## The Clinical Assessment CRF contains relevant questions from the ISCoS International SCI Data Sets that were included on the Physical Exam CDE (F1720) as well as other assessments (e.g., Spinal Column). Since the elements are taken directly from the International SCI Data Sets the time frames may or may not be appropriate. Changes to the questions are not recommended as it will prevent the data from being aggregated in the future.

## Spinal Column Injury Description:

Assessment Date/Time: (time if applicable) 1

1. Spinal column injury(-ies)1 [ ]  No [ ]  Yes [ ]  Unknown
2. Was any imaging done? [ ]  No [ ]  Yes [ ]  Unknown

If yes, please complete appropriate Imaging case report form (F1808).

1. Single or multiple spinal column level injury(- ies)1

[ ]  Single [ ]  Multiple [ ]  Unknown

Spinal Column Injury (one to be filled in for each level of injury, starting with the most cephalic):1

1. Spinal column injury number:1
2. Spinal column injury level (Choose from below; for more information, please see the [International SCI Spinal Column Injury Basic Data Set](http://www.iscos.org.uk/international-sci-spinal-column-injury-data-sets)):1
* vC00-vC07 - Cervical (C0-C7)
* vT01 - vT12 - Thoracic (T1-T12)
* vL01-vL05 - Lumbar (L1-5)
* vS01– vS05 - Sacrum (S1-5)
* vC99 – Unknown Cervical (C0-C7)
* vT99 – Unknown Thoracic (T1-T12)
* vL99 – Unknown Lumbar (L1-L5)
* vS99 – Unknown Sacral (S1-S5)
* vX99 - Unknown level
1. Disc / Posterior ligamentous complex injury1 [ ]  No [ ]  Yes [ ]  Unknown
2. Traumatic translation1 [ ]  No [ ]  Yes [ ]  Unknown

**Pulmonary Assessment:**

Assessment Date/Time: (time if applicable) 2

1. Current utilization of ventilator assistance:2

[ ]  None

[ ]  Mechanical Ventilation:

[ ]  (Yes) less than 24 hours per day

[ ]  (Yes) 24 hours per day

[ ]  (Yes) unknown number of hours per day

[ ]  Diaphragmatic pacing: Date inserted:

[ ]  Phrenic nerve stimulation: Date inserted:

[ ]  Bi-level Positive Airway Pressure (BiPAP) Date started use:

[ ]  Other, specify:

[ ]  Unknown

1. Pulmonary complications and conditions after the spinal cord lesion within the last year:2

[ ]  None

[ ]  Pneumonia:

Number of episodes of pneumonia treated with antibiotics:

Number of episodes of pneumonia requiring hospitalization:

[ ]  Asthma

[ ]  Chronic obstructive pulmonary disease (includes emphysema and chronic bronchitis)

[ ]  Sleep apnea

[ ]  Other respiratory conditions, specify:

[ ]  Unknown

**Sleep Apnea - See** [**Berlin Questionnaire**](https://commondataelements.ninds.nih.gov/SCI.aspx#tab=Data_Standards)\***\*\*:**

Since your spinal cord injury, have you had any problems with your swallowing?

[ ]  Yes [ ]  No

**Swallowing – See** [**Swallowing Disturbance Questionnaire**](https://commondataelements.ninds.nih.gov/SCI.aspx#tab=Data_Standards)**\*\*\*:**

**For additional information on these instruments, refer to the Functional Assessments documents.**

**Cardiovascular Assessment:**

Assessment Date/Time: (time if applicable) 3

1. Events related to cardiovascular function after spinal cord lesion:3

[ ]  None

[ ]  Unknown (any cardiovascular disorder)

[ ]  Cardiac pacemaker [ ]  Unknown, date:

[ ]  Myocardial infarction [ ]  Unknown, date:

[ ]  Stroke [ ]  Unknown, date:

[ ]  Pulmonary embolism [ ]  Unknown, date:

[ ]  Deep vein thrombosis [ ]  Unknown, date:

[ ]  Other, specify: [ ]  Unknown, date:

1. Cardiovascular function after spinal cord lesion within the last three months:3

[ ]  None

[ ]  Unknown (any cardiovascular disorder)

[ ]  Cardiac conditions, specify: [ ]  Unknown

[ ]  Orthostatic hypotension [ ]  Unknown

[ ]  Dependent oedema [ ]  Unknown

[ ]  Hypertension [ ]  Unknown

[ ]  Autonomic dysreflexia [ ]  Unknown

[ ]  Other, specify:

**Lower Urinary Tract Assessment:**

Assessment Date/Time: (time if applicable) 4

1. Awareness of the need to empty the bladder:4

[ ]  No [ ]  Yes [ ]  Not applicable [ ]  Not known

Note: Not applicable includes too young to determine

1. Bladder emptying4 Main Supplementary

Normal voiding [ ]  [ ]

Bladder reflex triggering

Voluntary (tapping, scratching, anal stretch, etc.) [ ]  [ ]

Involuntary [ ]  [ ]

Bladder expression

Straining (abdominal straining, Valsalva’s manoeuvre) [ ]  [ ]

External compression (Credé manoeuvre) [ ]  [ ]

Intermittent catheterization

Self-catheterization [ ]  [ ]

Catheterization by attendant [ ]  [ ]

Indwelling catheter

Transurethral [ ]  [ ]

Suprapubic [ ]  [ ]

Sacral anterior root stimulation [ ]  [ ]

Non-continent urinary diversion/ostomy [ ]

Other method, specify: [ ]  [ ]

[ ] Unknown

1. Average number of voluntary bladder emptyings per day during the last week: 4
2. Any involuntary urine leakage (incontinence) within the last three months:4

[ ]  No

[ ]  Yes

If yes, indicate urine leakage average frequency

 [ ]  Average daily

[ ]  Average weekly

[ ]  Average monthly

[ ]  Not applicable

[ ]  Unknown

1. Collecting appliances for urinary incontinence:4

[ ]  No

[ ]  Yes

If yes, indicate appliance for urinary incontinence

[ ]  Condom catheter/sheath

[ ]  Diaper/pad

[ ]  Ostomy bag

[ ]  Other, specify:

[ ]  Unknown

1. Any change in urinary symptoms within the last year:4

[ ]  No [ ]  Yes [ ]  Not applicable [ ]  Unknown

1. Surgical procedures on the urinary tract:4

[ ]  No

 [ ]  Yes

[ ]  Unknown

If yes, indicate type of surgical procedure on the urinary tract:

[ ]  Supra-pubic catheter insertion Date last performed: Date

[ ]  Bladder stone removal Date last performed: Date

[ ]  Upper urinary tract stone removal Date last performed: Date

[ ]  Bladder augmentation Date last performed: Date

[ ]  Sphincterotomy/urethral stent Date last performed: Date

[ ]  Botulinum toxin injection Date last performed: Date

[ ]  Artificial sphincter Date last performed: Date

[ ]  Ileovesicostomy Date last performed: Date

[ ]  Ileoureterostomy Date last performed: Date

[ ]  Continent catheterizable valves Date last performed: Date

[ ]  Sacral anterior root stimulator Date last performed: Date

[ ]  Other, specify: Date last performed: Date

**Urinary Tract Infections:**

Assessment Date/Time: (time if applicable) 5

1. Length of time of sign(s)/symptom(s)(tick one only):5

[ ]  Less than 1 day

[ ]  1 to 3 days

[ ]  >3 days – 1 week

[ ]  >1 week – 2 weeks

[ ]  >2 weeks – 1 month

[ ]  >1 month – 3 months

[ ]  > 3 months

1. Signs/symptoms(select all that apply):5

[ ] Fever

[ ]  Incontinence, onset or increase in episodes, including leaking around catheter

[ ]  Spasticity, increased

[ ]  Malaise, lethargy or sense of unease

[ ]  Cloudy urine (with or without mucus or sediment) with increased odor

[ ]  Pyuria

[ ]  Discomfort or pain over the kidney or bladder or during micturition

[ ]  Autonomic dysreflexia

[ ]  Other

1. Urine dipstick test for nitrite (pick one only):5

[ ]  Negative [ ]  Positive [ ]  Unknown

1. Urine dipstick test for leukocyte esterase(pick one only):5

[ ]  Negative [ ]  Positive [ ]  Unknown

1. Urine culture (pick one only):5

[ ]  Negative [ ]  Positive [ ]  Unknown

If positive, give species and amount of colony forming units (CFU)/mL (101-105 CFU/mL), and the resistance pattern:5

1. *(*Insert name) species, (Insert data) CFU/mL

Resistance pattern (pick one only):

[ ]  Normal [ ]  Multi-drug resistant (agents from 3 or more different drug classes)

1. (Insert name) species, (Insert data) CFU/mL

Resistance pattern (pick one only):

[ ]  Normal [ ]  Multi-drug resistant (agents from 3 or more different drug classes)

1. (Insert name) species, (Insert data) CFU/mL

Resistance pattern (pick one only):

[ ]  Normal [ ]  Multi-drug resistant (agents from 3 or more different drug classes)

1. (Insert name) species, (Insert data) CFU/mL

Resistance pattern (pick one only):

[ ]  Normal [ ]  Multi-drug resistant (agents from 3 or more different drug classes)

1. (Insert name) species, (Insert data) CFU/mL

Resistance pattern (pick one only):

[ ]  Normal [ ]  Multi-drug resistant (agents from 3 or more different drug classes)

**Bowel Assessment:**

Assessment Date/Time: (time if applicable) 7

1. Awareness of the need to defecate (within the last four weeks):6

[ ]  Normal (direct)

[ ]  Indirect (For example: Abdominal cramping or discomfort - Abdominal muscle spasms - Spasms of lower extremities – Perspiration – Piloerection – Headache – Chills)

[ ]  None

[ ]  Not Applicable (too young to determine)

[ ]  Unknown

1. Defecation method and bowel care procedures (within the last four weeks):7

 Main Supplementary

Normal defecation [ ]  [ ]

Straining/bearing down to empty [ ]  [ ]

Digital ano-rectal stimulation [ ]  [ ]

Suppositories [ ]  [ ]

Digital evacuation [ ]  [ ]

Mini enema (Clysma ≤ 150 mL) [ ]  [ ]

Enema (>150 mL) [ ]  [ ]

Colostomy [ ]

Sacral anterior root stimulation [ ]  [ ]

Other method, specify: [ ]  [ ]

[ ] Unknown

1. Average time required for defecation (within the last four weeks):7

[ ]  0-30 minutes

[ ]  31-60 minutes

[ ]  More than 60 minutes

[ ]  Unknown

1. Frequency of defecation (within the last four weeks):7

[ ]  Daily

[ ]  2-6 times per week

[ ]  Once every week or less

[ ]  Unknown

1. Frequency of fecal incontinence (within the last four weeks):7

[ ]  Daily

[ ]  1-6 times per week

[ ]  1-4 times per month

[ ]  Less than once per month

[ ]  Unknown

[ ]  Never

[ ]  Not applicable

1. Need to wear diaper, pad or plug (within the last four weeks):7

[ ]  No

[ ]  Yes

[ ]  Unknown

1. Medication affecting bowel function / constipating agents (within the last four weeks):6

[ ]  No

[ ]  Yes

If yes, specify medication affecting bowel function / constipating agents

[ ]  Anticholinergics

[ ]  Narcotics

[ ]  Other, specify:

[ ]  Unknown

1. Perianal problems (within the last four weeks):7

[ ]  No

[ ]  Yes

 [ ]  Hemorrhoids

[ ]  Perianal sores

[ ]  Fissures

[ ]  Other, specify:

[ ]  Unknown

**Bowel Assessment Expanded:**

Assessment Date/Time: (time if applicable) 8

1. \*\*\*Duration of constipation:

[ ]  Less than a year

[ ] 1–5 years

[ ]  6–10 years

[ ] 11–20 years

[ ]  More than 20 years

[ ]  Not applicable

[ ]  Unknown

1. \*\*\*Unsuccessful attempts at defecation (within the last three months):8

[ ]  Never

[ ]  Less than once per week but at least once per month

[ ]  Once or more per week but not every day

[ ]  1–3 per day

[ ]  4–6 per day

[ ]  7–9 per day

[ ]  10 times or more per day

[ ]  Less than once per month

[ ]  Not applicable

[ ]  Unknown

1. \*\*\*Incomplete rectal emptying after defecation (within the last three months):8

[ ]  Daily

[ ]  Not every day but at least once per week

[ ]  Not every week but at least once per month

[ ]  Less than once per month

[ ]  Never

[ ]  Not applicable

[ ]  Unknown

1. \*\*\*Abdominal bloating (within the last three months):8

[ ]  Daily

[ ]  Not every day but at least once per week

[ ]  Not every week but at least once per month

[ ]  Less than once per month

[ ]  Never

[ ]  Unknown

1. \*\*\*Abdominal pain/discomfort (within the last three months) 8

[ ]  Daily

[ ]  Not every day but at least once per week

[ ]  Not every week but at least once per month

[ ]  Less than once per month

[ ]  Never

[ ]  Unknown

1. \*\*\*Any respiratory discomfort (shortness of breath/difficulty in taking a deep breath) considered to be entirely or partly due to a distended abdomen (within the last three months):8

[ ]  Daily

[ ]  Not every day but at least once per week

[ ]  Not every week but at least once per month

[ ]  Less than once per month

[ ]  Never

[ ]  Not applicable

[ ]  Unknown

1. \*\*\*Perianal pain during defecation (within the last three months):8

[ ]  Daily

[ ]  Not every day but at least once per week

[ ]  Not every week but at least once per month

[ ]  Less than once per month

[ ]  Never

[ ]  Not applicable

[ ]  Unknown

1. \*\*\*Frequency of flatus incontinence (within the last three months):8

[ ]  Daily

[ ]  Not every day but at least once per week

[ ]  Not every week but more than once per month

[ ]  Once per month

[ ]  Less than once per month

[ ]  Never

[ ]  Not applicable

[ ]  Unknown

1. \*\*\*Frequency of incontinence to liquid stools (within the last three months):8

[ ]  Two or more episodes per day

[ ]  Once daily

[ ]  Not every day but at least once per week

[ ]  Not every week but more than once per month

[ ]  Once per month

[ ]  Less than once per month

[ ]  Never

[ ]  Not applicable

[ ]  Unknown

1. \*\*\*Frequency of incontinence to solid stools (within the last three months):8

[ ]  Two or more episodes per day

[ ]  Once daily

[ ]  Not every day but at least once per week

[ ]  Not every week but more than once per month

[ ]  Once per month

[ ]  Less than once per month

[ ]  Never

[ ]  Not applicable

[ ]  Unknown

1. \*\*\*Ability to defer defecation for 15 minutes or more (within the last three months):8

[ ]  Yes [ ]  No [ ]  Not applicable [ ]  Unknown

1. \*\*\*Position for bowel care (within the last three months):8

[ ]  Bed

[ ]  Toilet chair/Commode

[ ]  Raised toilet seat

[ ]  Conventional toilet

[ ]  Other, specify:

[ ]  Unknown

1. \*\*\*Degree of independency during bowel management (within the last three months):8

[ ]  Requires total assistance

[ ]  Requires partial assistance; does not clean self

[ ]  Requires partial assistance; cleans self independently

[ ]  Uses toilet independently in all tasks but needs adaptive devices or special setting (e.g., bars)

[ ]  Uses toilet independently; does not need adaptive devices or special setting

[ ]  Unknown

1. \*\*\*Bowel care facilitators (within the last three months):8

[ ]  Digital stimulation or evacuation

[ ]  Abdominal massage

[ ]  Gastrocolonic response

[ ]  Other, specify:

[ ]  None

[ ]  Unknown

1. \*\*\*Events and intervals of defecation (1): Average time from initiation of bowel care to stool comes out (within the last three months): minute(s)8

[ ]  Not applicable [ ]  Unknown

1. \*\*\*Events and intervals of defecation (2): Average time during bowel movement that stool intermittently or continuously comes out with or without assistance (within the last three months): minute(s)8

[ ]  Not applicable [ ]  Unknown

1. \*\*\*Events and intervals of defecation (3): Average time spent waiting after last stool passes before ending bowel care (within the last three months):minute(s)8

[ ]  Not applicable [ ]  Unknown

1. \*\*\*Lifestyle alteration due to anal incontinence (within the last three months):8

[ ]  Lifestyle altered each day

[ ]  Lifestyle altered at least once per week but not every day

[ ]  Lifestyle altered more than once per month but not every week

[ ]  Lifestyle altered once per month

[ ]  Lifestyle altered less than once per month

[ ]  Life style not altered

[ ]  Not applicable

[ ]  Unknown

1. \*\*\*Lifestyle alteration due to constipation (within the last three months):8

[ ]  Lifestyle altered each day

[ ]  Lifestyle altered at least once per week but not every day

[ ]  Lifestyle altered more than once per month but not every week

[ ]  Lifestyle altered once per month

[ ]  Lifestyle altered less than once per month

[ ]  Life style not altered

[ ]  Not applicable

[ ]  Unknown

1. \*\*\*Self reported impact on quality of life due to bowel dysfunction:8

[ ]  Major impact

[ ]  Some impact

[ ]  Little impact

[ ]  No impact

[ ]  Unknown

1. \*\*\*Anal tone (based on physical examination)8

[ ]  Normal

[ ]  Reduced

[ ]  Excessive

[ ]  Not tested

[ ]  Not applicable

1. \*\*\*Voluntary contraction of the anal canal (based on physical examination)8

[ ]  Yes

[ ]  No

[ ]  Not tested

[ ]  Not applicable

**Skin Assessment:**

Assessment Date/Time: (time if applicable) 9

1. Any pressure ulcer at present:9 [ ] Yes [ ] No [ ]  Unknown

If yes, fill in one diagram for each ulcer, by indicating the ulcer stage (I, II, III, IV, (Unstageable)) at the appropriate location. 9

**Table 1 Ulcer Diagram Table**9

| Ulcer Location | Right | Mid-line | Left | Largest opening diameter(mm) | Smallest opening diameter(mm) | Largest diameter, incl. under-mining (mm) | Largest depth(mm) |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Occiput | N/A | TBD | N/A | TBD | TBD | TBD | TBD |
| Ear | TBD | N/A | TBD | TBD | TBD | TBD | TBD |
| Scapula | TBD | N/A | TBD | TBD | TBD | TBD | TBD |
| Elbow | TBD | N/A | TBD | TBD | TBD | TBD | TBD |
| Ribs | TBD | N/A | TBD | TBD | TBD | TBD | TBD |
| Spinous process | N/A | TBD | N/A | TBD | TBD | TBD | TBD |
| Iliac crest | TBD | N/A | N/A | TBD | TBD | TBD | TBD |
| Sacral | N/A | TBD | N/A | TBD | TBD | TBD | TBD |
| Ischial tuberosity | TBD | N/A | TBD | TBD | TBD | TBD | TBD |
| Trochanter | TBD | N/A | TBD | TBD | TBD | TBD | TBD |
| Genitals | N/A | TBD | N/A | TBD | TBD | TBD | TBD |
| Knee | TBD | N/A | TBD | TBD | TBD | TBD | TBD |
| Malleolus | TBD | N/A | TBD | TBD | TBD | TBD | TBD |
| Heel | TBD | N/A | TBD | TBD | TBD | TBD | TBD |
| Foot | TBD | N/A | TBD | TBD | TBD | TBD | TBD |
| Other location | TBD | TBD | TBD | TBD | TBD | TBD | TBD |

1. Date of appearance of the pressure ulcer:9 [ ]  Unknown
2. Any other pressure ulcer during the last 12 months9: [ ] Yes [ ]  No [ ]  Unknown
3. If yes, fill in one diagram for each pressure ulcer, with tick of the location:9

Table 2 Pressure Ulcer 9

| Ulcer Location | Right | Mid-line | Left |
| --- | --- | --- | --- |
| Occiput  | N/A | TBD | N/A |
| Ear | TBD | N/A | TBD |
| Scapula  | TBD | N/A | TBD |
| Elbow | TBD | N/A | TBD |
| Ribs | TBD | N/A | TBD |
| Spinous process | N/A | TBD | N/A |
| Iliac crest | TBD | N/A | TBD |
| Sacral | N/A | TBD | N/A |
| Ischial tuberosity | TBD | N/A | TBD |
| Trochanter | TBD | N/A | TBD |
| Genitals | N/A | TBD | N/A |
| Knee | TBD | N/A | TBD |
| Malleolus | TBD | N/A | TBD |
| Heel | TBD | N/A | TBD |
| Foot | TBD | N/A | TBD |
| Other location | TBD | TBD | TBD |

**Skin Assessment - See** [**Braden Scale, Braden Q Scale and Spinal Cord Injury Pressure Ulcer Scale**](https://commondataelements.ninds.nih.gov/SCI.aspx#tab=Data_Standards)\***\*\*:**

**For additional information on these instruments, refer to the Assessments and Examinations documents.**

**Thermoregulation Assessment:**

1. Assessment Date/Time: (time if applicable) 9
2. Thermoregulation history after spinal cord lesion within the last three months:9

[ ]  Hyperthermia

[ ]  Non infectious

[ ]  Infectious

[ ]  Unknown

[ ]  Hypothermia

[ ]  Non infectious

[ ]  Infectious

[ ]  Unknown

[ ]  Hyperhidrosis

[ ]  Above lesion

[ ]  Below lesion

[ ]  Hypohidrosis

[ ]  Above lesion

[ ]  Below lesion

[ ]  Other, specify:

[ ]  None of the above [ ]  Unknown

**Musculoskeletal Assessment:**

Assessment Date/Time: (time if applicable) 10

1. Presence of spasticity/spasms 10

[ ]  No [ ] Yes

1. Table 3. Fractures, heterotopic ossifications, contractures, or degenerative changes/overuse:10

*\*only those not documented previously*

| Intentionally left blank | Right \*Fractures since spinal cord lesion\* | Left \*Fractures since spinal cord lesion  | Date of \*Fracture for Fractures since spinal cord lesion  | Fragility fracture for \*Fractures since spinal cord lesion | RightHeterotopic ossification | LeftHeterotopic ossification | RightContracture | LeftContracture | RightDegenerative changes / Overuse | LeftDegenerative changes / Overuse |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Neck / Cervical spine | TBD | TBD | TBD | TBD | N/A | N/A | N/A | N/A | TBD | TBD |
| Shoulder/ Humerus | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD |
| Elbow | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD |
| Forearm | TBD | TBD | TBD | TBD | N/A | N/A | N/A | N/A | TBD | TBD |
| Wrist | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD |
| Hand | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD |
| Upper back / Thoracic spine | TBD | TBD | TBD | TBD | N/A | N/A | N/A | N/A | TBD | TBD |
| Lower back / Lumbar spine | TBD | TBD | TBD | TBD | N/A | N/A | N/A | N/A | TBD | TBD |
| Pelvis | TBD | TBD | TBD | TBD | N/A | N/A | N/A | N/A | TBD | TBD |
| Hip / Femur | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD |
| Knee | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD |
| Tibia / fibula | TBD | TBD | TBD | TBD | N/A | N/A | N/A | N/A | TBD | TBD |
| Ankle | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD |
| Foot | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD |

*\*only those not documented previously*

1. Method used to document heterotopic ossification, if present:10

[ ]  X-ray

[ ]  CT-scan

[ ]  Triple phase bone scan

[ ]  Other method, specify:

1. Scoliosis10

[ ]  No [ ]  Yes

If scoliosis is present, method of assessment (check all that apply)

[ ]  Observation in sitting

[ ]  Observation in standing

[ ]  Plain radiographs in sitting

[ ]  Plain radiographs in standing

1. Hip instability, subluxation and pelvic obiquity

[ ]  No [ ]  Yes

If yes, method of assessment (check all that apply)

[ ]  Observation

[ ]  Palpation

[ ]  Radiographs

1. Other musculoskeletal problems; specify:
2. Do any of the above musculoskeletal challenges interfere with your activities of daily living (transfers, walking, dressing, showers, etc.)? 10

[ ]  No – not at all [ ]  Yes, a little [ ]  Yes, a lot

## Endocrine and Metabolic Assessment:

Assessment Date/Time (time if applicable) 11

1. Endocrine & metabolic conditions diagnosed after the spinal cord lesion within the last year:11

[ ]  None

[ ]  Unknown (any endocrine disorder)

Diabetes mellitus [ ]  Type 1 [ ]  Type 2 [ ]  Unknown

[ ]  Lipid disorder Specify diagnosis: [ ]  Unknown

[ ]  Osteoporosis Method: [ ]  DXA [ ]  Other (e.g. CT, radiograph)

 [ ]  Unknown

[ ]  Thyroid disease Specify diagnosis: [ ]  Unknown

[ ]  Adrenal disease Specify diagnosis: [ ]  Unknown

[ ]  Gonadal disease Specify diagnosis: [ ]  Unknown

[ ]  Pituitary disease Specify diagnosis: [ ]  Unknown

[ ]  Other, specify:

1. Gonadal status (check appropriate stage):11

Male: [ ]  Prepubertal [ ]  Pubertal [ ]  Adult [ ]  Unknown

Female: [ ]  Prepubertal [ ]  Pubertal [ ]  Adult [ ]  Adult menopausal [ ]  Adult postmenopausal [ ]  Unknown

## Sexual and Reproductive Function Assessment – Female:

Assessment Date/Time: (time if applicable) 12

1. Sexual problems unrelated to spinal cord lesion:12

[ ]  No [ ]  Yes [ ]  Unknown If yes, specify:

1. Sexual dysfunction related to the spinal cord lesion:12

[ ]  Yes [ ]  No [ ]  Unknown

1. Psychogenic genital arousal12

[ ]  Normal [ ]  Reduced/altered [ ]  Absent [ ]  Unknown

1. Reflex genital arousal12

[ ]  Normal [ ]  Reduced/altered [ ]  Absent [ ]  Unknown

1. Orgasmic function12

[ ]  Normal [ ]  Reduced/altered [ ]  Absent [ ]  Unknown

1. Menstruation12

[ ]  Normal [ ]  Reduced/altered [ ]  Absent [ ]  Unknown [ ]  Not applicable

## Sexual Function Assessment - Male:

Assessment Date/Time: (time if applicable) 13

1. Sexual issues unrelated to spinal cord lesion:13

[ ]  No [ ]  Yes [ ]  Unknown If yes, specify:

1. Sexual dysfunction related to the spinal cord lesion:13

[ ]  Yes [ ]  No [ ]  Unknown

1. Psychogenic Erection13

[ ]  Normal [ ]  Reduced/altered [ ]  Absent [ ]  Unknown

1. Reflex Erection13

[ ]  Normal [ ]  Reduced/altered [ ]  Absent [ ]  Unknown

1. Ejaculation13

[ ]  Normal [ ]  Reduced/altered [ ]  Absent [ ]  Unknown

1. Orgasmic Function13

[ ]  Normal [ ]  Reduced/altered [ ]  Absent [ ] Unknown

## Other Diagnoses/Questions:

Assessment Date/Time: (time if applicable)

1. Were any new diagnoses made during the hospital stay?

[ ]  Yes [ ]  No [ ]  Unknown

1. If YES, new diagnosis (indicate SNOMED term and code), describe:

**General Instructions**

The clinical assessment can be administered at any time-points that are relevant for a study. It is recommended that the relevant questionnaires are completed when the Physical Exam in conducted on a patient/participant and the results are documented as ‘abnormal’. Each assessment should have the date and time (if applicable) that it was done. All questions are Supplemental with the exception of those indicated as Exploratory by “\*\*\*”.

## Specific Instructions

* Please note: Some questions on this form are not applicable to certain pediatric age groups and therefore do not need to be collected.
* Kids under 6 may have a difficult time reporting effects of bowel dysfunction on quality of life; choose “Unknown” in this case.
* Special Note: Questions from the following ISCoS International SCI Data Sets have been included:

1[International SCI Spinal Column Injury Basic Data Set (Version 1.0)](http://www.iscos.org.uk/international-sci-spinal-column-injury-data-sets)

[2International SCI Pulmonary Function Basic Data Set (Version 1.0)](http://www.iscos.org.uk/international-sci-pulmonary-function-data-sets)

[3International SCI Cardiovascular Function Basic Data Set (Version 1.1)](http://www.iscos.org.uk/international-sci-cardiovascular-function-data-sets)

[4International SCI Lower Urinary Tract Function Basic Data Set (Version 1.0)](http://www.iscos.org.uk/international-sci-lower-urinary-tract-function-data-sets)

[5International SCI Urinary Tract Infection Basic Data Set (Version 1.0)](http://www.iscos.org.uk/international-sci-urinary-tract-infection-data-sets)

[6International SCI Bowel Function Basic Data Set (Version 1.1)](http://www.iscos.org.uk/international-sci-bowel-data-sets)

[7International SCI Bowel Function Basic Data Set (Version 2)](http://www.iscos.org.uk/international-sci-bowel-data-sets)

[8International SCI Bowel Function Extended Data Set (Version 1.0)](http://www.iscos.org.uk/international-sci-bowel-data-sets)

[9International SCI Skin and Thermoregulation Function Basic Data Set (Version 1.0)](http://www.iscos.org.uk/international-sci-skin-and-thermoregulation-function-data-sets)

[10International SCI Musculoskeletal Basic Data Set (Version 1.0)](http://www.iscos.org.uk/international-sci-musculoskeletal-data-sets)

11[International SCI Endocrine and Metabolic Function Basic Data Set (Version 1.0)](http://www.iscos.org.uk/international-sci-endocrine-and-metabolic-function-data-sets)

[12International SCI Female Sexual and Reproductive Function Basic Data Set (Version 1.0)](http://www.iscos.org.uk/international-sci-female-sexual-and-reproductive-function-data-sets)

[13International SCI Male Sexual Function Basic Data Set (Version 1.0)](http://www.iscos.org.uk/international-sci-male-sexual-function-data-sets)

\*\*\* Element is classified as Exploratory.