## The Clinical Assessment CRF contains relevant questions from the ISCoS International SCI Data Sets that were included on the Physical Exam CDE (F1720) as well as other assessments (e.g., Spinal Column). Since the elements are taken directly from the International SCI Data Sets the time frames may or may not be appropriate. Changes to the questions are not recommended as it will prevent the data from being aggregated in the future.

## Spinal Column Injury Description:

Assessment Date/Time: (time if applicable) 1

1. Spinal column injury(-ies)1  No  Yes  Unknown
2. Was any imaging done?  No  Yes  Unknown

If yes, please complete appropriate Imaging case report form (F1808).

1. Single or multiple spinal column level injury(- ies)1

Single  Multiple  Unknown

Spinal Column Injury (one to be filled in for each level of injury, starting with the most cephalic):1

1. Spinal column injury number:1
2. Spinal column injury level (Choose from below; for more information, please see the [International SCI Spinal Column Injury Basic Data Set](http://www.iscos.org.uk/international-sci-spinal-column-injury-data-sets)):1

* vC00-vC07 - Cervical (C0-C7)
* vT01 - vT12 - Thoracic (T1-T12)
* vL01-vL05 - Lumbar (L1-5)
* vS01– vS05 - Sacrum (S1-5)
* vC99 – Unknown Cervical (C0-C7)
* vT99 – Unknown Thoracic (T1-T12)
* vL99 – Unknown Lumbar (L1-L5)
* vS99 – Unknown Sacral (S1-S5)
* vX99 - Unknown level

1. Disc / Posterior ligamentous complex injury1  No  Yes  Unknown
2. Traumatic translation1  No  Yes  Unknown

**Pulmonary Assessment:**

Assessment Date/Time: (time if applicable) 2

1. Current utilization of ventilator assistance:2

None

Mechanical Ventilation:

(Yes) less than 24 hours per day

(Yes) 24 hours per day

(Yes) unknown number of hours per day

Diaphragmatic pacing: Date inserted:

Phrenic nerve stimulation: Date inserted:

Bi-level Positive Airway Pressure (BiPAP) Date started use:

Other, specify:

Unknown

1. Pulmonary complications and conditions after the spinal cord lesion within the last year:2

None

Pneumonia:

Number of episodes of pneumonia treated with antibiotics:

Number of episodes of pneumonia requiring hospitalization:

Asthma

Chronic obstructive pulmonary disease (includes emphysema and chronic bronchitis)

Sleep apnea

Other respiratory conditions, specify:

Unknown

**Sleep Apnea - See** [**Berlin Questionnaire**](https://commondataelements.ninds.nih.gov/SCI.aspx#tab=Data_Standards)\***\*\*:**

Since your spinal cord injury, have you had any problems with your swallowing?

Yes  No

**Swallowing – See** [**Swallowing Disturbance Questionnaire**](https://commondataelements.ninds.nih.gov/SCI.aspx#tab=Data_Standards)**\*\*\*:**

**For additional information on these instruments, refer to the Functional Assessments documents.**

**Cardiovascular Assessment:**

Assessment Date/Time: (time if applicable) 3

1. Events related to cardiovascular function after spinal cord lesion:3

None

Unknown (any cardiovascular disorder)

Cardiac pacemaker  Unknown, date:

Myocardial infarction  Unknown, date:

Stroke  Unknown, date:

Pulmonary embolism  Unknown, date:

Deep vein thrombosis  Unknown, date:

Other, specify:  Unknown, date:

1. Cardiovascular function after spinal cord lesion within the last three months:3

None

Unknown (any cardiovascular disorder)

Cardiac conditions, specify:  Unknown

Orthostatic hypotension  Unknown

Dependent oedema  Unknown

Hypertension  Unknown

Autonomic dysreflexia  Unknown

Other, specify:

**Lower Urinary Tract Assessment:**

Assessment Date/Time: (time if applicable) 4

1. Awareness of the need to empty the bladder:4

No  Yes  Not applicable  Not known

Note: Not applicable includes too young to determine

1. Bladder emptying4 Main Supplementary

Normal voiding

Bladder reflex triggering

Voluntary (tapping, scratching, anal stretch, etc.)

Involuntary

Bladder expression

Straining (abdominal straining, Valsalva’s manoeuvre)

External compression (Credé manoeuvre)

Intermittent catheterization

Self-catheterization

Catheterization by attendant

Indwelling catheter

Transurethral

Suprapubic

Sacral anterior root stimulation

Non-continent urinary diversion/ostomy

Other method, specify:

Unknown

1. Average number of voluntary bladder emptyings per day during the last week: 4
2. Any involuntary urine leakage (incontinence) within the last three months:4

No

Yes

If yes, indicate urine leakage average frequency

Average daily

Average weekly

Average monthly

Not applicable

Unknown

1. Collecting appliances for urinary incontinence:4

No

Yes

If yes, indicate appliance for urinary incontinence

Condom catheter/sheath

Diaper/pad

Ostomy bag

Other, specify:

Unknown

1. Any change in urinary symptoms within the last year:4

No  Yes  Not applicable  Unknown

1. Surgical procedures on the urinary tract:4

No

Yes

Unknown

If yes, indicate type of surgical procedure on the urinary tract:

Supra-pubic catheter insertion Date last performed: Date

Bladder stone removal Date last performed: Date

Upper urinary tract stone removal Date last performed: Date

Bladder augmentation Date last performed: Date

Sphincterotomy/urethral stent Date last performed: Date

Botulinum toxin injection Date last performed: Date

Artificial sphincter Date last performed: Date

Ileovesicostomy Date last performed: Date

Ileoureterostomy Date last performed: Date

Continent catheterizable valves Date last performed: Date

Sacral anterior root stimulator Date last performed: Date

Other, specify: Date last performed: Date

**Urinary Tract Infections:**

Assessment Date/Time: (time if applicable) 5

1. Length of time of sign(s)/symptom(s)(tick one only):5

Less than 1 day

1 to 3 days

>3 days – 1 week

>1 week – 2 weeks

>2 weeks – 1 month

>1 month – 3 months

> 3 months

1. Signs/symptoms(select all that apply):5

Fever

Incontinence, onset or increase in episodes, including leaking around catheter

Spasticity, increased

Malaise, lethargy or sense of unease

Cloudy urine (with or without mucus or sediment) with increased odor

Pyuria

Discomfort or pain over the kidney or bladder or during micturition

Autonomic dysreflexia

Other

1. Urine dipstick test for nitrite (pick one only):5

Negative  Positive  Unknown

1. Urine dipstick test for leukocyte esterase(pick one only):5

Negative  Positive  Unknown

1. Urine culture (pick one only):5

Negative  Positive  Unknown

If positive, give species and amount of colony forming units (CFU)/mL (101-105 CFU/mL), and the resistance pattern:5

1. *(*Insert name) species, (Insert data) CFU/mL

Resistance pattern (pick one only):

Normal  Multi-drug resistant (agents from 3 or more different drug classes)

1. (Insert name) species, (Insert data) CFU/mL

Resistance pattern (pick one only):

Normal  Multi-drug resistant (agents from 3 or more different drug classes)

1. (Insert name) species, (Insert data) CFU/mL

Resistance pattern (pick one only):

Normal  Multi-drug resistant (agents from 3 or more different drug classes)

1. (Insert name) species, (Insert data) CFU/mL

Resistance pattern (pick one only):

Normal  Multi-drug resistant (agents from 3 or more different drug classes)

1. (Insert name) species, (Insert data) CFU/mL

Resistance pattern (pick one only):

Normal  Multi-drug resistant (agents from 3 or more different drug classes)

**Bowel Assessment:**

Assessment Date/Time: (time if applicable) 7

1. Awareness of the need to defecate (within the last four weeks):6

Normal (direct)

Indirect (For example: Abdominal cramping or discomfort - Abdominal muscle spasms - Spasms of lower extremities – Perspiration – Piloerection – Headache – Chills)

None

Not Applicable (too young to determine)

Unknown

1. Defecation method and bowel care procedures (within the last four weeks):7

Main Supplementary

Normal defecation

Straining/bearing down to empty

Digital ano-rectal stimulation

Suppositories

Digital evacuation

Mini enema (Clysma ≤ 150 mL)

Enema (>150 mL)

Colostomy

Sacral anterior root stimulation

Other method, specify:

Unknown

1. Average time required for defecation (within the last four weeks):7

0-30 minutes

31-60 minutes

More than 60 minutes

Unknown

1. Frequency of defecation (within the last four weeks):7

Daily

2-6 times per week

Once every week or less

Unknown

1. Frequency of fecal incontinence (within the last four weeks):7

Daily

1-6 times per week

1-4 times per month

Less than once per month

Unknown

Never

Not applicable

1. Need to wear diaper, pad or plug (within the last four weeks):7

No

Yes

Unknown

1. Medication affecting bowel function / constipating agents (within the last four weeks):6

No

Yes

If yes, specify medication affecting bowel function / constipating agents

Anticholinergics

Narcotics

Other, specify:

Unknown

1. Perianal problems (within the last four weeks):7

No

Yes

Hemorrhoids

Perianal sores

Fissures

Other, specify:

Unknown

**Bowel Assessment Expanded:**

Assessment Date/Time: (time if applicable) 8

1. \*\*\*Duration of constipation:

Less than a year

1–5 years

6–10 years

11–20 years

More than 20 years

Not applicable

Unknown

1. \*\*\*Unsuccessful attempts at defecation (within the last three months):8

Never

Less than once per week but at least once per month

Once or more per week but not every day

1–3 per day

4–6 per day

7–9 per day

10 times or more per day

Less than once per month

Not applicable

Unknown

1. \*\*\*Incomplete rectal emptying after defecation (within the last three months):8

Daily

Not every day but at least once per week

Not every week but at least once per month

Less than once per month

Never

Not applicable

Unknown

1. \*\*\*Abdominal bloating (within the last three months):8

Daily

Not every day but at least once per week

Not every week but at least once per month

Less than once per month

Never

Unknown

1. \*\*\*Abdominal pain/discomfort (within the last three months) 8

Daily

Not every day but at least once per week

Not every week but at least once per month

Less than once per month

Never

Unknown

1. \*\*\*Any respiratory discomfort (shortness of breath/difficulty in taking a deep breath) considered to be entirely or partly due to a distended abdomen (within the last three months):8

Daily

Not every day but at least once per week

Not every week but at least once per month

Less than once per month

Never

Not applicable

Unknown

1. \*\*\*Perianal pain during defecation (within the last three months):8

Daily

Not every day but at least once per week

Not every week but at least once per month

Less than once per month

Never

Not applicable

Unknown

1. \*\*\*Frequency of flatus incontinence (within the last three months):8

Daily

Not every day but at least once per week

Not every week but more than once per month

Once per month

Less than once per month

Never

Not applicable

Unknown

1. \*\*\*Frequency of incontinence to liquid stools (within the last three months):8

Two or more episodes per day

Once daily

Not every day but at least once per week

Not every week but more than once per month

Once per month

Less than once per month

Never

Not applicable

Unknown

1. \*\*\*Frequency of incontinence to solid stools (within the last three months):8

Two or more episodes per day

Once daily

Not every day but at least once per week

Not every week but more than once per month

Once per month

Less than once per month

Never

Not applicable

Unknown

1. \*\*\*Ability to defer defecation for 15 minutes or more (within the last three months):8

Yes  No  Not applicable  Unknown

1. \*\*\*Position for bowel care (within the last three months):8

Bed

Toilet chair/Commode

Raised toilet seat

Conventional toilet

Other, specify:

Unknown

1. \*\*\*Degree of independency during bowel management (within the last three months):8

Requires total assistance

Requires partial assistance; does not clean self

Requires partial assistance; cleans self independently

Uses toilet independently in all tasks but needs adaptive devices or special setting (e.g., bars)

Uses toilet independently; does not need adaptive devices or special setting

Unknown

1. \*\*\*Bowel care facilitators (within the last three months):8

Digital stimulation or evacuation

Abdominal massage

Gastrocolonic response

Other, specify:

None

Unknown

1. \*\*\*Events and intervals of defecation (1): Average time from initiation of bowel care to stool comes out (within the last three months): minute(s)8

Not applicable  Unknown

1. \*\*\*Events and intervals of defecation (2): Average time during bowel movement that stool intermittently or continuously comes out with or without assistance (within the last three months): minute(s)8

Not applicable  Unknown

1. \*\*\*Events and intervals of defecation (3): Average time spent waiting after last stool passes before ending bowel care (within the last three months):minute(s)8

Not applicable  Unknown

1. \*\*\*Lifestyle alteration due to anal incontinence (within the last three months):8

Lifestyle altered each day

Lifestyle altered at least once per week but not every day

Lifestyle altered more than once per month but not every week

Lifestyle altered once per month

Lifestyle altered less than once per month

Life style not altered

Not applicable

Unknown

1. \*\*\*Lifestyle alteration due to constipation (within the last three months):8

Lifestyle altered each day

Lifestyle altered at least once per week but not every day

Lifestyle altered more than once per month but not every week

Lifestyle altered once per month

Lifestyle altered less than once per month

Life style not altered

Not applicable

Unknown

1. \*\*\*Self reported impact on quality of life due to bowel dysfunction:8

Major impact

Some impact

Little impact

No impact

Unknown

1. \*\*\*Anal tone (based on physical examination)8

Normal

Reduced

Excessive

Not tested

Not applicable

1. \*\*\*Voluntary contraction of the anal canal (based on physical examination)8

Yes

No

Not tested

Not applicable

**Skin Assessment:**

Assessment Date/Time: (time if applicable) 9

1. Any pressure ulcer at present:9 Yes No  Unknown

If yes, fill in one diagram for each ulcer, by indicating the ulcer stage (I, II, III, IV, (Unstageable)) at the appropriate location. 9

**Table 1 Ulcer Diagram Table**9

| Ulcer Location | Right | Mid-line | Left | Largest opening diameter  (mm) | Smallest opening diameter  (mm) | Largest diameter, incl. under-mining (mm) | Largest depth  (mm) |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Occiput | N/A | TBD | N/A | TBD | TBD | TBD | TBD |
| Ear | TBD | N/A | TBD | TBD | TBD | TBD | TBD |
| Scapula | TBD | N/A | TBD | TBD | TBD | TBD | TBD |
| Elbow | TBD | N/A | TBD | TBD | TBD | TBD | TBD |
| Ribs | TBD | N/A | TBD | TBD | TBD | TBD | TBD |
| Spinous process | N/A | TBD | N/A | TBD | TBD | TBD | TBD |
| Iliac crest | TBD | N/A | N/A | TBD | TBD | TBD | TBD |
| Sacral | N/A | TBD | N/A | TBD | TBD | TBD | TBD |
| Ischial tuberosity | TBD | N/A | TBD | TBD | TBD | TBD | TBD |
| Trochanter | TBD | N/A | TBD | TBD | TBD | TBD | TBD |
| Genitals | N/A | TBD | N/A | TBD | TBD | TBD | TBD |
| Knee | TBD | N/A | TBD | TBD | TBD | TBD | TBD |
| Malleolus | TBD | N/A | TBD | TBD | TBD | TBD | TBD |
| Heel | TBD | N/A | TBD | TBD | TBD | TBD | TBD |
| Foot | TBD | N/A | TBD | TBD | TBD | TBD | TBD |
| Other location | TBD | TBD | TBD | TBD | TBD | TBD | TBD |

1. Date of appearance of the pressure ulcer:9  Unknown
2. Any other pressure ulcer during the last 12 months9: Yes  No  Unknown
3. If yes, fill in one diagram for each pressure ulcer, with tick of the location:9

Table 2 Pressure Ulcer 9

| Ulcer Location | Right | Mid-line | Left |
| --- | --- | --- | --- |
| Occiput | N/A | TBD | N/A |
| Ear | TBD | N/A | TBD |
| Scapula | TBD | N/A | TBD |
| Elbow | TBD | N/A | TBD |
| Ribs | TBD | N/A | TBD |
| Spinous process | N/A | TBD | N/A |
| Iliac crest | TBD | N/A | TBD |
| Sacral | N/A | TBD | N/A |
| Ischial tuberosity | TBD | N/A | TBD |
| Trochanter | TBD | N/A | TBD |
| Genitals | N/A | TBD | N/A |
| Knee | TBD | N/A | TBD |
| Malleolus | TBD | N/A | TBD |
| Heel | TBD | N/A | TBD |
| Foot | TBD | N/A | TBD |
| Other location | TBD | TBD | TBD |

**Skin Assessment - See** [**Braden Scale, Braden Q Scale and Spinal Cord Injury Pressure Ulcer Scale**](https://commondataelements.ninds.nih.gov/SCI.aspx#tab=Data_Standards)\***\*\*:**

**For additional information on these instruments, refer to the Assessments and Examinations documents.**

**Thermoregulation Assessment:**

1. Assessment Date/Time: (time if applicable) 9
2. Thermoregulation history after spinal cord lesion within the last three months:9

Hyperthermia

Non infectious

Infectious

Unknown

Hypothermia

Non infectious

Infectious

Unknown

Hyperhidrosis

Above lesion

Below lesion

Hypohidrosis

Above lesion

Below lesion

Other, specify:

None of the above  Unknown

**Musculoskeletal Assessment:**

Assessment Date/Time: (time if applicable) 10

1. Presence of spasticity/spasms 10

No Yes

1. Table 3. Fractures, heterotopic ossifications, contractures, or degenerative changes/overuse:10

*\*only those not documented previously*

| Intentionally left blank | Right  \*Fractures since spinal cord lesion\* | Left  \*Fractures since spinal cord lesion | Date of \*Fracture for Fractures since spinal cord lesion | Fragility fracture for \*Fractures since spinal cord lesion | Right  Heterotopic ossification | Left  Heterotopic ossification | Right  Contracture | Left  Contracture | Right  Degenerative changes / Overuse | Left  Degenerative changes / Overuse |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Neck / Cervical spine | TBD | TBD | TBD | TBD | N/A | N/A | N/A | N/A | TBD | TBD |
| Shoulder/ Humerus | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD |
| Elbow | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD |
| Forearm | TBD | TBD | TBD | TBD | N/A | N/A | N/A | N/A | TBD | TBD |
| Wrist | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD |
| Hand | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD |
| Upper back / Thoracic spine | TBD | TBD | TBD | TBD | N/A | N/A | N/A | N/A | TBD | TBD |
| Lower back / Lumbar spine | TBD | TBD | TBD | TBD | N/A | N/A | N/A | N/A | TBD | TBD |
| Pelvis | TBD | TBD | TBD | TBD | N/A | N/A | N/A | N/A | TBD | TBD |
| Hip / Femur | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD |
| Knee | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD |
| Tibia / fibula | TBD | TBD | TBD | TBD | N/A | N/A | N/A | N/A | TBD | TBD |
| Ankle | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD |
| Foot | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD |

*\*only those not documented previously*

1. Method used to document heterotopic ossification, if present:10

X-ray

CT-scan

Triple phase bone scan

Other method, specify:

1. Scoliosis10

No  Yes

If scoliosis is present, method of assessment (check all that apply)

Observation in sitting

Observation in standing

Plain radiographs in sitting

Plain radiographs in standing

1. Hip instability, subluxation and pelvic obiquity

No  Yes

If yes, method of assessment (check all that apply)

Observation

Palpation

Radiographs

1. Other musculoskeletal problems; specify:
2. Do any of the above musculoskeletal challenges interfere with your activities of daily living (transfers, walking, dressing, showers, etc.)? 10

No – not at all  Yes, a little  Yes, a lot

## Endocrine and Metabolic Assessment:

Assessment Date/Time (time if applicable) 11

1. Endocrine & metabolic conditions diagnosed after the spinal cord lesion within the last year:11

None

Unknown (any endocrine disorder)

Diabetes mellitus  Type 1  Type 2  Unknown

Lipid disorder Specify diagnosis:  Unknown

Osteoporosis Method:  DXA  Other (e.g. CT, radiograph)

Unknown

Thyroid disease Specify diagnosis:  Unknown

Adrenal disease Specify diagnosis:  Unknown

Gonadal disease Specify diagnosis:  Unknown

Pituitary disease Specify diagnosis:  Unknown

Other, specify:

1. Gonadal status (check appropriate stage):11

Male:  Prepubertal  Pubertal  Adult  Unknown

Female:  Prepubertal  Pubertal  Adult  Adult menopausal  Adult postmenopausal  Unknown

## Sexual and Reproductive Function Assessment – Female:

Assessment Date/Time: (time if applicable) 12

1. Sexual problems unrelated to spinal cord lesion:12

No  Yes  Unknown If yes, specify:

1. Sexual dysfunction related to the spinal cord lesion:12

Yes  No  Unknown

1. Psychogenic genital arousal12

Normal  Reduced/altered  Absent  Unknown

1. Reflex genital arousal12

Normal  Reduced/altered  Absent  Unknown

1. Orgasmic function12

Normal  Reduced/altered  Absent  Unknown

1. Menstruation12

Normal  Reduced/altered  Absent  Unknown  Not applicable

## Sexual Function Assessment - Male:

Assessment Date/Time: (time if applicable) 13

1. Sexual issues unrelated to spinal cord lesion:13

No  Yes  Unknown If yes, specify:

1. Sexual dysfunction related to the spinal cord lesion:13

Yes  No  Unknown

1. Psychogenic Erection13

Normal  Reduced/altered  Absent  Unknown

1. Reflex Erection13

Normal  Reduced/altered  Absent  Unknown

1. Ejaculation13

Normal  Reduced/altered  Absent  Unknown

1. Orgasmic Function13

Normal  Reduced/altered  Absent Unknown

## Other Diagnoses/Questions:

Assessment Date/Time: (time if applicable)

1. Were any new diagnoses made during the hospital stay?

Yes  No  Unknown

1. If YES, new diagnosis (indicate SNOMED term and code), describe:

**General Instructions**

The clinical assessment can be administered at any time-points that are relevant for a study. It is recommended that the relevant questionnaires are completed when the Physical Exam in conducted on a patient/participant and the results are documented as ‘abnormal’. Each assessment should have the date and time (if applicable) that it was done. All questions are Supplemental with the exception of those indicated as Exploratory by “\*\*\*”.

## Specific Instructions

* Please note: Some questions on this form are not applicable to certain pediatric age groups and therefore do not need to be collected.
* Kids under 6 may have a difficult time reporting effects of bowel dysfunction on quality of life; choose “Unknown” in this case.
* Special Note: Questions from the following ISCoS International SCI Data Sets have been included:

1[International SCI Spinal Column Injury Basic Data Set (Version 1.0)](http://www.iscos.org.uk/international-sci-spinal-column-injury-data-sets)

[2International SCI Pulmonary Function Basic Data Set (Version 1.0)](http://www.iscos.org.uk/international-sci-pulmonary-function-data-sets)

[3International SCI Cardiovascular Function Basic Data Set (Version 1.1)](http://www.iscos.org.uk/international-sci-cardiovascular-function-data-sets)

[4International SCI Lower Urinary Tract Function Basic Data Set (Version 1.0)](http://www.iscos.org.uk/international-sci-lower-urinary-tract-function-data-sets)

[5International SCI Urinary Tract Infection Basic Data Set (Version 1.0)](http://www.iscos.org.uk/international-sci-urinary-tract-infection-data-sets)

[6International SCI Bowel Function Basic Data Set (Version 1.1)](http://www.iscos.org.uk/international-sci-bowel-data-sets)

[7International SCI Bowel Function Basic Data Set (Version 2)](http://www.iscos.org.uk/international-sci-bowel-data-sets)

[8International SCI Bowel Function Extended Data Set (Version 1.0)](http://www.iscos.org.uk/international-sci-bowel-data-sets)

[9International SCI Skin and Thermoregulation Function Basic Data Set (Version 1.0)](http://www.iscos.org.uk/international-sci-skin-and-thermoregulation-function-data-sets)

[10International SCI Musculoskeletal Basic Data Set (Version 1.0)](http://www.iscos.org.uk/international-sci-musculoskeletal-data-sets)

11[International SCI Endocrine and Metabolic Function Basic Data Set (Version 1.0)](http://www.iscos.org.uk/international-sci-endocrine-and-metabolic-function-data-sets)

[12International SCI Female Sexual and Reproductive Function Basic Data Set (Version 1.0)](http://www.iscos.org.uk/international-sci-female-sexual-and-reproductive-function-data-sets)

[13International SCI Male Sexual Function Basic Data Set (Version 1.0)](http://www.iscos.org.uk/international-sci-male-sexual-function-data-sets)

\*\*\* Element is classified as Exploratory.