

Please answer the following questions as thoroughly and accurately as possible. For each question, circle the most appropriate choice, or write your answer in the box provided. If selecting "other" as a choice, please provide a description in the box provided. All the information will be kept confidential, and will help us to better understand the course of recovery and outcomes after traumatic brain injury.

If possible, this questionnaire should be completed by the study participant. If that is not possible, someone who knows the participant well may answer most of the questions on their behalf.

Your Name:

Date: / /

If completed by someone other than the study participant, how are you related to the participant?

Wife / Husband

Mother / Father

Brother /Sister

Child (21 Or Older)

Other Relative

Boyfriend / Girlfriend

Friend

Professional Caregiver

Other:

1. Where do you live now?

Private home / apartment

Nursing home

Adult home

Hotel / motel

Homeless

Acute hospital

Rehabilitation hospital

Other hospital

Sub-acute hospital

Other:

2. What is the zip code where you live?

US:

N/A - Living outside the US

3. Who are you currently living with?

No one (live 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:

4. What is your current marital status?

Single (never married)

Married

Divorced

Separated

Widowed

Other:

5. (Since your injury)... or (Since your last follow-up)... has your marital status changed?

No

Yes (List All Changes):

6. How many years of education have you completed?

- | | | |
|-------------------------|----------------------------|-----------------------------|
| 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 | Other: <input type="text"/> |

7. Did you earn a GED instead of graduating from high school?

- No Yes

8. Have you worked at a regular job since your injury (this would include any job for which you were paid at least minimum wage, and worked without the help of another person like a job coach or therapist)?

- No----[*Skip to question 15](#) Yes

9. When did you start working in a regular job following your injury? / /

10. In the past year, how many weeks did you work at a regular job?

- None--[*Skip to question 15](#)

11. Are you currently working in a regular job?

- No----[*Skip to question 15](#) Yes

12. About how many hours per week do you work at a regular job?

13. What is your total annual salary, based on your current job(s)?

- | | | |
|---------------------|---------------------|---------------------|
| \$9,999 Or Less | \$10,000 - \$19,999 | \$20,000 - \$29,999 |
| \$30,000 - \$39,999 | \$40,000 - \$49,999 | \$50,000 - \$59,999 |
| \$60,000 - \$69,999 | \$70,000 - \$79,999 | \$80,000 - \$89,999 |
| \$90,000 - \$99,999 | \$100,000 or more | |

14. What kind of work do you currently do?

[*Skip to question 16 if currently working in a regular job](#)

15. If you are not currently working, how would you describe your employment status?

Full time student	Part time student	Special education
Homemaker	Special employment	Retired due to age
Unemployed, looking	Volunteer work	Retired due to disability
Unemployed, not looking	Hospitalized without pay	Retired (other reasons)
Unpaid leave from work	Hospitalized with pay	Other:

16. Some people get vocational services, which means therapy services mainly for the purpose of helping them return to work or to get and keep a job. These services could be from a therapist, coach, vocational rehab counselor, or some other professional who does work related rehabilitation. (Since your discharge from rehab)... or (Since your last follow-up)...

a. Have you received any services like these to help you return to work or to get a job?

No Yes

b. Have you received any services like these after you started working, to help you keep or do well at the job?

No Yes N/A - Haven't worked

17. In a typical week, how many hours do you spend in active homemaking, including cleaning, cooking and raising children?

None 1 - 4 hours 5 - 9 hours 10 - 19 hours 20 - 34 hours 35 or more hours

18. In a typical week, how many hours do you spend in home maintenance activities, such as home repairs, home improvements and gardening?

None 1 - 4 hours 5 - 9 hours 10 - 19 hours 20 - 34 hours 35 or more hours

19. In a typical week, how many hours do you spend in school working toward a degree or in an accredited technical training program, including hours in class and studying?

None 1 - 4 hours 5 - 9 hours 10 - 19 hours 20 - 34 hours 35 or more hours

20. In a typical week, how many hours do you spend working for money, whether in a job or self-employed?

None 1 - 4 hours 5 - 9 hours 10 - 19 hours 20 - 34 hours 35 or more hours

21. In a typical week, how many hours do you ride in trains, buses, taxis and other public transportation? This includes public transportation for people with disabilities.

None 1 - 4 hours 5 - 9 hours 10 - 19 hours 20 - 34 hours 35 or more hours

22. In a typical week, how many hours do you drive or ride in a car? This includes all types of private transportation.

None 1 - 4 hours 5 - 9 hours 10 - 19 hours 20 - 34 hours 35 or more hours

23. In a typical week, how many times do you socialize with friends, in person or by phone? Please do not include socializing with family members.

None 1 - 4 times 5 - 9 times 10 - 19 times 20 - 34 times 35 or more times

24. **In a typical week, how many times do you socialize with family and relatives, in person or by phone?**
 None 1 - 4 times 5 - 9 times 10 - 19 times 20 - 34 times 35 or more times
25. **In a typical week, how many times do you give emotional support to other people, that is, listen to their problems or help them with their troubles?**
 None 1 - 4 times 5 - 9 times 10 - 19 times 20 - 34 times 35 or more times
26. **In a typical week, how many times do you use the Internet for communication, such as for e-mail, visiting chat rooms or instant messaging?**
 None 1 - 4 times 5 - 9 times 10 - 19 times 20 - 34 times 35 or more times
27. **In a typical week, how many days do you get out of your house and go somewhere? It could be anywhere. It doesn't have to be anyplace "special."**
 None 1 - 2 days 3 - 4 days 5 - 6 days 7 days
28. **What best describes how you spend your days in a typical month? (Check One)**
 I rarely leave my bed
 I rarely leave my room, but I do get out of bed
 I rarely leave my house, but I do get out of my room
 I rarely leave my block or neighborhood, but I do get out of the house
 I travel beyond my block or neighborhood
29. **In a typical month, how many times do you eat in a restaurant?**
 None 1 - 4 times 5 - 9 times 10 - 19 times 20 - 34 times 35 or more times
30. **In a typical month, how many times do you go shopping? Include grocery shopping, as well as shopping for household necessities, or just for fun.**
 None 1 - 4 times 5 - 9 times 10 - 19 times 20 - 34 times 35 or more times
31. **In a typical month, how many times do you engage in sports or exercise outside your home? Include activities like running, bowling, going to the gym, swimming, walking for exercise and the like.**
 None 1 - 4 times 5 - 9 times 10 - 19 times 20 - 34 times 35 or more times
32. **In a typical month, how many times do you do volunteer work?**
 None 1 time 2 times 3 times 4 times 5 or more times
33. **In a typical month, how many times do you go to the movies?**
 None 1 time 2 times 3 times 4 times 5 or more times
34. **In a typical month, how many times do you attend sports events in person, as a spectator?**
 None 1 time 2 times 3 times 4 times 5 or more times
35. **In a typical month, how many times do you attend religious or spiritual services? Include places like churches, temples and mosques.**
 None 1 time 2 times 3 times 4 times 5 or more times

45. If I could live my life over, I would change almost nothing:

Strongly disagree

Disagree

Slightly disagree

Strongly agree

Agree

Slightly agree

Neither agree nor disagree

46. What is your primary method of motorized transportation?

Drive vehicle

Ride with someone else

Public transit

Special bus or van service

Other:

47. (Since your discharge from rehab)... or (In the past year)... have you stayed overnight in a hospital because you were ill or injured?

No----[*Skip to question 49](#)

Yes

48. What were the reasons for your hospital admission(s)?

49. In the past year, have you been hospitalized for a psychiatric disorder?

No

Yes

50. In the past year, have you attempted suicide?

No

Yes

51. During the last 12 months did you use any illicit or non-prescription drugs?

No

Yes

52. During the past month have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?

No----[*Skip to question 56](#)

Yes

53. During the past month, how many days per week or per month did you drink any alcoholic beverages on the average?

Days per week:

(Complete one)

Days per month:

54. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank, about how many drinks did you drink on average?

Of drinks:

55. Considering all types of alcoholic beverages, how many times during the past month did you have five or more drinks on an occasion?

Of times:

56. In the past year, have you been arrested?

No

Yes

[*Skip to page 8 if questionnaire is not being completed by study participant](#)

57. In the past 2 weeks, how often have you been bothered by any of the following problems?

a. Little interest or pleasure in doing things:

Not at all Several days More than half of the days Nearly every day

b. Feeling down, depressed, or hopeless:

Not at all Several days More than half of the days Nearly every day

c. Trouble falling or staying asleep, or sleeping too much:

Not at all Several days More than half of the days Nearly every day

d. Feeling tired or having little energy:

Not at all Several days More than half of the days Nearly every day

e. Poor appetite or overeating:

Not at all Several days More than half of the days Nearly every day

f. Feeling bad about yourself- or that you are a failure or have let yourself or your family down:

Not at all Several days More than half of the days Nearly every day

g. Trouble concentrating on things, such as reading the newspaper or watching television:

Not at all Several days More than half of the days Nearly every day

h. Moving or speaking so slowly that other people could have noticed. Or the opposite- being so fidgety or restless that you have been moving around a lot more than usual:

Not at all Several days More than half of the days Nearly every day

i. Thoughts that you would be better off dead, or of hurting yourself in some way:

Not at all Several days More than half of the days Nearly every day

j. How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all Somewhat difficult Very difficult

Extremely difficult

58. In the past 2 weeks, how often have you been bothered by any of the following problems?

a. Feeling nervous, anxious or on edge:

Not at all Several days More than half of the days Nearly every day

b. Not being able to stop or control worrying:

Not at all Several days More than half of the days Nearly every day

c. Worrying too much about different things:

Not at all Several days More than half of the days Nearly every day

d. Trouble relaxing:

Not at all Several days More than half of the days Nearly every day

e. Being so restless that it is hard to sit still:

Not at all Several days More than half of the days Nearly every day

f. Becoming easily annoyed or irritable:

Not at all Several days More than half of the days Nearly every day

g. Feeling afraid as if something awful might happen:

Not at all Several days More than half of the days Nearly every day

h. How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all Somewhat difficult Very difficult

Extremely difficult

That's all the questions we have. Thank you very much for taking the time to complete this questionnaire. Your answers will be very helpful. We hope to contact you again in _____ year(s) to follow-up with you again.

Please provide the following information so we can keep in contact with you:

Address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/> <input type="text"/>	Zip:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Home #:	(<input type="text"/>) - <input type="text"/>	Cell #:	(<input type="text"/>) - <input type="text"/>		
Other #:	(<input type="text"/>) - <input type="text"/>	Email:	<input type="text"/>		

Who is the best person to contact if we cannot reach you?

Name:	<input type="text"/>				
Address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/> <input type="text"/>	Zip:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Home #:	(<input type="text"/>) - <input type="text"/>	Cell #:	(<input type="text"/>) - <input type="text"/>		
Other #:	(<input type="text"/>) - <input type="text"/>	Email:	<input type="text"/>		

This person is my:

Mother / father

Wife / husband

Brother / sister

Son / daughter

Roommate / friend

Girlfriend / boyfriend

Other: