

## Neurological Impairment Set v10 - Trauma

| Patient Name:.....<br><br>NHS No:.....<br>Date completed:<br>Completed by: CRM, Other Medic, Band 8, Band 7, Band 6,<br>Other Band... | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">Severity scores - extent to which deficit impacts on function/engagement in rehab</th> </tr> <tr> <th style="width: 15%;">Score</th> <th style="width: 35%;">Impairment</th> <th style="width: 50%;">Functional impact</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>None</td> <td>Normal function</td> </tr> <tr> <td>1</td> <td>Mild</td> <td>Affecting high level function only</td> </tr> <tr> <td>2</td> <td>Moderate</td> <td>Significant limitation, but some useful function</td> </tr> <tr> <td>3</td> <td>Severe</td> <td>Little or no useful function, effectively limiting rehabilitation</td> </tr> </tbody> </table> | Severity scores - extent to which deficit impacts on function/engagement in rehab |  |  | Score | Impairment | Functional impact | 0 | None | Normal function | 1 | Mild | Affecting high level function only | 2 | Moderate | Significant limitation, but some useful function | 3 | Severe | Little or no useful function, effectively limiting rehabilitation |
|---|--|---|--|--|-------|------------|-------------------|---|------|-----------------|---|------|------------------------------------|---|----------|--|---|--------|---|
| Severity scores - extent to which deficit impacts on function/engagement in rehab   |  |   |  |  |       |            |                   |   |      |                 |   |      |                                    |   |          |  |   |        |   |
| Score   | Impairment   | Functional impact   |  |  |       |            |                   |   |      |                 |   |      |                                    |   |          |  |   |        |   |
| 0   | None   | Normal function   |  |  |       |            |                   |   |      |                 |   |      |                                    |   |          |  |   |        |   |
| 1   | Mild   | Affecting high level function only  |  |  |       |            |                   |   |      |                 |   |      |                                    |   |          |  |   |        |   |
| 2   | Moderate   | Significant limitation, but some useful function                                  |  |  |       |            |                   |   |      |                 |   |      |                                    |   |          |  |   |        |   |
| 3   | Severe   | Little or no useful function, effectively limiting rehabilitation                 |  |  |       |            |                   |   |      |                 |   |      |                                    |   |          |  |   |        |   |

  

| (Circle one)<br><br><b>O Motor</b>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Impairment Type</th> <th style="width: 70%;">Other type:</th> </tr> </thead> <tbody> <tr> <td> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Left upper limb</td> <td style="width: 10%;">0</td> <td style="width: 10%;">1</td> <td style="width: 10%;">2</td> <td style="width: 10%;">3</td> <td style="width: 10%;">U</td> </tr> <tr> <td>Right upper limb</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>U</td> </tr> <tr> <td>Left lower limb</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>U</td> </tr> <tr> <td>Right lower limb</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>U</td> </tr> <tr> <td>Trunk s760</td> <td>0</td> <td>1</td> <td>2</td> <td>U</td> <td></td> </tr> </table> </td> <td>                     O R Hemiparesis b7302<br/>                     O L Hemiparesis b7302<br/>                     O Tetraparesis b7304<br/>                     O Paraparesis b7303<br/>                     O Monoparesis b7301<br/>                     O Ataxia b760                 </td> <td>Other:</td> </tr> </tbody> </table> | Impairment Type | Other type: | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Left upper limb</td> <td style="width: 10%;">0</td> <td style="width: 10%;">1</td> <td style="width: 10%;">2</td> <td style="width: 10%;">3</td> <td style="width: 10%;">U</td> </tr> <tr> <td>Right upper limb</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>U</td> </tr> <tr> <td>Left lower limb</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>U</td> </tr> <tr> <td>Right lower limb</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>U</td> </tr> <tr> <td>Trunk s760</td> <td>0</td> <td>1</td> <td>2</td> <td>U</td> <td></td> </tr> </table> | Left upper limb | 0 | 1                | 2 | 3 | U | Right upper limb | 0 | 1               | 2 | 3 | U | Left lower limb | 0 | 1                | 2 | 3 | U | Right lower limb | 0 | 1          | 2 | 3 | U | Trunk s760 | 0 | 1   | 2      | U |  | O R Hemiparesis b7302<br>O L Hemiparesis b7302<br>O Tetraparesis b7304<br>O Paraparesis b7303<br>O Monoparesis b7301<br>O Ataxia b760 | Other: | Other type:<br>Other: |
|--|--|-----------------|-------------|--|-----------------|---|------------------|---|---|---|------------------|---|-----------------|---|---|---|-----------------|---|------------------|---|---|---|------------------|---|------------|---|---|---|------------|---|---|--------|---|--|---|--------|-----------------------|
| Impairment Type  | Other type:  |                 |             |  |                 |   |                  |   |   |   |                  |   |                 |   |   |   |                 |   |                  |   |   |   |                  |   |            |   |   |   |            |   |   |        |   |  |   |        |                       |
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| Left upper limb  | 0  | 1               | 2           | 3  | U               |   |                  |   |   |   |                  |   |                 |   |   |   |                 |   |                  |   |   |   |                  |   |            |   |   |   |            |   |   |        |   |  |   |        |                       |
| Right upper limb   | 0  | 1               | 2           | 3  | U               |   |                  |   |   |   |                  |   |                 |   |   |   |                 |   |                  |   |   |   |                  |   |            |   |   |   |            |   |   |        |   |  |   |        |                       |
| Left lower limb  | 0  | 1               | 2           | 3  | U               |   |                  |   |   |   |                  |   |                 |   |   |   |                 |   |                  |   |   |   |                  |   |            |   |   |   |            |   |   |        |   |  |   |        |                       |
| Right lower limb   | 0  | 1               | 2           | 3  | U               |   |                  |   |   |   |                  |   |                 |   |   |   |                 |   |                  |   |   |   |                  |   |            |   |   |   |            |   |   |        |   |  |   |        |                       |
| Trunk s760   | 0  | 1               | 2           | U  |                 |   |                  |   |   |   |                  |   |                 |   |   |   |                 |   |                  |   |   |   |                  |   |            |   |   |   |            |   |   |        |   |  |   |        |                       |

  

|                             |         |           |  |        |
|-----------------------------|---------|-----------|--|--------|
| <b>O Tone / joint range</b> | 0 1 2 3 | (Unknown) | O Spasticity b735<br>O Contractures b710 | Other: |
|-----------------------------|---------|-----------|--|--------|

  

|                    |         |              |   |        |
|--------------------|---------|--------------|---|--------|
| <b>O Sensation</b> | 0 1 2 3 | (Untestable) | O Somatic (eg touch) b265<br>O Proprioception b260<br>O Dysaesthesia b279 | Other: |
|--------------------|---------|--------------|---|--------|

  

|                              |         |              |  |        |
|------------------------------|---------|--------------|--|--------|
| <b>O Perceptual function</b> | 0 1 2 3 | (Untestable) | O Neglect of body - b180<br>O Neglect of external space - b156 | Other: |
|------------------------------|---------|--------------|--|--------|

  

|                              |         |              |  |        |
|------------------------------|---------|--------------|--|--------|
| <b>O Speech and language</b> | 0 1 2 3 | (Untestable) | O Expressive b1671<br>O Receptive b1670<br>O Dysarthria b320<br>O Cognitive speech b1670 | Other: |
|------------------------------|---------|--------------|--|--------|

  

|                             |         |              |   |        |
|-----------------------------|---------|--------------|---|--------|
| <b>O Cognitive function</b> | 0 1 2 3 | (Untestable) | O Consciousness b110<br>O Orientation b114<br>O Memory b144<br>O Attention b140<br>O Initiation b147<br>O Executive function b164<br>eg insight, planning, flexible thought | Other: |
|-----------------------------|---------|--------------|---|--------|

  

|                    |         |           |   |        |
|--------------------|---------|-----------|---|--------|
| <b>O Behaviour</b> | 0 1 2 3 | (Unknown) | O Verbal aggression d7202<br>O Physical aggression d7202<br>O Disinhibition d7202 | Other: |
|--------------------|---------|-----------|---|--------|

  

|               |         |           |  |        |
|---------------|---------|-----------|--|--------|
| <b>O Mood</b> | 0 1 2 3 | (Unknown) | O Depression / Low mood b152<br>O Anxiety b152<br>O Emotional lability b1521 | Other: |
|---------------|---------|-----------|--|--------|

  

|                            |         |              |  |        |
|----------------------------|---------|--------------|--|--------|
| <b>O Seeing and Vision</b> | 0 1 2 3 | (Untestable) | O Visual field loss b2101<br>O Uncorrectable acuity b2100<br>O Double vision b2152 | Other: |
|----------------------------|---------|--------------|--|--------|

  

|                  |         |              |   |        |
|------------------|---------|--------------|---|--------|
| <b>O Hearing</b> | 0 1 2 3 | (Untestable) | O Sensorineural (ICF- no code identified)<br>O Conductive (ICF- no code identified) | Other: |
|------------------|---------|--------------|---|--------|

  

|                         |         |           |   |        |
|-------------------------|---------|-----------|---|--------|
| <b>O Skin integrity</b> | 0 1 2 3 | (Unknown) | O Open wounds<br>O Burns<br>O Pressure sores<br>O Vulnerable Scarring | Other: |
|-------------------------|---------|-----------|---|--------|

  

|               |         |              |  |        |
|---------------|---------|--------------|--|--------|
| <b>O Pain</b> | 0 1 2 3 | (Untestable) | O Neuropathic pain b280<br>O Musculoskeletal pain b280<br>O Pain due to spasticity b280/b735 | Other: |
|---------------|---------|--------------|--|--------|

  

|                  |         |              |  |        |
|------------------|---------|--------------|--|--------|
| <b>O Fatigue</b> | 0 1 2 3 | (Untestable) | O Reduced cardiovascular fitness<br>O Muscle fatiguability b740<br>O Cognitive fatigue (ICF- no code identified) | Other: |
|------------------|---------|--------------|--|--------|

  

|                   |         |           |  |        |
|-------------------|---------|-----------|--|--------|
| <b>O Seizures</b> | 0 1 2 3 | (Unknown) | O Tonic clonic<br>O Partial complex<br>O Partial simple<br>O focal / myoclonic jerks | Other: |
|-------------------|---------|-----------|--|--------|

  

|                              |         |              |  |        |
|------------------------------|---------|--------------|--|--------|
| <b>O Bladder dysfunction</b> | 0 1 2 3 | (Untestable) | O Neuropathic bladder - b620<br>O Urethral stricture - b620<br>O Outlet obstruction ( eg prostate)- b620<br>O Stress incontinence - b620 | Other: |
|------------------------------|---------|--------------|--|--------|

  

|                            |         |              |   |        |
|----------------------------|---------|--------------|---|--------|
| <b>O Bowel dysfunction</b> | 0 1 2 3 | (Untestable) | O Constipation - b525<br>O Diarrhoea - b525<br>O Dysregulation - b525 | Other: |
|----------------------------|---------|--------------|---|--------|

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|---|--|---|--|--|-------|------------|-------------------|---|------|-----------------|---|------|------------------------------------|---|----------|--|---|--------|---|
| Severity scores - extent to which deficit impacts on function/engagement in rehab   |  |   |  |  |       |            |                   |   |      |                 |   |      |                                    |   |          |  |   |        |   |
| Score   | Impairment   | Functional impact   |  |  |       |            |                   |   |      |                 |   |      |                                    |   |          |  |   |        |   |
| 0   | None   | Normal function   |  |  |       |            |                   |   |      |                 |   |      |                                    |   |          |  |   |        |   |
| 1   | Mild   | Affecting high level function only  |  |  |       |            |                   |   |      |                 |   |      |                                    |   |          |  |   |        |   |
| 2   | Moderate   | Significant limitation, but some useful function                                  |  |  |       |            |                   |   |      |                 |   |      |                                    |   |          |  |   |        |   |
| 3   | Severe   | Little or no useful function, effectively limiting rehabilitation                 |  |  |       |            |                   |   |      |                 |   |      |                                    |   |          |  |   |        |   |

|                             |                |           |  |        |
|-----------------------------|----------------|-----------|--|--------|
| <b>O Nutritional status</b> | <b>0 1 2 3</b> | (Unknown) | <input type="checkbox"/> Overweight<br><input type="checkbox"/> Underweight<br><input type="checkbox"/> Morbid obesity | Other: |
|-----------------------------|----------------|-----------|--|--------|

|                          |                |           |  |        |
|--------------------------|----------------|-----------|--|--------|
| <b>O Substance abuse</b> | <b>0 1 2 3</b> | (Unknown) | <input type="checkbox"/> Alcohol<br><input type="checkbox"/> Tobacco<br><input type="checkbox"/> Drugs | Other: |
|--------------------------|----------------|-----------|--|--------|

|                    |         |   |  |                 |         |   |                                 |                  |         |   |                                 |                 |         |   |                                 |                  |         |   |                                 |        |         |   |                                 |       |         |   |                                 |              |         |   |                                 |      |         |  |                                 |  |
|--------------------|---------|---|--|-----------------|---------|---|---------------------------------|------------------|---------|---|---------------------------------|-----------------|---------|---|---------------------------------|------------------|---------|---|---------------------------------|--------|---------|---|---------------------------------|-------|---------|---|---------------------------------|--------------|---------|---|---------------------------------|------|---------|--|---------------------------------|--|
| <b>O Fractures</b> |         |   | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Left upper limb</td> <td style="width: 10%; text-align: center;">0 1 2 3</td> <td style="width: 10%;"> <input type="checkbox"/> Unstable                             <input type="checkbox"/> External fixator                             <input type="checkbox"/> Internal fixator                         </td> <td style="width: 10%;"> <input type="checkbox"/> Healed                         </td> </tr> <tr> <td>Right upper limb</td> <td style="text-align: center;">0 1 2 3</td> <td> <input type="checkbox"/> Unstable                             <input type="checkbox"/> External fixator                             <input type="checkbox"/> Internal fixator                         </td> <td> <input type="checkbox"/> Healed                         </td> </tr> <tr> <td>Left lower limb</td> <td style="text-align: center;">0 1 2 3</td> <td> <input type="checkbox"/> Unstable                             <input type="checkbox"/> External fixator                             <input type="checkbox"/> Internal fixator                         </td> <td> <input type="checkbox"/> Healed                         </td> </tr> <tr> <td>Right lower limb</td> <td style="text-align: center;">0 1 2 3</td> <td> <input type="checkbox"/> Unstable                             <input type="checkbox"/> External fixator                             <input type="checkbox"/> Internal fixator                         </td> <td> <input type="checkbox"/> Healed                         </td> </tr> <tr> <td>Pelvis</td> <td style="text-align: center;">0 1 2 3</td> <td> <input type="checkbox"/> Unstable                             <input type="checkbox"/> External fixator                             <input type="checkbox"/> Internal fixator                         </td> <td> <input type="checkbox"/> Healed                         </td> </tr> <tr> <td>Spine</td> <td style="text-align: center;">0 1 2 3</td> <td> <input type="checkbox"/> Unstable                             <input type="checkbox"/> External fixator                             <input type="checkbox"/> Internal fixator                         </td> <td> <input type="checkbox"/> Healed                         </td> </tr> <tr> <td>Skull/facial</td> <td style="text-align: center;">0 1 2 3</td> <td> <input type="checkbox"/> Unstable                             <input type="checkbox"/> External fixator                             <input type="checkbox"/> Internal fixator                         </td> <td> <input type="checkbox"/> Healed                         </td> </tr> <tr> <td>Ribs</td> <td style="text-align: center;">0 1 2 3</td> <td></td> <td> <input type="checkbox"/> Healed                         </td> </tr> </table> | Left upper limb | 0 1 2 3 | <input type="checkbox"/> Unstable <input type="checkbox"/> External fixator <input type="checkbox"/> Internal fixator | <input type="checkbox"/> Healed | Right upper limb | 0 1 2 3 | <input type="checkbox"/> Unstable <input type="checkbox"/> External fixator <input type="checkbox"/> Internal fixator | <input type="checkbox"/> Healed | Left lower limb | 0 1 2 3 | <input type="checkbox"/> Unstable <input type="checkbox"/> External fixator <input type="checkbox"/> Internal fixator | <input type="checkbox"/> Healed | Right lower limb | 0 1 2 3 | <input type="checkbox"/> Unstable <input type="checkbox"/> External fixator <input type="checkbox"/> Internal fixator | <input type="checkbox"/> Healed | Pelvis | 0 1 2 3 | <input type="checkbox"/> Unstable <input type="checkbox"/> External fixator <input type="checkbox"/> Internal fixator | <input type="checkbox"/> Healed | Spine | 0 1 2 3 | <input type="checkbox"/> Unstable <input type="checkbox"/> External fixator <input type="checkbox"/> Internal fixator | <input type="checkbox"/> Healed | Skull/facial | 0 1 2 3 | <input type="checkbox"/> Unstable <input type="checkbox"/> External fixator <input type="checkbox"/> Internal fixator | <input type="checkbox"/> Healed | Ribs | 0 1 2 3 |  | <input type="checkbox"/> Healed |  |
| Left upper limb    | 0 1 2 3 | <input type="checkbox"/> Unstable <input type="checkbox"/> External fixator <input type="checkbox"/> Internal fixator | <input type="checkbox"/> Healed  |                 |         |   |                                 |                  |         |   |                                 |                 |         |   |                                 |                  |         |   |                                 |        |         |   |                                 |       |         |   |                                 |              |         |   |                                 |      |         |  |                                 |  |
| Right upper limb   | 0 1 2 3 | <input type="checkbox"/> Unstable <input type="checkbox"/> External fixator <input type="checkbox"/> Internal fixator | <input type="checkbox"/> Healed  |                 |         |   |                                 |                  |         |   |                                 |                 |         |   |                                 |                  |         |   |                                 |        |         |   |                                 |       |         |   |                                 |              |         |   |                                 |      |         |  |                                 |  |
| Left lower limb    | 0 1 2 3 | <input type="checkbox"/> Unstable <input type="checkbox"/> External fixator <input type="checkbox"/> Internal fixator | <input type="checkbox"/> Healed  |                 |         |   |                                 |                  |         |   |                                 |                 |         |   |                                 |                  |         |   |                                 |        |         |   |                                 |       |         |   |                                 |              |         |   |                                 |      |         |  |                                 |  |
| Right lower limb   | 0 1 2 3 | <input type="checkbox"/> Unstable <input type="checkbox"/> External fixator <input type="checkbox"/> Internal fixator | <input type="checkbox"/> Healed  |                 |         |   |                                 |                  |         |   |                                 |                 |         |   |                                 |                  |         |   |                                 |        |         |   |                                 |       |         |   |                                 |              |         |   |                                 |      |         |  |                                 |  |
| Pelvis             | 0 1 2 3 | <input type="checkbox"/> Unstable <input type="checkbox"/> External fixator <input type="checkbox"/> Internal fixator | <input type="checkbox"/> Healed  |                 |         |   |                                 |                  |         |   |                                 |                 |         |   |                                 |                  |         |   |                                 |        |         |   |                                 |       |         |   |                                 |              |         |   |                                 |      |         |  |                                 |  |
| Spine              | 0 1 2 3 | <input type="checkbox"/> Unstable <input type="checkbox"/> External fixator <input type="checkbox"/> Internal fixator | <input type="checkbox"/> Healed  |                 |         |   |                                 |                  |         |   |                                 |                 |         |   |                                 |                  |         |   |                                 |        |         |   |                                 |       |         |   |                                 |              |         |   |                                 |      |         |  |                                 |  |
| Skull/facial       | 0 1 2 3 | <input type="checkbox"/> Unstable <input type="checkbox"/> External fixator <input type="checkbox"/> Internal fixator | <input type="checkbox"/> Healed  |                 |         |   |                                 |                  |         |   |                                 |                 |         |   |                                 |                  |         |   |                                 |        |         |   |                                 |       |         |   |                                 |              |         |   |                                 |      |         |  |                                 |  |
| Ribs               | 0 1 2 3 |   | <input type="checkbox"/> Healed  |                 |         |   |                                 |                  |         |   |                                 |                 |         |   |                                 |                  |         |   |                                 |        |         |   |                                 |       |         |   |                                 |              |         |   |                                 |      |         |  |                                 |  |

|                    |         |   |  |                 |         |   |  |                  |         |   |  |                 |         |   |  |                  |         |   |  |        |
|--------------------|---------|---|--|-----------------|---------|---|--|------------------|---------|---|--|-----------------|---------|---|--|------------------|---------|---|--|--------|
| <b>O Limb loss</b> |         |   | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Left upper limb</td> <td style="width: 10%; text-align: center;">0 1 2 3</td> <td style="width: 10%;"> <input type="checkbox"/> Stump unhealed                             <input type="checkbox"/> Stump healed                         </td> <td style="width: 10%;"></td> </tr> <tr> <td>Right upper limb</td> <td style="text-align: center;">0 1 2 3</td> <td> <input type="checkbox"/> Stump unhealed                             <input type="checkbox"/> Stump healed                         </td> <td></td> </tr> <tr> <td>Left lower limb</td> <td style="text-align: center;">0 1 2 3</td> <td> <input type="checkbox"/> Stump unhealed                             <input type="checkbox"/> Stump healed                         </td> <td></td> </tr> <tr> <td>Right lower limb</td> <td style="text-align: center;">0 1 2 3</td> <td> <input type="checkbox"/> Stump unhealed                             <input type="checkbox"/> Stump healed                         </td> <td></td> </tr> </table> | Left upper limb | 0 1 2 3 | <input type="checkbox"/> Stump unhealed <input type="checkbox"/> Stump healed |  | Right upper limb | 0 1 2 3 | <input type="checkbox"/> Stump unhealed <input type="checkbox"/> Stump healed |  | Left lower limb | 0 1 2 3 | <input type="checkbox"/> Stump unhealed <input type="checkbox"/> Stump healed |  | Right lower limb | 0 1 2 3 | <input type="checkbox"/> Stump unhealed <input type="checkbox"/> Stump healed |  | Other: |
| Left upper limb    | 0 1 2 3 | <input type="checkbox"/> Stump unhealed <input type="checkbox"/> Stump healed |  |                 |         |   |  |                  |         |   |  |                 |         |   |  |                  |         |   |  |        |
| Right upper limb   | 0 1 2 3 | <input type="checkbox"/> Stump unhealed <input type="checkbox"/> Stump healed |  |                 |         |   |  |                  |         |   |  |                 |         |   |  |                  |         |   |  |        |
| Left lower limb    | 0 1 2 3 | <input type="checkbox"/> Stump unhealed <input type="checkbox"/> Stump healed |  |                 |         |   |  |                  |         |   |  |                 |         |   |  |                  |         |   |  |        |
| Right lower limb   | 0 1 2 3 | <input type="checkbox"/> Stump unhealed <input type="checkbox"/> Stump healed |  |                 |         |   |  |                  |         |   |  |                 |         |   |  |                  |         |   |  |        |

|                   |                |           |  |        |
|-------------------|----------------|-----------|--|--------|
| <b>O Vascular</b> | <b>0 1 2 3</b> | (Unknown) | <input type="checkbox"/> Ischaemia<br><input type="checkbox"/> Compartment syndrome<br><input type="checkbox"/> Gangrene<br><input type="checkbox"/> Sympathetic storming<br><input type="checkbox"/> Autonomic dysreflexia<br><input type="checkbox"/> Other dysautonomia | Other: |
|-------------------|----------------|-----------|--|--------|

|                     |                |           |  |        |
|---------------------|----------------|-----------|--|--------|
| <b>O Chest/abdo</b> | <b>0 1 2 3</b> | (Unknown) | <input type="checkbox"/> Haemo/pneurothorax<br><input type="checkbox"/> Cardiac<br><input type="checkbox"/> Lung damage<br><input type="checkbox"/> Liver/Spleen<br><input type="checkbox"/> Renal tract | Other: |
|---------------------|----------------|-----------|--|--------|

|                              |                |           |   |        |
|------------------------------|----------------|-----------|---|--------|
| <b>O Comorbid conditions</b> | <b>0 1 2 3</b> | (Unknown) | <input type="checkbox"/> Diabetes<br><input type="checkbox"/> Ischaemic Heart disease<br><input type="checkbox"/> COPD<br><input type="checkbox"/> Osteoporosis / osteopenia<br><input type="checkbox"/> Heterotopic ossification<br><input type="checkbox"/> Arthritis | Other: |
|------------------------------|----------------|-----------|---|--------|

|                |                |           |  |  |
|----------------|----------------|-----------|--|--|
| <b>O Other</b> | <b>0 1 2 3</b> | (Unknown) |  |  |
|----------------|----------------|-----------|--|--|