



Please answer these questions about the patient's situation before the injury. Your answers will help us understand problems related to the injury. All information will be kept confidential. Please answer all questions and be as accurate as possible. If you have any questions please contact us at: _____

Patient Name: [] Date: [] [] / [] [] / [] [] [] []

Your Name: []

Address: []

City: [] State: [] [] Zip: [] [] [] [] []

Home #: () - Cell #: () -

Other #: () - Email: []

I am the patient's: (Circle One)

Mother / Father

Wife / Husband

Brother / Sister

Son / Daughter

Roommate / Friend

Girlfriend / Boyfriend

Other: []

1. What is the patient's date of birth? [] [] / [] [] / [] [] [] []

2. What is the patient's race? (Circle One)

White

Black

Asian / Pacific Islander

Hispanic Origin

Native American

Other: []

3. Is English the patient's primary language? (Circle One)

I do not speak English

My primary language is English

My primary language is not English, but I speak sufficient English to conduct an interview

4. What is the patient's marital status? (Circle One)

Never Married

Married / Common Law

Divorced

Separated

Widowed

Other: []

5. Before the injury, who was the primary person living with the patient? *(Circle One)*

No One (Lived Alone)

Wife / Husband

Mother / Father

Brother / Sister

Child Younger Than 21

Child 21 Or Older

Other Relative

Roommate / Friend

Girlfriend / Boyfriend

Other Patients

Other Residents

Personal Care Attendant

Other:

6. Before the injury, where was the patient living?

Private Home / Apartment

Nursing Home

Adult Home

Correctional Institution

Hotel / Motel

Homeless

Acute Hospital

Rehabilitation Hospital

Other Hospital

Sub-Acute Care

Other:

7. What is the zip code at the place where the patient was living before the injury?

US:

N/A – Outside US

8. If the patient will be living at a different place after leaving inpatient rehabilitation, what is the zip code there?

US:

N/A – Outside US

9. How far has the patient gone in school? If the patient has not graduated from high school, circle the number of years spent in school. If the patient has at least a high school diploma, circle the highest degree earned (or worked toward). *(Circle One)*

1 Year Or Less

2 Years

3 Years

4 Years

5 Years

6 Years

7 Years

8 Years

9 Years

10 Years

11 / 12 Years (No Diploma)

High School Diploma

Work Toward Associate's

Associate's Degree

Work Toward Bachelor's

Bachelor's Degree

Work Toward Master's

Master's Degree

Work Toward Doctoral

Doctoral Degree

10. Did the patient earn a GED instead of graduating from high school? *(Circle One)*

No

Yes

