Please answer these questions about your 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: ________________________.

**Subject ID**

**BRTH**
**What is your date of birth?**
09/09/1999-U

**RACE**
**What is your race? (Circle One)**
1. White
2. Black
3. Asian/Pacific Islander
4. Native American
5. Hispanic Origin
6. Other

**CULTRL**
**What is the primary language spoken in your home? (Circle One)**
1. English
2. Spanish
3. Other Language (List In Space Provided)

**What is your country of birth? (Circle One)**
1. United States—Skip Next Question
2. Other Country (List In Space Provided)

**MAR**
**What is your marital status? (Circle One)**
1. Single (Never Married)
2. Married/Common Law
3. Divorced
4. Separated
5. Widowed
6. Other

**LIVWHO**
**Before the injury, who was the primary person living with you? (Circle One)**
1. No One (Lived Alone)
2. Wife/Husband
3. Mother/Father
4. Brother/Sister
5. Child Younger Than 21
6. Child 21 Or Older
7. Other Relative
8. Roommate/Friend
9. Girlfriend/Boyfriend
10. Other Residents
11. Personal Care Attendant
12. Other

**RES**

**Before the injury, where were you living? (Circle One)**

1. Private Home/Apartment
2. Nursing Home/ Subacute Care
3. Adult Home
4. Correctional Institution
5. Hotel/Motel
6. Homeless
7. Hospital: Acute care
8. Hospital: Rehabilitation
9. Hospital: Other
77. Other

**ZIP**

What was the zip code at the place where you were living before the injury?

88888-N; 99999-U

**EDU**

How many years of education have you completed? If you have not graduated from high school, circle the number of years spent in school. If you have at least a high school diploma, please indicate the highest degree earned (or worked toward.) (Circle One)

1. 1 Year or Less
2. 2 Years
3. 3 Years
4. 4 Years
5. 5 Years
6. 6 Years
7. 7 Years
8. 8 Years
9. 9 Years
10. 10 Years
11. 11 or 12 Years: No Diploma
12. High School Diploma
13. Work Toward Associate’s
14. Associate’s Degree
15. Work Toward Bachelor’s
16. Bachelor’s Degree
17. Work Toward Master’s
18. Master’s Degree
19. Work Toward Doctoral Level
20. Doctoral Level Degree
77. O; 99-U

**GED**

Did you earn a GED instead of graduating from high school? (Circle One)

1. No
2. Yes
3-NA; 9-U

**EMP**

At the time of the injury, what was your employment status? (Circle All That Apply)

2. Full Time Student
3. Part Time Student
4. Special Education
5. Competitively Employed
6. Homemaker
7. Special Employment
8. Unemployed: Looking
9. Retired: Age-related
10. Unemployed: Not looking
11. Volunteer Work
12. Retired: Disability
13. Hospitalized Without Pay
14. Retired: Other
15. Unpaid Leave from Work
16. Other
17. P
18. S

**OCC**

If you were employed in the year before the injury, please list the following:

Type of job (not name of company) prior to injury: 

See List: 77-R; 88-N; 99-U
**Average number of hours worked per week in the month before injury:**  
777-R; 888-N; 999-U

**Number of weeks employed in the year before injury:**  
77-R; 88-N; 99-U

**Annual earning (total salary) for the year before injury:**  
(Include only earnings from work – do not include income from investments, law suits, lottery, etc.)

Income is very important in understanding why health outcomes and access to health care are different for different groups of people. Income categories are also used to help develop health and community programs that will best meet the needs of people from different backgrounds.

<table>
<thead>
<tr>
<th>Income Range</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$9,999 or Less</td>
<td>2</td>
<td>$10,000-$19,999</td>
<td>3</td>
</tr>
<tr>
<td>$30,000-$39,999</td>
<td>4</td>
<td>$40,000-$49,999</td>
<td>6</td>
</tr>
<tr>
<td>$60,000-$69,999</td>
<td>7</td>
<td>$70,000-$79,999</td>
<td>9</td>
</tr>
<tr>
<td>$90,000-$99,999</td>
<td>10</td>
<td>$100,000 or More</td>
<td></td>
</tr>
</tbody>
</table>

**At the time of injury did you have any of the following long-lasting conditions?**

**Blindness or a severe vision impairment:**  
(Circle One)

1. No  
2. Yes

**Deafness or a severe hearing impairment:**  
(Circle One)

1. No  
2. Yes

**A condition that substantially limited one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying:**  
(Circle One)

1. No  
2. Yes

**Prior to this injury, has a physician told you that you have a seizure disorder?**

1. No  
2. Yes

**At the time of injury were you having difficulty doing any of the following activities due to a physical, mental, or emotional condition that had been present for at least 6 months?**  
(If you were not doing an activity because you are unable to do it, circle “Yes”)  
(Circle One)

**Learning, remembering, or concentrating:**

1. No  
2. Yes

**Dressing, bathing, or getting around inside the home:**

1. No  
2. Yes

**Going outside the home alone to shop or visit a doctor’s office:**

1. No  
2. Yes

**Working at a job or business:**

1. No  
2. Yes
**TOB**

At the time of your injury, or just prior to your injury...

Did you smoke cigarettes every day, some days, or not at all? *(Circle One)*

1. Not At All
2. Some Days
3. Everyday

**DRUG**

During the year before the injury, did you use any illicit or non-prescription drugs? *(Circle One)*

No
Yes – skip to next box

During the year before the injury, did you use marijuana? *(Circle One)*

No – skip to next box
Yes

Was marijuana prescribed to you? *(Circle One)*

No
Yes
1-No
2-Yes

**ALC**

During the month before the injury, did you have at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor? *(Circle One)*

1. No—Skip Next 4 Questions
2. Yes

During the month before the injury, how many days per week or per month did you drink any alcoholic beverages, on the average? *(Complete One)*

<table>
<thead>
<tr>
<th>Days Per Week:</th>
<th>Days Per Month:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>66-N; 77-R; 99-U</td>
</tr>
</tbody>
</table>

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 the average?

<table>
<thead>
<tr>
<th>Number of Drinks:</th>
<th>66-N; 77-R; 99-U</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Number of Times:</th>
<th>66-N; 77-R; 99-U</th>
</tr>
</thead>
</table>

FEMALES ONLY - Considering all types of alcoholic beverages, how many times during the month before the injury did you have four or more drinks on an occasion?

<table>
<thead>
<tr>
<th>Number of Times:</th>
<th>66-N; 77-R; 99-U</th>
</tr>
</thead>
</table>

**PSYCHOSP**

Have you ever been hospitalized for a psychiatric problem? *(Circle One)*

1. No—Skip Next Question
2. Yes

Were you hospitalized for a psychiatric problem in the year before the injury?

1. No
2. Yes
MNTHLTH

Have you ever received treatment for any mental health problems? (Examples include depression, anxiety, schizophrenia, and alcohol/drug abuse) (Circle One)

1  No—Skip Next Question  2  Yes

Did you receive treatment for any mental health problems in the year before the injury?

1  No  2  Yes

SUICIDE

Have you ever attempted suicide? (Circle One)

1  No—Skip Next Question  2  Yes

Did you attempt suicide in the year before the injury?

1  No  2  Yes

INCAR

Were you ever incarcerated for conviction of a felony? (Circle One)

1  No  2  Yes

LEARN

While in school, were you ever classified as a special education student?

1  No  2  Yes

MIL

Have you ever served in the military? (Circle One)

1  No—Skip 2 Questions  2  Yes

How many years of active duty have you served?

Years:  7-R; 8-N; 9-U

Were you ever deployed in a combat zone? (Circle One)

1  No  2  Yes

SRCE

Who answered these questions? (Circle One)

0  Participant  1  Spouse  2  Parent(s)
3  Sibling  4  Adult Child  5  Boyfriend, Girlfriend, Fiancée
7  Other Relative  8  Friend  9  Professional Caregiver
77  Other  88-N, 99-U