Post-Discharge Outpatient Treatment Table

| Type of Therapy or Rehabilitation[[1]](#endnote-1) | Therapy or Rehabilitation Frequency[[2]](#endnote-2) | Average. Duration of Therapy Session | Date/ Time of Initiation(yyyy/m m/dd hh:m m) | Date/ Time of Discontinuation(yyyy/m m/dd hh:m m) | Therapy or Rehabilitation Ongoing? |
| --- | --- | --- | --- | --- | --- |
| Data to be filled in by site | Data to be filled in by site | Minutes | (yyyy/m m/dd hh:m m) 24-hour clock | (yyyy/m m/dd hh:m m) 24-hour clock | [ ]  Yes[ ] No[ ] Unknown |
| Data to be filled in by site | Data to be filled in by site | Minutes | (yyyy/m m/dd hh:m m) 24-hour clock | (yyyy/m m/dd hh:m m) 24-hour clock | [ ]  Yes[ ] No[ ] Unknown |
| Data to be filled in by site | Data to be filled in by site | Minutes | (yyyy/m m/dd hh:m m) 24-hour clock | (yyyy/m m/dd hh:m m) 24-hour clock | [ ]  Yes[ ] No[ ] Unknown |
| Data to be filled in by site | Data to be filled in by site | Minutes | (yyyy/m m/dd hh:m m) 24-hour clock | (yyyy/m m/dd hh:m m) 24-hour clock | [ ]  Yes[ ] No[ ] Unknown |
| Data to be filled in by site | Data to be filled in by site | Minutes | (yyyy/m m/dd hh:m m) 24-hour clock | (yyyy/m m/dd hh:m m) 24-hour clock | [ ]  Yes[ ] No[ ] Unknown |
| Data to be filled in by site | Data to be filled in by site | Minutes | (yyyy/m m/dd hh:m m) 24-hour clock | (yyyy/m m/dd hh:m m) 24-hour clock | [ ]  Yes[ ] No[ ] Unknown |

1. Type of therapy/rehabilitation: Out-patient rehabilitation; Non-specialized facility (in-patient); Specialized rehab center (in-patient); General rehab unit (in-patient); TBI rehabilitation unit (in-patient); General long term acute care unit (in-patient); Geriatric rehab unit (in-patient); Physical therapy; Occupational therapy; Speech therapy; Therapeutic recreation; Cognitive remediation; Vocational services; Psychological services; Nursing services; Comprehensive day treatment; Peer mentoring; Social work; Case management; Independent living training; Home health; Other, specify; Unknown [↑](#endnote-ref-1)
2. Therapy or rehabilitation frequency**:** BID; BIS; QM; PRN; Q10H; Q11H; Q12H; Q13H; Q14H; Q15H; Q16H; Q17H; Q18H; Q19H; QH; Q20H; Q21H; Q22H; Q23H; Q24H; Q2H; Q3H; Q4H; Q5H; Q6H; Q7H; Q8H; Q9H; QOD; TID; TIS; Q4S; QID; QIS; Q3D; Q4D; Q3S; Q2M; Q3M; Q4M; ONCE; QS; Q5D; Q2S; BIM; INTERMITTENT; QD; OCCASIONAL; AD LIBITUM; 1 TIME PER WEEK; 2 TIMES PER YEAR; 3 TIMES PER MONTH; 3 TIMES PER YEAR; 4 TIMES PER MONTH; 4 TIMES PER YEAR; 5 TIMES PER DAY; 5 TIMES PER MONTH; 5 TIMES PER WEEK; 5 TIMES PER YEAR; 6 TIMES PER DAY; 6 TIMES PER MONTH; 6 TIMES PER WEEK; 6 TIMES PER YEAR; 7 TIMES PER WEEK; PA; Q6S; CONTINUOUS; OTHER; UNKNOWN [↑](#endnote-ref-2)