# Revision History

<table>
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<tr>
<th>Date</th>
<th>Version</th>
<th>Description</th>
<th>Author</th>
</tr>
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<tr>
<td>3/16/2018</td>
<td>5.8</td>
<td>Added Rehabilitation and Reintegration Care Plan Report, All Patient Treatment Phase Outcome Report, and Patient Trent and Outcomes Report.</td>
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<tr>
<td>11/24/2017</td>
<td>5.7</td>
<td>Updated document with new screens for PROMIS, PGIC, Optimal, Optimal Followup, and Rehab Follow Up. Updated other screens as appropriate.</td>
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<td>5.6</td>
<td>Updated document with PROMIS screens and new screens for PGIC and the Select Instruments screen.</td>
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<td>11/3/2015</td>
<td>5.4</td>
<td>Added Pyramid Analytic screenshots and updated screenshots with the latest GUI images</td>
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<td>7/7/2015</td>
<td>5.3</td>
<td>TBI Enhancements Increment 1 – Updated section 3.2 with new View Instruments Reports.</td>
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<td>5.2</td>
<td>Updated to include Instruments screenshots and descriptions</td>
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<td>5.1</td>
<td>Included 11 Instrument screenshots and descriptions.</td>
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<td>5.0</td>
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<td>Incorporated instrument business logic and sample CPRS reports.</td>
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<td>Peer Review of Section 3.3</td>
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<td>Incorporated major revisions, updated for increment 4, added Preface section, Glossary, expanded TBI Follow Up Section</td>
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<td>9/06/2011</td>
<td>1.2</td>
<td>Incorporated minor revisions, edited screenshots</td>
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<td>Editorial Review</td>
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<td>0.1</td>
<td>Draft Version</td>
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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

<table>
<thead>
<tr>
<th>Font</th>
<th>Used for…</th>
<th>Examples:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue text, underlined</td>
<td>Hyperlink to another document or URL</td>
<td>REDACTED</td>
</tr>
<tr>
<td>Green text, dotted underlining</td>
<td>Hyperlink within this document</td>
<td>See Release History for details.</td>
</tr>
<tr>
<td>Courier New</td>
<td>Patch names, VistA filenames</td>
<td>Patch names will be in this font</td>
</tr>
<tr>
<td>Franklin Gothic Demi</td>
<td>Keyboard keys</td>
<td>&lt; F1 &gt;, &lt; Alt &gt;, &lt; L &gt; Other Registries panel [Delete] button</td>
</tr>
<tr>
<td>Microsoft Sans Serif</td>
<td>Software Application names</td>
<td>Traumatic Brain Injury (TBI)</td>
</tr>
<tr>
<td>Microsoft Sans Serif bold</td>
<td>Registry names</td>
<td>TBI</td>
</tr>
<tr>
<td></td>
<td>Database field names</td>
<td>Mode field</td>
</tr>
<tr>
<td></td>
<td>Report names</td>
<td>National Summary Report</td>
</tr>
<tr>
<td></td>
<td>Organization and Agency Names</td>
<td>DoD, VA</td>
</tr>
<tr>
<td>Microsoft Sans Serif, 50% gray and italics</td>
<td>Read-only fields</td>
<td>Procedures</td>
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<tr>
<td>Times New Roman</td>
<td>Normal text</td>
<td>Information of particular interest</td>
</tr>
<tr>
<td>Times New Roman Italic</td>
<td>Text emphasis</td>
<td>“It is very important . . .”</td>
</tr>
<tr>
<td></td>
<td>National and International Standard names</td>
<td>International Statistical Classification of Diseases and Related Health Problems</td>
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Table 2 – Graphical Conventions

<table>
<thead>
<tr>
<th>Graphic</th>
<th>Used for…</th>
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<tbody>
<tr>
<td><img src="image" alt="tip" /></td>
<td>Information of particular interest regarding the current subject matter.</td>
</tr>
<tr>
<td><img src="image" alt="tip" /></td>
<td>A tip or additional information that may be helpful to the user.</td>
</tr>
<tr>
<td><img src="image" alt="warning" /></td>
<td>A warning concerning the current subject matter.</td>
</tr>
<tr>
<td><img src="image" alt="resource" /></td>
<td>Information about the history of a function or operation; provided for reference only.</td>
</tr>
<tr>
<td><img src="image" alt="optional" /></td>
<td>Indicates an action or process which is optional</td>
</tr>
<tr>
<td><img src="image" alt="resource" /></td>
<td>Indicates a resource available either in this document or elsewhere</td>
</tr>
</tbody>
</table>

1.2. Command Buttons and Command Icons
<table>
<thead>
<tr>
<th>Button/Icon</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Save" /></td>
<td>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.</td>
</tr>
<tr>
<td><img src="image" alt="Search" /></td>
<td>Common examples are shown at left. Command buttons that end with three dots indicate that selecting the command may evoke a subsidiary window.</td>
</tr>
<tr>
<td><img src="image" alt="Save" /></td>
<td>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.</td>
</tr>
<tr>
<td><img src="image" alt="Score T Rex" /></td>
<td>In the text of this document, both command button and command icon names appear inside square brackets. Examples: [Search], [Save].</td>
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### 2. Background

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

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

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

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

### 2.1. Related Documents

Related documents include:

- TBI System Management Guide
- TBI Application User Manual
- TBI Installation Guide
- TBI Instruments User Manual
- TBI Polytrauma User Manual
- TBI Release Notes
3. Software Details

3.1. Starting the Application

To start TBI Instruments, follow these steps:

1. Log into CPRS

2. On the tool bar, select **Tools > TBI Instruments**.

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

3.2. Select Instrument Screen

The **TBI Instruments > Confirm Patient and Select Instrument** screen displays. Confirm the patient name and SSN match in the TBI Registry.
Figure 1 – View Instruments / Select Instrument

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

### 3.2.1. TBI View Instruments Reports

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

**View Last Three Instruments**

**View All Instruments**

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

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

### 3.2.1.1. TBI View Last Three Instruments Button

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

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

3.2.1.3. TBI View Notes Hyperlink

The **TBI Instruments > View Notes** displays the current patient’s TBI Survey Type notes details.
3.2.2. TBI Instrument Associations

The TBI Instruments > Instrument Associations screen displays. The patient name and the Instrument Type previously selected are presented on the screen.
Figure 5 – Instrument Associations
Select an appropriate Note Title from the **Select Note Title** drop-down list. Appropriate **Note Titles** for TBI patients begin with **TBI**. This selection is required.

**Figure 6 – Select Note Drop-Down Box**
If the note title selected is classified as a ‘Consult Report’, the user entry will complete a consult in CPRS. Use the **Link to Consult** drop-down list to select the appropriate consult to which the entry should be linked in CPRS. While this selection is optional, the user must make a selection from the list in order for the consult report to be linked to a consult in CPRS.

![Image of Link to Consult](image)

**Figure 7 – Link to Consult**

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

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

![Figure 8 – Instrument Associations > Link to Encounter Type](image1.png)

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.

![Figure 9 – Select Hospital Admission](image2.png)
If you select **Current Stay**, the next action required is to click [Continue] to move to the next screen.

![Figure 10 – Current Stay](image)

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.

![Figure 11 – Unscheduled or New Visit](image)
3.2.3. Comprehensive TBI Evaluation

The TBI Instruments > Comprehensive TBI Evaluation screen displays.

Select the appropriate answer for each patient.

Figure 12 – Comprehensive TBI Evaluation Part 1
4. Working full-time

I. Injury

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

☐ 0. None
☐ 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 13 – Comprehensive TBI Evaluation Part 2
5-B. Vehicular

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

5-C. Fall

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

5-D. Blast:

- 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 then 10 feet
- 2. Between 10 and 30 feet
- 3. Between 31 and 50 feet
- 4. Greater then 50 feet

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

- 0. No
- 3. Yes, three episodes

Figure 14 – Comprehensive TBI Evaluation Part 3
Figure 15 – Comprehensive TBI Evaluation Part 4

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

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

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

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

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

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

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

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

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

6. Did you lose consciousness immediately after any of these experiences?
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 then 5 minutes
2. Less than 30 minutes
3. Less then 6 hours
4. Up to a full day (24 hours)
5. Up to a full week (7 days)
6. More then 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 then 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 then 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)).
9. During this/these experience(s), did an object penetrate your skull/cranium:

- 0. No
- 1. Yes

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

- 0. No
- 1. Yes

11. Were you evacuated from theatre?

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

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

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

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

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

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


16-E. Nausea:


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


16-G. Sensitivity to light:


16-H. Hearing difficulty:


16-I. Sensitivity to noise:


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


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


16-L. Loss of appetite or increase appetite:


Figure 19 – Comprehensive TBI Evaluation Part 8
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<td>16-M. Poor concentration, can’t pay attention:</td>
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<td>16-U. Irritability, easily annoyed:</td>
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</table>

Figure 20 – Comprehensive TBI Evaluation Part 9
16-V. Poor frustration tolerance, feeling easily overwhelmed by things:

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

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

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

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

III. Pain

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

- 0. No  
- 1. Yes

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

- 0. Head/headaches  
- 1. Leg(s)  
- 2. Arm(s)  
- 3. Neck  
- 4. Shoulder(s)

- 5. Low Back  
- 6. Upper Back  
- 7. Feet  
- 8. Hand(s)

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

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

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

Figure 21 – Comprehensive TBI Evaluation Part 10
18-C. In what areas of your life are you having difficulties because of pain?

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

☐ 1. Better  ☐ 2. Worse  ☐ 3. About the same

IV. Conclusion

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

21. Current medications:
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  ☐ 5. Drug abuse/dependence
☐ 2. PTSD  ☐ 6. Psychotic disorder

Figure 23 – Comprehensive TBI Evaluation Part 12
3. Anxiety disorder (other than PTSD)  7. Other AXIS I disorder
4. Alcohol abuse/dependence   8. Somatoform disorder

24. SCI:
- 0. No
- 1. Yes

25. Amputation:
- 0. None
- 1. Single hand
- 2. Double hand
- 3. Single upper extremity, above elbow
- 4. Single upper extremity, below elbow
- 5. Single lower extremity, above knee
- 6. Single lower extremity, below knee
- 7. Double lower extremity, above knee
- 8. Double lower extremity, above/below knee
- 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:

Figure 24 – Comprehensive TBI Evaluation Part 13
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

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 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)

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

Figure 25 – Comprehensive TBI Evaluation Part 14
29-C. Referral to Polytrauma Network Site (PNS):

- West Roxbury (V1)
- Syracuse (V2)
- Bronx (V3)
- Philadelphia (V4)
- Washington, DC (V5)
- Richmond (V6)
- Augusta (V7)
- San Juan (V8)
- Tampa (V8)
- Lexington (V9)
- Cleveland (V10)
- Indianapolis (V11)
- Hines (V12)
- St. Louis (V15)
- Houston (V16)
- Dallas (V17)
- Tucson (V18)
- Denver (V19)
- Seattle (V20)
- Palo Alto (V21)
- West Los Angeles (V22)
- 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
- 1. Blood work
- 2. Urine drug screen
- 3. Other

29-F. Head CT:

- 0. No
- 1. Yes

29-G. Brain MRI:

- 0. No
- 1. Yes

29-H. Other consultation:

Figure 26 – Comprehensive TBI Evaluation Part 15
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:

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.
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.

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 this tool and updates will need to be done within CPRS.

The clinician must sign the note in CPRS.
3.2.4. 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.

Figure 28 – TBI Follow-Up Assessment Screen Part 1
| 1. Unemployed looking for work | 5. Student |
| 2. Unemployed not looking for work | 6. Volunteer |
| 4. Working full-time |

I. Injury

4. Experienced head injury since prior evaluation?

| 0. No | 1. Yes |

4-A. Month of most recent head injury:
4-B. Year of most recent head injury: ________

5. Cause Of Injury

5-A. Bullet

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

5-B. Vehicular

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

5-C. Fall

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

5-D. Blast

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

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

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<tbody>
<tr>
<td>0. No</td>
<td>3. Yes, three episodes</td>
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<tr>
<td>1. Yes, one episode</td>
<td>4. Yes, four episodes</td>
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<tr>
<td>2. Yes, two episodes</td>
<td>5. Yes, five or more episodes</td>
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5-D-1-a. Estimated distance from closest blast:

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<tbody>
<tr>
<td>1. Less than 10 feet</td>
<td>3. Between 30 and 50 feet</td>
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<tr>
<td>2. Between 10 and 30 feet</td>
<td>4. Greater than 50 feet</td>
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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?

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<tbody>
<tr>
<td>0. No</td>
<td>3. Yes, three episodes</td>
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<tr>
<td>1. Yes, one episode</td>
<td>4. Yes, four episodes</td>
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<tr>
<td>2. Yes, two episodes</td>
<td>5. Yes, five or more episodes</td>
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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.)

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<tbody>
<tr>
<td>0. No</td>
<td>3. Yes, three episodes</td>
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<tr>
<td>1. Yes, one episode</td>
<td>4. Yes, four episodes</td>
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<tr>
<td>2. Yes, two episodes</td>
<td>5. Yes, five or more episodes</td>
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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?

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<tbody>
<tr>
<td>0. No</td>
<td>3. Yes, three episodes</td>
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<tr>
<td>1. Yes, one episode</td>
<td>4. Yes, four episodes</td>
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<tr>
<td>2. Yes, two episodes</td>
<td>5. Yes, five or more episodes</td>
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5-D-5. Type of Blast Exposures (Check all that apply):
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<tr>
<th>5-E. Blunt trauma other than from blast/vehicular injury, e.g., assault, blunt force, sports related or object hitting head:</th>
</tr>
</thead>
<tbody>
<tr>
<td>0. No</td>
</tr>
<tr>
<td>1. Yes, one episode</td>
</tr>
<tr>
<td>2. Yes, two episodes</td>
</tr>
</tbody>
</table>

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

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

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

| 0. Very brief, probably less than 5 minutes | 4. Up to a full day (24 hours) |
| 1. Less than 30 minutes | 5. Up to a full week (7 days) |
| 2. Less than 6 hours | 6. More than one week |

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

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

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

| 0. Brief, probably less than 30 minutes | 4. Up to one month |
| 1. Up to a full day (24 hours) | 5. Up to 3 months |
| 2. Up to a full week (7 days) | 6. More than 3 months |

---

Figure 31 – TBI Follow-Up Assessment Screen Part 4
8. Did you experience a period of memory loss immediately before or after the incident?

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

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

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

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

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

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

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

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

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

II. Symptoms

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

- 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.
11-A. Feeling dizzy:

11-B. Loss of Balance:

11-C. Poor coordination, clumsy:

11-D. Headaches:

11-E. Nausea:

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

11-G. Sensitivity to light:

11-H. Hearing difficulty:

11-I. Sensitivity to noise:

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

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

Figure 33 – TBI Follow-Up Assessment Screen Part 6
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<td>11-L. Loss of appetite or increase appetite:</td>
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**Figure 34 – TBI Follow-Up Assessment Screen Part 7**

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


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


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?


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

Figure 35 – TBI Follow-Up Assessment Screen Part 8
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 36 – TBI Follow-Up Assessment Screen Part 9
V. Plan

20. Follow-up Plan:

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

21. Details Of Plan:

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

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

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

Current user:

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

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

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

Click [Cancel] to reset the questionnaire.
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 this tool and updates will need to be done within CPRS.

The clinician must sign the note in CPRS.
3.2.5. Mayo-Portland Adaptability Inventory (MPAI)

MPAI was designed:

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

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

Select the appropriate response for each patient. All items are required, except where noted.
# Mayo-Portland Adaptability Inventory (M2PI)

**Used as VA Interdisciplinary Team Assessment of Community Functioning**

<table>
<thead>
<tr>
<th>Note Type:</th>
<th>Person Reporting:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Single Professional</td>
</tr>
<tr>
<td></td>
<td>Professional Consensus</td>
</tr>
<tr>
<td></td>
<td>Person with Brain Injury</td>
</tr>
<tr>
<td></td>
<td>Significant Other</td>
</tr>
</tbody>
</table>

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

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

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

---

**Figure 38 – Mayo Portland Adaptability Inventory (Part 1)**
3. Leisure and recreational activities

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

Comment
Item #3:

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

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

Comment
Item #4:

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

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

Figure 39 – Mayo Portland Adaptability Inventory (Part 2)
4. Requires extensive assistance or supervision from others (more than 75% of the time)

Comment
Item #5:

6. Transportation

0 Independent in all modes of transportation including independent ability to operate a personal motor vehicle
1 Independent in all modes of transportation, but others have concerns about safety
2 Requires a little assistance or supervision from others (5-24% of the time); cannot drive
3 Requires moderate assistance or supervision from others (25-75% of the time); cannot drive
4 Requires extensive assistance or supervision from others (more than 75% of the time); cannot drive

Comment
Item #6:

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

0 Full-time (more than 30 hrs/wk) without support
1 Part-time (3 to 30 hrs/wk) without support
2 Full-time or part-time with support
3 Sheltered work
4 Unemployed; employed less than 3 hours per week

Comment
Item #7A:

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

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

Figure 40 – Mayo Portland Adaptability Inventory (Part 3)

• Note: You can only answer one of Item 7A or 7B. Refer to Figure 19 for the rest of item 7B.
Figure 41 – Mayo Portland Adaptability Inventory (Part 4)

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

Select [Save and Prepare Note] to preview the note.
Click [Cancel] to reset the questionnaire.

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

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

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

The clinician must sign the note in CPRS.

### 3.3. Participation Index (M2PI)

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

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

![Figure 42 - Participation Index (M2PI) Instrument](image-url)
3.3.1. Rehabilitation and Reintegration Plan

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

Select the appropriate response for each patient.
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.

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

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

Additional Comments:

4. Interdisciplinary Treatment Team Goals

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

Figure 44 – Rehabilitation and Reintegration Plan Part 2
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
- Driver 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
8. Physician responsible for managing the treatment plan: (Name and telephone number)

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

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

- Military case manager
- Transition patient advocate
- OEF/OIF case manager
- Other

11. Date care plan will be reviewed

12. Additional Information (Optional)

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

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

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

Current User:
Click [Cancel] to reset the questionnaire.

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 will no longer be editable in this tool and updates will need to be done within CPRS.

The clinician must sign the note in CPRS.

### 3.3.2. Rehabilitation Follow Up Instrument

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

Select the appropriate response for each patient.

![Figure 47 - Rehabilitation Follow Up Screen](image)

---

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3.3.3. 2 Minute Walk Test

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

Figure 48 – 2 Minute Walk Test
3.3.4. L – Test

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

![Figure 49 – L - Test](image-url)
3.3.5. **Locomotor Capability Index – 5 (LCI – 5)**

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

![Figure 50 – Locomotor Capability Index – 5 (LCI – 5)](image1)

![Figure 51 - Locomotor Capability Index 5 (Part 2)](image2)

3.3.6. **Functional Mobility Assessment (FMA)**

The Functional Mobility Assessment (FMA) instrument is a self-report outcomes tool designed to measure effectiveness of wheeled mobility and seating (WMS) interventions for PWD. Functional mobility is necessary to perform activities of daily living and for community participation for everyone, but especially important for persons with disabilities (PWD). Therefore, functional mobility requires reliable measurement of consumer satisfaction and functional changes.
3.3.7. OPTIMAL 1.1 Form

The American Physical Therapy Association (APTA) uses the Outpatient Physical Therapy Improvement in Movement Assessment Log (OPTIMAL) as an instrument that measures difficulty and self-confidence in performing 22 movements that a patient/client needs to accomplish in order to do various functional activities. OPTIMAL 1.1 has been updated from the original version to increase clinical utility. This includes adding the clinically relevant item of standing and providing changes to scoring instructions to increase clinical utility. These changes assist patient and physical therapist discussion toward identifying the primary goal for the episode of care.
Figure 53 - Optimal 1.1 Instrument Screen (Part 1)

Figure 54 - Optimal 1.1 Instrument Screen (Part 2)
3.3.8. OPTIMAL 1.1 Follow Up

The OPTIMAL 1.1 Follow Up instrument is used to collect follow up information in an effort to identify changes from the baseline assessment collected in the OPTIMAL 1.1 instrument.
3.3.9. Quebec User Evaluation of Satisfaction with Assistive Technology (QUEST)

The Quebec User Evaluation of Satisfaction with Assistive Technology (QUEST) is an outcomes assessment tool designed to measure satisfaction with assistive technology in a structured and standardized way.
3.3.10. VA Low Visual Functioning (LA LV VFQ 20) Survey

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

The VA uses the Neurobehavioral Symptom Inventory (NSI) to measure post concussive symptoms in its comprehensive traumatic brain injury (TBI) evaluation.
3.3.12. PROMIS - Pain Interference- Short Form 6a

The PROMIS Pain Interference instrument is used to measure the self-reported consequences of pain on relevant aspects of a person’s life. This can include the degree to which pain hampers social, cognitive, emotional, physical, and recreational activities. This instrument includes the diagnosis and rehabilitation therapy provided to the individual.
Figure 62 - PROMIS - Pain Interference - Short Form 6a (Part 1)

Figure 63 - PROMIS - Pain Interference - Short Form 6a (Part 2)
3.3.13. PROMIS – Upper Extremity - Short Form 7a

The PROMIS Upper Extremity instrument focuses on activities that require use of the upper extremity including shoulder, arm, and hand activities. This instrument includes the diagnosis and rehabilitation therapy provided to the individual.
### Figure 64 - PROMIS - Upper Extremity - Short Form 7a (Part 1)

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient</td>
<td></td>
</tr>
<tr>
<td>SSN</td>
<td></td>
</tr>
<tr>
<td>Raw Score</td>
<td>21</td>
</tr>
<tr>
<td>Previous Initial Pain Interference Instrument Dates:</td>
<td></td>
</tr>
<tr>
<td>New Instance of Care: Do not add to prior notes</td>
<td></td>
</tr>
<tr>
<td>Date of Visit: 9/1/2017: 1 Interim Notes, 0 Discharge Notes, 0 Follow Up Notes</td>
<td></td>
</tr>
<tr>
<td>Note Type:</td>
<td></td>
</tr>
<tr>
<td>Initial</td>
<td></td>
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<tr>
<td>Interim</td>
<td></td>
</tr>
<tr>
<td>Discharge</td>
<td></td>
</tr>
<tr>
<td>Follow Up Note</td>
<td></td>
</tr>
<tr>
<td>Diagnosis:</td>
<td></td>
</tr>
<tr>
<td>Stroke</td>
<td></td>
</tr>
<tr>
<td>Brain Dysfunction [TBI/AAH]</td>
<td></td>
</tr>
<tr>
<td>Hearing Loss</td>
<td></td>
</tr>
<tr>
<td>Visual Impairment</td>
<td></td>
</tr>
<tr>
<td>SCI</td>
<td></td>
</tr>
<tr>
<td>Amputation</td>
<td></td>
</tr>
<tr>
<td>Pain</td>
<td></td>
</tr>
<tr>
<td>Orthopedic Conditions</td>
<td></td>
</tr>
<tr>
<td>Cardiac/pulmonary</td>
<td></td>
</tr>
<tr>
<td>Multiple Trauma</td>
<td></td>
</tr>
<tr>
<td>Disability</td>
<td></td>
</tr>
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<td>Other</td>
<td></td>
</tr>
<tr>
<td>Other Description:</td>
<td></td>
</tr>
<tr>
<td>Rehabilitation Provider:</td>
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</tr>
<tr>
<td>Kinesiotherapy</td>
<td></td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td></td>
</tr>
<tr>
<td>Physical Therapy</td>
<td></td>
</tr>
<tr>
<td>Recreational Therapy</td>
<td></td>
</tr>
<tr>
<td>Allied Rehabilitation Specialist</td>
<td></td>
</tr>
<tr>
<td>Speech Language Pathologist</td>
<td></td>
</tr>
<tr>
<td>Other Rehabilitation Provider</td>
<td></td>
</tr>
<tr>
<td>Type of Service:</td>
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<tr>
<td>General Rehabilitation</td>
<td></td>
</tr>
<tr>
<td>Polytrauma</td>
<td></td>
</tr>
<tr>
<td>Amputation</td>
<td></td>
</tr>
<tr>
<td>Wound/Infectionalist</td>
<td></td>
</tr>
<tr>
<td>Allied Rehabilitation</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>
### 3.3.14. PROMIS – Physical Function with Mobility Aid

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the most difficult activity with a mobility aid?</td>
<td>Without any difficulty, With some difficulty, With most difficulty, Unable to do</td>
</tr>
<tr>
<td>Are you able to get or maintain on a seat or chair?</td>
<td>Without any difficulty, With some difficulty, With most difficulty, Unable to do</td>
</tr>
<tr>
<td>Are you able to change a tight cloth or a short?</td>
<td>Without any difficulty, With some difficulty, With most difficulty, Unable to do</td>
</tr>
<tr>
<td>Are you able to change a tight cloth on all body parts of the body?</td>
<td>Without any difficulty, With some difficulty, With most difficulty, Unable to do</td>
</tr>
<tr>
<td>Are you able to stand up without using a chair or support?</td>
<td>Without any difficulty, With some difficulty, With most difficulty, Unable to do</td>
</tr>
<tr>
<td>Are you able to reach for objects with a mobility aid?</td>
<td>Without any difficulty, With some difficulty, With most difficulty, Unable to do</td>
</tr>
<tr>
<td>Are you able to reach for objects without a mobility aid?</td>
<td>Without any difficulty, With some difficulty, With most difficulty, Unable to do</td>
</tr>
</tbody>
</table>

*Figure 65 - PROMIS - Upper Extremity - Short Form 7a (Part 2)*
**Figure 66 - PROMIS – Physical Function with Mobility Aid**
3.3.15. Patient Global Impression of Change (PGIC)

The Patient Global Impression of Change (PGIC) in pain intensity is measured on an pain intensity numerical rating scale (PI-NRS), where 0=no pain and 10=worst possible pain, and this chronic pain scale is related to global assessments of change.
Figure 69 – Patient Global Impression of Change (PGIC) (Part 1)
3.3.16. Satisfaction with Life Scale (SWLS)

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

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

3.3.18. Disability Rating Scale (DRS)

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

The Participation Assessment with Recombined Tools-Objective (PART-O, Whiteneck, Dijkers, Heinemann, et al., 2011) is an objective measure of participation, representing functioning at the societal level. The PART-O was developed to examine long-term outcomes and can also be used to evaluate the effectiveness of interventions to improve social/societal functioning. The z-scores can be used to provide the basis for an assessment of progress in post-acute rehabilitation, allowing for an assessment of intra-individual differences in change across domains as well as inter-individual comparisons with the normative groups.
Figure 74– Participation Assessment with Recombined Tools (PART-O) – 1 of 3
6. In a typical week, how many times do you give emotional support to other people, that is, listen to their problems or help them with their troubles? *
   - None
   - 1-4 times
   - 5-9 times
   - 10-19 times
   - 20-34 times
   - 35 or more times
   - Don’t know/not sure/refused

7. In a typical week, how many times do you use the Internet for communication, such as for e-mail, visiting chat rooms, or instant messaging? *
   - None
   - 1-4 times
   - 5-9 times
   - 10-19 times
   - 20-34 times
   - 35 or more times
   - Don’t know/not sure/refused

8. In a typical week, how many days do you get out of your house and go somewhere? It could be anywhere - it doesn’t have to be anyplace "special"? *
   - None
   - 1-2 days
   - 3-4 days
   - 5-6 days
   - 7 days
   - Don’t know/not sure/refused

9. In a typical month, how many times do you eat in a restaurant? *
   - None
   - 1-4 times
   - 5-9 times
   - 10-19 times
   - 20-34 times
   - 35 or more times
   - Don’t know/not sure/refused

10. In a typical month, how many times do you go shopping? Include grocery shopping, as well as shopping for household necessities, or just for fun. *
    - None
    - 1-4 times
    - 5-9 times
    - 10-19 times
    - 20-34 times
    - 35 or more times
    - Don’t know/not sure/refused

11. In a typical month, how many times do you engage in sports or exercise outside your home? Include activities like running, bowling, going to the gym, swimming, walking for exercise and the like. *
    - None
    - 1-4 times
    - 5-9 times
    - 10-19 times
    - 20-34 times
    - 35 or more times
    - Don’t know/not sure/refused

12. In a typical month, how many times do you go to the movies? *
    - None
    - 1 time
    - 2 times
    - 3 times
    - 4 times
    - 5 or more times
    - Don’t know/not sure/refused
3.3.20. JFK Coma Recovery Scale

The JFK Coma Recovery Scale was initially described by Giacino and colleagues in 1991. The scale was restructured by Giacino and Kalmar and republished in 2004 as the JFK Coma Recovery Scale-Revised (Giacino, Kalmar and Whyte, 2004). The purpose of the scale is to assist with differential diagnosis, prognostic assessment and treatment planning in patients with disorders of consciousness. The scale consists of 23 items that comprise six subscales addressing auditory, visual, motor, oromotor, communication and arousal functions. CRS-R subscales are comprised of hierarchically-arranged items associated with brain stem, subcortical and cortical processes. A recently-published review of behavioral assessment methods completed by European researchers recommended use of the CRS-R as a "new promising tool" for evaluation of consciousness after severe brain injury (Majerus, et al., 2005).
**Figure 77 - JFK Coma Recovery Scale - Revised (CRS-R)**

The JFK Coma Recovery Scale - Revised is a tool to assess the level of consciousness in patients with brain injury. It includes various scales for different aspects of recovery, such as auditory, visual, motor, and communication functions. The total score can range from 0 to 100, with higher scores indicating better recovery.

### Diagnostics
- Stroke
- Brain Dysfunction (TBI/ABI)
- Hearing Loss
- Visual Impairment
- SCI
- Amputation
- Pain
- Orthopedic Conditions
- Cardiac/pulmonary
- Multiple Trauma
- Dementia
- Other

### Other Description: 

<table>
<thead>
<tr>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stroke</td>
</tr>
<tr>
<td>Brain Dysfunction (TBI/ABI)</td>
</tr>
<tr>
<td>Hearing Loss</td>
</tr>
<tr>
<td>Visual Impairment</td>
</tr>
<tr>
<td>SCI</td>
</tr>
<tr>
<td>Amputation</td>
</tr>
<tr>
<td>Pain</td>
</tr>
<tr>
<td>Orthopedic Conditions</td>
</tr>
<tr>
<td>Cardiac/pulmonary</td>
</tr>
<tr>
<td>Multiple Trauma</td>
</tr>
<tr>
<td>Dementia</td>
</tr>
</tbody>
</table>

### Etiology
- Date of Onset
- Date of Admission
- Date
- Week

### AUDITORY FUNCTION SCALE
- Consciously Movement to Command
- Inconsciously 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
- Fixation 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
- Unresponsive

*Note: Denotes emergence from MCS in [9]*

**References:**


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3.3.21. Oswestry Disability

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

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

3.3.23. Generalized Anxiety Disorder Scale (GAD-7)

The 7-item Generalized Anxiety Disorder Scale (GAD-7) is a practical self-report anxiety questionnaire that has been proved valid as a measure of anxiety in the general population. Though designed primarily as a screening and severity measure for generalized anxiety disorder, the GAD-7 also has moderately...
good operating characteristics for three other common anxiety disorders – panic disorder, social anxiety disorder, and post-traumatic stress disorder.

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

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

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

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

Figure 81 – Post Traumatic Stress Disorder (PTSD) Checklist – Civilian Version (PCL-C) – 1 of 3
Figure 82 – Post Traumatic Stress Disorder (PTSD) Checklist – Civilian Version (PCL-C) – 2 of 3
Figure 83 – Post Traumatic Stress Disorder (PTSD) Checklist – Civilian Version (PCL-C) – 3 of 3
3.3.25. Patient Health Questionnaire – 9 (PHQ-9)

The Patient Health Questionnaire (PHQ) is a self-administered version of the PRIME-MD diagnostic instrument for common mental disorders. The PHQ-9 is the depression module, which scores each of the 9 DSM-IV criteria as “0” (not at all) to “3” (nearly every day). The PHQ-9 is a nine item depression scale based directly on the diagnostic criteria for major depressive disorder in the Diagnostic and Statistical Manual Fourth Edition (DSM-IV). The PHQ-9 is a powerful tool for assisting primary care clinicians in diagnosing depression as well as selecting and monitoring treatment.
Figure 85 – Patient Health Questionnaire – 9 (PHQ-9) – 1 of 2
3.3.26. Supervision Rating Scale (SRS)

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

3.3.27. Insomnia Severity Index (ISI)

Seven item questionnaire that is designed to assess the nature, severity, and impact of insomnia and monitor treatment response in adults. It measures severity of sleep onset, sleep maintenance and early morning wakening problems, sleep dissatisfaction, interference of sleep difficulties with daytime functioning, noticeability of sleep problems by others, and distress caused by the sleep difficulties.
Figure 87 – Insomnia Severity Index (ISI) – 1 of 2
3.3.28. Pain Outcomes Questionnaire VA Long Form – Intake

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

NOTE: POQ is administered at intake, discharge, and follow up.
**Figure 89 – Pain Outcomes Questionnaire VA Long Form – Intake – 1 of 3**

<table>
<thead>
<tr>
<th>Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: AAATBINEW.ONE SSN: 666-00-9901</td>
</tr>
</tbody>
</table>

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

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

- **Other Description:**

<table>
<thead>
<tr>
<th>1</th>
<th>Enter today's date <strong>required</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>2</th>
<th>What is your age? <strong>required</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>3</th>
<th>Please indicate your sex <strong>required</strong></th>
</tr>
</thead>
</table>

- **Male**
- **Female**
3.3.29. Pain Outcomes Questionnaire VA Long Form – Discharge

Refer to POQ Intake description above.

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

Refer to POQ Intake description above.
3.3.31. World Health Organization - Disability Assessment Schedule (WHODAS 2.0) Interview

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

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

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

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

Refer to WHODAS 2.0 Interview description above.

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

Refer to WHODAS 2.0 Interview description above.

3.4. Reporting

3.4.1. Rehabilitation and Reintegration Care Plan Report

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

NOTE: Date for this report can be obtained for dates beginning from FY 2012 to the present date.
After specifying the date range, users click the View Report button. The report page refreshes to display a summary of the survey information based on their level of access.
3.4.2. All Patient Treatment Phase Outcome Report

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

Users can specify the following report filter criteria:

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

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

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

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

- **Patient Facility**—Select the facilities for which you want to generate the report.
After specifying the report filter criteria, users click the View Report button. The report page refreshes to display the report results.

3.4.3. Patient Comprehensive Trend and Outcomes Report

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

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

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

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

- **Select Facility ID**—Select the facilities for which you want to generate the report.

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

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

If the user wants to make changes to the material, the user should click [Cancel] button and re-enter the answers. If the content is correct, the user clicks the [Submit Note] button.
Be aware that once the note is submitted, it is no longer editable within the TBI Instruments application and any updates will have to be made within CPRS.

The clinician must sign the note in CPRS.

### 3.4.5. Analytics Reporting

Analytics reporting for TBI instruments is accessed by clicking the ‘Reporting’ link at the top of the page, clicking this link will take the user to the Traumatic Brain Injury Reporting Dashboard. From there the user will see categories listed on the first level and tabbed reports on the second.
Welcome to the TBI Reporting Dashboard, which details entries into the TBI Instruments package. Most responses are specific to OEF/OIF/OND deployment injuries as captured in the Comprehensive TBI Evaluation template (CTBIE), but you will also find information captured in the Mayo-Portland Participation Inventory (MOP) and the Rehabilitation and Community Reintegration Care Plan (RCR). This report is provided to assist local teams in analyzing trends among the targeted population, and to implement process improvement efforts as indicated.

Figure 100 - TBI Reporting Dashboard

The counts by question response section contains reports of responses to questions within specific reports.

Report names and definitions go here.

Figure 101 – Counts by Question Response Report Definitions
** Figure 102 – Comprehensive TBI Exam Counts 1 **

** Figure 103 – Comprehensive TBI Exam Counts 2 **
Comprehensive TBI Eval - Question #38:
In your clinical judgment the current clinical symptom presentation is most consistent with:

<table>
<thead>
<tr>
<th>Institution</th>
<th>All</th>
<th>1.</th>
<th>2.</th>
<th>3.</th>
<th>4.</th>
<th>5.</th>
<th>Not scored due to other questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>5,010</td>
<td>606</td>
<td>677</td>
<td>6,475</td>
<td>1,230</td>
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<td></td>
</tr>
<tr>
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<td>19</td>
<td>62</td>
<td>217</td>
<td>40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VSN 2</td>
<td>156</td>
<td>18</td>
<td>5</td>
<td>118</td>
<td>17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VSN 3</td>
<td>217</td>
<td>9</td>
<td>62</td>
<td>139</td>
<td>37</td>
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<td></td>
</tr>
</tbody>
</table>
**Figure 104 – Counts by Clinical Presentation**

<table>
<thead>
<tr>
<th>Institutions</th>
<th>Total</th>
<th>1 No, one episode</th>
<th>2 Yes, two episodes</th>
<th>3 Yes, three episodes</th>
<th>4 Yes, four episodes</th>
<th>5 Yes, five or more episodes</th>
<th>Not asked (due to responses to other questions)</th>
<th>Uncertain</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>5,237</td>
<td>4,008</td>
<td>771</td>
<td>219</td>
<td>59</td>
<td>121</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VSN 1</td>
<td>227</td>
<td>187</td>
<td>31</td>
<td>9</td>
<td>2</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VSN 2</td>
<td>119</td>
<td>50</td>
<td>18</td>
<td>9</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
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<tr>
<td>VSN 3</td>
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<td>86</td>
<td>18</td>
<td>6</td>
<td>1</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VSN 4</td>
<td>241</td>
<td>185</td>
<td>30</td>
<td>10</td>
<td>2</td>
<td>6</td>
<td></td>
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</tr>
</tbody>
</table>

**Figure 105 – Alteration of Consciousness Counts**

<table>
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<tr>
<th>Institutions</th>
<th>Total</th>
<th>1 No, one episode</th>
<th>2 Yes, two episodes</th>
<th>3 Yes, three episodes</th>
<th>4 Yes, four episodes</th>
<th>5 Yes, five or more episodes</th>
<th>Not asked (due to responses to other questions)</th>
<th>Uncertain</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>5,237</td>
<td>4,008</td>
<td>771</td>
<td>219</td>
<td>59</td>
<td>121</td>
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<tr>
<td>VSN 1</td>
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<td>187</td>
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<td>9</td>
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<tr>
<td>VSN 2</td>
<td>119</td>
<td>50</td>
<td>18</td>
<td>9</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
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<tr>
<td>VSN 3</td>
<td>114</td>
<td>86</td>
<td>18</td>
<td>6</td>
<td>1</td>
<td>3</td>
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<td></td>
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<tr>
<td>VSN 4</td>
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<td>185</td>
<td>30</td>
<td>10</td>
<td>2</td>
<td>6</td>
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<td></td>
</tr>
</tbody>
</table>

**Figure 106 – Loss of Consciousness Counts**

<table>
<thead>
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<th>Institutions</th>
<th>Total</th>
<th>1 No, one episode</th>
<th>2 Yes, two episodes</th>
<th>3 Yes, three episodes</th>
<th>4 Yes, four episodes</th>
<th>5 Yes, five or more episodes</th>
<th>Not asked (due to responses to other questions)</th>
<th>Uncertain</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>5,237</td>
<td>4,008</td>
<td>771</td>
<td>219</td>
<td>59</td>
<td>121</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VSN 1</td>
<td>227</td>
<td>187</td>
<td>31</td>
<td>9</td>
<td>2</td>
<td>6</td>
<td></td>
<td></td>
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<tr>
<td>VSN 2</td>
<td>119</td>
<td>50</td>
<td>18</td>
<td>9</td>
<td>1</td>
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<td></td>
<td></td>
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<tr>
<td>VSN 3</td>
<td>114</td>
<td>86</td>
<td>18</td>
<td>6</td>
<td>1</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VSN 4</td>
<td>241</td>
<td>185</td>
<td>30</td>
<td>10</td>
<td>2</td>
<td>6</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Figure 107 – Post Traumatic Amnesia Counts

Figure 108 – Mechanism of Injury Counts
Figure 109 – Counts by Survey Type Report Definitions

Figure 110 – Surveys by Gender Counts
**Figure 111 – OEF/OIF Counts**

**Figure 112 – Surveys by Age Group Counts**
A. Business Rules

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

A.1. Comprehensive TBI Evaluation Business Rules

Table 3 lists the effect each answer on the Comprehensive TBI Evaluation.

<table>
<thead>
<tr>
<th>Rule</th>
<th>Description</th>
<th>Related Rules</th>
</tr>
</thead>
</table>
| 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. | 1. For Question A: Was this evaluation furnished by a non-VA provider, e.g., fee basis? Answer Yes.  
2. Question #27: Are the history of the injury and the course of clinical symptoms consistent with a diagnosis of TBI sustained during OEF/OIF deployment? Answer No. |
| 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. | 1. For Question A: Was this evaluation furnished by a non-VA provider, e.g., fee basis? Answer Yes.  
2. Question #27. Are the history of the injury and the course of clinical symptoms consistent with a diagnosis of TBI sustained during OEF/OIF deployment?  
3. 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. | 4. For Question A: Was this evaluation furnished by a non-VA provider, e.g., fee basis? Answer No.  
5. For Question #4: How many serious OEF/OIF deployment related injuries have occurred? Answer None.  
6. The system skips questions:  
4-A-1, 4-A-2, 4-B-1, 4-B-2, 4-C-1, 4-C-2, 5-A, 5-B, 5-C, 5-D, 5-D-1, 5-D-1-a, 5-D-2, 5-D-3, 5-D-4, 5-D-5, 5-E, 6, 6-A, 7, 7-A, 8, 8-A, 9, 10, 11, 12, 12-A, 13  
7. Answering Yes in this scenario produces the following message:  
In question #4, your response indicates this patient did not experience an OEF/OIF deployment related injury. Based on this response, this patient would not have suffered an OEF/OIF deployment related TBI. If your response to question #4 is not correct, and this patient did experience an OEF/OIF deployment related injury, please make the appropriate correction to question #4, and you will then be permitted to indicate the patient suffered a TBI during |
<table>
<thead>
<tr>
<th>Rule</th>
<th>Description</th>
<th>Related Rules</th>
</tr>
</thead>
<tbody>
<tr>
<td>CTE</td>
<td>Answering No to Question A and selecting One for Question #4 will skip</td>
<td>OEF/OIF deployment.</td>
</tr>
<tr>
<td>BR#4</td>
<td>questions 4-B-1, 4-B-2, 4-C-1, 4-C-2.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8. For question A: Was this evaluation furnished by a non-VA provider, e.g.,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>fee basis? Answer No.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9. For Question #4: How many serious OEF/OIF deployment related injuries have</td>
<td></td>
</tr>
<tr>
<td></td>
<td>occurred? Answer One.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10. The result is:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. The Year allowed is 2001 to current.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. The system skips questions: 4-B-1, 4-B-2, 4-C-1, 4-C-2</td>
<td></td>
</tr>
<tr>
<td>CTE</td>
<td>Answering No to question A and selecting One for question #4 will skip</td>
<td></td>
</tr>
<tr>
<td>BR#5</td>
<td>questions 4-C-1, 4-C-2.</td>
<td></td>
</tr>
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<td></td>
<td>11. For Question A: Was this evaluation furnished by a non-VA provider, e.g.,</td>
<td></td>
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<tr>
<td></td>
<td>fee basis? Answer No.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12. For Question #4: How many serious OEF/OIF deployment related injuries have</td>
<td></td>
</tr>
<tr>
<td></td>
<td>occurred? Answer Two.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>13. The result is:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. The Year allowed is 2001 to current.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. The system skips questions: 4-C-1, 4-C-2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. If you answered Question #4 with Three, you will be allowed to go to 4-C-1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>and 4-C-2 and the Year allowed is 2001 to current.</td>
<td></td>
</tr>
<tr>
<td>CTE</td>
<td>Answering No to Question A and Enter/confirm there is something other than</td>
<td></td>
</tr>
<tr>
<td>BR#6</td>
<td>0. No. Then answering No for question 4, and No for question 5-D will skip</td>
<td></td>
</tr>
<tr>
<td></td>
<td>questions 5-D-1, 5-D-1-a, 5-D-2, 5-D-3, 5-D-4, 5-D-5.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>14. For Question A: Was this evaluation furnished by a non-VA provider, e.g.,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>fee basis? Answer No.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>15. Enter or confirm the answer for Question for is something other than &quot;0. No&quot;.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>16. For question #5-D. Blast: Answer No.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>17. The result is:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. The system skips questions: 5-D-1, 5-D-1-a, 5-D-2, 5-D-3, 5-D-4, 5-D-5.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Answering No on 5-D moves you to question 5-E.</td>
<td></td>
</tr>
<tr>
<td>CTE</td>
<td>Answering No to Question A and Question #6, will skip question 6-A.</td>
<td></td>
</tr>
<tr>
<td>BR#7</td>
<td>18. For Question A: Was this evaluation furnished by a non-VA provider, e.g.,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>fee basis? Answer No.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>19. For Question #6: Did you lose consciousness immediately after any of these</td>
<td></td>
</tr>
<tr>
<td></td>
<td>experiences? Answer No.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>20. The system will skip 6-A</td>
<td></td>
</tr>
<tr>
<td>CTE</td>
<td>Answering No to Question A and answering Uncertain to Question #6, will skip</td>
<td></td>
</tr>
<tr>
<td>BR#8</td>
<td>question 6-A.</td>
<td></td>
</tr>
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<td>21. For Question A: Was this evaluation furnished by a non-VA provider, e.g.,</td>
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<td>fee basis? Answer No.</td>
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<td>For Question #6: Did you lose consciousness immediately after any of these experiences? Answer Uncertain.</td>
<td>22. For Question #6: Did you lose consciousness immediately after any of these experiences? Answer Uncertain.</td>
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<td></td>
<td>The system will skip question 6-A.</td>
<td>23. The system will skip question 6-A.</td>
</tr>
<tr>
<td>CTE BR#9</td>
<td>Answering No to Question A and Question #7 will skip question 7-A.</td>
<td>24. For Question A: Was this evaluation furnished by a non-VA provider, e.g., fee basis? Answer No.</td>
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<td>25. For Question #7: Did you have a period of disorientation or confusion immediately following the incident? Answer No.</td>
<td>26. The system will skip question 7-A.</td>
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<tr>
<td>CTE BR#10</td>
<td>Answering No to Question A and answering Uncertain to Question #6, will skip Question 7-A.</td>
<td>27. For question A: Was this evaluation furnished by a non-VA provider, e.g., fee basis? Answer No.</td>
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<td>28. For Question #7: Did you have a period of disorientation or confusion immediately following the incident? Answer Uncertain.</td>
<td>29. The system will skip question 7-A.</td>
</tr>
<tr>
<td>CTE BR#12</td>
<td>Answering No to Question A and answering Uncertain to Question #8, will skip Question 8-A.</td>
<td>30. For question A: Was this evaluation furnished by a non-VA provider, e.g., fee basis? Answer No.</td>
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<td>31. For Question #8: Did you experience a period of memory loss immediately before or after the incident? Answer Uncertain.</td>
<td>32. The system will skip Question 8-A.</td>
</tr>
<tr>
<td>CTE BR#13</td>
<td>Answering No to Question A and Question #12, will skip question 12-A.</td>
<td>33. For question A: Was this evaluation furnished by a non-VA provider, e.g., fee basis? Answer No.</td>
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<td>34. For Question #12: Prior to this evaluation, had you received any professional treatment (including medications) for your deployment related TBI symptoms? Answer No.</td>
<td>35. The system will skip question 12-A.</td>
</tr>
<tr>
<td>CTE BR#14</td>
<td>Answering No to question A and Not at all to Question #17, will skip question 17-A.</td>
<td>36. For Question A: Was this evaluation furnished by a non-VA provider, e.g., fee basis? Answer No.</td>
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<td>37. For Question 17: Overall, in the last 30 days how much did these difficulties (symptoms) interfere with your life? Answer Not at all.</td>
<td>38. The system will skip question 17-A.</td>
</tr>
<tr>
<td>CTE BR#15</td>
<td>Answering No to Questions A and #18, will skip questions 18-A, 18-B, 18-C.</td>
<td>39. For Question A: Was this evaluation furnished by a non-VA provider, e.g., fee basis? Answer No.</td>
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<td>40. For Question 18. In the last 30 days, have you had any problems with pain?</td>
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<tr>
<td>CTE BR#16</td>
<td>Answering No to Question A and Not at all to Question #18-B, will skip question 18-C.</td>
<td>41. The system will skip questions 18-A, 18-B, 18-C.</td>
</tr>
<tr>
<td>CTE BR#17</td>
<td>Answering No to Question A and Not at all to Question #23, will skip Question 23-A.</td>
<td>42. For question A: Was this evaluation furnished by a non-VA provider, e.g., fee basis? Answer No.</td>
</tr>
<tr>
<td>CTE BR#18</td>
<td>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.</td>
<td>43. For Question 18-B. In the last 30 days, how much did pain interfere with your life? Answer Not at all.</td>
</tr>
<tr>
<td>CTE BR#19</td>
<td>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.</td>
<td>44. The system will skip question 18-C</td>
</tr>
<tr>
<td>CTE BR#20</td>
<td>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.</td>
<td>45. For question A: Was this evaluation furnished by a non-VA provider, e.g., fee basis? Answer No.</td>
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<td>47. The system will skip question 23-A.</td>
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<td>48. For question A: Was this evaluation furnished by a non-VA provider, e.g., fee basis? Answer No.</td>
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<td>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).</td>
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<td>50. The system will skip question 28-A.</td>
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<td>51. For question A. Was this evaluation furnished by a non-VA provider, e.g., fee basis? Answer No.</td>
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<td>52. For Question 29. Follow up plan: Answer Services will be provided outside VA.</td>
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<td>54. For Question A: Was this evaluation furnished by a non-VA provider, e.g., fee basis? Answer No.</td>
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<td>55. For Question 29. Follow up plan: Answer No services needed.</td>
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<td>57. For Question A: Was this evaluation furnished by a non-VA provider, e.g., fee basis? Answer No.</td>
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<td>58. For Question 29. Follow up plan: Answer Patient refused or not interested in further</td>
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</table>
| CTE BR#22  | Answering No to Question A and answering something other than Other for Question #29-I, will skip question 29-I-1. | 60. For Question A. Was this evaluation furnished by a non-VA provider, e.g., fee basis? Answer No.  
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.  
62. The system will skip question 29-I-1. |
## 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

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

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<th>Term or Acronym</th>
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<td>0 - 9</td>
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<tr>
<td>508</td>
<td>See Section 508</td>
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<tr>
<th>Term or Acronym</th>
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<tbody>
<tr>
<td>ABI</td>
<td>Acquired Brain Injury</td>
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<tr>
<th>Term or Acronym</th>
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<tr>
<td>browser</td>
<td>A program which allows a person to read <a href="#">hypertext</a>. The browser provides some means of viewing the contents of nodes (or &quot;pages&quot;) 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.</td>
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<tr>
<th>Term or Acronym</th>
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<tbody>
<tr>
<td>Case</td>
<td>The collection of information maintained on patients that have been included in a registry.</td>
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<tr>
<td>Computerized Patient Record System (CPRS)</td>
<td>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</td>
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<td>Term or Acronym</td>
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<tr>
<td>CPRS</td>
<td>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.</td>
</tr>
<tr>
<td><strong>CPRS</strong></td>
<td>See Computerized Patient Record System</td>
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<tr>
<th>Term or Acronym</th>
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<tr>
<td>Department of Defense (DoD)</td>
<td>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.</td>
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<tr>
<td>DoD</td>
<td>See Department of Defense</td>
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<tr>
<td>Global War On Terror (GWOT)</td>
<td>Obsolete term; see Overseas Contingency Operation</td>
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<tr>
<td>GWOT</td>
<td>Global War On Terror (obsolete term; see Overseas Contingency Operation).</td>
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<tr>
<td>MAPI</td>
<td>Mayo-Portland Adaptability Inventory</td>
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<tr>
<td>OCO</td>
<td>See Overseas Contingency Operation</td>
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<td>OEF/OIF</td>
<td>Operation Enduring Freedom/Operation Iraqi Freedom</td>
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<td>OPCS</td>
<td>See Patient Care Services</td>
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<tr>
<td>OIT</td>
<td>Office of Information Technology</td>
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<td>Term or Acronym</td>
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<tr>
<td>Patient Care Services (PCS), Office of OPCS</td>
<td>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.</td>
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<td>R</td>
<td>Registry</td>
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<td>S</td>
<td>Section 508</td>
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<tr>
<td>Surveillance</td>
<td>Systematic collection, analysis, and interpretation of health data about a disease or condition.</td>
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<tr>
<td>Systematized Nomenclature of Medicine (SNOMED)</td>
<td>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 (&gt;350,000 codes).</td>
</tr>
<tr>
<td>Term or Acronym</td>
<td>Description</td>
</tr>
<tr>
<td>----------------</td>
<td>-------------</td>
</tr>
<tr>
<td><strong>concepts</strong> multi-disciplinary coverage but discipline neutral structured to support data entry, retrieval, maps, etc.</td>
<td></td>
</tr>
<tr>
<td><strong>TBI</strong> See <strong>Traumatic Brain Injuries</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Traumatic Brain Injuries (TBI)</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Uniform Resource Locator (URL)</strong> <em>(Formerly Universal Resource Locator)</em>. 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.</td>
<td></td>
</tr>
<tr>
<td><strong>URL</strong> See <strong>Uniform Resource Locator</strong></td>
<td></td>
</tr>
<tr>
<td><strong>VA</strong> See <strong>Veterans Affairs</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Veterans Affairs, Department of (VA)</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Veterans Health Administration (VHA)</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Veterans Health Information Systems and</strong></td>
<td>VistA is a comprehensive, integrated health care information system composed of numerous software modules.</td>
</tr>
</tbody>
</table>
### C. Web Based Application Elements

The following sections describe typical WBA elements.

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

![Figure 113 - Text Box Sample 1](image1)

![Figure 114 - Text Box Sample 2](image2)

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

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

![Figure 115 – Tool Tip for Text Box](image3)
Checkbox

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

Radio Button

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

Command Buttons

<table>
<thead>
<tr>
<th>Command Buttons</th>
<th>Description</th>
</tr>
</thead>
</table>
| ![Search](image) ![Save](image) | 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](image) | 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](image) | The [Select] command is used to select records for editing. |
| ![Search](image) | 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](image) | The [OK] command is used to accept a default choice, or to agree with performing an action. |
Drop-down List

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

Figure 116 - Dropdown Sample 1

Figure 117 - Dropdown Sample 2