Supplementary material has been published as submitted. It has not been copyedited, typeset or checked for scientific content by Journal of Rehabilitation Medicine

Appendix S1. List of collected variables

First documented GCS Surgical Treatment Ves/No Use of antipsychotic medications in acute care Number of comorbidities Numeric value Previous mental health diagnosis Home within greater Toronto Area Yes/No Employment status Co-habitation with another person Stairs within home Yes/No Bathroom on main level in home Home dwelling type House, apartment, assisted living, shelter/rooming house Smoking status Yes/No Date Date Length of time before transfer to rehabilitation Known adverse events in rehabilitation Yes/No Target discharge date Actual discharge date Non-Operative Treatment Numeric Value Numeric Value Numeric Value Numeric Value	Collected Variable	Possible Outcomes
Age Numeric value Type of ABI TBI, Tumour, Ischemic Stroke, Hemorrhagic Stroke, Other First documented GCS 1-15 Surgical Treatment Yes/No Use of antipsychotic medications in acute care Yes/No Number of comorbidities Numeric value Previous mental health diagnosis Yes/No Home within greater Toronto Area Yes/No Employment status Yes/No Co-habitation with another person Yes/No Stairs within home Yes/No Bathroom on main level in home Yes/No Home dwelling type House, apartment, assisted living, shelter/rooming house Smoking status Yes/No Driving status Yes/No Date of ABI Date Length of time before transfer to rehabilitation Yes/No Transfer back to acute care Yes/No Transfer back to acute care Yes/No Target discharge date Date Actual discharge date Non-Operative Treatment Yes/No Admission FIM Numeric Value Discharge FIM Numeric Value	Sending hospital	Name
Type of ABI Tist documented GCS Surgical Treatment Ves/No Use of antipsychotic medications in acute care Ves/No Number of comorbidities Numeric value Previous mental health diagnosis Home within greater Toronto Area Yes/No Employment status Co-habitation with another person Stairs within home Yes/No Bathroom on main level in home Yes/No Driving status Yes/No Driving status Yes/No Date of ABI Length of time before transfer to rehabilitation Known adverse events in rehabilitation Yes/No Target discharge date Actual discharge date Non-Operative Treatment Numeric Value Numeric Value Numeric Value Numeric Value Numeric Value	Patient repatriated before arrival at Rehab	Yes/No
First documented GCS Surgical Treatment Ves/No Use of antipsychotic medications in acute care Ves/No Number of comorbidities Numeric value Previous mental health diagnosis Yes/No Home within greater Toronto Area Yes/No Employment status Co-habitation with another person Stairs within home Yes/No Bathroom on main level in home Yes/No Home dwelling type House, apartment, assisted living, shelter/rooming house Smoking status Yes/No Date Date Length of time before transfer to rehabilitation Known adverse events in rehabilitation Yes/No Target discharge date Actual discharge date Non-Operative Treatment Numeric Value Numeric Value Numeric Value	Age	Numeric value
Surgical Treatment Use of antipsychotic medications in acute care Number of comorbidities Numeric value Previous mental health diagnosis Yes/No Home within greater Toronto Area Yes/No Employment status Co-habitation with another person Yes/No Stairs within home Yes/No Bathroom on main level in home Yes/No House, apartment, assisted living, shelter/rooming house Smoking status Yes/No Driving status Yes/No Date of ABI Length of time before transfer to rehabilitation Known adverse events in rehabilitation Yes/No Transfer back to acute care Yes/No Target discharge date Actual discharge date Non-Operative Treatment Numeric Value Discharge FIM Numeric Value	Type of ABI	TBI, Tumour, Ischemic Stroke, Hemorrhagic Stroke, Other
Use of antipsychotic medications in acute care Number of comorbidities Previous mental health diagnosis Home within greater Toronto Area Yes/No Employment status Yes/No Co-habitation with another person Yes/No Stairs within home Yes/No Bathroom on main level in home Yes/No Home dwelling type House, apartment, assisted living, shelter/rooming house Smoking status Yes/No Driving status Yes/No Date of ABI Length of time before transfer to rehabilitation Known adverse events in rehabilitation Yes/No Transfer back to acute care Yes/No Target discharge date Actual discharge date Non-Operative Treatment Numeric Value Discharge FIM Numeric Value	First documented GCS	1-15
Number of comorbidities Previous mental health diagnosis Previous mental health diagnosis Home within greater Toronto Area Yes/No Employment status Yes/No Co-habitation with another person Yes/No Stairs within home Yes/No Bathroom on main level in home Home dwelling type House, apartment, assisted living, shelter/rooming house Smoking status Yes/No Driving status Yes/No Date of ABI Date Length of time before transfer to rehabilitation Known adverse events in rehabilitation Yes/No Transfer back to acute care Yes/No Target discharge date Actual discharge date Non-Operative Treatment Yes/No Admission FIM Numeric Value Discharge FIM Numeric Value	Surgical Treatment	Yes/No
Previous mental health diagnosis Home within greater Toronto Area Yes/No Employment status Yes/No Co-habitation with another person Yes/No Stairs within home Yes/No Bathroom on main level in home Home dwelling type House, apartment, assisted living, shelter/rooming house Smoking status Yes/No Driving status Yes/No Date of ABI Length of time before transfer to rehabilitation Known adverse events in rehabilitation Yes/No Transfer back to acute care Yes/No Target discharge date Actual discharge date Non-Operative Treatment Admission FIM Numeric Value Discharge FIM Numeric Value	Use of antipsychotic medications in acute care	Yes/No
Home within greater Toronto Area Yes/No Employment status Yes/No Co-habitation with another person Yes/No Stairs within home Yes/No Bathroom on main level in home Yes/No Home dwelling type House, apartment, assisted living, shelter/rooming house Smoking status Yes/No Driving status Yes/No Date of ABI Date Length of time before transfer to rehabilitation Number of days Known adverse events in rehabilitation Yes/No Transfer back to acute care Yes/No Target discharge date Date Actual discharge date Date Non-Operative Treatment Yes/No Admission FIM Numeric Value Discharge FIM Numeric Value	Number of comorbidities	Numeric value
Employment status Co-habitation with another person Yes/No Stairs within home Yes/No Bathroom on main level in home Home dwelling type House, apartment, assisted living, shelter/rooming house Smoking status Yes/No Driving status Yes/No Date of ABI Length of time before transfer to rehabilitation Known adverse events in rehabilitation Yes/No Transfer back to acute care Yes/No Target discharge date Actual discharge date Non-Operative Treatment Admission FIM Numeric Value Discharge FIM Numeric Value	Previous mental health diagnosis	Yes/No
Co-habitation with another person Stairs within home Yes/No Bathroom on main level in home Home dwelling type House, apartment, assisted living, shelter/rooming house Smoking status Yes/No Driving status Yes/No Date of ABI Length of time before transfer to rehabilitation Known adverse events in rehabilitation Yes/No Transfer back to acute care Yes/No Target discharge date Actual discharge date Non-Operative Treatment Yes/No Admission FIM Numeric Value Non-Wes/No Numeric Value Non-Wes/No Numeric Value	Home within greater Toronto Area	Yes/No
Stairs within home Bathroom on main level in home Yes/No Home dwelling type House, apartment, assisted living, shelter/rooming house Smoking status Yes/No Driving status Yes/No Date of ABI Length of time before transfer to rehabilitation Known adverse events in rehabilitation Yes/No Transfer back to acute care Yes/No Target discharge date Actual discharge date Non-Operative Treatment Yes/No Admission FIM Numeric Value Numeric Value Numeric Value	Employment status	Yes/No
Bathroom on main level in home Yes/No Home dwelling type House, apartment, assisted living, shelter/rooming house Smoking status Yes/No Driving status Yes/No Date of ABI Length of time before transfer to rehabilitation Known adverse events in rehabilitation Yes/No Transfer back to acute care Yes/No Target discharge date Actual discharge date Non-Operative Treatment Number of days Admission FIM Numeric Value Numeric Value Numeric Value	Co-habitation with another person	Yes/No
Home dwelling type House, apartment, assisted living, shelter/rooming house Smoking status Yes/No Driving status Yes/No Date of ABI Length of time before transfer to rehabilitation Known adverse events in rehabilitation Yes/No Transfer back to acute care Yes/No Target discharge date Actual discharge date Non-Operative Treatment Yes/No Admission FIM Numeric Value Numeric Value	Stairs within home	Yes/No
Smoking status Priving status Pres/No Date of ABI Length of time before transfer to rehabilitation Known adverse events in rehabilitation Transfer back to acute care Yes/No Target discharge date Actual discharge date Non-Operative Treatment Pres/No Admission FIM Numeric Value Numeric Value	Bathroom on main level in home	Yes/No
Driving status Date of ABI Length of time before transfer to rehabilitation Known adverse events in rehabilitation Yes/No Transfer back to acute care Yes/No Target discharge date Actual discharge date Non-Operative Treatment Admission FIM Numeric Value Discharge FIM Numeric Value	Home dwelling type	House, apartment, assisted living, shelter/rooming house
Date of ABI Length of time before transfer to rehabilitation Known adverse events in rehabilitation Yes/No Transfer back to acute care Yes/No Target discharge date Actual discharge date Non-Operative Treatment Admission FIM Numeric Value Discharge FIM Numeric Value	Smoking status	Yes/No
Length of time before transfer to rehabilitation Known adverse events in rehabilitation Yes/No Transfer back to acute care Yes/No Target discharge date Actual discharge date Non-Operative Treatment Admission FIM Numeric Value Discharge FIM Numeric Value	Driving status	Yes/No
Known adverse events in rehabilitation Yes/No Transfer back to acute care Yes/No Target discharge date Actual discharge date Non-Operative Treatment Yes/No Admission FIM Numeric Value Numeric Value	Date of ABI	Date
Transfer back to acute care Yes/No Target discharge date Date Actual discharge date Non-Operative Treatment Yes/No Admission FIM Numeric Value Discharge FIM Numeric Value	Length of time before transfer to rehabilitation	Number of days
Target discharge date Actual discharge date Date Non-Operative Treatment Admission FIM Discharge FIM Numeric Value Numeric Value	Known adverse events in rehabilitation	Yes/No
Actual discharge date Non-Operative Treatment Admission FIM Discharge FIM Numeric Value Numeric Value	Transfer back to acute care	Yes/No
Non-Operative Treatment Yes/No Admission FIM Numeric Value Discharge FIM Numeric Value	Target discharge date	Date
Admission FIM Numeric Value Discharge FIM Numeric Value	Actual discharge date	Date
Discharge FIM Numeric Value	Non-Operative Treatment	Yes/No
	Admission FIM	Numeric Value
	Discharge FIM	Numeric Value
For TBI patients only:	For TBI patients only:	
Galveston Orientation and Amnesia Test 0-100	Galveston Orientation and Amnesia Test	0-100
Post-traumatic amnesia on admission Yes/No	Post-traumatic amnesia on admission	Yes/No
Date out of PTA per GOAT score Date	Date out of PTA per GOAT score	Date
Injury Severity Mild GCS 12-15, moderate GCS 9-12, severe GCS 1-8	Injury Severity	Mild GCS 12-15, moderate GCS 9-12, severe GCS 1-8
Ranchos Los Amigos Scale 1-8	Ranchos Los Amigos Scale	1-8