

## Appendix A — Recording forms

The following admission, discharge and follow-up forms include all mandatory and optional data elements in the NRS. Not all response code options are included on the forms for all data elements. Please see module 1 or 2 for the complete list of coding options available, and refer in particular to Module 2 to accurately complete the assessments.

The last page of each recording form has an optional signature sheet with space to enter an initial and date for each data element completed on the form.





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# NATIONAL REHABILITATION REPORTING SYSTEM (NRS) Admission Recording Form

*The FIM® instrument and impairment codes referenced herein are the property of Uniform Data System for Medical Rehabilitation, a division of UB Foundation Activities, Inc.*

| CLIENT IDENTIFIER                            |  |
|--|--|
| 3. Program Type<br>(Optional, site defined)  | <input type="text"/> <input type="text"/>  |
| 4. Chart Number                              | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  |
| 5. Health Care Number                        | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 6. Province/Territory<br>Issuing Health Care | <input type="text"/> <input type="text"/> <input type="text"/>   |

| SOCIO-DEMOGRAPHIC — 1                   |   |
|---|---|
| 87. Aboriginal Status                   | <input type="checkbox"/> 0 No, does not self-identify    1 Yes, does self-identify<br>8 Did not ask/answer  |
| 7. Sex                                  | <input type="checkbox"/> M Male    F Female    O Other  |
| 8. Birthdate                            | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>Year                      Month                      Day                         |
| 9. Estimated Birthdate                  | <input type="checkbox"/> 0 No, birthdate is known    1 Yes, birthdate estimated   |
| 10. Primary Language                    | <input type="text"/> <input type="text"/> <input type="text"/>  |
| 11A. Country of Residence               | <input type="checkbox"/> 1 Canada<br>2 United States<br>3 Other   |
| 11B. Postal Code of Residence           | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 11C. Province or Territory of Residence | <input type="text"/> <input type="text"/> <input type="text"/>  |
| 11D. Residence Code                     | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>   |



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# NATIONAL REHABILITATION REPORTING SYSTEM (NRS) Admission Recording Form

## SOCIO-DEMOGRAPHIC — 2

12. Pre-Hospital Living Arrangements  
(Record all that apply.)

OR

☐ -50 Not available, temporarily  
☐ -70 Asked, unknown

- 1 Living with spouse/partner
- 2 Living with family (includes extended)
- 3 Living with non-family, unpaid (includes friends)
- 4 Living with paid attendant
- 5 Living alone
- 6 Living in facility (includes all levels of care except acute)
- 7 Other

14. Pre-Hospital Living Setting

- 1 Home (private house or apartment) without health service
- 2 Home (private house or apartment) with paid health services (e.g. home care/support; private or public funded)
- 3 Boarding house (includes rented room)
- 4 Assisted living (includes group home, retirement home, supervised living setting)
- 5 Residential care (long-term care facility, convalescent care, nursing home, home for the aged)
- 6 Shelter (includes night shelter, refuges, hostels for homeless)
- 7 Public place (includes residing in the street, parks and other public spaces)
- 8 Other
- 50 Not available, temporarily
- 70 Asked, unknown

16. Informal Support Received

- 1 Not required
- 2 Received
- 3 Received with restrictions
- 4 Not received

17. Pre-Hospital Vocational Status (Record all that apply.)

Paid employment

☐  
☐  
☐

- 1.1 Full time
- 1.2 Part time
- 1.3 Adjusted/modified

Student

☐  
☐  
☐

- 3.1 Full time
- 3.2 Part time
- 3.3 Adjusted/modified

Unemployed

☐

- 4.0 Unemployed

Unpaid employment

☐  
☐  
☐

- 2.1 Full time
- 2.2 Part time
- 2.3 Adjusted/modified

Retired

☐  
☐

- 5.1 Retired for age
- 5.2 Retired for disability

☐

-50 Not available, temporarily

☐

6.0 None of the above

☐

-70 Asked, unknown



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# NATIONAL REHABILITATION REPORTING SYSTEM (NRS) Admission Recording Form

## ADMINISTRATIVE

|  |  |  |
|--|--|--|
| 19A. Admission Class   | <input type="checkbox"/>   | 1 Initial rehabilitation<br>2 Short stay<br>3 Readmission<br>4 (Un)planned discharge without assessment<br>5 Continuing rehabilitation   |
| 19B. If code 3 — readmission:<br>Readmission 1 month or less since discharge | <input type="checkbox"/> 0 No    1 Yes   |  |
| 19C. If yes, was readmission planned?  | <input type="checkbox"/> 0 No    1 Yes   |  |
| 30. If Admission Class 4, (un)planned<br>discharge, record discharge date    | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/>  | Year                      Month                      Day   |
| 20A. Date Ready for Admission to Inpatient<br>Rehabilitation Known           | <input type="checkbox"/> 0 No, not known<br>1 Yes, date known (complete 20B)   |  |
| 20B. If known, record Date Ready for Admission                               | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/>  | Year                      Month                      Day   |
| 21. Admission Date   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/>  | Year                      Month                      Day   |
| 22. Referral Source  | <input type="text"/> <input type="text"/> <input type="text"/>   |  |
| 23A. Referral Source Province/Territory                                      | <input type="text"/> <input type="text"/> <input type="text"/>   |  |
| 23B. Referral Source Facility Number   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (If unknown, code 99999.)   |  |
| 24. Responsibility for Payment<br>(Record all that apply.)                   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 1 Provincial/territorial plan<br>2 WCB/WSIB<br>3 Other province/territory (resident of Canada)<br>4 Federal gov't — Veterans Affairs Canada<br>5 Federal gov't — FNIHB<br>6 Federal gov't — other<br>7 Canadian resident, self-pay<br>8 Canadian resident, insurance pay<br>9 Other country resident, self-pay<br>10 Provincial definition<br>-50 Not available, temporarily<br>-70 Asked, unknown |



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# NATIONAL REHABILITATION REPORTING SYSTEM (NRS) Admission Recording Form

## HEALTH CHARACTERISTICS

34. Rehabilitation Client Group  
(Record 1 only using numeric code.)

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

80. Most Responsible Health Condition  
(Record 1 only using alphanumeric code  
from Diagnostic Health Conditions list.)

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

81. Pre-Admit Comorbid Health  
Condition(s) (Use ICD-10-CA  
alphanumeric code[s] from Diagnostic  
Health Conditions list for complications,  
comorbidities, high risks and disorders  
that delay, interrupt or compromise  
effectiveness.)

(Record all that apply, up to a maximum of 15.)

### Alphanumeric Codes

|     |  |  |  |  |  |  |  |
|-----|--|--|--|--|--|--|--|
| 1.  |  |  |  |  |  |  |  |
| 2.  |  |  |  |  |  |  |  |
| 3.  |  |  |  |  |  |  |  |
| 4.  |  |  |  |  |  |  |  |
| 5.  |  |  |  |  |  |  |  |
| 6.  |  |  |  |  |  |  |  |
| 7.  |  |  |  |  |  |  |  |
| 8.  |  |  |  |  |  |  |  |
| 9.  |  |  |  |  |  |  |  |
| 10. |  |  |  |  |  |  |  |
| 11. |  |  |  |  |  |  |  |
| 12. |  |  |  |  |  |  |  |
| 13. |  |  |  |  |  |  |  |
| 14. |  |  |  |  |  |  |  |
| 15. |  |  |  |  |  |  |  |

### Health Condition

|     |  |
|-----|--|
| 1.  |  |
| 2.  |  |
| 3.  |  |
| 4.  |  |
| 5.  |  |
| 6.  |  |
| 7.  |  |
| 8.  |  |
| 9.  |  |
| 10. |  |
| 11. |  |
| 12. |  |
| 13. |  |
| 14. |  |
| 15. |  |



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## NATIONAL REHABILITATION REPORTING SYSTEM (NRS) Admission Recording Form

### HEALTH CHARACTERISTICS (cont'd)

86. Pre-Admit Comorbid Procedure or Intervention (Use CCI alphanumeric code[s] from Appendix E for procedure or interventions occurring prior to rehabilitation admission. If applicable, record up to 5.)

|    | CCI Code |  |  |  |  |  |  |  |  |  |
|----|----------|--|--|--|--|--|--|--|--|--|
| 1. |          |  |  |  |  |  |  |  |  |  |
| 2. |          |  |  |  |  |  |  |  |  |  |
| 3. |          |  |  |  |  |  |  |  |  |  |
| 4. |          |  |  |  |  |  |  |  |  |  |
| 5. |          |  |  |  |  |  |  |  |  |  |

83. Transfer or Death: Diagnostic Health Condition (Record 1 only using alphanumeric code from Diagnostic Health Conditions list.)

|  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|

(Record only if Admission Class 4 — [un]planned Discharge.)

38. ASIA Impairment Scale

|                          |                                      |
|--------------------------|--------------------------------------|
| <input type="checkbox"/> | 1A Complete                          |
| <input type="checkbox"/> | 2B Incomplete — sensory preserved    |
| <input type="checkbox"/> | 3C Incomplete — motor non-functional |
| <input type="checkbox"/> | 4D Incomplete — motor functional     |
| <input type="checkbox"/> | 5E Normal                            |

39. Date of Onset

|      |  |  |  |       |  |  |     |  |  |  |
|------|--|--|--|-------|--|--|-----|--|--|--|
|      |  |  |  |       |  |  |     |  |  |  |
| Year |  |  |  | Month |  |  | Day |  |  |  |

40A. Height

|  |  |  |   |  |  |  |    |
|--|--|--|---|--|--|--|----|
|  |  |  | . |  |  |  | cm |
|--|--|--|---|--|--|--|----|

40B. Weight

|  |  |  |   |  |  |  |    |
|--|--|--|---|--|--|--|----|
|  |  |  | . |  |  |  | kg |
|--|--|--|---|--|--|--|----|



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# NATIONAL REHABILITATION REPORTING SYSTEM (NRS) Admission Recording Form

## ACTIVITIES AND PARTICIPATION

### FIM® instrument

Admission

#### Self-Care

- 41. Eating
- 42. Grooming
- 43. Bathing
- 44. Dressing — Upper Body
- 45. Dressing — Lower Body
- 46. Toileting

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |

#### Sphincter

- 47. Bladder Management
- 48. Bowel Management

|  |
|--|
|  |
|  |

#### Transfers

- 49. Bed, Chair, Wheelchair
- 50. Toilet
- 51. Tub, Shower

|  |
|--|
|  |
|  |
|  |

#### Locomotion

- 52. Walk/Wheelchair

|  |
|--|
|  |
|--|

- ☐ Walk
- ☐ Wheelchair
- ☐ Both

- 53. Stairs

|  |
|--|
|  |
|--|

#### Communication

- 54. Comprehension

|  |
|--|
|  |
|--|

- ☐ Auditory
- ☐ Visual
- ☐ Both

- 55. Expression

|  |
|--|
|  |
|--|

- ☐ Vocal
- ☐ Non-Vocal
- ☐ Both

#### Social Cognition

- 56. Social Interaction
- 57. Problem-Solving
- 58. Memory

|  |
|--|
|  |
|--|

|  |
|--|
|  |
|--|

|  |
|--|
|  |
|--|

| FIM Levels |   |
|------------|---|
| NO HELPER  |   |
| 7          | Complete Independence<br>(Timely, Safely) |
| 6          | Modified Independence<br>(Device)         |

| HELPER                     |   |
|----------------------------|---|
| <i>Modified Dependence</i> |   |
| 5                          | Supervision                             |
| 4                          | Minimal Assistance<br>(Subject = 75%+)  |
| 3                          | Moderate Assistance<br>(Subject = 50%+) |
| <i>Complete Dependence</i> |   |
| 2                          | Maximal Assistance<br>(Subject = 25%+)  |
| 1                          | Total Assistance<br>(Subject = 0%+)     |

**(Note:** Leave no blanks; enter 1 if not testable due to risk.)



# NATIONAL REHABILITATION REPORTING SYSTEM (NRS) Admission Recording Form

## ACTIVITIES AND PARTICIPATION (cont'd)

### CIHI Data Elements

|  | Admission                |   |
|--|--------------------------|---|
| 59. Impact of Pain                                     |                          |   |
| a. Presence of Pain                                    | <input type="checkbox"/> | 8 Client unable to answer<br>(Do not answer b. and c.)<br>5 No (Do not answer b. and c.)<br>1 Yes (Go to b. and c.) |
| b. Intensity of Pain                                   | <input type="checkbox"/> | 4 Mild<br>3 Moderate<br>2 Severe  |
| c. Impact on Activities                                | <input type="checkbox"/> | 5 None<br>4 A few<br>3 Some<br>2 Most   |
| 60. Meal Preparation (optional)                        | <input type="checkbox"/> | 5 Independent<br>4 Supervision<br>3 Assistance<br>2 Dependent   |
| 61. Light Housework (optional)                         | <input type="checkbox"/> | 5 Independent<br>4 Supervision<br>3 Assistance<br>2 Dependent   |
| 62. Heavy Housework (optional)                         | <input type="checkbox"/> | 5 Independent<br>4 Supervision<br>3 Assistance<br>2 Dependent   |
| 79. Glasses/Hearing Aid Flag                           | <input type="checkbox"/> | 0 No<br>1 Yes   |
| 64. Communication — Verbal or<br>Non-Verbal Expression | <input type="checkbox"/> | 5 Independent<br>4 Supervision (cueing)<br>3 Assistance<br>2 Dependent<br>1 Non-functional<br>8 Not able to test    |



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# NATIONAL REHABILITATION REPORTING SYSTEM (NRS) Admission Recording Form

## ACTIVITIES AND PARTICIPATION (cont'd)

### CIHI Data Elements

#### Admission

- |   |                          |  |
|---|--------------------------|--|
| 65. Communication — Written Expression                        | <input type="checkbox"/> | 5 Independent<br>4 Supervision (cueing)<br>3 Assistance<br>2 Dependent<br>1 Non-functional<br>8 Not able to test |
| 66. Communication — Auditory or<br>Non-Auditory Comprehension | <input type="checkbox"/> | 5 Independent<br>4 Supervision (cueing)<br>3 Assistance<br>2 Dependent<br>1 Non-functional<br>8 Not able to test |
| 67. Communication — Reading Comprehension                     | <input type="checkbox"/> | 5 Independent<br>4 Supervision (cueing)<br>3 Assistance<br>2 Dependent<br>1 Non-functional<br>8 Not able to test |
| 68. Financial Management                                      | <input type="checkbox"/> | 5 Independent<br>4 Supervision<br>3 Assistance<br>2 Dependent<br>8 Not able to test                              |
| 69. Orientation   | <input type="checkbox"/> | 5 Oriented to time, place, self<br>3 Oriented to 1 or 2 items<br>1 Oriented to none of the items                 |
| 70. General Health Status<br>a. Respondent                    | <input type="checkbox"/> | 3 Client<br>2 Family/significant others<br>1 Service provider<br>8 Not able to test                              |
| b. General Health Status                                      | <input type="checkbox"/> | 5 Excellent<br>4 Very good<br>3 Good<br>2 Fair<br>1 Poor   |



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**NATIONAL REHABILITATION  
REPORTING SYSTEM (NRS)  
Admission Recording Form**

| PROJECTS FIELDS           |   |  |  |  |  |  |  |
|---------------------------|---|--|--|--|--|--|--|
| <b>CIHI Data Elements</b> |   |  |  |  |  |  |  |
| 88A. Project Code 1       | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> |  |  |  |  |  |  |
|                           |   |  |  |  |  |  |  |
| 88B. Project Data 1       | <table border="1"><tr><td></td></tr></table>  |  |  |  |  |  |  |
|                           |   |  |  |  |  |  |  |
| 89A. Project Code 2       | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> |  |  |  |  |  |  |
|                           |   |  |  |  |  |  |  |
| 89B. Project Data 2       | <table border="1"><tr><td></td></tr></table>  |  |  |  |  |  |  |
|                           |   |  |  |  |  |  |  |



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## NATIONAL REHABILITATION REPORTING SYSTEM (NRS)

# Discharge Recording Form

*The FIM® instrument and impairment codes referenced herein are the property of  
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| <b>CLIENT IDENTIFIER</b>   |  |       |   |     |  |  |   |  |   |      |  |       |   |     |   |  |   |  |                        |  |                                |  |                    |
|--|--|-------|---|-----|--|--|---|--|---|------|--|-------|---|-----|---|--|---|--|------------------------|--|--------------------------------|--|--------------------|
| 4. Chart Number  | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  |       |   |     |  |  |   |  |   |      |  |       |   |     |   |  |   |  |                        |  |                                |  |                    |
| 8. Birthdate   | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> <tr> <td colspan="2" style="text-align: center;">Year</td> <td colspan="2" style="text-align: center;">Month</td> <td colspan="2" style="text-align: center;">Day</td> <td colspan="2"></td> </tr> </table>   |       |   |     |  |  |   |  |   | Year |  | Month |   | Day |   |  |   |  |                        |  |                                |  |                    |
|  |  |       |   |     |  |  |   |  |   |      |  |       |   |     |   |  |   |  |                        |  |                                |  |                    |
| Year   |  | Month |   | Day |  |  |   |  |   |      |  |       |   |     |   |  |   |  |                        |  |                                |  |                    |
| 21. Admission Date   | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> <tr> <td colspan="2" style="text-align: center;">Year</td> <td colspan="2" style="text-align: center;">Month</td> <td colspan="2" style="text-align: center;">Day</td> <td colspan="2"></td> </tr> </table>   |       |   |     |  |  |   |  |   | Year |  | Month |   | Day |   |  |   |  |                        |  |                                |  |                    |
|  |  |       |   |     |  |  |   |  |   |      |  |       |   |     |   |  |   |  |                        |  |                                |  |                    |
| Year   |  | Month |   | Day |  |  |   |  |   |      |  |       |   |     |   |  |   |  |                        |  |                                |  |                    |
| <b>SOCIO-DEMOGRAPHIC — 1</b>   |  |       |   |     |  |  |   |  |   |      |  |       |   |     |   |  |   |  |                        |  |                                |  |                    |
| 13. Post-Discharge Living Arrangements<br>(Record all that apply.)<br><br><div style="text-align: center; margin: 10px 0;"><b>OR</b></div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>-50 Not available, temporarily</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>-70 Asked, unknown</div> </div> | <table style="width: 100%; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 30px; height: 25px;"></td><td>1 Living with spouse/partner</td></tr> <tr><td style="border: 1px solid black; width: 30px; height: 25px;"></td><td>2 Living with family (includes extended)</td></tr> <tr><td style="border: 1px solid black; width: 30px; height: 25px;"></td><td>3 Living with non-family, unpaid (includes friends)</td></tr> <tr><td style="border: 1px solid black; width: 30px; height: 25px;"></td><td>4 Living with paid attendant</td></tr> <tr><td style="border: 1px solid black; width: 30px; height: 25px;"></td><td>5 Living alone</td></tr> <tr><td style="border: 1px solid black; width: 30px; height: 25px;"></td><td>6 Living in facility (includes all levels of care except acute)</td></tr> <tr><td style="border: 1px solid black; width: 30px; height: 25px;"></td><td>7 Other</td></tr> <tr><td style="border: 1px solid black; width: 30px; height: 25px;"></td><td>8 Identified living arrangement(s) is/are transitional or temporary</td></tr> <tr><td style="border: 1px solid black; width: 30px; height: 25px;"></td><td>9 Living in acute care</td></tr> </table> |       | 1 Living with spouse/partner                                |     | 2 Living with family (includes extended)   |  | 3 Living with non-family, unpaid (includes friends) |  | 4 Living with paid attendant  |      | 5 Living alone   |       | 6 Living in facility (includes all levels of care except acute)   |     | 7 Other   |  | 8 Identified living arrangement(s) is/are transitional or temporary |  | 9 Living in acute care |  |                                |  |                    |
|  | 1 Living with spouse/partner   |       |   |     |  |  |   |  |   |      |  |       |   |     |   |  |   |  |                        |  |                                |  |                    |
|  | 2 Living with family (includes extended)   |       |   |     |  |  |   |  |   |      |  |       |   |     |   |  |   |  |                        |  |                                |  |                    |
|  | 3 Living with non-family, unpaid (includes friends)  |       |   |     |  |  |   |  |   |      |  |       |   |     |   |  |   |  |                        |  |                                |  |                    |
|  | 4 Living with paid attendant   |       |   |     |  |  |   |  |   |      |  |       |   |     |   |  |   |  |                        |  |                                |  |                    |
|  | 5 Living alone   |       |   |     |  |  |   |  |   |      |  |       |   |     |   |  |   |  |                        |  |                                |  |                    |
|  | 6 Living in facility (includes all levels of care except acute)  |       |   |     |  |  |   |  |   |      |  |       |   |     |   |  |   |  |                        |  |                                |  |                    |
|  | 7 Other  |       |   |     |  |  |   |  |   |      |  |       |   |     |   |  |   |  |                        |  |                                |  |                    |
|  | 8 Identified living arrangement(s) is/are transitional or temporary  |       |   |     |  |  |   |  |   |      |  |       |   |     |   |  |   |  |                        |  |                                |  |                    |
|  | 9 Living in acute care   |       |   |     |  |  |   |  |   |      |  |       |   |     |   |  |   |  |                        |  |                                |  |                    |
| 15. Post-Discharge Living Setting  | <table style="width: 100%; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 30px; height: 25px;"></td><td>1 Home (private house or apartment) without health services</td></tr> <tr><td></td><td>2 Home (private house or apartment) with paid health services (e.g. home care/support; private or public funded)</td></tr> <tr><td></td><td>3 Boarding house (includes rented room)</td></tr> <tr><td></td><td>4 Assisted living (includes group home, retirement home, supervised living setting)</td></tr> <tr><td></td><td>5 Residential care (long-term care facility, convalescent care, nursing home, home for the aged)</td></tr> <tr><td></td><td>6 Shelter (includes night shelter, refuges, hostels for homeless)</td></tr> <tr><td></td><td>7 Public place (includes residing in the street, parks and public spaces)</td></tr> <tr><td></td><td>8 Other</td></tr> <tr><td></td><td>9 Acute care</td></tr> <tr><td></td><td>-50 Not available, temporarily</td></tr> <tr><td></td><td>-70 Asked, unknown</td></tr> </table>   |       | 1 Home (private house or apartment) without health services |     | 2 Home (private house or apartment) with paid health services (e.g. home care/support; private or public funded) |  | 3 Boarding house (includes rented room)             |  | 4 Assisted living (includes group home, retirement home, supervised living setting) |      | 5 Residential care (long-term care facility, convalescent care, nursing home, home for the aged) |       | 6 Shelter (includes night shelter, refuges, hostels for homeless) |     | 7 Public place (includes residing in the street, parks and public spaces) |  | 8 Other   |  | 9 Acute care           |  | -50 Not available, temporarily |  | -70 Asked, unknown |
|  | 1 Home (private house or apartment) without health services  |       |   |     |  |  |   |  |   |      |  |       |   |     |   |  |   |  |                        |  |                                |  |                    |
|  | 2 Home (private house or apartment) with paid health services (e.g. home care/support; private or public funded)   |       |   |     |  |  |   |  |   |      |  |       |   |     |   |  |   |  |                        |  |                                |  |                    |
|  | 3 Boarding house (includes rented room)  |       |   |     |  |  |   |  |   |      |  |       |   |     |   |  |   |  |                        |  |                                |  |                    |
|  | 4 Assisted living (includes group home, retirement home, supervised living setting)  |       |   |     |  |  |   |  |   |      |  |       |   |     |   |  |   |  |                        |  |                                |  |                    |
|  | 5 Residential care (long-term care facility, convalescent care, nursing home, home for the aged)   |       |   |     |  |  |   |  |   |      |  |       |   |     |   |  |   |  |                        |  |                                |  |                    |
|  | 6 Shelter (includes night shelter, refuges, hostels for homeless)  |       |   |     |  |  |   |  |   |      |  |       |   |     |   |  |   |  |                        |  |                                |  |                    |
|  | 7 Public place (includes residing in the street, parks and public spaces)  |       |   |     |  |  |   |  |   |      |  |       |   |     |   |  |   |  |                        |  |                                |  |                    |
|  | 8 Other  |       |   |     |  |  |   |  |   |      |  |       |   |     |   |  |   |  |                        |  |                                |  |                    |
|  | 9 Acute care   |       |   |     |  |  |   |  |   |      |  |       |   |     |   |  |   |  |                        |  |                                |  |                    |
|  | -50 Not available, temporarily   |       |   |     |  |  |   |  |   |      |  |       |   |     |   |  |   |  |                        |  |                                |  |                    |
|  | -70 Asked, unknown   |       |   |     |  |  |   |  |   |      |  |       |   |     |   |  |   |  |                        |  |                                |  |                    |



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## NATIONAL REHABILITATION REPORTING SYSTEM (NRS) Discharge Recording Form

### SOCIO-DEMOGRAPHIC — 2

|   |                          |                                |                                     |
|---|--------------------------|--------------------------------|-------------------------------------|
| 16. Informal Support Received                                 | <input type="checkbox"/> | 1 Not required                 | 3 Received with restrictions        |
|   |                          | 2 Received                     | 4 Not received                      |
| 18. Post-Discharge Vocational Status (Record all that apply.) |                          |                                |                                     |
| Paid employment   | <input type="checkbox"/> | 1.1 Full time                  | Student <input type="checkbox"/>    |
|   | <input type="checkbox"/> | 1.2 Part time                  | <input type="checkbox"/>            |
|   | <input type="checkbox"/> | 1.3 Adjusted/modified          | <input type="checkbox"/>            |
|   |                          |                                | 3.1 Full time                       |
|   |                          |                                | 3.2 Part time                       |
|   |                          |                                | 3.3 Adjusted/modified               |
|   |                          |                                | Unemployed <input type="checkbox"/> |
|   |                          |                                | 4.0 Unemployed                      |
| Unpaid employment   | <input type="checkbox"/> | 2.1 Full time                  | Retired <input type="checkbox"/>    |
|   | <input type="checkbox"/> | 2.2 Part time                  | <input type="checkbox"/>            |
|   | <input type="checkbox"/> | 2.3 Adjusted/modified          | <input type="checkbox"/>            |
|   |                          |                                | 5.1 Retired for age                 |
|   |                          |                                | 5.2 Retired for disability          |
|   |                          |                                | <input type="checkbox"/>            |
|   |                          |                                | 6.0 None of the above               |
|   | <input type="checkbox"/> | -50 Not available, temporarily | <input type="checkbox"/>            |
|   |                          |                                | -70 Asked, unknown                  |

### ADMINISTRATIVE

|  |                          |   |
|--|--------------------------|---|
| 19A. Admission Class<br>(If <b>different</b> from admission)                                       | <input type="checkbox"/> | 1 Initial rehabilitation                        |
|  |                          | 2 Short stay                                    |
|  |                          | 3 Readmission                                   |
|  |                          | 4 (Un)planned discharge without assessment      |
|  |                          | 5 Continuing rehabilitation                     |
| 24. Responsibility for Payment<br>(If <b>different</b> from admission)<br>(Record all that apply.) | <input type="checkbox"/> | 1 Provincial/territorial plan                   |
|  | <input type="checkbox"/> | 2 WCB/WSIB                                      |
|  | <input type="checkbox"/> | 3 Other province/territory (resident of Canada) |
|  | <input type="checkbox"/> | 4 Federal gov't — Veterans Affairs Canada       |
|  | <input type="checkbox"/> | 5 Federal gov't — FNIHB                         |
|  | <input type="checkbox"/> | 6 Federal gov't — other                         |
|  | <input type="checkbox"/> | 7 Canadian resident self-pay                    |
|  | <input type="checkbox"/> | 8 Canadian resident, insurance pay              |
|  | <input type="checkbox"/> | 9 Other country resident, self-pay              |
|  | <input type="checkbox"/> | 10 Provincial definition                        |
|  | <input type="checkbox"/> | -50 Not available, temporarily                  |
|  | <input type="checkbox"/> | -70 Asked, unknown                              |



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## NATIONAL REHABILITATION REPORTING SYSTEM (NRS) Discharge Recording Form

### ADMINISTRATIVE (cont'd)

#### 25. Service Interruptions

##### 1st Interruption

A. Start Date

|      |  |  |  |       |  |     |  |
|------|--|--|--|-------|--|-----|--|
|      |  |  |  |       |  |     |  |
| Year |  |  |  | Month |  | Day |  |

B. Return Date

|      |  |  |  |       |  |     |  |
|------|--|--|--|-------|--|-----|--|
|      |  |  |  |       |  |     |  |
| Year |  |  |  | Month |  | Day |  |

84. Reason

|                       |  |  |  |  |  |  |  |
|-----------------------|--|--|--|--|--|--|--|
|                       |  |  |  |  |  |  |  |
| Health Condition Code |  |  |  |  |  |  |  |

D. Transferred

|            |
|------------|
|            |
| 0 No 1 Yes |

##### 2nd Interruption

A. Start Date

|      |  |  |  |       |  |     |  |
|------|--|--|--|-------|--|-----|--|
|      |  |  |  |       |  |     |  |
| Year |  |  |  | Month |  | Day |  |

B. Return Date

|      |  |  |  |       |  |     |  |
|------|--|--|--|-------|--|-----|--|
|      |  |  |  |       |  |     |  |
| Year |  |  |  | Month |  | Day |  |

84. Reason

|                       |  |  |  |  |  |  |  |
|-----------------------|--|--|--|--|--|--|--|
|                       |  |  |  |  |  |  |  |
| Health Condition Code |  |  |  |  |  |  |  |

D. Transferred

|            |
|------------|
|            |
| 0 No 1 Yes |

##### 3rd Interruption

A. Start Date

|      |  |  |  |       |  |     |  |
|------|--|--|--|-------|--|-----|--|
|      |  |  |  |       |  |     |  |
| Year |  |  |  | Month |  | Day |  |

B. Return Date

|      |  |  |  |       |  |     |  |
|------|--|--|--|-------|--|-----|--|
|      |  |  |  |       |  |     |  |
| Year |  |  |  | Month |  | Day |  |

84. Reason

|                       |  |  |  |  |  |  |  |
|-----------------------|--|--|--|--|--|--|--|
|                       |  |  |  |  |  |  |  |
| Health Condition Code |  |  |  |  |  |  |  |

D. Transferred

|            |
|------------|
|            |
| 0 No 1 Yes |

##### 4th Interruption

A. Start Date

|      |  |  |  |       |  |     |  |
|------|--|--|--|-------|--|-----|--|
|      |  |  |  |       |  |     |  |
| Year |  |  |  | Month |  | Day |  |

B. Return Date

|      |  |  |  |       |  |     |  |
|------|--|--|--|-------|--|-----|--|
|      |  |  |  |       |  |     |  |
| Year |  |  |  | Month |  | Day |  |

84. Reason

|                       |  |  |  |  |  |  |  |
|-----------------------|--|--|--|--|--|--|--|
|                       |  |  |  |  |  |  |  |
| Health Condition Code |  |  |  |  |  |  |  |

D. Transferred

|            |
|------------|
|            |
| 0 No 1 Yes |

##### 5th Interruption

A. Start Date

|      |  |  |  |       |  |     |  |
|------|--|--|--|-------|--|-----|--|
|      |  |  |  |       |  |     |  |
| Year |  |  |  | Month |  | Day |  |

B. Return Date

|      |  |  |  |       |  |     |  |
|------|--|--|--|-------|--|-----|--|
|      |  |  |  |       |  |     |  |
| Year |  |  |  | Month |  | Day |  |

84. Reason

|                       |  |  |  |  |  |  |  |
|-----------------------|--|--|--|--|--|--|--|
|                       |  |  |  |  |  |  |  |
| Health Condition Code |  |  |  |  |  |  |  |

D. Transferred

|            |
|------------|
|            |
| 0 No 1 Yes |



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# NATIONAL REHABILITATION REPORTING SYSTEM (NRS) Discharge Recording Form

## ADMINISTRATIVE (cont'd)

28A. Provider Types (Record all that apply, up to a maximum of 20.)

|     |  |  |  |  |  |
|-----|--|--|--|--|--|
| 1.  |  |  |  |  |  |
| 2.  |  |  |  |  |  |
| 3.  |  |  |  |  |  |
| 4.  |  |  |  |  |  |
| 5.  |  |  |  |  |  |
| 6.  |  |  |  |  |  |
| 7.  |  |  |  |  |  |
| 8.  |  |  |  |  |  |
| 9.  |  |  |  |  |  |
| 10. |  |  |  |  |  |
| 11. |  |  |  |  |  |
| 12. |  |  |  |  |  |
| 13. |  |  |  |  |  |
| 14. |  |  |  |  |  |
| 15. |  |  |  |  |  |
| 16. |  |  |  |  |  |
| 17. |  |  |  |  |  |
| 18. |  |  |  |  |  |
| 19. |  |  |  |  |  |
| 20. |  |  |  |  |  |

28B. ID Number (optional)

|     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 1.  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3.  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4.  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5.  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6.  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7.  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8.  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9.  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 16. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 17. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 18. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 19. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 20. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

29. Date Ready for Discharge

|      |  |  |  |       |  |     |  |
|------|--|--|--|-------|--|-----|--|
|      |  |  |  |       |  |     |  |
| Year |  |  |  | Month |  | Day |  |

30. Discharge Date

|      |  |  |  |       |  |     |  |
|------|--|--|--|-------|--|-----|--|
|      |  |  |  |       |  |     |  |
| Year |  |  |  | Month |  | Day |  |



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## NATIONAL REHABILITATION REPORTING SYSTEM (NRS) Discharge Recording Form

### ADMINISTRATIVE (cont'd)

90. Reasons for Waiting for Discharge      Primary Reason         Secondary Reason     
(Record only if Discharge Date is greater than Date Ready for Discharge. If unknown, code –70.)

#### Location

- 1.1 Assisted-living/supportive housing
- 1.2 Residential care (LTC/nursing home)
- 1.3 Complex continuing care/chronic care
- 1.4 Acute care
- 1.5 Transitional care/convalescent care
- 1.6 Boarding house/rooming house
- 1.7 Inpatient mental health care
- 1.8 Palliative care
- 1.9 Other Location

#### Services

- 2.1 Facility-based ambulatory care
- 2.2 Private-pay therapy/nursing/personal support
- 2.3 Addiction services
- 2.4 Community services (includes transportation)
- 2.5 Home care
- 2.6 Other Services
- 2.7 Inpatient Medical/Nursing Care

#### Home Modifications/Equipment

- 3.1 Home modifications
- 3.2 Equipment (e.g. power wheelchair)
- 3.3 Other Home Modifications/Equipment

#### Personal

- 4.1 Informal support
- 4.2 Other Personal

31. Reason for Discharge

- 1 Service goals met and discharged to community
- 2 Service goals met and referral/transfer to other unit/facility
- 3 Service goals not met and referral/transfer to other unit/facility or discharged to community
- 4 Facility/agency withdrew services
- 5 Person withdrew
- 6 Person no longer eligible (funding)
- 7 Person moved
- 8 Person deceased





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## NATIONAL REHABILITATION REPORTING SYSTEM (NRS) Discharge Recording Form

### ADMINISTRATIVE (cont'd)

32. Referred To
- 33A. Referred to Province/Territory
- 33B. Referred to Facility Number       
(If unknown, code 99999.)
- 91A. Rehabilitation Time With an Occupational  
Therapist (OT)       
(If unknown, code 99999.)
- 91B. Rehabilitation Time With a  
Physiotherapist (PT)       
(If unknown, code 99999.)
- 91C. Rehabilitation Time With a Speech-  
Language Pathologist (SLP)       
(If unknown, code 99999.)
- 91D. Rehabilitation Time With an Occupational  
Therapist Assistant (OTA)       
(If unknown, code 99999.)
- 91E. Rehabilitation Time With a Physiotherapist  
Assistant (PTA)       
(If unknown, code 99999.)
- 91F. Rehabilitation Time With a Communicative  
Disorders Assistant (CDA)       
(If unknown, code 99999.)

### HEALTH CHARACTERISTICS

34. Rehabilitation Client Group   .      
(If **different** from admission record)
80. Most Responsible Health Condition         
(If **different** from admission record)



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# NATIONAL REHABILITATION REPORTING SYSTEM (NRS) Discharge Recording Form

## HEALTH CHARACTERISTICS (cont'd)

82. Post-Admit Comorbid Health Conditions(s) (Use alphanumeric code[s] from Diagnostic Health Conditions list for complications, comorbidities, high risks and disorders that delay, interrupt or compromise effectiveness. Record all that apply, up to a maximum of 15.)

### Alphanumeric Codes

|     |  |  |  |  |  |  |  |
|-----|--|--|--|--|--|--|--|
| 1.  |  |  |  |  |  |  |  |
| 2.  |  |  |  |  |  |  |  |
| 3.  |  |  |  |  |  |  |  |
| 4.  |  |  |  |  |  |  |  |
| 5.  |  |  |  |  |  |  |  |
| 6.  |  |  |  |  |  |  |  |
| 7.  |  |  |  |  |  |  |  |
| 8.  |  |  |  |  |  |  |  |
| 9.  |  |  |  |  |  |  |  |
| 10. |  |  |  |  |  |  |  |
| 11. |  |  |  |  |  |  |  |
| 12. |  |  |  |  |  |  |  |
| 13. |  |  |  |  |  |  |  |
| 14. |  |  |  |  |  |  |  |
| 15. |  |  |  |  |  |  |  |

### Health Condition

|     |  |
|-----|--|
| 1.  |  |
| 2.  |  |
| 3.  |  |
| 4.  |  |
| 5.  |  |
| 6.  |  |
| 7.  |  |
| 8.  |  |
| 9.  |  |
| 10. |  |
| 11. |  |
| 12. |  |
| 13. |  |
| 14. |  |
| 15. |  |

83. Transfer or Death: Diagnostic Health Condition  
(Record 1 only using alphanumeric code from  
Diagnostic Health Conditions list.)

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|

(Record only  
if Reason for  
Discharge is  
code 8 or  
Referred To is  
code 02 or 03.)

40A. Height 

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

 . 

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

 cm

40B. Weight 

|  |  |  |
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# NATIONAL REHABILITATION REPORTING SYSTEM (NRS) Discharge Recording Form

## ACTIVITIES AND PARTICIPATION

### FIM® instrument

Discharge

#### Self-Care

- 41. Eating
- 42. Grooming
- 43. Bathing
- 44. Dressing — Upper Body
- 45. Dressing — Lower Body
- 46. Toileting

|  |
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|  |
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#### Sphincter

- 47. Bladder Management
- 48. Bowel Management

|  |
|--|
|  |
|  |

#### Transfers

- 49. Bed, Chair, Wheelchair
- 50. Toilet
- 51. Tub, Shower

|  |
|--|
|  |
|  |
|  |

#### Locomotion

- 52. Walk/Wheelchair

|  |                                  |
|--|----------------------------------|
|  | <input type="radio"/> Walk       |
|  | <input type="radio"/> Wheelchair |

- 53. Stairs

|  |
|--|
|  |
|--|

#### Communication

- 54. Comprehension

|  |                                |
|--|--------------------------------|
|  | <input type="radio"/> Auditory |
|  | <input type="radio"/> Visual   |
|  | <input type="radio"/> Both     |

- 55. Expression

|  |                                 |
|--|---------------------------------|
|  | <input type="radio"/> Vocal     |
|  | <input type="radio"/> Non-Vocal |
|  | <input type="radio"/> Both      |

#### Social Cognition

- 56. Social Interaction
- 57. Problem-Solving
- 58. Memory

|  |
|--|
|  |
|  |
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| FIM Levels |   |
|------------|---|
| NO HELPER  |   |
| 7          | Complete Independence<br>(Timely, Safely) |
| 6          | Modified Independence<br>(Device)         |

| HELPER                     |   |
|----------------------------|---|
| <i>Modified Dependence</i> |   |
| 5                          | Supervision                             |
| 4                          | Minimal Assistance<br>(Subject = 75%+)  |
| 3                          | Moderate Assistance<br>(Subject = 50%+) |
| <i>Complete Dependence</i> |   |
| 2                          | Maximal Assistance<br>(Subject = 25%+)  |
| 1                          | Total Assistance<br>(Subject = 0%+)     |

**(Note:** Leave no blanks; enter 1 if not testable due to risk.)



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# NATIONAL REHABILITATION REPORTING SYSTEM (NRS) Discharge Recording Form

## ACTIVITIES AND PARTICIPATION (cont'd)

### CIHI Data Elements

59. Impact of Pain

a. Presence of Pain

☐

- 8 Client unable to answer  
(Do not answer b. and c.)  
5 No (Do not answer b. and c.)  
1 Yes (Go to b. and c.)

b. Intensity of Pain

☐

- 4 Mild  
3 Moderate  
2 Severe

c. Impact on Activities

☐

- 5 None  
4 A few  
3 Some  
2 Most

**Complete #60–#62 if entered on admission.**

60. Meal Preparation

(If entered on admission record)

☐

- 5 Independent  
4 Supervision  
3 Assistance  
2 Dependent

61. Light Housework

(If entered on admission record)

☐

- 5 Independent  
4 Supervision  
3 Assistance  
2 Dependent

62. Heavy Housework

(If entered on admission record)

☐

- 5 Independent  
4 Supervision  
3 Assistance  
2 Dependent

79. Glasses/Hearing Aid Flag

☐

- 0 No  
1 Yes

64. Communication — Verbal or  
Non-Verbal Expression

☐

- 5 Independent  
4 Supervision (cueing)  
3 Assistance  
2 Dependent  
1 Non-functional  
8 Not able to test



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## NATIONAL REHABILITATION REPORTING SYSTEM (NRS) Discharge Recording Form

### ACTIVITIES AND PARTICIPATION (cont'd)

|     |   | Discharge   |
|-----|---|---|
| 65. | Communication — Written Expression                        | <input type="checkbox"/> 5 Independent<br>4 Supervision (cueing)<br>3 Assistance<br>2 Dependent<br>1 Non-functional<br>8 Not able to test |
| 66. | Communication — Auditory or<br>Non-Auditory Comprehension | <input type="checkbox"/> 5 Independent<br>4 Supervision (cueing)<br>3 Assistance<br>2 Dependent<br>1 Non-functional<br>8 Not able to test |
| 67. | Communication — Reading<br>Comprehension                  | <input type="checkbox"/> 5 Independent<br>4 Supervision (cueing)<br>3 Assistance<br>2 Dependent<br>1 Non-functional<br>8 Not able to test |
| 68. | Financial Management                                      | <input type="checkbox"/> 5 Independent<br>4 Supervision<br>3 Assistance<br>2 Dependent<br>8 Not able to test                              |
| 69. | Orientation   | <input type="checkbox"/> 5 Oriented to time, place, self<br>3 Oriented to 1 or 2 items<br>1 Oriented to none of the items                 |
| 70. | General Health Status                                     | <input type="checkbox"/> 3 Client<br>2 Family/significant others<br>1 Service provider<br>8 Not able to test                              |
|     | a. Respondent   |   |
|     | b. General Health Status                                  | <input type="checkbox"/> 5 Excellent<br>4 Very good<br>3 Good<br>2 Fair<br>1 Poor   |



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# NATIONAL REHABILITATION REPORTING SYSTEM (NRS) Discharge Recording Form

## PROJECTS FIELDS

## CIHI Data Elements

88A. Project Code 1

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88B. Project Data 1

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89A. Project Code 2

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89B. Project Data 2

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## NATIONAL REHABILITATION REPORTING SYSTEM (NRS) Follow-Up Recording Form

*The FIM® instrument and impairment codes referenced herein are the property of Uniform Data System for Medical Rehabilitation, a division of UB Foundation Activities, Inc.*

| CLIENT IDENTIFIER                                   |  |                      |                      |                      |                      |                      |                      |                      |                      |      |  |  |  |       |  |     |  |
|---|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------|--|--|--|-------|--|-----|--|
| 3. Program Type<br>(If entered on admission record) | <input type="text"/> <input type="text"/>  |                      |                      |                      |                      |                      |                      |                      |                      |      |  |  |  |       |  |     |  |
| 4. Chart Number                                     | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  |                      |                      |                      |                      |                      |                      |                      |                      |      |  |  |  |       |  |     |  |
| 8. Birthdate  | <table border="1"> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td colspan="4">Year</td> <td colspan="2">Month</td> <td colspan="2">Day</td> </tr> </table> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Year |  |  |  | Month |  | Day |  |
| <input type="text"/>                                | <input type="text"/>   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |                      |      |  |  |  |       |  |     |  |
| Year  |  |                      |                      | Month                |                      | Day                  |                      |                      |                      |      |  |  |  |       |  |     |  |
| 30. Discharge Date                                  | <table border="1"> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td colspan="4">Year</td> <td colspan="2">Month</td> <td colspan="2">Day</td> </tr> </table> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Year |  |  |  | Month |  | Day |  |
| <input type="text"/>                                | <input type="text"/>   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |                      |      |  |  |  |       |  |     |  |
| Year  |  |                      |                      | Month                |                      | Day                  |                      |                      |                      |      |  |  |  |       |  |     |  |
| 72. Follow-Up Assessment Date                       | <table border="1"> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td colspan="4">Year</td> <td colspan="2">Month</td> <td colspan="2">Day</td> </tr> </table> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Year |  |  |  | Month |  | Day |  |
| <input type="text"/>                                | <input type="text"/>   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |                      |      |  |  |  |       |  |     |  |
| Year  |  |                      |                      | Month                |                      | Day                  |                      |                      |                      |      |  |  |  |       |  |     |  |
| 74. Respondent Type                                 | <table border="1"> <tr> <td><input type="text"/></td> <td>3 Client</td> </tr> <tr> <td></td> <td>2 Family/friend</td> </tr> <tr> <td></td> <td>1 Service provider</td> </tr> </table>  | <input type="text"/> | 3 Client             |                      | 2 Family/friend      |                      | 1 Service provider   |                      |                      |      |  |  |  |       |  |     |  |
| <input type="text"/>                                | 3 Client   |                      |                      |                      |                      |                      |                      |                      |                      |      |  |  |  |       |  |     |  |
|   | 2 Family/friend  |                      |                      |                      |                      |                      |                      |                      |                      |      |  |  |  |       |  |     |  |
|   | 1 Service provider   |                      |                      |                      |                      |                      |                      |                      |                      |      |  |  |  |       |  |     |  |

| SOCIO-DEMOGRAPHIC   |  |                              |                              |                          |  |                          |   |                          |                              |                          |                |                          |   |                          |         |
|---|--|------------------------------|------------------------------|--------------------------|--|--------------------------|---|--------------------------|------------------------------|--------------------------|----------------|--------------------------|---|--------------------------|---------|
| 76. Follow-Up Living Arrangements<br>(Record all that apply.)   | <table border="1"> <tr><td><input type="checkbox"/></td><td>1 Living with spouse/partner</td></tr> <tr><td><input type="checkbox"/></td><td>2 Living with family (includes extended)</td></tr> <tr><td><input type="checkbox"/></td><td>3 Living with non-family, unpaid (includes friends)</td></tr> <tr><td><input type="checkbox"/></td><td>4 Living with paid attendant</td></tr> <tr><td><input type="checkbox"/></td><td>5 Living alone</td></tr> <tr><td><input type="checkbox"/></td><td>6 Living in facility (includes all levels of care except acute)</td></tr> <tr><td><input type="checkbox"/></td><td>7 Other</td></tr> </table> | <input type="checkbox"/>     | 1 Living with spouse/partner | <input type="checkbox"/> | 2 Living with family (includes extended) | <input type="checkbox"/> | 3 Living with non-family, unpaid (includes friends) | <input type="checkbox"/> | 4 Living with paid attendant | <input type="checkbox"/> | 5 Living alone | <input type="checkbox"/> | 6 Living in facility (includes all levels of care except acute) | <input type="checkbox"/> | 7 Other |
| <input type="checkbox"/>  | 1 Living with spouse/partner   |                              |                              |                          |  |                          |   |                          |                              |                          |                |                          |   |                          |         |
| <input type="checkbox"/>  | 2 Living with family (includes extended)   |                              |                              |                          |  |                          |   |                          |                              |                          |                |                          |   |                          |         |
| <input type="checkbox"/>  | 3 Living with non-family, unpaid (includes friends)  |                              |                              |                          |  |                          |   |                          |                              |                          |                |                          |   |                          |         |
| <input type="checkbox"/>  | 4 Living with paid attendant   |                              |                              |                          |  |                          |   |                          |                              |                          |                |                          |   |                          |         |
| <input type="checkbox"/>  | 5 Living alone   |                              |                              |                          |  |                          |   |                          |                              |                          |                |                          |   |                          |         |
| <input type="checkbox"/>  | 6 Living in facility (includes all levels of care except acute)  |                              |                              |                          |  |                          |   |                          |                              |                          |                |                          |   |                          |         |
| <input type="checkbox"/>  | 7 Other  |                              |                              |                          |  |                          |   |                          |                              |                          |                |                          |   |                          |         |
| <b>OR</b>   |  |                              |                              |                          |  |                          |   |                          |                              |                          |                |                          |   |                          |         |
| <table border="1"> <tr><td><input type="checkbox"/></td><td>-50 Not available, temporary</td></tr> <tr><td><input type="checkbox"/></td><td>-70 Asked, unknown</td></tr> </table> | <input type="checkbox"/>   | -50 Not available, temporary | <input type="checkbox"/>     | -70 Asked, unknown       |  |                          |   |                          |                              |                          |                |                          |   |                          |         |
| <input type="checkbox"/>  | -50 Not available, temporary   |                              |                              |                          |  |                          |   |                          |                              |                          |                |                          |   |                          |         |
| <input type="checkbox"/>  | -70 Asked, unknown   |                              |                              |                          |  |                          |   |                          |                              |                          |                |                          |   |                          |         |



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# NATIONAL REHABILITATION REPORTING SYSTEM (NRS) Follow-Up Recording Form

## SOCIO-DEMOGRAPHIC (cont'd)

77. Follow-Up Living Setting

- 1 Home (private house or apartment) without health services
- 2 Home (private house or apartment) with paid health services (e.g. home care/support; private or public funded)
- 3 Boarding house (includes rented room)
- 4 Assisted living (includes group home, retirement home, supervised living setting)
- 5 Residential care (long-term care facility, convalescent care, nursing home, home for the aged)
- 6 Shelter (includes night shelter, refuges, hostels for homeless)
- 7 Public place (includes residing in the street, parks and public spaces)
- 8 Other
- 50 Not available, temporarily
- 70 Asked, unknown

16. Informal Support Received  
(optional)

- 1 Not required
- 2 Received
- 3 Received with restrictions
- 4 Not received

78. Follow-Up Vocational Status  
(Record all that apply.)

Paid employment

  
  

- 1.1 Full time
- 1.2 Part time
- 1.3 Adjusted/modified

Student

  
  

- 3.1 Full time
- 3.2 Part time
- 3.3 Adjusted/modified

Unemployed

- 4.0 Unemployed

Unpaid employment

  
  

- 2.1 Full time
- 2.2 Part time
- 2.3 Adjusted/modified

Retired

  
  

- 5.1 Retired for age
- 5.2 Retired for disability

- 6.0 None of the above

- 50 Not available, temporarily

- 70 Asked, unknown





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# NATIONAL REHABILITATION REPORTING SYSTEM (NRS) Follow-Up Recording Form

## HEALTH CHARACTERISTICS

73A. Hospitalization Since Discharge

☐

0 No  
1 Yes

OR

–50 Not available, temporarily  
–70 Asked, unknown

If yes, complete 73B and 85.

73B. Days in Hospital (Total Number)

#

  

OR

–50 Not available, temporarily  
–70 Asked, unknown

85. Health Condition(s) Reason for Hospitalization (Record at least 1 using alphanumeric code from Diagnostic Health Conditions list.) (Record up to 3.)

1.

2.

3.



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# NATIONAL REHABILITATION REPORTING SYSTEM (NRS) Follow-Up Recording Form

## ACTIVITIES AND PARTICIPATION

### FIM® instrument

|                            | Follow-Up            |  |
|----------------------------|----------------------|--|
| <b>Self-Care</b>           |                      |  |
| 41. Eating                 | <input type="text"/> |  |
| 42. Grooming               | <input type="text"/> |  |
| 43. Bathing                | <input type="text"/> |  |
| 44. Dressing — Upper Body  | <input type="text"/> |  |
| 45. Dressing — Lower Body  | <input type="text"/> |  |
| 46. Toileting              | <input type="text"/> |  |
| <b>Sphincter</b>           |                      |  |
| 47. Bladder Management     | <input type="text"/> |  |
| 48. Bowel Management       | <input type="text"/> |  |
| <b>Transfers</b>           |                      |  |
| 49. Bed, Chair, Wheelchair | <input type="text"/> |  |
| 50. Toilet                 | <input type="text"/> |  |
| 51. Tub, Shower            | <input type="text"/> |  |
| <b>Locomotion</b>          |                      |  |
| 52. Walk/Wheelchair        | <input type="text"/> | <input type="radio"/> Walk<br><input type="radio"/> Wheelchair                               |
| 53. Stairs                 | <input type="text"/> |  |
| <b>Communication</b>       |                      |  |
| 54. Comprehension          | <input type="text"/> | <input type="radio"/> Auditory<br><input type="radio"/> Visual<br><input type="radio"/> Both |
| 55. Expression             | <input type="text"/> | <input type="radio"/> Vocal<br><input type="radio"/> Non-vocal<br><input type="radio"/> Both |
| <b>Social Cognition</b>    |                      |  |
| 56. Social Interaction     | <input type="text"/> |  |
| 57. Problem-Solving        | <input type="text"/> |  |
| 58. Memory                 | <input type="text"/> |  |

| FIM Levels |   |
|------------|---|
| NO HELPER  |   |
| 7          | Complete Independence<br>(Timely, Safely) |
| 6          | Modified Independence<br>(Device)         |

| HELPER                     |   |
|----------------------------|---|
| <i>Modified Dependence</i> |   |
| 5                          | Supervision                             |
| 4                          | Minimal Assistance<br>(Subject = 75%+)  |
| 3                          | Moderate Assistance<br>(Subject = 50%+) |
| <i>Complete Dependence</i> |   |
| 2                          | Maximal Assistance<br>(Subject = 25%+)  |
| 1                          | Total Assistance<br>(Subject = 0%+)     |

(Note: Leave no blanks; enter  
1 if not testable due to risk.)



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## NATIONAL REHABILITATION REPORTING SYSTEM (NRS) Follow-Up Recording Form

### ACTIVITIES AND PARTICIPATION (cont'd)

#### CIHI Data Elements

#### Follow-Up

- |  |                          |  |
|--|--------------------------|--|
| 59. Impact of Pain                                     | <input type="checkbox"/> | 8 Client unable to answer<br>(Do not answer b. and c.) |
| a. Presence of Pain                                    |                          | 5 No (Do not answer b. and c.)                         |
|  |                          | 1 Yes (Go to b. and c.)                                |
| b. Intensity of Pain                                   | <input type="checkbox"/> | 4 Mild   |
|  |                          | 3 Moderate   |
|  |                          | 2 Severe   |
| c. Impact on Activities                                | <input type="checkbox"/> | 5 None   |
|  |                          | 4 A few  |
|  |                          | 3 Some   |
|  |                          | 2 Most   |
| 60. Meal Preparation (optional)                        | <input type="checkbox"/> | 5 Independent  |
|  |                          | 4 Supervision  |
|  |                          | 3 Assistance   |
|  |                          | 2 Dependent  |
| 61. Light Housework (optional)                         | <input type="checkbox"/> | 5 Independent  |
|  |                          | 4 Supervision  |
|  |                          | 3 Assistance   |
|  |                          | 2 Dependent  |
| 62. Heavy Housework (optional)                         | <input type="checkbox"/> | 5 Independent  |
|  |                          | 4 Supervision  |
|  |                          | 3 Assistance   |
|  |                          | 2 Dependent  |
| 79. Glasses/Hearing Aid Flag                           | <input type="checkbox"/> | 0 No   |
|  |                          | 1 Yes  |
| 64. Communication — Verbal or<br>Non-Verbal Expression | <input type="checkbox"/> | 5 Independent  |
|  |                          | 4 Supervision  |
|  |                          | 3 Assistance   |
|  |                          | 2 Dependent  |
|  |                          | 1 Non-functional                                       |
|  |                          | 8 Not able to test                                     |



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## NATIONAL REHABILITATION REPORTING SYSTEM (NRS) Follow-Up Recording Form

| ACTIVITIES AND PARTICIPATION (cont'd)                      |                      | Follow-Up  |
|--|----------------------|--|
| 65. Communication — Written Expression                     | <input type="text"/> | 5 Independent<br>4 Supervision (cueing)<br>3 Assistance<br>2 Dependent<br>1 Non-functional<br>8 Not able to test |
| 66. Communication — Auditory or Non-Auditory Comprehension | <input type="text"/> | 5 Independent<br>4 Supervision (cueing)<br>3 Assistance<br>2 Dependent<br>1 Non-functional<br>8 Not able to test |
| 67. Communication — Reading Comprehension                  | <input type="text"/> | 5 Independent<br>4 Supervision (cueing)<br>3 Assistance<br>2 Dependent<br>1 Non-functional<br>8 Not able to test |
| 68. Financial Management                                   | <input type="text"/> | 5 Independent<br>4 Supervision<br>3 Assistance<br>2 Dependent<br>8 Not able to test                              |
| 69. Orientation  | <input type="text"/> | 5 Oriented to time, place, self<br>3 Oriented to 1 or 2 items<br>1 Oriented to none of the items                 |
| 70. General Health Status                                  | <input type="text"/> | 3 Client<br>2 Family/significant others<br>1 Service provider<br>8 Not able to test                              |
| a. Respondent  |                      |  |
| b. General Health Status                                   | <input type="text"/> | 5 Excellent<br>4 Very good<br>3 Good<br>2 Fair<br>1 Poor   |



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## NATIONAL REHABILITATION REPORTING SYSTEM (NRS) Follow-Up Recording Form

| <b>FOLLOW-UP ASSESSMENT</b>  |  |  |  |                                 |
|--|--|--|--|---------------------------------|
| 75. Reintegration to Normal Living Index (Record 1 response for each statement.)   |  |  |  |                                 |
| Statement  | Does not<br>describe my<br>situation<br><b>0</b> | Partially<br>describes my<br>situation<br><b>1</b> | Fully<br>describes my<br>situation<br><b>2</b> | Not able<br>to test<br><b>8</b> |
| I move around my living quarters as I feel is necessary (wheelchairs, other equipment or resources may be used).   |  |  |  |                                 |
| I move around my community as I feel necessary (wheelchairs, other equipment or resources may be used).  |  |  |  |                                 |
| I am able to take trips out of town as I feel are necessary (wheelchairs, other equipment or resources may be used).   |  |  |  |                                 |
| I am comfortable with how my self-care needs (dressing, feeding, toileting, bathing) are met (adaptive equipment, supervision and/or assistance may be used).  |  |  |  |                                 |
| I spend most of my days occupied in a work activity that is necessary or important to me (could be paid employment, housework, volunteer work, school, etc.; adaptive equipment, supervision and/or assistance may be used).                                     |  |  |  |                                 |
| I am able to participate in recreational activities (hobbies, crafts, sports, reading, television, games, computers, etc.) as I want to (adaptive equipment, supervision and/or assistance may be used).   |  |  |  |                                 |
| I participate in social activities with family, friends and/or business acquaintances as is necessary or desirable to me (adaptive equipment, supervision and/or assistance may be used).  |  |  |  |                                 |
| I assume a role in my family that meets my needs and those of other family members (family means people with whom you live and/or relatives with whom you don't live but see on a regular basis; adaptive equipment, supervision and/or assistance may be used). |  |  |  |                                 |
| In general, I am comfortable with my personal relationships.   |  |  |  |                                 |
| In general, I am comfortable with myself when I am in the company of others.   |  |  |  |                                 |
| I feel that I can deal with life events as they happen.  |  |  |  |                                 |



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## NATIONAL REHABILITATION REPORTING SYSTEM (NRS) Follow-Up Recording Form

### PROJECTS FIELDS

#### CIHI Data Elements

88A. Project Code 1

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

88B. Project Data 1

|  |
|--|
|  |
|--|

89A. Project Code 2

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89B. Project Data 2

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