## Revision History

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<th>Version</th>
<th>Description</th>
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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:

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1.2. Command Buttons and Command Icons

A command button initiates an action. It is a rectangular “3-dimensional” shape with a label that specifies what action will be performed when the button is clicked.

Common examples are shown at left. Command buttons that end with three dots indicate that selecting the command may evoke a subsidiary window.

In some cases, a command icon performs the same function, but appears on the menu bar and has a plain, flat appearance. One example is shown at left.

In the text of this document, both command button and command icon names appear inside square brackets. Examples: [Search], [Save].

2. Background

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

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

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

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

2.1. Related Documents

Related documents include:

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

3.1. Starting the Application

To start TBI Instruments, follow these steps:

1. Log into CPRS

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

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

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.
3.2.1. TBI View Instruments Reports

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

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

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

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

![Image of Last Three Instruments Report](image)

**Figure 2 – Last Three Instruments Report**

3.2.1.2. TBI View All Instruments Button

The **TBI Instruments > View All Instruments** displays all the patient’s TBI Instruments report.
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 Association
The **TBI Instruments > Instrument Associations** screen displays. The patient name and the Instrument Type previously selected are presented on the screen.

![TBI Instruments > Instrument Associations](image)

**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.

![Select a Value drop-down list](image)

**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.

**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](image)

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

![Screen Screenshot](image1.png)

**Figure 10 – Current Stay**

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

![Screen Screenshot](image2.png)

**Figure 11 – Unscheduled or New Visit**
3.2.3. Comprehensive TBI Evaluation

The TBI Instruments > Comprehensive TBI Evaluation screen displays.

Select the appropriate answer for each patient.

![Figure 12 – Comprehensive TBI Evaluation Part 1](image-url)
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 than 10 feet
- 2. Between 10 and 30 feet
- 3. Between 31 and 50 feet
- 4. Greater than 50 feet

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

- 0. No
- 3. Yes, three episodes

Figure 14 – Comprehensive TBI Evaluation Part 3
1. Yes, one episode  
2. Yes, two episodes  
4. Yes, four episodes  
5. Yes, five or more episodes

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

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

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

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

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

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

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

0. No  
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?
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<tr>
<td>1. Yes, one episode</td>
<td>5. Yes, five or more episodes</td>
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<td>2. Yes, two episodes</td>
<td>6. Uncertain</td>
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<tr>
<td>3. Yes, three episodes</td>
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6-A. If yes, estimate the duration of longest period of loss of consciousness.

- 1. Very brief, probably less then 5 minutes
- 2. Less then 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)).

---

**Figure 16 – Comprehensive TBI Evaluation Part 5**
1. Brief, probably less than 30 minutes  
2. Up to a full day (24 hours)  
3. Up to a full week (7 days)  
4. Up to 1 month  
5. Up to 3 months  
6. More than 3 months

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

- 0. No  
- 1. Yes

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

- 0. No  
- 1. Yes

11. Were you evacuated from theatre?

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

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

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

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

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

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

Figure 17 – Comprehensive TBI Evaluation Part 6
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:


16-B. Loss of balance:


16-C. Poor coordination, clumsy:


Figure 18 – Comprehensive TBI Evaluation Part 7
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
16-M. Poor concentration, can’t pay attention:
- 0. None
- 1. Mild
- 2. Moderate
- 3. Severe
- 4. Very Severe

16-N. Forgetfulness, can’t remember things:
- 0. None
- 1. Mild
- 2. Moderate
- 3. Severe
- 4. Very Severe

16-O. Difficulty making decisions:
- 0. None
- 1. Mild
- 2. Moderate
- 3. Severe
- 4. Very Severe

16-P. Slowed thinking, difficulty getting organized, can’t finish things:
- 0. None
- 1. Mild
- 2. Moderate
- 3. Severe
- 4. Very Severe

16-Q. Fatigue, loss of energy, getting tired easily
- 0. None
- 1. Mild
- 2. Moderate
- 3. Severe
- 4. Very Severe

16-R. Difficulty falling or staying asleep
- 0. None
- 1. Mild
- 2. Moderate
- 3. Severe
- 4. Very Severe

16-S. Feeling anxious or tense
- 0. None
- 1. Mild
- 2. Moderate
- 3. Severe
- 4. Very Severe

16-T. Feeling depressed or sad:
- 0. None
- 1. Mild
- 2. Moderate
- 3. Severe
- 4. Very Severe

16-U. Irritability, easily annoyed:
- 0. None
- 1. Mild
- 2. Moderate
- 3. Severe
- 4. Very Severe

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


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


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)


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


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

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

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

IV. Conclusion

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

21. Current medications:

Figure 22 – Comprehensive TBI Evaluation Part 11
22. Physical Examination:

23. Psychiatric Symptoms:

☐ 0. No  ☐ 1. Yes  ☐ 2. Not assessed

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

☐ 1. Depression  ☐ 5. Drug abuse/dependence
☐ 2. PTSD  ☐ 6. Psychotic disorder

Figure 23 – Comprehensive TBI Evaluation Part 12
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

29. Follow up plan:

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

Follow up code within VA

29-A. Education:

- 0. No
- 1. Yes

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

- 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
29-1. 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:
Select [Save Draft] to save the information entered even if it is incomplete or in the event the user wishes to review the data again prior to completing the note.

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

Click [Cancel] to reset the questionnaire.

![Submit Note and Cancel Buttons]

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

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

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

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

The clinician must sign the note in CPRS.
3.2.4. 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](image-url)
1. Unemployed looking for work
2. Unemployed not looking for work
3. Working part-time
4. Working full-time
5. Student
6. Volunteer
7. Homemaker

I. Injury

4. Experienced head injury since prior evaluation?

- 0. No
- 1. Yes

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

5. Cause Of Injury

5-A. Bullet

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

5-B. Vehicular

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

5-C. Fall

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

5-D. Blast

---

Figure 29 – TBI Follow-Up Assessment Screen Part 2
5-D-1. When a high-explosive bomb or IED goes off there is a "blast wave" which is a wave of highly compressed gas that may feel almost like being smashed into a wall. Do you remember experiencing this or were told that you experienced it?

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

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

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

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

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

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

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

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

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

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

---

Figure 30 – TBI Follow-Up Assessment Screen Part 3
| 1. Improvised Explosive Device (IED) | 5. Bomb                            |
| 2. Rocket Propelled Grenade (RPG) | 6. Other                            |
| 3. Mortar                           | 7. Unknown                          |
| 4. Grenade                           |                                     |

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

- 0. No
- 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. 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 than 5 minutes
- 2. Less than 30 minutes
- 3. Less than 6 hours
- 4. Up to a full day (24 hours)
- 5. Up to a full week (7 days)
- 6. More than one week

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

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

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

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

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

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

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

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

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

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

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

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

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

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

II. Symptoms

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

   - None 0 - Rarely if ever present not a problem at all.
   - Mild 1 - Occasionally present but it does not disrupt activities; I can usually continue what I am doing; does not really concern me.
   - Moderate 2 - Often present, occasionally disrupts my activities; I can usually continue what I am doing with some effort; I am somewhat concerned.
   - Severe 3 - Frequently present and disrupts activities; I can only do things that are fairly simple or take little effort; I feel like I need help.
   - Very Severe 4 - Almost always present and I have been unable to perform at work, school, or home due to this problem; I probably cannot function without help.

Figure 32 – TBI Follow-Up Assessment Screen Part 5
11-A. Feeling dizzy:

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

11-B. Loss of Balance:

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

11-C. Poor coordination, clumsy:

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

11-D. Headaches:

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

11-E. Nausea:

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

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

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

11-G. Sensitivity to light:

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

11-H. Hearing difficulty:

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

11-I. Sensitivity to noise:

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

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

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

11-K. Change in taste and/or smell:
<table>
<thead>
<tr>
<th>11-L. Loss of appetite or increase appetite:</th>
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</thead>
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<table>
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<tr>
<th>11-M. Poor concentration, can’t pay attention:</th>
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<table>
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<tr>
<th>11-N. Forgetfulness, can’t remember things:</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>11-O. Difficulty making decisions:</th>
</tr>
</thead>
</table>

<table>
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<tr>
<th>11-P. Slowed thinking, difficulty getting organized, can’t finish things:</th>
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<tr>
<th>11-Q. Fatigue, loss of energy, getting tired easily:</th>
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</thead>
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<table>
<thead>
<tr>
<th>11-R. Difficulty falling or staying asleep:</th>
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<tr>
<th>11-S. Feeling anxious or tense:</th>
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<tr>
<th>11-T. Feeling depressed or sad:</th>
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<thead>
<tr>
<th>11-U. Irritability, easily annoyed:</th>
</tr>
</thead>
</table>

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
Figure 36 – TBI Follow-Up Assessment Screen Part 9
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-4
Participation Index (M2PI)
Muriel D. Lezak, PhD, ABPP & James F. Malec, PhD, ABPP

Used as VA Interdisciplinary Team Assessment of Community Functioning

Note Type: Initial
Person Reporting:
- Single Professional
- Professional Consensus
- Person with Brain Injury
- Significant Other

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

1. Initiation: Problems getting started on activities without prompting

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

Comment Item #1:

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

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

Figure 38 – Mayo Portland Adaptability Inventory Part 1
3. 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)

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)

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

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

The clinician must sign the note in CPRS.
3.2.6. 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 43 – 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
- Drivers rehab
- Low vision rehabilitation specialist
- Optometry/ophthalmology
- Orthopedics
- Pain management
- Radiology/imaging
- Vocational rehabilitation
- Other

7. Proposed timeframe for IDT follow up conference

- 1 Week
- 2 Weeks
- 1 Month
- 2 Months
- Other

Plan of care communicated

- Yes
- No

Figure 44 – Rehabilitation and Reintegration Plan Part 3
8. Physician responsible for managing the treatment plan: (Name and telephone number)

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

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

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

11. Date care plan will be reviewed

12. Additional Information (Optional)

Save Draft    Save and Prepare Note    Cancel

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

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

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

Current user: 

**Figure 45 – Rehabilitation and Reintegration Plan Part 4**

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

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

![Submit Note](submit_note.png)  [Cancel](cancel.png)

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

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

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

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

The clinician must sign the note in CPRS.
3.2.7. 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.
Patient

Patient:    SSN:    Facility:

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

Note Type:
- [ ] Initial
- [ ] Interim
- [ ] Discharge

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

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

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

Additional Comments:

Figure 46 – Rehabilitation and Reintegration Plan Part 1
3. Summary of Interdisciplinary Treatment (IDT) evaluations: (Check all that apply)

- Assistive technologist or rehabilitation engineer
- Blind rehabilitation specialist
- Driver rehabilitation specialist
- Kinesiotherapist
- Neurologist
- Occupational therapist
- Orthotist or prosthethist
- 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)
5. Rehabilitation and reintegration plan: (Types of services, frequency/duration of treatment, planned follow up, etc.)

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

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

7. Proposed timeframe for IDT follow up conference

   - 1 Week
   - 2 Weeks
   - 1 Month
   - 2 Months
   - Other

   - Plan of care communicated
     - Yes
     - No
8. Physician responsible for managing the treatment plan: (Name and telephone number)


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


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

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

11. Date care plan will be reviewed


12. Additional Information (Optional)


Save Draft  Save and Prepare Note  Cancel

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

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

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

Current user:

**Figure 49 – Rehabilitation and Reintegration Plan Part 4**

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

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

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.
3.2.8.  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 50 – 2 Minute Walk Test

3.2.9.  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.

3.2.10. **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.
3.2.11. 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.
3.2.12. 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.
3.2.13. 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.
3.2.14. Neurobehavioral Symptom Inventory (NSI)

The VA uses the Neurobehavioral Symptom Inventory (NSI) to measure postconcussive symptoms in its comprehensive traumatic brain injury (TBI) evaluation.
3.2.15. 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.
3.2.16. Satisfaction with Life Scale (SWLS)

The Satisfaction with Life Scale (SWLS) 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.
3.2.17. Berg Balance Scale

The Berg Balance Scale is a 14-item objective measure designed to assess static balance and fall risk in adult populations.
3.2.18. 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.
3.2.19. 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 61– Participation Assessment with Recombined Tools (PART-O) – 1 of 3

**Patient:**
- **Patient:** AATBBINW.ONE SSN: 666-00-9901

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

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

**Other Description:**

**Date of Assessment:**

1. In a typical week, how many hours do you spend working for money, whether in a job or self-employed? *
   - None
   - 1-4 hours
   - 5-9 hours
   - 10-19 hours
   - 20-34 hours
   - 35 or more hours
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
   - 20-24 times
   - 25 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
   - 20-24 times
   - 25 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 anywhere "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
   - 20-24 times
   - 25 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
    - 20-24 times
    - 25 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
    - 20-24 times
    - 25 or more times
    - Don't know/not sure/refused

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

Figure 62 – Participation Assessment with Recombined Tools (PART-O) – 2 of 3
3.2.20. 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).
### JFK Coma Recovery Scale - Revised

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

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

**Other Description**

**Etiology**

**Date of Onset**

**Date of Admission**

**Date**

**Week**

**AUDITORY FUNCTION SCALE**
- Consistent Movement to Command
- Reproducible Movement to Command
- Localization to Sound
- Auditory Startle
- None

**VISUAL FUNCTION SCALE**
- Object Recognition
- Object Localization: Reaching
- Visual Pursuit
- Fixation
- Visual Startle
- None

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

**OROMOTOR/VERBAL FUNCTION SCALE**
- Intelligible Verbalization
- Vocalization/Oral Movement
- Oral Reflexive Movement
- None

**COMMUNICATION SCALE**
- Functional: Accurate
- Non-Functional: Intentional
- None

**AROUSAL SCALE**
- Attention
- Eye Opening w/o Stimulation
- Eye Opening with Stimulation
- Unresponsive

Detected emergence from MCS**

Detected MCS**

**TOTAL SCORE:**

**Calculate**

<table>
<thead>
<tr>
<th>Save Draft</th>
<th>Save and Prepare Note</th>
<th>Cancel</th>
</tr>
</thead>
</table>

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**Figure 64 – JFK Coma Recovery Scale - Revised (CRS-R)**
3.2.21. 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.
Figure 65 – Oswestry Low Back Pain Disability Questionnaire – 1 of 2
3.2.22. 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.

3.2.23. 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.

3.2.24. 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:

Figure 67 – Generalized Anxiety Disorder Scale (GAD-7)
o without Criterion A (brief instructions and items only), which is appropriate when trauma exposure is measured by some other method
o with a brief Criterion A assessment
o with the revised Life Events Checklist for DSM-5 (LEC-5) and extended Criterion A assessment

Figure 68 – Post Traumatic Stress Disorder (PTSD) Checklist – Civilian Version (PCL-C) – 1 of 3
Figure 69 – Post Traumatic Stress Disorder (PTSD) Checklist – Civilian Version (PCL-C) – 2 of 3
4. Feeling very upset when something reminded you of a stressful experience from the past?
   [ ] Not at all
   [ ] A little bit
   [ ] Moderately
   [ ] Quite a bit
   [ ] Extremely

5. Having physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of a stressful experience from the past?
   [ ] Not at all
   [ ] A little bit
   [ ] Moderately
   [ ] Quite a bit
   [ ] Extremely

6. Avoid thinking about or talking about a stressful experience from the past or avoid having feelings related to it?
   [ ] Not at all
   [ ] A little bit
   [ ] Moderately
   [ ] Quite a bit
   [ ] Extremely

7. Avoid activities or situations because they remind you of a stressful experience from the past?
   [ ] Not at all
   [ ] A little bit
   [ ] Moderately
   [ ] Quite a bit
   [ ] Extremely

8. Trouble remembering important parts of a stressful experience from the past?
   [ ] Not at all
   [ ] A little bit
   [ ] Moderately
   [ ] Quite a bit
   [ ] Extremely

9. Loss of interest in things that you used to enjoy?
   [ ] Not at all
   [ ] A little bit
   [ ] Moderately
   [ ] Quite a bit
   [ ] Extremely

10. Feeling distant or cut off from other people?
    [ ] Not at all
    [ ] A little bit
    [ ] Moderately
    [ ] Quite a bit
    [ ] Extremely

11. Feeling emotionally numb or being unable to have loving feelings for those close to you?
    [ ] Not at all
    [ ] A little bit
    [ ] Moderately
    [ ] Quite a bit
    [ ] Extremely

Figure 70 – Post Traumatic Stress Disorder (PTSD) Checklist – Civilian Version (PCL-C) – 3 of 3
3.2.25. 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 72 – Patient Health Questionnaire – 9 (PHQ-9) – 1 of 2
3.2.26. 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.

3.2.27. 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 74 – Insomnia Severity Index (ISI) – 1 of 2
3.2.28. 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 76 – Pain Outcomes Questionnaire VA Long Form – Intake – 1 of 3
3.2.29. Pain Outcomes Questionnaire VA Long Form – Discharge

Refer to POQ Intake description above.

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

Refer to POQ Intake description above.
3.2.31. 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.

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

Refer to WHODAS 2.0 Interview description above.

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

Refer to WHODAS 2.0 Interview description above.

3.3. Reporting

3.3.1. 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.

### 3.3.2. 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 (MPI) 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.

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

Report names and definitions go here.
Comprehensive TBI Exam - Question #37:
Based on the history of the injury and the course of clinical symptoms, did the veteran sustain a TBI during OEF/OIF deployment?

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

Figure 82 – Comprehensive TBI Exam Counts 1

Figure 83 – Comprehensive TBI Exam Counts 2
Figure 84 – Counts by Clinical Presentation

Figure 85 – Alteration of Consciousness Counts
**Figure 86 – Loss of Consciousness Counts**

<table>
<thead>
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<th>Institution</th>
<th>0 No</th>
<th>1 Yes, 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 response to other question)</th>
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<td>All</td>
<td>5,217</td>
<td>4,068</td>
<td>778</td>
<td>219</td>
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<td>16</td>
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**Figure 87 – Post Traumatic Amnesia Counts**

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<th>1 Yes, 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 response to other question)</th>
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Figure 88 – Mechanism of Injury Counts

Figure 89 – Counts by Survey Type Report Definitions
Figure 90 – Surveys by Gender Counts

Figure 91 – OEF/OIF 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>
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</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? |
<table>
<thead>
<tr>
<th>Rule</th>
<th>Description</th>
<th>Related Rules</th>
</tr>
</thead>
<tbody>
<tr>
<td>CTE BR#3</td>
<td>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.</td>
<td>3. Enter Yes for Question #27. 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 OEF/OIF deployment.</td>
</tr>
<tr>
<td>CTE BR#4</td>
<td>Answering No to Question A and selecting One for Question #4 will skip questions 4-B-1, 4-B-2, 4-C-1, 4-C-2.</td>
<td>8. For question A: Was this evaluation furnished by a non-VA provider, e.g., fee basis? Answer No. 9. For Question #4: How many serious OEF/OIF deployment related injuries have occurred? Answer One. 10. The result is: a. The Year allowed is 2001 to current. b. The system skips questions: 4-B-1, 4-B-2, 4-C-1, 4-C-2</td>
</tr>
<tr>
<td>CTE BR#5</td>
<td>Answering No to question A and selecting One for question #4 will skip questions 4-C-1, 4-C-2.</td>
<td>11. For Question A: Was this evaluation furnished by a non-VA provider, e.g., fee basis? Answer No. 12. For Question #4: How many serious OEF/OIF deployment related injuries have occurred? Answer Two. 13. The result is: a. The Year allowed is 2001 to current. b. The system skips questions: 4-C-1, 4-C-2 c. If you answered Question #4 with Three, you will be allowed to go to 4-C-1 and 4-C-2 and the Year allowed is 2001 to current.</td>
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<tr>
<td>Rule</td>
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<td>Related Rules</td>
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</table>
| CTE      | Answering No to Question A and Enter/confirm there is something other than 0. No. Then answering No for question 4, and No for question 5-D will skip questions 5-D-1, 5-D-1-a, 5-D-2, 5-D-3, 5-D-4, 5-D-5. | 14. For Question A: Was this evaluation furnished by a non-VA provider, e.g., fee basis? Answer No.  
15. Enter or confirm the answer for Question for is something other than "0. No".  
16. For question #5-D. Blast: Answer No.  
17. The result is:  
   a. The system skips questions: 5-D-1, 5-D-1-a, 5-D-2, 5-D-3, 5-D-4, 5-D-5.  
   b. Answering No on 5-D moves you to question 5-E. |
| CTE      | Answering No to Question A and Question #6, will skip question 6-A.                                     | 18. For Question A: Was this evaluation furnished by a non-VA provider, e.g., fee basis? Answer No.  
19. For Question #6: Did you lose consciousness immediately after any of these experiences? Answer No.  
20. The system will skip 6-A                                                                                     |
| CTE      | Answering No to Question A and answering Uncertain to Question #6, will skip Question 6-A.               | 21. For Question A: Was this evaluation furnished by a non-VA provider, e.g., fee basis? Answer No.  
22. For Question #6: Did you lose consciousness immediately after any of these experiences? Answer Uncertain.  
23. The system will skip question 6-A.                                                                         |
| CTE      | Answering No to Question A and Question #7 will skip question 7-A.                                       | 24. For Question A: Was this evaluation furnished by a non-VA provider, e.g., fee basis? Answer No.  
25. For Question #7: Did you have a period of disorientation or confusion immediately following the incident? Answer No.  
26. The system will skip question 7-A.                                                                         |
| CTE      | Answering No to Question A and answering Uncertain to Question #6, will skip Question 7-A.               | 27. For question A: Was this evaluation furnished by a non-VA provider, e.g., fee basis? Answer No.  
28. For Question #7: Did you have a period of disorientation or confusion immediately following the incident? Answer Uncertain.  
29. The system will skip question 7-A.                                                                         |
| CTE      | Answering No to Question A and answering Uncertain to Question #8, will skip Question 8-A.               | 30. For question A: Was this evaluation furnished by a non-VA provider, e.g., fee basis? Answer No.  
31. For Question #8: Did you experience a period of memory loss immediately before or after the incident? Answer Uncertain.  
32. The system will skip Question 8-A.                                                                         |
<p>| CTE      | Answering No to Question A and                                                                            | 33. For Question A: Was this evaluation |</p>
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<th>Rule</th>
<th>Description</th>
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<tr>
<td>BR#13</td>
<td>Question #12, will skip question 12-A.</td>
<td>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>
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<td>35. The system will skip question 12-A.</td>
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<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>
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<td>38. The system will skip question 17-A.</td>
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<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? Answer No.</td>
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<td>41. The system will skip questions 18-A, 18-B, 18-C.</td>
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</tr>
<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>42. For question A: Was this evaluation furnished by a non-VA provider, e.g., fee basis? Answer No.</td>
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<tr>
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<td>43. For Question 18-B. In the last 30 days, how much did pain interfere with your life? Answer Not at all.</td>
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<td>44. The system will skip question 18-C</td>
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<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>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>46. For question 23. Psychiatric Symptoms: Answer Not at all.</td>
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<td>47. The system will skip question 23-A.</td>
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<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>48. For question A: Was this evaluation furnished by a non-VA provider, e.g., fee basis? Answer No.</td>
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<tr>
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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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<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-</td>
<td>51. For question A. Was this evaluation furnished by a non-VA provider, e.g., fee basis? Answer No.</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Rule</th>
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<tbody>
<tr>
<td>CTE BR#22</td>
<td>Answering No to Question A and answering something other than Other for Question #29-I, will skip question 29-I-1.</td>
<td>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.</td>
</tr>
</tbody>
</table>
A.2. TBI Follow-up Evaluation Instrument Business Rules

Table 4 lists the effect each answer on the TBI Follow-up Evaluation Instrument

<table>
<thead>
<tr>
<th>Rule</th>
<th>Description</th>
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<tbody>
<tr>
<td>TFA</td>
<td>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.</td>
<td>63. For Question 4: Experienced head injury since prior evaluation? Answer No.</td>
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<td>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.</td>
</tr>
<tr>
<td>TFA</td>
<td>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</td>
<td>65. For question 5-D: &quot;Blast:&quot; Answer No.</td>
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<td>66. The system will skip questions 5-D-1, 5-D-1-A, 5-D-2, 5-D-3, 5-D-4, 5-D-5.</td>
</tr>
<tr>
<td>TFA</td>
<td>BR#3 Answering No to Question #6 will skip questions 6-A.</td>
<td>67. For question 6: Did you lose consciousness immediately after any of these experiences? Answer No.</td>
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<td>68. The system will skip Question 6-A.</td>
</tr>
<tr>
<td>TFA</td>
<td>BR#4 Answering Uncertain to Question #6 will skip Question 6-A.</td>
<td>69. For question 6: Did you lose consciousness immediately after any of these experiences? Answer Uncertain.</td>
</tr>
<tr>
<td></td>
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<td>70. The system will skip Question 6-A.</td>
</tr>
<tr>
<td>TFA</td>
<td>BR#5 Answering No to Question #7 will skip Question 7-A.</td>
<td>71. For question 7: Did you have a period of disorientation or confusion immediately following the incident? Answer No.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>72. The system will skip Question 7-A.</td>
</tr>
<tr>
<td>TFA</td>
<td>BR#6 Answering Uncertain to Question #7 will skip Question 7-A.</td>
<td>73. For question 7: Did you have a period of disorientation or confusion immediately following the incident? Answer Uncertain.</td>
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<tr>
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<td></td>
<td>74. The system will skip Question 7-A.</td>
</tr>
<tr>
<td>TFA</td>
<td>BR#7 Answering No to Question #8 will skip Question 8-A.</td>
<td>75. For question 8: Did you experience a period of memory loss immediately before or after the incident? Answer No.</td>
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<td></td>
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<td>76. The system will skip Question 8-A.</td>
</tr>
<tr>
<td>TFA</td>
<td>BR#8 Answering Uncertain to Question #8 will skip Question 8-A.</td>
<td>77. For question 8: Did you experience a period of memory loss immediately before or after the incident? Answer Uncertain.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>78. The system will skip Question 8-A.</td>
</tr>
<tr>
<td>TFA</td>
<td>BR#9 Answering No to Question #10 will skip Questions 10-A.</td>
<td>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.</td>
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<td>80. The system will skip Question 10-A.</td>
</tr>
<tr>
<td>Rule</td>
<td>Description</td>
<td>Related Rules</td>
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</tbody>
</table>
| TFA BR#10  | Answering Uncertain to Question #8 will skip Question 8-A.                   | 81. For question 8: Did you experience a period of memory loss immediately before or after the incident? Answer Uncertain.  
82. The system will skip question 8-A |
| TFA BR#11  | Answering anything other than Other to Question #20-A will skip Question 20-A-1. Answer Other on Question #20-A, Question 20-A-1 will appear. | 83. For Question 20-A, answer anything other than "Other". The system will skip Question 20-A-1.  
84. For Question 20-A, answer "Other". Question 20-A-1 appears. |
| TFA BR#12  | Answering No to Question #13 will skip Questions 13-A, 13-B                 | 85. For Question 13: In the last 30 days, have you had any problems with pain? Answer No.  
86. The system will skip questions 13-A, 13-B |
# B. Glossary

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

<table>
<thead>
<tr>
<th>Term or Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>0 - 9</td>
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<tr>
<td>508</td>
<td>See Section 508</td>
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<thead>
<tr>
<th>Term or Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ABI</td>
<td>Acquired Brain Injury</td>
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<thead>
<tr>
<th>Term or Acronym</th>
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<tbody>
<tr>
<td>browser</td>
<td>A program which allows a person to read hypertext. The browser provides some means of viewing the contents of nodes (or “pages”) and of navigating from one node to another. A browser is required in order to access the TBI software application. Microsoft® Internet Explorer® and Firefox® are examples for browsers for the World-Wide Web. They act as clients to remote web servers.</td>
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<thead>
<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>
</tr>
<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>See Computerized Patient Record System</td>
</tr>
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</table>

**Term or Acronym** | **Description**
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| **A** | 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. |

| **Department of Defense (DoD)** | A department of the U.S. Federal government, charged with ensuring that the military capacity of the U.S. is adequate to safeguard the national security. |
| **DoD** | See Department of Defense |

**Term or Acronym** | **Description**
--- | ---
| **E** | |

**Term or Acronym** | **Description**
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| **F** | |

**Term or Acronym** | **Description**
--- | ---
| **G** | Global War On Terror (GWOT) (obsolete term; see Overseas Contingency Operation) |
| **GWOT** | Global War On Terror (obsolete term; see Overseas Contingency Operation). |

**Term or Acronym** | **Description**
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| **H** | |

**Term or Acronym** | **Description**
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**Term or Acronym** | **Description**
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**Term or Acronym** | **Description**
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**Term or Acronym** | **Description**
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| **AA** | |

**Term or Acronym** | **Description**
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| **BB** | |

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**Term or Acronym** | **Description**
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**Term or Acronym** | **Description**
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**Term or Acronym** | **Description**
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**Term or Acronym** | **Description**
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**Term or Acronym** | **Description**
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| **MM** | |

**Term or Acronym** | **Description**
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| **NN** | |

**Term or Acronym** | **Description**
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**Term or Acronym** | **Description**
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| **PP** | |

**Term or Acronym** | **Description**
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| **QQ** | |

**Term or Acronym** | **Description**
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| **RR** | |

**Term or Acronym** | **Description**
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**Term or Acronym** | **Description**
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**Term or Acronym** | **Description**
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**Term or Acronym** | **Description**
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**Term or Acronym** | **Description**
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<tr>
<td>MAPI</td>
<td>Mayo-Portland Adaptability Inventory</td>
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<td>O</td>
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<td>OCO</td>
<td>See Overseas Contingency Operation</td>
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<tr>
<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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<tr>
<td>Term or Acronym</td>
<td>Description</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>
</tr>
<tr>
<td>Registry</td>
<td>The VHA Registries Program supports the population-specific data needs of the enterprise including (but not limited to) the Defense/Veterans Eye Injury Registry, Oncology Tumor Registry, Traumatic Brain Injury Registry, Embedded Fragment Registry and Eye Trauma Registry. Also, a database containing a collection of data relating to a disease or condition.</td>
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<tr>
<td>Section 508</td>
<td>Section 508 of the Rehabilitation Act as amended, 29 U.S.C. Section 794(d), requires that when Federal agencies develop, procure, maintain, or use electronic and information technology, they shall ensure that this technology is accessible to people with disabilities. Agencies must ensure that this technology is accessible to employees and members of the public with disabilities to the extent it does not pose an &quot;undue burden.&quot; Section 508 speaks to various means for disseminating information, including computers, software, and electronic office equipment. The TBI must be 508 compliant, able to extract data as needed including SNOMED codes.</td>
</tr>
<tr>
<td>Surveillance</td>
<td>Systematic collection, analysis, and interpretation of health data about a disease or condition.</td>
</tr>
<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 concepts) multi-disciplinary coverage but discipline neutral structured to support</td>
</tr>
<tr>
<td>Term or Acronym</td>
<td>Description</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>T</strong></td>
<td></td>
</tr>
<tr>
<td>TBI</td>
<td>See <a href="#">Traumatic Brain Injuries</a></td>
</tr>
<tr>
<td>Traumatic Brain Injuries (TBI)</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>U</strong></td>
<td></td>
</tr>
<tr>
<td>Uniform Resource Locator (URL)</td>
<td><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>
</tr>
<tr>
<td>URL</td>
<td>See <a href="#">Uniform Resource Locator</a></td>
</tr>
<tr>
<td><strong>V</strong></td>
<td></td>
</tr>
<tr>
<td>VA</td>
<td>See <a href="#">Veterans Affairs</a></td>
</tr>
<tr>
<td>Veterans Affairs, Department of (VA)</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>Veterans Health Administration (VHA)</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>Veterans Health Information Systems and Technology</td>
<td>VistA is a comprehensive, integrated health care information system composed of numerous software modules. See <a href="http://www.va.gov/VistA_monograph/docs/2008VistAHealthTheVet_Monograph.pdf">http://www.va.gov/VistA_monograph/docs/2008VistAHealthTheVet_Monograph.pdf</a></td>
</tr>
<tr>
<td>Term or Acronym</td>
<td>Description</td>
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</tr>
<tr>
<td>Architecture (VistA)</td>
<td>and <a href="http://www.virec.research.va.gov/DataSourcesName/VISTA/VISTA.htm">http://www.virec.research.va.gov/DataSourcesName/VISTA/VISTA.htm</a>.</td>
</tr>
<tr>
<td>Veterans Integrated Service Network (VISN)</td>
<td>VHA organizes its local facilities into networks called VISNS (VA Integrated Service Networks). At the VISN level, VistA data from multiple local facilities may be combined into a data warehouse.</td>
</tr>
<tr>
<td>VHA</td>
<td>See Veterans Health Administration</td>
</tr>
<tr>
<td>VistA</td>
<td>See Veterans Health Information Systems and Technology Architecture</td>
</tr>
</tbody>
</table>

**C. Web Based Application Elements**

The following sections describe typical WBA elements.

**Text Box**
Note how the appearance of the box changes: from a plain line border (SAMPLE 1) to an almost three-dimensional, pale yellow-highlighted field when you tab to it or click in it (SAMPLE 2).

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

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

Figure 93 – Tool Tip for Text Box
Checkbox

SAMPLE: □ Work Related

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

Radio Button

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

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

Command Buttons

SAMPLES

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].

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.

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

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.

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

Drop-down List

SAMPLE 1:

Select Facility Name: Please select institution
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.