INJURY HISTORY

|  |  |
| --- | --- |
| Main group | |
| Study Name: | |
| 1. **\***GUID (GUID): | 1. Subject ID number (SubjectIDNum): |
| 1. Age in Years (AgeYrs): | 1. What is the vital status of the subject? (VitStatus):   O Alive ⭘ Dead ⭘ Unknown |
| 1. Visit Date (VisitDate): | 1. Site Name (SiteName): |
| 1. Days since Baseline (DaysSinceBaseline): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1. Case Control Indicator (CaseContrlInd):   ⭘ Case ⭘ Control ⭘ Unknown |
| 1. General notes (GeneralNotesTxt)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

|  |
| --- |
| Form administration |
| 1. What is the ISO 639 code for the language the form/instrument has been administrated? (LangCRFAdministratISOCode). Select one. If “Other, specify” is selected, please write in response.  |  |  | | --- | --- | | chi Chinese  cze Czech  dan Danish  dut Dutch  eng English  fin Finnish  fre French  ger German  gre Greek  heb Hebrew  hin Hindi  hun Hungarian | ira Iranian languages  ita Italian  jpn Japanese  nor Norwegian  Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (LangCRFAdministratISOCodeOTH)  por Portuguese  rus Russian  sgn Sign language  spa Spanish  vie Vietnamese |  1. What time frame do the questions in this form refer to? (ContextType) Select one. If “Other, specify” is selected, please write in response.  * After injury * At time of assessment * Time of injury * Before injury * Last 2 weeks * Last 6 months * Last 24 hours * Last month * Last week * Last year * Prior to death * Since last interview * Other, specify (ContextTypeOTH) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Who filled out this form? (DataSource) *Select one. If “Other, specify” is selected, please write in response.*  * Participant/Subject * Spouse * Father * Mother * Son * Daughter * Brother * Sister * Friend * Physician * Chart/Medical Record * Other, specify (DataSourceOTH) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |



# [Injury General Info](https://dictionary.fitbir.nih.gov/portal/dictionary/dataStructureAction!view.action?dataStructureName=InjHx_FITBIR)

1. Traumatic event number

TraumaticEventNum

List the earliest as #1 and the latest as #n. For TBI usually only the 5 events are listed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The elapsed time (in minutes) from the time of injury

InjElapsedTime**\***

Indicate the time since injury (in minutes), following the definition provided per protocol.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Injury date and time

InjDateTime\*

Record the date/time according to the ISO 8601, the International Standard for the representation of dates and times (http: //www.iso.org/iso/home.html). The date/time should be recorded to the level of granularity known (e.g., year, year and month, complete date plus hours and minutes, etc.).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If estimated, the point in time estimated as injury date

InjDateTimeEstTyp

Choose one.

* Time of first trauma activation
* Time of presentation to emergency department
* Time that the participant/subject became symptomatic
* Type of location where the data were taken/recorded.

1. Type of location where the data were taken/recorded.

DataAcquisitionLocationTyp

Choose one. If “Other, specify” selected, provide the input.

* Acute Care Unit
* Ambulatory
* Assisted Living
* Central Lab
* Clinic/MD Office
* Critical Access Hospital
* Critical Care Unit
* CT-Angio
* Discharge Lounge
* ED arrival
* ED discharge
* ED-Non-trauma Center
* ED post-resuscitation
* ED-Trauma Center
* Follow-up visit
* High Care Unit
* Home
* Hospice
* ICU
* Imaging Diagnostic Department
* Injury scene
* Inpatient Epilepsy Monitoring Unit
* Inpatient Rehab
* Intermediate Care Unit
* Long Term Care Hospital
* Nursing Home
* Observation Unit
* OR
* Other Hospital
* Outpatient Clinic
* Outpatient EEG lab
* Pre-hospital
* Pre-hospital Best
* Pre-hospital Worst
* Referring Hospital
* Rehabilitation Unit
* Site Lab
* Step-Down Unit;
* Supervised Living;
* Unknown;
* Urgent Care;
* Ward
* Other, specify(DataAcquisitionLocationOTH)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Cause of injury

InjCauseTyp

Choose all that apply. If “Other, specify” selected, provide the input.

* Accidental falls
* Accidental poisoning by drugs, medicinal substances, and biologicals
* Accidental poisoning by other solid and liquid substances, gases, and vapors
* Accidents caused by fire and flames
* Accidents caused by submersion, suffocation, and foreign bodies
* Accidents due to natural and environmental factors (e900-e909)
* Air and space transport accidents
* Drugs, medicinal and biological substances causing adverse effects in therapeutic use
* Homicide and injury purposely inflicted by other persons
* Injury resulting from operations of war
* Injury undetermined whether accidentally or purposely inflicted
* Late effects of accidental injury
* Legal intervention
* Misadventures to patients during surgical and medical care
* Motor vehicle non-traffic accidents
* Motor vehicle traffic accidents
* Other accidents
* Other road vehicle accidents
* Railway accidents
* Suicide and self-inflicted injury
* Surgical and medical procedures as the cause of abnormal reaction of patient or later complication, without mention of misadventure at the time of procedure
* Terrorism
* Vehicle accidents not elsewhere classifiable
* Water transport accidents
* Other, specify (InjCauseTypOTH)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Body system category

BodySysCat

Choose all that apply. If “Other, specify” selected, provide the input.

* Allergic/Immunologic
* Cardiovascular
* Constitutional symptoms (e.g., fever, weight loss)
* Dermatological
* Ears, Nose, Mouth, Throat
* Endocrine
* Eyes
* Gastrointestinal
* Gastrointestinal/Abdominal
* Genitourinary
* Gynecologic/Urologic/ Renal
* Hematologic/Lymphatic
* Hepatobiliary
* Integumentary (skin and/or breast)
* Musculoskeletal
* Musculoskeletal (separate from ALS exam)
* Neurological
* Neurological (separate from ALS exam)
* Neurologic/CNS
* Oncologic
* Other, specify
* Psychiatric
* Pulmonary
* Respiratory
* Other, specify (BodySysOTH)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. SNOMED CT code

MedclHistCondSNOMEDCTCode\*

Code each of the medical history conditions using SNOMED CT. List multiple codes if needed. Use Appendix 2 “cheat sheet” to find the codes.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Medical history condition text

MedclHistCondTxt**\***

Record one Medical History term per body system category. See the data dictionary for additional information on coding the condition using SNOMED CT. Use Appendix 2 “cheat sheet” to find the codes and the corresponding verbatim names.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Number of the International Classification of Diseases (ICD) used to obtain the code

ICDRevNumber\*

Choose one.

* ICD-9
* ICD-10
* ICD-11

1. Code to classify the external cause of the injury

InjICDExtCauseCode\*

Record as many as needed; please refer to http: //www.cdc.gov/nchs/icd.htm. Response is obtained from report by subject/participant (if possible), witnesses, first responders, family and/or medical records.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-

1. Describe a mechanism of TBI

TBIMechTyp

Choose all that apply.

|  |  |
| --- | --- |
| * Acceleration/Deceleration * Blast * Crush * Direct impact: blow to head * Direct impact: head against object * Fall from height more than 1 meter (3 ft) | * Fragment (incl. shell/shrapnel) * Ground level fall * Gunshot wound * Other penetrating brain injury |

1. Type of TBI. Choose all that apply.

TBITyp**\***

|  |  |  |
| --- | --- | --- |
| * Blast * Closed | * Penetrating * Unknown | * Crush |

1. Injury place of occurrence type. *Choose one. If “Other, specify” is selected, provide the input.*

InjPlcOccncTyp

|  |  |  |  |
| --- | --- | --- | --- |
| * Home/domestic | * Public location (e.g. bar, station, nightclub) | * Sport/recreation | Other, specify (InjPlcOccncOTH)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Military deployment | * Street/highway | * Work/school |

1. Was the injury intentional or unintentional? *Choose one.*

InjIntention

|  |  |  |
| --- | --- | --- |
| * Intentional | * Unintentional | * Undetermined |

# Abbreviated injury scale (AIS)

Please note that below is only a short excerpt from AIS. If you have AIS data, please submit them to AIS form.

1. Specify the version of Abbreviated injury scale (AIS) dictionary. *Choose one.*

AISDictionaryVersionTyp

|  |  |
| --- | --- |
| * AIS Revision 1990 | * AIS Revision 2005 Update 2008 |
| * AIS Revision 1990 Update 1998 | * AIS Revision 2015 |
| * AIS Revision 2005 |  |

1. Category of body region assessed by Abbreviated Injury Scale (AIS) and the corresponding severity score(s)

Choose one. For each AISInjurySeverityScore value, select the corresponding body region chapter/category. Use the information from AIS dictionary (https://www.aaam.org/abbreviated-injury-scale-ais/) to choose the appropriate value.

| **Body region** (AISBodyRegionChapterCat[[1]](#footnote-1)) | **AIS severity score** (AISInjurySeverityScore[[2]](#footnote-2))  1= minor;2= moderate;3=serious;4=severe;5=critical;6= maximal (currently untreatable);9=unknown severity | **A clinical description of the subject injury(ies) from the medical documentation** (AISInjuryDescriptionTxt)  For each combination of values recorded in AISBodyRegionChapterCat+AISInjurySeverityScore, enter the injury description from the medical documentation. This description is used to code the injury in AIS Code and describes the precise injury. |
| --- | --- | --- |
| 1-Head |  |  |
| 2-Face |  |  |
| 3- Neck |  |  |
| 4-Thorax |  |  |
| 5-Abdomen |  |  |
| 6-Spine |  |  |
| 7-Lower Extremity, Pelvis and Buttocks |  |  |
| 8-Upper Extremity |  |  |
| 9-External |  |  |
| 0-Other Trauma |  |  |

1. Code to classify the external cause of the injury

InjICDExtCauseCode \*

Record as many as needed; please refer to http: //www.cdc.gov/nchs/icd.htm. Response is obtained from report by subject/participant (if possible), witnesses, first responders, family and/or medical records.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# LOC, AOC, and PTA

1. The elapsed time (in minutes) from the time of injury

InjElapsedTime\*

Indicate the time since injury (in minutes), following definition provided per protocol.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Type of location where the data were taken/recorded.

DataAcquisitionLocationTyp

Choose one. If “Other, specify” selected, please provide an input.

|  |  |  |
| --- | --- | --- |
| * Acute Care Unit * Ambulatory * Assisted Living * Central Lab * Clinic/MD Office * Critical Access Hospital * Critical Care Unit * CT-Angio * Discharge Lounge * ED arrival * ED discharge * ED-Non-trauma Center * ED post-resuscitation * ED-Trauma Center | * Follow-up visit * High Care Unit * Home * Hospice * ICU * Imaging Diagnostic Department * Injury scene * Inpatient Epilepsy Monitoring Unit * Inpatient Rehab * Intermediate Care Unit * Long Term Care Hospital * Nursing Home * Observation Unit * OR | * Other Hospital * Outpatient Clinic * Outpatient EEG lab * Pre-hospital * Pre-hospital Best * Pre-hospital Worst * Referring Hospital * Rehabilitation Unit * Site Lab * Step-Down Unit * Supervised Living * Unknown * Urgent Care * Ward * Other, specify (DataAcquisitionLocationOTH)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Date form completed

DataCollDateTime

When date/time data are prepared for aggregation or sharing they should be converted to the format specified by ISO 8601, YYYY-MM-DDThh:mm:ss \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did participant/subject experience loss of consciousness?

LOCInd\*

Choose one.

|  |  |  |  |
| --- | --- | --- | --- |
| * Yes | * No | * Suspected | * Unknown |

1. Range of duration of loss of consciousness (LOC)

*LOCDurRang****\****

Choose one. Response is obtained from report by subject/participant or clinician. If clinically monitored, GCS or other assessment tool recommended.

|  |  |  |
| --- | --- | --- |
| * 1-29 minutes * 30-59 minutes * 1-24 hours | * 1-7 days * <1 minute * >7 days | * None * No return of consciousness prior to death or discharge * Unknown |

1. Loss of consciousness duration of time value

LOCDurationVal

Record the duration of LOC in seconds. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How the loss of consciousness was verified

LOCVerifyTyp

Choose one. Response may be obtained from report by subject/participant, but verification establishes higher level of evidence.

|  |  |
| --- | --- |
| * Self-report * Clinical interview * Medical chart | * Witness * Not available |

1. Did the participant/subject experience alteration of consciousness?

AOCInd

Choose one. Response may be obtained from report by subject/participant (CDC Report to Congress), but verification establishes higher level of evidence.

|  |  |  |  |
| --- | --- | --- | --- |
| * Yes | * No | * Suspected | * Unknown |

1. Duration of alteration of consciousness

AOCDurRang

Choose one. Response is obtained from report by subject/participant or clinician. If clinically monitored, GCS or other assessment tool recommended.

|  |  |  |
| --- | --- | --- |
| * 1-29 minutes * 30-59 minutes * 1-24 hours | * 1-7 days * <1 minute * >7 days | * None * No return of consciousness prior to death or discharge * Unknown |

1. Alteration of consciousness duration of time value

AOCDurationVal

Record the duration of AOC in minutes. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How the alteration of consciousness was verified

AOCVerifTyp

Choose one. Response may be obtained from report by subject/participant, but verification establishes higher level of evidence.

|  |  |
| --- | --- |
| * Self-report * Clinical interview * Medical chart | * Witness * Not available |

1. Indicator of lucid interval

LucidIntrvlInd

Choose one. If clinically monitored, GCS or other assessment tool recommended.

|  |  |  |  |
| --- | --- | --- | --- |
| * Yes | * No | * Suspected | * Unknown |

1. Range of duration of lucid interval

LucidIntrvlDurRang

Choose one. Response is obtained from report by subject/participant or clinician. If clinically monitored, GCS or other assessment tool recommended.

|  |  |  |
| --- | --- | --- |
| * 1s-10 minutes * 11 min- 30 min * 31 min – 1 hour | * 61 min – 12 hours * More than 24 hours | * N/A * Unknown |

1. Duration of lucid interval in minutes

LucidIntrvlDurationVal

Record the duration of lucid interval in minutes. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How long after initial LOC did lucidity occur?

LOCLucidIntrvlDurRang

Choose one. Response is obtained from report by subject/participant or clinician. If clinically monitored, GCS or other assessment tool recommended.

|  |  |  |
| --- | --- | --- |
| * 1s-10 minutes * 11 min- 30 min * 31 min – 1 hour | * 61 min – 12 hours * More than 24 hours | * N/A * Unknown |

1. How the lucid interval was verified

LucidIntrvlVerifyTyp

Choose one. Response may be obtained from report by subject/participant, but verification establishes higher level of evidence.

|  |  |
| --- | --- |
| * Self-report * Clinical interview * Medical chart | * Witness * Not available |

1. Did participant/subject experience post-traumatic amnesia?

PstTraumtcAmnsInd\*

Choose one.

|  |  |  |  |
| --- | --- | --- | --- |
| * Yes | * No | * Suspected | * Unknown |

1. Range of duration of post-traumatic amnesia

PstTraumAmnsDurRang\*

Choose one

|  |  |  |
| --- | --- | --- |
| * 1-29 minutes * 30-59 minutes * 1-24 hours | * 1-7 days * <1 minute * >7 days | * None * N/A * Unknown |

1. Duration of post-traumatic amnesia (PTA) the participant/subject experienced.

PstTraumAmnsDurationVal

Enter duration of post-traumatic amnesia in minutes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How the post traumatic amnesia interval was verified

PstTraumtcAmnsVerifyTyp

Choose one. Response may be obtained from report by subject/participant, but verification establishes higher level of evidence.

|  |  |
| --- | --- |
| * Self-report * Clinical interview * Medical chart | * Witness * Not available |

# Type Place Cause Mechanism of Injury - Civilian

1. Type of injury violent cause

InjVlntCauseTyp

Choose one. Response is obtained from participant/ subject (if possible), witnesses, first responders, family member or medical record.

* Child abuse
* Domestic assault
* Gang violence
* Interpersonal violence (fight)
* Military deployment
* Robbery/assault
* Other

1. Likelihood that participant/subject was under the influence of alcohol?

InfAlcLkhdTyp

Choose one

* None
* Confrimed
* Suspected
* Unknown

1. Likelihood that injury was due to abusive head trauma?

AbsvHdTrmaLkhdTyp

Choose one

* Definite abuse
* No concern
* Possible abuse
* Probable abuse

1. How the determination of abusive head trauma likelihood was made

AbsvHdTrmaRprtrTyp

Choose one. If “Other, specify” is selected, provide an input.

* Child Protection Team (CPT)
* Children, Youth and Families (CYF)
* Coroner
* Emergency Department (ED) physician
* Other, specify
* Pediatric Intensive Care Unit (PICU) physician
* Police
* Other, specify (AbsvHdTrmaRprtrOTH)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Indicator of participant's/subject's use of illegal drugs, prescription or over-the-counter drugs for purposes other than those for which they are meant to be used, or in large amounts. Choose one.

DrgSubstCurrntIllicitUseCat

|  |  |  |  |
| --- | --- | --- | --- |
| * Yes | * No | * Suspected | * Unknown |

1. Traffic accident self-role type

TrffAccdntSelfRoleTyp

Choose one. Response is obtained from report by participant/subject (if possible), witnesses, first responders, family and/or medical records. Information on the nature of the road traffic incident and the function of the victim is not only important from an epidemiological and prevention perspective, but also provides information on what type of intracranial and extracranial injuries might be expected.

* Cyclist
* Moped/scooter
* Motorcycle/Motorbike
* Motor vehicle occupant
* Pedestrian
* Other

1. Traffic accident self-drug influence likelihood

TrffAccdntSefAlcInfLkhdTyp

Choose one. Response is obtained from hospital reports.

* None
* Confrimed
* Suspected
* Unknown

1. Traffic accident self-drug influence likelihood type

TrffAccdntSelfDrgIngLkhdTyp

Choose one. Response is obtained from hospital reports.

* None
* Confrimed
* Suspected
* Unknown

1. Traffic accident other party role type

TrffAccdntOthPrtyRoleTyp

Choose one. Response is obtained from participant/ subject (if possible), witnesses, first responders, family member or medical record.

* Cyclist
* Moped/scooter
* Motorcycle/Motorbike
* Motor vehicle
* No other party
* Obstacle
* Pedestrian
* Train/Metro
* Tram/Bus
* Unknown

1. Traffic accident other party alcohol influence likelihood type

TrffAccdntOthPrtyAlcInfLkhdTyp

Choose one. Response is obtained from hospital reports.

* None
* Confrimed
* Suspected
* Unknown

1. Traffic accident self-drug influence likelihood

TrffAccdntOthPrtyDrgInfLkhdTyp

Choose one. Response is obtained from hospital reports.

* None
* Confrimed
* Suspected
* Unknown

1. Airbag deployed indicator

AirbagDplyInd

Response is obtained from report by participant/subject (if able to provide reliable information), first responders, emergency department physicians, or medical record.

* Yes
* No
* Not applicable
* Unknown

1. Type of protective devices used by the participant/subject

VehclrPrtctvDevTyp

Choose all that apply. If “Other, specify” is selected, provide an input. Response is obtained from report by participant/subject (if able to provide reliable information), first responders, emergency department physicians, or medical record. This element is recommended for pediatric studies.

* Airbag
* Child safety restraint
* Helmet
* Seat belt
* Other, specify (VehclrPrtctvDevOTH)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Likelihood of whether a biological agent was encountered at the time of the injury.

BiolgclAgntExpsrLkhdTyp

Choose one. Response is obtained from participant/subject (if possible), witnesses, first responders, family or medical records. Element recommended for the military population

* None
* Confrimed
* Suspected
* Unknown

1. Chemical agent exposure likelihood type

ChemAgntExpsrLkhdTyp

Choose one. Response is obtained from participant/subject (if possible), witnesses, first responders, family or medical records. Element recommended for the military population

* None
* Confrimed
* Suspected
* Unknown

1. Verbatim text description of the injury event (optional).

InjDescriptionText

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Type Place Cause Mechanism of Injury - Sport

1. Was the subject's traumatic brain injury sports related?

TBISportInd

Choose one.

* Yes
* No
* Unknown

1. Type of the sport or team that the athlete participates in

SportTeamParticipationTyp

Choose one. If “Other, specify” is selected, provide an input.

|  |  |  |
| --- | --- | --- |
| * Baseball * Basketball * Beach Volleyball * Bowling * Boxing * Cheerleading * Climbing * Cross country * Cycling * Dance * Diving * Dodgeball * Equestrian * Fencing * Field Ball * Field event * Field hockey * Figure skating * Flag Football * Flicker ball * Football * Functional Fitness/CrossFit | * Goaltimate * Golf * Gymnastics * Ice hockey * In-line Hockey * Kickball * Lacrosse * Marathon * Martial Arts * Mountaineering * Orienteering * Paintball * Parachuting * Pass-N-Go * Rifle * Rodeo * Rowing * Rugby * Sailing * Sand Hurst * Skateboarding * Skiing | * Snowboarding * Soccer * Softball * Sprint Football * Squash * Strength team/Powerlifting * Submission Grappling * Swimming * Team Handball * Tennis * Track * Triathlon * Ultimate Frisbee * Unknown * Volleyball * Water polo * Wrestling * Other, specify (SportTeamParticipationTypOTH)\_\_\_\_\_\_\_\_\_\_\_ |

1. Sport league/division in which the subject played.

SportLeagueOrDivTyp

Select all that apply. If “Other, specify” is selected, provide an input.

|  |  |
| --- | --- |
| * AFL * AHL * Arena Football League * CFL * Division I * Division IAA/Football Championship Subdivision (FCS) * Division I/Football Bowl Subdivision (FBS) * Division II * Division III | * ECHL * NAIA * NFL * NFL Europe * NHL * XFL * Other, specify (SportLeagueOrDivTypOTH)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Verbatim text description of the injury event (optional).\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

InjDescriptionText

# Type Place Cause Mechanism of Injury - Combat

1. Indicator of whether the injury occurred during deployment

MilDplyInjInd

Choose one. Response is obtained from report by participant/subject (interview, self report) or relatives. This element is intended for use in adult military populations. Severity of psychological problems has been shown to correlate with the 'severity' of combat experiences.

* Yes
* No
* Unknown

1. Protective devices used indicator

PrtctvDevcUseInd

Choose one. Response is obtained from report by participant/subject (if able to provide reliable information), first responders, emergency department physicians, or medical record. This element is recommended for pediatric studies.

* Yes
* No
* Unknown

1. Body armor indicator

BodyArmInd

Choose one. Adult only. Response is obtained from participant/subject (if possible), witnesses, first responders, family or medical records. Element recommended for the military population

* Yes
* No
* Unknown

1. Type of combat helmet worn at the time of the injury.

MilCmbtHelmtTyp

Choose one. Response is obtained from participant/subject (if possible), witnesses, first responders, family or medical records. Element recommended for the military population

* Advanced combat helmet
* No
* Other combat helmet
* Unknown

1. Blast direction type

BlastDirTyp

Choose one. Response is obtained from participant/subject (if possible), witnesses, first responders, family or medical records.

* Above
* Behind
* Below
* In front
* Left
* Right
* Unknown

1. Indicator if blast happened into an enclosed space

BlastEnclSpcInd

Choose one. Response is obtained from participant/subject (if possible), witnesses, first responders, family or medical records.

* Yes
* No
* Unknown

1. Blast injury category

BlastInjCat

Choose all that apply. Response is obtained from participant/subject (if possible), witnesses, first responders, family or medical records.

* Primary blast
* Quaternary blast
* Secondary blast
* Tertiary blast
* Unknown

1. Blast injury device type

BlastInjDevTyp

Choose one. If “Other, specify” is selected, provide an input. Response is obtained from participant/subject (if possible), witnesses, first responders, family or medical records.

* Bomb
* Grenade
* Improvised Explosive Device (IED)
* Land mine
* Mortar
* Other, specify
* Rocket Propelled Grenade (RPG)
* Unknown
* Other, specify (BlastInjDevOTH)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Number of prior blast prior exposures \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BlastPriorExposurNum

1. Likelihood of whether a biological agent was encountered at the time of the injury.

BiolgclAgntExpsrLkhdTyp

Choose one. Response is obtained from participant/subject (if possible), witnesses, first responders, family or medical records. Element recommended for the military population

* None
* Confrimed
* Suspected
* Unknown

1. Chemical agent exposure likelihood type

ChemAgntExpsrLkhdTyp

Choose one. Response is obtained from participant/subject (if possible), witnesses, first responders, family or medical records. Element recommended for the military population

* None
* Confrimed
* Suspected
* Unknown

1. Indicator of participant's/subject's use of illegal drugs, prescription or over-the-counter drugs for purposes other than those for which they are meant to be used, or in large amounts. Choose one.

DrgSubstCurrntIllicitUseCat

* Yes
* No
* Unknown

1. Verbatim text description of the injury event (optional).\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

InjDescriptionText

# ED Presentation

1. Emergency medical care provider

EmrMedCrProvTyp

Choose one.

* Bystander
* Emergency department
* Paramedic/Medic
* Physician
* Trainer/coach
* Other

1. Type of training by Emergency medical care provider

EmrgyMedclCarePrvdrTrainTyp

Choose all that apply.

* Medical rescue team
* Military - non medic
* None
* Nurse
* Paramedic
* Physician
* Untrained person
* Other

1. Emergency service provided

EmrServTyp

Choose all that apply. If “Other, specify” is selected, provide an input.

* Ambulance (Core, EMT-B)
* Ambulance with specialized personnel (EMT-1)
* Firefighter
* Helicopter medical service
* None
* Police
* Other, specify (EmrServOTH)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The elapsed time (in minutes) from the time of injury

InjElapsedTime\*

Indicate the time since injury (in minutes) occurred following definition provided per protocol.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Level of care provided to participant by health care facility

CareProvisionLevel

Choose one.

* Acute
* Emergency
* Emergency & Acute

1. Emergency services response time duration

EmrServRespTmDur

Response should be recorded in minutes.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Duration of the emergency services provided at the scene of injury

EmrServTmInjScnDur

Response should be recorded in minutes

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Type of procedure or therapy used to assess the therapy intensity level (TIL) for treating the traumatic brain injury

TBITherapIntensLvlProcType

Choose all that apply.

* CSF drainage <120 ml/day (<5 ml/hour)
* CSF drainage greater than or equal to 120 ml (greater than or equal to 5 ml/hour)
* Decompressive craniectomy
* Fluid loading for maintenance of cerebral perfusion
* Head elevation for ICP control
* Higher dose sedation for ICP control (not aiming for burst suppression)
* Hyperosmolar therapy with hypertonic saline >0.3 g/kg/24 hours
* Hyperosmolar therapy with hypertonic saline up to 0.3 g/kg/24 hours
* Hyperosmolar therapy with mannitol >2 g/kg/24 hours
* Hyperosmolar therapy with mannitol up to 2 g/kg/24 hours
* Hypothermia below 35 C
* Intensive hypocapnia for ICP control [PaCO2 <4 kPa (30 mmHg)]
* Intracranial operation for progressive mass lesion, not scheduled on admission
* Metabolic suppression for ICP control with high dose barbiturates or propofol
* Mild hypocapnia for ICP control [PaCO2 4.6 - 5.3 kPa (35 - 40 mmHg)]
* Mild hypothermia for ICP control with a lower limit of 35 C
* Moderate hypocapnia for ICP control [PaCO2 greater than or equal to 4 kPa (30 mmHg)]
* Neuromuscular blockade (paralysis)
* Nursed flat (180 degrees) for CPP management
* Sedation (low dose as required for mechanical ventilation)
* Treatment of fever (temp.>38 C) or spontaneous temp. below 34.5 C
* Vasopressor therapy required for management of cerebral perfusion

1. Indicator of hypothermia

HypothermInd

Choose one. Add date stamp for when assessed. Recommend collection at least during initial medical treatment.

* Yes
* No
* Suspected
* Unknown

1. Did participant/subject experience hypotensive episode?

HypotnsnEpiInd

Choose one.

* Yes
* No
* Suspected
* Unknown

1. Did participant/subject experience hypoxic episode?

HypxEpiInd

Choose one.

* Yes
* No
* Suspected
* Unknown

1. Airway treatment type

AirwyTrtmtTyp

Choose all that apply

* Adjunctive airway
* Intubation
* Mechanical ventilation
* No specific treatment
* Supplemental oxygen
* Temporary support with bag, valve, mask
* Unknown

1. Glasgow Outcome Scale Extended (GOS-E) Score

GlasgowOutcomeScalExtScore\*

Choose one. The patient's overall rating is based on the lowest outcome category indicated on the scale.

|  |  |
| --- | --- |
| * 1 * 2 * 3 * 4 | * 5 * 6 * 7 * 8 |

1. Glasgow Outcome Scale -Extended, Pediatric Revision Score

PGOSEScore\*

Choose one. The patient's overall rating is based on the lowest outcome category indicated on the scale.

|  |  |
| --- | --- |
| * 1 * 2 * 3 * 4 | * 5 * 6 * 7 * 8 |

1. Has brain MRI been performed for the participant/subject?

ImgMRIPerfInd

Choose one.

* Yes
* No
* Unknown

1. Brain imaging assessment result

ImgBrainAssessmtReslt\*

Choose one.

* Abnormal
* Normal
* Not assessed
* Unknown

1. Presence of subarachnoid hemorrhage.

SAHStatus\*

Choose one.

* Absent
* Intermediate
* Premorbid
* Present

1. Height or length measurement

HgtMeasr

Record the height (or length for the very young) of the participant/ subject. To be collected at the visit, not self-reported. Also, indicate whether height was measured in inches (in) or centimeters (cm).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Unit of measure for height/length

HgtUOM

Choose either Inches (in) or Centimeters (cm).

* Centimeters
* Meters
* Feet
* Inches

1. Weight measurement

WgtMeasr

Record the weight of the participant/subject in kilograms. If other unit of measure is used, record it.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Weight measurement unit of measure

WgtUoM

Choose one.

* Kilograms
* Pounds

# ED Discharge

1. The elapsed time (in minutes) from the time of injury

InjElapsedTime\*

Indicate the time since injury (minutes) occurred following definition provided per protocol.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Discharge Status

DischargeStatus

Choose one

* Alive
* Dead
* Unknown

1. Reason for ER discharge

EmrgyRmDischrgDestRsn

Choose one. If “Other, specify” is selected, provide an input.

* Medical necessity
* No ICU beds available
* Normal CT
* Requiring specialized facilities
* Social circumstances
* Unknown
* Other, specify (EmrgyRmDischrgDestRsnOTH)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Where was the participant subject discharged from the ER?

EmrgyRmDischrgDestTyp

Choose one. If “Other, specify” is selected, provide an input.

* Admission to hospital - ICU
* Admission to hospital - intermediate/high care unit
* Admission to hospital - other (e.g., observation unit)
* Admission to hospital - ward
* Discharge to home
* Discharge to nursing home
* Discharge to other hospital
* N/A - patient died
* Unknown
* Other, specify (EmrgyRmDischrgDestOTH)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Glasgow Outcome Scale Extended (GOS-E) Score

GlasgowOutcomeScalExtScore\*

Choose one. The patient's overall rating is based on the lowest outcome category indicated on the scale.

|  |  |
| --- | --- |
| * 1 * 2 * 3 * 4 | * 5 * 6 * 7 * 8 |

1. Glasgow Outcome Scale -Extended, Pediatric Revision Score

PGOSEScore\*

Choose one. The patient's overall rating is based on the lowest outcome category indicated on the scale.

|  |  |
| --- | --- |
| * 1 * 2 * 3 * 4 | * 5 * 6 * 7 * 8 |

1. Additional information

GeneralNotesTxt

Use this field to capture additional information.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Hospital Early Presentation

1. The elapsed time from the time of injury

InjElapsedTime\*

Indicate the time since injury (in minutes) occurred following definition provided per protocol. Note: Accurate determination of time since injury is critical for gauging patient progress and for assessing eligibility for acute phase studies. The need for TBI patients to be transferred from an initial receiving hospital to another hospital may delay definitive care and consequently impact outcome adversely, and longer transport times delay definitive treatment.

1. Hospital admission date and time

HospitlAdmissDateTime

Record the date/time according to the ISO 8601, the International Standard for the representation of dates and times (http: //www.iso.org/iso/home.html). The date/time should be recorded to the level of granularity known

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Hospital presentation

HospPresTyp

Choose one.

* Primary
* Secondary

1. Hospital location where the subject first received care

HospLocPatFirstReceiveCarTyp

Choose one.

* Direct Admit, not through ED
* Emergency Department/ Urgent Care
* Imaging Suite
* Unknown

1. Was patient evaluated in the Emergency Department (ED) for acute Stroke or TIA and subsequently transferred to another acute care hospital rather than being admitted to your hospital

HospNotAdmTrnsfAnthAcCrHospInd

Choose one.

* Yes
* No
* Unknown

1. Type of transportation to the hospital

HospTrnsprtTyp

Choose one. If “Other, specify” is selected, provide an inout.

* By foot
* Ground ambulance no physician
* Ground ambulance with physician
* Helicopter
* Other, specify
* Private transportation/taxi/other from home/scene
* Other, specify (HospTrnsprtOTH)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Previous unit

PrevUnit

Choose one.

* CT-Angio
* Direct Transfer from Other Hospital
* ED
* ICU
* OR
* Ward

1. Hospital Unit

HospitalUnit

Choose one.

* CT-Angio
* ED
* ICU
* OR
* Ward

1. Indicator of hypothermia

HypothermInd

Choose one.

* Yes
* No
* Suspected
* Unknown

1. Did participant/subject experience hypotensive episode?

HypotnsnEpiInd

Choose one.

* Yes
* No
* Suspected
* Unknown

1. Did participant/subject experience hypoxic episode?

HypxEpiInd

Choose one.

* Yes
* No
* Suspected
* Unknown

1. Airway treatment type

AirwyTrtmtTyp

Choose all that apply.

* Adjunctive airway
* Intubation
* Mechanical ventilation
* No specific treatment
* Supplemental oxygen
* Temporary support with bag, valve, mask
* Unknown

1. Glasgow Outcome Scale Extended (GOS-E) Score

GlasgowOutcomeScalExtScore\*

Choose one. The patient's overall rating is based on the lowest outcome category indicated on the scale.

|  |  |
| --- | --- |
| * 1 * 2 * 3 * 4 | * 5 * 6 * 7 * 8 |

1. Glasgow Outcome Scale -Extended, Pediatric Revision Score

PGOSEScore\*

Choose one. The patient's overall rating is based on the lowest outcome category indicated on the scale.

|  |  |
| --- | --- |
| * 1 * 2 * 3 * 4 | * 5 * 6 * 7 * 8 |

1. Has brain MRI been performed for the participant/subject?

ImgMRIPerfInd

Choose one.

* Yes
* No
* Unknown

1. Brain imaging assessment result

ImgBrainAssessmtReslt\*

Choose one.

* Abnormal
* Normal
* Not assessed
* Unknown

1. Presence of subarachnoid hemorrhage.

SAHStatus\*

Choose one.

* Absent
* Intermediate
* Premorbid
* Present

1. Height or length measurement

HgtMeasr

Record the height (or length for the very young) of the participant/ subject. To be collected at the visit, not self-reported. Also, indicate whether height was measured in inches (in) or centimeters (cm).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Unit of measure for height/length

HgtUOM

Choose either Inches (in) or Centimeters (cm).

* Centimeters
* Meters
* Feet
* Inches

1. Weight measurement

WgtMeasr

Record the weight of the participant/subject in kilograms. If other unit of measure is used, record it.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Weight measurement unit of measure

WgtUoM

Choose one.

* Kilograms
* Pounds

# Hospital Late Presentation

1. The elapsed time (in minutes) from the time of injury

InjElapsedTime\*

Indicate the time since injury (in minutes) occurred following definition provided per protocol.

1. Hospital admission date and time

HospitlAdmissDateTime

Record the date/time according to the ISO 8601, the International Standard for the representation of dates and times (http: //www.iso.org/iso/home.html). The date/time should be recorded to the level of granularity known

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Injury presentation reason

InjPresentRsn

Choose one.

* On advice significant other
* Professional referral
* Repatriation
* Routine screening
* Self-referral with complaints

1. Whether the patient was hospitalized directly after late presentation of injury

InjPresLateInitMedCar

Choose one.

* Yes
* No
* Unknown

1. Outpatient treatment type provided (if any) if there was no initial hospitalization after late presentation of injury

InjPresLateInitMedTyp

Choose one.

* Doctor's Office
* Emergency Room
* Infirmary (if incarcerated)
* Sick Bay (military)
* Other health care provider
* None

1. Category of professional that referred the participant/subject to seek medical care

InjPrsnttnProfssnlRfrrlCat

Choose one

* General practitioner
* Hospital staff
* Other caretaker

1. Glasgow Outcome Scale Extended (GOS-E) Score

GlasgowOutcomeScalExtScore\*

Choose one. The patient's overall rating is based on the lowest outcome category indicated on the scale.

|  |  |
| --- | --- |
| * 1 * 2 * 3 * 4 | * 5 * 6 * 7 * 8 |

1. Glasgow Outcome Scale -Extended, Pediatric Revision Score

PGOSEScore\*

Choose one. The patient's overall rating is based on the lowest outcome category indicated on the scale.

|  |  |
| --- | --- |
| * 1 * 2 * 3 * 4 | * 5 * 6 * 7 * 8 |

1. Has brain MRI been performed for the participant/subject?

ImgMRIPerfInd

Choose one.

* Yes
* No
* Unknown

1. Brain imaging assessment result

ImgBrainAssessmtReslt\*

Choose one.

* Abnormal
* Normal
* Not assessed
* Unknown

1. Presence of subarachnoid hemorrhage.

SAHStatus\*

Choose one.

* Absent
* Intermediate
* Premorbid
* Present

1. Height or length measurement

HgtMeasr

Record the height (or length for the very young) of the participant/ subject. To be collected at the visit, not self-reported. Also, indicate whether height was measured in inches (in) or centimeters (cm).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Unit of measure for height/length

HgtUOM

Choose either Inches (in) or Centimeters (cm).

* Centimeters
* Meters
* Feet
* Inches

1. Weight measurement

WgtMeasr

Record the weight of the participant/subject in kilograms. If other unit of measure is used, record it.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Weight measurement unit of measure

WgtUoM

Choose one.

* Kilograms
* Pounds

# Hospital Discharge

1. The elapsed time (in minutes) from the time of injury

InjElapsedTime\*

Indicate the time since injury (in minutes) occurred following definition provided per protocol.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Hospital discharge date and time

HospitDischgDateTime

Record the date/time according to the ISO 8601, the International Standard for the representation of dates and times (http: //www.iso.org/iso/home.html). The date/time should be recorded to the level of granularity known (e.g., year, year and month, complete date plus hours and minutes, etc.).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Subject discharge status

DischargeStatus

Choose one

* Alive
* Dead
* Unknown

1. Destination upon discharge from hospital

HospDischrgDestTyp

Choose one. If “other, specify” is selected, please provide an inout.

* Discharge to home/private residence
* Discharge to nursing home
* Discharge to other hospital
* Discharge to rehabilitation unit
* Not applicable - patient died
* Unknown
* Other, specify (HospDischrgDestOTH)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Glasgow Outcome Scale Extended (GOS-E) Score

GlasgowOutcomeScalExtScore\*

Choose one. The patient's overall rating is based on the lowest outcome category indicated on the scale.

|  |  |
| --- | --- |
| * 1 * 2 * 3 * 4 | * 5 * 6 * 7 * 8 |

1. Glasgow Outcome Scale -Extended, Pediatric Revision Score

PGOSEScore\*

Choose one. The patient's overall rating is based on the lowest outcome category indicated on the scale.

|  |  |
| --- | --- |
| * 1 * 2 * 3 * 4 | * 5 * 6 * 7 * 8 |

1. Additional information (if any)

GeneralNotesTxt

Use this field to capture additional information.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Was the participant/subject made DNR/DNI during the hospitalization?

DNRDNIInd

Choose one

* Yes
* No
* Unknown

1. Injury elapsed time Do Not Resuscitate (DNR)

DNRWrittenInjElapsedTime

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Earliest documentation of DNR/DNI

DNRDNIEarliestDocTimpntTyp

Choose one

* Day 1 or 2
* Day 3 or after
* Not documented
* Timing unclear
* Unknown

1. Injury elapsed time (Support Withdrawn)

SupportWithdrawnInjElapsedTime

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Neurological Assessment Symptoms and Signs

1. The elapsed time (in minutes) from the time of injury

InjElapsedTime\*

Indicate the time since injury (in minutes) occurred following definition provided per protocol.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Type of location where the data were taken/recorded.

DataAcquisitionLocationTyp

Choose one. If “Other, specify” selected, provide the input.

|  |  |
| --- | --- |
| * Acute Care Unit * Ambulatory * Assisted Living * Central Lab * Clinic/MD Office * Critical Access Hospital * Critical Care Unit * CT-Angio * Discharge Lounge * ED arrival * ED discharge * ED-Non-trauma Center * ED post-resuscitation * ED-Trauma Center * Follow-up visit * High Care Unit * Home * Hospice * ICU * Imaging Diagnostic Department * Injury scene * Inpatient Epilepsy Monitoring Unit * Inpatient Rehab | * Intermediate Care Unit * Long Term Care Hospital * Nursing Home * Observation Unit * OR * Other Hospital * Outpatient Clinic * Outpatient EEG lab * Pre-hospital * Pre-hospital Best * Pre-hospital Worst * Referring Hospital * Rehabilitation Unit * Site Lab * Step-Down Unit; * Supervised Living; * Unknown; * Urgent Care; * Ward * Other, specify(DataAcquisitionLocationOTH)\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Does (did) the participant/subject display any TBI symptoms or signs?

TBISympInd

Choose one for each symptom or sign. Add date and time stamp for when assessed.

* Yes
* No
* Unknown

1. Does (did) participant/subject display the following TBI symptoms or signs?

TBISympTyp

Choose all that apply.

* Balance problems
* Difficulty concentrating
* Difficulty falling asleep
* Difficulty remembering
* Drowsiness
* Fatigue
* Feeling mentally foggy
* Feeling slowed down
* Headache
* Irritability
* More emotional
* Nausea
* Nervousness
* Numbness/tingling
* Sadness
* Sensitive to light
* Sensitive to noise
* Sleeping less than usual
* Sleeping more than usual
* Vomiting
* Other, specify (TBISympTypOTH)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Orientation to person result

OrientPersonReslt

Choose one.

* Abnormal
* Normal

1. Orientation to place result

OrientPlaceReslt

Choose one.

* Abnormal
* Normal

1. Orientation to time result

OrientTimeReslt

Choose one.

* Abnormal
* Normal

1. Category of traumatic brain injury symptom/sign displayed by the participant/subject

TBISympCat

Select all that apply. If “other, specify” is selected, provide an input.

* Cognitive
* Emotional
* Physical
* Sleep
* Other, specify (TBISympOthrTxt)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. TBI symptom or sign rating code

TBISympRatingCode

Choose one

|  |  |  |
| --- | --- | --- |
| * 1 * 2 | * 4 * 3 | * 5 * 6 |

# Previous TBIs

1. Prior traumatic injury indicator

PriorTraumInjryInd

Choose one.

* Yes
* No
* Unknown

1. Traumatic event number

TraumaticEventNum

List the earliest as #1 and the latest as #n. For TBI usually only the 5 events are listed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Injury date and time

InjDateTime \*

Record the date/time according to the ISO 8601, the International Standard for the representation of dates and times (http: //www.iso.org/iso/home.html). The date/time should be recorded to the level of granularity known (e.g., year, year and month, complete date plus hours and minutes, etc.).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If estimated, the point in time estimated as injury date

InjDateTimeEstTyp

Choose one.

* Time of first trauma activation
* Time of presentation to emergency department
* Time that the participant/subject became symptomatic

1. Was the subject's traumatic brain injury sports related?

TBISportInd

Choose one.

* Yes
* No
* Unknown

1. Any prior history of sport-related concussion?

ConcussionHistoryInd

Choose one.

* Yes
* No
* Unknown

1. Was the subject ever hospitalized for head/neck injury?

TBIHospitalizedInd

Choose one.

* Yes
* No
* Unknown

1. Prior traumatic injury type

PriorTraumInjryType

Choose all that apply.

* Brain Injury
* Other Extracranial Injury
* Spine Injury

1. Head injury prior number

HeadInjPriorNum

Response is obtained from report by participant/subject or proxy.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Number of concussions prior to the current injury.

ConcussionPriorNum

Response is obtained from report by participant/subject or proxy.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Number of prior blast prior exposures

BlastPriorExposurNum

This element should be collected in studies including military populations.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Youngest age of loss of consciousness (LOC)

TBILocYoungestAge

Enter age in years.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Youngest age of dazed and confused injury

TBIDazedYoungestAge

Enter age in years.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Longest period of unconsciousness

TBILocLongestKO

Enter age in years. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did the subject ever dazed or had a gap in memory from injuries?

TBILocMemoryGapInd

Choose one.

* Yes
* No
* Unknown

1. Number of times loss of consciousness (LOC) episodes over 30 minutes

TBILocOver30MinCnt

For the granularity known, enter the number of LOC episodes longer than 30 minutes.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Number of times the subject lost consciousness from drug overdose

TBIOverdoseCnt

For the granularity known, enter the number of LOC episodes from overdose.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Longest period of being dazed and confused

TBIDazedLongestKO

For the granularity known, enter the duration of the longest episode.

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

1. Number of times dazed and confused for more than 30 mins

TBIDazedOver30MinCnt

For the granularity known, enter the number of episodes.

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

# Concussion History

1. Traumatic event number

TraumaticEventNum

List the earliest as #1 and the latest as #n. For TBI usually only the 5 events are listed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Was or was not the reported concussion diagnosed by a medical provider?

ConcussDxStatus

Choose one.

* Diagnosed
* Undiagnosed
* Unknown

1. Was concussion episode related to playing sports, civilian accident, military accident, combat experience, or something else?

ConcussionRelatednessTyp

Select all that apply. If “Other, specify” is selected, provide an input.

* Civilian accident
* Combat-related
* Military-related
* Not available
* Other, specify
* Sport-related
* Unknown
* Other, specify (ConcussionRelatednessTypOTH)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Injury date and time

InjDateTime\*

Record the date/time according to the ISO 8601, the International Standard for the representation of dates and times (http: //www.iso.org/iso/home.html). The date/time should be recorded to the level of granularity known (e.g., year, year and month, complete date plus hours and minutes, etc.).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If estimated, the point in time estimated as injury date

InjDateTimeEstTyp

Choose one.

* Time of first trauma activation
* Time of presentation to emergency department
* Time that the participant/subject became symptomatic

1. Screening for previous TBIs

|  |  |  |  |
| --- | --- | --- | --- |
| Age at LOC injury 1 (TBILocAge1)\_\_\_\_\_\_ | Unconscious for how long (in minutes) : LOC injury 1 (TBILocDuration1)\_\_\_\_\_\_\_\_ | Age at Dazed Injury 1 (TBIDazedAge1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Dazed and confused for how long dazed injury 1 (TBIDazedDuration1)\_\_\_\_\_\_\_\_ |
| Age at LOC injury 2 (TBILocAge2)\_\_\_\_\_\_ | Unconscious for how long (in minutes): LOC injury 2 (TBILocDuration2)\_\_\_\_\_\_ | Age at Dazed Injury 2 (TBIDazedAge2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Dazed and confused for how long dazed injury 2 (TBIDazedDuration2)\_\_\_\_\_\_\_\_\_ |
| Age at LOC injury 3 (TBILocAge3)\_\_\_\_\_\_ | Unconscious for how long (in minutes) : LOC injury 3 (TBILocDuration3)\_\_\_\_\_\_ | Age at Dazed Injury 3 (TBIDazedAge3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Dazed and confused for how long dazed injury 3 (TBIDazedDuration3)\_\_\_\_\_\_\_\_ |
| Age at LOC injury 4 (TBILocAge4)\_\_\_\_\_\_ | Unconscious for how long (in minutes) : LOC injury 4 (TBILocDuration4)\_\_\_\_\_\_ | Age at Dazed Injury 4 (TBIDazedAge4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Dazed and confused for how long dazed injury 4 (TBIDazedDuration4)\_\_\_\_\_\_\_\_\_ |
| Age at LOC injury 5 (TBILocAge5)\_\_\_\_\_ | Unconscious for how long (in minutes) : LOC injury 5 (TBILocDuration5)\_\_\_\_\_\_ | Age at Dazed Injury 5 (TBIDazedAge5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Dazed and confused for how long dazed injury 5 (TBIDazedDuration5)\_\_\_\_\_\_\_\_ |
| Age at LOC injury 6 (TBILocAge6)\_\_\_\_\_ | Unconscious for how long (in minutes) : LOC injury 6 (TBILocDuration6)\_\_\_\_\_\_ | Age at Dazed Injury 6 (TBIDazedAge6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Dazed and confused for how long dazed injury 6 (TBIDazedDuration6)\_\_\_\_\_\_\_\_ |
| Age at LOC injury 7 (TBILocAge7)\_\_\_\_\_ | Unconscious for how long (in minutes) : LOC injury 7 (TBILocDuration7)\_\_\_\_\_\_ | Age at Dazed Injury 7 (TBIDazedAge7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Dazed and confused for how long dazed injury 7 (TBIDazedDuration7)\_\_\_\_\_\_\_\_ |
| Age at LOC injury 8 (TBILocAge8)\_\_\_\_\_ | Unconscious for how long (in minutes) : LOC injury 8 (TBILocDuration8)\_\_\_\_\_\_ | Age at Dazed Injury 8 (TBIDazedAge8) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Dazed and confused for how long dazed injury 8 (TBIDazedDuration8)\_\_\_\_\_\_\_\_ |
| Age at LOC injury 9 (TBILocAge9)\_\_\_\_\_ | Unconscious for how long (in minutes) : LOC injury 9 (TBILocDuration9)\_\_\_\_\_\_ | Age at Dazed Injury 9 (TBIDazedAge9) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Dazed and confused for how long dazed injury 9 (TBIDazedDuration9)\_\_\_\_\_\_\_\_ |
| Age at LOC injury 10 (TBILocAge10)\_\_\_\_\_ | Unconscious for how long (in minutes) : LOC injury 10 (TBILocDuration10)\_\_\_\_\_\_ | Age at Dazed Injury 10 (TBIDazedAge10) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Dazed and confused for how long dazed injury 10 (TBIDazedDuration10)\_\_\_\_\_\_\_\_ |

1. How long was the subject recovery from the most recent concussion? ConcussionSymptomDurDays

Enter the number of days\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Appendix 1: TBI Core Common Data Elements

|  |  |  |
| --- | --- | --- |
| **Variable Name** | **Page** | **Comments** |
| GUID | 1 |  |
| InjElapsedTime | 8, 18, 20, 22, 27, 29 |  |
| InjDateTime | 3, 32, 35 | (not required for FITBIR) |
| InjICDExtCauseCode | 6, 8 |  |
| LOCInd | 9 |  |
| LOCDurRang | 10 |  |
| PstTraumtcAmnsInd | 10 |  |
| PstTraumAmnsDurRang | 10 |  |
| TBITyp | 7 |  |
| MedclHistCondTxt | 6 |  |
| MedclHistCondSNOMEDCTCode | 6 |  |
| GlasgowOutcomeScalExtScore | 20, 21, 24, 26, 28 |  |
| PGOSEScore | 20, 21, 24, 26, 28 |  |
| ImgBrainAssessmtReslt | 20, 25, 28 |  |
| SAHStatus | 20, 25, 28 |  |

# Appendix 2: Some SNOMED Concept Codes and Verbatim Text

|  |  |
| --- | --- |
| **SNOMED Concept Code** | **Medical History SNOMED Concept Verbatim Name**  **(**[**https://phinvads.cdc.gov/vads/**](https://phinvads.cdc.gov/vads/)**)** |
| 441806004 | Abscess of brain |
| 702632000 | Acquired brain injury (disorder) |
| 209922004 | Brain contusion with open intracranial wound, with 1-24 hours loss of consciousness |
| 209921006 | Brain contusion with open intracranial wound, with more than 1 hour loss of consciousness |
| 209923009 | Brain contusion with open intracranial wound,  with more than 24 hours loss of consciousness and return to pre-existing conscious level |
| 209924003 | Brain contusion with open intracranial wound,  with more than 24 hours loss of consciousness without return to pre-existing conscious level |
| 209920007 | Brain contusion with open intracranial wound, with no loss of consciousness |
| 2470005 | Brain damage |
| 275272006 | Brain damage - traumatic |
| 28188001 | Brain injury with open intracranial wound |
| 28156009 | Brain injury with open intracranial wound AND brief loss of consciousness (less than one hour) |
| 5202009 | Brain injury with open intracranial wound AND concussion |
| 13752003 | Brain injury with open intracranial wound AND loss of consciousness |
| 86010003 | Brain injury with open intracranial wound AND moderate loss of consciousness (1-24 hours) |
| 12912004 | Brain injury with open intracranial wound AND no loss of consciousness |
| 27923006 | Brain injury with open intracranial  wound AND prolonged loss of consciousness (more than 24 hours) AND return to pre-existing conscious level |
| 86488006 | Brain injury with open intracranial wound  AND prolonged loss of consciousness (more than 24 hours) without return to pre-existing conscious level |
| 9015001 | Brain injury without open intracranial wound |
| 22693008 | Brain injury without open intracranial wound AND with brief loss of consciousness (less than one hour) |
| 33332005 | Brain injury without open intracranial wound AND with concussion |
| 53267002 | Brain injury without open intracranial wound AND with loss of consciousness |
| 47450003 | Brain injury without open intracranial wound AND with moderate loss of consciousness (1-24 hours) |
| 79228001 | Brain injury without open intracranial wound AND with no loss of consciousness |
| 55885004 | Brain injury without open intracranial wound  AND with prolonged loss of consciousness (more than 24 hours) with return to pre-existing conscious level |
| 47462004 | Brain injury without open intracranial wound  AND with prolonged loss of consciousness (more than 24 hours) without return to pre-existing conscious level |
| 39020005 | Brain injury, without skull fracture |
| 25816005 | Brain stem compression |
| 127305005 | Brain stem contusion |
| 78968003 | Brain stem contusion with open intracranial wound |
| 57012007 | Brain stem contusion with open intracranial wound AND brief loss of consciousness (less than one hour) |
| 78028004 | Brain stem contusion with open intracranial wound AND concussion |
| 66393002 | Brain stem contusion with open intracranial wound AND loss of consciousness |
| 23026001 | Brain stem contusion with open intracranial wound AND moderate loss of consciousness (1-24 hours) |
| 52913008 | Brain stem contusion with open intracranial wound AND no loss of consciousness |
| 16837005 | Brain stem contusion with open intracranial wound  AND prolonged loss of consciousness (more than 24 hours) AND return to pre-existing conscious level |
| 42670008 | Brain stem contusion with open intracranial wound  AND prolonged loss of consciousness (more than 24 hours) without return to pre-existing conscious level |
| 52888005 | Brain stem contusion without open intracranial wound |
| 54637009 | Brain stem contusion without open intracranial wound AND with brief loss of consciousness (less than one hour) |
| 79220008 | Brain stem contusion without open intracranial wound AND with concussion |
| 29807001 | Brain stem contusion without open intracranial wound AND with loss of consciousness |
| 38761006 | Brain stem contusion without open intracranial wound AND with moderate loss of consciousness (1-24 hours) |
| 36716000 | Brain stem contusion without open intracranial wound AND with no loss of consciousness |
| 10061007 | Brain stem contusion without open intracranial wound  AND with prolonged loss of consciousness (more than 24 hours) AND return to pre-existing conscious level |
| 63023005 | Brain stem contusion without open intracranial wound  AND with prolonged loss of consciousness (more than 24 hours) without return to pre-existing conscious level |
| 95454007 | Brain stem hemorrhage |
| 63986002 | Brain stem herniation |
| 95457000 | Brain stem infarction |
| 95456009 | Brain stem ischemia |
| 127307002 | Brain stem laceration |
| 12589008 | Brain stem laceration with open intracranial wound |
| 6147005 | Brain stem laceration with open intracranial wound AND brief loss of consciousness (less than one hour) |
| 41222005 | Brain stem laceration with open intracranial wound AND concussion |
| 3119002 | Brain stem laceration with open intracranial wound AND loss of consciousness |
| 41025001 | Brain stem laceration with open intracranial wound AND moderate loss of consciousness (1-24 hours) |
| 19210000 | Brain stem laceration with open intracranial wound AND no loss of consciousness |
| 5073009 | Brain stem laceration with open intracranial wound  AND prolonged loss of consciousness (more than 24 hours) AND return to pre-existing conscious level |
| 64413001 | Brain stem laceration with open intracranial wound  AND prolonged loss of consciousness (more than 24 hours) without return to pre-existing conscious level |
| 20899000 | Brain stem laceration without open intracranial wound |
| 59561005 | Brain stem laceration without open intracranial wound AND with brief loss of consciousness (less than one hour) |
| 17819003 | Brain stem laceration without open intracranial wound AND with concussion |
| 10256000 | Brain stem laceration without open intracranial wound AND with loss of consciousness |
| 18531006 | Brain stem laceration without open intracranial wound AND with moderate loss of consciousness (1-24 hours) |
| 78525006 | Brain stem laceration without open intracranial wound AND with no loss of consciousness |
| 70686002 | Brain stem laceration without open intracranial wound  AND with prolonged loss of consciousness (more than 24 hours) AND return to pre-existing conscious level |
| 67378005 | Brain stem laceration without open intracranial wound  AND with prolonged loss of consciousness (more than 24 hours) without return to pre-existing conscious level |
| 51568001 | Brain stem vertigo |
| 230807001 | Brain ventricular shunt displacement |
| 444869007 | Cavernous hemangioma of brain |
| 191475009 | Chronic alcoholic brain syndrome |
| 78689005 | Chronic brain syndrome |
| 15139001 | Chronic brain-hydrocephalus syndrome |
| 429271000124103 | Chronic hypoxic-ischemic brain injury |
| 27195007 | Chronic non-psychotic brain syndrome |
| 111033008 | Circumscribed atrophy of brain |
| 209871005 | Closed hindbrain contusion |
| 10481000119108 | Colloid brain cyst |
| 46963008 | Compression of brain |
| 141091000119105 | Compression of brain co-occurrent and due to nontraumatic subarachnoid hemorrhage (disorder) |
| 140881000119109 | Compression of brain co-occurrent and due to spontaneous cerebral hemorrhage (disorder) |
| 135801000119109 | Compression of brain due to focal lesion |
| 110030002 | Concussion injury of brain |
| 34663006 | Contusion of brain |
| 84170006 | Contusion of brain with open intracranial wound |
| 90768003 | Contusion of brain without open intracranial wound |
| 342751000119101 | Cortical blindness of left side of brain (disorder) |
| 342741000119103 | Cortical blindness of right side of brain (disorder) |
| 445166009 | Cystic degeneration of brain |
| 441460004 | Cysticercosis of brain |
| 52522001 | Degenerative brain disorder |
| 133301000119102 | Degenerative brain disorder caused by alcohol (disorder) |
| 276730002 | Dermoid cyst of brain |
| 262693007 | Diffuse brain injury |
| 210038008 | Focal brain injury |
| 429565004 | Germ cell tumor of the brain |
| 301764006 | Hematoma of brain |
| 209885000 | Hind brain contusion with open intracranial wound, with 1-24 hours loss of consciousness |
| 209884001 | Hind brain contusion with open intracranial wound, with less than 1 hour loss of consciousness |
| 209886004 | Hind brain contusion with open intracranial wound,  with more than 24 hours loss of consciousness and return to pre-existing conscious level |
| 209887008 | Hind brain contusion with open intracranial wound,  with more than 24 hours loss of consciousness without return to pre-existing conscious level |
| 209883007 | Hind brain contusion with open intracranial wound, with no loss of consciousness |
| 209900006 | Hind brain laceration with open intracranial wound |
| 209904002 | Hind brain laceration with open intracranial wound, with 1-24 hours loss of consciousness |
| 209903008 | Hind brain laceration with open intracranial wound, with less than 1 hour loss of consciousness |
| 209905001 | Hind brain laceration with open intracranial wound,  with more than 24 hours loss of consciousness and return to pre-existing conscious level |
| 209906000 | Hind brain laceration with open intracranial wound,  with more than 24 hours loss of consciousness without return to pre-existing conscious  level |
| 209902003 | Hind brain laceration with open intracranial wound, with no loss of consciousness |
| 95659007 | Hindbrain hernia headache |
| 253203003 | Hypoplasia of brain gyri |
| 389088001 | Hypoxia of brain |
| 126944002 | Hypoxic-ischemic brain injury |
| 128614008 | Infectious disease of brain |
| 431266005 | Intraparenchymal hematoma of brain |
| 449020009 | Intraparenchymal hemorrhage of brain |
| 78914008 | Laceration of brain |
| 22819008 | Laceration of brain with open intracranial wound |
| 55702009 | Laceration of brain without open intracranial wound |
| 254941009 | Mixed glial tumor of brain |
| 204074000 | Multiple brain anomalies |
| 192926004 | Multiple sclerosis of the brainstem |
| 126952004 | Neoplasm of brain |
| 126961004 | Neoplasm of brain stem |
| 94767002 | Neoplasm of uncertain behavior of brain |
| 94766006 | Neoplasm of uncertain behavior of brain stem |
| 189488006 | Neoplasm of uncertain or unknown behavior of brain, Infratentorial |
| 189487001 | Neoplasm of uncertain or unknown behavior of brain, supratentorial |
| 281560004 | Neuroblastoma of brain |
| 254944001 | Neuronal and mixed neuronal - glial tumor of brain |
| 76011009 | Non-specific brain syndrome |
| 209881009 | Open hindbrain contusion |
| 126945001 | Perinatal anoxic-ischemic brain injury |
| 187080002 | Pheohyphomycotic brain abscess |
| 698837003 | Posttraumatic porencephalic cyst of brain (disorder) |
| 204032005 | Reduction deformities of brain |
| 127294003 | Traumatic AND/OR non-traumatic brain injury |
| 127295002 | Traumatic brain injury |
| 708728007 | Traumatic brain injury of unknown intent (disorder) |
| 127299008 | Traumatic brain injury with brief loss of consciousness |
| 127298000 | Traumatic brain injury with loss of consciousness |
| 450569000 | Traumatic brain injury with loss of consciousness one hour or more |
| 127300000 | Traumatic brain injury with moderate loss of consciousness |
| 127302008 | Traumatic brain injury with no loss of consciousness |
| 127301001 | Traumatic brain injury with prolonged loss of consciousness |
| 450551009 | Traumatic brain injury with prolonged loss of consciousness (more than 24 hours) and return to pre-existing conscious level |
| 450552002 | Traumatic brain injury with prolonged loss of consciousness (more than 24 hours) without return to pre-existing conscious level |
| 428089008 | Venous hemangioma of brain |

# APPENDIX 3: References

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1. See also AbbrevInjryScalBodyRgnCat CDE [↑](#footnote-ref-1)
2. See also AISBodyRegionScore CDE [↑](#footnote-ref-2)