MEDICAL HISTORY

|  |  |  |
| --- | --- | --- |
| Main group | | |
| Study Name: | | |
| **\***GUID (GUID): | | |
| Subject ID number (SubjectIDNum): | | Age in Years (AgeYrs): |
| Visit Date (VisitDate): | | Site Name (SiteName): |
| Days since Baseline (DaysSinceBaseline): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Case Control Indicator (CaseContrlInd):  Case ⭘ Control ⭘ Unknown | What is the vital status of the subject? (VitStatus):  O Alive ⭘ Dead ⭘ Unknown | |

|  |
| --- |
| Form administration |
| What is the ISO 639 code for the language the form/instrument has been administrated? (LangCRFAdministratISOCode). Select one. If “Other, specify” is selected, please write in response.   |  |  | | --- | --- | | chi Chinese  cze Czech  dan Danish  dut Dutch  eng English  fin Finnish  fre French  ger German  gre Greek  heb Hebrew  hin Hindi  hun Hungarian | ira Iranian languages  ita Italian  jpn Japanese  nor Norwegian  por Portuguese  rus Russian  sgn Sign language  spa Spanish  vie Vietnamese  Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (LangCRFAdministratISOCodeOTH) |   What time frame do the questions in this form refer to? (ContextType) Select one. If “Other, specify” is selected, please write in response.   * After injury * At time of assessment * Time of injury * Before injury * Last 2 weeks * Last 6 months * Last 24 hours * Last month * Last week * Last year * Prior to death * Since last interview * Other, specify (ContextTypeOTH) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Who filled out this form? (DataSource) Select one. If “Other, specify” is selected, please write in response.   * Participant/Subject * Spouse * Father * Mother * Son * Daughter * Brother * Sister * Friend * Physician * Chart/Medical Record * Other, specify (DataSourceOTH) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# Birth history

Were you told by a doctor or one of your parents that you were born premature (BornPrematurInd)? Chooseone.

|  |  |  |
| --- | --- | --- |
| * Yes | * No | * Unknown |

Gestational age at birth (GestatnlAgeVal) in weeks\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APGAR 1-minute score (APGAR1MinScore). *Choose one*.:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| O 1 | O 2 | O 3 | O 4 | O 5 |
| O 6 | O 7 | O 8 | O 9 | O 10 |

APGAR 5-minute score (APGARFiveMinuteScore). *Choose one*:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| O 1 | O 2 | O 3 | O 4 | O 5 |
| O 6 | O 7 | O 8 | O 9 | O 10 |

APGAR 10-minute score (APGARTenMinuteScore). *Choose one*.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| O 1 | O 2 | O 3 | O 4 | O 5 |
| O 6 | O 7 | O 8 | O 9 | O 10 |

Birth weight (BirthWgtVal) in grams \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Perinatal neurologic event if any (PerinatlNeurolEventTyp).  
 *Select all that apply. If “Other, specify” is selected, provide an input.*

* Traventricular hemorrhage
* None
* Subarachnoid hemorrhage
* Subdural hemorrhage
* Other, specify (PerinatlNeurolEventOTH) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any problems during neonatal period (NeonatProblemInd)? *Choose one*.

* Yes, specify (NeonatalProblemOtherText) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No
* Unknown

Any neonatal intensive care unit (NICU) stay (NICUStayInd)? *Choose one*.

|  |  |  |
| --- | --- | --- |
| * Yes | * No | * Unknown |

If “Yes”, length of NICU stay (NICUStayDur)? *Choose one*.

* <=48 hours
* >48 hours and <1 week
* >=1 week

Postnatal age value (PNA) (PostnatalAgeVal) in days\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Past Medical History Global Assessment

Specify if the participant/subject has or had a history of any medical problems/conditions in the following body systems (MedclHistBodySysInd)? *Choose one*.

|  |  |  |
| --- | --- | --- |
| * Yes | * No | * Unknown |

Body system category (BodySysCat).   
*Select all that apply. If "Other, specify" is selected, provide an input.*

|  |  |
| --- | --- |
| * Allergic/Immunologic * Cardiovascular * Constitutional symptoms (e.g., fever, weight loss) * Dermatological * Ears, Nose, Mouth, Throat * Endocrine * Eyes * Gastrointestinal * Gastrointestinal/Abdominal * Genitourinary * Gynecologic/Urologic/ Renal * Hematologic/Lymphatic * Hepatobiliary | * Integumentary (skin and/or breast) * Musculoskeletal * Musculoskeletal (separate from ALS exam) * Neurological * Neurological (separate from ALS exam) * Neurologic/CNS * Oncologic * Psychiatric * Pulmonary * Respiratory * Other, specify (BodySysOTH) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Date medical history taken (MedclHistTakenDateTime) \_\_\_\_\_\_\_\_\_\_\_

Medical history condition start date and time   
(MedclHistCondStrtDateTime) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End date and time (MedclHistCondEndDateTime) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SNOMED CT code (MedclHistCondSNOMEDCTCode**\***)   
Enter SNOMED CT code. List multiple codes if needed. Use Appendix 3 “cheat sheet” to find the codes. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical history condition text (MedclHistCondTxt**\***)  
For each SNOMED CT code listed in MedclHistCondSNOMEDCTCode, enter the verbatim concept name. Use Appendix 3 “cheat sheet” to find the codes and names. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# ONGOING Medical History Global Assessment

Specify if the participant/subject has or had a history of any medical problems/conditions in the following body systems (MedclHistBodySysInd)? *Choose one*:

|  |  |  |
| --- | --- | --- |
| * Yes | * No | * Unknown |

Body system category (BodySysCat).  
 *Select all that apply. If “Other, specify” is selected, provide an input.*

|  |  |
| --- | --- |
| * Allergic/Immunologic * Cardiovascular * Constitutional symptoms (e.g., fever, weight loss) * Dermatological * Ears, Nose, Mouth, Throat * Endocrine * Eyes * Gastrointestinal * Gastrointestinal/Abdominal * Genitourinary * Gynecologic/Urologic/ Renal * Hematologic/Lymphatic * Hepatobiliary | * Integumentary (skin and/or breast) * Musculoskeletal * Musculoskeletal (separate from ALS exam) * Neurological * Neurological (separate from ALS exam) * Neurologic/CNS * Oncologic * Psychiatric * Pulmonary * Respiratory * Other, specify (BodySysOTH) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Date medical history taken (MedclHistTakenDateTime) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical history condition start date and time   
(MedclHistCondStrtDateTime) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End date and time (MedclHistCondEndDateTime) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SNOMED CT code (MedclHistCondSNOMEDCTCode**\***)   
Enter SNOMED CT code. List multiple codes if needed. Use Appendix 3 “cheat sheet” to find the codes. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical history condition text (MedclHistCondTxt**\***)  
For each SNOMED CT code listed in MedclHistCondSNOMEDCTCode, enter the verbatim concept name. Use Appendix 3 “cheat sheet” to find the codes and names. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Hospitalizations

Whether the subject was hospitalized before (HospitalizationsInd)? *Choose one*:

|  |  |  |
| --- | --- | --- |
| * Yes | * No | * Unknown |

Was a non-surgical hospitalization elective (HosptlizatnNonSurgElectvInd)?

|  |  |  |
| --- | --- | --- |
| * Yes | * No | * Unknown |

Have you ever been hospitalized for an alcohol-related problem (AlcUseRelatedHospInd)? *Choose one*:

|  |  |  |
| --- | --- | --- |
| * Yes | * No | * Unknown |

Describe a cause for hospitalization (HospitRsn). *Select all that apply. If “Other, specify” is selected, provide an input.*

|  |  |
| --- | --- |
| * Cardiomyopathy/Arrhythmia * Dehydration * Failure to Thrive * Fracture * Infection other than pneumonia | * Pneumonia or Respiratory * Seizures * Trauma * Other, specify (HospitOTH) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Indicate the number of hospitalizations the participant had in the past year (HospitPastYrCt) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of hospitalizations (HosptlizatnNonSurgNum) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any surgical procedures performed (SurgTherProcedurPerfInd)? *Choose one*:

|  |  |  |
| --- | --- | --- |
| * Yes | * No | * Unknown |

# History of TBIs

Prior traumatic injury indicator (PriorTraumInjryInd). *Choose one*:

|  |  |  |
| --- | --- | --- |
| * Yes | * No | * Unknown |

Prior traumatic injury type (PriorTraumInjryType).   
 *Select all that apply. If “Other, specify” is selected, provide an input.*

|  |  |  |
| --- | --- | --- |
| * Brain Injury | * Spine Injury | * Other Extracranial Injury |

SNOMED CT code (MedclHistCondSNOMEDCTCode**\***) Enter SNOMED CT code. List multiple codes if needed. Use Appendix 3 “cheat sheet” to find the codes. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical history condition text (MedclHistCondTxt**\***) For each SNOMED CT code listed in MedclHistCondSNOMEDCTCode, enter the verbatim concept name. Use Appendix 3 “cheat sheet” to find the codes and names. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of concussions prior to the current injury (ConcussionPriorNum)  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Head injury prior number (HeadInjPriorNum) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# History of Headaches/Migraines

What time frame do the questions in this form refer to? (ContextType)  
*Select one. If “Other, specify” is selected, please write in response*.

* After injury
* At time of assessment
* Time of injury
* Before injury
* Last 2 weeks
* Last 6 months
* Last 24 hours
* Last month
* Last week
* Last year
* Prior to death
* Since last interview
* Other, specify (ContextTypeOTH) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the participant/subject suffer(ed) from headaches (HeadachHistInd)? *Choose one*:

|  |  |  |
| --- | --- | --- |
| * Yes | * No | * Unknown |

Was the participant/subject diagnosed with headaches and/or migraines (HeadachMigranDiagnsInd)? *Choose one*:

|  |  |  |
| --- | --- | --- |
| * Yes | * No | * Unknown |

Diagnosis provided (HeadachMigranTyp)  
*Select all that apply*

* Chronic Migraine
* Chronic Tension Type
* Cluster Headache
* Episodic Tension Type
* Hemiplegic Migraine
* Menstrual Headache
* Migraine with aura
* Migraine without aura
* Other TAC type, specify
* Tension Type Headache
* Trigeminal Autonomic Cephalgias
* Trigeminal Headache
* Other primary/secondary type headache, specify (AddtnalCommntTxt)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did headache change your activity level (i.e., stop playing) (HeadachAffctActvtyLvlInd)? *Choose one*:

|  |  |  |
| --- | --- | --- |
| * Yes | * No | * Unknown |

Actual average number of days per month the participant/subject had headaches in the past 3 months (based on a 30 day month) (HeadachAveDayMonthCt):  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How often do your headaches occur (HeadachFreq)? *Choose one*:

* Once per day
* Once per week
* 2-4 times per week
* 5-6 times per week
* 1-3 times per month
* Less than once per month

Describe the typical pain severity for your headache (HeadachTypclSevertyTyp):

* None
* Mild
* Moderate
* Severe

Does this recent 3 month frequency represent a change compared to the prior 3 months (HeadachFreqChngInd)? *Choose one*:

|  |  |  |
| --- | --- | --- |
| * Yes | * No | * Unknown |

If yes, specify change in the subject’s headache pain severity (HeadachFreqChngTyp). *Choose one*:

* Decreased
* Increased
* Unchanged

When the participant/subject has a headache, does he/she experience any of the following (HeadachTypclAssctSymptmTyp).  
*Select all that apply. If “Other, specify” is selected, provide an input.*

* Dizziness
* Increased neck pain or stiffness
* Increased sensitivity to light
* Increased sensitivity to noise
* Increased sensitivity to smell
* Nausea
* Non-vertigo
* One-sided numbness of lips, tongue, fingers, or legs that migrates or moves and starts before the headache becomes severe and lasts less than an hour
* Pain made worse by routine activity
* Pain on one side of head only
* Pulsating/throbbing headaches
* Seeing shimmering lights, lines, dark spots, other shapes or colors before the eyes, before or during the headache and lasts more than a few minutes but less than an hour
* Vertigo
* Vomiting
* Weakness on one side

If severe, which of the following best describes how the participant/subject is usually affected (HeadachTypclLvlActvtyAffctRslt)? *Choose one*:

* Able to work/function normally
* Bed rest required
* Working ability or activity impaired to some degree
* Working ability or activity severely impaired

Rate the typical headache pain on a scale of 0-10   
(HeadacheTypPainIntstyRateScale) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Study Medications

Has the participant/ subject ever taken study prescribed medications, investigational medications, or supplements (MedctnSupplUseInd)?  
*Choose one:*

|  |  |  |
| --- | --- | --- |
| * Yes | * No | * Unknown |

Is the study medication use ongoing (MedicationStudyOngoingInd)?  
*Choose one.*

|  |  |  |
| --- | --- | --- |
| * Yes | * No | * Unknown |

Medication study name (trade of generic) (MedicationStudyName) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start day and time if applicable of study medication (StdyDrugStrtDateTime) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End day and time if applicable of study medication (StdyDrugEndDateTime) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for taking the study medication (MedicationStudyReasonTxt) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dose of study medication taken per administration (StdyDrugDose) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Record the unit for dose of study drug the subject was prescribed to take (StdyDrugDoseUoM)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Code the unit for measure for the dosage of study drug using Unified Code for Units of Measure (UCUM). http://unitsofmeasure.org/ (StdyDrugDoseUoMUCUMCd) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Record the frequency participant/subject was prescribed to take the dose of study drug. (StdyDrugDoseFreq)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Study medication route (MedicationStudyRteTyp)  
*Select all that apply*

|  |  |
| --- | --- |
| * Buccal * By Ear * Inhaled * Intramuscular * Intravenous * Nasal * Oral * Rectal | * Subcutaneous * Sublingual * Topical * Transdermal * Unknown * Other, specify (MedicationStudyRteTypOTH) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Medication study description response text (MedicationStudyResponseTxt)  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication study formulation text (StdyDrugDosageFormTxt) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Study medication average frequency (MedicationStudyPRNAMonthFreq) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Study medication RXNorm code (MedicationStudyRxNormCode) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If applicable, reason for discontinuation (MedicationStudyDiscontRsnTxt) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Medications Concomitant

Is the participant/ subject talking any physician prescribed medications, investigational medications, or supplements? (MedctnSupplUseInd). *Choose one*:

|  |  |  |
| --- | --- | --- |
| * Yes | * No | * Unknown |

Medication/supplement name (MedctnSupplName) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the subject taking any non-study medications (MedctnPriorConcomUseInd)?  
*Choose one:*

|  |  |  |
| --- | --- | --- |
| * Yes | * No | * Unknown |

Concomitant medication name (trade of generic) (MedctnPriorConcomName)  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RXNorm code (MedctnPriorConcomRxNormCode)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for taking the medication (MedctnPriorConcomIndTxt)  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the concomitant medication use ongoing (MedctPrConcomOngoingInd)?  
*Choose one:*

|  |  |  |
| --- | --- | --- |
| * Yes | * No | * Unknown |

Concomitant medication start date (MedctnPriorConcomStrtDateTime)  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Concomitant medication end date (MedctnPriorConcomEndDateTime)  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dose taken per administration (MedctnPriorConcomDose)  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dosage unit of measure (MedctnPriorConcomDoseUo)   
*Choose one. If "Other, specify" is selected, provide an input.*

* Gram
* Microgram
* Microliter
* Milligram
* Milliliter
* Ounce
* Not applicable
* Other, specify (MedicationPriorConcomDoseUoMOTH) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dose unit of measure UCUM code (MedctnPriorConcomDoseUoMUCUMCd)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dose frequency (MedctnPriorConcmtntDoseFreq)  
*Choose one. If "Other, specify" is selected, provide an input*

* alternating day (every other day)
* twice daily
* at bedtime
* as needed
* every 2 hours
* every 4 hours
* every 6 hours
* every 8 hours
* one dose in morning
* once daily
* four times a day
* one dose in evening
* three times a day
* unknown
* not applicable
* Other, specify (MedctnPriorConcmtntDoseFreqOTH) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of access route for the administration of the medication (MedctnPriorConcomRteTy)  
*Select all that apply. If "Other, specify" is selected, provide an input*

|  |  |
| --- | --- |
| * Buccal * By Ear * Inhaled * Intramuscular * Intravenous * Nasal * Oral | * Rectal * Subcutaneous * Sublingual * Topical * Transdermal * Unknown * Other, specify (MedctnPriorConcomRteOTH) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Any adverse event related to medication, provide the adverse event tracking number (AdverseEventTrackNum)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Medications Prior

Did the participant/ subject ever take any physician prescribed medications, investigational medications, or supplements? (MedctnSupplUseInd). *Choose one*:

|  |  |  |
| --- | --- | --- |
| * Yes | * No | * Unknown |

Medication/supplement name (MedctnSupplName) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did the subject ever taken any non-study medications (MedctnPriorConcomUseInd)? *Choose one:*

|  |  |  |
| --- | --- | --- |
| * Yes | * No | * Unknown |

Prior medication name (trade of generic) (MedctnPriorConcomName)  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RXNorm code (MedctnPriorConcomRxNormCode) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for taking the medication (MedctnPriorConcomIndTxt) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the concomitant medication use ongoing (MedctPrConcomOngoingInd)?  
*Choose one:*

|  |  |  |
| --- | --- | --- |
| * Yes | * No | * Unknown |

Prior medication start date (MedctnPriorConcomStrtDateTime)  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prior medication end date (MedctnPriorConcomEndDateTime)  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dose taken per administration (MedctnPriorConcomDose)  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dosage unit of measure (MedctnPriorConcomDoseUo)\_\_\_\_\_\_\_\_\_  
*Choose one. If "Other, specify" is selected, provide an input*

* Gram
* Microgram
* Microliter
* Milligram
* Milliliter
* Ounce
* Not applicable
* Other, specify (MedicationPriorConcomDoseUoMOTH) \_\_\_\_\_\_\_\_\_\_\_\_\_

Dose unit of measure UCUM code (MedctnPriorConcomDoseUoMUCUMCd)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dose frequency (MedctnPriorConcmtntDoseFreq)  
*Choose one. If "Other, specify" is selected, provide an input*

* alternating day (every other day)
* twice daily
* at bedtime
* as needed
* every 2 hours
* every 4 hours
* every 6 hours
* every 8 hours
* one dose in morning
* once daily
* four times a day
* one dose in evening
* three times a day
* unknown
* not applicable
* Other, specify (MedctnPriorConcmtntDoseFreqOTH) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of access route for the administration of the medication (MedctnPriorConcomRteTy)  
*Select all that apply. If "Other, specify" is selected, provide an input*

* Buccal
* By Ear
* Inhaled
* Intramuscular
* Intravenous
* Nasal
* Oral
* Rectal
* Subcutaneous
* Sublingual
* Topical
* Transdermal
* Unknown
* Other, specify (MedctnPriorConcomRteOTH) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any adverse event related to medication, provide the adverse event tracking number (AdverseEventTrackNum)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Allergies

Does the subject have any allergies (AllergyDiagnInd)?  
*Choose one:*

|  |  |  |
| --- | --- | --- |
| * Yes | * No | * Unknown |

If yes, check which type (AllergyReportedTyp)  
*Choose all that apply:*

* Food
* Medication
* Seasonal
* Other, specify (AllergyReportedTypOTH)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergy description (AllergyDescriptionTxt). Enter the descriptive test. Include the list or allergens:  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergic reaction type (AllergyReportedReactTyp). *Choose all that apply for each allergy type from the previous question*:

* Anaphylaxis
* Difficulty breathing
* Dizziness
* Headaches
* Hives
* Itching
* Nausea
* Rash
* Swelling
* Vomiting
* Other, specify (AllergyReportedReactTypOTH)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Behavioral History

What time frame do the questions in this section refer to? (ContextType)  
Select one. If “Other, specify” is selected, please write in response.

* After injury
* At time of assessment
* Time of injury
* Before injury
* Last 2 weeks
* Last 6 months
* Last 24 hours
* Last month
* Last week
* Last year
* Prior to death
* Since last interview
* Other, specify (ContextTypeOTH) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current drinker(AlcCurntUseInd)  
*Choose one:*

|  |  |  |
| --- | --- | --- |
| * Yes | * No | * Unknown |

Past drinker(AlcPriorUseInd)? *Choose one*:

|  |  |  |
| --- | --- | --- |
| * Yes | * No | * Unknown |

Duration (in years) the participant/subject has used alcohol (ingesting of alcoholic beverages, including social drinking (AlcoholUseDuratn)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

During the past 30 days, how many days per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor(AlcoholUseLastMoDayDrnkNum)?

During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? NOTE: One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks. (AlchlUseLstMoDrnkDyAvgDrnksNum)?

Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [X = 5 for men, X = 4 for women] or more drinks on an occasion (AlcohlLstMoConsmOvr5DrnkDayNum)?

Age started drinking (AlcUseStrtAgeVal)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age quit drinking (AlcUseStopAgeVal)

Drug or substance prior illicit use (DrugSubstncPriorIllictUseInd)?  
*Choose one:*

|  |  |  |
| --- | --- | --- |
| * Yes | * No | * Unknown |
|  |  |  |
|  |  |  |

Current drug user (DrgSubstCurrntIllicitUseCat)?  
*Choose one.*

|  |  |  |
| --- | --- | --- |
| * Yes | * No | * Unknown |

If YES, specify illicit drug type(s) used (DrgSubIllctUseCat)

* Cocaine or crack
* Hallucinogens (e.g., Ecstasy, LSD, mescaline, psilocybin, PCP, angel dust, or peyote)
* Heroin
* Inhalants or Solvents (e.g., amyl nitrate, nitrous oxide, glue, tolune, or gasoline
* Marijuana, hash, THC, or grass
* Other, specify (e.g., Methadone, Elavil, steroids, Thorazine, or Haldol)
* Painkillers (e.g., Codeine, Darvon, Percodan, Dilaudid, or Demerol)
* Sedatives (e.g., sleeping pills, barbiturates, Seconal, Quaaludes, or Chloral Hydrate)
* Stimulants (e.g., Preludin, Benzedrine, Methadrine, uppers, or speed)
* Tranquilizers or anti-anxiety drugs (e.g., Valium, Librium, muscle relaxants, or Zanax)

Total years use of illicit drugs (DrgSubsIllctUseDur)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current tobacco use (TobcoUseCurntInd)?  
*Choose one:*

|  |  |  |
| --- | --- | --- |
| * Yes | * No | * Unknown |

Past tobacco use (TobcoPriorUseInd)?  
*Choose one:*

|  |  |  |
| --- | --- | --- |
| * Yes | * No | * Unknown |

Duration in years participant/subject has used tobacco products (e.g. cigarettes, cigars, chewing tobacco or pipe) (TobcoUseDur)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type(s) of tobacco used (TobcoProdctUsedTyp)  
*Select all that apply*

* Chewing tobacco
* Cigars
* Filtered cigarettes
* Low tar cigarettes
* Non-filtered cigarettes
* Pipes
* Other, specify (TobcoProdctUsedOTH) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Drug Screen Test

Whether a drug screen was performed (DrugScreenInd)?  
*Choose one*

* Yes
* No

Drug screen qualitative result (DrgScrnQualReslt)  
*Choose one*

* Positive
* Negative
* Inconclusive
* Not available

Drug screen sample type (DrgScrnSamplTyp)  
*Choose one*

* Hair
* Saliva
* Serum
* Urine
* Other, specify (DrgScrnSamplOTH)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drug screen positive type (DrgScrnPosSubstncTyp)  
*Select all that apply*

* Amphetamines
* Barbiturates
* Benzodiazepines
* Cocaine metabolite
* Marijuana metabolites
* Methadone
* Opiates (codeine and morphine)
* Phencyclidine
* Propoxyphene
* Other, specify (DrgScrnPosSubstncOTH)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Reasonable accommodations

Any reasonable accommodations required? (ReasonAccommodRequiredInd). Choose one:

|  |  |  |
| --- | --- | --- |
| * Yes | * No | * Unknown |

Type of conditions that require reasonable accommodations (ReasonAccommodTyp). *Select all that apply:*

* Blind
* Deaf
* Decreased hand function
* Hard of hearing
* Low vision
* Mobility impairment
* Reading impairment
* Speech impairment
* Unknown
* Not reported
* Other, specify (ReasonAccommodTypOTH) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reasonable accommodations accessibility (ReasonAccommodAccessTyp). *Select all that apply:*

* Accessibility depends on severity of mobility impairment
* Currently accessible
* Not accessible and not feasible to make accessible
* Not accessible, but can be made accessible with reasonable accommodations
* Not applicable
* Other, specify (ReasonAccommodAccessTyp)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# APPENDIX 1: MEDICAL HISTORY CODES

Use this part of the form if you collected medical history codes using Medical History form from TBI Impact (http://www.tbi-impact.org/cde/mod\_templates/T\_6.%20Medical%20History%209.1.pdf)

## Past Medical History Codes

1. Specify if participant/subject has a history of any medical problems/conditions in the following body systems (MedclHistGlobalAssmtInd)?  
   *Choose one:*

|  |  |  |
| --- | --- | --- |
| * Yes | * No | * Unknown |

Medical history cardiovascular category (MedHistCodeCardio)  
 *Select all that apply. If “Other, specify” is selected, provide an input.*

* 012-Arrhythmia
* 011-Congenital heart disease
* 015-Hypertension
* 013-Ischemic heart disease
* 017-Peripheral vascular disease
* 016-Thromboembolic
* 014-Valvular heart disease
* 019-Other, specify (MedHistCodeCardioOTH) \_\_\_\_\_\_\_\_\_\_\_

Medical history developmental history category (MedHistDevelopmentalHistory):  
*Select all that apply. If “Other, specify” is selected, provide an input.*

* 142-Attention deficit/hyperactivity disorder
* 143-Developmentally Delayed
* 141-Learning disabilities
* 144-Other developmental disorder
* 149-Other, specify (MedHistDevelopmentalHistoryOTH) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical history endocrine category (MedHistEndocrine):  
*Select all that apply. If “Other, specify” is selected, provide an input.*

* 022-IDDM (Type I)
* 023-NIDDM (Type II)
* 021-Thyroid disorder
* 029-Other, specify (MedHistEndocrineOTH) \_\_\_\_\_\_\_\_\_\_\_\_\_

Medical history eye, ear, nose, and throat category (MedHistEyeEarNoseThroat):  
*Select all that apply. If “Other, specify” is selected, provide an input.*

* 033-Hearing deficit
* 031-Sinusitis
* 032-Vision abnormality
* 039-Other, specify (MedHistEyeEarNoseThroatOTH) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical history gastrointestinal category (MedHistGastrointestinal):  
*Select all that apply. If “Other, specify” is selected, provide an input.*

* 044-Diarrhea secondary
* 041-GERD
* 042-GI bleed
* 043-Inflammatory bowel disease
* 049-Other, specify (MedHistGastrointestinalOTH) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical history hematologic category (MedHistHematologic):  
*Select all that apply. If “Other, specify” is selected, provide an input.*

* 053-AIDS
* 051-Anemia
* 055-Coagulopathy
* 052-HIV positive
* 054-Sickle cell disease
* 059-Other, specify (MedHistHematologicOTH) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical history hepatic category (MedHistHepatic):  
*Select all that apply. If “Other, specify” is selected, provide an input.*

* 064-Cirrhosis
* 062-Failure
* 063-Hepatitis
* 061-Insufficiency
* 069-Other, specify MedHistHepaticOTH

Medical history musculoskeletal category (MedHistMusculoskeletal):  
*Select all that apply. If “Other, specify” is selected, provide an input.*

* 071-Arthritis
* 073-Pressure ulcers
* 072-Spasticity
* 079-Other, specify (MedHistMusculoskeletalOTH) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical history neurologic category (MedHistNeurologic):  
*Select all that apply. If “Other, specify” is selected, provide an input.*

* Cerebral vascular anomaly
* 081-Cerebrovascular accident
* 085-Epilepsy: focal
* 086-Epilepsy: other
* 084-Epilepsy: partial
* 087-Headache (non-migraine)
* 088-Migraine headaches
* 089-Previous TBI
* 083-Seizures
* 083-Seizures-Alcohol
* 083-Seizures-Febrile
* 083-Seizures-Idiopathic
* 083-Seizures - Posttraumatic
* Spinal cord injury
* 082-Transient ischemic attacks
* Tumor
* Vertebral injury
* Other, specify (MedHistNeurologicOTH) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical history oncologic category (MedHistOncologic):  
*Select all that apply. If “Other, specify” is selected, provide an input.*

* Cerebral vascular anomaly
* 081-Cerebrovascular accident
* 085-Epilepsy: focal
* 086-Epilepsy: other
* 084-Epilepsy: partial
* 087-Headache (non-migraine)
* 088-Migraine headaches
* 089-Previous TBI
* 083-Seizures
* 083-Seizures-Alcohol
* 083-Seizures-Febrile
* 083-Seizures-Idiopathic
* 083-Seizures - Posttraumatic
* Spinal cord injury
* 082-Transient ischemic attacks
* Tumor
* Vertebral injury
* Other, specify (MedHistOncologicOTH)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical history psychiatric category (MedHistPsychiatric):  
*Select all that apply. If “Other, specify” is selected, provide an input.*

* 111-Anxiety
* 112-Depression
* 115-Other psychiatric disorder
* 114-Schizophrenia
* 113-Sleep Disorder
* 119-Other, specify (MedHistPsychiatricOTH)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical history pulmonary category (MedHistPulmonary):  
*Select all that apply. If “Other, specify” is selected, provide an input.*

* 102-Asthma
* 101-COPD
* 103-Pneumonia
* 104-Tuberculosis
* 109-Other, specify (MedHistPulmonaryOTH)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical history renal category (MedHistRenal):  
*Select all that apply. If “Other, specify” is selected, provide an input.*

* 123-Chronic UTI's
* 122-Failure
* 121-Insufficiency
* 129-Other, specify (MedHistRenalOTH) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical history social history category (MedHistSocialHistory):  
*Select all that apply. If “Other, specify” is selected, provide an input.*

* 132-Alchohol use
* 133-Drug use
* 131-Tobacco use
* 139-Other, specify (MedHistSocialHistoryOTH) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Ongoing Medical History Codes

1. Specify if participant/subject has a history of any medical problems/conditions in the following body systems (MedclHistGlobalAssmtInd)?  
   *Choose one:*

|  |  |  |
| --- | --- | --- |
| * Yes | * No | * Unknown |

Medical history cardiovascular category (MedHistCodeCardio)  
 *Select all that apply. If “Other, specify” is selected, provide an input.*

* 012-Arrhythmia
* 011-Congenital heart disease
* 015-Hypertension
* 013-Ischemic heart disease
* 017-Peripheral vascular disease
* 016-Thromboembolic
* 014-Valvular heart disease
* 019-Other, specify (MedHistCodeCardioOTH) \_\_\_\_\_\_\_\_\_\_\_

Medical history developmental history category (MedHistDevelopmentalHistory):  
*Select all that apply. If “Other, specify” is selected, provide an input.*

* 142-Attention deficit/hyperactivity disorder
* 143-Developmentally delayed
* 141-Learning disabilities
* 144-Other developmental disorder
* 149-Other, specify (MedHistDevelopmentalHistoryOTH) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical history endocrine category (MedHistEndocrine):  
*Select all that apply. If “Other, specify” is selected, provide an input.*

* 022-IDDM (Type I)
* 023-NIDDM (Type II)
* 021-Thyroid disorder
* 029-Other, specify (MedHistEndocrineOTH) \_\_\_\_\_\_\_\_\_\_\_\_\_

Medical history eye, ear, nose, and throat category (MedHistEyeEarNoseThroat):  
*Select all that apply. If “Other, specify” is selected, provide an input.*

* 033-Hearing deficit
* 031-Sinusitis
* 032-Vision abnormality
* 039-Other, specify (MedHistEyeEarNoseThroatOTH) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical history gastrointestinal category (MedHistGastrointestinal):  
*Select all that apply. If “Other, specify” is selected, provide an input.*

* 044-Diarrhea secondary to
* 041-GERD
* 042-GI bleed
* 043-Inflammatory bowel disease
* 049-Other, specify (MedHistGastrointestinalOTH) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical history hematologic category (MedHistHematologic):  
*Select all that apply. If “Other, specify” is selected, provide an input.*

* 053-AIDS
* 051-Anemia
* 055-Coagulopathy
* 052-HIV positive
* 054-Sickle cell disease
* 059-Other, specify (MedHistHematologicOTH) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical history hepatic category (MedHistHepatic):  
*Select all that apply. If “Other, specify” is selected, provide an input.*

* 064-Cirrhosis
* 062-Failure
* 063-Hepatitis
* 061-Insufficiency
* 069-Other, specify (MedHistHepaticOTH) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical history musculoskeletal category (MedHistMusculoskeletal):  
*Select all that apply. If “Other, specify” is selected, provide an input.*

* 071-Arthritis
* 073-Pressure ulcers
* 072-Spasticity
* 079-Other, specify (MedHistMusculoskeletalOTH) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical history neurologic category (MedHistNeurologic):  
*Select all that apply. If “Other, specify” is selected, provide an input.*

* Cerebral vascular anomaly
* 081-Cerebrovascular accident
* 085-Epilepsy: focal
* 086-Epilepsy: other
* 084-Epilepsy: partial
* 087-Headache (non-migraine)
* 088-Migraine headaches
* 089-Previous TBI
* 083-Seizures
* 083-Seizures-Alcohol
* 083-Seizures-Febrile
* 083-Seizures-Idiopathic
* 083-Seizures - Posttraumatic
* Spinal cord injury
* 082-Transient ischemic attacks
* Tumor
* Vertebral injury
* Other, specify (MedHistNeurologicOTH) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical history oncologic category (MedHistOncologic):  
*Select all that apply. If “Other, specify” is selected, provide an input.*

* Cerebral vascular anomaly
* 081-Cerebrovascular accident
* 085-Epilepsy: focal
* 086-Epilepsy: other
* 084-Epilepsy: partial
* 087-Headache (non-migraine)
* 088-Migraine headaches
* 089-Previous TBI
* 083-Seizures
* 083-Seizures-Alcohol
* 083-Seizures-Febrile
* 083-Seizures-Idiopathic
* 083-Seizures - Posttraumatic
* Spinal cord injury
* 082-Transient ischemic attacks
* Tumor
* Vertebral injury
* Other, specify (MedHistOncologicOTH)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical history psychiatric category (MedHistPsychiatric):  
*Select all that apply. If “Other, specify” is selected, provide an input.*

* 111-Anxiety
* 112-Depression
* 115-Other psychiatric disorder
* 114-Schizophrenia
* 113-Sleep Disorder
* 119-Other, specify (MedHistPsychiatricOTH)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical history pulmonary category (MedHistPulmonary):  
*Select all that apply. If “Other, specify” is selected, provide an input.*

* 102-Asthma
* 101-COPD
* 103-Pneumonia
* 104-Tuberculosis
* 109-Other, specify (MedHistPulmonaryOTH)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical history renal category (MedHistRenal):  
*Select all that apply. If “Other, specify” is selected, provide an input.*

* 123-Chronic UTI's
* 122-Failure
* 121-Insufficiency
* 129-Other, specify (MedHistRenalOTH) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical history social history category (MedHistSocialHistory):  
*Select all that apply. If “Other, specify” is selected, provide an input.*

* 132-Alchohol use
* 133-Drug use
* 131-Tobacco use
* 139-Other, specify (MedHistSocialHistoryOTH) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# APPENDIX 2: CORE TBI Data Elements

|  |  |
| --- | --- |
| TBI core CDEs are highlighted with a red asterisk. | |
| Variable Name | **Page number** |
| GUID | 1 |
| MedclHistCondTxt | 5,6,8 |
| MedclHistCondSNOMEDCTCode | 5,6,8 |

# APPENDIX 3: Some SNOMED Concept Codes and Verbatim Text

|  |  |
| --- | --- |
| **SNOMED Concept Code** | **Medical History SNOMED Concept Verbatim Name**  (https://phinvads.cdc.gov/vads/) |
| 441806004 | Abscess of brain |
| 702632000 | Acquired brain injury (disorder) |
| 209922004 | Brain contusion with open intracranial wound, with 1-24 hours loss of consciousness |
| 209921006 | Brain contusion with open intracranial wound, with more than 1 hour loss of consciousness |
| 209923009 | Brain contusion with open intracranial wound,  with more than 24 hours loss of consciousness and return to pre-existing conscious level |
| 209924003 | Brain contusion with open intracranial wound,  with more than 24 hours loss of consciousness without return to pre-existing conscious level |
| 209920007 | Brain contusion with open intracranial wound, with no loss of consciousness |
| 2470005 | Brain damage |
| 275272006 | Brain damage - traumatic |
| 28188001 | Brain injury with open intracranial wound |
| 28156009 | Brain injury with open intracranial wound AND brief loss of consciousness (less than one hour) |
| 5202009 | Brain injury with open intracranial wound AND concussion |
| 13752003 | Brain injury with open intracranial wound AND loss of consciousness |
| 86010003 | Brain injury with open intracranial wound  AND moderate loss of consciousness (1-24 hours) |
| 12912004 | Brain injury with open intracranial wound AND no loss of consciousness |
| 27923006 | Brain injury with open intracranial wound  AND prolonged loss of consciousness (more than 24 hours) AND return to pre-existing conscious level |
| 86488006 | Brain injury with open intracranial wound  AND prolonged loss of consciousness (more than 24 hours) without return to pre-existing conscious level |
| 9015001 | Brain injury without open intracranial wound |
| 22693008 | Brain injury without open intracranial wound  AND with brief loss of consciousness (less than one hour) |
| 33332005 | Brain injury without open intracranial wound AND with concussion |
| 53267002 | Brain injury without open intracranial wound AND with loss of consciousness |
| 47450003 | Brain injury without open intracranial wound AND with moderate loss of consciousness (1-24 hours) |
| 79228001 | Brain injury without open intracranial wound AND with no loss of consciousness |
| 55885004 | Brain injury without open intracranial wound  AND with prolonged loss of consciousness (more than 24 hours) with return to pre-existing conscious level |
| 47462004 | Brain injury without open intracranial wound  AND with prolonged loss of consciousness (more than 24 hours) without return to pre-existing conscious level |
| 39020005 | Brain injury, without skull fracture |
| 25816005 | Brain stem compression |
| 127305005 | Brain stem contusion |
| 78968003 | Brain stem contusion with open intracranial wound |
| 57012007 | Brain stem contusion with open intracranial wound AND brief loss of consciousness (less than one hour) |
| 78028004 | Brain stem contusion with open intracranial wound AND concussion |
| 66393002 | Brain stem contusion with open intracranial wound AND loss of consciousness |
| 23026001 | Brain stem contusion with open intracranial wound AND moderate loss of consciousness (1-24 hours) |
| 52913008 | Brain stem contusion with open intracranial wound AND no loss of consciousness |
| 16837005 | Brain stem contusion with open intracranial wound  AND prolonged loss of consciousness (more than 24 hours) AND return to pre-existing conscious level |
| 42670008 | Brain stem contusion with open intracranial wound  AND prolonged loss of consciousness (more than 24 hours) without return to pre-existing conscious level |
| 52888005 | Brain stem contusion without open intracranial wound |
| 54637009 | Brain stem contusion without open intracranial wound AND with brief loss of consciousness (less than one hour) |
| 79220008 | Brain stem contusion without open intracranial wound  AND with concussion |
| 29807001 | Brain stem contusion without open intracranial wound AND with loss of consciousness |
| 38761006 | Brain stem contusion without open intracranial wound AND with moderate loss of consciousness (1-24 hours) |
| 36716000 | Brain stem contusion without open intracranial wound AND with no loss of consciousness |
| 10061007 | Brain stem contusion without open intracranial wound  AND with prolonged loss of consciousness (more than 24 hours) AND return to pre-existing conscious level |
| 63023005 | Brain stem contusion without open intracranial wound  AND with prolonged loss of consciousness (more than 24 hours) without return to pre-existing conscious level |
| 95454007 | Brain stem hemorrhage |
| 63986002 | Brain stem herniation |
| 95457000 | Brain stem infarction |
| 95456009 | Brain stem ischemia |
| 127307002 | Brain stem laceration |
| 12589008 | Brain stem laceration with open intracranial wound |
| 6147005 | Brain stem laceration with open intracranial wound AND brief loss of consciousness (less than one hour) |
| 41222005 | Brain stem laceration with open intracranial wound AND concussion |
| 3119002 | Brain stem laceration with open intracranial wound AND loss of consciousness |
| 41025001 | Brain stem laceration with open intracranial wound AND moderate loss of consciousness (1-24 hours) |
| 19210000 | Brain stem laceration with open intracranial wound AND no loss of consciousness |
| 5073009 | Brain stem laceration with open intracranial wound  AND prolonged loss of consciousness (more than 24 hours) AND return to pre-existing conscious level |
| 64413001 | Brain stem laceration with open intracranial wound  AND prolonged loss of consciousness (more than 24 hours) without return to pre-existing conscious level |
| 20899000 | Brain stem laceration without open intracranial wound |
| 59561005 | Brain stem laceration without open intracranial wound AND with brief loss of consciousness (less than one hour) |
| 17819003 | Brain stem laceration without open intracranial wound AND with concussion |
| 10256000 | Brain stem laceration without open intracranial wound AND with loss of consciousness |
| 18531006 | Brain stem laceration without open intracranial wound AND with moderate loss of consciousness (1-24 hours) |
| 78525006 | Brain stem laceration without open intracranial wound AND with no loss of consciousness |
| 70686002 | Brain stem laceration without open intracranial wound  AND with prolonged loss of consciousness (more than 24 hours) AND return to pre-existing conscious level |
| 67378005 | Brain stem laceration without open intracranial wound  AND with prolonged loss of consciousness (more than 24 hours) without return to pre-existing conscious level |
| 51568001 | Brain stem vertigo |
| 230807001 | Brain ventricular shunt displacement |
| 444869007 | Cavernous hemangioma of brain |
| 191475009 | Chronic alcoholic brain syndrome |
| 78689005 | Chronic brain syndrome |
| 15139001 | Chronic brain-hydrocephalus syndrome |
| 429271000124103 | Chronic hypoxic-ischemic brain injury |
| 27195007 | Chronic non-psychotic brain syndrome |
| 111033008 | Circumscribed atrophy of brain |
| 209871005 | Closed hindbrain contusion |
| 10481000119108 | Colloid brain cyst |
| 46963008 | Compression of brain |
| 141091000119105 | Compression of brain co-occurrent and due to nontraumatic subarachnoid hemorrhage (disorder) |
| 140881000119109 | Compression of brain co-occurrent and due to spontaneous cerebral hemorrhage (disorder) |
| 135801000119109 | Compression of brain due to focal lesion |
| 110030002 | Concussion injury of brain |
| 34663006 | Contusion of brain |
| 84170006 | Contusion of brain with open intracranial wound |
| 90768003 | Contusion of brain without open intracranial wound |
| 342751000119101 | Cortical blindness of left side of brain (disorder) |
| 342741000119103 | Cortical blindness of right side of brain (disorder) |
| 445166009 | Cystic degeneration of brain |
| 441460004 | Cysticercosis of brain |
| 52522001 | Degenerative brain disorder |
| 133301000119102 | Degenerative brain disorder caused by alcohol (disorder) |
| 276730002 | Dermoid cyst of brain |
| 262693007 | Diffuse brain injury |
| 210038008 | Focal brain injury |
| 429565004 | Germ cell tumor of the brain |
| 301764006 | Hematoma of brain |
| 209885000 | Hind brain contusion with open intracranial wound, with 1-24 hours loss of consciousness |
| 209884001 | Hind brain contusion with open intracranial wound, with less than 1 hour loss of consciousness |
| 209886004 | Hind brain contusion with open intracranial wound,  with more than 24 hours loss of consciousness and return to pre-existing conscious level |
| 209887008 | Hind brain contusion with open intracranial wound,  with more than 24 hours loss of consciousness without return to pre-existing conscious level |
| 209883007 | Hind brain contusion with open intracranial wound, with no loss of consciousness |
| 209900006 | Hind brain laceration with open intracranial wound |
| 209904002 | Hind brain laceration with open intracranial wound, with 1-24 hours loss of consciousness |
| 209903008 | Hind brain laceration with open intracranial wound, with less than 1 hour loss of consciousness |
| 209905001 | Hind brain laceration with open intracranial wound,  with more than 24 hours loss of consciousness and return to pre-existing conscious level |
| 209906000 | Hind brain laceration with open intracranial wound,  with more than 24 hours loss of consciousness without return to pre-existing conscious level |
| 209902003 | Hind brain laceration with open intracranial wound, with no loss of consciousness |
| 95659007 | Hindbrain hernia headache |
| 253203003 | Hypoplasia of brain gyri |
| 389088001 | Hypoxia of brain |
| 126944002 | Hypoxic-ischemic brain injury |
| 128614008 | Infectious disease of brain |
| 431266005 | Intraparenchymal hematoma of brain |
| 449020009 | Intraparenchymal hemorrhage of brain |
| 78914008 | Laceration of brain |
| 22819008 | Laceration of brain with open intracranial wound |
| 55702009 | Laceration of brain without open intracranial wound |
| 254941009 | Mixed glial tumor of brain |
| 204074000 | Multiple brain anomalies |
| 192926004 | Multiple sclerosis of the brainstem |
| 126952004 | Neoplasm of brain |
| 126961004 | Neoplasm of brain stem |
| 94767002 | Neoplasm of uncertain behavior of brain |
| 94766006 | Neoplasm of uncertain behavior of brain stem |
| 189488006 | Neoplasm of uncertain or unknown behavior of brain, Infratentorial |
| 189487001 | Neoplasm of uncertain or unknown behavior of brain, supratentorial |
| 281560004 | Neuroblastoma of brain |
| 254944001 | Neuronal and mixed neuronal - glial tumor of brain |
| 76011009 | Non-specific brain syndrome |
| 209881009 | Open hindbrain contusion |
| 126945001 | Perinatal anoxic-ischemic brain injury |
| 187080002 | Pheohyphomycotic brain abscess |
| 698837003 | Posttraumatic porencephalic cyst of brain (disorder) |
| 204032005 | Reduction deformities of brain |
| 127294003 | Traumatic AND/OR non-traumatic brain injury |
| 127295002 | Traumatic brain injury |
| 708728007 | Traumatic brain injury of unknown intent (disorder) |
| 127299008 | Traumatic brain injury with brief loss of consciousness |
| 127298000 | Traumatic brain injury with loss of consciousness |
| 450569000 | Traumatic brain injury with loss of consciousness one hour or more |
| 127300000 | Traumatic brain injury with moderate loss of consciousness |
| 127302008 | Traumatic brain injury with no loss of consciousness |
| 127301001 | Traumatic brain injury with prolonged loss of consciousness |
| 450551009 | Traumatic brain injury with prolonged loss of consciousness  (more than 24 hours) and return to pre-existing conscious level |
| 450552002 | Traumatic brain injury with prolonged loss of consciousness  (more than 24 hours) without return to pre-existing conscious level |
| 428089008 | Venous hemangioma of brain |

# APPENDIX 4: References

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