

# **Traumatic Brain Injury (TBI)**

## **Instruments User Manual**



**Version 5.8**  
**April 2018**

**Department of Veterans Affairs**  
**Office of Information and Technology (OIT)**  
**Product Development**

**THIS PAGE IS INTENTIONALLY LEFT BLANK**

## Revision History

<b>Date</b>	<b>Version</b>	<b>Description</b>	<b>Author</b>
3/16/2018	5.8	Added Rehabilitation and Reintegration Care Plan Report, All Patient Treatment Phase Outcome Report, and Patient Trent and Outcomes Report.	J. Reese Mike Heath
11/24/2017	5.7	Updated document with new screens for PROMIS, PGIC, Optimal, Optimal Followup, and Rehab Follow Up. Updated other screens as appropriate.	J. Reese
09/18/2017	5.6	Updated document with PROMIS screens and new screens for PGIC and the Select Instruments screen.	J. Reese
05/11/2017	5.5	Updated manual and 508 compliance changes.	J. Reese
11/3/2015	5.4	Added Pyramid Analytic screenshots and updated screenshots with the latest GUI images	D. Hassell
7/7/2015	5.3	TBI Enhancements Increment 1 – Updated section 3.2 with new View Instruments Reports.	D. Hassell
8/11/2014	5.2	Updated to include Instruments screenshots and descriptions	T.Thweatt
3/25/2014	5.1	Included 11 Instrument screenshots and descriptions.	T. Thweatt
6/4/2013	5.0	Update to Registry Version 5.0 baseline	K. Jocius
5/14/2012	4.0	Increment 4 Final, approved manual	J. Sanders S. Smith D. Zaudtke
5/10/2012	3.5	Final Review	S. Smith
5/9/2012	3.4	Incorporated instrument business logic and sample CPRS reports.	D. Zaudtke
5/7/2012	3.3	Peer Review of Section 3.3	S. Smith
5/2/2012	3.2	Incorporated Peer review comments	D. Zaudtke
5/1/2012	3.1	Peer Review	S. Smith
4/25/2012	3.0	Incorporated major revisions, updated for increment 4, added Preface section, Glossary, expanded TBI Follow Up Section	D. Zaudtke
9/06/2011	1.2	Incorporated minor revisions, edited screenshots	D. Zaudtke
5/06/2011	1.1	Incorporated Comments from Business Owner	J. Sanders; T. Delgado
1/21/2011	1.0	Final Version	T. Delgado; L. Berry
1/20/2011	0.4	Incorporate Comments	V. Dunie
1/19/2011	0.3	Peer Review	L. Berry
1/15/2011	0.2	Editorial Review	V. Dunie
1/15/2011	0.1	Draft Version	V. Dunie





## Table of Contents

<b>1. Preface</b> .....	<b>11</b>
1.1. Typographical Conventions Used in the Manual .....	11
1.2. Command Buttons and Command Icons.....	11
<b>2. Background</b> .....	<b>12</b>
2.1. Related Documents .....	12
<b>3. Software Details</b> .....	<b>13</b>
3.1. Starting the Application .....	13
3.2. Select Instrument Screen.....	13
3.2.1. TBI View Instruments Reports .....	14
3.2.1.1. TBI View Last Three Instruments Button.....	14
3.2.1.2. TBI View All Instruments Button .....	15
3.2.1.3. TBI View Notes Hyperlink.....	15
3.2.2. TBI Instrument Associations .....	16
3.2.3. Comprehensive TBI Evaluation .....	22
3.2.4. TBI Follow-Up Assessment Screen.....	39
3.2.5. Mayo-Portland Adaptability Inventory (MPAI) .....	50
3.3. Participation Index (M2PI) .....	55
3.3.1. Rehabilitation and Reintegration Plan .....	56
3.3.2. Rehabilitation Follow Up Instrument.....	61
3.3.3. 2 Minute Walk Test.....	62
3.3.4. L – Test .....	63
3.3.5. Locomotor Capability Index – 5 (LCI – 5).....	64
3.3.6. Functional Mobility Assessment (FMA) .....	64
3.3.7. OPTIMAL 1.1 Form.....	65
3.3.8. OPTIMAL 1.1 Follow Up.....	67
3.3.9. Quebec User Evaluation of Satisfaction with Assistive Technology (QUEST) .....	68
3.3.10. VA Low Visual Functioning (LA LV VFQ 20) Survey.....	69
3.3.11. Neurobehavioral Symptom Inventory (NSI).....	70
3.3.12. PROMIS - Pain Interference- Short Form 6a .....	71
3.3.13. PROMIS – Upper Extremity - Short Form 7a.....	73
3.3.14. PROMIS – Physical Function with Mobility Aid.....	75
3.3.15. Patient Global Impression of Change (PGIC) .....	77
3.3.16. Satisfaction with Life Scale (SWLS) .....	79
3.3.17. Berg Balance Scale.....	80
3.3.18. Disability Rating Scale (DRS) .....	81

3.3.19. Participation Assessment with Recombined Tools – Objectives (PART-O).....	82
3.3.20. JFK Coma Recovery Scale.....	85
3.3.21. Oswestry Disability.....	87
3.3.22. Timed Up and Go .....	89
3.3.23. Generalized Anxiety Disorder Scale (GAD-7).....	89
3.3.24. Post Traumatic Stress Disorder (PTSD) Checklist – Civilian Version (PCL-C) .....	90
3.3.25. Patient Health Questionnaire – 9 (PHQ-9).....	94
3.3.26. Supervision Rating Scale (SRS).....	96
3.3.27. Insomnia Severity Index (ISI) .....	96
3.3.28. Pain Outcomes Questionnaire VA Long Form – Intake.....	98
3.3.29. Pain Outcomes Questionnaire VA Long Form – Discharge.....	100
3.3.30. Pain Outcomes Questionnaire VA Long Form – Follow-Up.....	100
3.3.31. World Health Organization - Disability Assessment Schedule (WHODAS 2.0) Interview.....	101
3.3.32. World Health Organization - Disability Assessment Schedule (WHODAS 2.0) Self.....	101
3.3.33. World Health Organization - Disability Assessment Schedule (WHODAS 2.0) PROXY.....	101
3.4. Reporting.....	101
3.4.1. Rehabilitation and Reintegration Care Plan Report.....	101
3.4.2. All Patient Treatment Phase Outcome Report .....	103
3.4.3. Patient Comprehensive Trend and Outcomes Report.....	104
3.4.4. Individual Instrument Reports .....	106
3.4.5. Analytics Reporting.....	107
A. Business Rules .....	115
A.1. Comprehensive TBI Evaluation Business Rules.....	115
A.2. TBI Follow-up Evaluation Instrument Business Rules .....	120
B. Glossary .....	122
C. Web Based Application Elements.....	127

## Table of Tables

Table 1 – Typographical Conventions.....	11
Table 2 – Graphical Conventions.....	11
Table 3 – Comprehensive TBI Evaluation Business Rules.....	115
Table 4 – TBI Evaluation Instrument Business Rules .....	120

## Table of Figures

Figure 1 – View Instruments / Select Instrument.....	14
Figure 2 – Last Three Instruments Report .....	15
Figure 3 – All Instruments Report.....	15
Figure 4 – View Notes Report.....	16
Figure 5 – Instrument Associations.....	17
Figure 6 – Select Note Drop-Down Box.....	18
Figure 7 – Link to Consult .....	19
Figure 8 – Instrument Associations > Link to Encounter .....	20
Figure 9 – Select Hospital Admission .....	20
Figure 10 – Current Stay.....	21
Figure 11 – Unscheduled or New Visit .....	21
Figure 12 – Comprehensive TBI Evaluation Part 1 .....	22
Figure 13 – Comprehensive TBI Evaluation Part 2.....	23
Figure 14 – Comprehensive TBI Evaluation Part 3.....	24
Figure 15 – Comprehensive TBI Evaluation Part 4.....	25
Figure 16 – Comprehensive TBI Evaluation Part 5.....	26
Figure 17 – Comprehensive TBI Evaluation Part 6.....	27
Figure 18 – Comprehensive TBI Evaluation Part 7.....	28
Figure 19 – Comprehensive TBI Evaluation Part 8.....	29
Figure 20 – Comprehensive TBI Evaluation Part 9.....	30
Figure 21 – Comprehensive TBI Evaluation Part 10.....	31
Figure 22 – Comprehensive TBI Evaluation Part 11 .....	32
Figure 23 – Comprehensive TBI Evaluation Part 12.....	33
Figure 24 – Comprehensive TBI Evaluation Part 13.....	34
Figure 25 – Comprehensive TBI Evaluation Part 14.....	35
Figure 26 – Comprehensive TBI Evaluation Part 15.....	36
Figure 27 – Comprehensive TBI Evaluation Part 16.....	37
Figure 28 – TBI Follow-Up Assessment Screen Part 1 .....	39
Figure 29 – TBI Follow-Up Assessment Screen Part 2 .....	40
Figure 30 – TBI Follow-Up Assessment Screen Part 3 .....	41
Figure 31 – TBI Follow-Up Assessment Screen Part 4 .....	42
Figure 32 – TBI Follow-Up Assessment Screen Part 5 .....	43
Figure 33 – TBI Follow-Up Assessment Screen Part 6 .....	44
Figure 34 – TBI Follow-Up Assessment Screen Part 7 .....	45
Figure 35 – TBI Follow-Up Assessment Screen Part 8 .....	46
Figure 36 – TBI Follow-Up Assessment Screen Part 9 .....	47
Figure 37 – TBI Follow-Up Assessment Screen Part 10 .....	48

<b>Figure 38 – Mayo Portland Adaptability Inventory (Part 1)</b> .....	<b>51</b>
<b>Figure 39 – Mayo Portland Adaptability Inventory (Part 2)</b> .....	<b>52</b>
<b>Figure 40 – Mayo Portland Adaptability Inventory (Part 3)</b> .....	<b>53</b>
<b>Figure 41 – Mayo Portland Adaptability Inventory (Part 4)</b> .....	<b>54</b>
<b>Figure 42 - Participation Index (M2PI) Instrument</b> .....	<b>55</b>
<b>Figure 43 – Rehabilitation and Reintegration Plan Part 1</b> .....	<b>57</b>
<b>Figure 44 – Rehabilitation and Reintegration Plan Part 2</b> .....	<b>58</b>
<b>Figure 45 – Rehabilitation and Reintegration Plan Part 3</b> .....	<b>59</b>
<b>Figure 46 – Rehabilitation and Reintegration Plan Part 4</b> .....	<b>60</b>
<b>Figure 47 - Rehabilitation Follow Up Screen</b> .....	<b>61</b>
<b>Figure 48 – 2 Minute Walk Test</b> .....	<b>62</b>
<b>Figure 49 – L - Test</b> .....	<b>63</b>
<b>Figure 50 – Locomotor Capability Index – 5 (LCI – 5)</b> .....	<b>64</b>
<b>Figure 51 - Locomotor Capability Index 5 (Part 2)</b> .....	<b>64</b>
<b>Figure 52 – Functional Mobility Assessment (FMA)</b> .....	<b>65</b>
<b>Figure 53 - Optimal 1.1 Instrument Screen (Part 1)</b> .....	<b>66</b>
<b>Figure 54 - Optimal 1.1 Instrument Screen (Part 2)</b> .....	<b>66</b>
<b>Figure 55 - Optimal 1.1 Instrument Screen (Part 3)</b> .....	<b>67</b>
<b>Figure 56 - Optimal 1.1 Instrument Screen (Part 4)</b> .....	<b>67</b>
<b>Figure 57 - OPTIMAL 1.1 Follow Up Screen (Part 1)</b> .....	<b>68</b>
<b>Figure 58 -OPTIMAL 1.1 Follow Up Screen (Part 2)</b> .....	<b>68</b>
<b>Figure 59 – Quebec User Evaluation of Satisfaction with Assistive Technology (QUEST)</b> .....	<b>69</b>
<b>Figure 60 – VA Low Visual Functioning (LA LV VFQ 20) Survey</b> .....	<b>70</b>
<b>Figure 61 - Neurobehavioral Symptom Inventory (NSI)</b> .....	<b>71</b>
<b>Figure 62 - PROMIS - Pain Interference - Short Form 6a (Part 1)</b> .....	<b>72</b>
<b>Figure 63 - PROMIS - Pain Interference - Short Form 6a (Part 2)</b> .....	<b>72</b>
<b>Figure 64 - PROMIS - Upper Extremity - Short Form 7a (Part 1)</b> .....	<b>74</b>
<b>Figure 65 - PROMIS - Upper Extremity - Short Form 7a (Part 2)</b> .....	<b>75</b>
<b>Figure 66 - PROMIS – Physical Function with Mobility Aid</b> .....	<b>76</b>
<b>Figure 67 - PROMIS – Physical Function with Mobility Aid (Part 2)</b> .....	<b>77</b>
<b>Figure 68 - PROMIS – Physical Function with Mobility Aid (Part 3)</b> .....	<b>77</b>
<b>Figure 69 – Patient Global Impression of Change (PGIC) (Part 1)</b> .....	<b>78</b>
<b>Figure 70 - Patient Global Impression of Change (Part 2)</b> .....	<b>79</b>
<b>Figure 71 – Satisfaction with Life Scale (SWLS)</b> .....	<b>80</b>
<b>Figure 72 – Berg Balance Scale</b> .....	<b>81</b>
<b>Figure 73 – Disability Rating Scale (DRS)</b> .....	<b>82</b>
<b>Figure 74– Participation Assessment with Recombined Tools (PART-O) – 1 of 3</b>	<b>83</b>
<b>Figure 75 – Participation Assessment with Recombined Tools (PART-O) – 2 of 3</b>	<b>84</b>
<b>Figure 76 – Participation Assessment with Recombined Tools (PART-O) – 3 of 3</b>	<b>85</b>
<b>Figure 77 - JFK Coma Recovery Scale - Revised (CRS-R)</b> .....	<b>86</b>
<b>Figure 78 - Oswestry Low Back Pain Disability Questionnaire – 1 of 2</b> .....	<b>88</b>
<b>Figure 79 – Oswestry Low Back Pain Disability Questionnaire – 2 of 2</b> .....	<b>89</b>
<b>Figure 80 - Generalized Anxiety Disorder Scale (GAD-7)</b> .....	<b>90</b>
<b>Figure 81 – Post Traumatic Stress Disorder (PTSD) Checklist – Civilian Version (PCL-C) – 1 of 3</b> .....	<b>91</b>

Figure 82 – Post Traumatic Stress Disorder (PTSD) Checklist – Civilian Version (PCL-C) – 2 of 3 .....	92
Figure 83 – Post Traumatic Stress Disorder (PTSD) Checklist – Civilian Version (PCL-C) – 3 of 3 .....	93
Figure 84 – Post Traumatic Stress Disorder (PTSD) Checklist – Civilian Version (PCL-C) – 3 of 3 .....	94
Figure 85 – Patient Health Questionnaire – 9 (PHQ-9) – 1 of 2.....	95
Figure 86 – Patient Health Questionnaire - 9 (PHQ-9) - 2 of 2 .....	96
Figure 87 – Insomnia Severity Index (ISI) – 1 of 2 .....	97
Figure 88 – Insomnia Severity Index (ISI) - 2 of 2 .....	98
Figure 89 – Pain Outcomes Questionnaire VA Long Form – Intake – 1 of 3 .....	99
Figure 90 – Pain Outcomes Questionnaire VA Long Form – Intake – 2 of 3 .....	100
Figure 91 – Pain Outcomes Questionnaire VA Long Form – Intake – 3 of 3 .....	100
Figure 92 - Rehabilitation and Reintegration Care Plan (Initial Screen) .....	102
Figure 93 - Rehabilitation and Reintegration Care Plan Summary .....	102
Figure 94 - Rehabilitation and Reintegration Care Plan List of Patients .....	103
Figure 95 - Patient Treatment Phase Outcome Report (Initial Screen).....	104
Figure 96 - Patient Treatment Phase Outcome Report Results .....	104
Figure 97 - Patient Comprehensive Trend and Outcomes Report (Initial Screen) .....	105
Figure 98 - Patient Comprehensive Trend and Outcome Summary Report Results .....	106
Figure 99 – Sample Report .....	106
Figure 100 - TBI Reporting Dashboard.....	108
Figure 101 – Counts by Question Response Report Definitions .....	108
Figure 102 – Comprehensive TBI Exam Counts 1 .....	109
Figure 103 – Comprehensive TBI Exam Counts 2 .....	109
Figure 104 – Counts by Clinical Presentation .....	111
Figure 105 – Alteration of Consciousness Counts.....	111
Figure 106 – Loss of Consciousness Counts.....	111
Figure 107 – Post Traumatic Amnesia Counts .....	112
Figure 108 – Mechanism of Injury Counts .....	112
Figure 109 – Counts by Survey Type Report Definitions.....	113
Figure 110 – Surveys by Gender Counts .....	113
Figure 111 – OEF/OIF Counts.....	114
Figure 112 – Surveys by Age Group Counts .....	114
Figure 113 - Text Box Sample 1 .....	128
Figure 114 - Text Box Sample 2 .....	128
Figure 115 – Tool Tip for Text Box.....	128
Figure 116 - Dropdown Sample 1.....	131
Figure 117 - Dropdown Sample 2.....	131

# 1. Preface





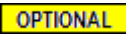

## 1.1. Typographical Conventions Used in the Manual

Throughout this document, the following fonts and other conventions are used:





**Table 1 – Typographical Conventions**

Font	Used for...	Examples:
Blue text, underlined	Hyperlink to another document or URL	<a href="ftp.fo-slc.med.va.gov">ftp.fo-slc.med.va.gov</a>
Green text, dotted underlining	Hyperlink within this document	See <a href="#">Release History</a> for details.
Courier New	Patch names, VistA filenames	Patch names will be in this font
Franklin Gothic Demi	Keyboard keys Web application panel, pane, tab, and button names	<b>&lt; F1 &gt;</b> , <b>&lt; Alt &gt;</b> , <b>&lt; L &gt;</b> <b>Other Registries panel</b> <b>[Delete] button</b>
Microsoft Sans Serif	Software Application names	Traumatic Brain Injury (TBI)
Microsoft Sans Serif bold	Registry names	<b>TBI</b>
	Database field names	<b>Mode field</b>
	Report names	<b>National Summary Report</b>
	Organization and Agency Names	<b>DoD, VA</b>
Microsoft Sans Serif, 50% gray and italics	Read-only fields	<i>Procedures</i>
Times New Roman	Normal text	Information of particular interest
Times New Roman Italic	Text emphasis	“It is <i>very</i> important . . .”
	National and International Standard names	<i>International Statistical Classification of Diseases and Related Health Problems</i>
	Document names	<i>Traumatic Brain Injury (TBI) Registry User Manual</i>

**Table 2 – Graphical Conventions**

Graphic	Used for...
	Information of particular interest regarding the current subject matter.
	A tip or additional information that may be helpful to the user.
	A warning concerning the current subject matter.
	Information about the history of a function or operation; provided for reference only.
	Indicates an action or process which is optional
	Indicates a resource available either in this document or elsewhere

## 1.2. Command Buttons and Command Icons

Button/Icon	Description
	A <b>command button</b> initiates an action. It is a rectangular “3-dimensional” shape with a label that specifies what action will be performed when the button is clicked.
	Common examples are shown at left. Command buttons that end with three dots indicate that selecting the command may evoke a subsidiary window.
	In some cases, a <b>command icon</b> performs the same function, but appears on the menu bar and has a plain, flat appearance. One example is shown at left.
	In the text of this document, both <b>command button</b> and <b>command icon</b> names appear inside square brackets. Examples: <b>[Search]</b> , <b>[Save]</b> .

## 2. Background

The Veterans Health Administration (VHA) is charged with supporting the Presidential Task Force on Returning Global War on Terror Heroes. The Task Force has stated in the *Global War on Terror (GWOT)* report (recommendation P-7) that the Department of Veterans Affairs (VA) shall “create a ‘Traumatic Brain Injury’ Surveillance Center and Registry to monitor returning service members who have possibly sustained head injury and thus may potentially have a traumatic brain injury in order to provide early medical intervention.”

The Traumatic Brain Injury (TBI) Registry software applications collect data on the population of Veterans who participated in Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF). These individuals need to be seen within 30 days for a comprehensive evaluation. Each facility can produce local reports (information related to patients evaluated and treated in their system).

The TBI Instruments are a set of comprehensive evaluation questionnaires (initial and follow up) designed to provide rehabilitation professionals with a vehicle by which they can assess patients and collect patient information. The information collected from these instruments is electronically transferred and stored in the form of a medical progress note in the patient’s electronic record. This progress note can be retrieved through the Computerized Patient Record System (CPRS).

The set of TBI Instruments include the Comprehensive TBI Evaluation, TBI Follow-Up Assessment, The Mayo-Portland Adaptability Inventory (MPAI), and the Rehabilitation and Reintegration Plan.

### 2.1. Related Documents

Related documents include:

- TBI System Management Guide
- TBI Application User Manual
- TBI Installation Guide
- TBI Instruments User Manual
- TBI Polytrauma User Manual
- TBI Release Notes



## 3. Software Details

### 3.1. Starting the Application

To start TBI Instruments, follow these steps:

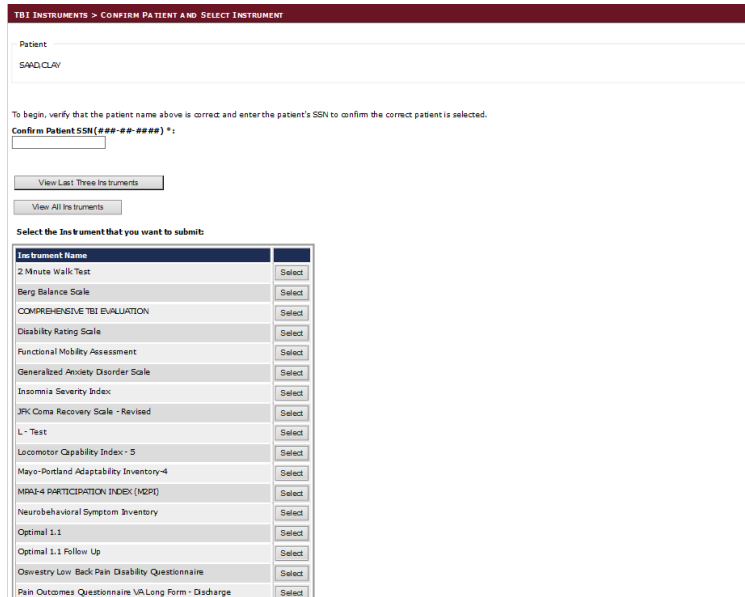
1. Log into CPRS
2. On the tool bar, select **Tools > TBI Instruments**.



3. The **TBI Instruments Patient Confirm** page opens. This confirms the patient name and SSN match in the TBI Registry.

### 3.2. Select Instrument Screen

The **TBI Instruments > Confirm Patient and Select Instrument** screen displays. Confirm the patient name and SSN match in the TBI Registry.



**Figure 1 – View Instruments / Select Instrument**

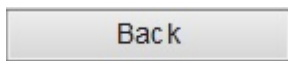
Click one of the View Instruments report buttons or select the appropriate Instrument you want to administer from the list by clicking the [Select] button. [TBI Instrument Association](#)

### 3.2.1. TBI View Instruments Reports

The **TBI Instruments > View Instrument Reports** displays two buttons ‘View Last Three Instruments’ and ‘View All Instruments’ which link to reports for either the last three instruments on record or all of the instruments on record for that specific patient.



Both Pages offer a Standard Title Bar that can be used to Zoom, Search, Export, Refresh and Print Data from the pages. When on the View Notes Page a left hand arrow <- is enabled which allows the User to go back to the previous page versus the landing page.



The large **Back** Button on the bottom of the pages always returns the user to the Landing Page in which they will need to re-type the patient’s Social Security Number to search for Instruments once again.

#### 3.2.1.1. TBI View Last Three Instruments Button

The **TBI Instruments > View Last Three Instruments**  displays the current patient’s last three TBI Instruments report.

Patient

Patient: TBIPATIENT,SHAWN SSN: XXX-XX-0002

1 of 1 100% Find | Next

Survey Type	Institution Name	Date	Status	View Notes
2 Minute Walk Test	CHEYENNE VAMC	9/17/2015	completed	<a href="#">View Notes</a>
Timed Up and Go	CHEYENNE VAMC	9/15/2015	completed	<a href="#">View Notes</a>
VA Low Vision Visual Functioning (VA LV VFQ 20) Survey	CHEYENNE VAMC	9/15/2015	completed	<a href="#">View Notes</a>

Figure 2 – Last Three Instruments Report

### 3.2.1.2. TBI View All Instruments Button

The **TBI Instruments > View All Instruments**  displays all the patient’s TBI Instruments report.

Patient

Patient: TBIPATIENT,SHAWN SSN: XXX-XX-0002

1 of 1 100% Find | Next

Survey Type	Institution Name	Date	Status	View Notes
2 Minute Walk Test	CHEYENNE VAMC	9/17/2015	completed	<a href="#">View Notes</a>
Timed Up and Go	CHEYENNE VAMC	9/15/2015	completed	<a href="#">View Notes</a>
VA Low Vision Visual Functioning (VA LV VFQ 20) Survey	CHEYENNE VAMC	9/15/2015	completed	<a href="#">View Notes</a>
WHODAS 2.0 - Interview	CHEYENNE VAMC	9/15/2015	completed	<a href="#">View Notes</a>
WHODAS 2.0 - Proxy	CHEYENNE VAMC	9/15/2015	completed	<a href="#">View Notes</a>
WHODAS 2.0 - Self	CHEYENNE VAMC	9/15/2015	completed	<a href="#">View Notes</a>
COMPREHENSIVE TBI EVALUATION	CHEYENNE VAMC	7/29/2015	completed	<a href="#">View Notes</a>
2 Minute Walk Test	CHEYENNE VAMC	7/20/2015	completed	<a href="#">View Notes</a>

Figure 3 – All Instruments Report

### 3.2.1.3. TBI View Notes Hyperlink

The **TBI Instruments > View Notes** [View Notes](#) displays the current patient’s TBI Survey Type notes details.

Patient

**Patient:** TBIPATIENT,SHAWN      **SSN:** XXX-XX-0002

---

1 of 1      100%      Find | Next

**TBIPATIENT, SHAWN \*\*\*\*\*0002**

**Instrument Type:**                      **2 Minute Walk Test**


**Survey Date**                              9/17/2015

question	Response
DX. Diagnosis	Visual Impairment
1. Assistive Device and/or Brace Used	asdasdasdasd
2. Date	9/2/2015
3. Distance ambulated in 2 minutes	1
4. Date	9/2/2015

**Figure 4 – View Notes Report**

### 3.2.2. TBI Instrument Associations

The **TBI Instruments > Instrument Associations** screen displays. The patient name and the Instrument Type previously selected are presented on the screen.

 UNITED STATES DEPARTMENT OF VETERANS AFFAIRS  
**Traumatic Brain Injury Registry**

Reporting [Help](#)

**TBI INSTRUMENTS > INSTRUMENT ASSOCIATIONS**

Patient  
AAATBINEW,TWO

**Instrument Type:**  
COMPREHENSIVE TBI EVALUATION

**Select Note Title \*:** -- Select a Value -- **Starts With:** TBI

**Link to Consult:** -- Select a Value --

Link to Encounter Type

- Scheduled Clinic Appointment
- Hospital Admission
- Current Stay
- Unscheduled or New Visit

**Figure 5 – Instrument Associations**

Select an appropriate Note Title from the **Select Note Title** drop-down list. Appropriate **Note Titles** for TBI patients begin with **TBI**. This selection is required.



Figure 6 – Select Note Drop-Down Box

If the note title selected is classified as a 'Consult Report', the user entry will complete a consult in CPRS. Use the **Link to Consult** drop-down list to select the appropriate consult to which the entry should be linked in CPRS. While this selection is optional, the user must make a selection from the list in order for the consult report to be linked to a consult in CPRS.

The screenshot shows the 'Traumatic Brain Injury Registry' interface. At the top, there is a header with the Department of Veterans Affairs logo and the text 'UNITED STATES DEPARTMENT OF VETERANS AFFAIRS Traumatic Brain Injury Registry'. Below the header, there are navigation tabs for 'Reporting' and 'Help'. The main content area is titled 'TBI INSTRUMENTS > INSTRUMENT ASSOCIATIONS'. A patient ID 'AAATBINEW,TWO' is entered in the 'Patient' field. The 'Instrument Type' is 'COMPREHENSIVE TBI EVALUATION'. The 'Select Note Title \*:' dropdown is set to 'TBI <TBI CONSULT REPORT>'. The 'Starts With:' field is set to 'TBI' with a 'Filter' button. The 'Link to Consult \*:' dropdown is open, showing a list of consults with the first one selected: 'Nov 03, 15 (Pending) TBI COORDINATOR CHEYENNE Cons Consult #: 486355'. Below this, there is a 'Link to Encounter Type' section with four radio button options: 'Scheduled Clinic Appointment', 'Hospital Admission', 'Current Stay', and 'Unscheduled or New Visit'. A 'Continue' button is at the bottom left.

**Figure 7 – Link to Consult**

The **Link to Consult** drop-down list is populated with previously ordered consults for this patient. If the user selects a consult from the drop-down list, the data then entered via the selected TBI Instrument will be associated with the selected consult.

Use the radio button to select the appropriate **Link to Encounter Type** from the list.

If you select **Scheduled Clinic Appointment**, the application searches the period of time one month before today through one month after today. If any appointments are found, they are loaded into the **Select the Scheduled Clinic Appointment** drop down list. Select an appointment to proceed to the next step. If the user wishes to expand the date range for the search, the user can input new start and end dates and click **Get Appointments** and then proceed to the next step. This step associates the current instrument with the selected appointment.

The screenshot shows a web form titled "Link to Encounter Type". It contains four radio buttons: "Scheduled Clinic Appointment" (which is selected), "Hospital Admission", "Current Stay", and "Unscheduled or New Visit". Below the radio buttons is a section titled "Select the Scheduled Clinic Appointment:" containing a dropdown menu with "-- Select a Value --". Underneath is a "Modify Appointment Filter" section with a text area containing instructions: "Your site's VistA system was searched to find scheduled clinic appointments. The period of time one month before today and one month after today was used for this search. If any appointments were found, these are loaded in the dropdown above. Select an appointment to proceed to the next step. If you would like to expand the date range to search, change the start and/or end dates and click 'Get Appointments', then select to proceed to next step." Below this text are two input fields for "Start (mm/dd/yyyy):" and "End (mm/dd/yyyy):", followed by a "Get Appointments" button. At the bottom left is a "Continue" button.

**Figure 8 – Instrument Associations > Link to Encounter**

If you select **Hospital Admission**, the application searches for previous hospital stays. If any are found, they are loaded into the **Select the Hospital Admission** drop down list, and the user can make the appropriate selection. If no previous stays are found for the patient, the user must select a different encounter type from the **Link to Encounter Type** list in order to proceed.

The screenshot shows the same "Link to Encounter Type" form, but with "Hospital Admission" selected. The "Select the Hospital Admission:" section contains a dropdown menu with "-- Select a Value --". Below it is a text area with instructions: "Your site's VistA system was searched for previous stays. If any were found they are loaded in the drop down above. If no previous stays are found for this patient, you must select a different choice in the section 'Link to Encounter Type' to proceed." A "Continue" button is located at the bottom left.

**Figure 9 – Select Hospital Admission**



If you select **Current Stay**, the next action required is to click **[Continue]** to move to the next screen.

Link to Encounter Type

- Scheduled Clinic Appointment
- Hospital Admission
- Current Stay
- Unscheduled or New Visit

Continue

**Figure 10 – Current Stay**

If you select **Unscheduled or New Visit**, the application searches to find all locations at your site which begin with **TBI**. If any locations are found, they are loaded into the **Location** drop down list. If the user wants to search using a different location, the user can change the default search string and click **[Get Locations]**. After selecting a location, the user can click **[Continue]** to move to the next screen.

Link to Encounter Type

- Scheduled Clinic Appointment
- Hospital Admission
- Current Stay
- Unscheduled or New Visit

**Location:**

Historical -- Select a Value --

Location

Your site's VistA system was searched to find all locations at your site which begin with the search string "TBI". If any locations were found, they are loaded in the dropdown above. If you would like to use a different location, change the default search string below and click "Get Locations". After selecting a location, you can proceed to the next step.

**Location Search String:**

Get Locations

Continue

**Figure 11 – Unscheduled or New Visit**

### 3.2.3. Comprehensive TBI Evaluation

The **TBI Instruments > Comprehensive TBI Evaluation** screen displays.

Select the appropriate answer for each patient.

The screenshot shows the 'Comprehensive TBI Evaluation' form. At the top, there is a header with the United States Department of Veterans Affairs logo and the text 'Traumatic Brain Injury Registry'. Below the header, there are navigation links for 'Reporting' and 'Help'. The main title of the form is 'TBI INSTRUMENTS > INSTRUMENT ASSOCIATIONS > COMPREHENSIVE TBI EVALUATION'. The patient information section shows 'Patient: AAATBINEW,TWO SSN: 666-00-9902'. The first question is 'A. Is this evaluation being completed by provider without access to CPRS (i.e. Fee Basis providers without a CPRS account)?'. Below the question, there is a note: 'All evaluations not entered into CPRS utilizing the Comprehensive TBI Evaluation template should be scanned into the medical record.' The answer options are '0. No' (selected) and '1. Yes'. Below the question, there is a paragraph of text: 'You were referred because the primary level screening indicated that you may have had a head injury, that is you reported having had an alteration of consciousness after some traumatic event. We are trying to determine the nature and severity of any of those types of injuries or related injuries, to determine how best we can assist you.' The form is divided into three sections: '1. Current Marital Status:', '2. Pre-military level of educational achievement:', and '3. Current employment status:'. Each section contains several radio button options.

Patient  
Patient: AAATBINEW,TWO SSN: 666-00-9902

**A. Is this evaluation being completed by provider without access to CPRS (i.e. Fee Basis providers without a CPRS account)?**  
All evaluations not entered into CPRS utilizing the Comprehensive TBI Evaluation template should be scanned into the medical record.

0. No  1. Yes

You were referred because the primary level screening indicated that you may have had a head injury, that is you reported having had an alteration of consciousness after some traumatic event. We are trying to determine the nature and severity of any of those types of injuries or related injuries, to determine how best we can assist you.

**1. Current Marital Status:**

1. Single, never married  2. Married or partnered  
 3. Separated or divorced  4. Widowed

**2. Pre-military level of educational achievement:**

1. Less than high school  2. High school graduate or equivalent  
 3. Some college, associate degree or technical degree  4. College graduate (baccalaureate)  
 5. Post baccalaureate

**3. Current employment status:**

1. Unemployed, looking for work  2. Unemployed, not looking for work  
 3. Working part-time  4. Working full-time  
 5. Student  6. Volunteer  
 7. Homemaker

Figure 12 – Comprehensive TBI Evaluation Part 1

4. Working full-time

**I. Injury**

**4. How many serious OEF/OIF deployment related injuries have occurred?**

0. None

2. Two

1. One

3. Three

**4-A-1. Month of most serious injury:**

**4-A-2. Year of most serious injury:**

**4-B-1. Month of second serious injury:**

**4-B-2. Year of second serious injury:**

**4-C-1. Month of third serious injury:**

**4-C-2. Year of third serious injury:**

**5. Cause of injury:**

**5-A. Bullet**

0. No

3. Yes, three episodes

1. Yes, one episode

4. Yes, four episodes

2. Yes, two episodes

5. Yes, five or more episodes

**Figure 13 – Comprehensive TBI Evaluation Part 2**

**5-B. Vehicular**

0. No
  3. Yes, three episodes  
 1. Yes, one episode
  4. Yes, four episodes  
 2. Yes, two episodes
  5. Yes, five or more episodes

**5-C. Fall**

0. No
  3. Yes, three episodes  
 1. Yes, one episode
  4. Yes, four episodes  
 2. Yes, two episodes
  5. Yes, five or more episodes

**5-D. Blast:**

0. No
  3. Yes, three episodes  
 1. Yes, one episode
  4. Yes, four episodes  
 2. Yes, two episodes
  5. Yes, five or more episodes

**5-D-1. When a high-explosive bomb or IED goes off there is a "blast wave" which is a wave of highly compressed gas that may feel almost like being smashed into a wall. Do you remember experiencing this or were told that you experienced it?**

0. No
  3. Yes, three episodes  
 1. Yes, one episode
  4. Yes, four episodes  
 2. Yes, two episodes
  5. Yes, five or more episodes

**5-D-1-a. Estimated distance from closest blast:**

1. Less than 10 feet
  3. Between 31 and 50 feet  
 2. Between 10 and 30 feet
  4. Greater than 50 feet

**5-D-2. This "blast wave" is followed by a wind in which particles of sand, debris, shrapnel, and fragments are moving rapidly. Were you close enough to the blast to be "peppered" or hit by such debris, shrapnel, or other items?**

0. No
  3. Yes, three episodes

Figure 14 – Comprehensive TBI Evaluation Part 3

- 1. Yes, one episode
- 2. Yes, two episodes
- 4. Yes, four episodes
- 5. Yes, five or more episodes

5-D-3. Were you thrown to the ground or against some stationary object like a wall, vehicle or inside a vehicle by the explosion? (This is not asking if you "ducked to the ground" to protect yourself).

- 0. No
- 1. Yes, one episode
- 2. Yes, two episodes
- 3. Yes, three episodes
- 4. Yes, four episodes
- 5. Yes, five or more episodes

5-D-4. Did you experience any of the following injuries as a result of an explosive blast: burns, wounds, broken bones, amputations, breathing toxic fumes, or crush injuries from structures falling onto you?

- 0. No
- 1. Yes, one episode
- 2. Yes, two episodes
- 3. Yes, three episodes
- 4. Yes, four episodes
- 5. Yes, five or more episodes

5-D-5. Type of blast exposures: (Check all that apply)

- 1. Improved Explosive Device (IED)
- 2. Rocket Propelled Grenade (RPG)
- 3. Mortar
- 4. Grenade
- 5. Bomb
- 6. Other
- 7. Unknown

5-E. Blunt trauma other than from blast/vehicular injury, e.g., assault, blunt force, sports related or object hitting head.

- 0. No
- 1. Yes, one episode
- 2. Yes, two episodes
- 3. Yes, three episodes
- 4. Yes, four episodes
- 5. Yes, five or more episodes

6. Did you lose consciousness immediately after any of these experiences?

Figure 15 – Comprehensive TBI Evaluation Part 4

0. No
  4. Yes, four episodes

1. Yes, one episode
  5. Yes, five or more episodes

2. Yes, two episodes
  6. Uncertain

3. Yes, three episodes

**6-A. If yes, estimate the duration of longest period of loss of consciousness.**

1. Very brief, probably less than 5 minutes
  4. Up to a full day(24 hours)

2. Less than 30 minutes
  5. Up to a full week(7 days)

3. Less than 6 hours
  6. More than one week

**7. Did you have a period of disorientation or confusion immediately following the incident?**

0. No
  4. Yes, four episodes

1. Yes, one episode
  5. Yes, five or more episodes

2. Yes, two episodes
  6. Uncertain

3. Yes, three episodes

**7-A. If yes, estimate the duration of longest period of disorientation or confusion.**

1. Brief, probably less than 30 minutes
  4. Up to 1 month

2. Up to a full day(24 hours)
  5. Up to 3 months

3. Up to a full week(7 days)
  6. More than 3 months

**8. Did you experience a period of memory loss immediately before or after the incident?**

0. No
  4. Yes, four episodes

1. Yes, one episode
  5. Yes, five or more episodes

2. Yes, two episodes
  6. Uncertain

3. Yes, three episodes

**8-A. If yes, estimate the duration of longest period of memory loss (Post Traumatic Amnesia (PTA)).**

Figure 16 – Comprehensive TBI Evaluation Part 5

- 1. Brief, probably less than 30 minutes
- 2. Up to a full day(24 hours)
- 3. Up to a full week(7 days)
- 4. Up to 1 month
- 5. Up to 3 months
- 6. More than 3 months

9. During this/these experience(s), did an object penetrate your skull/cranium:

- 0. No
- 1. Yes

10. Were you wearing a helmet at the time of most serious injury?

- 0. No
- 1. Yes

11. Were you evacuated from theatre?

- 0. No
- 1. Yes, for traumatic brain injury
- 2. Yes, for other medical reasons

12. Prior to this evaluation, had you received any professional treatment (including medications) for your deployment-related TBI symptoms?

- 0. No
- 1. Yes, in the past
- 2. Yes, currently

12-A. have you ever been prescribed medications for symptoms related to your deployment-related TBI symptoms?

- 0. No
- 1. Yes, in the past
- 2. Yes, currently

13. Since the time of your deployment-related injury/injuries, has anyone told you that you were acting differently?

Figure 17 – Comprehensive TBI Evaluation Part 6

0. No

1. Yes

14. Prior to your OEF/OIF deployment, did you experience a brain injury or concussion?

0. No

1. Yes

2. Uncertain

3. Not Assessed

15. Since your OEF/OIF deployment, have you experienced a brain injury or concussion?

0. No

1. Yes

2. Uncertain

3. Not Assessed

## II. Symptoms

16. Please rate the following symptoms with regard to how they have affected you over the last 30 days. Use the following scale (Neurobehavioral Symptom Inventory):

**None 0** - Rarely if ever present not a problem at all.

**Mild 1** - Occasionally present but it does not disrupt activities, I can usually continue what I am doing; does not really concern me.

**Moderate 2** - Often present, occasionally disrupts my activities; I can usually continue what I am doing with some effort; I am somewhat concerned.

**Severe 3** - Frequently present and disrupts activities; I can only do things that are fairly simple or take little effort; I feel like I need help.

**Very Severe 4** - Almost always present and I have been unable to perform at work, school, or home due to this problem; I probably cannot function without help.

16-A. Feeling dizzy:

0. None

1. Mild

2. Moderate

3. Severe

4. Very Severe

16-B. Loss of balance:

0. None

1. Mild

2. Moderate

3. Severe

4. Very Severe

16-C. Poor coordination, clumsy:

0. None

1. Mild

2. Moderate

3. Severe

4. Very Severe

Figure 18 – Comprehensive TBI Evaluation Part 7



**16-D. Headaches:**

0. None  1. Mild  2. Moderate  3. Severe  4. Very Severe

**16-E. Nausea:**

0. None  1. Mild  2. Moderate  3. Severe  4. Very Severe

**16-F. Vision problems, blurring, trouble seeing:**

0. None  1. Mild  2. Moderate  3. Severe  4. Very Severe

**16-G. Sensitivity to light:**

0. None  1. Mild  2. Moderate  3. Severe  4. Very Severe

**16-H. Hearing difficulty:**

0. None  1. Mild  2. Moderate  3. Severe  4. Very Severe

**16-I. Sensitivity to noise:**

0. None  1. Mild  2. Moderate  3. Severe  4. Very Severe

**16-J. Numbness or tingling in parts of my body:**

0. None  1. Mild  2. Moderate  3. Severe  4. Very Severe

**16-K. Change in ability to taste and/or smell:**

0. None  1. Mild  2. Moderate  3. Severe  4. Very Severe

**16-L. Loss of appetite or increase appetite:**

0. None  1. Mild  2. Moderate  3. Severe  4. Very Severe

**Figure 19 – Comprehensive TBI Evaluation Part 8**

**16-M. Poor concentration, can't pay attention:**

0. None  1. Mild  2. Moderate  3. Severe  4. Very Severe

**16-N. Forgetfulness, can't remember things:**

0. None  1. Mild  2. Moderate  3. Severe  4. Very Severe

**16-O. Difficulty making decisions:**

0. None  1. Mild  2. Moderate  3. Severe  4. Very Severe

**16-P. Slowed thinking, difficulty getting organized, can't finish things:**

0. None  1. Mild  2. Moderate  3. Severe  4. Very Severe

**16-Q. Fatigue, loss of energy, getting tired easily**

0. None  1. Mild  2. Moderate  3. Severe  4. Very Severe

**16-R. Difficulty falling or staying asleep**

0. None  1. Mild  2. Moderate  3. Severe  4. Very Severe

**16-S. Feeling anxious or tense**

0. None  1. Mild  2. Moderate  3. Severe  4. Very Severe

**16-T. Feeling depressed or sad:**

0. None  1. Mild  2. Moderate  3. Severe  4. Very Severe

**16-U. Irritability, easily annoyed:**

0. None  1. Mild  2. Moderate  3. Severe  4. Very Severe

Figure 20 – Comprehensive TBI Evaluation Part 9

**16-V. Poor frustration tolerance, feeling easily overwhelmed by things:**

0. None    1. Mild    2. Moderate    3. Severe    4. Very Severe

**17. Overall, in the last 30 days how much did these difficulties (symptoms) interfere with your life:**

0. Not at all    1. Mildly    2. Moderately    3. Severely    4. Extremely

**17-A. In what areas of your life are you having these difficulties because of these symptoms?**

**III. Pain**

**18. In the last 30 days, have you had any problems with pain?**

0. No    1. Yes

**18-A. Location of pain: (Check all that apply)**

<input type="checkbox"/> 0. Head/headaches	<input type="checkbox"/> 5. Low Back
<input type="checkbox"/> 1. Leg(s)	<input type="checkbox"/> 6. Upper Back
<input type="checkbox"/> 2. Arm(s)	<input type="checkbox"/> 7. Feet
<input type="checkbox"/> 3. Neck	<input type="checkbox"/> 8. Hand(s)
<input type="checkbox"/> 4. Shoulder(s)	<input type="checkbox"/> 9. Other(Describe in "Details of Plan")

**18-B. In the last 30 days, how much did pain interfere with your life?**

0. Not at all    1. Mildly    2. Moderately    3. Severely    4. Extremely

Figure 21 – Comprehensive TBI Evaluation Part 10

**18-C. In what areas of your life are you having difficulties because of pain?**

---

**19. Since the time of your deployment related injury/injuries, are your overall symptoms**

1. Better       2. Worse       3. About the same

**IV. Conclusion**

**20. Additional history of present illness, social history, functional history, patient goals, and other relevant information.**

**21. Current medications:**

**Figure 22 – Comprehensive TBI Evaluation Part 11**

**22. Physical Examination:**

**23. Psychiatric Symptoms:**

0. No       1. Yes       2. Not assessed

**23-A. If yes or suspected/probable, symptoms of which disorders?**

<input type="checkbox"/> 1. Depression	<input type="checkbox"/> 5. Drug abuse/dependence
<input type="checkbox"/> 2. PTSD	<input type="checkbox"/> 6. Psychotic disorder

Figure 23 – Comprehensive TBI Evaluation Part 12



- 1. Symptom resolution (patient is currently not reporting symptoms)
- 2. An OEF/OIF deployment-related Traumatic Brain Injury (TBI) residual problems
- 3. Behavioral Health conditions (e.g. PTSD, depression, etc.)
- 4. A combination of OEF/OIF deployment-related TBI and Behavioral Health condition (s)
- 5. Other condition not related to OEF/OIF deployment related TBI or Behavioral Health condition(s)

**VI. Plan**

**29. Follow up plan:**

- 1. Services will be provided within VA healthcare system
- 2. Services will be provided outside VA
- 3. Patient will receive both VA and non-VA services
- 4. No services needed
- 5. Patient refused or not interested in further services

Follow up code within VA

**29-A. Education:**

- 0. No
- 1. Yes

**29-B: Consult requested with: (Check all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> 0. Audiology                                     | <input type="checkbox"/> 7. PM and R  |
| <input type="checkbox"/> 1. ENT   | <input type="checkbox"/> 8. Prosthetics   |
| <input type="checkbox"/> 2. Neurology                                     | <input type="checkbox"/> 9. Psychiatry  |
| <input type="checkbox"/> 3. Neuropsychology/Neuropsychological assessment | <input type="checkbox"/> 10. Psychology   |
| <input type="checkbox"/> 4. Occupational therapy                          | <input type="checkbox"/> 11. Speech-Language pathology                                    |
| <input type="checkbox"/> 5. Ophthalmology/Optomety                        | <input type="checkbox"/> 12. Substance Use/Addictive Disorder Evaluation and/or Treatment |
| <input type="checkbox"/> 6. Physical Therapy                              | <input type="checkbox"/> 13. Other  |

**Figure 25 – Comprehensive TBI Evaluation Part 14**





0. No
  1. Yes

**29-I. New medication trial or change in dose of existing medication to address following symptoms:**

- 0. Incoordination or dizziness (consider Meclizine)
- 1. Headaches or Visual Disturbance (consider Pain Medications)
- 2. Non-headache pain (consider Pain Medications)
- 3. Nausea/loss of appetite (consider Compazine, Appetite stimulants)
- 4. Poor attention, concentration or memory (consider Stimulants, SSRIs, anticholinesterase inhibitors)
- 5. Depression (consider SSRI, other antidepressants)
- 6. Anxiety or irritability (consider SSRI, Buspirone, Anti-Epileptic Agents, Quetiapine, Trazodone)
- 7. Insomnia (consider Trazodone, Ambien, Lunesta, Quetiapine)
- 8. Seizures (consider Anti-Epileptic agents)
- 9. Other

**30. Details of plan:**

If you are unable to finish at this time, or if you just want to save while entering, click Save Draft.

If you are finished with entry, and ready to save and format the note (you will get another chance to

---

review prior to submit), click Save and Prepare Note.

If you want to return to CPRS press the Cancel Button. Do not use Internet browser back arrow.

Current User:

**Figure 27 – Comprehensive TBI Evaluation Part 16**

Select **[Save Draft]** to save the information entered even if it is incomplete or in the event the user wishes to review the data again prior to completing the note.

Select **[Save and Prepare Note]** to preview the note.

Click **[Cancel]** to reset the questionnaire.



Please review the content. If you need to make changes, click the Cancel button and edit the answers. If the content is correct, click the Submit Note button.

Note: once the note is submitted, it will no longer be editable in this tool and updates will need to be done within CPRS

The application reformats the information entered into the questionnaire and displays the resulting report. The instructions on the screen suggest the user review the newly formatted content. If the user wants to make changes to the material, the user should click **[Cancel]** button and re-enter the answers. If the content is correct, the user clicks the **[Submit Note]** button.

Be aware that once the note is submitted, it is no longer editable within the TBI Instruments application and any updates will have to be made within CPRS.

The clinician must sign the note in CPRS.



- 1. Unemployed looking for work
- 2. Unemployed not looking for work
- 3. Working part-time
- 4. Working full-time
- 5. Student
- 6. Volunteer
- 7. Homemaker

**I. Injury**

4. Experienced head injury since prior evaluation?

- 0. No
- 1. Yes

4-A. Month of most recent head injury:

4-B. Year of most recent head injury: \_\_\_\_\_

5. Cause Of Injury

5-A. Bullet

- 0. No
- 1. Yes, one episode
- 2. Yes, two episodes
- 3. Yes, three episodes
- 4. Yes, four episodes
- 5. Yes, five or more episodes

5-B. Vehicular

- 0. No
- 1. Yes, one episode
- 2. Yes, two episodes
- 3. Yes, three episodes
- 4. Yes, four episodes
- 5. Yes, five or more episodes

5-C. Fall

- 0. No
- 1. Yes, one episode
- 2. Yes, two episodes
- 3. Yes, three episodes
- 4. Yes, four episodes
- 5. Yes, five or more episodes

5-D. Blast

**Figure 29 – TBI Follow-Up Assessment Screen Part 2**

0. No
  3. Yes, three episodes  
 1. Yes, one episode
  4. Yes, four episodes  
 2. Yes, two episodes
  5. Yes, five or more episodes

5-D-1. When a high-explosive bomb or IED goes off there is a "blast wave" which is a wave of highly compressed gas that may feel almost like being smashed into a wall. Do you remember experiencing this or were told that you experienced it?

0. No
  3. Yes, three episodes  
 1. Yes, one episode
  4. Yes, four episodes  
 2. Yes, two episodes
  5. Yes, five or more episodes

5-D-1-a. Estimated distance from closest blast:

1. Less than 10 feet
  3. Between 30 and 50 feet  
 2. Between 10 and 30 feet
  4. Greater than 50 feet

5-D-2. This "blast wave" is followed by a wind in which particles of sand, debris, shrapnel, and fragments are moving rapidly. Were you close enough to the blast to be "peppered" or hit by such debris, shrapnel, or other items?

0. No
  3. Yes, three episodes  
 1. Yes, one episode
  4. Yes, four episodes  
 2. Yes, two episodes
  5. Yes, five or more episodes

5-D-3. Were you thrown to the ground or against some stationary object like a wall, vehicle or inside a vehicle by the explosion? (This is not asking if you ducked to the ground to protect yourself.)

0. No
  3. Yes, three episodes  
 1. Yes, one episode
  4. Yes, four episodes  
 2. Yes, two episodes
  5. Yes, five or more episodes

5-D-4. Did you experience any of the following injuries as a result of an explosive blast: burns, wounds, broken bones, amputations, breathing toxic fumes, or crush injuries from structures falling onto you?

0. No
  3. Yes, three episodes  
 1. Yes, one episode
  4. Yes, four episodes  
 2. Yes, two episodes
  5. Yes, five or more episodes

5-D-5. Type of Blast Exposures (Check all that apply):

Figure 30 – TBI Follow-Up Assessment Screen Part 3

<input type="checkbox"/> 1. Improvised Explosive Device (IED)	<input type="checkbox"/> 5. Bomb
<input type="checkbox"/> 2. Rocket Propelled Grenade (RPG)	<input type="checkbox"/> 6. Other
<input type="checkbox"/> 3. Mortar	<input type="checkbox"/> 7. Unknown
<input type="checkbox"/> 4. Grenade	

**5-E. Blunt trauma other than from blast/vehicular injury, e.g., assault, blunt force, sports related or object hitting head:**

<input type="radio"/> 0. No	<input type="radio"/> 3. Yes, three episodes
<input type="radio"/> 1. Yes, one episode	<input type="radio"/> 4. Yes, four episodes
<input type="radio"/> 2. Yes, two episodes	<input type="radio"/> 5. Yes, five or more episodes

**6. Did you lose consciousness immediately after any of these experiences?**

<input type="radio"/> 0. No	<input type="radio"/> 4. Yes, four episodes
<input type="radio"/> 1. Yes, one episode	<input type="radio"/> 5. Yes, five or more episodes
<input type="radio"/> 2. Yes, two episodes	<input type="radio"/> 6. Uncertain
<input type="radio"/> 3. Yes, three episodes	

**6-A. If yes, estimate the duration of longest period of loss of consciousness**

<input type="radio"/> 1. Very brief, probably less than 5 minutes	<input type="radio"/> 4. Up to a full day (24 hours)
<input type="radio"/> 2. Less than 30 minutes	<input type="radio"/> 5. Up to a full week (7 days)
<input type="radio"/> 3. Less than 6 hours	<input type="radio"/> 6. More than one week

**7. Did you have a period of disorientation or confusion immediately following the incident?**

<input type="radio"/> 0. No	<input type="radio"/> 4. Yes, four episodes
<input type="radio"/> 1. Yes, one episode	<input type="radio"/> 5. Yes, five or more episodes
<input type="radio"/> 2. Yes, two episodes	<input type="radio"/> 6. Uncertain
<input type="radio"/> 3. Yes, three episodes	

**7-A. If yes, estimate the duration of longest period of disorientation or confusion.**

<input type="radio"/> 1. Brief, probably less than 30 minutes	<input type="radio"/> 4. Up to one 1 month
<input type="radio"/> 2. Up to a full day (24 hours)	<input type="radio"/> 5. Up to 3 months
<input type="radio"/> 3. Up to a full week (7 days)	<input type="radio"/> 6. More than 3 months

Figure 31 – TBI Follow-Up Assessment Screen Part 4

**8. Did you experience a period of memory loss immediately before or after the incident?**

0. No
  1. Yes, one episode
  2. Yes, two episodes
  3. Yes, three episodes
  4. Yes, four episodes
  5. Yes, five or more episodes
  6. Uncertain

**8-A. If yes, estimate the duration of longest period of memory loss (Post Traumatic Amnesia (PTA)).**

1. Brief, probably less than 30 minutes
  2. Up to a full day (24 hours)
  3. Up to a full week (7 days)
  4. Up to one 1 month
  5. Up to 3 months
  6. More than 3 months

**9. During this/these experience(s), did an object penetrate your skull/cranium:**

0. No, non-penetrating
  1. Yes, penetrating

**10. If you have had a new injury, have you seen any health care providers (doctors/therapists) as a result of the new head injury?**

0. No
  1. Yes, in the past
  2. Yes, currently

**10-A. Did the provider you saw for your new injury change your medications in any way (new type or change in dosage)?**

0. No
  1. Yes, new type of medication
  2. Yes, change in dosage

**II. Symptoms**

**11. Please rate the following symptoms with regard to how they have affected you over the last 30 days. Use the following scale (Neurobehavioral Symptom Inventory):**

**None 0** - Rarely if ever present not a problem at all.

**Mild 1** - Occasionally present but it does not disrupt activities, I can usually continue what I am doing; does not really concern me.

**Moderate 2** - Often present, occasionally disrupts my activities; I can usually continue what I am doing with some effort; I am somewhat concerned.

**Severe 3** - Frequently present and disrupts activities; I can only do things that are fairly simple or take little effort; I feel like I need help.

**Very Severe 4** - Almost always present and I have been unable to perform at work, school, or home due to this problem; I probably cannot function without help.

**Figure 32 – TBI Follow-Up Assessment Screen Part 5**

**11-A. Feeling dizzy:**

0. None     1. Mild     2. Moderate     3. Severe     4. Very Severe

**11-B. Loss of Balance:**

0. None     1. Mild     2. Moderate     3. Severe     4. Very Severe

**11-C. Poor coordination, clumsy:**

0. None     1. Mild     2. Moderate     3. Severe     4. Very Severe

**11-D. Headaches:**

0. None     1. Mild     2. Moderate     3. Severe     4. Very Severe

**11-E. Nausea:**

0. None     1. Mild     2. Moderate     3. Severe     4. Very Severe

**11-F. Vision problems, blurring, trouble seeing:**

0. None     1. Mild     2. Moderate     3. Severe     4. Very Severe

**11-G. Sensitivity to light:**

0. None     1. Mild     2. Moderate     3. Severe     4. Very Severe

**11-H. Hearing difficulty:**

0. None     1. Mild     2. Moderate     3. Severe     4. Very Severe

**11-I. Sensitivity to noise:**

0. None     1. Mild     2. Moderate     3. Severe     4. Very Severe

**11-J. Numbness or tingling on parts of my body:**

0. None     1. Mild     2. Moderate     3. Severe     4. Very Severe

**11-K. Change in taste and/or smell:**

**Figure 33 – TBI Follow-Up Assessment Screen Part 6**



<input type="radio"/> 0. None	<input type="radio"/> 1. Mild	<input type="radio"/> 2. Moderate	<input type="radio"/> 3. Severe	<input type="radio"/> 4. Very Severe
<b>11-L. Loss of appetite or increase appetite:</b>				
<input type="radio"/> 0. None	<input type="radio"/> 1. Mild	<input type="radio"/> 2. Moderate	<input type="radio"/> 3. Severe	<input type="radio"/> 4. Very Severe
<b>11-M. Poor concentration, can't pay attention:</b>				
<input type="radio"/> 0. None	<input type="radio"/> 1. Mild	<input type="radio"/> 2. Moderate	<input type="radio"/> 3. Severe	<input type="radio"/> 4. Very Severe
<b>11-N. Forgetfulness, can't remember things:</b>				
<input type="radio"/> 0. None	<input type="radio"/> 1. Mild	<input type="radio"/> 2. Moderate	<input type="radio"/> 3. Severe	<input type="radio"/> 4. Very Severe
<b>11-O. Difficulty making decisions:</b>				
<input type="radio"/> 0. None	<input type="radio"/> 1. Mild	<input type="radio"/> 2. Moderate	<input type="radio"/> 3. Severe	<input type="radio"/> 4. Very Severe
<b>11-P. Slowed thinking, difficulty getting organized, can't finish things:</b>				
<input type="radio"/> 0. None	<input type="radio"/> 1. Mild	<input type="radio"/> 2. Moderate	<input type="radio"/> 3. Severe	<input type="radio"/> 4. Very Severe
<b>11-Q. Fatigue, loss of energy, getting tired easily:</b>				
<input type="radio"/> 0. None	<input type="radio"/> 1. Mild	<input type="radio"/> 2. Moderate	<input type="radio"/> 3. Severe	<input type="radio"/> 4. Very Severe
<b>11-R. Difficulty falling or staying asleep:</b>				
<input type="radio"/> 0. None	<input type="radio"/> 1. Mild	<input type="radio"/> 2. Moderate	<input type="radio"/> 3. Severe	<input type="radio"/> 4. Very Severe
<b>11-S. Feeling anxious or tense:</b>				
<input type="radio"/> 0. None	<input type="radio"/> 1. Mild	<input type="radio"/> 2. Moderate	<input type="radio"/> 3. Severe	<input type="radio"/> 4. Very Severe
<b>11-T. Feeling depressed or sad:</b>				
<input type="radio"/> 0. None	<input type="radio"/> 1. Mild	<input type="radio"/> 2. Moderate	<input type="radio"/> 3. Severe	<input type="radio"/> 4. Very Severe
<b>11-U. Irritability, easily annoyed:</b>				

Figure 34 – TBI Follow-Up Assessment Screen Part 7





1. Symptom resolution (patient is currently not reporting symptoms)  
 2. Traumatic Brain Injury (TBI) residual problems  
 3. Behavioral Health conditions (e.g., PTSD, depression, etc.)  
 4. A combination of TBI and Behavioral Health condition(s)  
 5. Other condition not related to TBI or Behavioral Health condition(s)

**V. Plan**

**20. Follow-up Plan:**

1. Services will be provided within VA healthcare system  
 2. Services will be provided outside VA  
 3. Patient will receive Both VA and Non-VA Services  
 4. No services needed  
 5. Patient refused/not interested in further services  
 6. Return to clinic for follow up appointment

**21. Details Of Plan:**

---

If you are unable to finish at this time, or if you just want to save while entering, click Save Draft.

If you are finished with entry, and ready to save and format the note (you will get another chance to review prior to submit), click Save and Prepare Note.

If you want to return to CPRS press the Cancel Button. Do not use Internet browser back arrow.

Current User:

**Figure 37 – TBI Follow-Up Assessment Screen Part 10**

Select **[Save Draft]** to save the information entered even if it is incomplete or in the event the user wishes to review the data again prior to completing the note.

Select **[Save and Prepare Note]** to preview the note.

Click **[Cancel]** to reset the questionnaire.



Please review the content. If you need to make changes, click the Cancel button and edit the answers. If the content is correct, click the Submit Note button.

Note: once the note is submitted, it will no longer be editable in this tool and updates will need to be done within CPRS

The application reformats the information entered into the questionnaire and displays the resulting report. The instructions on the screen suggest the user review the newly formatted content. If the user wants to make changes to the material, the user should click **[Cancel]** button and re-enter the answers. If the content is correct, the user clicks the **[Submit Note]** button.

Be aware that once the note is submitted, it is no longer editable within the TBI Instruments application and any updates will have to be made within CPRS.

The clinician must sign the note in CPRS.

### **3.2.5. Mayo-Portland Adaptability Inventory (MPAI)**

MPAI was designed:

1. To assist in the clinical evaluation of people during the postacute (posthospital) period following acquired brain injury (ABI),
2. To assist in the evaluation of rehabilitation programs designed to serve these people, and
3. To better understand the long-term outcomes of ABI.

Evaluation and rating of each of the areas designated by MPAI items assures that the most frequent and important sequelae of ABI are considered for rehabilitation planning or other clinical interventions. MPAI items represent the range of physical, cognitive, emotional, behavioral, and social problems that people may encounter after ABI. MPAI items also provide an assessment of major obstacles to community integration which may result directly from ABI as well as problems in the social and physical environment. Periodic re-evaluation with MPAI during postacute rehabilitation or other intervention provides documentation of progress and of the efficacy and appropriateness of the intervention. Research that examines the responses to the MPAI by individuals with longstanding ABI and by their caregivers and close acquaintances helps to answer questions about the future of those who are newly injured, and their long-term medical, social and economic needs.

Select the appropriate response for each patient. All items are required, except where noted.

Patient

Patient:

SSN:

Facility:

**Mayo-Portland Adaptability Inventory-4  
Participation Index (M2PI)**

Muriel D. Lezak, PhD, ABPP & James F. Malec, PhD, ABPP

Used as VA Interdisciplinary Team Assessment of Community Functioning

Note Type:

Initial

Person Reporting:

- Single Professional
- Professional Consensus
- Person with Brain Injury
- Significant Other

Below each item, select the number that best describes the level at which the person being evaluated experiences problems. Mark the greatest level of problem that is appropriate. Problems that interfere rarely with daily or valued activities, that is, less than 5% of the time, should be considered not to interfere. Write comments about specific items at the end of the rating scale.

**1. Initiation: Problems getting started on activities without prompting**

- 0 None
- 1 Mild problem but does not interfere with activities; may use assistive device or medication
- 2 Mild problem; interferes with activities 5-24% of the time
- 3 Moderate problem; interferes with activities 25-75% of the time
- 4 Severe problem; interferes with activities more than 75% of the time

Comment

Item #1:

**2. Social contact with friends, work associates, and other people who are not family, significant others, or professionals**

- 0 Normal involvement with others
- 1 Mild difficulty in social situations but maintains normal involvement with others
- 2 Mildly limited involvement with others (75-95% of normal interaction for age)

Figure 38 – Mayo Portland Adaptability Inventory (Part 1)

3 Moderately limited involvement with others (25-74% of normal interaction for age)  
 4 No or rare involvement with others (less than 25% of normal interaction for age)

Comment \_\_\_\_\_  
 Item #2: \_\_\_\_\_

**3. Leisure and recreational activities**

0 Normal participation in leisure activities for age  
 1 Mild difficulty in these activities but maintains normal participation  
 2 Mildly limited participation (75-95% of normal participation for age)  
 3 Moderately limited participation (25-74% of normal participation for age)  
 4 No or rare participation (less than 25% of normal participation for age)

Comment \_\_\_\_\_  
 Item #3: \_\_\_\_\_

**4. Self-care: Eating, dressing, bathing, hygiene**

0 Independent completion of self-care activities  
 1 Mild difficulty, occasional omissions or mildly slowed completion of self-care; may use assistive device or require occasional prompting  
 2 Requires a little assistance or supervision from others (5-24% of the time) including frequent prompting  
 3 Requires moderate assistance or supervision from others (25-75% of the time)  
 4 Requires extensive assistance or supervision from others (more than 75% of the time)

Comment \_\_\_\_\_  
 Item #4: \_\_\_\_\_

**5. Residence: Responsibilities of independent living and homemaking (such as meal preparation, home repairs and maintenance, personal health maintenance beyond basic hygiene including medical management) but not including managing money (see # 8)**

0 Independent; living without supervision or concern from others  
 1 Living without supervision but others have concerns about safety or managing responsibilities  
 2 Requires a little assistance or supervision from others (5-24% of the time)  
 3 Requires moderate assistance or supervision from others (25-75% of the time)

Figure 39 – Mayo Portland Adaptability Inventory (Part 2)



4 Requires extensive assistance or supervision from others (more than 75% of the time)

**Comment**  
**Item #5:** \_\_\_\_\_

**6. Transportation**

0 Independent in all modes of transportation including independent ability to operate a personal motor vehicle

1 Independent in all modes of transportation, but others have concerns about safety

2 Requires a little assistance or supervision from others (5-24% of the time); cannot drive

3 Requires moderate assistance or supervision from others (25-75% of the time); cannot drive

4 Requires extensive assistance or supervision from others (more than 75% of the time); cannot drive

**Comment**  
**Item #6:** \_\_\_\_\_

**7A. Paid Employment: Rate either item 7A or 7B to reflect the primary desired social role. Do not rate both. Rate 7A if the primary social role is paid employment. If another social role is primary, rate only 7B. For both 7A and 7B, "support" means special help from another person with responsibilities (such as, a job coach or shadow, tutor, helper) or reduced responsibilities. Modifications to the physical environment that facilitate employment are not considered as support.**

0 Full-time (more than 30 hrs/wk) without support

1 Part-time (3 to 30 hrs/ wk) without support

2 Full-time or part-time with support

3 Sheltered work


4 Unemployed; employed less than 3 hours per week

**Comment**  
**Item #7A:** \_\_\_\_\_

**7B. Other employment: Involved in constructive, role-appropriate activity other than paid employment**

**Primary Desired Role: Check only one to indicate primary desired social role for question 7B:**

**Figure 40 – Mayo Portland Adaptability Inventory (Part 3)**

	<ul style="list-style-type: none"> <li><b>Note:</b> You can only answer one of Item 7A or 7B. Refer to Figure 19 for the rest of item 7B.</li> </ul>
---	--

Childrearing/care-giving  
 Homemaker, no childrearing or care-giving  
 Student  
 Volunteer  
 Retired (Check retired only if over age 60; if unemployed, retired as disabled and under age 60, indicate "Unemployed" for item 7A.)

0 Full-time (more than 30 hrs/wk) without support; full-time course load for students  
 1 Part-time (3 to 30 hrs/ wk) without support  
 2 Full-time or part-time with support  
 3 Activities in a supervised environment other than a sheltered workshop  
 4 Inactive; involved in role-appropriate activities less than 3 hours per week

Comment  
 Item #7B:

**8. Managing money and finances: Shopping, keeping a check book or other bank account, managing personal income and investments**

0 Independent, manages money without supervision or concern from others  
 1 Manages money independently, but others have concerns  
 2 Requires mild assistance or supervision from others (5-24% of the time)  
 3 Requires moderate assistance or supervision from others (25-75% of the time)  
 4 Requires extensive assistance or supervision from others (more than 75% of the time)

Comment  
 Item #8:

Standard    N/A  
 T-score:

If you are unable to finish at this time, or if you just want to save while entering, click Save Draft.

If you are finished with entry, and ready to save and format the note (you will get another chance to review prior to submit), click Save and Prepare Note.

**Figure 41 – Mayo Portland Adaptability Inventory (Part 4)**

Select **[Save Draft]** to save the information entered even if it is incomplete or in the event the user wishes to review the data again prior to completing the note.

Select **[Save and Prepare Note]** to preview the note.

Click **[Cancel]** to reset the questionnaire.

Please review the content. If you need to make changes, click the Cancel button and edit the answers. If the content is correct, click the Submit Note button.

Note: once the note is submitted, it will no longer be editable in this tool and updates will need to be done within CPRS

The application reformats the information entered into the questionnaire and displays the resulting report. The instructions on the screen suggest the user review the newly formatted content. If the user wants to make changes to the material, the user should click **[Cancel]** button and re-enter the answers. If the content is correct, the user clicks the **[Submit Note]** button.

Be aware that once the note is submitted, it is no longer editable within the TBI Instruments application and any updates will have to be made within CPRS.

The clinician must sign the note in CPRS.

### 3.3. Participation Index (M2PI)

The Participation Index (M2PI) instrument allows users to submit notes for patients who were previously entered in the PROMIS - Pain Interference- Short Form 6a, PROMIS – Upper Extremity - Short Form 7a, PROMIS – Physical Function with Mobility Aid, or Mayo-Portland Adaptability Inventory (MPAI) instruments.

After entering information for the patients in these instruments, providers must first create an Initial Note in M2PI. After the Initial Note is submitted, the provider may enter as many Interim notes as are required; however, they may only submit a single Discharge, and Follow Up note.

TBI INSTRUMENTS > INSTRUMENT ASSOCIATIONS > MPAI- 4 PARTICIPATION INDEX (M2PI)

Patient  
Patient: ██████████ SSN: 666-00-9903

Mayo-Portland Adaptability Inventory-4  
Participation Index (M2PI)  
Muriel D. Lezak, PhD, ABPP & James F. Melec, PhD, ABPP  
Used as VA Interdisciplinary Team Assessment of Community Functioning

Raw Score: N/A T Score: N/A

Previous Initial M2PI Instrument Dates:  
 New Instance of Care - Do not add to prior notes

Note Type:  
 Initial  Interim  Discharge  FollowUp


Figure 42 - Participation Index (M2PI) Instrument

### **3.3.1. Rehabilitation and Reintegration Plan**

The Rehabilitation and Community Reintegration Care plan also manages the ongoing and emerging rehabilitation and psychosocial needs of Veterans with polytrauma and TBI. This includes ongoing follow up and treatment, case management, coordination of services, monitoring the implementation of the treatment plan, overseeing the quality and intensity of VA and non-VA services, and providing education and support for patients and caregivers.

Select the appropriate response for each patient.






**3. Summary of Interdisciplinary Treatment (IDT) evaluations: (Check all that apply)**

- Assistive technologist or rehabilitation engineer
- Blind rehabilitation specialist
- Driver rehabilitation specialist
- Kinesiotherapist
- Neurologist
- Occupational therapist
- Orthotist or prosthetist
- Physical therapist
- Psychiatrist
- Psychologist/neuropsychologist
- Recreation therapist
- Rehabilitation nurse
- Rehabilitation physician
- Social worker/case manager
- Speech language pathologist
- Vocational rehabilitation
- Other

**Additional Comments:**



**4. Interdisciplinary Treatment Team Goals**

- Symptom reduction (based on symptoms reported in current problems section)
- Initiation
- Social contact (friends, work associates and other people outside of family)
- Leisure and recreational activities
- Self-care (eating, dressing, bathing, hygiene)
- Independent living and homemaking (meal preparation, home repairs, maintenance)

**Figure 44 – Rehabilitation and Reintegration Plan Part 2**

Transportation  
 Employment/education  
 Managing money and finances  
 Other

5. Rehabilitation and reintegration plan: (Types of services, frequency/duration of treatment, planned follow up, etc.)

6. Consults requested and/or follow-up on consults

Audiology  
 Behavioral health  
 Dietician  
 Drivers rehab  
 Low vision rehabilitation specialist  
 Optometry/ophthalmology  
 Orthopedics  
 Pain management  
 Radiology/imaging  
 Vocational rehabilitation  
 Other

7. Proposed timeframe for IDT follow up conference

1 Week  
 2 Weeks  
 1 Month  
 2 Months  
 Other

Plan of care communicated

Yes  
 No

Figure 45 – Rehabilitation and Reintegration Plan Part 3

**8. Physician responsible for managing the treatment plan: (Name and telephone number)**

|

**9. Polytrauma-TBI Case Manager responsible for monitoring implementation: (Name and telephone number)**

|

**10. Other case management support (Optional): (Name and telephone number)**

Military case manager

Transition patient advocate

OEF/OIF case manager

Other

**11. Date care plan will be reviewed**

|

**12. Additional Information (Optional)**

|

If you are unable to finish at this time, or if you just want to save while entering, click Save Draft.

If you are finished with entry, and ready to save and format the note (you will get another chance to review prior to submit), click Save and Prepare Note.

If you want to return to CPRS press the Cancel Button. Do not use Internet browser back arrow.

Current User:

**Figure 46 – Rehabilitation and Reintegration Plan Part 4**

Select **[Save Draft]** to save the information entered even if it is incomplete or in the event the user wishes to review the data again prior to completing the note.

Select **[Save and Prepare Note]** to preview the note.



Click **[Cancel]** to reset the questionnaire.



Please review the content. If you need to make changes, click the Cancel button and edit the answers. If the content is correct, click the Submit Note button.

Note: once the note is submitted, it will no longer be editable in this tool and updates will need to be done within CPRS

The application reformats the information entered into the questionnaire and displays the resulting report. The instructions on the screen suggest the user review the newly formatted content. If the user wants to make changes to the material, the user should click **[Cancel]** button and re-enter the answers. If the content is correct, the user clicks the **[Submit Note]** button.

Be aware that once the note is submitted, it is no longer editable within the TBI Instruments application and any updates will have to be made within CPRS.

The clinician must sign the note in CPRS.

### 3.3.2. Rehabilitation Follow Up Instrument

The Rehabilitation Follow Up instrument tracks patient feedback related to the rehabilitation they received in Inpatient or Outpatient facilities.

Select the appropriate response for each patient.

The screenshot shows a web-based form titled "TBI INSTRUMENTS > INSTRUMENT ASSOCIATIONS > REHABILITATION FOLLOW UP". At the top, it identifies the patient as "Patient: AARTBNEW\_THREE SSN: 666-00-9903". The form is divided into several sections: "Basic Information" with radio buttons for "Respondent" (Patient, Caregiver) and "Rehabilitation Setting" (Inpatient, Outpatient); "Discharge Date" and "Date of Follow Up" with date pickers; a "Diagnosis" section with radio buttons for Stroke, Brain Dysfunction (TBI/ABI), Hearing Loss, Visual Impairment, SCI, Amputation, Pain, Orthopedic Conditions, Cardio-pulmonary, Multiple Trauma, Debility, and Other; an "Other Description" text field; and a feedback section with five questions about the patient's ability to take care of themselves, live in their home, overall health, participate in their community, and overall quality of life, each with radio buttons for "Worse", "No Difference", and "Better". At the bottom, there are three buttons: "Save Draft", "Save and Prepare Note", and "Cancel".

Figure 47 - Rehabilitation Follow Up Screen

### 3.3.3. 2 Minute Walk Test

The 2-minute walking test is a useful and reproducible measure of exercise tolerance. It provides a simple, practical guide to everyday disability and does not require expensive apparatus.

The screenshot displays the '2 Minute Walk Test' form within the 'Traumatic Brain Injury Registry' interface. The header includes the VA logo and navigation links for 'Reporting' and 'Help'. The breadcrumb trail reads 'TBI INSTRUMENTS > INSTRUMENT ASSOCIATIONS > 2 MINUTE WALK TEST'. The patient information is 'Patient: TBPATIENT,SHAWN SSN: 666-11-0002'. The form is titled '2 Minute Walk Test' and includes a link for instructions. It contains several input fields: 'Assistive Device and/or Brace Used \*', a list of 'Diagnosis \*' options (Stroke, Brain Dysfunction (TBI/ABI), Hearing Loss, Visual Impairment, SCI, Amputation, Pain, Orthopedic Conditions, Cardio-pulmonary, Multiple Trauma, Debility, Other), and an 'Other Description:' field. Below this, there are four rows of data entry, each with a 'Date \*' field and a 'Distance ambulated in 2 minutes \*' field followed by 'meters'. At the bottom, there are three buttons: 'Save Draft', 'Save and Prepare Note', and 'Cancel'. A 'References:' section lists three medical journal articles.

UNITED STATES DEPARTMENT OF VETERANS AFFAIRS  
Traumatic Brain Injury Registry

Reporting Help

TBI INSTRUMENTS > INSTRUMENT ASSOCIATIONS > 2 MINUTE WALK TEST

Patient  
Patient: TBPATIENT,SHAWN SSN: 666-11-0002

2 Minute Walk Test - [Click for Instructions](#)

**2 Minute Walk Test**

Assistive Device and/or Brace Used \*

Diagnosis \*

- Stroke
- Brain Dysfunction (TBI/ABI)
- Hearing Loss
- Visual Impairment
- SCI
- Amputation
- Pain
- Orthopedic Conditions
- Cardio-pulmonary
- Multiple Trauma
- Debility
- Other

Other Description:

Date \*   Distance ambulated in 2 minutes \*  meters

Date \*   Distance ambulated in 2 minutes \*  meters

Date   Distance ambulated in 2 minutes  meters

Date   Distance ambulated in 2 minutes  meters

**References:**

Butland RJ, Pang J, Gross ER, Woodcock AA, Geddes DM. Two-, six-, and 12-minute walking tests in respiratory disease. *Br Med J (Clin Res Ed)*. 1982 May 29;284(6329):1607-8.

McSavin CR, Gupta SP, McHardy GJ. Twelve-minute walking test for assessing disability in chronic bronchitis. *Br Med J*. 1976; 3;1(6013):822-3.

Rossler P, Wade DT. Validity and reliability comparison of 4 mobility measures in patients presenting with neurologic impairment. *Arch Phys Med Rehabil*. 2001;82(1):9-13.

Save Draft Save and Prepare Note Cancel

Figure 48 – 2 Minute Walk Test

### 3.3.4. L – Test

The L-Test of Functional Mobility incorporates transfers and turns into an assessment of mobility and gait speed. Walk tests provide essential outcome information when assessing ambulation of individuals with lower-limb amputation and a prosthetic device.

The screenshot displays the 'L - Test' form within the 'Traumatic Brain Injury Registry' interface. The header includes the VA logo and navigation links for 'Reporting' and 'Help'. The breadcrumb trail is 'TBI INSTRUMENTS > INSTRUMENT ASSOCIATIONS > L - TEST'. The patient information is 'Patient: TBIPATIENT\_SHAWN SSN: 666-11-0002'. The form fields include: 'Test Date' (calendar icon), 'Diagnosis' (radio buttons for Stroke, Brain Dysfunction (TBI/ABI), Hearing Loss, Visual Impairment, SCI, Amputation, Pain, Orthopedic Conditions, Cardio-pulmonary, Multiple Trauma, Debility, Other), 'Other Description' (text input), 'Lower extremity amputation' (radio buttons for No, Yes), 'Assistive device' (radio buttons for No, Yes), 'Physical Assistance' (radio buttons for Yes (Contact Guarding through any level of assistance), No (Supervised ambulation through Independent ambulation)), 'Trial 1: Time' (input field with 'seconds' label), and 'Trial 1: Distance' (input field with 'ft' label).

Figure 49 – L - Test

### 3.3.5. Locomotor Capability Index – 5 (LCI – 5)

To assess the reliability, validity, and responsiveness of the Locomotor Capabilities Index (LCI) in people with lower-limb amputation who undergo prosthetic training, the LCI surveys face-to-face interviews.

TBI INSTRUMENTS > INSTRUMENT ASSOCIATIONS > LOCOMOTOR CAPABILITY INDEX - 5

Patient  
Patient: AAWTBNEW\_THREE SSN: 666-00-9903

Locomotor Capability Index - 5  
The Locomotor Capabilities Index for face-to-face interview. Subjects were asked "Whether or not you wear your prosthesis, at the present time, would you say that you are "able" to do the following activities."

Test Date:

Diagnosis:  
 Stroke  
 Brain Dysfunction (TBI/AOI)  
 Hearing Loss  
 Visual Impairment  
 SCI  
 Amputation  
 Pain  
 Orthopedic Conditions  
 Cardio-pulmonary  
 Multiple Trauma  
 Deblity  
 Other

Other Description:

0 = No, 1 = Yes, if someone helps me, 2 = Yes, if someone is near me, 3 = Yes Alone with ambulation aids, 4 = Yes Alone without ambulation aids

Basic Activities

Get up from a chair	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Walk in the house	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Walk outside on even ground	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Go down the stairs with a handrail	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Step up a sidewalk curb	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Step down a sidewalk curb	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Go up the stairs with a handrail	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4

Basic activities score  \_ /28

Figure 50 – Locomotor Capability Index – 5 (LCI – 5)

Advanced Activities

Pick up an object from the floor (when you are standing with your prosthesis)	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Get up from the floor (e.g. if you fell)	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Walk outside on uneven ground (e.g. grass, gravel, slope)	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Walk outside in inclement weather (e.g. snow, rain, ice)	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Go up a few steps (stairs) without a handrail	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Go down a few steps (stairs) without a handrail	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Walk while carrying an object	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4

Advanced activities score  \_ /28

Total score  \_ /56

Current User: HEATH\_HOCHMEL

Figure 51 - Locomotor Capability Index 5 (Part 2)

### 3.3.6. Functional Mobility Assessment (FMA)

The Functional Mobility Assessment (FMA) instrument is a self-report outcomes tool designed to measure effectiveness of wheeled mobility and seating (WMS) interventions for PWD. Functional mobility is necessary to perform activities of daily living and for community participation for everyone, but especially important for persons with disabilities (PWD). Therefore, functional mobility requires reliable measurement of consumer satisfaction and functional changes.

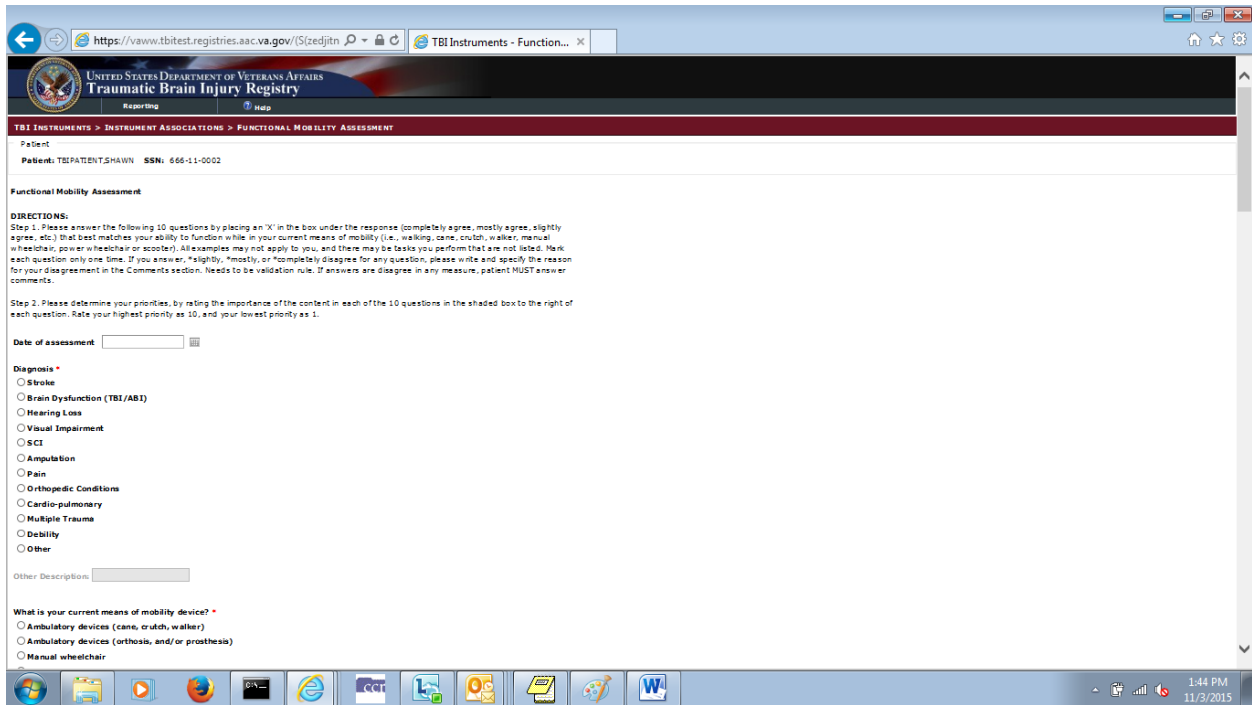


Figure 52 – Functional Mobility Assessment (FMA)

### 3.3.7. OPTIMAL 1.1 Form

The American Physical Therapy Association (APTA) uses the Outpatient Physical Therapy Improvement in Movement Assessment Log (OPTIMAL) as an instrument that measures difficulty and self-confidence in performing 22 movements that a patient/client needs to accomplish in order to do various functional activities. OPTIMAL 1.1 has been updated from the original version to increase clinical utility. This includes adding the clinically relevant item of standing and providing changes to scoring instructions to increase clinical utility. These changes assist patient and physical therapist discussion toward identifying the primary goal for the episode of care.

TBI INSTRUMENTS > INSTRUMENT ASSOCIATIONS > OPTIMAL 1.1

Patient  
 Patient: [Redacted] SSN: \*\*\*\*\*9003

Optimal 1.1

Patient Status  Inpatient  
 Outpatient

Diagnosis \*

- Stroke
- Brain Dysfunction (TBI/ABI)
- Hearing Loss
- Visual Impairment
- SCI
- Amputation
- Pain
- Orthopedic Conditions
- Cardio-pulmonary
- Multiple Trauma
- Deblity
- Other

Other Description: [Redacted]

Basic Activities

Employment/Work (Check all that apply)

- Working full-time outside of home
- Working part-time outside of home
- Working full-time from home
- Working part-time from home
- Working with modification in job because of current illness/injury
- Not working because of current illness/ injury
- Homemaker
- Student
- Retired
- Unemployed
- Occupation

[Redacted]

Figure 53 - Optimal 1.1 Instrument Screen (Part 1)

Do you use a: (Check all that apply)

- Cane?
- Walker, rolling walker, or rollator?
- Manual wheelchair?
- Motorized wheelchair?
- Other

[Redacted]

With whom do you live? (Check all that apply)

- None
- Spouse/significant other
- Child/children
- Other relative(s)
- Group setting
- Personal care attendant
- Other:

[Redacted]

Where do you live?

- Private home
- Private apartment
- Rented room
- Board and care/assisted living/group home
- Homeless (with or without shelter)
- Long-term care facility (nursing home)
- Hospice
- Other

Baseline Difficulty

Instructions: Please select the level of difficulty you have for each activity today.

1. Lying flat	<input type="radio"/> Able to do without any difficulty	<input type="radio"/> Able to do with little difficulty	<input type="radio"/> Able to do with moderate difficulty	<input type="radio"/> Able to do with much difficulty	<input type="radio"/> Unable to do	<input type="radio"/> Not applicable
2. Rolling over	<input type="radio"/> Able to do without any difficulty	<input type="radio"/> Able to do with little difficulty	<input type="radio"/> Able to do with moderate difficulty	<input type="radio"/> Able to do with much difficulty	<input type="radio"/> Unable to do	<input type="radio"/> Not applicable
3. Moving-lying to sitting	<input type="radio"/> Able to do without any difficulty	<input type="radio"/> Able to do with little difficulty	<input type="radio"/> Able to do with moderate difficulty	<input type="radio"/> Able to do with much difficulty	<input type="radio"/> Unable to do	<input type="radio"/> Not applicable
4. Sitting	<input type="radio"/> Able to do without any difficulty	<input type="radio"/> Able to do with little difficulty	<input type="radio"/> Able to do with moderate difficulty	<input type="radio"/> Able to do with much difficulty	<input type="radio"/> Unable to do	<input type="radio"/> Not applicable

Figure 54 - Optimal 1.1 Instrument Screen (Part 2)

5. Squatting	<input type="radio"/> Able to do without any difficulty	<input type="radio"/> Able to do with little difficulty	<input type="radio"/> Able to do with moderate difficulty	<input type="radio"/> Able to do with much difficulty	<input type="radio"/> Unable to do	<input type="radio"/> Not applicable
6. Bending/sloping	<input type="radio"/> Able to do without any difficulty	<input type="radio"/> Able to do with little difficulty	<input type="radio"/> Able to do with moderate difficulty	<input type="radio"/> Able to do with much difficulty	<input type="radio"/> Unable to do	<input type="radio"/> Not applicable
7. Balancing	<input type="radio"/> Able to do without any difficulty	<input type="radio"/> Able to do with little difficulty	<input type="radio"/> Able to do with moderate difficulty	<input type="radio"/> Able to do with much difficulty	<input type="radio"/> Unable to do	<input type="radio"/> Not applicable
8. Kneeling	<input type="radio"/> Able to do without any difficulty	<input type="radio"/> Able to do with little difficulty	<input type="radio"/> Able to do with moderate difficulty	<input type="radio"/> Able to do with much difficulty	<input type="radio"/> Unable to do	<input type="radio"/> Not applicable
9. Standing	<input type="radio"/> Able to do without any difficulty	<input type="radio"/> Able to do with little difficulty	<input type="radio"/> Able to do with moderate difficulty	<input type="radio"/> Able to do with much difficulty	<input type="radio"/> Unable to do	<input type="radio"/> Not applicable
10. Walking-short distance	<input type="radio"/> Able to do without any difficulty	<input type="radio"/> Able to do with little difficulty	<input type="radio"/> Able to do with moderate difficulty	<input type="radio"/> Able to do with much difficulty	<input type="radio"/> Unable to do	<input type="radio"/> Not applicable
11. Walking-long distance	<input type="radio"/> Able to do without any difficulty	<input type="radio"/> Able to do with little difficulty	<input type="radio"/> Able to do with moderate difficulty	<input type="radio"/> Able to do with much difficulty	<input type="radio"/> Unable to do	<input type="radio"/> Not applicable
12. Walking-outdoors	<input type="radio"/> Able to do without any difficulty	<input type="radio"/> Able to do with little difficulty	<input type="radio"/> Able to do with moderate difficulty	<input type="radio"/> Able to do with much difficulty	<input type="radio"/> Unable to do	<input type="radio"/> Not applicable
13. Climbing stairs	<input type="radio"/> Able to do without any difficulty	<input type="radio"/> Able to do with little difficulty	<input type="radio"/> Able to do with moderate difficulty	<input type="radio"/> Able to do with much difficulty	<input type="radio"/> Unable to do	<input type="radio"/> Not applicable
14. Hopping	<input type="radio"/> Able to do without any difficulty	<input type="radio"/> Able to do with little difficulty	<input type="radio"/> Able to do with moderate difficulty	<input type="radio"/> Able to do with much difficulty	<input type="radio"/> Unable to do	<input type="radio"/> Not applicable
15. Jumping	<input type="radio"/> Able to do without any difficulty	<input type="radio"/> Able to do with little difficulty	<input type="radio"/> Able to do with moderate difficulty	<input type="radio"/> Able to do with much difficulty	<input type="radio"/> Unable to do	<input type="radio"/> Not applicable
16. Running	<input type="radio"/> Able to do without any difficulty	<input type="radio"/> Able to do with little difficulty	<input type="radio"/> Able to do with moderate difficulty	<input type="radio"/> Able to do with much difficulty	<input type="radio"/> Unable to do	<input type="radio"/> Not applicable
17. Pushing	<input type="radio"/> Able to do without any difficulty	<input type="radio"/> Able to do with little difficulty	<input type="radio"/> Able to do with moderate difficulty	<input type="radio"/> Able to do with much difficulty	<input type="radio"/> Unable to do	<input type="radio"/> Not applicable
18. Pulling	<input type="radio"/> Able to do without any difficulty	<input type="radio"/> Able to do with little difficulty	<input type="radio"/> Able to do with moderate difficulty	<input type="radio"/> Able to do with much difficulty	<input type="radio"/> Unable to do	<input type="radio"/> Not applicable

Figure 55 - Optimal 1.1 Instrument Screen (Part 3)

19. Reaching	<input type="radio"/> Able to do without any difficulty	<input type="radio"/> Able to do with little difficulty	<input type="radio"/> Able to do with moderate difficulty	<input type="radio"/> Able to do with much difficulty	<input type="radio"/> Unable to do	<input type="radio"/> Not applicable
20. Grasping	<input type="radio"/> Able to do without any difficulty	<input type="radio"/> Able to do with little difficulty	<input type="radio"/> Able to do with moderate difficulty	<input type="radio"/> Able to do with much difficulty	<input type="radio"/> Unable to do	<input type="radio"/> Not applicable
21. Lifting	<input type="radio"/> Able to do without any difficulty	<input type="radio"/> Able to do with little difficulty	<input type="radio"/> Able to do with moderate difficulty	<input type="radio"/> Able to do with much difficulty	<input type="radio"/> Unable to do	<input type="radio"/> Not applicable
22. Carrying	<input type="radio"/> Able to do without any difficulty	<input type="radio"/> Able to do with little difficulty	<input type="radio"/> Able to do with moderate difficulty	<input type="radio"/> Able to do with much difficulty	<input type="radio"/> Unable to do	<input type="radio"/> Not applicable

Difficulty Baseline Score  \_\_\_\_\_ Total Score For Difficulty Baseline

23. From the above list, choose the 3 activities you would most like to be able to do without any difficulty (for example, if you would most like to be able to climb stairs, kneel, and hop without any difficulty, you would choose:

23a. First PT objective  23b. Second PT objective  23c. Third PT objective

24a. From the list below of three activities, choose the primary activity you would most like to be able to do without any difficulty (for example, if you would most like to be able to climb stairs without any difficulty, you would choose:

Copyright © 2012, 2006, 2005 American Physical Therapy Association. All rights reserved.  
Current User: HSEATH\MICHELLE.L

Figure 56 - Optimal 1.1 Instrument Screen (Part 4)

### 3.3.8. OPTIMAL 1.1 Follow Up

The OPTIMAL 1.1 Follow Up instrument is used to collect follow up information in an effort to identify changes from the baseline assessment collected in the OPTIMAL 1.1 instrument.

TBI INSTRUMENTS > INSTRUMENT ASSOCIATIONS > OPTIMAL 1.1 FOLLOW UP

Patient  
 Patient: ██████████ SSN: \*\*\*\*\*900

Optimal 1.1 Follow Up

Follow Up Difficulty

Instructions: Please select the level of difficulty you have for each activity today.

1. Lying flat	<input type="radio"/> Able to do without any difficulty	<input type="radio"/> Able to do with little difficulty	<input type="radio"/> Able to do with moderate difficulty	<input type="radio"/> Able to do with much difficulty	<input type="radio"/> Unable to do	<input type="radio"/> Not Applicable
2. Rolling over	<input type="radio"/> Able to do without any difficulty	<input type="radio"/> Able to do with little difficulty	<input type="radio"/> Able to do with moderate difficulty	<input type="radio"/> Able to do with much difficulty	<input type="radio"/> Unable to do	<input type="radio"/> Not Applicable
3. Moving-lying to sitting	<input type="radio"/> Able to do without any difficulty	<input type="radio"/> Able to do with little difficulty	<input type="radio"/> Able to do with moderate difficulty	<input type="radio"/> Able to do with much difficulty	<input type="radio"/> Unable to do	<input type="radio"/> Not Applicable
4. Sitting	<input type="radio"/> Able to do without any difficulty	<input type="radio"/> Able to do with little difficulty	<input type="radio"/> Able to do with moderate difficulty	<input type="radio"/> Able to do with much difficulty	<input type="radio"/> Unable to do	<input type="radio"/> Not Applicable
5. Squatting	<input type="radio"/> Able to do without any difficulty	<input type="radio"/> Able to do with little difficulty	<input type="radio"/> Able to do with moderate difficulty	<input type="radio"/> Able to do with much difficulty	<input type="radio"/> Unable to do	<input type="radio"/> Not Applicable
6. Bending/stooping	<input type="radio"/> Able to do without any difficulty	<input type="radio"/> Able to do with little difficulty	<input type="radio"/> Able to do with moderate difficulty	<input type="radio"/> Able to do with much difficulty	<input type="radio"/> Unable to do	<input type="radio"/> Not Applicable
7. Balancing	<input type="radio"/> Able to do without any difficulty	<input type="radio"/> Able to do with little difficulty	<input type="radio"/> Able to do with moderate difficulty	<input type="radio"/> Able to do with much difficulty	<input type="radio"/> Unable to do	<input type="radio"/> Not Applicable
8. Kneeling	<input type="radio"/> Able to do without any difficulty	<input type="radio"/> Able to do with little difficulty	<input type="radio"/> Able to do with moderate difficulty	<input type="radio"/> Able to do with much difficulty	<input type="radio"/> Unable to do	<input type="radio"/> Not Applicable
9. Standing	<input type="radio"/> Able to do without any difficulty	<input type="radio"/> Able to do with little difficulty	<input type="radio"/> Able to do with moderate difficulty	<input type="radio"/> Able to do with much difficulty	<input type="radio"/> Unable to do	<input type="radio"/> Not Applicable
10. Walking-short distance	<input type="radio"/> Able to do without any difficulty	<input type="radio"/> Able to do with little difficulty	<input type="radio"/> Able to do with moderate difficulty	<input type="radio"/> Able to do with much difficulty	<input type="radio"/> Unable to do	<input type="radio"/> Not Applicable
11. Walking-long distance	<input type="radio"/> Able to do without any difficulty	<input type="radio"/> Able to do with little difficulty	<input type="radio"/> Able to do with moderate difficulty	<input type="radio"/> Able to do with much difficulty	<input type="radio"/> Unable to do	<input type="radio"/> Not Applicable

Figure 57 - OPTIMAL 1.1 Follow Up Screen (Part 1)

12. Walking-outdoors	<input type="radio"/> Able to do without any difficulty	<input type="radio"/> Able to do with little difficulty	<input type="radio"/> Able to do with moderate difficulty	<input type="radio"/> Able to do with much difficulty	<input type="radio"/> Unable to do	<input type="radio"/> Not Applicable
13. Climbing stairs	<input type="radio"/> Able to do without any difficulty	<input type="radio"/> Able to do with little difficulty	<input type="radio"/> Able to do with moderate difficulty	<input type="radio"/> Able to do with much difficulty	<input type="radio"/> Unable to do	<input type="radio"/> Not Applicable
14. Hopping	<input type="radio"/> Able to do without any difficulty	<input type="radio"/> Able to do with little difficulty	<input type="radio"/> Able to do with moderate difficulty	<input type="radio"/> Able to do with much difficulty	<input type="radio"/> Unable to do	<input type="radio"/> Not Applicable
15. Jumping	<input type="radio"/> Able to do without any difficulty	<input type="radio"/> Able to do with little difficulty	<input type="radio"/> Able to do with moderate difficulty	<input type="radio"/> Able to do with much difficulty	<input type="radio"/> Unable to do	<input type="radio"/> Not Applicable
16. Running	<input type="radio"/> Able to do without any difficulty	<input type="radio"/> Able to do with little difficulty	<input type="radio"/> Able to do with moderate difficulty	<input type="radio"/> Able to do with much difficulty	<input type="radio"/> Unable to do	<input type="radio"/> Not Applicable
17. Pushing	<input type="radio"/> Able to do without any difficulty	<input type="radio"/> Able to do with little difficulty	<input type="radio"/> Able to do with moderate difficulty	<input type="radio"/> Able to do with much difficulty	<input type="radio"/> Unable to do	<input type="radio"/> Not Applicable
18. Pulling	<input type="radio"/> Able to do without any difficulty	<input type="radio"/> Able to do with little difficulty	<input type="radio"/> Able to do with moderate difficulty	<input type="radio"/> Able to do with much difficulty	<input type="radio"/> Unable to do	<input type="radio"/> Not Applicable
19. Reaching	<input type="radio"/> Able to do without any difficulty	<input type="radio"/> Able to do with little difficulty	<input type="radio"/> Able to do with moderate difficulty	<input type="radio"/> Able to do with much difficulty	<input type="radio"/> Unable to do	<input type="radio"/> Not Applicable
20. Grasping	<input type="radio"/> Able to do without any difficulty	<input type="radio"/> Able to do with little difficulty	<input type="radio"/> Able to do with moderate difficulty	<input type="radio"/> Able to do with much difficulty	<input type="radio"/> Unable to do	<input type="radio"/> Not Applicable
21. Lifting	<input type="radio"/> Able to do without any difficulty	<input type="radio"/> Able to do with little difficulty	<input type="radio"/> Able to do with moderate difficulty	<input type="radio"/> Able to do with much difficulty	<input type="radio"/> Unable to do	<input type="radio"/> Not Applicable
22. Carrying	<input type="radio"/> Able to do without any difficulty	<input type="radio"/> Able to do with little difficulty	<input type="radio"/> Able to do with moderate difficulty	<input type="radio"/> Able to do with much difficulty	<input type="radio"/> Unable to do	<input type="radio"/> Not Applicable

Difficulty Follow Up Score  Calculate \_\_\_Total Score For Difficulty Baseline

Save Draft   Save and Prepare Notes   Cancel

Copyright © 2012, 2006, 2005 American Physical Therapy Association. All rights reserved.  
 Current user: nba@h-wc@hds.com

Figure 58 -OPTIMAL 1.1 Follow Up Screen (Part 2)

### 3.3.9. Quebec User Evaluation of Satisfaction with Assistive Technology (QUEST)

The Quebec User Evaluation of Satisfaction with Assistive Technology (QUEST) is an outcomes assessment tool designed to measure satisfaction with assistive technology in a structured and standardized way.



The screenshot shows the 'Quebec User Evaluation of Satisfaction with Assistive Technology' form. At the top, it features the United States Department of Veterans Affairs logo and the text 'Traumatic Brain Injury Registry'. Below this, there are navigation links for 'Reporting' and 'Help'. The breadcrumb trail reads: 'TBI INSTRUMENTS > INSTRUMENT ASSOCIATIONS > QUEBEC USER EVALUATION OF SATISFACTION WITH ASSISTIVE TECHNOLOGY'. The patient information section shows 'Patient: TBIPATIENT\_SHAWN SSN: 666-11-0002'. The main heading is 'Quebec User Evaluation of Satisfaction with Assistive Technology'. The purpose of the QUEST questionnaire is explained: 'The purpose of the QUEST questionnaire is to evaluate how satisfied you are with your assistive device and the related services you experienced. The questionnaire consists of 12 satisfaction items. For each of the 12 items, rate your satisfaction with your assistive device and the related services you experienced by using the following scale of 1 to 5: 1 = "Not satisfied at all", 2 = "Not very satisfied", 3 = "More or less satisfied", 4 = "Quite satisfied", 5 = "Very satisfied". For any item that you were not "very satisfied", please comment in the section comments.' The form includes a 'Date of assessment' field with a calendar icon, a 'Diagnosis' section with radio buttons for 'Stroke', 'Brain Dysfunction (TBI/ABI)', 'Hearing Loss', 'Visual Impairment', 'SCI', 'Amputation', 'Pain', 'Orthopedic Conditions', 'Cardio-pulmonary', 'Multiple Trauma', 'Debility', and 'Other', an 'Other Description' text box, and a 'Technology device (describe fully)' text box.

Figure 59 – Quebec User Evaluation of Satisfaction with Assistive Technology (QUEST)

### 3.3.10. VA Low Visual Functioning (LA LV VFQ 20) Survey


The 20-item Veterans Affairs Low Vision Visual Functioning Questionnaire (VA LV VFQ) approximates the measure of persons' visual ability that would be calculated with Rasch analysis and to provide a short form version of the questionnaire for clinical practice and outcomes research.

Patient  
 Patient: TBIPATIENT,SHAWN    SSN: 666-11-0002

**VA Low Vision Visual Functioning (VA LV VFQ 20) Survey**

Select one of the responses listed below to indicate level of difficulty for each activity which pertains the following question: **Is it difficult to...?**

1 = Impossible  
 2 = Extremely Difficult  
 3 = Slightly/Moderately Difficult  
 4 = Not Difficult  
 0 = Unscored - Patient not interested in activity

**Date of assessment \***  

**Diagnosis \***

- Stroke
- Brain Dysfunction (TBI/ABI)
- Hearing Loss
- Visual Impairment
- SCI
- Amputation
- Pain
- Orthopedic Conditions
- Cardio-pulmonary
- Multiple Trauma
- Debility
- Other

Other Description:

**Type of submission \***       Baseline     Follow-Up

**BRS Program Type \***       BRC     BROS     ILVC     ALVC     VISOR

Activity	Level of Difficulty
1. Read newspaper or magazine articles *	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 0
2. Read mail *	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 0

Figure 60 – VA Low Visual Functioning (LA LV VFQ 20) Survey

### 3.3.11. Neurobehavioral Symptom Inventory (NSI)

The VA uses the Neurobehavioral Symptom Inventory (NSI) to measure postconcussive symptoms in its comprehensive traumatic brain injury (TBI) evaluation.

Patient  
 Patient: TBPATIENT,SHAWN    SSN: 666-11-0002

**Neurobehavioral Symptom Inventory**  
[Click for Instructions](#)

Date:

Diagnosis \*

- Stroke
- Brain Dysfunction (TBI/ABI)
- Hearing Loss
- Visual Impairment
- SCI
- Amputation
- Pain
- Orthopedic Conditions
- Cardio-pulmonary
- Multiple Trauma
- Debility
- Other

Other Description:

Symptoms	Rating
1. Feeling Dizzy	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
2. Loss of balance	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
3. Poor coordination, clumsy	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
4. Headaches	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
5. Nausea	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
6. Vision problems, blurring, trouble seeing	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
7. Sensitivity to light	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
8. Hearing difficulty	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
9. Sensitivity to noise	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4

Figure 61 - Neurobehavioral Symptom Inventory (NSI)

### 3.3.12. PROMIS - Pain Interference- Short Form 6a


The PROMIS Pain Interference instrument is used to measure the self-reported consequences of pain on relevant aspects of a person's life. This can include the degree to which pain hampers social, cognitive, emotional, physical, and recreational activities. This instrument includes the diagnosis and rehabilitation therapy provided to the individual.

Figure 62 - PROMIS - Pain Interference - Short Form 6a (Part 1)

Figure 63 - PROMIS - Pain Interference - Short Form 6a (Part 2)

### **3.3.13. PROMIS – Upper Extremity - Short Form 7a**

The PROMIS Upper Extremity instrument focuses on activities that require use of the upper extremity including shoulder, arm, and hand activities. This instrument includes the diagnosis and rehabilitation therapy provided to the individual.



UNITED STATES DEPARTMENT OF VETERANS AFFAIRS  
**Traumatic Brain Injury Registry**

Analytic Reporting | Instrument Reports | Help

---

TBI INSTRUMENTS > INSTRUMENT ASSOCIATIONS > PROMIS - UPPER EXTREMITY - SHORT FORM 7A

Patient: \_\_\_\_\_ SSN: \_\_\_\_\_-1313

---

**PROMIS - Upper Extremity - Short Form 7a**

---

Raw Score: 21

---

Previous Initial Pain Interference Instrument Dates:

New Instance of Care - Do not add to prior notes  
 9/5/2017: 1 Interim Notes, 0 Discharge Note, 0 Follow Up Notes.

---

Note Type:

Initial  Interim  Discharge  Follow Up Note

---

Diagnosis \*

Stroke  
 Brain Dysfunction (TBI/ABI)  
 Hearing Loss  
 Visual Impairment  
 SCI  
 Amputation  
 Pain  
 Orthopedic Conditions  
 Cardio-pulmonary  
 Multiple Trauma  
 Debility  
 Other

Other Description: \_\_\_\_\_

---

Rehabilitation Provider \*

Kinesiotherapy  
 Occupational Therapy  
 Physical Therapy  
 Recreational Therapy  
 Blind Rehabilitation Specialist  
 Speech Language Pathologist  
 Other Rehabilitation Provider

---

Type of Service \*

General Rehabilitation  
 Polytrauma  
 Amputation  
 Wheelchair Clinic  
 Blind Rehabilitation  
 Other

**Figure 64 - PROMIS - Upper Extremity - Short Form 7a (Part 1)**

Other Description:

PROMIS Item Bank v2.0 - Upper Extremity - Short Form 7a © 2010-2016 PROMIS Health Organization and PROMIS Cooperative Group

Please respond to each question or statement by marking one box per row.

**PFA14r1** Are you able to carry a heavy object (over 10 pounds / 5 kg)?

Without any difficulty       With a little difficulty       With some difficulty       With much difficulty       Unable to do

**PFA34** Are you able to wash your back?

Without any difficulty       With a little difficulty       With some difficulty       With much difficulty       Unable to do

**PFA36** Are you able to put on and take off a coat or jacket?

Without any difficulty       With a little difficulty       With some difficulty       With much difficulty       Unable to do

**PFB13** Are you able to carry a shopping bag or briefcase?

Without any difficulty       With a little difficulty       With some difficulty       With much difficulty       Unable to do

**PFB28r1** Are you able to lift 10 pounds (5 kg) above your shoulder?

Without any difficulty       With a little difficulty       With some difficulty       With much difficulty       Unable to do

**PFB34** Are you able to change a light bulb overhead?

Without any difficulty       With a little difficulty       With some difficulty       With much difficulty       Unable to do

**PFM16** Are you able to pass a 20-pound (10 kg) turkey or ham to other people at the table?

Without any difficulty       With a little difficulty       With some difficulty       With much difficulty       Unable to do


Raw Score: 0

If you are unable to finish at this time, or if you just want to save while entering, click Save Draft.  
If you are finished with entry, and ready to save and format the note (you will get another chance to review prior to submit), click Save and Prepare Note.  
If you want to return to CPRS press the Cancel Button. Do not use Internet Browser Back arrow.  
Copyright © 2016 PROMIS

Figure 65 - PROMIS - Upper Extremity - Short Form 7a (Part 2)

### 3.3.14. PROMIS – Physical Function with Mobility Aid

The PROMIS Upper Extremity instrument is used to measure the self-reported physical function of individuals with lower extremity issues that require the use mobility aids such as wheelchairs.. This instrument includes the diagnosis and rehabilitation therapy provided to the individual.



**UNITED STATES DEPARTMENT OF VETERANS AFFAIRS**  
**Traumatic Brain Injury Registry**

Analytics Reporting | Instrument Reports | Help

---

**TBI INSTRUMENTS > INSTRUMENT ASSOCIATIONS > PROMIS - PHYSICAL FUNCTION WITH MOBILITY AID**

---

Patient

Patient: [REDACTED] SSN: [REDACTED]-1313

---

**PROMIS - Physical Function with Mobility Aid**

---

Raw Score: 0

---

Previous Initial Pain Interference Instrument Dates:

New Instance of Care - Do not add to prior notes

9/5/2017: 1 Interim Notes, 1 Discharge Note, 0 Follow Up Notes.

---

Note Type:

Initial  Interim  Discharge  FollowUp

---

Diagnosis \*

- Stroke
- Brain Dysfunction (TBI/ABI)
- Hearing Loss
- Visual Impairment
- SCI
- Amputation
- Pain
- Orthopedic Conditions
- Cardio-pulmonary
- Multiple Trauma
- Debility
- Other

Other Description: [REDACTED]

---

Rehabilitation Provider \*

- Kinesiotherapy
- Occupational Therapy
- Physical Therapy
- Recreational Therapy
- Blind Rehabilitation Specialist
- Speech Language Pathologist
- Other Rehabilitation Provider

**Figure 66 - PROMIS – Physical Function with Mobility Aid**



Type of Service \*

General Rehabilitation

Polytrauma

Amputation

Wheelchair Clinic

Blind Rehabilitation

Other

Other Description:

---

PROMIS SF V1.0 – Physical Function w Mobility Aid © 2008-2012 PROMIS Health Organization and PROMIS Cooperative Group

Please respond to each item by marking one box per row.  
The following questions ask about your ability to stand and move with and without support. "Support" means using items such as canes, walking sticks, walkers and leg braces, or other people.

Can you walk 25 feet on a level surface (with or without support)?

Yes  No

PF06 – Are you able to walk a block on flat ground?

Without any difficulty       With a little difficulty       With some difficulty       With much difficulty       Unable to do

PF09 – Are you able to walk up and down two steps?

Without any difficulty       With a little difficulty       With some difficulty       With much difficulty       Unable to do

PF17 – Are you able to walk more than a mile?

Without any difficulty       With a little difficulty       With some difficulty       With much difficulty       Unable to do

PFAS3 – Are you able to wash and dry your body?

Without any difficulty       With a little difficulty       With some difficulty       With much difficulty       Unable to do

PF45 – Are you able to get on and off the toilet?

Without any difficulty       With a little difficulty       With some difficulty       With much difficulty       Unable to do

PF53 – Are you able to get in and out of bed?

Without any difficulty       With a little difficulty       With some difficulty       With much difficulty       Unable to do

**Figure 67 - PROMIS – Physical Function with Mobility Aid (Part 2)**

PF63 – Are you able to get in and out of bed?

Without any difficulty       With a little difficulty       With some difficulty       With much difficulty       Unable to do

PF69 – Are you able to bend down and pick up clothing from the floor?

Without any difficulty       With a little difficulty       With some difficulty       With much difficulty       Unable to do

PF69 – Are you able to bend down and pick up clothing from the floor?

Without any difficulty       With a little difficulty       With some difficulty       With much difficulty       Unable to do

PF69 – Are you able to bend down and pick up clothing from the floor?

Without any difficulty       With a little difficulty       With some difficulty       With much difficulty       Unable to do

PF69 – Are you able to bend down and pick up clothing from the floor?

Without any difficulty       With a little difficulty       With some difficulty       With much difficulty       Unable to do

PF69 – Are you able to bend down and pick up clothing from the floor?

Without any difficulty       With a little difficulty       With some difficulty       With much difficulty       Unable to do

PF69 – Are you able to bend down and pick up clothing from the floor?

Without any difficulty       With a little difficulty       With some difficulty       With much difficulty       Unable to do

PF69 – Are you able to bend down and pick up clothing from the floor?

Without any difficulty       With a little difficulty       With some difficulty       With much difficulty       Unable to do

PF69 – Are you able to bend down and pick up clothing from the floor?

Without any difficulty       With a little difficulty       With some difficulty       With much difficulty       Unable to do

Raw Score: 0

If you are unable to finish at this time, or if you just want to save while entering, click Save Draft.

If you are finished with entry, and ready to save and format the note (you will get another chance to review prior to submit), click Save and Prepare Note.

If you want to return to CPAS press the Cancel Button. Do not use Internet browser back arrow.

**Figure 68 - PROMIS – Physical Function with Mobility Aid (Part 3)**

### 3.3.15. Patient Global Impression of Change (PGIC)

The Patient Global Impression of Change (PGIC) in pain intensity is measured on an pain intensity numerical rating scale (PI-NRS), where 0=no pain and 10=worst possible pain, and this chronic pain scale is related to global assessments of change.

UNITED STATES DEPARTMENT OF VETERANS AFFAIRS  
**Traumatic Brain Injury Registry**

Analytic Reporting    Instrument Reports    Help

TBI INSTRUMENTS > INSTRUMENT ASSOCIATIONS > PATIENT GLOBAL IMPRESSION OF CHANGE

Patient

Patient: AAATBINEW,THREE    SSN: 666-00-9903

**Patient Global Impression of Change**

Date

**Diagnosis \***

- Stroke
- Brain Dysfunction (TBI/ABI)
- Hearing Loss
- Visual Impairment
- SCI
- Amputation
- Pain
- Orthopedic Conditions
- Cardio-pulmonary
- Multiple Trauma
- Debility
- Other

Other Description:

**Rehabilitation Provider \***

- Kinesiotherapy
- Occupational Therapy
- Physical Therapy
- Recreational Therapy
- Blind Rehabilitation Specialist
- Speech Language Pathologist
- Other Rehabilitation Provider

Figure 69 – Patient Global Impression of Change (PGIC) (Part 1)

**Type of Service \***

- General Rehabilitation
- Polytrauma
- Amputation
- Wheelchair Clinic
- Blind Rehabilitation
- Other

Other Description:

**Chief Complaint**

Since beginning treatment at this clinic, how would you describe the change (if any) in **ACTIVITY LIMITATIONS, SYMPTOMS, EMOTIONS, and OVERALL QUALITY OF LIFE**, rated to your painful condition?

- No change (or condition has got worse)
- Almost the same, hardly any change at all
- A little better, but no noticeable change
- Somewhat better, but the change has not made a real difference
- Moderately better, and a slight but noticeable change
- Better and a definite improvement that has made a real and worthwhile difference
- A great deal better, and a considerable improvement that has made all the difference

In a similar way, please circle the number below, that matches your degree of change since beginning care at this clinic (0-10 scale with 0 = much better and 10 = much worse)

Much Better No change Much Worse

0    1    2    3    4    5    6    7    8    9    10

Current User: HEATH, MICHAEL L

Figure 70 - Patient Global Impression of Change (Part 2)

### 3.3.16. Satisfaction with Life Scale (SWLS)

The Satisfaction with Life Scale (SLWS) measures the global life satisfaction and the various components of subjective well-being. The SWLS is narrowly focused to assess global life satisfaction and does not tap related constructs such as positive affect or loneliness.

UNITED STATES DEPARTMENT OF VETERANS AFFAIRS  
Traumatic Brain Injury Registry

Reporting Help

TBI INSTRUMENTS > INSTRUMENT ASSOCIATIONS > SATISFACTION WITH LIFE SCALE

Patient

Patient: TBIPATIENT\_SHAWN SSN: 666-11-0002

Satisfaction with Life Scale

Date of assessment:

Type of submission:

- Admission
- Discharge
- Follow-Up

Diagnosis \*

- Stroke
- Brain Dysfunction (TBI/ABI)
- Hearing Loss
- Visual Impairment
- SCI
- Amputation
- Pain
- Orthopedic Conditions
- Cardio-pulmonary
- Multiple Trauma
- Debility
- Other

Other Description:

Below are five statements with which you may agree or disagree. Using the 1-7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding. The 7-point scale is as follows:

- 1 = strongly disagree
- 2 = disagree
- 3 = slightly disagree

Figure 71 – Satisfaction with Life Scale (SWLS)

### 3.3.17. Berg Balance Scale

The Berg Balance Scale is a 14-item objective measure designed to assess static balance and fall risk in adult populations.

UNITED STATES DEPARTMENT OF VETERANS AFFAIRS  
Traumatic Brain Injury Registry

Reporting Help

TBI INSTRUMENTS > INSTRUMENT ASSOCIATIONS > BERG BALANCE SCALE

Patient  
Patient: AAATBINEW,ONE SSN: 666-00-9901

Berg Balance Scale - [Click for Instructions](#)

Date of assessment \*

Diagnosis \*  
 Stroke  
 Brain Dysfunction (TBI/ABI)  
 Hearing Loss  
 Visual Impairment  
 SCI  
 Amputation  
 Pain  
 Orthopedic Conditions  
 Cardio-pulmonary  
 Multiple Trauma  
 Debility  
 Other

Other Description:

1. **SITTING TO STANDING** \*  
*INSTRUCTIONS: Please stand up. Try not to use your hands for support.*  
 able to stand without using hands and stabilize independently  
 able to stand independently using hands  
 able to stand using hands after several tries  
 needs minimal aid to stand or to stabilize  
 needs moderate or maximal assist to stand

Figure 72 – Berg Balance Scale

### 3.3.18. Disability Rating Scale (DRS)

The Disability Rating Scale (DRS) is commonly used by TBI rehabilitation facilities to assess a client's general level of functioning in terms of impairment, disability, and handicap. It is an assessment of current level of functioning among clients with traumatic brain injury (TBI) and often guides the establishment of realistic outcome goals for post-acute rehabilitation.

UNITED STATES DEPARTMENT OF VETERANS AFFAIRS  
**Traumatic Brain Injury Registry**

Reporting Help

TBI INSTRUMENTS > INSTRUMENT ASSOCIATIONS > DISABILITY RATING SCALE

Patient  
 Patient: AAATBINEW,ONE SSN: 666-00-9901

Disability Rating Scale - [Click for Instructions](#)

Date of Rating \*

Type of Encounter \*  Admission  Interim  Discharge

Diagnosis \*  
 Stroke  
 Brain Dysfunction (TBI/ABI)  
 Hearing Loss  
 Visual Impairment  
 SCI  
 Amputation  
 Pain  
 Orthopedic Conditions  
 Cardio-pulmonary  
 Multiple Trauma  
 Debility  
 Other

Other Description:

A. EYE OPENING \*  
 (0) Spontaneous  
 (1) To Speech  
 (2) To Pain  
 (3) None

0-SPONTANEOUS: eyes open with sleep/wake rhythms indicating active arousal mechanisms, does not assume awareness.


1-TO SPEECH AND/OR SENSORY STIMULATION: a response to any verbal approach, whether spoken or shouted, not necessarily the command to open the eyes. Also, response to touch, mild pressure.

2-TO PAIN: tested by a painful stimulus.

Figure 73 – Disability Rating Scale (DRS)

### 3.3.19. Participation Assessment with Recombined Tools – Objectives (PART-O)

The Participation Assessment with Recombined Tools-Objective (PART-O, Whiteneck, Dijkers, Heinemann, et al., 2011) is an objective measure of participation, representing functioning at the societal level. The PART-O was developed to examine long-term outcomes and can also be used to evaluate the effectiveness of interventions to improve social/societal functioning. The z-scores can be used to provide the basis for an assessment of progress in post-acute rehabilitation, allowing for an assessment of intra-individual differences in change across domains as well as inter-individual comparisons with the normative groups.

 UNITED STATES DEPARTMENT OF VETERANS AFFAIRS  
**Traumatic Brain Injury Registry**

Reporting Help

TBI INSTRUMENTS > INSTRUMENT ASSOCIATIONS > PARTICIPATION ASSESSMENT WITH RECOMBINED TOOLS

Patient  
Patient: AAATBINEW,ONE SSN: 666-00-9901

Participation Assessment with Recombined Tools - [Click for Instructions](#)

**Diagnosis \***

- Stroke
- Brain Dysfunction (TBI/ABI)
- Hearing Loss
- Visual Impairment
- SCI
- Amputation
- Pain
- Orthopedic Conditions
- Cardio-pulmonary
- Multiple Trauma
- Debility
- Other

Other Description:

**Date of assessment \***

1. In a typical week, how many hours do you spend working for money, whether in a job or self-employed? \*

- None
- 1-4 hours
- 5-9 hours
- 10-19 hours
- 20-34 hours
- 35 or more hours

Figure 74– Participation Assessment with Recombined Tools (PART-O) – 1 of 3

6. In a typical week, how many times do you give emotional support to other people, that is, listen to their problems or help them with their troubles? \*
- None
  - 1-4 times
  - 5-9 times
  - 10-19 times
  - 20-34 times
  - 35 or more times
  - Don't know/not sure/refused
7. In a typical week, how many times do you use the Internet for communication, such as for e-mail, visiting chat rooms, or instant messaging? \*
- None
  - 1-4 times
  - 5-9 times
  - 10-19 times
  - 20-34 times
  - 35 or more times
  - Don't know/not sure/refused
8. In a typical week, how many days do you get out of your house and go somewhere? It could be anywhere - it doesn't have to be anyplace "special"? \*
- None
  - 1-2 days
  - 3-4 days
  - 5-6 days
  - 7 days
  - Don't know/not sure/refused
9. In a typical month, how many times do you eat in a restaurant? \*
- None
  - 1-4 times
  - 5-9 times
  - 10-19 times
  - 20-34 times
  - 35 or more times
  - Don't know/not sure/refused
10. In a typical month, how many times do you go shopping? Include grocery shopping, as well as shopping for household necessities, or just for fun. \*
- None
  - 1-4 times
  - 5-9 times
  - 10-19 times
  - 20-34 times
  - 35 or more times
  - Don't know/not sure/refused
11. In a typical month, how many times do you engage in sports or exercise outside your home? Include activities like running, bowling, going to the gym, swimming, walking for exercise and the like. \*
- None
  - 1-4 times
  - 5-9 times
  - 10-19 times
  - 20-34 times
  - 35 or more times
  - Don't know/not sure/refused
12. In a typical month, how many times do you go to the movies? \*
- None
  - 1 time
  - 2 times
  - 3 times
  - 4 times
  - 5 or more times
  - Don't know/not sure/refused

Figure 75 – Participation Assessment with Recombined Tools (PART-O) – 2 of 3



13. In a typical month, how many times do you attend sports events in person, as a spectator? \*

None  
 1 time  
 2 times  
 3 times  
 4 times  
 5 or more times  
 Don't know/not sure/refused

14. In a typical month, how many times do you attend religious or spiritual services? Include places like churches, temples and mosques. \*

None  
 1 time  
 2 times  
 3 times  
 4 times  
 5 or more times  
 Don't know/not sure/refused

15. Do you live with your spouse or significant other? \*

No  
 Yes  
 Don't know/not sure/refused

16. Are you currently involved in an ongoing intimate, that is, romantic or sexual, relationship? \*

No  
 Yes  
 Don't know/not sure/refused

17. [Not including your spouse or significant other], do you have a close friend in whom you confide? \*

No  
 Yes  
 Don't know/not sure/refused

Calculate

**Domain Scores**  
Domain Score - Productivity: 5.33  
Domain Score - Social Relations: 4.71  
Domain Score - Out and About: 3.29  
Total Domain Score: 13.33  
PART-O Averaged Total: 4.44  
PART-O Balanced Total: 3.39

Save Draft Save and Prepare Note Cancel

Current user: BRILLIANT

Figure 76 – Participation Assessment with Recombined Tools (PART-O) – 3 of 3

### 3.3.20. JFK Coma Recovery Scale

The JFK Coma Recovery Scale was initially described by Giacino and colleagues in 1991. The scale was restructured by Giacino and Kalmar and republished in 2004 as the JFK Coma Recovery Scale-Revised (Giacino, Kalmar and Whyte, 2004). The purpose of the scale is to assist with differential diagnosis, prognostic assessment and treatment planning in patients with disorders of consciousness. The scale consists of 23 items that comprise six subscales addressing auditory, visual, motor, oromotor, communication and arousal functions. CRS-R subscales are comprised of hierarchically-arranged items associated with brain stem, subcortical and cortical processes. A recently-published review of behavioral assessment methods completed by European researchers recommended use of the CRS-R as a "new promising tool" for evaluation of consciousness after severe brain injury (Majerus, et al., 2005).

Patient: **AAATBINEW,ONE** SSN: 666-00-9901

**JFK Coma Recovery Scale - Revised**  
 - This form should only be used in association with the "CRS-R ADMINISTRATION AND SCORING GUIDELINES" which provide instructions for standardized administration of the scale.

[Click for most recent surveys](#)

**Diagnosis \***

- Stroke
- Brain Dysfunction (TBI/ABI)
- Hearing Loss
- Visual Impairment
- SCI
- Amputation
- Pain
- Orthopedic Conditions
- Cardio-pulmonary
- Multiple Trauma
- Debility
- Other

Other Description:

**Etiology \***

**Date of Onset \***

**Date of Admission \***

**Date \***

**Week \***

**AUDITORY FUNCTION SCALE \***

- Consistent Movement to Command \*
- Reproducible Movement to Command \*
- Localization to Sound
- Auditory Startle
- None

**VISUAL FUNCTION SCALE \***

- Object Recognition \*
- Object Localization: Reaching \*
- Visual Pursuit \*
- Fixation \*
- Visual Startle
- None

**MOTOR FUNCTION SCALE \***

- Functional Object Use \*\*
- Automatic Motor Response \*
- Object Manipulation \*
- Localization to Noxious Stimulation \*
- Flexion Withdraw
- Abnormal Posturing
- None/Flaccid

**OROMOTOR/VERBAL FUNCTION SCALE \***

- Intelligible Verbalization \*
- Vocalization/Oral Movement
- Oral Reflexive Movement
- None

**COMMUNICATION SCALE \***

- Functional: Accurate \*\*
- Non-Functional: Intentional \*
- None

**AROUSAL SCALE \***

- Attention
- Eye Opening w/o Stimulation
- Eye Opening with Stimulation
- Unarousable

Denotes emergence from MCS\*\*  
 Denotes MCS\*

TOTAL SCORE: **0**





*Coma Recovery Scale- Revised (CRS-R)  
 Giacino JT, Kalmar K, Whyte J. The JFK Coma Recovery Scale- Revised: Measurement characteristics and diagnostic utility. Arch Phys Med Rehabil 2004;85:2020-2029.*

Copyright © 2004 Used with permission.  
 Current User: GREENACRE,JOHN

**Figure 77 - JFK Coma Recovery Scale - Revised (CRS-R)**

### **3.3.21. Oswestry Disability**

The Oswestry Disability Index (also known as the Oswestry Low Back Pain Disability Questionnaire) is an extremely important tool that researchers and disability evaluators use to measure a patient's permanent functional disability. The test is considered the 'gold standard' of low back functional outcome tools.


**UNITED STATES DEPARTMENT OF VETERANS AFFAIRS**  
**Traumatic Brain Injury Registry**  
 Reporting [Help](#)

**TBI Instruments > Instrument Associations > OSWESTRY LOW BACK PAIN DISABILITY QUESTIONNAIRE**

Patient  
**Patient:** AAATBINEW,ONE **SSN:** 666-00-9901

**Oswestry Low Back Pain Disability Questionnaire** - [Click for Instructions](#)

**Diagnosis \***

- Stroke
- Brain Dysfunction (TBI/ABI)
- Hearing Loss
- Visual Impairment
- SCI
- Amputation
- Pain
- Orthopedic Conditions
- Cardio-pulmonary
- Multiple Trauma
- Debility
- Other

Other Description:

**Date of assessment \***

**Section 1 - Pain intensity**

- I have no pain at the moment
- The pain is very mild at the moment
- The pain is moderate at the moment
- The pain is fairly severe at the moment
- The pain is very severe at the moment
- The pain is the worst imaginable at the moment

**Section 2 - Personal care (washing, dressing etc)**

- I can look after myself normally without causing extra pain
- I can look after myself normally but it causes extra pain
- It is painful to look after myself and I am slow and careful
- I need some help but manage most of my personal care
- I need help every day in most aspects of self-care
- I do not get dressed, I wash with difficulty and stay in bed

**Section 3 - Lifting**

- I can lift heavy weights without extra pain
- I can lift heavy weights but it gives extra pain
- Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently placed eg. on a table
- Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned
- I can lift very light weights
- I cannot lift or carry anything at all

**Section 4 - Walking**

- Pain does not prevent me walking any distance
- Pain prevents me from walking more than 2 kilometers
- Pain prevents me from walking more than 1 kilometer
- Pain prevents me from walking more than 500 meters
- I can only walk using a stick or crutches
- I am in bed most of the time

**Section 5 - Sitting**

- I can sit in any chair as long as I like
- I can only sit in my favorite chair as long as I like
- Pain prevents me sitting more than one hour
- Pain prevents me from sitting more than 30 minutes
- Pain prevents me from sitting more than 10 minutes
- Pain prevents me from sitting at all

**Section 6 - Standing**

- I can stand as long as I want without extra pain
- I can stand as long as I want but it gives me extra pain
- Pain prevents me from standing for more than 1 hour
- Pain prevents me from standing for more than 30 minutes
- Pain prevents me from standing for more than 10 minutes
- Pain prevents me from standing at all

**Section 7 - Sleeping**

- My sleep is never disturbed by pain
- My sleep is occasionally disturbed by pain
- Because of pain I have less than 6 hours sleep
- Because of pain I have less than 4 hours sleep
- Because of pain I have less than 2 hours sleep
- Pain prevents me from sleeping at all

**Section 8 - Sex life (if applicable)**

- My sex life is normal and causes no extra pain
- My sex life is normal but causes some extra pain
- My sex life is nearly normal but is very painful
- My sex life is severely restricted by pain
- My sex life is nearly absent because of pain
- Pain prevents any sex life at all

**Section 9 - Social life**

- My social life is normal and gives me no extra pain
- My social life is normal but increases the degree of pain
- Pain has no significant effect on my social life apart from limiting my more energetic interests eg. sport
- Pain has restricted my social life and I do not go out as often
- Pain has restricted my social life to my home
- I have no social life because of pain

**Section 10 - Travelling**

- I can travel anywhere without pain
- I can travel anywhere but it gives me extra pain
- Pain is bad but I manage journeys over two hours
- Pain restricts me to journeys of less than one hour
- Pain restricts me to short necessary journeys under 30 minutes
- Pain prevents me from travelling except to receive treatment

Total Score: 0  
 Total Possible Score: 0  
 Total Calculated Score: 0

Current User: GREENACRE,JOHN

Figure 78 - Oswestry Low Back Pain Disability Questionnaire – 1 of 2

Section 5 - Sitting

- I can sit in any chair as long as I like
- I can only sit in my favorite chair as long as I like
- Pain prevents me sitting more than one hour
- Pain prevents me from sitting more than 30 minutes
- Pain prevents me from sitting more than 10 minutes
- Pain prevents me from sitting at all

Section 6 - Standing

- I can stand as long as I want without extra pain
- I can stand as long as I want but it gives me extra pain
- Pain prevents me from standing for more than 1 hour
- Pain prevents me from standing for more than 3 minutes
- Pain prevents me from standing for more than 10 minutes
- Pain prevents me from standing at all

Section 7 - Sleeping

- My sleep is never disturbed by pain
- My sleep is occasionally disturbed by pain
- Because of pain I have less than 6 hours sleep
- Because of pain I have less than 4 hours sleep
- Because of pain I have less than 2 hours sleep
- Pain prevents me from sleeping at all

Section 8 - Sex life (if applicable)

- My sex life is normal and causes no extra pain
- My sex life is normal but causes some extra pain
- My sex life is nearly normal but is very painful
- My sex life is severely restricted by pain
- My sex life is nearly absent because of pain
- Pain prevents any sex life at all

Section 9 - Social life

- My social life is normal and gives me no extra pain
- My social life is normal but increases the degree of pain
- Pain has no significant effect on my social life apart from limiting my more energetic interests eg, sport
- Pain has restricted my social life and I do not go out as often
- Pain has restricted my social life to my home
- I have no social life because of pain

Section 10 - Travelling

- I can travel anywhere without pain
- I can travel anywhere but it gives me extra pain
- Pain is bad but I manage journeys over two hours
- Pain restricts me to journeys of less than one hour
- Pain restricts me to short necessary journeys under 30 minutes
- Pain prevents me from travelling except to receive treatment

Calculate

Total Score: 29  
Total Possible Score: 40  
Total Calculated Score: 72.00%

Save Draft   Save and Prepare Note   Cancel

Current User: SHELLY,BRETT

Figure 79 – Oswestry Low Back Pain Disability Questionnaire – 2 of 2

### 3.3.22. Timed Up and Go

Timed Up and Go Dual Task; Timed Up and Go (Cognitive); Timed Up and Go (Motor); Timed Up and Go (Manual). A dual-task dynamic measure for identifying individuals who are at risk for falls.

### 3.3.23. Generalized Anxiety Disorder Scale (GAD-7)

The 7-item Generalized Anxiety Disorder Scale (GAD-7) is a practical self-report anxiety questionnaire that has been proved valid as a measure of anxiety in the general population. Though designed primarily as a screening and severity measure for generalized anxiety disorder, the GAD-7 also has moderately

good operating characteristics for three other common anxiety disorders – panic disorder, social anxiety disorder, and post-traumatic stress disorder.

The screenshot shows the 'Generalized Anxiety Disorder Scale' form on the TBI Instruments website. At the top, there is a header for the 'UNITED STATES DEPARTMENT OF VETERANS AFFAIRS Traumatic Brain Injury Registry'. Below this, the patient information is displayed: 'Patient: AAATBINEW,ONE SSN: 666-00-9901'. The form title is 'Generalized Anxiety Disorder Scale'. Under the heading 'Diagnosis \*', there is a list of radio button options: Stroke, Brain Dysfunction (TBI/ABI), Hearing Loss, Visual Impairment, SCI, Amputation, Pain, Orthopedic Conditions, Cardio-pulmonary, Multiple Trauma, Debility, and Other. Below the list is a text field for 'Other Description:'. There is also a 'Date of assessment \*' field with a calendar icon. The main question is 'Over the last 2 weeks how often you been bothered by the following problems?'. Below this, there is a section for 'Feeling nervous, anxious or on edge \*' with radio button options: Not at all, Several days, More than half the days, and Nearly every day.

Figure 80 - Generalized Anxiety Disorder Scale (GAD-7)

### 3.3.24. Post Traumatic Stress Disorder (PTSD) Checklist – Civilian Version (PCL-C)

The PCL-5 is a 20-item self-report measure that assesses the 20 DSM-5 symptoms of PTSD. The PCL-5 has a variety of purposes, including:

- Monitoring symptom change during and after treatment
- Screening individuals for PTSD
- Making a provisional PTSD diagnosis
- The gold standard for diagnosing PTSD is a structured clinical interview such as the Clinician-Administered PTSD Scale (CAPS-5). When necessary, the PCL-5 can be scored to provide a provisional PTSD diagnosis.
- The PCL-5 can be administered in one of three formats:
  - without Criterion A (brief instructions and items only), which is appropriate when trauma exposure is measured by some other method
  - with a brief Criterion A assessment

- with the revised Life Events Checklist for DSM-5 (LEC-5) and extended Criterion A assessment

UNITED STATES DEPARTMENT OF VETERANS AFFAIRS  
Traumatic Brain Injury Registry

Reporting Help

TBI INSTRUMENTS > INSTRUMENT ASSOCIATIONS > POST TRAUMATIC STRESS DISORDER (PTSD) CHECKLIST - CIVILIAN VERSION

Patient  
Patient: AAATBINEW,ONE SSN: 666-00-9901

Post Traumatic Stress Disorder (PTSD) Checklist - Civilian Version - [Click for Instructions](#)

**Diagnosis \***

- Stroke
- Brain Dysfunction (TBI/ABI)
- Hearing Loss
- Visual Impairment
- SCI
- Amputation
- Pain
- Orthopedic Conditions
- Cardio-pulmonary
- Multiple Trauma
- Debility
- Other

Other Description:

Date of assessment \*


Over the last 2 weeks how often you been bothered by the following problems?

1. Repeated, disturbing memories, thoughts, or images of a stressful experience from the past? \*

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

Figure 81 – Post Traumatic Stress Disorder (PTSD) Checklist – Civilian Version (PCL-C) – 1 of 3




 UNITED STATES DEPARTMENT OF VETERANS AFFAIRS  
**Traumatic Brain Injury Registry**  
[Help](#)

**TBI INSTRUMENTS > INSTRUMENT ASSOCIATIONS > POST TRAUMATIC STRESS DISORDER (PTSD) CHECKLIST - CIVILIAN VERSION**

Patient

Patient: AARSVOLD, FAITH K SSN: 101-01-2294

Post Traumatic Stress Disorder (PTSD) Checklist - Civilian Version - [Click for Instructions](#)

**Diagnosis \***  
 Stroke  
 Brain Dysfunction (TBI/ABI)  
 Hearing Loss  
 Visual Impairment  
 SCI  
 Amputation  
 Pain  
 Orthopedic Conditions  
 Cardio-pulmonary  
 Multiple Trauma  
 Debility  
 Other

Other Description:

Date of assessment \*

Over the last 2 weeks how often you been bothered by the following problems?

1. Repeated, disturbing memories, thoughts, or images of a stressful experience from the past? \*

Not at all  
 A little bit  
 Moderately  
 Quite a bit  
 Extremely

2. Repeated, disturbing dreams of a stressful experience from the past? \*

Not at all  
 A little bit  
 Moderately  
 Quite a bit  
 Extremely

3. Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)? \*

Not at all  
 A little bit  
 Moderately  
 Quite a bit  
 Extremely

Figure 82 – Post Traumatic Stress Disorder (PTSD) Checklist – Civilian Version (PCL-C) – 2 of 3



4. Feeling very upset when something reminded you of a stressful experience from the past? \*
- Not at all
  - A little bit
  - Moderately
  - Quite a bit
  - Extremely
5. Having physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of a stressful experience from the past? \*
- Not at all
  - A little bit
  - Moderately
  - Quite a bit
  - Extremely
6. Avoid thinking about or talking about a stressful experience from the past or avoid having feelings related to it? \*
- Not at all
  - A little bit
  - Moderately
  - Quite a bit
  - Extremely
7. Avoid activities or situations because they remind you of a stressful experience from the past? \*
- Not at all
  - A little bit
  - Moderately
  - Quite a bit
  - Extremely
8. Trouble remembering important parts of a stressful experience from the past? \*
- Not at all
  - A little bit
  - Moderately
  - Quite a bit
  - Extremely
9. Loss of interest in things that you used to enjoy? \*
- Not at all
  - A little bit
  - Moderately
  - Quite a bit
  - Extremely
10. Feeling distant or cut off from other people? \*
- Not at all
  - A little bit
  - Moderately
  - Quite a bit
  - Extremely
11. Feeling emotionally numb or being unable to have loving feelings for those close to you? \*
- Not at all
  - A little bit
  - Moderately
  - Quite a bit
  - Extremely

Figure 83 – Post Traumatic Stress Disorder (PTSD) Checklist – Civilian Version (PCL-C) – 3 of 3

12. Feeling as if your future will somehow be cut short? \*

Not at all  
 A little bit  
 Moderately  
 Quite a bit  
 Extremely

13. Trouble falling or staying asleep? \*

Not at all  
 A little bit  
 Moderately  
 Quite a bit  
 Extremely

14. Feeling irritable or having angry outbursts? \*

Not at all  
 A little bit  
 Moderately  
 Quite a bit  
 Extremely

15. Having difficulty concentrating? \*

Not at all  
 A little bit  
 Moderately  
 Quite a bit  
 Extremely

16. Being "super alert" or watchful on guard? \*

Not at all  
 A little bit  
 Moderately  
 Quite a bit  
 Extremely

17. Feeling jumpy or easily startled? \*

Not at all  
 A little bit  
 Moderately  
 Quite a bit  
 Extremely

Calculate

Total Severity Score: 47


Save Draft   Save and Prepare Note   Cancel

PCL-M for DSM-IV (11/1/94) Weathers, Litz, Huska & Keane National Center for PTSD - Behavioral Science Division.  
 Current User: SHELLEY.BRETT

Figure 84 – Post Traumatic Stress Disorder (PTSD) Checklist – Civilian Version (PCL-C) – 3 of 3

### 3.3.25. Patient Health Questionnaire – 9 (PHQ-9)

The Patient Health Questionnaire (PHQ) is a self-administered version of the PRIME-MD diagnostic instrument for common mental disorders. The PHQ-9 is the depression module, which scores each of the 9 DSM-IV criteria as “0” (not at all) to “3” (nearly every day). The PHQ-9 is a nine item depression scale based directly on the diagnostic criteria for major depressive disorder in the Diagnostic and Statistical Manual Fourth Edition (DSM-IV). The PHQ-9 is a powerful tool for assisting primary care clinicians in diagnosing depression as well as selecting and monitoring treatment.

 UNITED STATES DEPARTMENT OF VETERANS AFFAIRS  
**Traumatic Brain Injury Registry**

Reporting Help

TBI INSTRUMENTS > INSTRUMENT ASSOCIATIONS > PATIENT HEALTH QUESTIONNAIRE - 9


Patient  
Patient: AAATBINEW,ONE SSN: 666-00-9901

**Patient Health Questionnaire - 9**

**Diagnosis \***

- Stroke
- Brain Dysfunction (TBI/ABI)
- Hearing Loss
- Visual Impairment
- SCI
- Amputation
- Pain
- Orthopedic Conditions
- Cardio-pulmonary
- Multiple Trauma
- Debility
- Other

Other Description:

Date of assessment \*  

Over the last 2 weeks how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things \*

- Not at all
- Several days
- More than half the days
- Nearly every day

Figure 85 – Patient Health Questionnaire – 9 (PHQ-9) – 1 of 2

6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down \*

Not at all  
 Several days  
 More than half the days  
 Nearly every day

7. Trouble concentrating on things, such as reading the newspaper or watching television \*

Not at all  
 Several days  
 More than half the days  
 Nearly every day

8. Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual \*

Not at all  
 Several days  
 More than half the days  
 Nearly every day

9. Thoughts that you would be better off dead or of hurting yourself in some way \*

Not at all  
 Several days  
 More than half the days  
 Nearly every day

Calculate

Total Score: 18

---

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all  
 Somewhat difficult  
 Very difficult  
 Extremely difficult

Save Draft   Save and Prepare Note   Cancel

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grants from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

Current User: SHELLEY.BRETT


Figure 86 – Patient Health Questionnaire - 9 (PHQ-9) - 2 of 2

### 3.3.26. Supervision Rating Scale (SRS)

The Supervision Rating (SRS) measures the level of supervision that a patient/subject receives from caregivers. The SRS rates level of supervision on a 13-point ordinal scale that can optionally be grouped into five ranked categories (Independent, Overnight Supervision, Part-Time Supervision, Full-Time Indirect Supervision, and Full-Time Direct Supervision). The SRS was designed to be rated by a clinician based on interviews with the subject and an informant who has observed at first hand the level of supervision received by the subject. Scoring is a one-step procedure in which the clinician assigns the rating that is closest to the subject's level. Ratings are based on the level of supervision received, not on how much supervision a subject is judged or predicted to need.

### 3.3.27. Insomnia Severity Index (ISI)

Seven item questionnaire that is designed to assess the nature, severity, and impact of insomnia and monitor treatment response in adults. It measures severity of sleep onset, sleep maintenance and early morning waking problems, sleep dissatisfaction, interference of sleep difficulties with daytime functioning, noticeability of sleep problems by others, and distress caused by the sleep difficulties.


**UNITED STATES DEPARTMENT OF VETERANS AFFAIRS**  
**Traumatic Brain Injury Registry**

[Reporting](#)      [Help](#)

**TBI INSTRUMENTS > INSTRUMENT ASSOCIATIONS > INSOMNIA SEVERITY INDEX**

Patient


Patient: AAATBINEW,ONE    SSN: 666-00-9901

Insomnia Severity Index - [Click for Instructions](#)

**Diagnosis \***

- Stroke
- Brain Dysfunction (TBI/ABI)
- Hearing Loss
- Visual Impairment
- SCI
- Amputation
- Pain
- Orthopedic Conditions
- Cardio-pulmonary
- Multiple Trauma
- Debility
- Other

Other Description:

Date of assessment \*  

Over the last 2 weeks how often have you been bothered by any of the following problems?

1. Difficulty falling asleep \*

- None
- Mild
- Moderate
- Severe
- Very Severe

Figure 87 – Insomnia Severity Index (ISI) – 1 of 2

4. How SATISFIED/DISSATISFIED are you with your CURRENT sleep pattern? \*

Very Satisfied  
 Satisfied  
 Moderately Satisfied  
 Dissatisfied  
 Very Dissatisfied

5. How NOTICEABLE to others do you think your sleep problem is in terms of impairing the quality of your life? \*

Not at all Noticeable  
 A Little  
 Somewhat  
 Much  
 Very Much Noticeable

6. How WORRIED/DISTRESSED are you about your current sleep problem? \*

Not at all Worried  
 A Little  
 Somewhat  
 Much  
 Very Much Worried

7. To what extent do you consider your sleep problem to INTERFERE with your daily functioning (e.g. daytime fatigue, mood, ability to function at work/daily chores, concentration, memory, mood, etc.) CURRENTLY? \*

Not at all Interfering  
 A Little  
 Somewhat  
 Much  
 Very Much Interfering

Calculate

Total Score: 17

Used via courtesy of www.myhealth.va.gov with permission from Charles N. Morin, Ph.D., Universite Laval


Current User: SHELLEY.BAETT

Figure 88 – Insomnia Severity Index (ISI) - 2 of 2

### 3.3.28. Pain Outcomes Questionnaire VA Long Form – Intake

The development of effective pain treatment strategies requires the availability of precise and practical measures of treatment outcomes. The Pain Outcomes Questionnaire (POQ) is a multidimensional treatment outcomes measure consisting of 20 questions that assess specific aspects of pain syndromes. The POQ also provides six functional subcategories which may be of interest to clinicians: Pain, Mobility, Self-Care, Vitality (Energy), Negative Affect (Mood), and Fear of Re-injury. The POQ is an outcomes package consisting of intake, post-treatment, and follow-up questionnaires that was developed to assess several key domains of pain treatment outcomes. The POQ contains six core subscales that assess pain intensity, pain-interference in an activities of daily living (ADLs) and mobility, negative affect, activity diminishment, and pain-related fear.

**NOTE:** POQ is administered at intake, discharge, and follow up.

 UNITED STATES DEPARTMENT OF VETERANS AFFAIRS  
**Traumatic Brain Injury Registry**

Reporting [Help](#)

TBI INSTRUMENTS > INSTRUMENT ASSOCIATIONS > PAIN OUTCOMES QUESTIONNAIRE VA LONG FORM - INTAKE


Patient  
Patient: AAATBINEW,ONE SSN: 666-00-9901

**Pain Outcomes Questionnaire VA Long Form - Intake**

**Diagnosis \***

- Stroke
- Brain Dysfunction (TBI/ABI)
- Hearing Loss
- Visual Impairment
- SCI
- Amputation
- Pain
- Orthopedic Conditions
- Cardio-pulmonary
- Multiple Trauma
- Debility
- Other

Other Description:

1 Enter today's date \*  

2 What is your age? \*  
 years

3 Please indicate your sex \*  
 male  
 female

Figure 89 – Pain Outcomes Questionnaire VA Long Form – Intake – 1 of 3

17 Please indicate any other physical illnesses or conditions you may have other than pain (indicate all that apply) \*

diabetes                       thyroid disease  
 lung disease                       liver disease  
 kidney disease                       seizures  
 heart disease                       other  
 high blood pressure                       none  
 cancer

18 Does your pain interfere with your ability to walk? \*

0  1  2  3  4  5  6  7  8  9  10

19 Does your pain interfere with your ability to carry/handle everyday objects such as a bag of groceries or books? \*

0  1  2  3  4  5  6  7  8  9  10

20 Does your pain interfere with your ability to climb stairs? \*

0  1  2  3  4  5  6  7  8  9  10

21 Does your pain require you to use a cane, walker, wheelchair or other devices? \*

0  1  2  3  4  5  6  7  8  9  10

22 Does your pain interfere with your ability to bathe yourself? \*

0  1  2  3  4  5  6  7  8  9  10

23 Does your pain interfere with your ability to dress yourself? \*

0  1  2  3  4  5  6  7  8  9  10

24 Does your pain interfere with your ability to use the bathroom? \*

0  1  2  3  4  5  6  7  8  9  10

25 Does your pain interfere with your ability to manage your personal grooming (for example, combing your hair, brushing your teeth, etc.)? \*

0  1  2  3  4  5  6  7  8  9  10

26 Does your pain affect your self-esteem or self-worth? \*

0  1  2  3  4  5  6  7  8  9  10

27 How would you rate your physical activity? \*

0  1  2  3  4  5  6  7  8  9  10

Figure 90 – Pain Outcomes Questionnaire VA Long Form – Intake – 2 of 3

28 How would you rate your overall energy? \*

0  1  2  3  4  5  6  7  8  9  10

29 How would you rate your strength and endurance TODAY? \*

0  1  2  3  4  5  6  7  8  9  10

30 How would you rate your feelings of depression TODAY? \*

0  1  2  3  4  5  6  7  8  9  10

Figure 91 – Pain Outcomes Questionnaire VA Long Form – Intake – 3 of 3

### 3.3.29. Pain Outcomes Questionnaire VA Long Form – Discharge

Refer to POQ Intake description above.

### 3.3.30. Pain Outcomes Questionnaire VA Long Form – Follow-Up

Refer to POQ Intake description above.



### **3.3.31. World Health Organization - Disability Assessment Schedule (WHODAS 2.0) Interview**

The WHO Disability Assessment Schedule (WHODAS 2.0) is a unique practical instrument, based on the International Classification of Functioning, Disability and Health (ICF), that can be used to measure general health and disability levels, including mental and neurological disorders, both at the population level or in clinical practice, in a wide range of cultural settings.

- Generic assessment instrument for health and disability
- Used across all diseases, including mental, neurological and addictive disorders
- Short, simple and easy to administer (5 to 20 minutes)
- Applicable in both clinical and general population settings
- Produces standardized disability levels and profiles
- Applicable across cultures, in all adult populations
- Direct conceptual link to the International Classification of Functioning, Disability and Health (ICF)
- WHODAS 2.0 covers 6 domains:
  - Cognition – understanding & communicating
  - Mobility– moving & getting around
  - Self-care– hygiene, dressing, eating & staying alone
  - Getting along– interacting with other people
  - Life activities– domestic responsibilities, leisure, work & school
  - Participation– joining in community activities

NOTE: WHODAS 2.0 may be administered by interview, self, and proxy.

### **3.3.32. World Health Organization - Disability Assessment Schedule (WHODAS 2.0) Self**

Refer to WHODAS 2.0 Interview description above.

### **3.3.33. World Health Organization - Disability Assessment Schedule (WHODAS 2.0) PROXY**

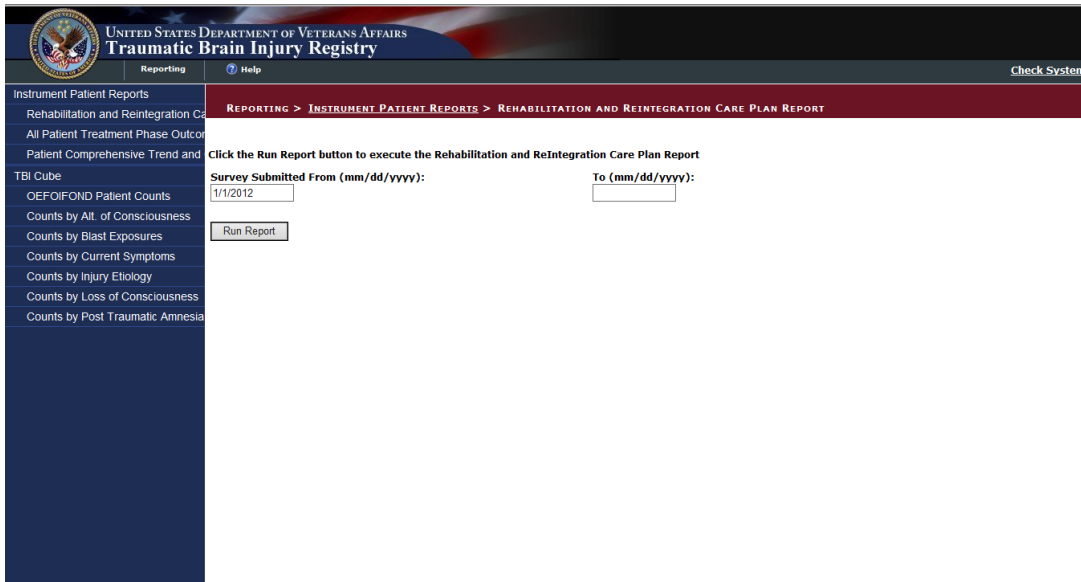
Refer to WHODAS 2.0 Interview description above.

## **3.4. Reporting**

### **3.4.1. Rehabilitation and Reintegration Care Plan Report**

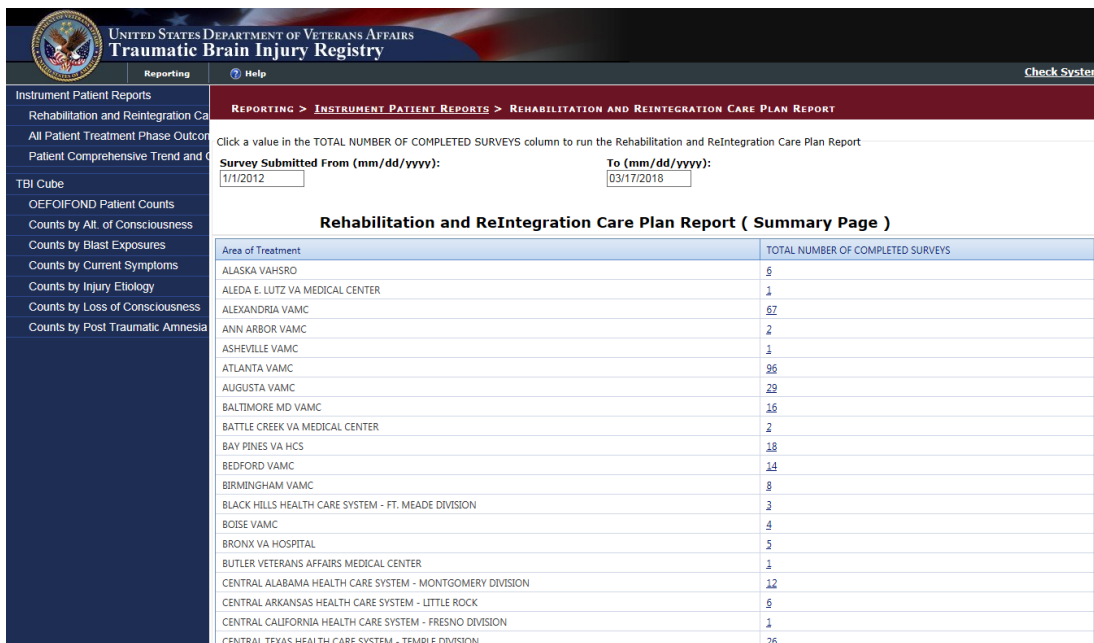
The Rehabilitation and Reintegration Care Plan Report allows users to generate a report containing the number of Rehabilitation and Reintegration Care Plan surveys that were created for their VHA/District/VISN/Facility based on a specific date range.

**NOTE:** Date for this report can be obtained for dates beginning from FY 2012 to the present date.



**Figure 92 - Rehabilitation and Reintegration Care Plan (Initial Screen)**

After specifying the date range, users click the **View Report** button. The report page refreshes to display a summary of the survey information based on their level of access.



**Figure 93 - Rehabilitation and Reintegration Care Plan Summary**

To drill down to the next layer of information, click the number listed in the **TOTAL NUMBER OF SURVEYS** column. The page refreshes to display the survey information for that District/Facility/VISN.

Survey ID	Survey Date	Patient First Name	Patient Last Name	Area of Treatment	Note ID	Question Text	Question Answer
90580	12/13/2012 12:00:00 AM	AZRRB	XZAWVBZ	ALASKA VAHSRO	11162	Current problems	3 months
90580	12/13/2012 12:00:00 AM	AZRRB	XZAWVBZ	ALASKA VAHSRO	11162	Current problems	3/13/2004 Iraq, on humvee receiving bullet rounds and when gunner returned fire his head was next to the barrel and he was exposed to the blasts that felt like white heat going through his head for over one hundred rounds in about 15 seconds, no loc. does not remember about a minute of the engagement, no headache at the time, a year after return sometime in 2006 he started having problems with sleep, memory, he was then sent to Alaska for his last four years and notes he was smoking pot until he had positive testing and was required to treat for substance abuse, during the time he was smoking the symptoms subsided and returned when he was force to stop.
90580	12/13/2012 12:00:00 AM	AZRRB	XZAWVBZ	ALASKA VAHSRO	11162	Current problems	3/28/13
90580	12/13/2012 12:00:00 AM	AZRRB	XZAWVBZ	ALASKA VAHSRO	11162	Current problems	Dr. Hager - ext 4296
90580	12/13/2012 12:00:00 AM	AZRRB	XZAWVBZ	ALASKA VAHSRO	11162	Current problems	improve memory to increase initiation without prompting
90580	12/13/2012 12:00:00 AM	AZRRB	XZAWVBZ	ALASKA VAHSRO	11162	Current problems	L Tisu, LCSW - ext 4852
90580	12/13/2012 12:00:00 AM	AZRRB	XZAWVBZ	ALASKA VAHSRO	11162	Current problems	Next TBI f/u on 1/22/13 No future appt for OT SW - to follow-up on OT and MH PTSD - intake scheduled for 1/7/13 Voc Rehab, Neuropsych, Sleep Study, Audiology - pending
90580	12/13/2012 12:00:00 AM	AZRRB	XZAWVBZ	ALASKA VAHSRO	11162	Current problems	no pain reported
90580	12/13/2012 12:00:00 AM	AZRRB	XZAWVBZ	ALASKA VAHSRO	11162	Current	OT - 11/27- eval not completed : 12/3/12 no-showed to 2nd appt; recommended tinnitus management Slip -

Figure 94 - Rehabilitation and Reintegration Care Plan List of Patients

### 3.4.2. All Patient Treatment Phase Outcome Report

The All Patient Treatment Phase Outcome Report allows users to generate a report containing M2PI (t score) and all PROMIS forms (total scores).

Users can specify the following report filter criteria:

- Note Submission Date Range—Specify the date range for which you want to generate the report.

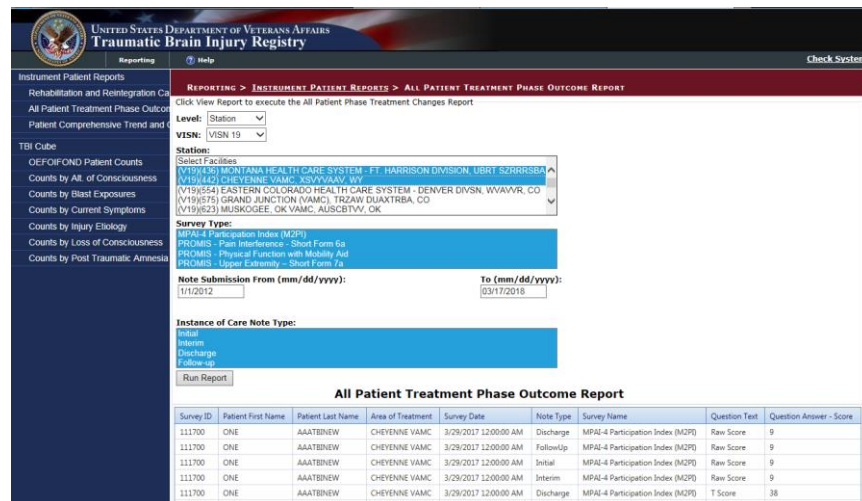
**NOTE:** Date for this report can be obtained for dates beginning from FY 2012 to the present date.

- Survey Type— Select the surveys for which you want to generate the report. The available options include: **Select All, MPAI-4 Participaton Index (M2PI), PROMIS – Pain Interference Short – Form 6a, PROMIS – Physical Function with Mobility Aid, and PROMIS – Upper Extremity – Short Form 7a**
- Note Type— Select the Note types for which you want to generate the report. The available options include: **Select All, Initial, Interim, Discharge, and FollowUp.**
- Patient Facility—Select the facilities for which you want to generate the report.



**Figure 95 - Patient Treatment Phase Outcome Report (Initial Screen)**

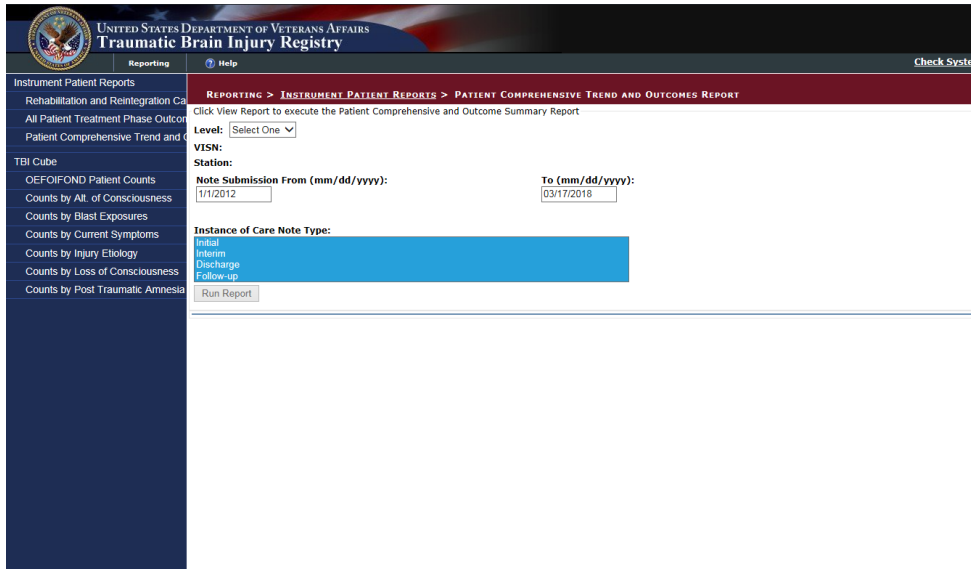
After specifying the report filter criteria, users click the **View Report** button. The report page refreshes to display the report results.



**Figure 96 - Patient Treatment Phase Outcome Report Results**

### 3.4.3. Patient Comprehensive Trend and Outcomes Report

The Patient Comprehensive Trend and Outcomes Report allows users to generate a report that provides the average change in score related to M2PI (t score) and all PROMIS forms (total scores), since the the last reported score based on the report filter options.



**Figure 97 - Patient Comprehensive Trend and Outcomes Report (Initial Screen)**

Users can specify the following report filter criteria:

- Note Submitted Date Range—Specify the date range for which you want to generate the report.

**NOTE:** Date for this report can be obtained for dates beginning from 2012 to the present date.

- Note Type— Select the Note types for which you want to generate the report. The available options include: **Select All**, **Initial**, **Interim**, **Discharge**, and **FollowUp**.
- Select Facility ID—Select the facilities for which you want to generate the report.

After specifying the report filter criteria, users click the **View Report** button. The report page refreshes to display the report results.

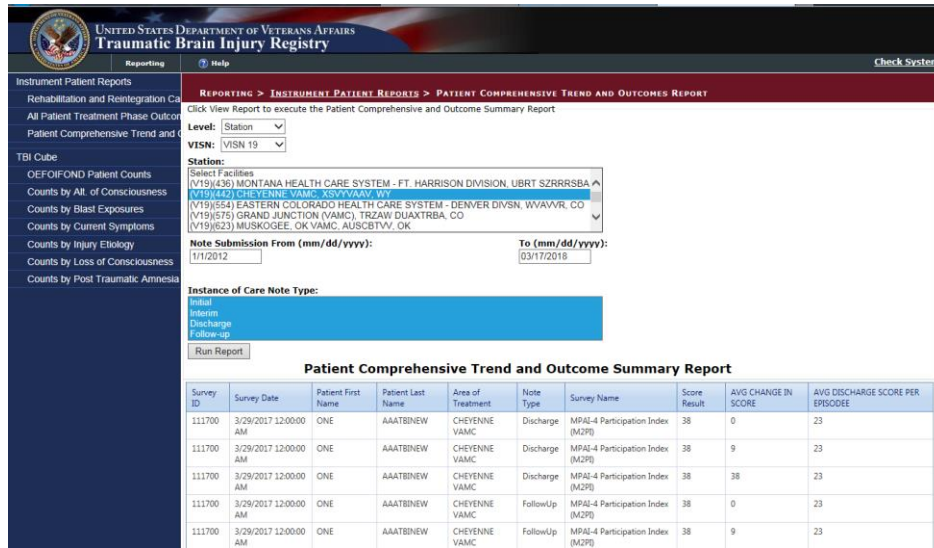


Figure 98 - Patient Comprehensive Trend and Outcome Summary Report Results

### 3.4.4. Individual Instrument Reports

The questionnaire answers are summarized and displayed on the screen as shown below. Each report will maintain the same format, however, the questions contained in the report will be specific to each summary. The MAPI Summary is used in this example.

Item	Response
1 Decision: Problems getting started on activities without prompting	0 None
2 Social contact with friends, work associates, and other people who are not family, significant others, or professionals	0 Normal involvement with others
3 Leisure and recreational activities	0 Normal participation in leisure activities for age
4 Self-care: Eating, dressing, bathing, hygiene	0 Independent completion of self-care activities
5 Residence: Responsibilities of independent living and homemaking (such as meal preparation, home repairs and maintenance, personal health maintenance beyond basic hygiene including medical management, but not including managing money (see # 8))	0 Independent living without supervision or concern from others
6 Transportation	0 Independent in all modes of transportation including independent ability to operate a personal motor vehicle
7 A Paid Employment: Rate either team 7A or 7B to reflect the primary desired social role. Do not rate both. Rate 7A if the primary social role is paid employment. If another social role is primary, rate only 7B. For both 7A and 7B, "support" means special help from another person with responsibilities (such as, a job coach or shadow, tutor, helper) or reduced responsibilities. Modifications to the physical environment that facilitate employment are not considered as support.	0 Full-time (more than 30 hrs/wk) without support
8 Managing money and finances: Shopping, keeping a check book or other bank account, managing personal income and investments.	0 Independent, manages money without supervision or concern from others

Standard T-score: 9

Buttons: Submit Note, Cancel

Please review the content. If you need to make changes, click the Cancel button and edit the answers. If the content is correct, click the Submit Note button.

Note: once the note is submitted, it will no longer be editable in this tool and updates will need to be done within CPRS

Figure 99 – Sample Report

If the user wants to make changes to the material, the user should click **[Cancel]** button and re-enter the answers. If the content is correct, the user clicks the **[Submit Note]** button.

Be aware that once the note is submitted, it is no longer editable within the TBI Instruments application and any updates will have to be made within CPRS.

The clinician must sign the note in CPRS.

### **3.4.5. Analytics Reporting**

Analytics reporting for TBI instruments is accessed by clicking the 'Reporting' link at the top of the page, clicking this link will take the user to the Traumatic Brain Injury Reporting Dashboard. From there the user will see categories listed on the first level and tabbed reports on the second.



**Figure 100 - TBI Reporting Dashboard**



**Figure 101 – Counts by Question Response Report Definitions**



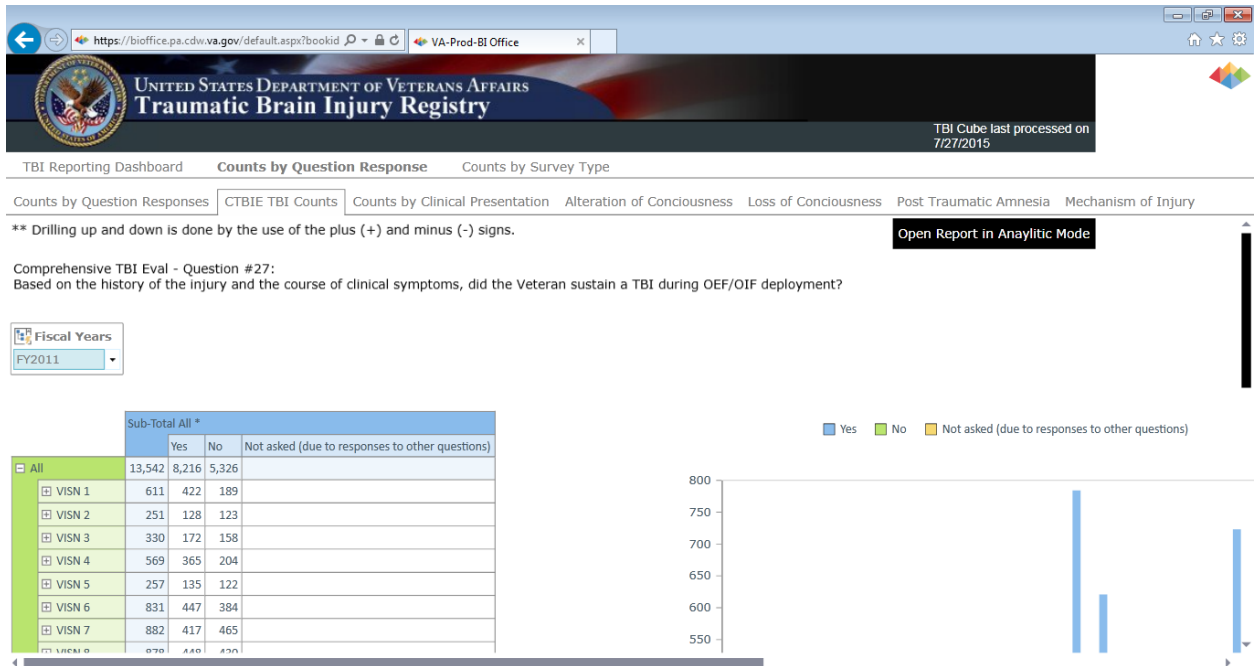


Figure 102 – Comprehensive TBI Exam Counts 1




Figure 103 – Comprehensive TBI Exam Counts 2


\*\* Drilling up and down is done by the use of the plus (+) and minus (-) signs.

[Open Report in Analytic Mode](#)

Comprehensive TBI Eval - Question #28:

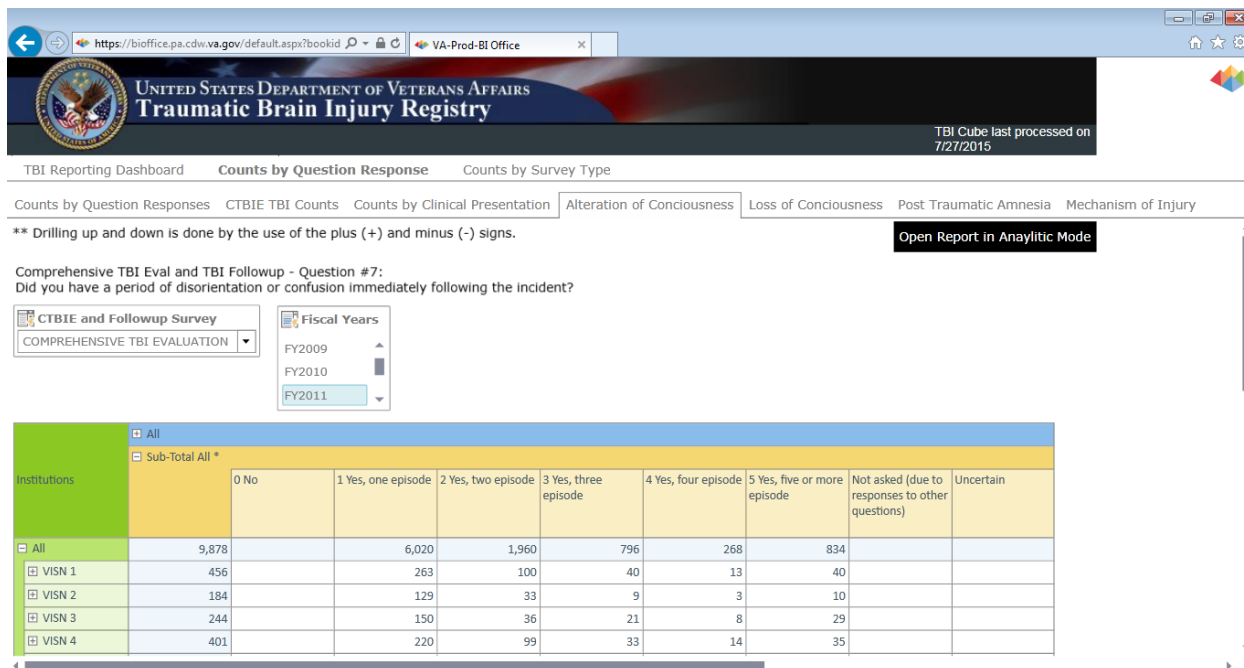
In your clinical judgment the current clinical symptom presentation is most consistent with:

 CTBIE and Followup Survey  
 COMPREHENSIVE TBI...

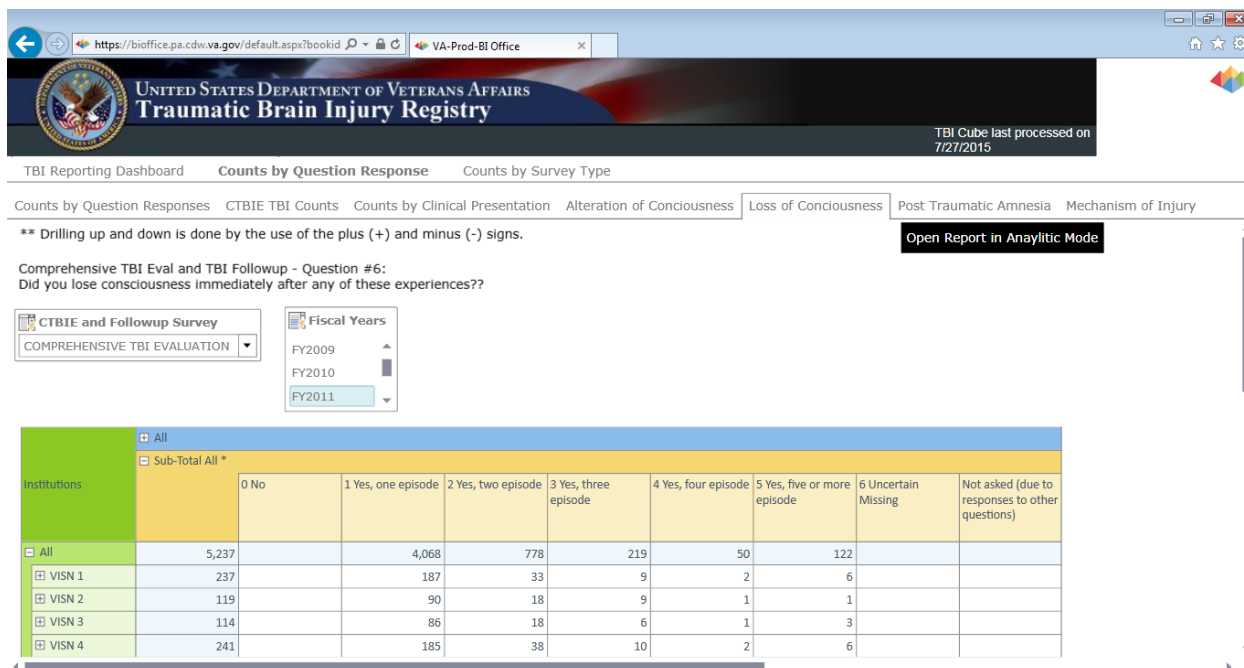
 Fiscal Years  
 FY2011

Institutions	<input type="checkbox"/> All <input type="checkbox"/> Sub-Total All *						
		1.Symptom resolution (patient is currently not reporting symptoms)	2. An OEF/OIF deployment related Traumatic Brain Injury (TBI) residual problems.	3. Behavioral Health Conditions (e.g. PTSD, depression, etc.)	4. Other combination of OEF/OIF deployment related TBI and Behavioral Health condition(s)	5. Other condition not related to OEF/OIF deployment related TBI or Behavioral Health condition(s)	Not asked (due to responses to other questions)
<input type="checkbox"/> All	9,008	626	677	6,475	1,230		
<input type="checkbox"/> VISN 1	338	19	62	217	40		
<input type="checkbox"/> VISN 2	156	18	5	116	17		
<input type="checkbox"/> VISN 3	217	9	42	129	37		

**Figure 104 – Counts by Clinical Presentation**



**Figure 105 – Alteration of Consciousness Counts**



**Figure 106 – Loss of Consciousness Counts**

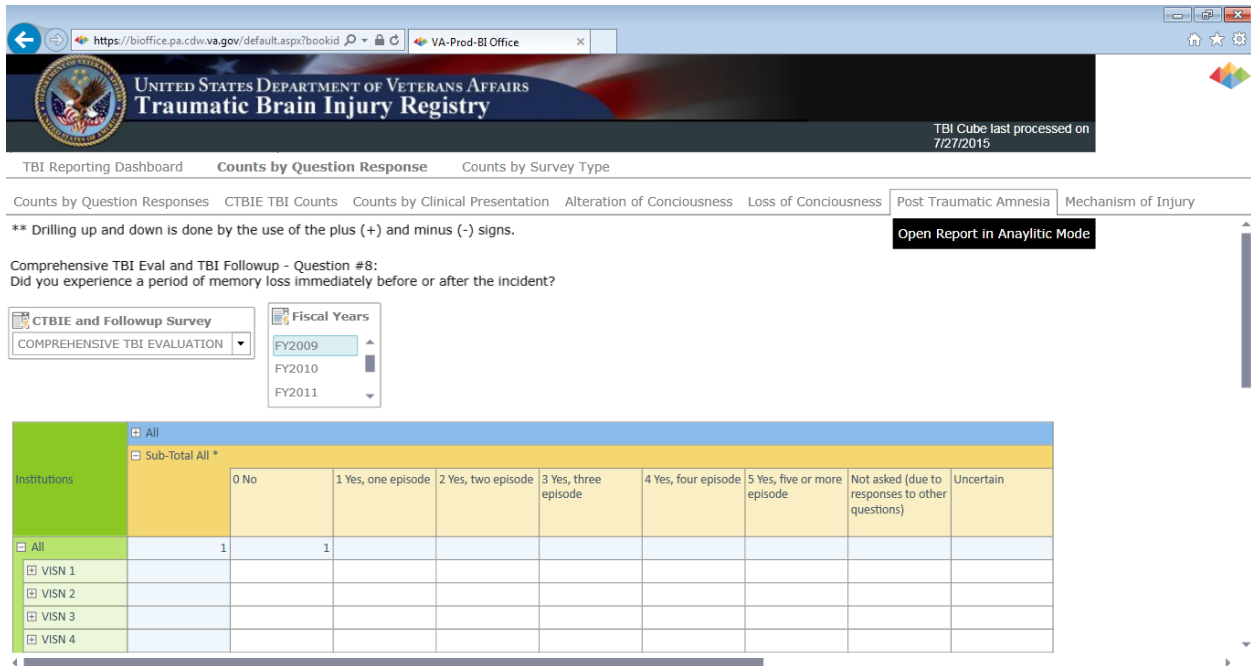


Figure 107 – Post Traumatic Amnesia Counts

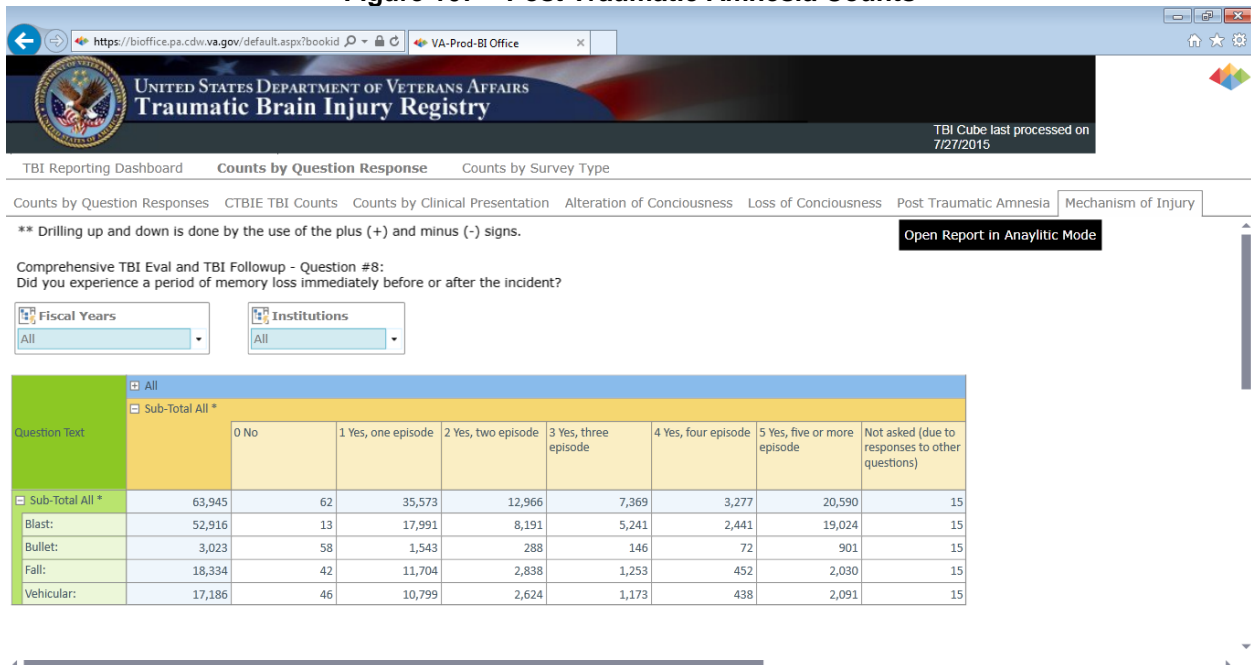
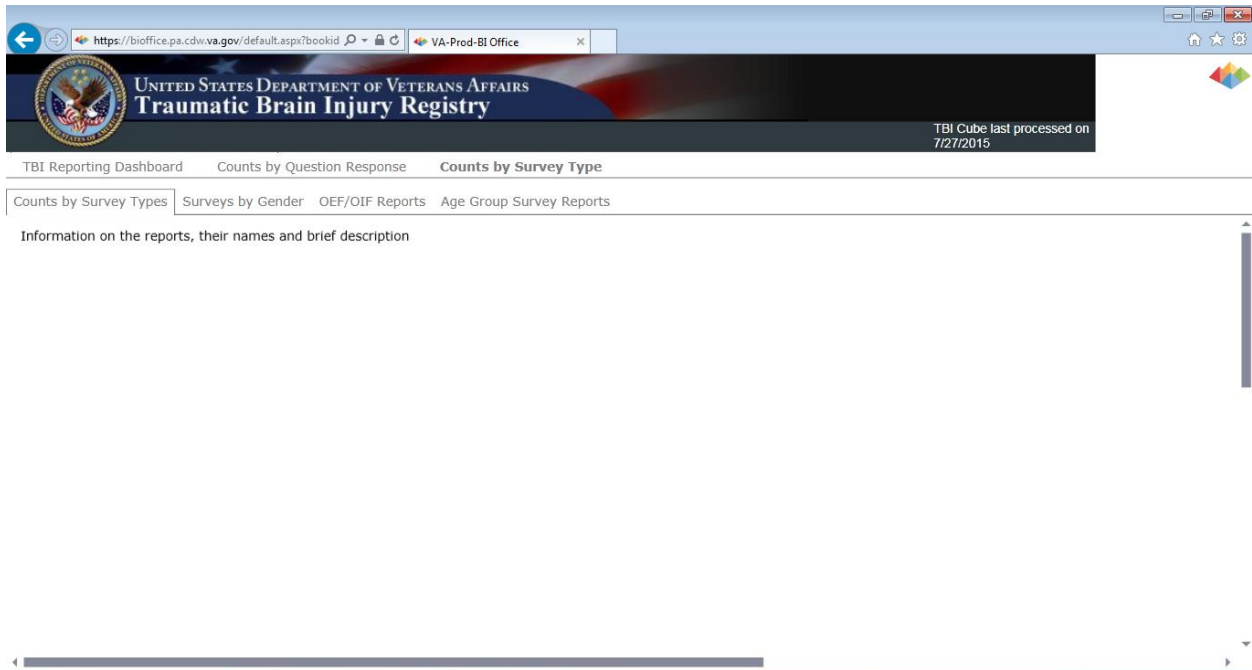
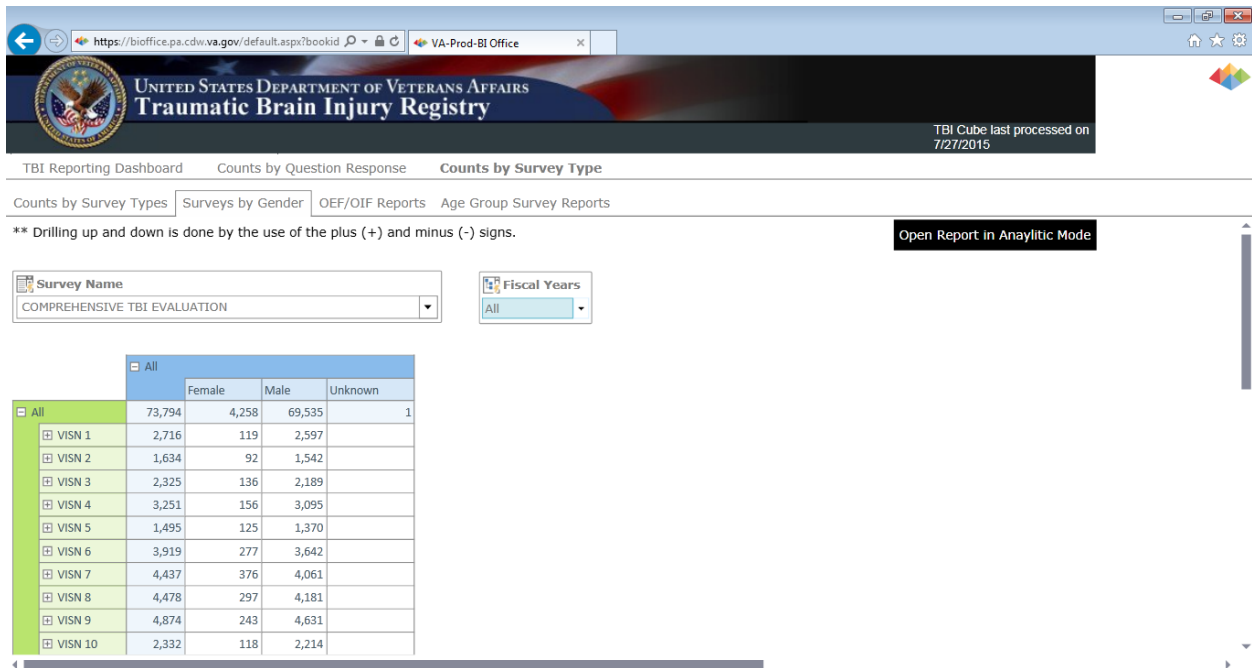


Figure 108 – Mechanism of Injury Counts



**Figure 109 – Counts by Survey Type Report Definitions**



**Figure 110 – Surveys by Gender Counts**

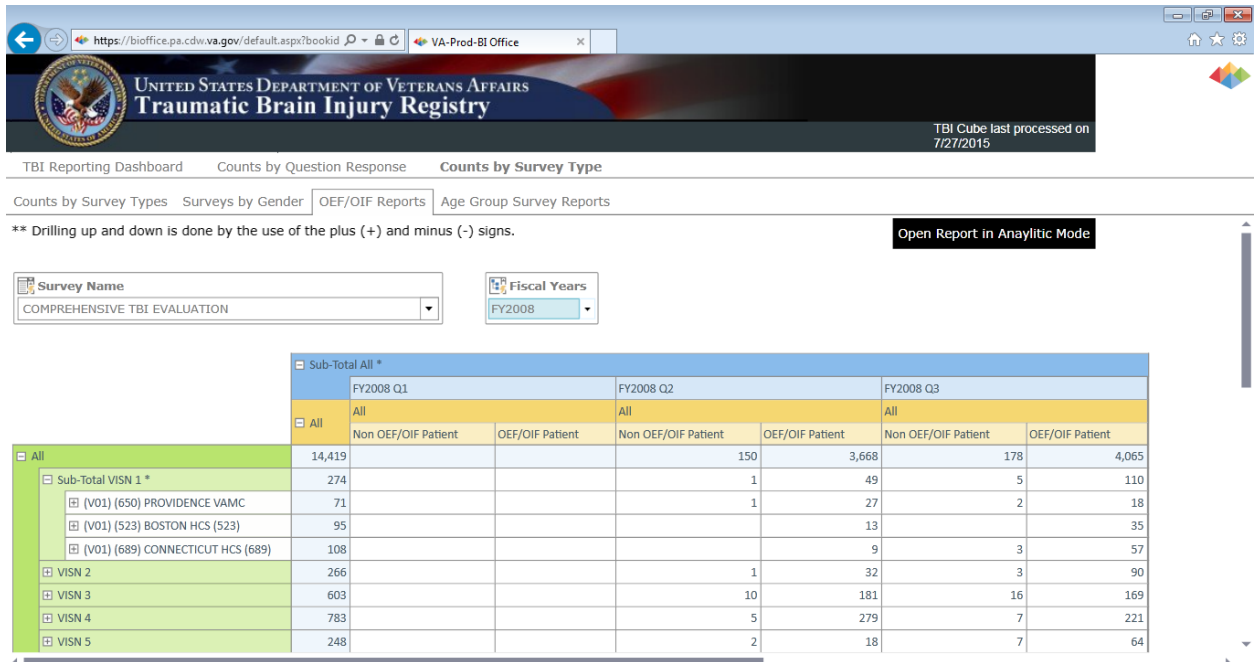


Figure 111 – OEF/OIF Counts

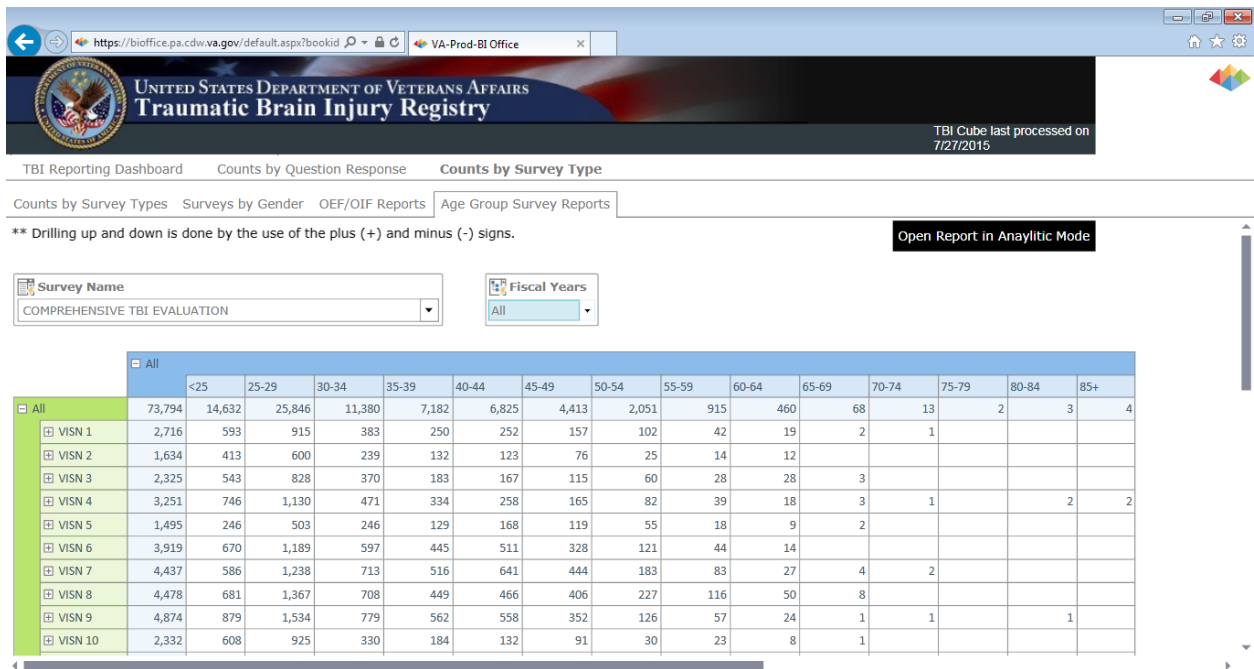


Figure 112 – Surveys by Age Group Counts

## A. Business Rules

Certain answer to certain questions, or combination of questions, in the questionnaire skip questions and “jump” to other sections of the evaluation. This section details those questions and their effects on the Comprehensive TBI Evaluation and TBI Follow-up Evaluation Instrument.

### A.1. Comprehensive TBI Evaluation Business Rules

[Table 3](#) lists the effect each answer on the Comprehensive TBI Evaluation.

**Table 3 – Comprehensive TBI Evaluation Business Rules**

Rule	Description	Related Rules
CTE BR#1	Answering Yes to Question A skips all questions until question #27. Then answering No to question #27 produces no error messages and any other data entered for this instrument is presented in the draft note.	<ol style="list-style-type: none"> <li>1. For Question A: Was this evaluation furnished by a non-VA provider, e.g., fee basis? Answer Yes.</li> <li>2. Question #27: Are the history of the injury and the course of clinical symptoms consistent with a diagnosis of TBI sustained during OEF/OIF deployment? Answer No.</li> </ol>
CTE BR#2	Answering Yes to Question A skips all questions until #27. Then answering Yes to Question #27 produces no error messages and any other data entered for this instrument is presented in the draft note.	<ol style="list-style-type: none"> <li>1. For Question A: Was this evaluation furnished by a non-VA provider, e.g., fee basis? Answer Yes.</li> <li>2. Question #27. Are the history of the injury and the course of clinical symptoms consistent with a diagnosis of TBI sustained during OEF/OIF deployment?</li> <li>3. Enter Yes for Question #27.</li> </ol>
CTE BR#3	Answering No to Question A and selecting None for Question #4 will skip questions: 4-A-1, 4-A-2, 4-B-1, 4-B-2, 4-C-1, 4-C-2, 5-A, 5-B, 5-C, 5-D, 5-D-1, 5-D-1-a, 5-D-2, 5-D-3, 5-D-4, 5-D-5, 5-E, 6, 6-A, 7, 7-A, 8, 8-A, 9, 10, 11, 12, 12-A, 13.	<ol style="list-style-type: none"> <li>4. For Question A: Was this evaluation furnished by a non-VA provider, e.g., fee basis? Answer No.</li> <li>5. For Question #4: How many serious OEF/OIF deployment related injuries have occurred? Answer None.</li> <li>6. The system skips questions: 4-A-1, 4-A-2, 4-B-1, 4-B-2, 4-C-1, 4-C-2, 5-A, 5-B, 5-C, 5-D, 5-D-1, 5-D-1-a, 5-D-2, 5-D-3, 5-D-4, 5-D-5, 5-E, 6, 6-A, 7, 7-A, 8, 8-A, 9, 10, 11, 12, 12-A, 13</li> <li>7. Answering Yes in this scenario produces the following message:  In question #4, your response indicates this patient did not experience an OEF/OIF deployment related injury. Based on this response, this patient would not have suffered an OEF/OIF deployment related TBI. If your response to question #4 is not correct, and this patient did experience an OEF/OIF deployment related injury, please make the appropriate correction to question #4, and you will then be permitted to indicate the patient suffered a TBI during OEF/OIF</li> </ol>

Rule	Description	Related Rules
CTE BR#4	Answering No to Question A and selecting One for Question #4 will skip questions 4-B-1, 4-B-2, 4-C-1, 4-C-2.	<p>deployment.</p> <p>8. For question A: Was this evaluation furnished by a non-VA provider, e.g., fee basis? Answer No.</p> <p>9. For Question #4: How many serious OEF/OIF deployment related injuries have occurred? Answer One.</p> <p>10. The result is:</p> <ul style="list-style-type: none"> <li>a. The Year allowed is 2001 to current.</li> <li>b. The system skips questions: 4-B-1, 4-B-2, 4-C-1, 4-C-2</li> </ul>
CTE BR#5	Answering No to question A and selecting One for question #4 will skip questions 4-C-1, 4-C-2.	<p>11. For Question A: Was this evaluation furnished by a non-VA provider, e.g., fee basis? Answer No.</p> <p>12. For Question #4: How many serious OEF/OIF deployment related injuries have occurred? Answer Two.</p> <p>13. The result is:</p> <ul style="list-style-type: none"> <li>a. The Year allowed is 2001 to current.</li> <li>b. The system skips questions: 4-C-1, 4-C-2</li> <li>c. If you answered Question #4 with Three, you will be allowed to go to 4-C-1 and 4-C-2 and the Year allowed is 2001 to current.</li> </ul>
CTE BR#6	Answering No to Question A and Enter/confirm there is something other than 0.No. Then answering No for question 4, and No for question 5-D will skip questions 5-D-1, 5-D-1-a, 5-D-2, 5-D-3, 5-D-4, 5-D-5.	<p>14. For Question A: Was this evaluation furnished by a non-VA provider, e.g., fee basis? Answer No.</p> <p>15. Enter or confirm the answer for Question for is something other than "0. No".</p> <p>16. For question #5-D. Blast: Answer No.</p> <p>17. The result is:</p> <ul style="list-style-type: none"> <li>a. The system skips questions: 5-D-1, 5-D-1-a, 5-D-2, 5-D-3, 5-D-4, 5-D-5.</li> <li>b. Answering No on 5-D moves you to question 5-E.</li> </ul>
CTE BR#7	Answering No to Question A and Question #6, will skip question 6-A.	<p>18. For Question A: Was this evaluation furnished by a non-VA provider, e.g., fee basis? Answer No.</p> <p>19. For Question #6: Did you lose consciousness immediately after any of these experiences? Answer No.</p> <p>20. The system will skip 6-A</p>
CTE BR#8	Answering No to Question A and answering Uncertain to Question #6, will skip Question 6-A.	<p>21. For Question A: Was this evaluation furnished by a non-VA provider, e.g., fee basis? Answer No.</p> <p>22. For Question #6: Did you lose</p>



Rule	Description	Related Rules
		<p>consciousness immediately after any of these experiences? Answer Uncertain.</p> <p>23. The system will skip question 6-A.</p>
CTE BR#9	Answering No to Question A and Question #7 will skip question 7-A.	<p>24. For Question A: Was this evaluation furnished by a non-VA provider, e.g., fee basis? Answer No.</p> <p>25. For Question #7: Did you have a period of disorientation or confusion immediately following the incident? Answer No.</p> <p>26. The system will skip question 7-A.</p>
CTE BR#10	Answering No to Question A and answering Uncertain to Question #6, will skip Question 7-A.	<p>27. For question A: Was this evaluation furnished by a non-VA provider, e.g., fee basis? Answer No.</p> <p>28. For Question #7: Did you have a period of disorientation or confusion immediately following the incident? Answer Uncertain.</p> <p>29. The system will skip question 7-A.</p>
CTE BR#12	Answering No to Question A and answering Uncertain to Question #8, will skip Question 8-A.	<p>30. For question A: Was this evaluation furnished by a non-VA provider, e.g., fee basis? Answer No.</p> <p>31. For Question #8: Did you experience a period of memory loss immediately before or after the incident? Answer Uncertain.</p> <p>32. The system will skip Question 8-A.</p>
CTE BR#13	Answering No to Question A and Question #12, will skip question 12-A.	<p>33. For Question A: Was this evaluation furnished by a non-VA provider, e.g., fee basis? Answer No.</p> <p>34. For Question #12: Prior to this evaluation, had you received any professional treatment (including medications) for your deployment related TBI symptoms? Answer No.</p> <p>35. The system will skip question 12-A.</p>
CTE BR#14	Answering No to question A and Not at all to Question #17, will skip question 17-A.	<p>36. For Question A: Was this evaluation furnished by a non-VA provider, e.g., fee basis? Answer No.</p> <p>37. For Question 17: Overall, in the last 30 days how much did these difficulties (symptoms) interfere with your life? Answer Not at all.</p> <p>38. The system will skip question 17-A.</p>
CTE BR#15	Answering No to Questions A and #18, will skip questions 18-A, 18-B, 18-C.	<p>39. For Question A: Was this evaluation furnished by a non-VA provider, e.g., fee basis? Answer No.</p> <p>40. For Question 18. In the last 30 days, have you had any problems with pain? Answer No.</p> <p>41. The system will skip questions 18-A, 18-B, 18-C.</p>

Rule	Description	Related Rules
CTE BR#16	Answering No to Question A and Not at all to Question #18-B, will skip question 18-C.	<p>42. For question A: Was this evaluation furnished by a non-VA provider, e.g., fee basis? Answer No.</p> <p>43. For Question 18-B. In the last 30 days, how much did pain interfere with your life? Answer Not at all.</p> <p>44. The system will skip question 18-C</p>
CTE BR#17	Answering No to Question A and Not at all to Question #23, will skip Question 23-A.	<p>45. For question A: Was this evaluation furnished by a non-VA provider, e.g., fee basis? Answer No.</p> <p>46. For question 23. Psychiatric Symptoms: Answer Not at all.</p> <p>47. The system will skip question 23-A.</p>
CTE BR#18	Answering No to Question A and select something that does not equal Other condition not related to OEF/OIF deployment related TBI or Behavioral Health conditions(s) for Question #28, will skip Question 28-A.	<p>48. For question A: Was this evaluation furnished by a non-VA provider, e.g., fee basis? Answer No.</p> <p>49. For Question 28: In your clinical judgment the current clinical symptom presentation is most consistent with: Answer anything other than Other condition not related to OEF/OIF deployment related TBI or Behavioral Health conditions(s).</p> <p>50. The system will skip question 28-A.</p>
CTE BR#19	Answering No to Question A and Services will be provided outside VA. to Question #29, will skip questions 29-A, 29-B, 29-C, 29-D, 29-D-1, 29-E, 29-F, 29-G, 29-H, 29-I, 29-I-1, 30.	<p>51. For question A. Was this evaluation furnished by a non-VA provider, e.g., fee basis? Answer No.</p> <p>52. For Question 29. Follow up plan: Answer Services will be provided outside VA.</p> <p>53. The system will skip questions 29-A, 29-B, 29-C, 29-D, 29-D-1, 29-E, 29-F, 29-G, 29-H, 29-I, 29-I-1, 30.</p>
CTE BR#20	Answering No to Question A No services needed to question #29, will skip questions 29-A, 29-B, 29-C, 29-D, 29-D-1, 29-E, 29-F, 29-G, 29-H, 29-I, 29-I-1, 30.	<p>54. For Question A: Was this evaluation furnished by a non-VA provider, e.g., fee basis? Answer No.</p> <p>55. For Question 29. Follow up plan: Answer No services needed.</p> <p>56. The system will skip questions 29-A, 29-B, 29-C, 29-D, 29-D-1, 29-E, 29-F, 29-G, 29-H, 29-I, 29-I-1, 30.</p>
CTE BR#21	Answering No to Question A and Patient refused or not interested in further services to question #29, will skip questions 29-A, 29-B, 29-C, 29-D, 29-D-1, 29-E, 29-F, 29-G, 29-H, 29-I, 29-I-1, 30.	<p>57. For Question A: Was this evaluation furnished by a non-VA provider, e.g., fee basis? Answer No.</p> <p>58. For Question 29. Follow up plan: Answer Patient refused or not interested in further services.</p> <p>59. The system will skip question 29-A, 29-B, 29-C, 29-D, 29-D-1, 29-E, 29-F, 29-G, 29-H, 29-I, 29-I-1, 30.</p>

Rule	Description	Related Rules
CTE BR#22	Answering No to Question A and answering something other than Other for Question #29-I, will skip question 29-I-1.	<p>60. For Question A. Was this evaluation furnished by a non-VA provider, e.g., fee basis? Answer No.</p> <p>61. For Question 29-I. New medication trial or change in dose of existing medication to address the following symptoms: Answer something other than Other.</p> <p>62. The system will skip question 29-I-1.</p>

## A.2. TBI Follow-up Evaluation Instrument Business Rules

[Table 4](#) lists the effect each answer on the TBI Follow-up Evaluation Instrument

**Table 4 – TBI Evaluation Instrument Business Rules**

Rule	Description	Related Rules
TFA BR#1	Answering No to Question #4 will skip Questions 4-A, 4-B, 5-A, 5-B, 5-C, 5-D, 5-D-1, 5-D-1-A, 5-D-2, 5-D-3, 5-D-4, 5-D-5, 5-E, 6, 6-A, 7, 7-A, 8, 8-A, 9, 10, 10-A.	63. For Question 4: Experienced head injury since prior evaluation? Answer No. 64. The system will skip questions 4-A, 4-B, 5-A, 5-B, 5-C, 5-D, 5-D-1, 5-D-1-A, 5-D-2, 5-D-3, 5-D-4, 5-D-5, 5-E, 6, 6-A, 7, 7-A, 8, 8-A, 9, 10, 10-A
TFA BR#2	Answering No to Question #5-D will skip Questions 5-D-1, 5-D-1-A, 5-D-2, 5-D-3, 5-D-4, 5-D-5	65. For question 5-D. "Blast:" Answer No. 66. The system will skip of questions 5-D-1, 5-D-1-A, 5-D-2, 5-D-3, 5-D-4, 5-D-5.
TFA BR#3	Answering No to Question #6 will skip questions 6-A.	67. For question 6: Did you lose consciousness immediately after any of these experiences? Answer No. 68. The system will skip Question 6-A
TFA BR#4	Answering Uncertain to Question #6 will skip Question 6-A.	69. For question 6: Did you lose consciousness immediately after any of these experiences? Answer Uncertain. 70. The system will skip Question 6-A
TFA BR#5	Answering No to Question #7 will skip Question 7-A.	71. For question 7: Did you have a period of disorientation or confusion immediately following the incident? Answer No. 72. The system will skip question 7-A.
TFA BR#6	Answering Uncertain to Question #7 will skip Question 7-A.	73. For question 7: Did you have a period of disorientation or confusion immediately following the incident? Answer Uncertain. 74. The system will skip question 7-A
TFA BR#7	Answering No to Question #8 will skip Question 8-A.	75. For question 8: Did you experience a period of memory loss immediately before or after the incident? Answer No. 76. The system will skip question 8-A
TFA BR#8	Answering Uncertain to Question #8 will skip Question 8-A.	77. For question 8: Did you experience a period of memory loss immediately before or after the incident? Answer Uncertain. 78. The system will skip question 8-A.
TFA BR#9	Answering No to Question #10 will skip Questions 10-A.	79. For question 10: If you have had a new injury, have you seen any health care providers (doctors/therapists) as a result of the new head injury? Answer No. 80. The system will skip question 10-A

Rule	Description	Related Rules
TFA BR#10	Answering Uncertain to Question #8 will skip Question 8-A.	81. For question 8: Did you experience a period of memory loss immediately before or after the incident? Answer Uncertain. 82. The system will skip question 8-A
TFA BR#11	Answering anything other than Other to Question #20-A will skip Question 20-A-1. Answer Other on Question #20-A, Question 20-A-1 will appear.	83. For Question 20-A, answer anything other than "Other". The system will skip Question 20-A-1. 84. For Question 20-A, answer "Other". Question 20-A-1 appears.
TFA BR#12	Answering No to Question #13 will skip Questions 13-A, 13-B	85. For Question 13: In the last 30 days, have you had any problems with pain? Answer No. 86. The system will skip questions 13-A, 13-B

## B. Glossary

### Glossary

<a href="#">A</a>	<a href="#">B</a>	<a href="#">C</a>	<a href="#">D</a>	<a href="#">E</a>	<a href="#">F</a>	<a href="#">G</a>	<a href="#">H</a>	<a href="#">I</a>	<a href="#">J</a>	<a href="#">K</a>	<a href="#">L</a>	<a href="#">M</a>
<a href="#">N</a>	<a href="#">O</a>	<a href="#">P</a>	<a href="#">Q</a>	<a href="#">R</a>	<a href="#">S</a>	<a href="#">T</a>	<a href="#">U</a>	<a href="#">V</a>	<a href="#">W</a>	<a href="#">X</a>		
<a href="#">0-9</a>												

*Control-click character to see entries; missing character means no entries for that character.*

Term or Acronym		Description
<b>0 - 9</b>		
508	See <a href="#">Section 508</a>	

[BACK](#) to Glossary Contents

Term or Acronym		Description
<b>A</b>		
ABI	Acquired Brain Injury	
<a href="#">BACK</a>	to Glossary Contents	

Term or Acronym	Description
<b>B</b>	
browser	A program which allows a person to read <a href="#">hypertext</a> . The browser provides some means of viewing the contents of nodes (or "pages") and of navigating from one node to another. A browser is required in order to access the TBI software application.  Microsoft® Internet Explorer® and Firefox® are examples for browsers for the World-Wide Web. They act as clients to remote web servers.
<a href="#">BACK</a>	to Glossary Contents

Term or Acronym	Description
<b>C</b>	
Case	The collection of information maintained on patients that have been included in a registry.
Computerized Patient Record System (CPRS)	A Computerized Patient Record (CPR) is a comprehensive database system used to store and access patients' healthcare information. CPRS is the Department of Veterans Affairs electronic health record software. The CPRS organizes and presents all relevant data on a patient in a way that directly supports clinical decision making. This data includes medical history and conditions, problems and diagnoses, diagnostic and therapeutic procedures and interventions. Both a graphic user interface version and a character-based interface version are available. CPRS

Term or Acronym	Description
	provides a single interface for health care providers to review and update a patient's medical record, and to place orders, including medications, special procedures, x-rays, patient care nursing orders, diets, and laboratory tests. CPRS is flexible enough to be implemented in a wide variety of settings for a broad spectrum of health care workers, and provides a consistent, event-driven, Windows-style interface.
CPRS	See <a href="#">Computerized Patient Record System</a> .
<a href="#">BACK</a>	<a href="#">to Glossary Contents</a>

Term or Acronym	Description
D	
Department of Defense (DoD)	A department of the U.S. Federal government, charged with ensuring that the military capacity of the U.S. is adequate to safeguard the national security.
DoD	See Department of Defense
<a href="#">BACK</a>	<a href="#">to Glossary Contents</a>

Term or Acronym	Description
E	
<a href="#">BACK</a>	<a href="#">to Glossary Contents</a>

Term or Acronym	Description
F	
<a href="#">BACK</a>	<a href="#">to Glossary Contents</a>

Term or Acronym	Description
G	
Global War On Terror (GWOT)	<i>Obsolete term; see Overseas Contingency Operation</i>
GWOT	Global War On Terror ( <i>obsolete term; see Overseas Contingency Operation</i> ).
<a href="#">BACK</a>	<a href="#">to Glossary Contents</a>

Term or Acronym	Description
H	
<a href="#">BACK</a>	<a href="#">to Glossary Contents</a>

Term or Acronym	Description
I	
<a href="#">BACK</a>	<a href="#">to Glossary Contents</a>

Term or Acronym	Description
J	
<a href="#">BACK</a>	<a href="#">to Glossary Contents</a>

Term or Acronym	Description
K	
<a href="#">BACK</a>	<a href="#">to Glossary Contents</a>

Term or Acronym	Description
L	
<a href="#">BACK</a>	<a href="#">to Glossary Contents</a>

Term or Acronym	Description
M	
MAPI	Mayo-Portland Adaptability Inventory
<a href="#">BACK</a>	<a href="#">to Glossary Contents</a>

Term or Acronym	Description
N	
<a href="#">BACK</a>	<a href="#">to Glossary Contents</a>

Term or Acronym	Description
O	
OCO	See <a href="#">Overseas Contingency Operation</a>
OEF/OIF	Operation Enduring Freedom/Operation Iraqi Freedom
OPCS	See <a href="#">Patient Care Services</a>
OIT	Office of Information Technology



[BACK](#)[to Glossary Contents](#)

Term or Acronym	Description
P	
Patient Care Services (PCS), Office of	OPCS oversees VHA's clinical programs that support and improve Veterans' health care. The VA's broad approach to Veteran care incorporates expert knowledge, clinical practice and patient care guidelines in all aspects of care.

[BACK](#)[to Glossary Contents](#)

Term or Acronym	Description
Q	

Term or Acronym	Description
R	
Registry	The VHA Registries Program supports the population-specific data needs of the enterprise including (but not limited to) the Defense/Veterans Eye Injury Registry, Oncology Tumor Registry, Traumatic Brain Injury Registry, Embedded Fragment Registry and Eye Trauma Registry. <i>Also, a database containing a collection of data relating to a disease or condition.</i>

[BACK](#)[to Glossary Contents](#)

Term or Acronym	Description
S	
Section 508	Section 508 of the Rehabilitation Act as amended, <a href="#">29 U.S.C. Section 794(d)</a> , requires that when Federal agencies develop, procure, maintain, or use electronic and information technology, they shall ensure that this technology is accessible to people with disabilities. Agencies must ensure that this technology is accessible to employees and members of the public with disabilities to the extent it does not pose an "undue burden." Section 508 speaks to various means for disseminating information, including computers, software, and electronic office equipment. The TBI must be 508 compliant, able to extract data as needed including <a href="#">SNOMED</a> codes.
Surveillance	Systematic collection, analysis, and interpretation of health data about a disease or condition.
Systematized Nomenclature of Medicine (SNOMED)	SNOMED is a terminology that originated as the systematized nomenclature of pathology (SNOP) in the early 1960s under the guidance of the College of American Pathologists. In the late 1970s, the concept was expanded to include most medical domains and renamed SNOMED. The core content includes text files such as the concepts, Descriptions, relationships, ICD-9 mappings, and history tables. SNOMED represents a terminological resource that can be implemented in software applications to represent clinically relevant information comprehensive (>350,000 concepts) multi-disciplinary coverage but discipline neutral structured to support

Term or Acronym	Description
	data entry, retrieval, maps, etc.
<a href="#">BACK</a>	<a href="#">to Glossary Contents</a>

Term or Acronym	Description
T	
TBI	See <a href="#">Traumatic Brain Injuries</a>
Traumatic Brain Injuries (TBI)	The Traumatic Brain Injuries (TBI) Registry software application allows case managers to identify those Veterans who participated in Operation Enduring Freedom (OEF) or Operation Iraqi Freedom (OIF) and who sustained a head injury and thus are potential traumatic brain injury (TBI) patients. The TBI application permits the case manager to oversee and track the comprehensive evaluation of those patients. It also provides 17 types of reports used for tracking the evaluation and care of individuals identified as possible TBI candidates.
<a href="#">BACK</a>	<a href="#">to Glossary Contents</a>

Term or Acronym	Description
U	
Uniform Resource Locator (URL)	(Formerly <u>Universal</u> Resource Locator). A standard way of specifying the location of an object, typically a web page, on the Internet. URLs are the form of address used on the World-Wide Web. In TBI the URL is typically a Web page which displays another application screen.
URL	See <a href="#">Uniform Resource Locator</a>
<a href="#">BACK</a>	<a href="#">to Glossary Contents</a>

Term or Acronym	Description
V	
VA	See <a href="#">Veterans Affairs</a>
Veterans Affairs, Department of (VA)	The VA mission is to serve America's Veterans and their families with dignity and compassion and to be their principal advocate in ensuring that they receive medical care, benefits, social support, and lasting memorials promoting the health, welfare, and dignity of all Veterans in recognition of their service to this Nation.  VA is the second largest Federal department and has over 278,000 employees. Among the many professions represented in the vast VA workforce are physicians, nurses, counselors, statisticians, architects, computer specialists, and attorneys. As advocates for Veterans and their families, the VA community is committed to providing the very best services with an attitude of caring and courtesy.
Veterans Health Administration (VHA)	VHA administers the United States Veterans Healthcare System, whose mission is to serve the needs of America's Veterans by providing primary care, specialized care, and related medical and social support services.
Veterans Health Information Systems and Technology	VistA is a comprehensive, integrated health care information system composed of numerous software modules. See <a href="http://www.va.gov/VistA_monograph/docs/2008VistAHealtheVet_Monograph.pdf">http://www.va.gov/VistA_monograph/docs/2008VistAHealtheVet_Monograph.pdf</a>

Term or Acronym	Description
Architecture (VistA)	and <a href="http://www.virec.research.va.gov/DataSourcesName/VISTA/VISTA.htm">http://www.virec.research.va.gov/DataSourcesName/VISTA/VISTA.htm</a> .
Veterans Integrated Service Network (VISN)	VHA organizes its local facilities into networks called VISNS (VA Integrated Service Networks). At the VISN level, VistA data from multiple local facilities may be combined into a data warehouse.
VHA	See Veterans Health Administration
VistA	See Veterans Health Information Systems and Technology Architecture
<a href="#">BACK</a>	<a href="#">to Glossary Contents</a>

Term or Acronym	Description
W	
WBA	See <a href="#">Web-Based Application</a>
Web-based Application (WBA)	In software engineering, a web application is an application that is accessed via a web browser over a network such as the Internet or an intranet. The term may also mean a computer software application that is hosted in a browser-controlled environment (e.g. a Java applet) or coded in a browser-supported language (such as JavaScript, possibly combined with a browser-rendered markup language like HTML) and reliant on a common Web browser to render the application executable. Web applications are popular due to the ready availability of web browsers, and the convenience of using a web browser as a client, sometimes called a thin client. The ability to update and maintain web applications without distributing and installing software on potentially thousands of client computers is a key reason for their popularity, as is the inherent support for cross-platform compatibility. Common web applications include webmail, online retail sales, online auctions, wikis and many other functions. The TBI is a WBA. See also <a href="#">User Interface</a>
<a href="#">BACK</a>	<a href="#">to Glossary Contents</a>

Term or Acronym	Description
X	
<a href="#">BACK</a>	<a href="#">to Glossary Contents</a>

## C. Web Based Application Elements

The following sections describe typical WBA elements.

### Text Box

The appearance of the text boxes change from a plain line border (**SAMPLE 1**) to an almost three-dimensional, pale yellow-highlighted field when you tab to it or click in it (**SAMPLE 2**).



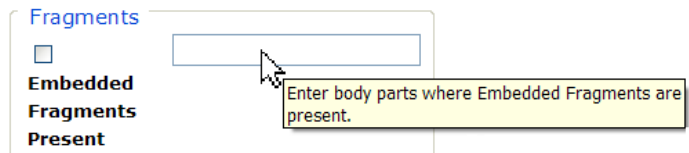
**Figure 113 - Text Box Sample 1**



**Figure 114 - Text Box Sample 2**

Type your entry into the text box. The entry will not be saved until you tab away from or otherwise exit from the text box. In cases where the format of your entry is important, a sample will appear near the box. The relative width of these boxes is usually a reflection of the number of characters you are allowed to enter. Sometimes (as with date fields) there may also be a “date picker” next to the field.

You should see a “tool tip” pop up when you hover your mouse pointer over the text box.



**Figure 115 – Tool Tip for Text Box**

## Checkbox

**SAMPLE:**  Work Related





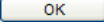
A checkbox “toggles” (changes) between a YES / NO, ON / OFF setting. It is typically a square box which can contain a check mark  or an “X”  and is usually accompanied by text. Clicking the box or tabbing to the field and pressing the spacebar toggles the checkbox setting. In some instances, checkboxes may be used to provide more than one choice; in such cases, more than one box can be selected. Sometimes, a pre-determined “default” entry will be made for you in a checkbox; you can change the default if needed.

## Radio Button

**SAMPLE:** Living Arrangement:  Alone  Family  Friend  Facility  Other

A radio button, also known as an option button, is a small, hollow circle adjacent to text. Radio buttons usually appear in sets, with each button representing a single choice; normally, only one button in the set may be selected at any one time. Clicking on the radio button places a solid dot in the circle, selecting the option. Clicking a selected radio button de-selects it, removing the dot. As one radio button is selected, others within the category switch off. For example, **Male** or **Female** may be offered as choices through two radio buttons, but you can only select one of the choices.

## Command Buttons

Command Buttons	Description
	<p>A command button initiates an action. It is a rectangular “3-dimensional” shape with a label that specifies what action will be performed when the button is clicked. Common examples are shown at left. Command buttons that end with three dots indicate that selecting the command may evoke a subsidiary window.</p> <p>In the text of this document, <b>command button</b> names appear inside square brackets.</p> <p><i>Examples: [Search], [Save].</i></p>
	<p>The <b>[Cancel]</b> command allows you to cancel the action about to be taken, or to discard changes made on a form. For example, when closing an application, you may be prompted to validate the action to close. If you click the <b>[Cancel]</b> button, the application will not close and you will resume from the point at which the close action was initiated. Or, on a data screen, you may use the <b>[Cancel]</b> button to discard any changes you may have made to the data and close the tab.</p>
	<p>The <b>[Select]</b> command is used to select records for editing.</p>
	<p>The <b>[Search]</b> command is used to find one or more records. When at least one character is typed in a lookup dialog box, clicking the <b>[Search]</b> button will bring up matching entries. In many cases, leaving the lookup box blank will find all such records. Enter the search string and click <b>[Search]</b>. Searches are case-insensitive and use “contains” logic.</p>
	<p>The <b>[OK]</b> command is used to accept a default choice, or to agree with performing an action.</p>

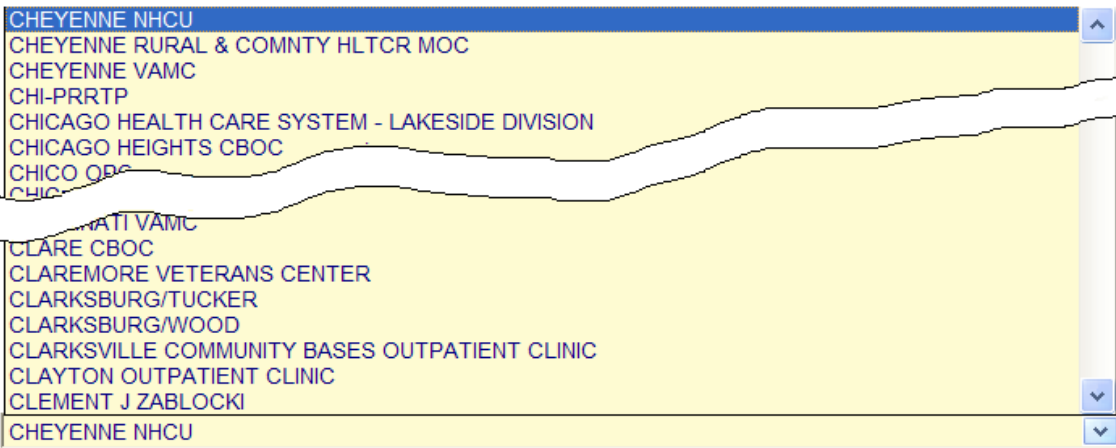



## Drop-down List

A drop-down list (sometimes called a “pull-down” list) is displayed as a box with an arrow button on the right side (**SAMPLE 1**). Such a list allows you to select one item from the list. The current choice (or a prompt) is visible in a small rectangle; when you click on the arrow, a list of items is revealed (**SAMPLE 2**). Click on one of the entries to make it your choice; the list disappears.

Facility Name:  

Figure 116 - Dropdown Sample 1

Facility Name:  

The dropdown menu is open, showing a list of facility names. The first item, "CHEYENNE NHC", is highlighted in blue. The list includes:

- CHEYENNE NHC
- CHEYENNE RURAL & COMNTY HLTCR MOC
- CHEYENNE VAMC
- CHI-PRRTP
- CHICAGO HEALTH CARE SYSTEM - LAKESIDE DIVISION
- CHICAGO HEIGHTS CBOC
- CHICO OBC
- CHICAGO VAMC
- CLARE CBOC
- CLAREMORE VETERANS CENTER
- CLARKSBURG/TUCKER
- CLARKSBURG/WOOD
- CLARKSVILLE COMMUNITY BASES OUTPATIENT CLINIC
- CLAYTON OUTPATIENT CLINIC
- CLEMENT J ZABLOCKI
- CHEYENNE NHC

Figure 117 - Dropdown Sample 2