

## Follow-up

Patient Identification Information <input type="text"/>			
<b>To print blank form</b> <a href="#">Click here</a>			
(Subject.SubjectID) Date of injury	(Subject.DateInj) dd-mmm-yyyy	Time of injury	(Subject.TimeInj) hh:mm
	<input type="text"/>		<input type="text"/>
(Subject.SubjectID) Date of visit or questionnaire completion	(FollowUp.FUVisitDate) dd-mmm-yyyy	Time of visit or questionnaire completion	(FollowUp.FUVisitTime) hh:mm
	<input type="text"/>		<input type="text"/>
Visit Type	(FollowUp.FUVisitType) <input type="checkbox"/> Scheduled study follow-up		
Patient still in ICU	(FollowUp.FUPtStillInICU) <input type="checkbox"/>		
Status	(FollowUp.FUVitStatus) <input type="checkbox"/> Dead <input type="checkbox"/> Alive <input type="checkbox"/> Unknown		
	(FollowUp.FUDisabilityDueToExtracranialInj) Disability due to extracranial injuries <input type="checkbox"/> No <input type="checkbox"/> Mild/moderate <input type="checkbox"/> Severe (requiring institutional care)		
In attendance	(FollowUp.FUAttendance) <input type="checkbox"/> No attendance <input type="checkbox"/> Subject <input type="checkbox"/> Proxy (please specify) <input type="checkbox"/> Health care professional taking care of patient <input type="checkbox"/> N/A (death) (FollowUp.FUReasonNoAttendance) Reason <input type="checkbox"/> Not contactable <input type="checkbox"/> Forgotten <input type="checkbox"/> Refused <input type="checkbox"/> Other (FollowUp.FUAttendanceProxyPartner) <input type="checkbox"/> Partner (FollowUp.FUAttendanceProxyParent) <input type="checkbox"/> Parent (FollowUp.FUAttendanceProxyChild) <input type="checkbox"/> Child (FollowUp.FUAttendanceProxySibling) <input type="checkbox"/> Sibling (FollowUp.FUAttendanceProxyOtherCaretaker) <input type="checkbox"/> Other caretaker		
Consent for continued study participation	(Subject.FUConsentForContStudyPart) <input type="checkbox"/> Maintain written informed consent by patient		
Date:	(Subject.FUConsentForContStudyPartDate) dd-mmm-yyyy <input type="text"/>		
<b>(Subject.SubjectID) Death Information</b>			
Principle cause of death	(FollowUp.FUPrincipalDeathCause) <input type="checkbox"/> Head injury/initial injury <input type="checkbox"/> Head injury/secondary intracranial damage <input type="checkbox"/> Systemic trauma <input type="checkbox"/> Medical complications <input type="checkbox"/> Unknown <input type="checkbox"/> Other (FollowUp.FUPrincipalDeathCauseOther) Please specify other: <input type="text"/>		
(Subject.SubjectID) Date of death	(Subject.DeathDate) dd-mmm-yyyy <input type="text"/>		
Time of Death	(Subject.DeathTime) hh:mm <input type="text"/>		
<b>Medical Complications and Sequelae</b>			
Heterotopic ossification	(FollowUp.FUMedComplHeteroOss) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	(FollowUp.FUMedComplHeteroOssTreatment) Treatment <input type="checkbox"/> Performed <input type="checkbox"/> Planned	
Paroxysmal sympathetic hyperactivity (autonomic)	(FollowUp.FUMedComplAutonomicInstability) <input type="checkbox"/> Yes	(FollowUp.FUMedComplAutonomicInstabilityTreatment) Treatment	

instability)	<input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Drugs <input type="checkbox"/> Baclofen pump
Seizures	(FollowUp.FUMedComplSeizurePostDischarge) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Spasticity	(FollowUp.FUMedComplSpasticity) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	(FollowUp.FUMedComplSpasticityTreatment) Treatment <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Oral baclofen <input type="checkbox"/> Intrathecal baclofen pump <input type="checkbox"/> Physiotherapy
Pressure sores	(FollowUp.FUMedComplPressureSores) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
DVT	(FollowUp.FUMedComplDVT) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Pulmonary embolus	(FollowUp.FUMedComplPulmonaryEmbolus) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

**Socio-economic Status**  
 Change to previous status? (FollowUp.FUSESCChange) ☐ Yes ☐ No ☐ Unknown

(FollowUp.FUResdncType) Living situation/patient's residence <input type="radio"/> Living at home independently <input type="radio"/> Living at home supported by family/carers <input type="radio"/> Living in sheltered + housing/community care <input type="radio"/> Rehabilitation centre <input type="radio"/> Living in nursing home <input type="radio"/> Living in a long-stay patient ward(hospital) <input type="radio"/> Other (FollowUp.FUResdncTypeOther) Please specify other: <input style="width: 100%;" type="text"/>	(FollowUp.AssmtID) Persons living with <i>(Select all that apply)</i> (FollowUp.FUSESPrimAdultAlone) <input type="checkbox"/> Alone (FollowUp.FUSESPrimAdultSpousePartner) <input type="checkbox"/> Spouse (including common law partner) (FollowUp.FUSESPrimAdultParents) <input type="checkbox"/> Parents (FollowUp.FUSESPrimAdultSiblings) <input type="checkbox"/> Siblings (FollowUp.FUSESPrimAdultChildren) <input type="checkbox"/> Child/children (FollowUp.FUSESPrimAdultSignOther) <input type="checkbox"/> Significant other partner (FollowUp.FUSESPrimAdultCarerUnrelated) <input type="checkbox"/> Carers unrelated to patient (FollowUp.FUSESPrimAdultOther) <input type="checkbox"/> Other (incl. correctional facility inmates) (FollowUp.FUSESPrimAdultUnknown) <input type="checkbox"/> Unknown (FollowUp.FUSESPeopleLivingWith) Number of people living with <input style="width: 50px;" type="text"/>
(FollowUp.FUMartIDPartnerStatus) <b>Marital status</b> <input type="checkbox"/> Never been married <input type="checkbox"/> Married <input type="checkbox"/> Living together/common law <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Other <input type="checkbox"/> Unknown	

**Return to Work/School**  
 Returned to work/school (FollowUp.FURtrnWrkSchlStatus) ☐ Returned to previous job / school at same level and hours  
☐ Returned to previous job / school at increased levels or hours from pre-injury  
☐ Returned to previous job / school at reduced level or hours  
☐ Change of job / different work or school  
☐ Special employment / sheltered employment  
☐ Looking for work / go to school  
☐ Unable to work / go to school  
☐ Retired  
☐ N/A  
☐ Unknown  
 Returned to other activities (FollowUp.FURtrnToOtherAct) ☐ Full return to previous level  
☐ Reduced level  
☐ No  
☐ Unknown

**Medical and Surgical Therapy**  
 Medication (FollowUp.FUMedication) ☐ Yes ☐ No ☐ Unknown

(FollowUp.FUMedPsycho) <input type="checkbox"/> Psycho-stimulants	(FollowUp.FUMedPsychoReason) Reason for medication <input type="checkbox"/> Agitation <input type="checkbox"/> Attentional problems <input type="checkbox"/> Behavioral disturbance <input type="checkbox"/> Depression
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(FollowUp.FUMedAntiConv) ☐ Anticonvulsants

- ☐ Memory difficulties
- ☐ Disorder of consciousness
- ☐ Fatigue
- ☐ Infection
- ☐ Pain - somatic
- ☐ Pain - neurogenic
- ☐ Pain - headache/migraine
- ☐ Paroxysmal sympathetic hyperactivity (PSH)
- ☐ Seizure - prophylaxis
- ☐ Seizure - treatment
- ☐ Spasticity

(FollowUp.FUMedAntiConvReason) ☐ Agitation

- ☐ Attentional problems
- ☐ Behavioral disturbance
- ☐ Depression
- ☐ Memory difficulties
- ☐ Disorder of consciousness
- ☐ Fatigue
- ☐ Infection
- ☐ Pain - somatic
- ☐ Pain - neurogenic
- ☐ Pain - headache/migraine
- ☐ Paroxysmal sympathetic hyperactivity (PSH)
- ☐ Seizure - prophylaxis
- ☐ Seizure - treatment
- ☐ Spasticity

(FollowUp.FUMedNarc) ☐ Narcotics

(FollowUp.FUMedNarcReason) ☐ Agitation

- ☐ Attentional problems
- ☐ Behavioral disturbance
- ☐ Depression
- ☐ Memory difficulties
- ☐ Disorder of consciousness
- ☐ Fatigue
- ☐ Infection
- ☐ Pain - somatic
- ☐ Pain - neurogenic
- ☐ Pain - headache/migraine
- ☐ Paroxysmal sympathetic hyperactivity (PSH)
- ☐ Seizure - prophylaxis
- ☐ Seizure - treatment
- ☐ Spasticity

(FollowUp.FUMedOtherPain) ☐ Other pain medication

(FollowUp.FUMedOtherPainReason) ☐ Agitation

- ☐ Attentional problems
- ☐ Behavioral disturbance
- ☐ Depression
- ☐ Memory difficulties
- ☐ Disorder of consciousness
- ☐ Fatigue
- ☐ Infection
- ☐ Pain - somatic
- ☐ Pain - neurogenic
- ☐ Pain - headache/migraine
- ☐ Paroxysmal sympathetic hyperactivity (PSH)
- ☐ Seizure - prophylaxis
- ☐ Seizure - treatment
- ☐ Spasticity

(FollowUp.FUMedSteroids) ☐ Steroids

(FollowUp.FUMedSteroidsReason) ☐ Agitation

- ☐ Attentional problems
- ☐ Behavioral disturbance
- ☐ Depression
- ☐ Memory difficulties
- ☐ Disorder of consciousness
- ☐ Fatigue
- ☐ Infection
- ☐ Pain - somatic
- ☐ Pain - neurogenic
- ☐ Pain - headache/migraine
- ☐ Paroxysmal sympathetic hyperactivity (PSH)
- ☐ Seizure - prophylaxis
- ☐ Seizure - treatment
- ☐ Spasticity

(FollowUp.FUMedAntibiotics) ☐ Antibiotics

(FollowUp.FUMedAntibioticsReason) ☐ Agitation

- ☐ Attentional problems
- ☐ Behavioral disturbance
- ☐ Depression

(FollowUp.FUMedAntidep) ☐ Antidepressants

- ☐ Memory difficulties
- ☐ Disorder of consciousness
- ☐ Fatigue
- ☐ Infection
- ☐ Pain - somatic
- ☐ Pain - neurogenic
- ☐ Pain - headache/migraine
- ☐ Paroxysmal sympathetic hyperactivity (PSH)
- ☐ Seizure - prophylaxis
- ☐ Seizure - treatment
- ☐ Spasticity

(FollowUp.FUMedAntidepReason) ☐ Agitation

- ☐ Attentional problems
- ☐ Behavioral disturbance
- ☐ Depression
- ☐ Memory difficulties
- ☐ Disorder of consciousness
- ☐ Fatigue
- ☐ Infection
- ☐ Pain - somatic
- ☐ Pain - neurogenic
- ☐ Pain - headache/migraine
- ☐ Paroxysmal sympathetic hyperactivity (PSH)
- ☐ Seizure - prophylaxis
- ☐ Seizure - treatment
- ☐ Spasticity

(FollowUp.FUMedAntipsycho) ☐ Antipsychotic agents

(FollowUp.FUMedAntipsychoReason) ☐ Agitation

- ☐ Attentional problems
- ☐ Behavioral disturbance
- ☐ Depression
- ☐ Memory difficulties
- ☐ Disorder of consciousness
- ☐ Fatigue
- ☐ Infection
- ☐ Pain - somatic
- ☐ Pain - neurogenic
- ☐ Pain - headache/migraine
- ☐ Paroxysmal sympathetic hyperactivity (PSH)
- ☐ Seizure - prophylaxis
- ☐ Seizure - treatment
- ☐ Spasticity

(FollowUp.FUMedAnxiolytics) ☐ Anxiolytics

(FollowUp.FUMedAnxiolyticsReason) ☐ Agitation

- ☐ Attentional problems
- ☐ Behavioral disturbance
- ☐ Depression
- ☐ Memory difficulties
- ☐ Disorder of consciousness
- ☐ Fatigue
- ☐ Infection
- ☐ Pain - somatic
- ☐ Pain - neurogenic
- ☐ Pain - headache/migraine
- ☐ Paroxysmal sympathetic hyperactivity (PSH)
- ☐ Seizure - prophylaxis
- ☐ Seizure - treatment
- ☐ Spasticity

(FollowUp.FUMedCholinergic) ☐ Cholinergic agents

(FollowUp.FUMedCholinergicReason) ☐ Agitation

- ☐ Attentional problems
- ☐ Behavioral disturbance
- ☐ Depression
- ☐ Memory difficulties
- ☐ Disorder of consciousness
- ☐ Fatigue
- ☐ Infection
- ☐ Pain - somatic
- ☐ Pain - neurogenic
- ☐ Pain - headache/migraine
- ☐ Paroxysmal sympathetic hyperactivity (PSH)
- ☐ Seizure - prophylaxis
- ☐ Seizure - treatment
- ☐ Spasticity

(FollowUp.FUMedAmantidine) ☐ Amantidine

(FollowUp.FUMedAmantidineReason) ☐ Agitation

- ☐ Attentional problems
- ☐ Behavioral disturbance
- ☐ Depression

(FollowUp.FUMedClonidine) ☐ Clonidine

(FollowUp.FUMedOther) ☐ Other

(FollowUp.FUMedOtherText) Please specify other:

- ☐ Memory difficulties
- ☐ Disorder of consciousness
- ☐ Fatigue
- ☐ Infection
- ☐ Pain - somatic
- ☐ Pain - neurogenic
- ☐ Pain - headache/migraine
- ☐ Paroxysmal sympathetic hyperactivity (PSH)
- ☐ Seizure - prophylaxis
- ☐ Seizure - treatment
- ☐ Spasticity

(FollowUp.FUMedClonidineReason) ☐ Agitation

- ☐ Attentional problems
- ☐ Behavioral disturbance
- ☐ Depression
- ☐ Memory difficulties
- ☐ Disorder of consciousness
- ☐ Fatigue
- ☐ Infection
- ☐ Pain - somatic
- ☐ Pain - neurogenic
- ☐ Pain - headache/migraine
- ☐ Paroxysmal sympathetic hyperactivity (PSH)
- ☐ Seizure - prophylaxis
- ☐ Seizure - treatment
- ☐ Spasticity

(FollowUp.FUMedOtherReason) ☐ Agitation

- ☐ Attentional problems
- ☐ Behavioral disturbance
- ☐ Depression
- ☐ Memory difficulties
- ☐ Disorder of consciousness
- ☐ Fatigue
- ☐ Infection
- ☐ Pain - somatic
- ☐ Pain - neurogenic
- ☐ Pain - headache/migraine
- ☐ Paroxysmal sympathetic hyperactivity (PSH)
- ☐ Seizure - prophylaxis
- ☐ Seizure - treatment
- ☐ Spasticity

Intracranial surgery (FollowUp.FUIntracranialSurg) ☐ Yes ☐ No ☐ Unknown

(FollowUp.FUIntracranialSurgSpecifyType) Type of surgery

- ☐ Hydrocephalus
- ☐ Chronic subdural hematoma
- ☐ Cranioplasty
- ☐ Other

(FollowUp.FUIntracranialSurgOther) Please specify other:

(FollowUp.FUIntracranialSurgDate) Date of surgery

dd-mmm-yyyy

(FollowUp.FUIntracranialSurgTime) Time of surgery

hh:mm

Cranioplasty performed

(FollowUp.FUSurgCranioplastyPerformed) ☐ Yes ☐ No ☐ No, but scheduled

Extracranial surgery

(FollowUp.FUSurgExtracranialSurg) ☐ Yes ☐ No ☐ Unknown

(FollowUp.FUSurgExtracranialSurgSpecify) Please specify:

(FollowUp.FUSurgExtracranialSurgDate) Date of surgery

dd-mmm-yyyy

(FollowUp.FUSurgExtracranialSurgTime) Time of surgery

hh:mm

## Rehab Treatment

Rehabilitation

(FollowUp.FURehabNo) ☐ No (FollowUp.FURehabInPat) ☐ In-patient (FollowUp.FURehabOutPat) ☐ Out-patient (FollowUp.FURehabUnknown) ☐ Unknown

**Inpatient**

(FollowUp.AssmtID) Type of in-patient rehabilitation unit ☐ General

(Select all that apply)

(FollowUp.FURehabTBIRehabUnitInPat) ☐ TBI

(FollowUp.FURehabGenLongTermAcuteCUInPat) ☐

General long term acute care

(FollowUp.FURehabGeriatricRehabUnitInPat) ☐

Geriatric

(FollowUp.FURehabInPatAdmisDate)

Date admission

(dd-mmm-yyyy)

Ongoing in-patient rehab

(FollowUp.FURehabInPatOngoingRehab) ☐ Yes

☐ No

Date discharge

(FollowUp.FURehabInPatDischDate)

Start date (dd-mmm-yyyy)

End date (dd-mmm-yyyy)

Short term rehabilitation interruptions:

First interruption

(FollowUp.FURehabInPatShortTermInterrup1StartDate)

(FollowUp.FURehabInPatShortTermInterrup1EndDate)

Second interruption

(FollowUp.FURehabInPatShortTermInterrup2StartDate)

(FollowUp.FURehabInPatShortTermInterrup2EndDate)

Third interruption

(FollowUp.FURehabInPatShortTermInterrup3StartDate)

(FollowUp.FURehabInPatShortTermInterrup3EndDate)

(FollowUp.) **Out-patient**

Date start rehab therapy

(FollowUp.FURehabOutPatAdmisDate) (dd-mmm-yyyy)

Active rehab therapy ongoing

(FollowUp.FURehabTherpyOngoingInd) ☐ No

☐ Yes

Date end rehab therapy

(FollowUp.FURehabTherpyEndDate)

(FollowUp.FollowUpID) Type of out-patient therapy

(Please select all that apply)

(FollowUp.FURehabOutPatTherpyPT) ☐ Physical therapy

Frequency

(FollowUp.FURehabOutPatTherpyPTFreq) ☐ 1 - None

☐ 2 - Only follow-up, no active treatment

☐ 3 - < Once a week

☐ 4 - Weekly

☐ 5 - 2-3 times/week

☐ 6 - Daily

☐ 7 - Unknown

(FollowUp.FURehabOutPatTherpyOcc) ☐ Occupational therapy

(FollowUp.FURehabOutPatTherpyOccFreq) ☐ 1 - None

☐ 2 - Only follow-up, no active treatment

☐ 3 - < Once a week

☐ 4 - Weekly

☐ 5 - 2-3 times/week

☐ 6 - Daily

☐ 7 - Unknown

(FollowUp.FURehabOutPatTherpySpeech) ☐ Speech therapy

(FollowUp.FURehabOutPatTherpySpeechFreq) ☐ 1 - None

☐ 2 - Only follow-up, no active treatment

☐ 3 - < Once a week

☐ 4 - Weekly

☐ 5 - 2-3 times/week

☐ 6 - Daily

☐ 7 - Unknown

(FollowUp.FURehabOutPatTherpyRec) ☐ Therapeutic recreation

(FollowUp.FURehabOutPatTherpyRecFreq) ☐ 1 - None

☐ 2 - Only follow-up, no active treatment

☐ 3 - < Once a week

☐ 4 - Weekly

☐ 5 - 2-3 times/week

☐ 6 - Daily

☐ 7 - Unknown

(FollowUp.FURehabOutPatTherpyCog) ☐ Cognitive remediation

(FollowUp.FURehabOutPatTherpyCogFreq) ☐ 1 - None

☐ 2 - Only follow-up, no active treatment

☐ 3 - < Once a week

☐ 4 - Weekly

☐ 5 - 2-3 times/week

☐ 6 - Daily

☐ 7 - Unknown

(FollowUp.FURehabOutPatTherpyVocServ) ☐ Vocational services

(FollowUp.FURehabOutPatTherpyVocServFreq) ☐ 1 - None

☐ 2 - Only follow-up, no active treatment

☐ 3 - < Once a week

☐ 4 - Weekly

(FollowUp.FURehabOutPatTherpyPsychSer) ☐ Psychological services

(FollowUp.FURehabOutPatTherpyNursServ) ☐ Nursing services

(FollowUp.FURehabOutPatTherpyCompDayTreatmnt) ☐ Comprehensive day treatment

(FollowUp.FURehabOutPatTherpyPeerMentor) ☐ Peer mentoring

(FollowUp.FURehabOutPatTherpySocWrkCaseMgmt) ☐ Social work/Case management

(FollowUp.FURehabOutPatTherpyIndLivngTrainng) ☐ Independent living training

(FollowUp.FURehabOutPatTherpyHomeHealth) ☐ Home health

(FollowUp.FURehabOutPatTherpyUnknown) ☐ Unknown

(FollowUp.FURehabOutPatTherpyOther) ☐ Other

(FollowUp.FURehabOutPatTherpyOtherText) Please specify other:

☐ 5 - 2-3 times/week

☐ 6 - Daily

☐ 7 - Unknown

(FollowUp.FURehabOutPatTherpyPsychSerFreq) ☐ 1 - None

☐ 2 - Only follow-up, no active treatment

☐ 3 - < Once a week

☐ 4 - Weekly

☐ 5 - 2-3 times/week

☐ 6 - Daily

☐ 7 - Unknown

(FollowUp.FURehabOutPatTherpyNursServFreq) ☐ 1 - None

☐ 2 - Only follow-up, no active treatment

☐ 3 - < Once a week

☐ 4 - Weekly

☐ 5 - 2-3 times/week

☐ 6 - Daily

☐ 7 - Unknown

(FollowUp.FURehabOutPatTherpyCompDayTreatmntFreq) ☐ 1 - None

☐ 2 - Only follow-up, no active treatment

☐ 3 - < Once a week

☐ 4 - Weekly

☐ 5 - 2-3 times/week

☐ 6 - Daily

☐ 7 - Unknown

(FollowUp.FURehabOutPatTherpyPeerMentorFreq) ☐ 1 - None

☐ 2 - Only follow-up, no active treatment

☐ 3 - < Once a week

☐ 4 - Weekly

☐ 5 - 2-3 times/week

☐ 6 - Daily

☐ 7 - Unknown

(FollowUp.FURehabOutPatTherpySocWrkCaseMgmtFreq) ☐ 1 - None

☐ 2 - Only follow-up, no active treatment

☐ 3 - < Once a week

☐ 4 - Weekly

☐ 5 - 2-3 times/week

☐ 6 - Daily

☐ 7 - Unknown

(FollowUp.FURehabOutPatTherpyIndLivngTrainngFreq) ☐ 1 - None

☐ 2 - Only follow-up, no active treatment

☐ 3 - < Once a week

☐ 4 - Weekly

☐ 5 - 2-3 times/week

☐ 6 - Daily

☐ 7 - Unknown

(FollowUp.FURehabOutPatTherpyHomeHealthFreq) ☐ 1 - None

☐ 2 - Only follow-up, no active treatment

☐ 3 - < Once a week

☐ 4 - Weekly

☐ 5 - 2-3 times/week

☐ 6 - Daily

☐ 7 - Unknown

(FollowUp.FURehabOutPatTherpyUnknownFreq) ☐ 1 - None

☐ 2 - Only follow-up, no active treatment

☐ 3 - < Once a week

☐ 4 - Weekly

☐ 5 - 2-3 times/week

☐ 6 - Daily

☐ 7 - Unknown

(FollowUp.FURehabOutPatTherpyOtherFreq) ☐ 1 - None

☐ 2 - Only follow-up, no active treatment

☐ 3 - < Once a week

☐ 4 - Weekly

☐ 5 - 2-3 times/week

☐ 6 - Daily

☐ 7 - Unknown

Structure of out-patient therapy	(FollowUp.FURehabOutPatTherpyStructure) <input type="checkbox"/> Mono-disciplinary (little/nocollaboration between care providers) <input type="checkbox"/> Multi-disciplinary
Rehab physician involved	(FollowUp.FURehabOutPatTherpyPhysicianInvolved) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

<b>Imaging</b>	<b>Icometrix</b>
Date of imaging: (FollowUp.CTMRIDate) <input type="text"/>	Icometrix Image ID (FollowUp.IcometrixImageId) <input type="text"/>
Time of imaging: (FollowUp.CTMRITime) <input type="text"/>	Date/Time of image upload to Icometrix (FollowUp.IcometrixUploadDateTime) <input type="text"/>
	Passed QA in Icometrix (FollowUp.IcometrixPassedQA) <input type="checkbox"/> Yes <input type="checkbox"/> No
	Icometrix QA Date/Time (FollowUp.IcometrixQADateTime) <input type="text"/>
	Data initially loaded from Icometrix (FollowUp.InitialDataIcometrix) <input type="checkbox"/>

**Imaging Modality**  
(FollowUp.FUImagingModality)  
☐ CT ☐ MRI ☐ X-Ray Angiography

<b>CT</b>	<b>MRI</b>
Specify CT Type: (FollowUp.CTType) <input type="checkbox"/> Non-contrast CT <input type="checkbox"/> Contrast CT <input type="checkbox"/> CT Angiography <input type="checkbox"/> Perfusion CT	Specify MRI Type: (FollowUp.MRIType) <input type="checkbox"/> MRI <input type="checkbox"/> MRA
Imaging scanner manufacturer (FollowUp.CTManuf) <input type="checkbox"/> Agfa <input type="checkbox"/> Carestream <input type="checkbox"/> GE <input type="checkbox"/> Hitachi <input type="checkbox"/> Konica Minolta <input type="checkbox"/> Philips <input type="checkbox"/> Siemens <input type="checkbox"/> Toshiba <input type="checkbox"/> Other	Imaging scanner manufacturer (FollowUp.MRIManuf) <input type="checkbox"/> Siemens <input type="checkbox"/> Philips <input type="checkbox"/> GE <input type="checkbox"/> Toshiba <input type="checkbox"/> Other
Type of scanner (FollowUp.CTScannerType) <input type="checkbox"/> 320-slice <input type="checkbox"/> 256-slice <input type="checkbox"/> 128-slice <input type="checkbox"/> 64-slice <input type="checkbox"/> 32-slice <input type="checkbox"/> 16-slice <input type="checkbox"/> Other	Scanner strength (FollowUp.MRIScannerStrength) <input type="text"/>
Angulation (FollowUp.CTAngulation) <input type="checkbox"/> No angulation (volume scan) <input type="checkbox"/> Orbital-meatal line <input type="checkbox"/> Other	Sequence(s) (FollowUp.MRISequences) <input type="checkbox"/> T1 <input type="checkbox"/> T2 <input type="checkbox"/> FLAIR <input type="checkbox"/> DWI <input type="checkbox"/> GRE <input type="checkbox"/> SWI <input type="checkbox"/> DTI <input type="checkbox"/> MRSI <input type="checkbox"/> PWI <input type="checkbox"/> Other

(FollowUp.CTReason) Reason for CT: <input type="checkbox"/> Clinical deterioration <input type="checkbox"/> Absence of or slow improvement <input type="checkbox"/> Routine follow-up	(FollowUp.MRIReason) Reason for MRI: <input type="checkbox"/> Clinical routine <input type="checkbox"/> Clinical deterioration <input type="checkbox"/> Lack of improvement <input type="checkbox"/> Suspicious brainstem lesions <input type="checkbox"/> Ischemia <input type="checkbox"/> Study protocol <input type="checkbox"/> Unknown <input type="checkbox"/> Other  (FollowUp.MRIReasonOther) Please specify other: <input type="text"/>
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<b>CT PARAMETERS</b>	<b>Result:</b>
Hydrocephalus: (FollowUp.CTHydrocephalus) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	Pre-existing abnormalities (FollowUp.MRIResultPreExistAbnc) <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown
Subdural haematoma / hygroma: (FollowUp.CTSubduralHaematomaHygroma) <input type="checkbox"/> No <input type="checkbox"/> Right <input type="checkbox"/> Left	Traumatic abnormalities (FollowUp.MRIResultTraumaticAbn) <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown



Atrophy: ☐ Bilateral  
☐ Unknown  
(FollowUp.CTAtrophy) ☐ No  
☐ Focal  
☐ Diffuse  
☐ Unknown

Midline shift: (FollowUp.CTMidlineShift) ☐ No (FollowUp.CTMidlineShiftMeasure)  
☐ Yes Shift (mm)

DAI (FollowUp.MRITraumAbnormDAI) ☐ No ☐ Yes ☐ Unknown

Number of lesions: (FollowUp.MRITraumAbnormDAINumLesions) ☐ 1

- ☐ 2  
☐ 3  
☐ 4  
☐ >= 5

Location: Corpus Callosum (FollowUp.MRITraumAbnormDAILesionLocCorpusCallosum) ☐ No  
☐ Yes  
☐ Unknown

Brainstem (FollowUp.MRITraumAbnormDAILesionLocBrainstem) ☐ No  
☐ Yes  
☐ Unknown

Diffuse white matter (FollowUp.MRITraumAbnormDAILesionLocDiffuseWhiteMatter) ☐ No  
☐ Yes  
☐ Unknown

Contusion(s) (FollowUp.MRITraumAbnormContusion) ☐ No

- ☐ Yes  
☐ Unknown

EDH (FollowUp.MRITraumAbnormEDH) ☐ No

- ☐ Yes  
☐ Unknown

ASDH (FollowUp.MRITraumAbnormASDH) ☐ No

- ☐ Yes  
☐ Unknown