

**CATNUM**

Sample category  
57. OEF/OIF scrnd TBI+

**REVSTAT**

REVIEW STATUS (not abstracted)

- 0. Abstraction has not begun
- 1. Abstraction in progress
- 2. Abstraction completed w/o errors
- 3. TVG failure (exclusion)
- 4. Record contains missing required answers (error record)
- 5. Administrative exclusion from all measures

**ACTDXTBI (TBI)**

Was there evidence in the record that the veteran had a pre-existing diagnosis of Traumatic Brain Injury prior to the TBI Screen?

- 1. Yes
- 2. No

**SCRNTBI (TBI)**

Was the patient screened for Traumatic Brain Injury?

- 1. Yes
- 2. No
- 98. Patient refused TBI screen

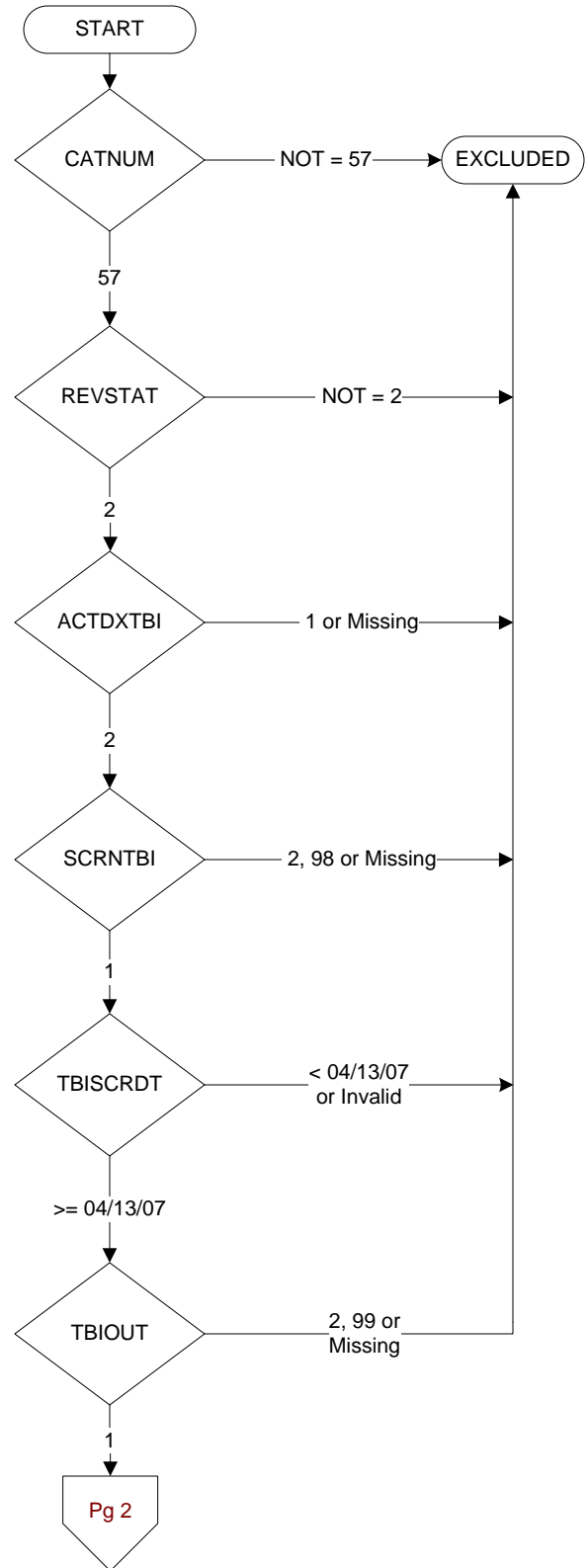
**TBISCRDT (TBI)**

Enter the date of the most recent screening for Traumatic Brain Injury.

**TBIOUT (TBI)**

What was the outcome of the screen documented in the medical record?

- 1. Positive
- 2. Negative
- 99. Outcome not documented



**FOLOTBI (TBI)**

Following the positive TBI screen, was a consult placed for a second level evaluation appointment?

1. Yes
2. No
98. Patient refused consult

**COM2EVAL (TBI)**

During the timeframe following the positive TBI screen up to and including the pull list date, does the record document a second level evaluation was completed by a licensed independent medical provider?

1. Yes
2. No

**FOEVALDT (TBI)**

Enter the date the second level evaluation was completed following the positive TBI screen.

**INPERSON (TBI)**

Following the positive TBI screen, does the record document the facility notified the patient in person regarding the second level evaluation appointment.

1. Yes
2. No

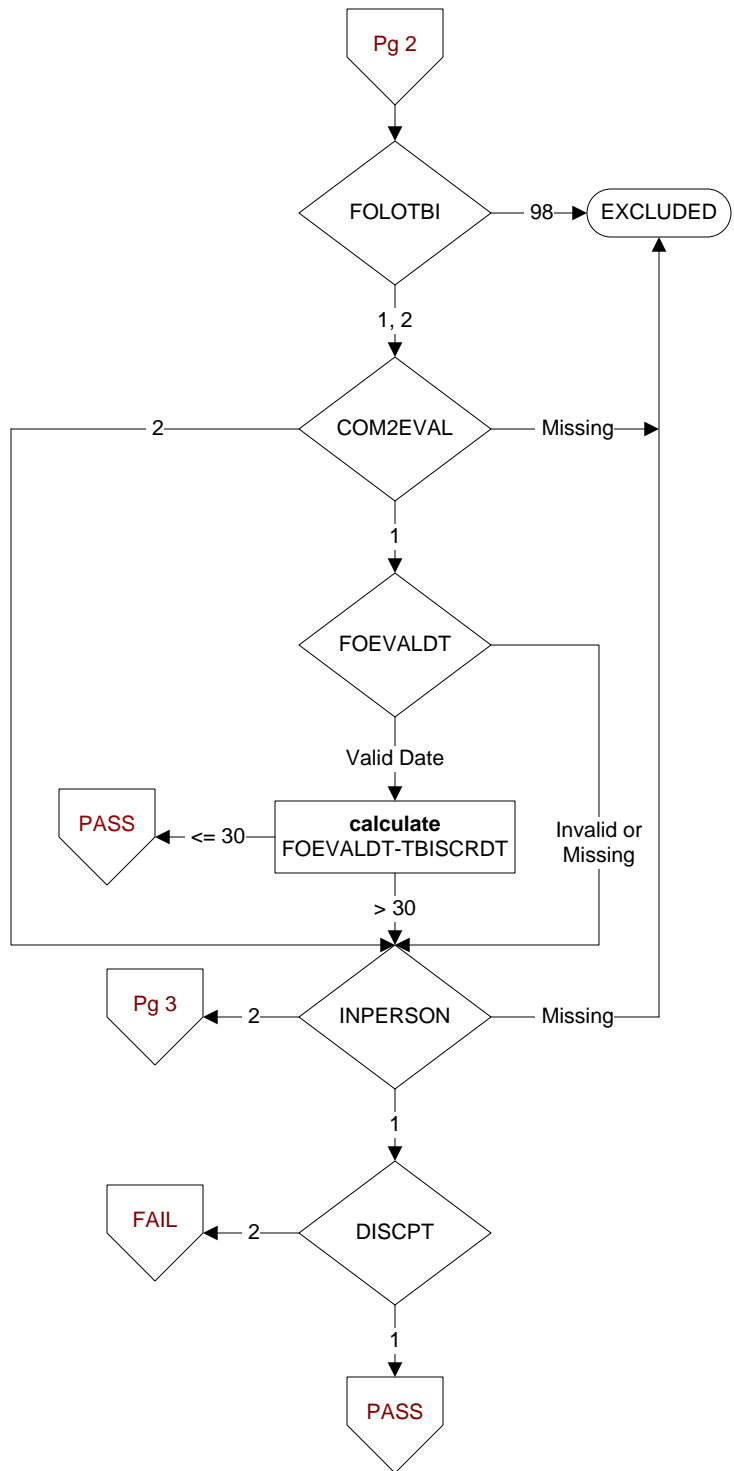
**PERSONDT (TBI)**

Enter the date the facility notified the patient in person regarding the second level evaluation appointment.

**DISCPT (TBI)**

Did the record document that the findings of the TBI screen were discussed with the patient?

1. Yes
2. No



**ATEMPCON (TBI)**

On the date of or within 14 days after the positive TBI screen, does the record document the facility attempted to contact the patient regarding the second level evaluation appointment?

3. Contact attempt by telephone
4. Contact attempt by certified letter
5. Both 3 and 4
99. None of the above

**SUCCESS (TBI)**

On the date of or within 14 days after the positive TBI screen, did any contact attempt by telephone or certified letter result in successful notification of the patient about the second level evaluation appointment?

1. Yes
2. No

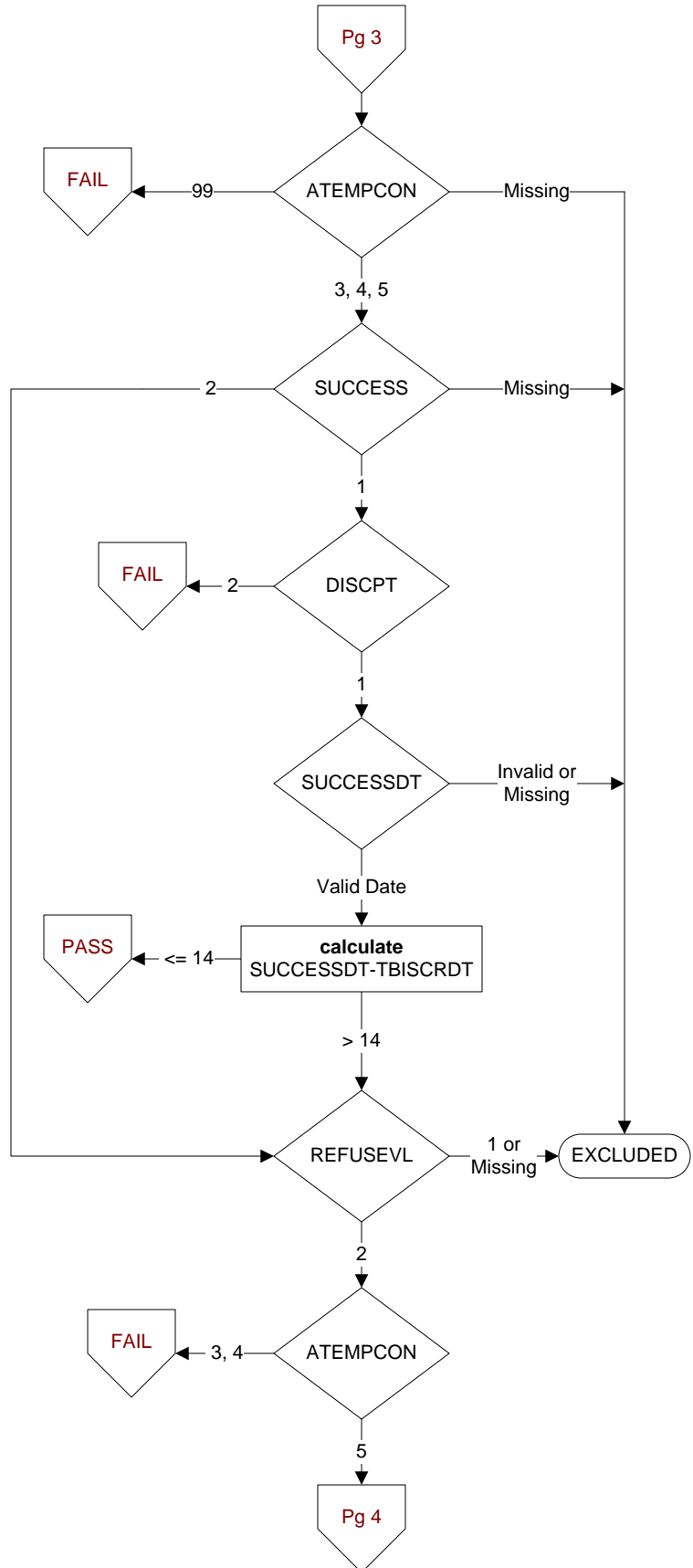
**SUCCESSDT (TBI)**

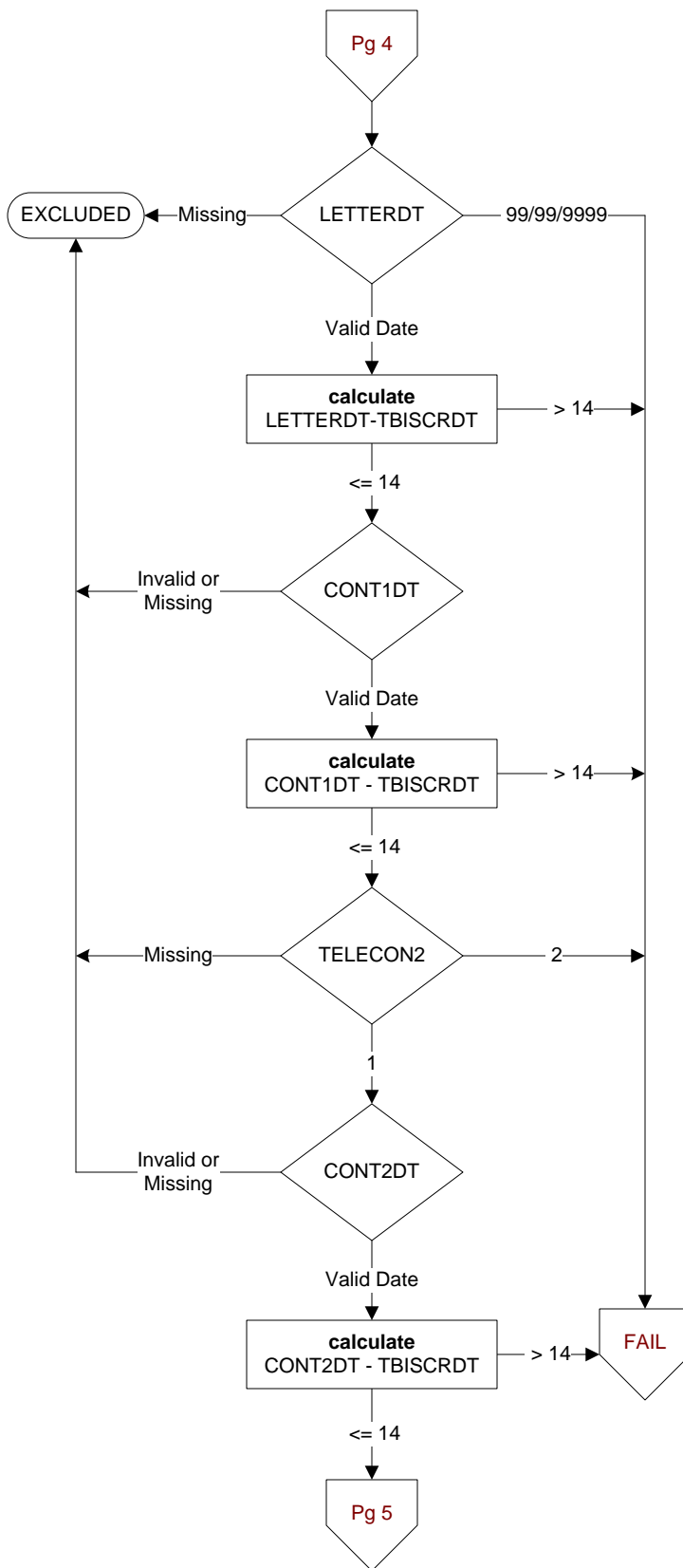
Enter the date of the earliest contact attempt by telephone or certified letter that resulted in successful notification of the patient about second level evaluation appointment.

**REFUSEVL (TBI)**

On the date of or within 14 days after the positive TBI screen, was there evidence in the medical record that the patient refused the second level evaluation?

1. Yes
2. No





**LETTERDT (TBI)**

Enter the date the certified letter was sent to the patient.

**CONT1DT (TBI)**

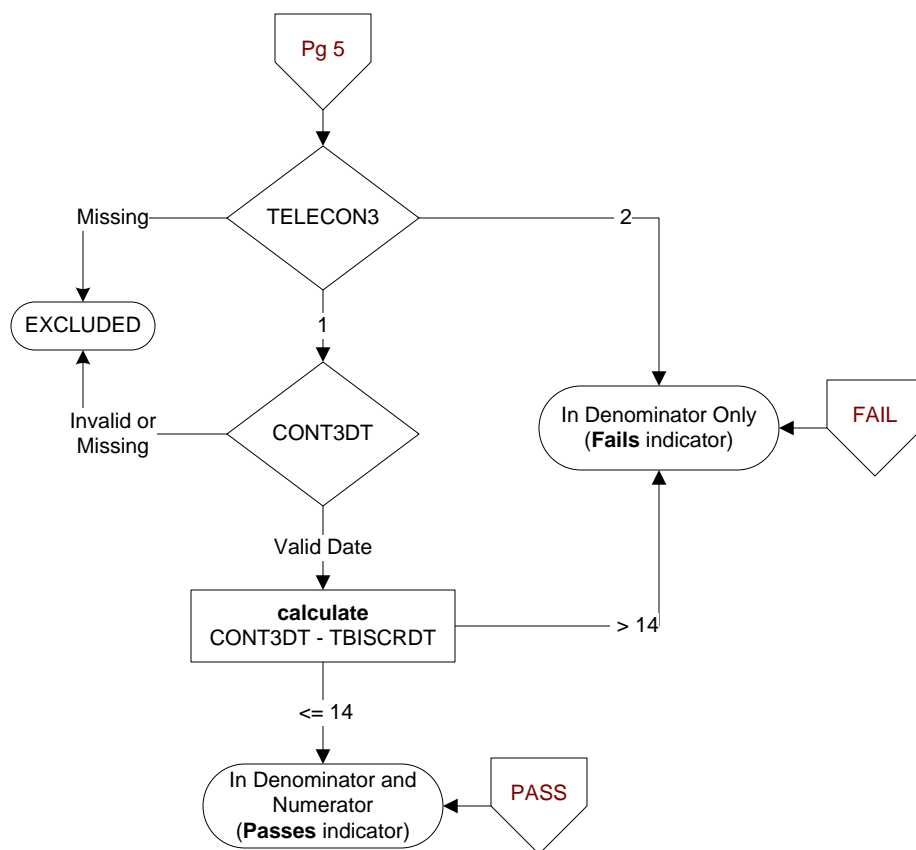
On or date of or within 14 days following the positive TBI screen, enter the date of the first telephone attempt to contact the patient regarding the second level evaluation appointment.

**TELECON2 (TBI)**

After the date of the first telephone attempt, but within 14 days following the positive TBI screen, does the record document a second telephone attempt to contact the patient regarding the second level evaluation appointment?  
1. Yes  
2. No

**CONT2DT (TBI)**

Enter the date of the second telephone attempt to contact the patient regarding the second level evaluation appointment.



**TELECON3 (TBI)**

After the date of the second telephone attempt, but within 14 days following the positive TBI screen, does the record document a **third telephone** attempt to contact the patient regarding the second level evaluation appointment?

1. Yes
2. No

**CONT3DT (TBI)**

Enter the date of the **third telephone** attempt to contact the patient by telephone regarding the second level evaluation appointment.