

Note: It is recommended that this Data Set have two additional key variables:
 - SITE (to distinguish the location where the data are recorded) and
 - SUBJECT (to distinguish the patient/study participant)

INTERNATIONAL SPINAL CORD INJURY CORE DATA SET (Version 2.0) DATA COLLECTION FORM

Dates (YYYYMMDD)

TABLE 1

Birth date	____/____/____	BIRTHDT
Injury date	____/____/____	INJURYDT
Acute admission date	____/____/____	ADMITDT
Rehabilitation admission date	____/____/____	REHABDT
Final inpatient discharge date	____/____/____	DISCHGDT
Date of death	____/____/____	DEATHDT

GENDER

Gender: Male Female Transgender and other related Unknown

Injury etiology:

SCIETIOL

- Sports; Assault; Transport; Fall;
- Birth injury or other traumatic cause
- Congenital or genetic etiology (e.g., spina bifida), Specify: GENETISP _____;
- Degenerative non-traumatic etiology;
- Tumor – benign; Tumor – malignant;
- Vascular etiology (e.g., ischemia, hemorrhage, arteriovenous malformation);
- Infection (e.g., bacterial, viral);
- Other non-traumatic spinal cord dysfunction, Specify: NTSCIDSP _____;
- Unspecified or Unknown

Vertebral injury: No Yes Unknown VRTBRINJ

Associated injury: No Yes Unknown ASSOCINJ

Spinal surgery: No Yes Unknown SPNLSURG

Ventilatory Assistance: VENTASSI

- 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;
- Continuous Positive Airway Pressure (CPAP) for sleep apnea;
- Unknown

Place upon discharge/Current residence: PLACEDIS

- Private residence: Includes house, condominium, mobile home, apartment or houseboat;
- 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.;
- Hotel or motel;
- Homeless: includes cave, car, tent, etc.;
- Deceased;
- Other, unclassified;
- Unknown

Neurological Data

TABLE 2

Acute Admission

TIMEPT*

Date of Examination

____/____/____

NEUEXMDT

Sensory level

Left Right

SENSLVLL

SENSLVL

Motor level

Left Right

MTRLVLL

MTRLVLR

ASIA Impairment Scale

AIS

Final inpatient discharge

TIMEPT*

Date of examination

____/____/____

NEUEXMDT

Sensory level

Left Right

SENSLVLL

SENSLVL

Motor level

Left Right

MTRLVLL

MTRLVLR

ASIA Impairment Scale

AIS

*TIMEPT is a key variable to distinguish the acute admission and final inpatient discharge records

Spinal Cord Injury Etiology	Congenital or genetic etiology, specify	Other non-traumatic spinal cord dysfunction, specify	Vertebral Injury	Associated Injury	Spinal Surgery	Ventilatory Assistance
1. Sports 2. Assault 3. Transport 4. Fall 5. Birth injury or other traumatic cause 6. Congenital or genetic etiology (e.g., spina bifida) 7. Degenerative non-traumatic etiology 8. Tumor - benign 9. Tumor - malignant 10. Vascular etiology (e.g., ischemia, hemorrhage, arteriovenous malformation) 11. Infection (e.g., bacterial, viral) 12. Other non-traumatic spinal cord dysfunction 13. Unspecified or Unknown	Free text	Free text	0 No 1 Yes 9 Unknown	0 No 1 Yes 9 Unknown	0 No 1 Yes 9 Unknown	0 No 1 Yes, less than 24 hours per day at discharge 2 Yes, 24 hours per day at discharge 3 Yes, unknown number of hours per day at discharge 4 Continuous Positive Airway Pressure (CPAP) for sleep apnea 9 Unknown
1						
SCIETIOL	GENETISP	NTSCIDSP	VRTBRINJ	ASSOCINJ	SPNLSURG	VENTASSI

Place of Discharge	Acute Admission/Final Inpatient Discharge	Date of the Neurological Examination	Sensory Level - Left	Sensory Level - Right	Motor Level - Left	Motor Level - Right	ASIA Impairment Scale
01 Private residence 02 Hospital 03 Nursing home 04 Assisted living residence 05 Group living situation 06 Correctional institution 07 Hotel or motel 08 Homeless 09 Deceased 10 Other, unclassified 99 Unknown	Free text	Numeric (yyyymmdd) 8888-88-88 Not Done 9999-99-99 Unknown	C01-C08 Cervical (C1 - C8) T01-T12 Thoracic (T1 - T12) L01-L05 Lumbar (L1 - L5) S01-S05 Sacral (S1 - S5) X00 Normal X99 Unknown or Not Done		C01-C08 Cervical (C1 - C8) T01-T12 Thoracic (T1 - T12) L01-L05 Lumbar (L1 - L5) S01-S05 Sacral (S1 - S5) X00 Normal X99 Unknown or Not Done		A Complete Injury. B Incomplete. C Incomplete. D Incomplete. E Normal. U Unknown or not applicable.
	2						
PLACEDIS	TIMEPT	NEUEXMDT	SENSLVLL	SENSLVLR	MTRLVLL	MTRLVLR	AIS