2015
  - 7 NA/not a need 01/15/2017
  - 8 No Family member available 08/05/2015
  - 9 Unknown 08/05/2015

**discussFeelingWit To discuss my feelings about the patient with other friends or family. 08/03/2015**

- Question: To discuss my feelings about the patient with other friends or family.**
- 1 No 08/05/2015
  - 2 Partly 08/05/2015
  - 3 Yes 08/05/2015
  - 7 NA/not a need 01/15/2017
  - 8 No Family member available 08/05/2015
  - 9 Unknown 08/05/2015

**negativeFeelingAt To be reassured that it is usual to have strong negative feelings about the patient. 08/03/2015**

- Question: To be reassured that it is usual to have strong negative feelings about the patient.**
- 1 No 08/05/2015
  - 2 Partly 08/05/2015
  - 3 Yes 08/05/2015
  - 7 NA/not a need 01/15/2017
  - 8 No Family member available 08/05/2015
  - 9 Unknown 08/05/2015

**gettingOverFears/ Help getting over my doubts and fears about the future. 08/03/2015**

- Question: Help getting over my doubts and fears about the future.**
- 1 No 08/05/2015
  - 2 Partly 08/05/2015
  - 3 Yes 08/05/2015
  - 7 NA/not a need 01/15/2017
  - 8 No Family member available 08/05/2015
  - 9 Unknown 08/05/2015

**remainHopefulAbc Help in remaining hopeful about the patient's future. 08/03/2015**

- Question: Help in remaining hopeful about the patient's future.**
- 1 No 08/05/2015
  - 2 Partly 08/05/2015
  - 3 Yes 08/05/2015
  - 7 NA/not a need 01/15/2017
  - 8 No Family member available 08/05/2015
  - 9 Unknown 08/05/2015

**prepareForWorst Help in preparing for the worst. 08/03/2015**

- Question: Help in preparing for the worst.**



Form: 2

# FAMILY NEEDS QUESTIONNAIRE

Last updated: 09/21/2016

Variable FNQI

1	No	08/05/2015
2	Partly	08/05/2015
3	Yes	08/05/2015
7	NA/not a need	01/15/2017
8	No Family member available	08/05/2015
9	Unknown	08/05/2015

<b>encourageToAskC</b>	<b>To be encouraged to ask others to help out.</b>	<b>08/03/2015</b>
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<b>Question:</b>	<b>To be encouraged to ask others to help out.</b>	
1	No	08/05/2015
2	Partly	08/05/2015
3	Yes	08/05/2015
7	NA/not a need	01/15/2017
8	No Family member available	08/05/2015
9	Unknown	08/05/2015

## CODE

## NOTE

### Instructions for administration

Read each statement beginning with "I need..." and then ask "Has this need been met?"

The FNQ-R should be administered to anybody the patient indicates assists him or her with their medical care, transportation, psychological/physical support, and/or maintenance of their home environment.

If the respondent of the FNQ-R indicates a need has NEVER existed, use code 7.

If there is no family member available, code 8.

### Form Instructions

#### Mail Out:

Family and/or friends of persons who have had a traumatic injury often find they have their own special needs. These needs may or may not have been met during the patient's rehabilitation. Often, these needs change over time. We are interested in seeing whether or not your needs have been met. The information you provide will help us to understand the needs of your family as well as other families of persons with serious injury.

For each of the following questions please use the scale described to tell us whether a need has been met or not. Circle Y (Yes) if the need has been met, circle P (Partly), if the need has only been partly met, and circle N (No) if the need has not be met at all.

#### Interview:

State: "Family and/or friends of persons who have had a traumatic injury often find they have their own special needs. These needs may or may not have been met during the patient's rehabilitation. Often, these needs change over time. We are interested in seeing whether or not your needs have been met. For each item, please indicate whether this need has been met by responding: Yes, Partly or No."

#### Method for collecting

Form2 - Interview, Mail Out

#### Source

Family Member, Significant Other or Caregiver Only

## EXAMPLE

## HISTORY

<u>Date of Change</u>	<u>Description</u>
09/21/2016	Data dictionary reference form created

## SOURCE



Virginia Commonwealth University:

Camplair, P., Kreutzer, J. S., & Doherty, K. (1990). Family outcome following adult traumatic brain injury: A critical review. In J. Kreutzer & P. Wehman, P. (Eds.), *Community integration following traumatic brain injury* (pp. 207-224). Baltimore: Paul Brookes.

Kreutzer, J., Devany, C., Keck, S. (1994). Family needs following brain injury: A quantitative analysis. *Journal of Head Trauma Rehabilitation*, 9(3), 104-115.

Serio, C., Kreutzer, J., & Gervasio, A. (1995). Predicting family needs after traumatic brain injury: Implications for intervention. *Journal of Head Trauma Rehabilitation*, 10(2), 32-45.

Serio, C., Kreutzer, J., & Witol, A. (1997). Family needs after traumatic brain injury: A factor analytic study of the Family Needs Questionnaire. *Brain Injury*, 11, 1-9.

COMBI <http://www.tbims.org/combi/fnq/index.html>

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## QUESTIONS

**QUESTION:** What if SO has never had a need?

**ANSWER:** Write in 'N/A'

**QUESTION:** Are two separate questions being asked on the FNQ-R (i.e., 'I need \_\_\_\_\_' [Yes, No, Partly] versus 'Has need been met [Yes, No, Partly]'?)

**ANSWER:** Clarify during the interview you're inquiring whether a need has been met.

