1. Facility name:
2. Level of care:

 [ ]  Emergency

 [ ]  Emergency & Acute

 [ ]  Acute

1. Facility arrival date:
2. Facility arrival time:

If Level of Care is “Emergency and Acute,” indicate:

Date of admission to acute care unit:

1. Time of admission to acute care unit:

 If no details available, check here: [ ]  Unknown

1. If the participant was treated at a hospital prior to arriving at study center, record admission and discharge dates.

Facility arrival date:

Facility discharge date:

1. Was the participant admitted to a Special Care Unit (SCU) at any time during their stay?

 [ ]  Yes

 [ ]  No

 If YES, please complete Table 1.

**Table 1 Type of SCU, Admission Date and Discharge Date**

| TBD | **Type of SCU:** (ICU or Step-Down Unit [SDU]) | Admission Date:Enter as much of the date as is known.  | Discharge Date:Enter as much of the date as is known.  |
| --- | --- | --- | --- |
| 1st Special Care Unit visit: | [ ]  ICU:[ ]  adult ICU[ ]  pediatric ICU[ ]  ICU, unspecified | Date | Date |
| [ ]  SDU |  |  |
| 2nd Special Care Unit visit: | [ ]  ICU:[ ]  adult ICU[ ]  pediatric ICU[ ]  ICU, unspecified | Date | Date |
| [ ]  SDU |  |  |
| 3rd Special Care Unit visit: | [ ]  ICU:[ ]  adult ICU[ ]  pediatric ICU[ ]  ICU, unspecified | Date | Date |
| [ ]  SDU |  |  |
| 4th Special Care Unit visit: | [ ]  ICU:[ ]  adult ICU[ ]  pediatric ICU[ ]  ICU, unspecified | Date | Date |
| [ ]  SDU |  |  |
| 5th Special Care Unit visit: | [ ]  ICU:[ ]  adult ICU[ ]  pediatric ICU[ ]  ICU, unspecified | Date | Date |
| [ ]  SDU |  |  |

1. Facility discharge date:
2. Facility discharge time:

 If no details available, check here: [ ]  Unknown

1. Utilization of ventilator assistance on discharge[[1]](#footnote-1) 1:

 [ ]  No

 [ ]  Yes, less than 24 hours per day at discharge

 [ ]  Yes, 24 hours per day at discharge

 [ ]  Yes, unknown number of hours per day at discharge

 [ ]  Unknown

1. Vital status (on discharge) (choose one):

 [ ]  Alive

 [ ]  Dead

1. Place of discharge1: (please see Data Dictionary for definitions)

 Places of residence to be distinguished include:

 [ ]  Private residence

 [ ]  Rehabilitation hospital

 [ ]  Hospital

 [ ]  Nursing home

 [ ]  Assisted living residence

 [ ]  Group living situation

 [ ]  Correctional institution

 [ ]  Hotel or motel

 [ ]  Homeless

 [ ]  Deceased

 [ ]  Other unclassified

 [ ]  Unknown

1. Total days hospitalized (between injury and final inpatient rehabilitation discharge)1:

## **General Instructions**

Important note: None of the data elements included on this CRF Module are classified as Core. All data elements are classified as supplemental (i.e., non Core) and should only be collected if the research team considers them appropriate for their study. Please see the Data Dictionary for element classifications.

## **Specific Instructions**

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

* Level of Care – Level that is provided to participant by health care facility.
* Facility Arrival Date – Enter as much of the date as is known. The date/time should be recorded to the level of the granularity known (e.g., year, year and month, complete date plus hours and minutes, etc.).
* Facility Arrival Time – Record the earliest documented time. If participant transferred from acute at the same facility, please enter time of transfer to rehab.
* Date of Admission to Acute Care Unit – (e.g. ICU, step-down, acute. Do not include Post-Anaesthetic Recovery (PAR). If more than one transfer, choose first date. Note: If Unknown, please document date of first clinical assessment on acute care unit [any type of assessment, e.g., RN, physician, etc.])
* Time of Admission to Acute Care Unit – (e.g., ICU, step-down, acute. Do not include Post-Anaesthetic Recovery (PAR) room. If more than one transfer, choose first time. Note: If Unknown, please document time of first clinical assessment on acute care unit [any type of assessment, e.g., RN, physician, etc.])
* Place of Discharge –Information on either place of discharge or place of current residence should be provided for all studies. For studies and data collection that occur after discharge, current residence will likely be the more relevant factor, and could be similarly described.
	+ Private residence: includes house, condominium, mobile home, apartment, or houseboat.
	+ Rehabilitation hospital: includes a hospital that provides SCI rehabilitation services.
	+ Hospital: includes mental hospital or other acute care hospital for management of continuing medical issues after spinal cord injury-related care and/or rehabilitation is completed.
	+ Nursing home: includes skilled nursing facilities and institutions providing essentially long-term, custodial, chronic disease care.
	+ Assisted living residence: includes residential non-institutional locations in which some level of support for activities of daily living is provided.
	+ Group living situation: includes transitional living facility or any residence shared by non-family members.
	+ Correctional institution: includes prison, penitentiary, jail, correctional center, etc.
	+ Homeless: includes cave, car, tent, etc.
	+ Note: If the patient’s place of residence does not fit into any of the above classifications, document it as “other, unclassified”.
* Total Days Hospitalized – (between injury and final in participant rehabilitation discharge)
* If the patient is transferred to rehabilitation then this data element would be completed on the Rehab Admission/Discharge form (i.e., only needs to filled one time).Because patients may be discharged home between phases of care, or their initial care may have been delayed, it may not be possible to subtract the final date of discharge from the initial admission date to determine overall hospital length of stay. Therefore, the length of stay should be recorded separately by adding together the number of days spent in each hospital. This information should be obtained by examining the admission and discharge forms from each hospital.
* 1Special Note: Questions from the ISCoS International SCI Core Data Set (Version 1.1) have been included on this template CRF.
1. Note: If the patient is transferred to rehabilitation then this data element would be completed on the Rehab Admission/Discharge form (i.e., only needs to filled one time). [↑](#footnote-ref-1)