

Traumatic Brain Injury (TBI)
Instruments User Manual
Increment 6



**Version 5.2
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**Department of Veterans Affairs
Office of Information and Technology (OIT)
Product Development**

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1. Preface

1.1. Typographical Conventions Used in the Manual

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

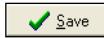
Table 1 – Typographical Conventions

Font	Used for...	Examples:
Blue text, underlined	Hyperlink to another document or URL	ftp://fo-slc.med.va.gov
Green text, dotted underlining	Hyperlink within this document	See Release History 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	< F1 >, < Alt >, < L > Other Registries panel [Delete] button
Microsoft Sans Serif	Software Application names	Traumatic Brain Injury (TBI)
Microsoft Sans Serif bold	Registry names	TBI
	Database field names	Mode field
	Report names	National Summary Report
	Organization and Agency Names	DoD, VA
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.
OPTIONAL	Indicates an action or process which is optional
RESOURCE	Indicates a resource available either in this document or elsewhere

1.2. Command Buttons and Command Icons



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.



In some cases, a **command icon** 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 **command button** and **command icon** names appear inside square brackets. Examples: **[Search]**, **[Save]**.

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:

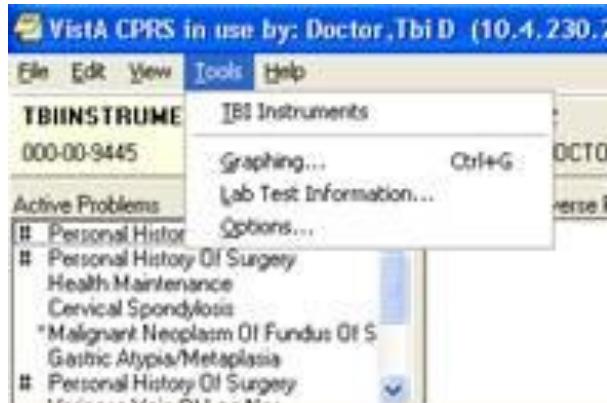
- TBI System Management Guide
- TBI Application User Manual
- TBI Installation Guide
- TBI Instruments User Manual
- TBI Polytrauma User Manual
- TBI Release Notes

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.

A screenshot of the "TBI INSTRUMENTS > PATIENT CONFIRM" screen. The top header features the United States Department of Veterans Affairs logo and the text "Traumatic Brain Injury Registry". The main form has a red header bar with the text "TBI INSTRUMENTS > PATIENT CONFIRM". Below this, there is a text input field labeled "Patient" containing "TBIPATIENT,ONE D". A note below the input field says, "To begin, verify that the patient name above is correct and enter the patient's SSN to confirm the correct patient is selected." There is a text input field labeled "Confirm Patient SSN(####-##-#####) *:" containing "000-00-9341". At the bottom left is a "Confirm" button.

Figure 1 – Patient Confirm Screen

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.

Select the appropriate Instrument you want to administer from the list by clicking the [Select] button.

UNITED STATES DEPARTMENT OF VETERANS AFFAIRS
Traumatic Brain Injury Registry

TBI INSTRUMENTS > CONFIRM PATIENT AND SELECT INSTRUMENT

Patient

John Doe, 123 Main Street

To begin, verify that the patient name above is correct and enter the patient's SSN to confirm the correct patient is selected.

Confirm Patient SSN(###-##-####) *:

Select the Instrument that you want to submit:

Instrument Name	Select
COMPREHENSIVE TBI EVALUATION	Select
TBI FOLLOW-UP ASSESSMENT	Select
THE MAYO-PORTLAND ADAPTABILITY INVENTORY (MPAI-4)	Select
REHABILITATION AND REINTEGRATION PLAN	Select

Figure 2 – Select Instrument

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

Patient _____
123-4567-8901-2345

Instrument Type:
COMPREHENSIVE TBI EVALUATION

Select Note Title *:
-- Select a Value --

Link to Consult (Optional):
-- Select a Value --

Link to Encounter Type

Scheduled Clinic Appointment
 Hospital Admission
 Unscheduled or New Visit

Figure 3 – 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 4 – 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.

Patient —
TBIPATIENT, ONE D

Instrument Type:
COMPREHENSIVE TBI EVALUATION

Select Note Title *:
TBI <COMPREHENSIVE TBI EVALUATION>

Link to Consult (Optional):

-- Select a Value --
Dec 15, 10 (pr) NEUROPSYCHOLOGY Cons Consult #: 639236

Figure 5 – 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 user interface for selecting a scheduled clinic appointment. At the top, a legend titled 'Link to Encounter Type' lists four options: 'Scheduled Clinic Appointment' (radio button selected), 'Hospital Admission', 'Current Stay', and 'Unscheduled or New Visit'. Below this, a section titled 'Select the Scheduled Clinic Appointment:' contains a dropdown menu labeled '-- Select a Value --'. A note below the dropdown states: '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.' Further down, there are fields for 'Start (mm/dd/yyyy)' and 'End (mm/dd/yyyy)', both currently empty. A 'Get Appointments' button is positioned to the right of these fields. At the bottom of the screen is a 'Continue' button.

Figure 6 – 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 a user interface for selecting a hospital admission. At the top, a legend titled 'Link to Encounter Type' lists four options: 'Scheduled Clinic Appointment', 'Hospital Admission' (radio button selected), 'Current Stay', and 'Unscheduled or New Visit'. Below this, a section titled 'Select the Hospital Admission:' contains a dropdown menu labeled '-- Select a Value --'. A note below the dropdown states: '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.' At the bottom of the screen is a 'Continue' button.

Figure 7 – Select Hospital Admission

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

The screenshot shows a list of encounter types in a dropdown menu:

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

Below the list is a grey button labeled "Continue".

Figure 8 – 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.

The screenshot shows a list of encounter types in a dropdown menu:

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

Below the list is a section titled "Location:" with a checkbox labeled "Historical" and a dropdown menu labeled "-- Select a Value --".

A detailed description follows:

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.

Below this is a "Location Search String:" input field with a "Get Locations" button next to it.

At the bottom is a grey button labeled "Continue".

Figure 9 – UnScheduled or New Visit

3.2.1. Comprehensive TBI Evaluation

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

Select the appropriate answer for each patient.

TBI INSTRUMENTS > INSTRUMENT ASSOCIATIONS > COMPREHENSIVE TBI EVALUATION

Patient

Patient: _____ SSN: _____ Facility: _____

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 3. Separated or divorced
 2. Married or partnered 4. Widowed

2. Pre-military level of educational achievement:

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

3. Current employment status:

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

Figure 10 – Comprehensive TBI Evaluation Part 1

4. Working full-time

I. Injury

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

0. None

1. One

2. Two

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

1. Yes, one episode

2. Yes, two episodes

3. Yes, three episodes

4. Yes, four episodes

5. Yes, five or more episodes

Figure 11 – Comprehensive TBI Evaluation Part 2

5-B. Vehicular

- | | |
|--|---|
| <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 |

5-C. Fall

- | | |
|--|---|
| <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 |

5-D. Blast:

- | | |
|--|---|
| <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 |

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?

- | | |
|--|---|
| <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 |

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

- | | |
|---|---|
| <input type="radio"/> 1. Less than 10 feet | <input type="radio"/> 3. Between 31 and 50 feet |
| <input type="radio"/> 2. Between 10 and 30 feet | <input type="radio"/> 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?

- | | |
|-----------------------------|--|
| <input type="radio"/> 0. No | <input type="radio"/> 3. Yes, three episodes |
|-----------------------------|--|

Figure 12 – Comprehensive TBI Evaluation Part 3

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)

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

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

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

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

Figure 13 – Comprehensive TBI Evaluation Part 4

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

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

1. Very brief, probably less than 5 minutes

2. Less than 30 minutes

3. Less than 6 hours

4. Up to a full day(24 hours)

5. Up to a full week(7 days)

6. More than one week

7. Did you have a period of disorientation or confusion immediately following 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

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

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

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)).

- | | |
|---|---|
| <input type="radio"/> 1. Brief, probably less than 30 minutes | <input type="radio"/> 4. Up to 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 then 3 months |

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

- | | |
|-----------------------------|---|
| <input type="radio"/> 0. No | <input checked="" type="radio"/> 1. Yes |
|-----------------------------|---|

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

- | | |
|-----------------------------|---|
| <input type="radio"/> 0. No | <input checked="" type="radio"/> 1. Yes |
|-----------------------------|---|

11. Were you evacuated from theatre?

- | | |
|---|--|
| <input type="radio"/> 0. No | <input type="radio"/> 1. Yes, for traumatic brain injury |
| <input type="radio"/> 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?

- | | | |
|-----------------------------|---|--|
| <input type="radio"/> 0. No | <input type="radio"/> 1. Yes, in the past | <input checked="" type="radio"/> 2. Yes, currently |
|-----------------------------|---|--|

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

- | | | |
|-----------------------------|---|--|
| <input type="radio"/> 0. No | <input type="radio"/> 1. Yes, in the past | <input checked="" type="radio"/> 2. Yes, currently |
|-----------------------------|---|--|

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

Figure 15 – 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 16 – 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 17 – 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 18 – 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 19 – 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 20 – 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?

1. Depression
 2. PTSD

5. Drug abuse/dependence
 6. Psychotic disorder

Figure 21 – Comprehensive TBI Evaluation Part 12

- | | |
|---|---|
| <input type="checkbox"/> 3. Anxiety disorder(other than PTSD) | <input type="checkbox"/> 7. Other AXIS I disorder |
| <input type="checkbox"/> 4. Alcohol abuse/dependence | <input type="checkbox"/> 8. Somatoform disorder |

24. SCI:

0. No 1. Yes

25. Amputation:

- | | |
|--|---|
| <input type="radio"/> 0. None | <input type="radio"/> 5. Single lower extremity, above knee |
| <input type="radio"/> 1. Single hand | <input type="radio"/> 6. Single lower extremity, below knee |
| <input type="radio"/> 2. Double hand | <input type="radio"/> 7. Double lower extremity, above knee |
| <input type="radio"/> 3. Single upper extremity, above elbow | <input type="radio"/> 8. Double lower extremity, above/below knee |
| <input type="radio"/> 4. Single upper extremity, below elbow | <input type="radio"/> 9. Upper extremity and lower extremity amputation |

26. Other significant medical conditions/problems:

0. No 1. Yes 2. Not assessed

V. Diagnosis

27. Are the history of the injury and the course of clinical symptoms consistent with a diagnosis of TBI sustained during OEF/OIF deployment?

0. No 1. Yes

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

- 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/Optometry | <input type="checkbox"/> 12. Substance Use/Addictive Disorder Evaluation and/or Treatment |
| <input type="checkbox"/> 6. Physical Therapy | <input type="checkbox"/> 13. Other |

Figure 23 – Comprehensive TBI Evaluation Part 14

29-C. Referral to Polytrauma Network Site (PNS):

- | | |
|--|---|
| <input type="checkbox"/> West Roxbury (V1) | <input type="checkbox"/> Indianapolis (V11) |
| <input type="checkbox"/> Syracuse (V2) | <input type="checkbox"/> Hines (V12) |
| <input type="checkbox"/> Bronx (V3) | <input type="checkbox"/> St. Louis (V15) |
| <input type="checkbox"/> Philadelphia (V4) | <input type="checkbox"/> Houston (V16) |
| <input type="checkbox"/> Washington, DC (V5) | <input type="checkbox"/> Dallas (V17) |
| <input type="checkbox"/> Richmond (V6) | <input type="checkbox"/> Tucson (V18) |
| <input type="checkbox"/> Augusta (V7) | <input type="checkbox"/> Denver (V19) |
| <input type="checkbox"/> San Juan (V8) | <input type="checkbox"/> Seattle (V20) |
| <input type="checkbox"/> Tampa (V8) | <input type="checkbox"/> Palo Alto (V21) |
| <input type="checkbox"/> Lexington (V9) | <input type="checkbox"/> West Los Angeles (V22) |
| <input type="checkbox"/> Cleveland (V10) | <input type="checkbox"/> Minneapolis (V23) |

29-D. Electro-diagnostic study (nerve conduction/electromyogram):

0. No

1. Yes

29-D-1. Electroencephalogram (EEG):

0. No

1. Yes

29-E. Lab:

0. None

2. Urine drug screen

1. Blood work

3. Other

29-F. Head CT:

0. No

1. Yes

29-G. Brain MRI:

0. No

1. Yes

29-H. Other consultation:

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 25 – 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.

3.2.2. TBI Follow-Up Assessment Screen

The TBI Follow-Up Assessment questionnaire is similar to the Comprehensive TBI Evaluation. Select the appropriate response for each patient.

TBI INSTRUMENTS > INSTRUMENT ASSOCIATIONS > TBI FOLLOW-UP ASSESSMENT

Patient
Patient: SSN: Facility:

A. Chief Complaint:

B. History of Present Illness, or Interval History since last visit:

1. Change in Marital Status:

0. No 2. Yes, Divorced or separated
 1. Yes, Married or Partnered 3. Yes, Widowed

2. Highest educational level achieved:

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

2-A. Current school or training status:

1. Full time Student/Trainee
 2. Part time Student/Trainee
 3. Not attending school or trainee program

3. Current employment status:

Figure 26 – TBI Follow-Up Assessment Screen Part 1

- 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

- | | |
|--|---|
| <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 |

5-B. Vehicular

- | | |
|--|---|
| <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 |

5-C. Fall

- | | |
|--|---|
| <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 |

5-D. Blast

Figure 27 – TBI Follow-Up Assessment Screen Part 2

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-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

1. Yes, one episode

2. Yes, two episodes

3. Yes, three episodes

4. Yes, four episodes

5. Yes, five or more episodes

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

1. Less than 10 feet

2. Between 10 and 30 feet

3. Between 30 and 50 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

1. Yes, one episode

2. Yes, two episodes

3. Yes, three 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):

- | | |
|---|-------------------------------------|
| <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 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 29 – TBI Follow-Up Assessment Screen Part 4

8. Did you experience a period of memory loss immediately before or after 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 | |

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

- | | |
|---|---|
| <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 |

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

- | | |
|--|---|
| <input type="radio"/> 0. No, non-penetrating | <input type="radio"/> 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?

- | | | |
|-----------------------------|---|---|
| <input type="radio"/> 0. No | <input type="radio"/> 1. Yes, in the past | <input type="radio"/> 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)?

- | | | |
|-----------------------------|--|--|
| <input type="radio"/> 0. No | <input type="radio"/> 1. Yes, new type of medication | <input type="radio"/> 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 30 – 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 31 – TBI Follow-Up Assessment Screen Part 6

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

11-L. Loss of appetite or increase appetite:

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

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

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

11-N. Forgetfulness, can't remember things:

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

11-O. Difficulty making decisions:

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

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

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

11-Q. Fatigue, loss of energy, getting tired easily:

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

11-R. Difficulty falling or staying asleep:

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

11-S. Feeling anxious or tense:

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

11-T. Feeling depressed or sad:

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

11-U. Irritability, easily annoyed:

Figure 32 – TBI Follow-Up Assessment Screen Part 7

0. None

1. Mild

2. Moderate

3. Severe

4. Very Severe

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

0. None

1. Mild

2. Moderate

3. Severe

4. Very Severe

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

0. Not at all

3. Severely

1. Mildly

4. Extremely

2. Moderately

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

|



III. Pain

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

0. No

1. Yes

13-A. If yes, location(s) (Check all that apply):

0. Head/headaches

5. Low Back

1. Leg(s)

6. Upper Back

2. Arm(s)

7. Feet

3. Neck

8. Hand(s)

4. Shoulder(s)

9. Other (Describe in "Details of Plan")

13-B. If yes, in the last 30 days, how much did pain interfere with your life?

0. Not at all

3. Severely

1. Mildly

4. Extremely

2. Moderately

14. Since your last evaluation, are your overall symptoms:

Figure 33 – TBI Follow-Up Assessment Screen Part 8

0. Better

1. Worse

2. About the same

15. Additional comments regarding current symptoms/functional status:

16. Current Medications:

17. Physical Examination:

18. Professional Conclusion/Assessment:

IV. Diagnosis

19. Has the patient experienced a new TBI since their last diagnosis?

0. No

1. Yes

19-A. In your clinical judgment the current clinical symptom presentation is most consistent with:

Figure 34– TBI Follow-Up Assessment Screen Part 9

- 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:

[Save Draft](#) [Save and Prepare Note](#) [Cancel](#)

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 35 – 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.

3.2.3. 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.

TBI INSTRUMENTS > INSTRUMENT ASSOCIATIONS > THE MAYO-PORTLAND
ADAPTABILITY INVENTORY (MPAI-4)

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: Person Reporting:

Initial

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 36 – 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 37 – 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 38 – Mayo Portland Adaptability Inventory Part 3



- Note:** You can only answer one of Item 7A or 7B. Refer to Figure 19 for the rest of item 7B.

- 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:

Save Draft

Save and Prepare Note

Cancel

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 39 – 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.

[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

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.

3.2.4. 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.

TBI INSTRUMENTS > INSTRUMENT ASSOCIATIONS > REHABILITATION AND REINTEGRATION PLAN

Patient

Patient:

SSN:

Facility:

This note documents the interdisciplinary team assessment, goals, and plan. Team membership is comprised of the Veteran or Active Duty Service member, family, and clinical providers as indicated in the body of the note below.

Note Initial
Type: Interim
 Discharge

1. History of present illness/interim history since last team note

2. Current problems: (Patient has identified needing help in addressing the symptoms selected below as they are frequently present and disrupt activities.)

- Feeling dizzy
- Poor coordination, clumsy
- Headaches
- Nausea
- Vision problems, blurring, trouble seeing
- Sensitivity to light
- Poor concentration, cannot pay attention, easily distracted
- Forgetfulness, cannot remember things
- Difficulty falling or staying asleep
- Feeling anxious or tense
- Irritability, easily annoyed
- Other

Additional Comments:

Figure 40 – Rehabilitation and Reintegration Plan Part 1

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 41 – 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 42 – 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)

Save Draft

Save and Prepare Note

Cancel

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 43 – 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.

[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

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. 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.

TBI INSTRUMENTS > INSTRUMENT ASSOCIATIONS > REHABILITATION AND REINTEGRATION PLAN

Patient

Patient:

SSN:

Facility:

This note documents the interdisciplinary team assessment, goals, and plan. Team membership is comprised of the Veteran or Active Duty Service member, family, and clinical providers as indicated in the body of the note below.

- Note Initial
Type: Interim
 Discharge

1. History of present illness/interim history since last team note

2. Current problems: (Patient has identified needing help in addressing the symptoms selected below as they are frequently present and disrupt activities.)

- Feeling dizzy
- Poor coordination, clumsy
- Headaches
- Nausea
- Vision problems, blurring, trouble seeing
- Sensitivity to light
- Poor concentration, cannot pay attention, easily distracted
- Forgetfulness, cannot remember things
- Difficulty falling or staying asleep
- Feeling anxious or tense
- Irritability, easily annoyed
- Other

Additional Comments:

Figure 44 – Rehabilitation and Reintegration Plan Part 1

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 45 – 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 46 – 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)

Save Draft

Save and Prepare Note

Cancel

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 47 – 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.

[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

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.

3.2.6. 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 shows a web browser window for the "TBI Instruments - 2 Minute ... x" page. The URL is https://www.tbi-dev.registries.ac.v.gov/(S(hmv4ew454sam323d2xpeid2))/TBI_Instruments/MedRedTwoMinuteWalk.aspx. The page header includes the United States Department of Veterans Affairs Traumatic Brain Injury Registry logo and navigation links for "TBI INSTRUMENTS > INSTRUMENT ASSOCIATIONS > 2 MINUTE WALK TEST". Below the header, it says "Patient" and "Patient: AARSVOLD, FAITH K SSN: 101-01-2294". The main content area is titled "2 Minute Walk Test" and includes a link "Click for Instructions". There is a section for "Assistive Device and/or Brace Used" with a text input field. Below this are four rows for recording data, each with a "Date" input field and a "Distance ambulated in 2 minutes" input field. The first row has a date of 3/3/2014 and a distance of 20 meters. The second row has a date of 3/3/2014 and a distance of 25 meters. The third row has a blank date field and a blank distance field. The fourth row has a blank date field and a blank distance field. At the bottom left, there are buttons for "Save Draft", "Save and Prepare Note", and "Cancel". The current user is listed as "Current User: SHELLEY,BRETT".

Figure 48 - 2 Minute Walk Test

3.2.7. 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.

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

L - Test - [Click for Instructions](#)

Test Date
 [Calendar](#)

Lower extremity amputation
 No Yes

Assistive device
 No Yes

Physical Assistance
 Yes (Contact Guarding through any level of assistance)
 No (Supervised ambulation through Independent ambulation)

Trial 1: Time sec. **Trial 1:Distance** m

Trial 2: Time sec. **Trial 2:Distance** m

Unstable on turning?
 No
 Yes

[Save Draft](#) [Save and Prepare Note](#) [Cancel](#)

Current User: SHELLEY,BRETT

Figure 49 - L - Test

3.2.8. 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.

Locomotor Capability Index - 5 (LCI - 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 WITH YOUR PROSTHESIS ON?

0 = No, 1 = Yes with help, 2 = Yes with supervision, 3 = Yes alone

Test Date: [Empty input field] [Calendar icon]

Basic Activities

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

Basic activities score: /21

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
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

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

3.2.9. 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.

Functional Mobility Assessment (FMA)

DIRECTIONS:
 Step 1. Please answer the following 10 questions by placing an 'X' in the box under the response (completely agree, mostly agree, slightly agree, etc.) that best matches your ability to function while in your current means of mobility (i.e., walking, cane, crutch, walker, manual wheelchair, power wheelchair or scooter). All examples may not apply to you, and there may be tasks you perform that are not listed. Mark each question only one time. If you answer, "slightly," "mostly," or "completely disagree" for any question, please write and specify the reason for your disagreement in the Comments section. Needs to be validation rule. If answers are disagree in any measure, patient MUST answer comments.

Step 2. Please determine your priorities, by rating the importance of the content in each of the 10 questions in the shaded box to the right of each question. Rate your highest priority as 10, and your lowest priority as 1.

Date of assessment []

What is your current means of mobility device? (Check all that apply)

- Walking Manual Wheelchair
- Walker Power Wheelchair
- Cane Scooter
- Crutch

1. My current means of mobility allows me to carry out my daily routine as independently, safely and efficiently as possible: (e.g., tasks I want to do, need to do, am required to do - when and where needed)

<input type="radio"/> Completely Agree <input type="radio"/> Mostly Agree <input type="radio"/> Slightly Agree <input type="radio"/> Slightly Disagree <input type="radio"/> Mostly Disagree <input type="radio"/> Completely Disagree <input type="radio"/> Does not apply	Rating Priority: <small>(Highest priority as 10, lowest priority as 1)</small> --Select Rating Priority-- ▾
---	--

Comments []

Figure 51 - Functional Mobility Assessment (FMA)

3.2.10. 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 a web-based survey titled "Quebec User Evaluation of Satisfaction with Assistive Technology (QUEST)". At the top, there's a header with the United States Department of Veterans Affairs logo and the text "Traumatic Brain Injury Registry". Below the header, the URL is https://www.tbi-dev.registry.va.gov/(S(uvlosl2iefe0xqjibswum45))/TBI_Instruments/QUESTInstrument.aspx. The main content area has a dark blue background with white text. It starts with "Patient" and "Patient: AARSOULD, FAITH K SSN: 101-01-2294". Below this, the title "Quebec User Evaluation of Satisfaction with Assistive Technology (QUEST)" is displayed. There are fields for "Date of assessment" and "Technology device". A detailed description follows, explaining the purpose of the questionnaire (to evaluate satisfaction with assistive devices) and the 12 satisfaction items. A legend defines the scale from 1 to 5: 1 = "Not satisfied at all", 2 = "Not very satisfied", 3 = "More or less satisfied", 4 = "Quite satisfied", and 5 = "Very satisfied". A note says to comment on items not rated as "very satisfied". The survey consists of 12 questions, each with a "Comments" field and a radio button scale from 1 to 5. The first five questions are listed:

- 1. the dimensions (size, height, length, width) of your assistive device? 1 2 3 4 5
- Comments:

- 2. the weight of your assistive device? 1 2 3 4 5
- Comments:

- 3. the ease in adjusting (fixing, fastening) the parts of your assistive device? 1 2 3 4 5
- Comments:

- 4. how safe and secure your assistive device is? 1 2 3 4 5
- Comments:

- 5. the durability (endurance, resistance to wear) of your assistive device? 1 2 3 4 5

Figure 52 - Quebec User Evaluation of Satisfaction with Assistive Technology (QUEST)

3.2.11. 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.

The screenshot shows a web browser window for the "TBI Instruments - VA Low V..." tab. The URL is https://www.tbi-dev.registry.ac.va.gov/IS/vgmyjdqnrbkh545vlipr55/TBI_Instruments/VALowVisionSurvey.aspx. The page header includes the United States Department of Veterans Affairs logo and the "Traumatic Brain Injury Registry". A navigation bar at the top says "TBI INSTRUMENTS > INSTRUMENT ASSOCIATIONS > VA LOW VISION VISUAL FUNCTIONING (LA LV VFQ 20) SURVEY". Below this, it says "Patient" and "Patient: AARSOULD, FAITH K SSN: 101-01-2294". The main content area is titled "VA Low Vision Visual Functioning (LA LV VFQ 20) Survey". It asks to select a response for each activity based on difficulty level (1-5). The survey includes questions about reading newspaper/magazine articles, reading mail, reading small print on package labels, keeping place while reading, handling finances, taking messages, eating/drinking neatly, preparing meals, reading menus, and grooming. The "Type of submission" is set to "Baseline" and "Follow-Up". The "BRS Program Type" is selected as "BRC".

Figure 53 - VA Low Visual Functioning (LA LV VFQ 20) Survey

3.2.12. Neurobehavioral Symptom Inventory (NSI)

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

The screenshot shows a computer screen displaying the "Traumatic Brain Injury Registry" website. The URL is [https://www.tbi-dev.registry.ac.vagov/\(S\(qu0h045asgw2n5alzqthmr\)/TBI_Instruments/NeurobehavioralSymptomInventory.aspx](https://www.tbi-dev.registry.ac.vagov/(S(qu0h045asgw2n5alzqthmr)/TBI_Instruments/NeurobehavioralSymptomInventory.aspx). The page title is "TBI Instruments - Neurobehav...". The main content area is titled "TBI INSTRUMENTS > INSTRUMENT ASSOCIATIONS > NEUROBEHAVIORAL SYMPTOM INVENTORY (NSI)". A patient record is shown: "Patient: AARSVOLD, FAITH K SSN: 101-01-2294". Below this, the "Neurobehavioral Symptom Inventory (NSI)" is displayed. The instructions say "- Click for Instructions". A date field shows "Date 2/11/2014". The survey lists 17 symptoms with a rating scale from 0 to 4:

Symptoms	Rating
1. Feeling Dizzy	<input type="radio"/> 0 <input type="radio"/> 1 <input checked="" 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 checked="" type="radio"/> 3 <input type="radio"/> 4
3. Poor coordination, clumsy	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4
4. Headaches	<input type="radio"/> 0 <input type="radio"/> 1 <input checked="" 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 checked="" 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 checked="" type="radio"/> 4
7. Sensitivity to light	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4
8. Hearing difficulty	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4
9. Sensitivity to noise	<input type="radio"/> 0 <input type="radio"/> 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
10. Numbness or tingling on parts of my body	<input type="radio"/> 0 <input type="radio"/> 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
11. Change in taste and/or smell	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4
12. Loss of appetite or increased appetite	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4
13. Poor concentration, can't pay attention, easily distracted	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4
14. Forgetfulness, can't remember things	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4
15. Difficulty making decisions	<input type="radio"/> 0 <input type="radio"/> 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
16. Slowed thinking, difficulty getting organized, can't finish things	<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
17. Fatigue, loss of energy, getting tired easily	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4

Figure 54 - Neurobehavioral Symptom Inventory (NSI)

3.2.13. 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.

The screenshot shows a web browser window for the United States Department of Veterans Affairs Traumatic Brain Injury Registry. The URL is https://www.tbi-dev.registry.ac.veterans.gov/5(uomdtcbzein4odeyjdhw2g2e)/TBI_Instruments/PatientGlobalImpOfChange.aspx. The page title is "TBI Instruments - Patient Gl...". The main content area is titled "Patient Global Impression of Change (PGIC)". It displays patient information: "Patient: AARSVOLD, FAITH K SSN: 101-01-2294". Below this, there are fields for "Date" and "Chief Complaint", both currently empty. A question asks about the change in activity limitations, symptoms, emotions, and overall quality of life since treatment began. The response scale ranges from "No change (or condition has got worse)" to "A great deal better, and a considerable improvement that has made all the difference". Below this, another section asks for a degree of change on a scale from "Much Better" to "Much Worse", with options numbered 0 through 10. At the bottom are buttons for "Save Draft", "Save and Prepare Note", and "Cancel". The current user is listed as "Current User: SHELLEY,BRETT".

Figure 55 - Patient Global Impression of Change (PGIC)

3.2.14. 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.

Satisfaction with Life Scale (SWLS)

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
4 = neither agree nor disagree
5 = slightly agree
6 = agree
7 = strongly agree

Date of assessment []

1. In most ways my life is close to my ideal.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
2. The conditions of my life are excellent.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
3. I am satisfied with my life.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
4. So far I have gotten the important things I want in life.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
5. If I could live my life over, I would change almost nothing.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7

Save Draft | Save and Prepare Note | Cancel

Current User: SHELLEY,BRETT

Figure 56 - Satisfaction with Life Scale (SWLS)

3.2.15. 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

TBI INSTRUMENTS > INSTRUMENT ASSOCIATIONS > BERG BALANCE SCALE

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

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

Date of assessment *

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

2. STANDING UNSUPPORTED *
INSTRUCTIONS: Please stand for two minutes without holding.
 able to stand safely 2 minutes
 able to stand 2 minutes with supervision
 able to stand 30 seconds unsupported
 needs several tries to stand 30 seconds unsupported
 unable to stand 30 seconds unassisted

3. SITTING WITH BACK UNSUPPORTED BUT FEET SUPPORTED ON FLOOR OR ON A STOOL *
INSTRUCTIONS: Please sit with arms folded for 2 minutes.
 able to sit safely and securely 2 minutes
 able to sit 2 minutes under supervision
 able to sit 30 seconds
 able to sit 10 seconds
 unable to sit without support 10 seconds

4. STANDING TO SITTING *
INSTRUCTIONS: Please sit down.

Figure 57 - Berg Balance Scale

3.2.16. 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.

The screenshot shows the TBI Instruments - Disability Rating Scale (DRS) page. At the top, there's a navigation bar with links for 'TBI INSTRUMENTS > INSTRUMENT ASSOCIATIONS > DISABILITY RATING SCALE (DRS)'. Below this, a 'Patient' section displays the patient's name and SSN. The main content area contains two rating scales: 'A. EYE OPENING' and 'B. COMMUNICATION ABILITY'. Each scale has four options (0, 1, 2, 3) with corresponding definitions. For example, in the Eye Opening section, option 0 is 'SPONTANEOUS' and option 3 is 'NONE'. In the Communication Ability section, option 0 is 'ORIENTED' and option 4 is 'NONE'.

Figure 58 - Disability Rating Scale (DRS)

3.2.17. 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

Help

TBI INSTRUMENTS > INSTRUMENT ASSOCIATIONS > PARTICIPATION ASSESSMENT WITH RECOMBINED TOOLS

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

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

Diagnosis *
 Stroke
 Brain Dysfunction (TBI/ARI)
 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
 Don't know/not sure/refused

2. In a typical week, how many hours do you spend in school working toward a degree or in an accredited technical training program, including hours in class and studying? *
 None
 1-4 hours
 5-9 hours
 10-19 hours
 20-34 hours
 35 or more hours
 Don't know/not sure/refused

3. In a typical week, how many hours do you spend in active homemaking, including cleaning, cooking, and raising children? *
 None
 1-4 hours
 5-9 hours
 10-19 hours
 20-34 hours
 35 or more hours
 Don't know/not sure/refused

4. In a typical week, how many times do you socialize with friends, in person or by phone? Please do not include socializing with family members. *
 None
 1-4 times
 5-9 times
 10-19 times
 20-34 times
 35 or more times
 Don't know/not sure/refused

5. In a typical week, how many times do you socialize with family and relatives, in person or by phone? *
 None
 1-4 times
 5-9 times
 10-19 times
 20-34 times
 35 or more times
 Don't know/not sure/refused

Figure 59 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 60Participation 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

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

Current user: SHELLEY.BRATT

Figure 61Participation Assessment with Recombined Tools (PART-O) – 3 of 3

3.2.18. 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).

UNITED STATES DEPARTMENT OF VETERANS AFFAIRS
Traumatic Brain Injury Registry

TBI INSTRUMENTS > INSTRUMENT ASSOCIATIONS > JFK COMA RECOVERY SCALE - REVISED

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

JFK Coma Recovery Scale - Revised - [Click for Instructions](#)
[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

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: SHELLEY,BRETT

Figure 62 JFK Coma Recovery Scale - Revised (CRS-R)

3.2.19. 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

TBI INSTRUMENTS > INSTRUMENT ASSOCIATIONS > OSWESTRY LOW BACK PAIN DISABILITY QUESTIONNAIRE

Patient

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

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

Figure 63 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

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

Current User: SHELLY.BRETT < >

Figure 64 - Oswestry Low Back Pain Disability Questionnaire – 2 of 2

3.2.20. 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.

3.2.21. 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 a web-based survey interface for the Traumatic Brain Injury Registry. At the top, there's a logo for the United States Department of Veterans Affairs and the text "Traumatic Brain Injury Registry". Below this, a navigation bar includes "Help" and "TBI INSTRUMENTS > INSTRUMENT ASSOCIATIONS > GENERALIZED ANXIETY DISORDER SCALE". A patient information box displays "Patient", "Patient: AARSVOLD, FAITH K", and "SSN: 101-01-2294". The main content area is titled "Generalized Anxiety Disorder Scale - [Click for Instructions](#)". It contains a diagnosis selection section with various medical conditions listed as radio buttons, where "Pain" is selected. There's also a "Other Description:" input field and a date input field set to "4/24/2014". The next section asks "Over the last 2 weeks how often you been bothered by the following problems?" followed by two sets of questions with response scales from "Not at all" to "Nearly everyday".

Figure 65 - Generalized Anxiety Disorder Scale (GAD-7)

3.2.22. 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

[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: Ryan

Date of assessment * 4/30/2014

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

UNITED STATES DEPARTMENT OF VETERANS AFFAIRS
Traumatic Brain Injury Registry

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: Ryan

Date of assessment * 4/30/2014

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 67 - 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 68 - 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

Total Severity Score: 47

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

Figure 69 -Post Traumatic Stress Disorder (PTSD) Checklist – Civilian Version (PCL-C) – 3 of 3

3.2.23. 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

TBI INSTRUMENTS > INSTRUMENT ASSOCIATIONS > PATIENT HEALTH QUESTIONNAIRE - 9

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

Patient Health Questionnaire - 9 - [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. Little interest or pleasure in doing things *
 Not at all
 Several days
 More than half the days
 Nearly every day

2. Feeling down, depressed, or hopeless *
 Not at all
 Several days
 More than half the days
 Nearly every day

3. Trouble falling or staying asleep, or sleeping too much *
 Not at all
 Several days
 More than half the days
 Nearly every day

4. Feeling tired or having little energy *
 Not at all
 Several days
 More than half the days
 Nearly every day

5. Poor appetite or overeating *
 Not at all
 Several days
 More than half the days
 Nearly every day

Figure 70 - 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

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

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.

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Figure 71 - Patient Health Questionnaire - 9 (PHQ-9) - 2 of 2

3.2.24. 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.

3.2.25. 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 wakening 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

TBI INSTRUMENTS > INSTRUMENT ASSOCIATIONS > INSOMNIA SEVERITY INDEX

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

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

2. Difficulty staying asleep *

None
 Mild
 Moderate
 Severe
 Very Severe

3. Problems waking up too early *

None
 Mild
 Moderate
 Severe
 Very Severe

Figure 72 - Insomnia Severity Index (ISI) – 1 of 2

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

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

Total Score: 17

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Figure 73 - Insomnia Severity Index (ISI) - 2 of 2

3.2.26. 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.

6 What is your current employment status? *

- full-time employment
- part-time employment
- unemployed, not interested in returning to work
- unemployed, looking for work
- unemployed, disabled
- retired due to pain
- retired not due to pain

7 How many years of education have you completed starting with the first grade? *

years.

8 Please select all of the following types of claims you have filed related to your pain problem *

- workers' compensation
- personal injury (unrelated to work)
- Social Security Disability Insurance (SSDI)
- other insurance
- none
- VA Service Connection

Figure 74 - 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 75 - Pain Outcomes Questionnaire VA Long Form – Intake – 2 of 3

28 How would you rate your overall energy? *	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input checked="" type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10
29 How would you rate your strength and endurance TODAY? *	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input checked="" type="radio"/> 9 <input type="radio"/> 10
30 How would you rate your feelings of depression TODAY? *	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input checked="" type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10

Figure 76 - Pain Outcomes Questionnaire VA Long Form – Intake – 3 of 3

3.2.27. Pain Outcomes Questionnaire VA Long Form – Discharge

Refer to POQ Intake description above.

3.2.28. Pain Outcomes Questionnaire VA Long Form – Follow-Up

Refer to POQ Intake description above.

3.2.29. 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.

3.2.30. World Health Organization - Disability Assessment Schedule (WHODAS 2.0) Self

Refer to WHODAS 2.0 Interview description above.

3.2.31. World Health Organization - Disability Assessment Schedule (WHODAS 2.0) PROXY

Refer to WHODAS 2.0 Interview description above.

3.3. Sample Report

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.

The screenshot shows a software interface for a medical assessment. At the top, there are tabs for 'Patient' (selected), 'Patients', 'Note', and 'Facility'. Below this is a header for the 'Reyes-Portland Adaptability Inventory-4 Participation Index (MPI)' by Walter G. Louson, PhD, ABPP & James P. Hayes, PhD, ABPP. The main content is a table titled 'Used as VA Interdisciplinary Team Assessment of Community Functioning'. The table has two columns: 'Note Type' (which is 'Initial') and 'Person Reporting' (which is 'Single Professional'). The rows represent different functional domains:

Note Type	Person Reporting
Initial	<input type="radio"/> None
Initial	<input type="radio"/> Normal involvement with others
Initial	<input type="radio"/> Minimal participation in leisure activities for age
Initial	<input type="radio"/> Independent completion of self-care activities
Initial	<input type="radio"/> Independent living without supervision or concern from others
Initial	<input type="radio"/> Independent in all modes of transportation including independent ability to operate a personal motor vehicle
Initial	<input type="radio"/> Full-time (more than 30 hrs/wk) without support
Initial	<input type="radio"/> Independent, manages money without supervision or concern from others
Initial	8

Below the table, there are two buttons: 'Submit Note' and 'Cancel'. A note at the bottom says: '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.' Another note says: '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 77 – 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.

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">For Question A: Was this evaluation furnished by a non-VA provider, e.g., fee basis? Answer Yes.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.
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">For Question A: Was this evaluation furnished by a non-VA provider, e.g., fee basis? Answer Yes.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?Enter Yes for Question #27.
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">For Question A: Was this evaluation furnished by a non-VA provider, e.g., fee basis? Answer No.For Question #4: How many serious OEF/OIF deployment related injuries have occurred? Answer None.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, 13Answering 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

Rule	Description	Related Rules
		patient suffered a TBI during OEF/OIF deployment.
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>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"> a. The Year allowed is 2001 to current. b. The system skips questions: 4-B-1, 4-B-2, 4-C-1, 4-C-2
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"> a. The Year allowed is 2001 to current. b. The system skips questions: 4-C-1, 4-C-2 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.
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"> a. The system skips questions: 5-D-1, 5-D-1-a, 5-D-2, 5-D-3, 5-D-4, 5-D-5. b. Answering No on 5-D moves you to question 5-E.
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.	<p>81. For question 8: Did you experience a period of memory loss immediately before or after the incident? Answer Uncertain.</p> <p>82. The system will skip question 8-A</p>
TFA BR#11	<p>Answering anything other than Other to Question #20-A will skip Question 20-A-1.</p> <p>Answer Other on Question #20-A, Question 20-A-1 will appear.</p>	<p>83. For Question 20-A, answer anything other than "Other". The system will skip Question 20-A-1.</p> <p>84. For Question 20-A, answer "Other". Question 20-A-1 appears.</p>
TFA BR#12	Answering No to Question #13 will skip Questions 13-A, 13-B	<p>85. For Question 13: In the last 30 days, have you had any problems with pain? Answer No.</p> <p>86. The system will skip questions 13-A, 13-B</p>

B. Glossary

Glossary

A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X		
0-9												

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

Term or Acronym	Description
0 - 9	
508	See Section 508

[BACK](#) to Glossary Contents

Term or Acronym	Description
A	
ABI	Acquired Brain Injury

[BACK](#) to Glossary Contents

Term or Acronym	Description
B	
browser	A program which allows a person to read hypertext . 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.

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Term or Acronym	Description
C	
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 Computerized Patient Record System
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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
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Term or Acronym	Description
	E
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Term or Acronym	Description
	F
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Term or Acronym	Description
	G
Global War On Terror (GWOT)	<i>Obsolete term</i> ; see Overseas Contingency Operation
GWOT	Global War On Terror (<i>obsolete term</i> ; see Overseas Contingency Operation).
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Term or Acronym	Description
	H
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Term or Acronym	Description
	I
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Term or Acronym	Description
	J
BACK	to Glossary Contents

Term or Acronym	Description
	K
BACK	to Glossary Contents

Term or Acronym	Description
	L
BACK	to Glossary Contents

Term or Acronym	Description
	M
MAPI	Mayo-Portland Adaptability Inventory
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Term or Acronym	Description
	N
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Term or Acronym	Description
	O
OCO	See Overseas Contingency Operation
OEF/OIF	Operation Enduring Freedom/Operation Iraqi Freedom
OPCS	See Patient Care Services
OIT	Office of Information Technology

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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.

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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>

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Term or Acronym	Description
	S
Section 508	Section 508 of the Rehabilitation Act as amended, 29 U.S.C. Section 794(d) , 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 SNOMED 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.

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Term or Acronym	Description
	T

TBI See [Traumatic Brain Injuries](#)

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.

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Term or Acronym	Description
	U

Uniform Resource Locator (URL) (*Formerly Universal* 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 [Uniform Resource Locator](#)

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Term or Acronym	Description
	V

VA See [Veterans Affairs](#)

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
http://www.va.gov/VistA_monograph/docs/2008VistAHealthVet_Monograph.pdf

Term or Acronym	Description
Architecture (VistA)	and http://www.virec.research.va.gov/DataSourcesName/VISTA/VISTA.htm .
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

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Term or Acronym	Description
	W
WBA	See Web-Based Application
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 User Interface

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Term or Acronym	Description
	X

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C. Web Based Application Elements

The following sections describe typical WBA elements.

Text Box



Note how the appearance of the box changes: 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**).

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.

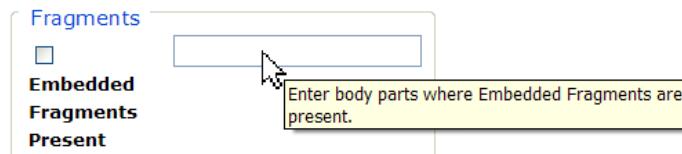


Figure 78 – Tool Tip for Text Box

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

Living Arrangement: Alone Family Friend Facility Other

SAMPLE: Living Arrangement:

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

SAMPLES

Search

Save

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.

In the text of this document, command button names appear inside square brackets.

Examples: **[Search]**, **[Save]**.

Cancel

The **[Cancel]** 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 **[Cancel]** 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 **[Cancel]** button to discard any changes you may have made to the data and close the tab.

Select

The **[Select]** command is used to select records for editing.

Search

The **[Search]** command is used to find one or more records. When at least one character is typed in a lookup dialog box, clicking the **[Search]** 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 **[Search]**. Searches are case-insensitive and use “contains” logic.

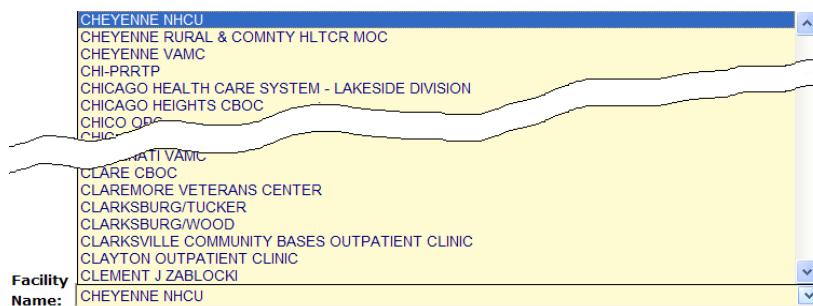
OK

The **[OK]** command is used to accept a default choice, or to agree with performing an action.

Drop-down List

SAMPLE 1:

Facility Name: =====Please select institution=====

SAMPLE 2:

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.