1. Type(s) of rehabilitation therapy discipline received:(choose all that apply)

[ ]  Speech/ Language

[ ]  Occupational

[ ]  Physical

[ ]  Psychological

[ ]  Behavioral

[ ]  Vision

[ ]  Recreational

[ ]  Developmental Instruction

[ ]  Respiratory

[ ]  Social work/case management

[ ]  Other, specify

[ ]  None

1. For each discipline received in question1 above:
	1. Rehabilitation therapy service:

**[ ]** Outpatient

**[ ]** Early Intervention

**[ ]** School-based

**[ ]** Inpatient – acute medical unit

**[ ]** Inpatient – acute rehabilitation unit (define as ≥3 hrs of rehab therapies daily?)

**[ ]** Inpatient – subacute rehabilitation unit (define as <3 hrs of rehab therapies daily?)

**[ ]** Other

* 1. Rehabilitation therapy location:

**[ ]** Short term/ general hospital for inpatient medical care

[ ]  Inpatient rehabilitation facility/ unit

**[ ]** Clinic/ facility for outpatient care

**[ ]** Patient’s home

**[ ]** School

**[ ]** Day care

**[ ]** Residential facility

[ ]  Other community facility

**[ ]** Other

* 1. Therapy episode start date: mm dd yyyy
	2. Therapy episode end date: mm dd yyyy
	3. Age at start of episode of rehabilitation (years, round to first decimal place)
	4. Total number of sessions
	5. Average duration of sessions (minutes)
	6. Content of \_\_\_\_ therapy

| Activity | Activity | Activity |
| --- | --- | --- |
| Assessment /evaluation | Self-feeding | Complementary approaches |
| Bed mobility | Grooming | Pain management |
| Transfers | Bathing | Airway / respiratory management |
| Wheelchair mobility – manual | Dressing, upper body | Tracheostomy tube and/or ventilator support  |
| Wheelchair mobility – power | Dressing, lower body | Psychosocial support |
| Postural control/balance training | Toileting for clothing management and hygiene | Psychotherapeutic intervention |
| Pre-gait | Communication interventions | Psychoeducation intervention |
| Gait | Assistive technology | Patient/caregiver education |
| Range of motion / stretching | Home management skills | Discharge planning |
| Endurance | Other therapeutic activities  | Financial planning |
| Strengthening | Modalities | Supportive counseling |
| Motor control training | Community re-integration outing  | Peer/advocacy group |
| Constraint-induced movement training | Developmental skills | Community / in-house services |
| Bimanual movement training | Aquatic therapy | Leisure skills  |
| Musculoskeletal interventions  | Social skills | Leisure education and counseling |
| Skin/wound management | Motor speech and/or voice disorder interventions | Team and patient / family conference |
| Equipment evaluation | Swallowing/feeding trials | Team process (interdisciplinary team interactions/planning) |
| Equipment provision / modification/ education | Swallowing/feeding exercises  | Other ( specify)  |
| Splint / cast fabrication | Cognitive-communication interventions |

1. \*Provided with new mobility device? [ ]  Yes [ ]  No [ ]  Unknown

IF YES, type(s) of mobility devices: (choose all that apply)

[ ]  Forearm crutch – unilateral

[ ]  Forearm crutches – bilateral

[ ]  Quad cane – unilateral

[ ]  Quad cane – bilateral

[ ]  Walker – posterior

[ ]  Walker – anterior

[ ]  Gait trainer

[ ]  Power wheelchair

[ ]  Manual wheelchair

[ ]  Manual-assist wheelchair

[ ]  Scooter

[ ]  Other, specify:

[ ]  None

1. Provided with new positioning devices? [ ]  Yes [ ]  No [ ]  Unknown

IF YES, type(s) of positioning devices: (choose all that apply)

[ ]  Wrist splints – day use

[ ]  Wrist splints – night use

[ ]  Ankle/foot orthosis – day use

[ ]  Ankle/foot orthosis – night use

[ ]  Submalleolar orthosis

[ ]  Abduction wedge

[ ]  Knee immobilizer(s)

[ ]  Stander

[ ]  Positioning/feeding chair

[ ]  Compression garment

[ ]  Other upper extremity device

[ ]  Other lower extremity device

[ ]  Adaptive or Activities of Daily Living (ADL) equipment

[ ]  Other, specify:

[ ]  None

1. Provided with new communication device? [ ]  Yes [ ]  No [ ]  Unknown
2. IF YES, type(s) of communication devices: (choose all that apply)

[ ]  Eye gaze

[ ]  Touch screen

[ ]  Voice recognition

[ ]  Other

[ ]  None

1. Provided with durable medical equipment? [ ]  Yes [ ]  No [ ]  Unknown

IF YES, type(s) of durable medical equipment: (choose all that apply)

[ ]  Hospital bed

[ ]  Raised toilet seats

[ ]  Bedside commode

[ ]  Shower/bath equipment

[ ]  Suction devices

[ ]  Oxygen

[ ]  Other, specify:

[ ]  None

1. Provided with home modifications? [ ]  Yes [ ]  No [ ]  Unknown

IF YES, type(s) of durable medical equipment: (choose all that apply)

[ ]  Bathroom renovations (i.e., grab bars, hand held shower head)

[ ]  Stair lift

[ ]  Exterior ramp

[ ]  Elevator

[ ]  Other, specify:

[ ]  None

1. Received adjunctive treatments? [ ]  Yes [ ]  No [ ]  Unknown

IF YES, type(s) of adjunctive treatments: (choose all that apply)

[ ]  Feeding/ gastrostromy tube placement

[ ]  Botulinum toxin for spasticity

[ ]  Intrathecal baclofen

[ ]  Tracheostomy

[ ]  Tendon lengthening or transfer

[ ]  Contracture release

[ ]  Surgical procedure for drooling, specify:

[ ]  Other, specify:

[ ]  None

## Follow-up Care

1. Follow-up care from primary care physician? [ ]  Yes [ ]  No [ ]  Unknown
2. Follow-up care from rehabilitation physician? [ ]  Yes [ ]  No [ ]  Unknown [ ]  Not applicable
3. Follow-up care from orthopedic surgeon? [ ]  Yes [ ]  No [ ]  Unknown [ ]  Not applicable
4. Follow-up care from other physician? [ ]  Yes [ ]  No [ ]  Unknown

## General Instructions

This case report form (CRF) contains data elements related to rehabilitation therapies and other follow-up care the participant/subject receives.

## Specific Instructions

Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.

Important note: None of the data elements included on this CRF are considered Core (i.e., strongly recommended for all studies to collect). These data elements are supplemental and supplemental – highly recommended (\*) and should be collected on clinical trials and only if the research team considers them appropriate for their study.