

# FUNCTIONAL STATUS

## TBIFIM = Functional Status

<b>1. CDE Variable</b>	TBIFIM = Functional Status
<b>2. CDE Definition</b>	Functional status is to be collected within three calendar days after admission to inpatient rehabilitation and again within three calendar days before inpatient rehabilitation discharge (basic version). It is also to be collected at 1 month post-TBI and 3-months post TBI (intermediate/advanced versions).
<b>3. Recommended instrument for assessment</b>	The FIM™ is to be used to measure functional status. FIM™ is to be collected according to the current IRF-PAI coding instructions. Information about the FIM™ can be found in the IRF-PAI manual in section III, pages 40-57 and pages 29-34.
<b>4. Description of measure</b>	<p>The FIM™ is a measure of functional status. It is intended to measure what the person actually does, not what he/she ought to be able to do, or might be able to do if certain circumstances were different.</p> <p>FIM™ Items:</p> <ul style="list-style-type: none"> <li>• 1. Feeding</li> <li>• 2. Grooming</li> <li>• 3. Bathing</li> <li>• 4. Dressing Upper Body</li> <li>• 5. Dressing Lower Body</li> <li>• 6. Toileting</li> <li>• 8. Bladder Management</li> <li>• 8a. Bladder Management – Level of Assistance</li> <li>• 8b. Bladder Management – Frequency of Accidents</li> <li>• 9. Bowel Management</li> <li>• 9a. Bowel Management – Level of Assistance</li> <li>• 9b. Bowel Management – Frequency of Accidents</li> <li>• 10. Bed, Chair, Wheelchair Transfers</li> <li>• 11. Toilet Transfers</li> <li>• 12. Tub or shower Transfers</li> <li>• 14a. Walking</li> <li>• 14b. Wheelchair</li> <li>• 15. Stairs</li> <li>• 17a. Comprehension Mode</li> <li>• 17b. Comprehension</li> <li>• 18a. Expression Mode</li> <li>• 18b. Expression</li> <li>• 22. Social Interaction</li> <li>• 26. Problem solving</li> <li>• 27. Memory</li> </ul>
<b>5. Permissible values</b>	<p>FIM™ Codes:</p> <ul style="list-style-type: none"> <li>• 0 Activity does not occur-Admit items 1 through 6 and 10 through 15 only</li> <li>• 1 Total Assistance (pt &lt;25 % of task)</li> </ul>

	<ul style="list-style-type: none"> <li>• 2 Maximum Assistance (pt 25-49 % of task)</li> <li>• 3 Moderate Assistance (pt 50-74 % of task)</li> <li>• 4 Minimal Assistance (pt &gt;75 % of task)</li> <li>• 5 Supervision (pt does 100 %)</li> <li>• 6 Modified Independence (extra time, device)</li> <li>• 7 Complete Independence (timely, safely)</li> <li>• 8 N/A pt walking/not using wheelchair – item 14b. only</li> <li>• 9 Unknown</li> </ul> <p>Frequency of Accidents Codes:</p> <ul style="list-style-type: none"> <li>• 1 Five or more accidents in past 7 days</li> <li>• 2 Four accidents in past 7 days</li> <li>• 3 Three accidents in past 7 days</li> <li>• 4 Two accidents in past 7 days</li> <li>• 5 One accident in past 7 days</li> <li>• 6 No accidents, uses device</li> <li>• 7 No accidents</li> <li>• 9 Unknown</li> </ul> <p>Item 14: Primary mode of locomotion on discharge</p> <ul style="list-style-type: none"> <li>• w Walking</li> <li>• c Wheelchair</li> <li>• 9 Unknown</li> </ul> <p>Item 17: Primary mode of comprehension</p> <ul style="list-style-type: none"> <li>• a Auditory comprehension more than 50% of the time</li> <li>• v Visual comprehension more than 50% of the time</li> <li>• b Both used equally</li> <li>• 9 Unknown</li> </ul> <p>Item 18: Primary mode of expression</p> <ul style="list-style-type: none"> <li>• v Verbal expression more than 50% of the time</li> <li>• n Nonverbal expression more than 50% of the time</li> <li>• b Both used equally</li> <li>• 9 Unknown</li> </ul>
<b>6. Classification: Basic/Intermediate/Advanced</b>	See below
<b>7. Procedure</b>	<p>For Basic Version:</p> <ul style="list-style-type: none"> <li>• Collect FIM™ at admission to and discharge from inpatient rehabilitation.</li> </ul> <p>For Intermediate and Advanced Versions:</p> <ul style="list-style-type: none"> <li>• Collect FIM™ at admission to and discharge from inpatient rehabilitation, at 1 month post-TBI and 3 months post-TBI.</li> </ul>
<b>8. Comments/Special instructions:</b> The FIM™ is copyright protected. Contact copyright owner (see 10) prior to use.	
<b>9. Rationale/justification:</b> Level of functional independence after TBI is an important indicator of need for assistance and service provision.	

**10. References:**

Uniform Data System for Medical Rehabilitation  
232 Parker Hall  
SUNY South Campus  
3435 Main Street  
Buffalo, New York 14214 3007  
(716) 829 2076; FAX (716) 829 2080

The IRF-PAI instructions for the FIM are disseminated through the website of The Centers for Medicare and Medicaid Services. For information about the CMMS, go to:  
<http://www.cms.hhs.gov/researchers/projects/APR/2003/facts.pdf>.

# Neurobehavioural Symptom Inventory

## TBINSI = Neurobehavioral Symptom Inventory

<b>1. CDE Variable</b>	TBINSI = Neurobehavioral Symptom Inventory (NSI)
<b>2. CDE Definition</b>	The Neurobehavioral Symptom Inventory captures information on subjective complaints which may occur following TBI.
<b>3. Recommended instrument for assessment</b>	Neurobehavioral Symptom Inventory
<b>4. Description of measure</b>	<p>Symptoms assessed in the NSI:</p> <ol style="list-style-type: none"> <li>1. Feeling dizzy</li> <li>2. Loss of balance</li> <li>3. Poor coordination, clumsy</li> <li>4. Headaches</li> <li>5. Nausea</li> <li>6. Vision problems, blurring, trouble seeing</li> <li>7. Sensitivity to light</li> <li>8. Hearing difficulty</li> <li>9. Sensitivity to noise</li> <li>10. Numbness or tingling on parts of my body</li> <li>11. Change in taste and/or smell</li> <li>12. Loss of appetite or increase of appetite</li> <li>13. Poor concentration, can't pay attention, easily distracted</li> <li>14. Forgetfulness, can't remember things</li> <li>15. Difficulty making decisions</li> <li>16. Slowed thinking, difficulty getting organized, can't finish things</li> <li>17. Fatigue, loss of energy, getting tired easily</li> <li>18. Difficulty falling or staying asleep</li> <li>19. Feeling anxious or tense</li> <li>20. Feeling depressed or sad</li> <li>21. Irritability, easily annoyed</li> <li>22. Poor frustration tolerance, feeling easily overwhelmed by things</li> </ol>
<b>5. Permissible values</b>	<ul style="list-style-type: none"> <li>• <b>0 = None</b> – rarely if ever present; not a problem at all</li> <li>• <b>1 = Mild</b> – Occasionally present, but it does not disrupt activities, I can usually continue what I'm doing; doesn't really concern me.</li> <li>• <b>2 = Moderate</b> – Often present, occasionally disrupts my activities; I can usually continue what I'm doing with some effort; I feel somewhat concerned.</li> <li>• <b>3 = Severe</b> – Frequently present and disrupts activities; I can only do things that are fairly simple or take little effort; I feel like I need help.</li> <li>• <b>4 = Very severe</b> – Almost always present and I have been unable to perform at work, school or</li> </ul>

	<p>home due to this problem; I probably cannot function without help.</p> <ul style="list-style-type: none"> <li>• <b>9 = Unknown</b></li> </ul>
<b>6. Classification: Basic/Intermediate/Advanced</b>	See below
<b>7. Procedure</b>	Rate the symptoms (see description of measure) with regard to how much they have disturbed you recently. <i>(ONLY TO BE COMPLETED BY PERSON WITH TBI)</i>
<b>8. Comments/Special instructions:</b>	The NSI is to be collected within three calendar days after admission to inpatient rehabilitation and again within three calendar days before inpatient rehabilitation discharge (basic version). It is also to be collected at 1 month post-TBI and 3-months post TBI (intermediate/advanced versions).
<b>9. Rationale/justification:</b>	Symptoms post-TBI are frequently reported and can impact a person's ability to function.
<b>10. References:</b>	<i>Cicerone, KD, Kalmar K. Persistent postconcussion syndrome: The structure of subjective complaints after mild traumatic brain injury. J Head Tr Rehabil. Jun 1995;10(3):1-17</i>

<p><b>Recommended time for assessment:</b></p> <p>For Basic Version:</p> <ul style="list-style-type: none"> <li>• Collect NSI at admission to and discharge from inpatient rehabilitation.</li> </ul> <p>For Intermediate and Advanced Versions:</p> <ul style="list-style-type: none"> <li>• Collect NSI at admission to and discharge from inpatient rehabilitation, at 1 month post-TBI and 3 months post-TBI, and further as required by protocol.</li> </ul>
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# Posttraumatic Stress Disorder Check List

## TBIPCLC = Posttraumatic Stress Disorder Check List

<b>1. CDE Variable</b>	Post Traumatic Stress Disorder Checklist – Civilian Version (PCL-C)
<b>2. CDE Definition</b>	PCL-C: checklist aimed to provide indication of likely PTSD status.
<b>3. Recommended instrument for assessment</b>	Post Traumatic Stress Disorder Checklist – Civilian Version (PCL-C)
<b>4. Description of measure</b>	<p>The PCL-C checklist consists of 17 questions which should be completed by the person with TBI. Each question should be answered on a 5-point rating scale (see under permissible values).</p> <p><u>Items of PCL-C:</u></p> <ol style="list-style-type: none"> <li>1. Repeated, disturbing memories, thoughts or images of a stressful experience from the past</li> <li>2. Repeated, disturbing dreams of a stressful experience from the past</li> <li>3. Suddenly acting or feeling as if a stressful experience from the past were happening again (as if you were reliving it)</li> <li>4. Feeling very upset when something reminded you of a stressful experience from the past</li> <li>5. Having physical reactions (i.e. heart pounding, trouble breathing, sweating) when something reminded you of a stressful experience from the past</li> <li>6. Avoiding thinking about or talking about a stressful experience from the past or avoiding having feeling related to it</li> <li>7. Avoiding activities or situations because they reminded you of a stressful experience from the past</li> <li>8. Trouble remembering important parts of a stressful experience from the past</li> <li>9. Loss of interest in activities that you used to enjoy</li> <li>10. Feeling distant or cut off from other people</li> <li>11. Feeling emotionally numb or being unable to have loving feelings to those close to you</li> <li>12. Feeling as if your future will somehow be cut short</li> <li>13. Trouble falling or staying asleep</li> <li>14. Feeling irritable or having angry outbursts</li> <li>15. Having difficulty concentrating</li> <li>16. Being super alert or watchful or on guard</li> <li>17. Feeling jumpy or easily startled</li> </ol>
<b>5. Permissible values</b>	<ul style="list-style-type: none"> <li>• <b>1 = not at all</b></li> <li>• <b>2 = a little bit</b></li> <li>• <b>3 = moderately</b></li> <li>• <b>4 = quite a bit</b></li> </ul>

	<ul style="list-style-type: none"> <li>• 5 = extremely</li> <li>• 9 = unknown/not sure</li> </ul>
<b>6. Classification: Basic/Intermediate/Advanced</b>	Identical.
<b>7. Procedure</b>	The PCL-C should be completed by the person with TBI. Subjects are requested to indicate on the 5-point rating scale how much they have been bothered by each of the 17 items of the checklist.
<b>8. Comments/Special instructions:</b> Assessing symptoms of possible PTSD is considered appropriate in all patients after TBI. Assessment at fixed time points is in general considered preferable over assessments as variable time points. However, it may be appropriate to assess PTSD symptoms on discharge from the acute care hospital and on entry to rehab. The first assessment is recommended at a minimum of 1 week post-injury or post return of consciousness. There is no objection against repeated administration of PTSD measures.	
<b>9. Rationale/justification:</b> Routine evaluation of symptoms suggestive of posttraumatic stress disorder (PTSD) is recommended in all patients with TBI. Whilst a general belief exists that PTSD is not a particular problem in TBI patients because of the initial amnesia, recent evidence indicates that this belief may be erroneous. The incidence of PTSD symptoms in patients with mild TBI is reportedly high; very little or no information exists on PTSD symptoms in patients with more severe or moderate injuries. In order to fill this gap in our knowledge, we recommend collecting information on PTSD in all patients following TBI. The PCL is a widely accepted screening instrument for PTSD symptoms. Various versions exist: the PCL-C is a broad tool capturing symptoms in relation to stressful events in general. The PCL-S focuses more on one event and the PCL-M on military populations. For general use across TBI populations, we advise the PCL-C. It should be recognized that the PCL-C is in principle a screening tool, providing some indication of likely PTSD status, but is insufficient to establish a diagnosis of PTSD itself.	
<b>10. References:</b> PCL-C for DSM-IV (11/1/94) Weathers, Litz, Huska, & Keane National Center for PTSD - Behavioral Science Division.	

<p><b>Recommended time for assessment:</b></p> <ul style="list-style-type: none"> <li>• At a minimum of at least one week post injury or return of consciousness</li> <li>• On discharge acute care facility</li> <li>• At follow up at fixed time points according to protocol (one month and three months post injury recommended)</li> </ul> <p>For Intermediate and Advanced Versions:</p> <ul style="list-style-type: none"> <li>• Assessing PTSD symptoms on entry to rehab is further recommended.</li> </ul>
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