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<tr>
<th>KEYS</th>
<th>Subject ID:</th>
<th>Follow-Up Period:</th>
<th>GUID Consent:</th>
<th>Real GUID:</th>
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<tr>
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<td></td>
<td>Consented; Deceased Prior To Implementation; Did not Consent; Refused</td>
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<tr>
<th>FU</th>
<th>Interview Status:</th>
<th>1 - Followed; 2 - Lost; 3 - Refused; 4 - Incarcerated; 5 - Withdraw; 6 - Expired</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>If Lost, Why:</td>
<td>1 - No Known Valid Contact Information; 2 – Valid Contact Information, No Response To Contact (Passive Refusal); 3 – Valid Contact Information, Participant Not Physically or Cognitively Available, No Valid SO; 4 – Language Barrier; 5 – Out Of Country; 8 – Not Applicable; 9 – Not Applicable, Expired; 77 - Not Applicable (Funding Not Available); 88 - Not Applicable (Data Was Provided); 99 - Unknown</td>
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<thead>
<tr>
<th>CSEDTH</th>
<th>Date of Death:</th>
<th>07/07/7777 - Expired: Date Unknown; 08/08/8888 - Not Applicable (Person Alive); 09/09/9999 - Unknown</th>
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<tr>
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<td>Primary Cause of Death ICD Code:</td>
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<td></td>
<td>Secondary Cause of Death ICD Code:</td>
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<td></td>
<td>External Cause of Death ICD Code:</td>
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</table>
Hi my name is [your name] and I am calling from [your facility] to ask you some questions about how you have been doing (since your injury)… or (since we last spoke with you on [last successful follow-up date])...

**First, we will start with some general questions about you…**

**RES**

Where do you live now?

1 - Private Residence; 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; 99 - Unknown

**ADDRESS**

Authorization Received for Collection of Street Address:

1 - No; 2 - Yes

» What is the address where you live? (If given a PO box, request street address)

Street Address 1:

Street Address 2:

City:

State:

Zip Code: (Collect zip code even if authorization for street address not given)

88888 - Not Applicable (Outside Of US); 99999 - Unknown

» How long have you been living at this address?

Number of Days/Months/Years:

88 - Not Applicable (Authorization Not Given); 99 - Unknown

Interval:

1 - Days; 2 - Months; 3 - Years; 8 - Not Applicable (Authorization Not Given); 9 - Unknown

**LIVWHO**

Who are you currently living with?

1 - Alone; 2 - Spouse; 3 - Parent(s); 4 - Sibling(s); 5 - Child/Children Under 21 Years Of Age; 6 - Other Relative(s) Or Adult Child/Children 21 Years Of Age Or Older; 7 - Roommate(s) Or Friend(s); 8 - Significant Other; 9 - Other Patients; 10 - Other Residents (Group Living Situation); 11 - Personal Care Attendant; 77 - Other (Includes Correctional Facility Inmates); 99 - Unknown

**MAR**

What is your current marital status?

1 – Single (Never Married); 2 - Married; 3 - Divorced; 4 - Separated; 5 - Widowed; 7 - Other; 9 - Unknown

(Since your injury)… or (Since we last spoke with you on [last successful follow-up date])…

Has your marital status changed?

0 - No Change; 1 - Separation; 2 - Divorce; 3 - Marriage; 4 - Widowed; 5 - Divorce & Marriage (In Either Order); 6 - Widowed & Marriage (In Either Order); 7 - Divorce, Marriage & Widowed (In Any Order); 8 - Other; 9 - Unknown
### RACE

**Are you of Hispanic, Latino, or Spanish origin?**

1 - No; 2 - Yes; 7 - Refused; 9 – Unknown

**What racial group or groups do you most identify as?**

- White:
- Black, African American:
- Asian:
- American Indian or Alaskan Native:
- Native Hawaiian or other Pacific Islander:

1 - No; 2 - Yes; 7 - Refused; 9 – Unknown

### CULTRL

**What is the primary language spoken in your home?**

1 - English; 2 - Spanish; 3 - Other Language; 7 Refused; 9 – Unknown

**Language spoken: (If not English or Spanish)**

**What is your country of birth?**

1 - United States; 2 - Other Than United States; 7 - Refused; 9 – Unknown

**Country of birth: (If not born in the US)**

**How many years have you been in the United States?** (If not born in the US)

* If less than 1 year, then ask number of months.
* Code 6 months or greater as 1 year; Code less than 6 months as 0 years

777 - Refused; 888 - Not Applicable (Born In US); 999 – Unknown

### EDU

**How many years of education have you completed? (At time of interview)**

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 - HS 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 - Other; 99 - Unknown

### GED

**Did you earn a GED? (If completed less than 12 years of school)**

1 - No; 2 - Yes; 3 - Not Applicable (HS Diploma Or Attended College); 9 – Unknown

### MIL

**Have you ever served in the military? (If No, skip the last 2 questions)**

1 - No; 2 - Yes; 7 - Refused; 9 - Unknown

**How many years of active duty did you serve? (Round to .0 or .5)**

77 - Refused; 88 - Not Applicable: Never Served In Military; 99 - Unknown

**Were you ever deployed in a combat zone?**

1 - No; 2 - Yes; 7 - Refused; 8 - Not Applicable: Never Served In Military; 9 - Unknown
The next questions I have are about employment…

- 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)? (If NO, ask Employment Status and Household Income, code remaining items as NA and skip to next section)

- EMPFIRST  
  When did you start working in a regular job following your injury?  

- EMPWK  
  In the past year, how many weeks did you work at a regular job? (If NONE, ask Employment Status and Household Income, code remaining items as NA and skip to next section)

- EMPHR  
  Are you currently working in a regular job? (If NO, ask Employment Status and Household Income, code remaining items as NA and skip to next section)

- EARN  
  What is your total annual salary, based on your current job(s)?

  * Code Employment Status as 5 if competitively employed, and skip to Occupational Code

- EMP  
  What is your current employment status?

  * Determine status using the following prioritization, regardless of the number of hours worked: competitive employment, degree-oriented education, taking care of house or family, job-directed/on-the-job training, supported employment, sheltered employment, non-directed coursework, volunteer work, retirement (age-related), retirement (disability-related), and no productive activity.

- OCC  
  What kind of work do you currently do? (Ask only if competitively employed, or special employed)

- HHINC  
  I am going to read a list of income categories. Tell me which category best describes your total family income for the past year. Include the income of any family member who was living with you, as well as your own income when choosing the category.

  * If clarification is needed… 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.
Now I have some questions about your typical activities. So, first...

**PRTWKHR**

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

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?

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

- 0 - None
- 1 - 1 To 4 Hours
- 2 - 5 To 9 Hours
- 3 - 10 To 19 Hours
- 4 - 20 To 34 Hours
- 5 - 35 Or More Hours
- 7 - Refused
- 9 - Don’t Know/Not Sure

So far, I’ve asked questions about the amount of time you engage in activities. Now, I will ask you about how often you do things. So...

**PRTWKTM**

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.

In a typical week, how many times do you socialize with family and relatives, in person or by phone?

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?

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?

- 0 - None
- 1 - 1 To 4 Times
- 2 - 5 To 9 Times
- 3 - 10 To 19 Times
- 4 - 20 To 34 Times
- 5 - 35 Or More Times
- 7 - Refused
- 9 - Don’t Know/Not Sure

**PRTWKDY**

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 any place “special.”

- 0 - None
- 1 - 1 To 2 Days
- 2 - 3 To 4 Days
- 3 - 5 To 6 Days
- 4 - 7 Days
- 7 - Refused
- 9 - Don’t Know/Not Sure

Now I have questions on how often you do various things in a typical month...

**PRTMO**

In a typical month, how many times do you eat in a restaurant?

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.

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.

- 0 - None
- 1 - 1 To 4 Times
- 2 - 5 To 9 Times
- 3 - 10 To 19 Times
- 4 - 20 To 34 Times
- 5 - 35 Or More Times
- 7 - Refused
- 9 - Don’t Know/Not Sure
I have more questions on what a typical month looks like, but please note that the answer categories are different...

**PRTMO**
In a typical month, how many times do you do volunteer work?
In a typical month, how many times do you go to the movies?
In a typical month, how many times do you attend sports events in person, as a spectator?
In a typical month, how many times do you attend religious or spiritual services? Include places like churches, temples and mosques.

0 - None; 1 - One Time; 2 - Two Times; 3 - Three Times; 4 - Four Times; 5 - Five Or More Times; 7 - Refused; 9 - Don’t Know/Not Sure

**PRTSO**
Switching, now, to a somewhat different kind of question... Do you live with your spouse or significant other? (If YES, code PRTREL as YES and skip to PRTFRND)

**PRTREL**
Are you currently involved in an ongoing intimate, that is, romantic or sexual, relationship?

**PRTFRND**
Not including your spouse or significant other, do you have a close friend in whom you confide?

1 - No; 2 - Yes; 7 - Refused; 9 - Don’t Know/Not Sure

*** COMPLETE DELAYED WORD RECALL HERE ***

Next, I'm going to read a list of five statements, with which you may agree or disagree. There are seven responses ranging from Strongly Disagree to Strongly Agree. I'll read them with each statement...SWLS to be collected from person with TBI only

**SWLS**
In most ways my life is close to my ideal:
The conditions of my life are excellent:
I am satisfied with my life:
So far I have gotten the important things I want in life:
If I could live my life over, I would change almost nothing:

Do you agree, disagree, or neither agree or disagree?
If agree or disagree:
Would you say you...
Strongly Agree/Disagree, Agree/Disagree, or Slightly Agree/Disagree?

1 - Strongly Disagree; 2 - Disagree; 3 - Slightly Disagree; 4 - Neither Agree Nor Disagree; 5 - Slightly Agree; 6 - Agree; 7 - Strongly Agree; 9 - Unknown; 10 - Not Applicable (No Data From Person With TBI)

Now we are going to “switch gears” again...

**TRANS**
What is your primary method of motorized transportation?

1 - Drives Vehicle; 2 - Rides With Someone Else; 3 - Public Transit; 4 - Special Bus Or Van Service; 8 - Not Applicable: No Motorized Transportation; 9 - Unknown
Now I would like to ask you about other injuries or hospitalizations you may have had.

First, I am going to ask you about injuries to your head or neck that you may have had anytime (In your lifetime)... or (Since we last spoke with you on last successful follow-up date)..., in addition to (describe index injury).

**Step 1**
Interviewer instruction: Ask questions 1-5 below. Record the cause of each reported injury and any details provided spontaneously in the chart at the bottom of this page. You do not need to ask further about loss of consciousness or other injury details during this step.

1. **Have you (ever) been hospitalized or treated in an emergency room following an injury to your head or neck? Think about any childhood injuries you remember or were told about.**
2. **Have you (ever) injured your head or neck in a car accident or from crashing some other moving vehicle like a bicycle, motorcycle or ATV?**
3. **Have you (ever) injured your head or neck in a fall or from being hit by something (for example, falling from a bike or horse, rollerblades, falling on ice, being hit by a rock)? Have you ever injured your head or neck playing sports or on the playground?**
4. **Have you (ever) injured your head or neck in a fight, from being hit by someone, or from being shaken violently? Have you ever been shot in the head?**
5. **Have you (ever) been nearby when an explosion or a blast occurred? If you served in the military, think about any combat- or training-related incidents.**

**Head or Neck Injury Reported:**
- 1 - No;
- 2 - Yes (Record Cause In Chart Below);
- 7 - Refused;
- 9 - Unknown

**Interviewer instruction:** If the answers to any of the above questions are “yes,” go to Step 2. If the answers to all of the above questions are “no,” then proceed to Step 3.

**Step 2**
Interviewer instruction: If the answer is “yes” to any of the questions in Step 1 ask the following additional questions about each reported injury and add details to the chart below.

**Were you knocked out or did you lose consciousness (LOC)?**
- **If yes, how long?**
  - 1 - No LOC;
  - 2 - Less Than 30 Minutes;
  - 3 - 30 Minutes to 24 Hours;
  - 4 - More Than 24 Hours;
  - 5 – Positive Loss of Consciousness, Duration Unknown;
  - 7 - Refused;
  - 9 - Unknown

**If no, were you dazed or did you have a gap in your memory from the injury?**
- 1 - No;
- 2 - Yes;
- 7 - Refused;
- 8 - Not Applicable (Positive LOC);
- 9 - Unknown

**How old were you?**
- 999 - Unknown

---

**Step 1:**

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<thead>
<tr>
<th>Cause:</th>
<th>LOC/Knocked Out:</th>
<th>Dazed/Mem. Gap:</th>
<th>Age:</th>
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**Step 2:**

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<th>LOC/Knocked Out:</th>
<th>Dazed/Mem. Gap:</th>
<th>Age:</th>
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### Step 1:

<table>
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<th>Cause:</th>
<th>LOC/Knocked Out:</th>
<th>Dazed/Mem. Gap:</th>
<th>Age:</th>
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### Step 2:

### Interviewer instruction:

Ask the following questions to help identify a history that may include multiple mild TBIs and complete the chart below.

(In your lifetime)… or (Since we last spoke with you on last successful follow-up date)… have you (ever) had a period of time in which you experienced multiple, repeated impacts to your head (e.g. history of abuse, contact sports, military duty)?

If yes, what was the **typical or usual effect**—were you knocked out (LOC)?

If no LOC, were you dazed or did you have a gap in your memory from the injury?

1 - Dazed/Memory Gap (No LOC); 2 - LOC; 6 – Neither Dazed Nor LOC; 7 - Refused; 9 - Unknown

What was the **most severe effect** from one of the times you had an impact to the head?

1 - Dazed/Memory Gap (No LOC); 2 - LOC Less Than 30 Minutes; 3 - LOC 30 Minutes to 24 Hours; 4 - LOC More Than 24 Hours; 5 - Positive LOC (Duration Unknown); 6 – Neither Dazed Nor LOC; 7 - Refused; 9 - Unknown

How old were you when these repeated injuries **began**?

**Ended?**

999 - Unknown

### Step 3:

<table>
<thead>
<tr>
<th>Cause Of Repeated Injury:</th>
<th>Typical:</th>
<th>Most Severe:</th>
<th>Began:</th>
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**FUSEIZ**

How many seizures have you had in the past year? (Since your discharge) (If NONE, code as “8-NA” and skip to next section)

1 – Up To 3; 2 – 4 to 12; 3 – At Least One Monthly; 4 – At Least One Weekly; 5 – At Least One Daily; 8 – Not Applicable; No Seizures; 9 - Unknown

---

**REHOSP NEW**

(Since your discharge from the rehab center)… or (In the past year)… Have you stayed overnight in a hospital because you were ill or injured, or for a psychiatric disorder? If YES, ask for each admission… What was the reason for your admission? (If NO skip to next section)

Rehospitalization 1
Rehospitalization 2
Rehospitalization 3
Rehospitalization 4
Rehospitalization 5

77 – Participant Hospitalized, Reason Unknown; 88 - Not Applicable (No Rehospitalizations); 99 – Unknown Whether Participant Was Hospitalized

---

### Infectious and parasitic diseases

1. **Infectious and parasitic diseases**
   - 1.1 Bacterial infection
   - 1.2 Mycoses
   - 1.3 Viral infection
   - 1.4 Other infections; including parasitic
   - 1.5 Immunizations and screening for infectious disease

### Neoplasms

2. **Neoplasms**
   - 2.1 Colorectal cancer
   - 2.2 Other gastrointestinal cancer
   - 2.3 Cancer of bronchus; lung
   - 2.4 Cancer of skin
   - 2.5 Cancer of breast
   - 2.6 Cancer of uterus and cervix
   - 2.7 Cancer of ovary and other female genital organs
   - 2.8 Cancer of male genital organs
   - 2.9 Cancer of urinary organs
   - 2.10 Cancer of lymphatic and hematopoietic tissue
   - 2.11 Cancer; other primary
   - 2.12 Secondary malignancies
   - 2.13 Malignant neoplasm without specification of site
   - 2.14 Neoplasms of unspecified nature or uncertain behavior
   - 2.15 Maintenance chemotherapy; radiotherapy
   - 2.16 Benign neoplasms

### Endocrine; nutritional; and metabolic diseases and immunity disorders

3. **Endocrine; nutritional; and metabolic diseases and immunity disorders**
   - 3.1 Thyroid disorders
   - 3.2 Diabetes mellitus without complication
   - 3.3 Diabetes mellitus with complications

### Other endocrine disorders

3.4 Other endocrine disorders

### Nutritional deficiencies

3.5 Nutritional deficiencies

### Disorders of lipid metabolism

3.6 Disorders of lipid metabolism

### Gout and other crystal arthropathies

3.7 Gout and other crystal arthropathies

### Fluid and electrolyte disorders

3.8 Fluid and electrolyte disorders

### Cystic fibrosis

3.9 Cystic fibrosis

### Immunity disorders

3.10 Immunity disorders

### Other nutritional; endocrine; and metabolic disorders

3.11 Other nutritional; endocrine; and metabolic disorders

### Diseases of the blood and blood-forming organs

4. **Diseases of the blood and blood-forming organs**
   - 4.1 Anemia
   - 4.2 Coagulation and hemorrhagic disorders
   - 4.3 Diseases of white blood cells
   - 4.4 Other hematologic conditions

### Mental illness

5. **Mental illness**
   - 5.1 Adjustment disorders
   - 5.2 Anxiety disorders
   - 5.3 Attention deficit, conduct, and disruptive behavior disorders
   - 5.4 Delirium, dementia, and amnestic and other cognitive disorders
   - 5.5 Developmental disorders
   - 5.6 Disorders usually diagnosed in infancy, childhood, or adolescence
   - 5.7 Impulse control disorders not elsewhere classified
   - 5.8 Mood disorders
   - 5.9 Personality disorders
   - 5.10 Schizophrenia and other psychotic disorders
   - 5.11 Alcohol-related disorders
5.12 Substance-related disorders  
5.13 Suicide and intentional self-inflicted injury  
5.14 Screening and history of mental health and substance abuse codes  
5.15 Miscellaneous mental disorders  
6 Diseases of the nervous system and sense organs  
6.1 Central nervous system infection  
6.2 Hereditary and degenerative nervous system conditions  
6.3 Paralysis  
6.4 Epilepsy; convulsions  
6.5 Headache; including migraine  
6.6 Coma; stupor; and brain damage  
6.7 Eye disorders  
6.8 Ear conditions  
6.9 Other nervous system disorders  
7 Diseases of the circulatory system  
7.1 Hypertension  
7.2 Diseases of the heart  
7.3 Cerebrovascular disease  
7.4 Diseases of arteries; arterioles; and capillaries  
7.5 Diseases of veins and lymphatics  
8 Diseases of the respiratory system  
8.1 Respiratory infections  
8.2 Chronic obstructive pulmonary disease and bronchiectasis  
8.3 Asthma  
8.4 Aspiration pneumonia; food/vomitus  
8.5 Pleurisy; pneumothorax; pulmonary collapse  
8.6 Respiratory failure; insufficiency; arrest (adult)  
8.7 Lung disease due to external agents  
8.8 Other lower respiratory disease  
8.9 Other upper respiratory disease  
9 Diseases of the digestive system  
9.1 Intestinal infection  
9.2 Disorders of teeth and jaw  
9.3 Diseases of mouth; excluding dental  
9.4 Upper gastrointestinal disorders  
9.5 Abdominal hernia  
9.6 Lower gastrointestinal disorders  
9.7 Biliary tract disease  
9.8 Liver disease  
9.9 Pancreatic disorders (not diabetes)  
9.10 Gastrointestinal hemorrhage  
9.11 Noninfectious gastroenteritis  
9.12 Other gastrointestinal disorders  
10 Diseases of the genitourinary system  
10.1 Diseases of the urinary system  
10.2 Diseases of male genital organs  
10.3 Diseases of female genital organs  
11 Complications of pregnancy; childbirth; and the puerperium  
11.1 Contraceptive and procreative management  
11.2 Abortion-related disorders  
11.3 Complications mainly related to pregnancy  
11.4 Indications for care in pregnancy; labor; and delivery  
11.5 Complications during labor  
11.6 Other complications of birth; puerperium affecting management of mother  
11.7 Normal pregnancy and/or delivery  
12 Diseases of the skin and subcutaneous tissue  
12.1 Skin and subcutaneous tissue infections  
12.2 Other inflammatory condition of skin  
12.3 Chronic ulcer of skin  
12.4 Other skin disorders  
13 Diseases of the musculoskeletal system and connective tissue  
13.1 Infective arthritis and osteomyelitis (except that caused by TB or STD)  
13.2 Non-traumatic joint disorders  
13.3 Spondylosis; intervertebral disc disorders; other back problems  
13.4 Osteoporosis  
13.5 Pathological fracture  
13.6 Acquired deformities  
13.7 Systemic lupus erythematosus and connective tissue disorders  
13.8 Other connective tissue disease  
13.9 Other bone disease and musculoskeletal deformities  
14 Congenital anomalies  
14.1 Cardiac and circulatory congenital anomalies  
14.2 Digestive congenital anomalies  
14.3 Genitourinary congenital anomalies  
14.4 Nervous system congenital anomalies  
14.5 Other congenital anomalies  
15 Certain conditions originating in the perinatal period  
15.1 Liveborn  
15.2 Short gestation; low birth weight; and fetal growth retardation  
15.3 Intrauterine hypoxia and birth asphyxia  
15.4 Respiratory distress syndrome  
15.5 Hemolytic jaundice and perinatal jaundice  
15.6 Birth trauma  
15.7 Other perinatal conditions  
16 Injury and poisoning  
16.1 Joint disorders and dislocations; trauma-related  
16.2 Fractures  
16.3 Spinal cord injury  
16.4 Intracranial injury  
16.5 Crushing injury or internal injury  
16.6 Open wounds  
16.7 Sprains and strains  
16.8 Superficial injury; contusion  
16.9 Burns  
16.10 Complications  
16.11 Poisoning  
16.12 Other injuries and conditions due to external causes  
17 Symptoms; signs; and ill-defined conditions and factors influencing health status  
17.1 Symptoms; signs; and ill-defined conditions  
17.2 Factors influencing health care  
18 Residual codes; unclassified; all E codes
<table>
<thead>
<tr>
<th>Condition</th>
<th>Onset</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension or high blood pressure?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Congestive heart failure?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A myocardial infarction or heart attack?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart arrhythmias?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A stroke?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emphysema or asthma or chronic obstructive pulmonary disease (COPD)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High blood cholesterol?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes, high blood sugar, or sugar in the urine?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumonia?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liver disease (such as hepatitis)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rheumatoid arthritis?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Osteoarthritis?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sleep disorder like sleep apnea?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Condition</td>
<td>Onset</td>
<td>Age</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
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<td>-----</td>
</tr>
<tr>
<td>Cataracts?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic pain?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dementia of some kind, like Alzheimer’s?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parkinson's disease?</td>
<td></td>
<td></td>
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<tr>
<td>Alcoholism?</td>
<td></td>
<td></td>
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<tr>
<td>Drug addiction?</td>
<td></td>
<td></td>
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<tr>
<td>Depression?</td>
<td></td>
<td></td>
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<tr>
<td>Anxiety?</td>
<td></td>
<td></td>
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<tr>
<td>Panic attacks?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bipolar disorder or manic-depression?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attention deficit disorder (ADD)/ attention deficit hyperactivity disorder (ADHD)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obsessive-compulsive disorder?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PTSD (Post-traumatic stress disorder)?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ONSET:** 1 - Before TBI; 2 - Same Time As TBI; 3 - After TBI; 8 - N/A; 9 - Unknown  
**AGE:** 888 - N/A; 999 - Unknown  
**OTHER:** 1 - No; 2 - Yes; 8 - N/A; 9 - Unknown
**SUICIDE**

In the past year, have you attempted suicide?

1 - No; 2 - Yes; 7 - Refused; 9 - Unknown

**Now I would like to ask you how you think you are doing in 4 general areas, compared to how you were doing about (# of years since prior follow-up). For each area please let me know whether you think you are doing BETTER, WORSE, or ABOUT THE SAME over the last (# of years since prior follow-up).**

**MCID**

In the area of taking care of yourself and your basic needs at home, like eating, getting bathed and dressed and ready for the day, and using the bathroom, are you doing better, worse, or about the same compared to about (# of years since prior follow-up) years ago?

In the area of physical function, moving around and getting around either on foot or in a wheelchair, getting up and down stairs, and getting in and out of bed, are you doing better, worse, or about the same compared to about (# of years since prior follow-up) years ago?

In the area of mental function, like remembering things, communicating and getting along with others, and solving everyday problems, are you doing better, worse, or about the same compared to about (# of years since prior follow-up) years ago?

In the area of emotional function, like managing your moods and dealing with everyday stress, are you doing better, worse or about the same compared to (# of years since prior follow-up) years ago?

1 - Better; 2 - About The Same; 3 - Worse; 9 – Unknown

**GNHLTH to be collected from person with TBI only**

**GNHLTH**

In general, would you say your health is...

1 - Excellent; 2 - Very Good; 3 - Good; 4 - Fair; 5 - Poor; 9 - Unknown; 10 - Not Applicable (No Data From Person With TBI)

Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

88 - Not Applicable (No Data From Person With TBI); 99 - Unknown

**HTWT**

How tall are you without shoes? (In inches)

How much do you weigh without shoes? (In pounds)

777 - Not Applicable (Any Arm Or Leg Amputation); 999 - Unknown
Moving on to some different questions now...

**TOB**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you currently smoke cigarettes every day, some days or not at all?</td>
<td>1 - Not At All; 2 - Some Days; 3 - Everyday; 7 - Refused; 9 - Unknown</td>
</tr>
<tr>
<td>Do you currently use chewing tobacco, snuff, or snus every day, some days or not at all?</td>
<td>1 - Not At All; 2 - Some Days; 3 - Everyday; 7 - Refused; 9 - Unknown</td>
</tr>
</tbody>
</table>

**DRUG**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>During the last 12 months, did you use any illicit or non-prescription drugs?</td>
<td></td>
</tr>
<tr>
<td>If clarification is needed... We are wanting to know about drugs like marijuana, crack or heroin; or about prescription drugs like painkillers or stimulants that were not prescribed to you; or chemicals you might have inhaled or 'huffed'. We also want to know if sometimes you took more than you should have of any drugs that have been prescribed to you.</td>
<td></td>
</tr>
<tr>
<td>If YES, skip to ALC questions.</td>
<td></td>
</tr>
<tr>
<td>Did you use marijuana? (if NO, code next question as 8-NA)</td>
<td></td>
</tr>
<tr>
<td>If YES to marijuana use, ask... Was marijuana prescribed to you?</td>
<td></td>
</tr>
<tr>
<td>1 - No; 2 - Yes; 7 - Refused; 9 - Unknown</td>
<td></td>
</tr>
</tbody>
</table>

**ALC**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>During the past month have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor? (If NO, skip remaining alcohol questions)</td>
<td></td>
</tr>
<tr>
<td>1 - No; 2 - Yes; 7 - Refused; 9 - Unknown</td>
<td></td>
</tr>
<tr>
<td>During the past month, how many days per week or per month did you drink any alcoholic beverages on the average?</td>
<td></td>
</tr>
<tr>
<td>Days Per Week:</td>
<td></td>
</tr>
<tr>
<td>Days Per Month:</td>
<td></td>
</tr>
<tr>
<td>66 - Not Applicable; 77 - Refused; 99 - Unknown</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
</tr>
<tr>
<td>66 - Not Applicable; 77 - Refused; 99 - Unknown</td>
<td></td>
</tr>
<tr>
<td>Considering all types of alcoholic beverages, how many times during the past month did you have five or more drinks on an occasion?</td>
<td></td>
</tr>
<tr>
<td>For Females, also ask: Considering all types of alcoholic beverages, how many times during the past month did you have four or more drinks on an occasion?</td>
<td></td>
</tr>
<tr>
<td>0 - None; 66 - Not Applicable; 77 - Refused; 99 - Unknown</td>
<td></td>
</tr>
</tbody>
</table>

**ARREST**

In the past year have you been arrested?

| Options                        |
| 1 - No; 2 - Yes; 7 - Refused; 9 - Unknown                                 |
Next I’m going to ask you some questions about how you complete everyday activities…

GOSE Glasgow Outcome Scale - Extended

Instructions: Continue asking questions until a designated Stop! has been reached. Code item 9 using the GOS-E category provided (i.e. VS, LSR, UMD). If a Stop! does not provide a GOS-E category, code item 9 using the GOS-E category from the previous question. All skipped items should be coded as ‘8 - NA’.

1 Is the participant able to obey simple commands, or say any words? Ask only if answer is unclear from previous questions

- 1 - No (Stop! VS);
- 2 - Yes (2a);
- 9 - Unknown

Anyone who shows ability to obey even simple commands, or utter any word or communicate specifically in any other way is no longer considered to be in the vegetative state.

2a Is the assistance of another person at home essential every day for some activities of daily living?

- 1 - No (3a);
- 2 - Yes;
- 8 - NA;
- 9 - Unknown

For a ‘No’ answer, they should be able to look after themselves at home for 24 hours if necessary, though they need not actually look after themselves. Independence includes the ability to plan for and carry out the following activities: getting washed, putting on clean clothes without prompting, preparing food for themselves, dealing with callers and handling minor domestic crises. The person should be able to carry out activities without needing prompting or reminding and should be capable of being left alone overnight.

2b Do you need frequent help or someone to be around at home most of the time?

- 1 - No (USD);
- 2 - Yes (LSD);
- 8 - NA;
- 9 - Unknown

For a ‘No’ answer, they should be able to look after themselves at home for up to 8 hours during the day if necessary, though they need not actually look after themselves.

2c Was assistance at home essential before the injury?

- 1 - No (Stop!);
- 2 - Yes (3a);
- 8 - NA;
- 9 - Unknown

3a Are you able to shop without assistance?

- 1 - No (USD);
- 2 - Yes (4a);
- 8 - NA;
- 9 - Unknown

This includes being able to plan what to buy, take care of money themselves and behave appropriately in public. They need not normally shop, but must be able to do so.

3b Were you able to shop without assistance before the injury?

- 1 - No (4a);
- 2 - Yes (Stop!);
- 8 - NA;
- 9 - Unknown

4a Are you able to travel locally without assistance?

- 1 - No (USD);
- 2 - Yes (5a);
- 8 - NA;
- 9 - Unknown

They may drive or use public transport to get around. Ability to use a taxi is sufficient, provided the person can phone for it themselves and instruct the driver.

4b Were you able to travel without assistance before the injury?

- 1 - No (5a);
- 2 - Yes (Stop!);
- 8 - NA;
- 9 - Unknown

5a Are you currently able to work to your previous capacity?

- 1 - No;
- 2 - Yes (6a);
- 8 - NA;
- 9 - Unknown

If they were working before, then their current capacity for work should be at the same level. If they were seeking work before, then the injury should not have adversely affected their chances of obtaining work or the level of work for which they are eligible. If the patient was a student before injury, then their capacity for study should not have been adversely affected.

5b How restricted are you…

- 1 - Reduced Work Capacity (UMD);
- 2 - Sheltered Workshop, Non Competitive Job, Or Currently Unable To Work (LMD);
- 8 - Not Applicable;
- 9 - Unknown

5c Were you either working or seeking employment before the injury?

- 1 - No (6a);
- 2 - Yes (Stop!);
- 8 - NA;
- 9 - Unknown

Continued…
### 6a Are you able to resume regular social and leisure activities outside home?

1 - No; 2 - Yes (7a); 8 - NA; 9 - Unknown

They need not have resumed all the previous leisure activities, but should not be prevented by physical or mental impairment. If they have stopped the majority of activities because of loss of interest or motivation then this is also considered a disability.

### 6b What is the extent of restriction on your social and leisure activities...

1 - Participates A Bit Less: At Least Half As Often As Before Injury (LGR); 2 - Participates Much Less: Less Than Half As Often (UMD); 3 - Unable To Participate: Rarely If Ever Take Part (LMD); 8 - Not Applicable; 9 - Unknown

### 6c Did you engage in regular social and leisure activities outside the home before the injury?

1 - No (7a); 2 - Yes (Stop!); 8 - NA; 9 - Unknown

### 7a Have there been psychological problems which have resulted in ongoing family disruption or disruption to friendships?

1 - No (8a); 2 - Yes; 8 - NA; 9 - Unknown

Typical post-traumatic personality changes: quick temper, irritability, anxiety, insensitivity to others, mood swings, depression and unreasonable or childish behavior.

### 7b What has been the extent of disruption or strain...

1 - Occasionally: Less Than Weekly (LGR); 2 - Frequent: Once A Week Or More But Tolerable (UMD); 3 - Constant: Daily And Intolerable (LMD); 8 - Not Applicable; 9 - Unknown

### 7c Were there problems with family or friends before the injury?

1 - No (Stop!); 2 - Yes (8a); 8 - NA; 9 - Unknown

If there were some problems before injury, but these have become markedly worse since injury then answer 'No' to Q7c.

### 8a Are there any other current problems relating to the injury which affect daily life?

1 - No (Stop! UGR); 2 - Yes (8b); 8 - NA; 9 - Unknown

Other typical problems reported after head injury: headaches, dizziness, tiredness, sensitivity to noise or light, slowness, memory failures and concentration problems.

### 8b Were similar problems present before the injury?

1 - No (Stop! LGR); 2 - Yes (Stop! UGR); 8 - NA; 9 - Unknown

If there were some problems before injury, but these have become markedly worse since injury then answer 'No' to Q8b.

### 9 GOS-E Score:

1 - Dead; 2 - Vegetative State (VS); 3 - Lower Severe Disability (LSD); 4 - Upper Severe Disability (USD); 5 - Lower Moderate Disability (LMD); 6 - Upper Moderate Disability (UMD); 7 - Lower Good Recovery (LGR); 8 - Upper Good Recovery (UGR); 9 - Unknown

If Q9 is coded as '8 - Upper Good Recovery' skip Q10 and code as '8 - NA'

### 10 You noted reference last problematic item (i.e. not being able to travel without assistance). Is that due to...

1 - Effects Of Head Injury; 2 - Effects Of Illness Or Injury To Another Part Of The Body; 3 - A Mixture Of These; 8 - Not Applicable; 9 - Unknown
This next section asks questions that sound similar to some asked earlier, but they are different. Over the last 2 weeks, how often have you been bothered by any of the following problems... PHQ & GAD to be collected from person with TBI only

<table>
<thead>
<tr>
<th>PHQ</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Little interest or pleasure in doing things:</td>
<td>[ ] [ ] [ ] [ ]</td>
</tr>
<tr>
<td>b. Feeling down, depressed, or hopeless:</td>
<td>[ ] [ ] [ ] [ ]</td>
</tr>
<tr>
<td>c. Trouble falling or staying asleep, or sleeping too much:</td>
<td>[ ] [ ] [ ] [ ]</td>
</tr>
<tr>
<td>d. Feeling tired or having little energy:</td>
<td>[ ] [ ] [ ] [ ]</td>
</tr>
<tr>
<td>e. Poor appetite or overeating:</td>
<td>[ ] [ ] [ ] [ ]</td>
</tr>
<tr>
<td>f. Feeling bad about yourself - or that you are a failure or have let yourself or your family down:</td>
<td>[ ] [ ] [ ] [ ]</td>
</tr>
<tr>
<td>g. Trouble concentrating on things, such as reading the newspaper or watching television:</td>
<td>[ ] [ ] [ ] [ ]</td>
</tr>
<tr>
<td>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:</td>
<td>[ ] [ ] [ ] [ ]</td>
</tr>
<tr>
<td>i. Thoughts that you would be better off dead or hurting yourself in some way:</td>
<td>[ ] [ ] [ ] [ ]</td>
</tr>
</tbody>
</table>

0 - Not At All; 1 - Several Days; 2 - More Than Half Of The Days; 3 - Nearly Every Day; 9 - Unknown; 10 - Not Applicable (No Data From Person With TBI)

| 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? (Skip if PHQ a. through i. are all coded as 0) | [ ] [ ] [ ] [ ] |

0 - Not Difficult At All; 1 - Somewhat Difficult; 2 - Very Difficult; 3 - Extremely Difficult; 8 - Not Applicable: No Problems; 9 - Unknown; 10 - Not Applicable (No Data From Person With TBI)

<table>
<thead>
<tr>
<th>GAD</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Feeling nervous, anxious or on edge:</td>
<td>[ ] [ ] [ ] [ ]</td>
</tr>
<tr>
<td>b. Not being able to stop or control worrying:</td>
<td>[ ] [ ] [ ] [ ]</td>
</tr>
<tr>
<td>c. Worrying too much about different things:</td>
<td>[ ] [ ] [ ] [ ]</td>
</tr>
<tr>
<td>d. Trouble relaxing:</td>
<td>[ ] [ ] [ ] [ ]</td>
</tr>
<tr>
<td>e. Being so restless that it is hard to sit still:</td>
<td>[ ] [ ] [ ] [ ]</td>
</tr>
<tr>
<td>f. Becoming easily annoyed or irritable:</td>
<td>[ ] [ ] [ ] [ ]</td>
</tr>
<tr>
<td>g. Feeling afraid as if something awful might happen:</td>
<td>[ ] [ ] [ ] [ ]</td>
</tr>
</tbody>
</table>

0 - Not At All; 1 - Several Days; 2 - More Than Half Of The Days; 3 - Nearly Every Day; 9 - Unknown; 10 - Not Applicable (No Data From Person With TBI)

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? (Skip if GAD a. through g. are all coded as 0) | [ ] [ ] [ ] [ ] |

0 - Not Difficult At All; 1 - Somewhat Difficult; 2 - Very Difficult; 3 - Extremely Difficult; 8 - Not Applicable: No Problems; 9 - Unknown; 10 - Not Applicable (No Data From Person With TBI)
### FIM® Instrument

**Eating:**

**Grooming:**

**Bathing:**

**Dressing Upper Body:**

**Dressing Lower Body:**

**Toileting:**

**Bladder Management:**

**Bladder Management - Level of Assistance:**

**Bladder Management - Frequency of Accidents:**

**Bowel Management:**

**Bowel Management - Level of Assistance:**

**Bowel Management - Frequency of Accidents:**

**Bed Chair Wheelchair Transfers:**

**Toilet Transfers:**

**Tub Or Shower Transfers:**

**Walking/Wheelchair - Mode:**

**Walking/Wheelchair:**

**Stairs:**

**Comprehension:**

**Expression:**

**Social Interaction:**

**Problem Solving:**

**Memory:**

1 - Total Assist (<25%); 2 - Maximal Assist (25-49%); 3 - Moderate Assist (50-74%); 4 - Minimal Assist (>=75%); 5 - Supervision (100%); 6 - Modified Independence (Extra Time, Device); 7 - Complete Independence (Timely, Safely); 9 - Unknown

*1 - Five Or More Accidents In The Past 7 Days; 2 - Four Accidents In The Past 7 Days; 3 - Three Accidents In The Past 7 Days; 4 - Two Accidents In The Past 7 Days; 5 - One Accident In The Past 7 Days; 6 - No Accidents: Uses Device; 7 - No Accidents; 9 - Unknown

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I have a series of questions that range from simple functioning to employment that I would like to ask. The first set of questions that I am going to ask you deals with communication abilities. Communication can be through voice, writing, or other methods such as signs or gestures. When entering data from a SO start on question 2.1, otherwise answer 2.1 as “Consistently” and 2.2 as “Speech” and start by asking question 2.3. Questions 2.1, 2.2, 2.4 and 2.5 are not to be asked of the participant.

### 2.0 Communication

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is [name] able to communicate with you in a way that you and others clearly understand?</td>
<td>1 - No (2.4); 2 - Inconsistently (2.2); 3 - Consistently (2.2); 9 - Unknown</td>
</tr>
<tr>
<td>How do they communicate primarily?</td>
<td>1 - Speech; 2 - Writing Or Spelling Device; 3 - Gestures Or Signals; 8 - Not Applicable; 9 - Unknown</td>
</tr>
<tr>
<td>Are you [they] able to give the correct date and time within a few seconds of being asked?</td>
<td>1 - No (3.0); 2 - Sometimes (3.0); 3 - Yes, But Takes More Than A Few Seconds (3.0); 4 - Yes (4.0); 8 - Not Applicable; 9 - Unknown</td>
</tr>
<tr>
<td>Does [name] have only a few words that [s/he] uses over and over or does [s/he] express him/herself only through random answers, shouting or swearing?</td>
<td>1 - No (2.5); 2 - Yes (3.0); 8 - Not Applicable; 9 - Unknown</td>
</tr>
<tr>
<td>Does [name] only moan, groan or make other sounds that are not understandable?</td>
<td>1 - No (3.0); 2 - Yes (3.0); 8 - Not Applicable; 9 - Unknown</td>
</tr>
</tbody>
</table>

### 3.0 Motor Response

- If speaking with participant, code 3.1 as “3-Yes”, and continue to 4.0
- If speaking with SO, and 2.1 = “3-Consistently” code 3.1 as “3-Yes” and continue to 4.0

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is [name] able to obey commands? For example, “Move finger”, “Look up”, “Close eyes”, “Stick out tongue.”</td>
<td>1 - No (3.2); 2 - Inconsistently (3.2); 3 - Yes (4.0); 9 - Unknown</td>
</tr>
</tbody>
</table>

If you pinch an arm/leg hard enough to hurt, how does [name] respond?

1. Does the person try to block the pinch in a way that shows that they know where the pain is? YES, code 1 – Localization
   NO, continue to question 2; 8 - Not Applicable; 9 - Unknown

2. Does the person move the part of the body that’s receiving the pain away from the pain? YES, code 2 – Withdrawal
   NO, continue to question 3; 8 - Not Applicable; 9 - Unknown

3. Does the patient bend both arms inward and the shoulders inward regardless of where the pinch is applied? YES, code 3 – Flexion
   NO, continue to question 4; 8 - Not Applicable; 9 - Unknown

4. Does the person stretch both arms and legs outward regardless of where the pinch is applied? YES, code 4 – Extension
   NO, continue to question 5 8 - Not Applicable; 9 - Unknown

5. Does the person not respond at all? YES, code 5 - No response
   8 - Not Applicable; 9 - Unknown
I am now going to ask you several sets of questions regarding your awareness and understanding of several everyday self-care activities. These questions focus on if you know how and when these activities should occur (i.e. always, most of the time, some of the time, never), not whether or not you can physically accomplish them.

### 4.0 Feeding

#### 4.1 Can you feed yourself independently or manage tube feedings appropriately without help or reminders?

1 - No (4.2); 2 - Yes (Mark 4.2 & 4.3 as 4) (5.0); 9 - Unknown

The next set of questions focuses on understanding and remembering aspects of eating and not on physical limitations. If you do not require physical assistance, please consider how well you know how and when to eat. If you do require physical assistance, consider how well you know and can explain to someone else how and when to eat. A good indication of your understanding is how well you can direct or communicate to someone else about your feeding routine.

#### 4.2 Do you understand what eating or feeding utensils or equipment are for and how they should be used?

#### 4.3 Do you know when meal or feeding times are?

1 - Never; 2 - Some Of The Time; 3 - Most Of The Time; 4 - Always; 9 - Unknown

### 5.0 Toileting

#### 5.1 Can you use the toilet or manage your bowel and bladder routine independently and appropriately without help or reminders?

1 - No (5.2); 2 - Yes (Mark 5.2 & 5.3 As 4) (6.0); 9 - Unknown

The next set of questions focuses on understanding and remembering aspects of toileting and not on physical limitations. If you do not require physical assistance, please consider how well you know how and when to use the toilet or conduct your bowel and bladder routine. If you do require physical assistance, consider how well you know and can explain to someone else how and when you use the toilet or conduct your bowel and bladder routine. A good indication of your understanding is how well you can direct or tell someone else about your toileting routine or bowel and bladder management.

#### 5.2 Do you understand how to manage your clothing or special equipment when toileting or in bowel and bladder management?

#### 5.3 Do you know when to use the toilet or to conduct bowel and bladder management?

1 - Never; 2 - Some Of The Time; 3 - Most Of The Time; 4 - Always; 9 - Unknown
### Grooming

Can you dress and groom yourself independently and appropriately or direct someone else in these activities without help or reminders?

1 - No (6.2); 2 - Yes (Mark 6.2 Thru 6.4 As 4) (7.0); 9 - Unknown

The next set of questions focuses on understanding and remembering aspects of dressing and grooming and not on physical limitations. If you do not require physical assistance, please consider how well you know how and when to dress and groom. If you do require physical assistance consider how well you know and can explain to someone else how and when to dress and groom. A good indication of your understanding is how well you can direct or tell someone else about your dressing and grooming routines.

#### 6.2 Do you know how to bathe and wash?

#### 6.3 Do you understand how to get dressed?

#### 6.4 Can you start and finish these grooming activities without prompting?

1 - Never; 2 - Some Of The Time; 3 - Most Of The Time; 4 - Always; 9 - Unknown

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### Level of Functioning

Do you function completely independently? That is, you do not require any physical assistance, supervision, equipment, devices, or reminders for cognitive, social, behavioral, emotional, and physical function?

Do you REQUIRE special aids or equipment such as a brace, walker, wheelchair, memory notebook, day planner, verbal reminders, prompts, cues, or alarm watch because of a disability?

1 - No; 2 - Yes; 9 - Unknown

Do you require physical assistance from another person to meet daily needs?

Do you require physical assistance from another person in tasks that require thinking abilities?

If clarification is needed... Thinking abilities include things such as concentrating, understanding, and remembering.

Do you require assistance from another person to manage emotions and behavior?

1 - Never; 2 - Some Of The Time; 3 - Most Of The Time; 4 - Always; 9 - Unknown

Do you take care of some of your needs, but also need a helper who is always close by?

Do you need help with all major activities, and the assistance of another person all the time?

Do you need 24-hour care, and are not able to help with your own care at all?

1 - No; 2 - Yes; 9 - Unknown
The last set of questions looks at your ability to be employed, or work as a student or homemaker. You should consider how often you are able to perform these responsibilities without difficulty (i.e. always, most of the time, some of the time, never). You should not consider availability of transportation or if you had been previously or are currently out of work when answering these questions. These questions look only at if you are physically, cognitively, and emotionally able to work, go to school, or run a household.

### Employability

8.0  

**Can you function with complete independence in work or social situations?**

8.1  

**Can you understand, remember, and follow directions?**

8.2  

**Can you keep track of time, schedules and appointments?**

| 1 - Never; 2 - Some of the Time; 3 - Most of the Time; 4 - Always; 9 - Unknown |

8.3  

**How certain are you that you can…**

8.4  

**perform in a wide variety of jobs of your choosing or manage a home independently or participate in school full-time?**

If clarification is needed… “Jobs of your choosing include jobs you think you would like and would be able to do.”

| 1 - Certain Or Very Certain I Cannot (8.5); 2 - Uncertain (8.5); 3 - Certain Or Very Certain I Can (Endl); 9 - Unknown |

8.5  

**be successful at work, school or in home management with some reduction in the work load or with other accommodations due to disabilities?**

| 1 - Certain Or Very Certain I Cannot (8.6); 2 - Uncertain (8.6); 3 - Certain Or Very Certain I Can (Endl); 8 - Not Applicable; 9 - Unknown |

8.6  

**be successful at work, school or in home management, but with limited choices in jobs or school courses due to disabilities?**

| 1 - Certain Or Very Certain I Cannot (8.7); 2 - Uncertain (8.7); 3 - Certain Or Very Certain I Can (Endl); 8 - Not Applicable; 9 - Unknown |

8.7  

**be able to work at home or in a special setting like a sheltered workshop in which the work is very routine and there is very frequent supervision and support?**

| 1 - Certain Or Very Certain I Cannot; 2 - Uncertain; 3 - Certain Or Very Certain I Can; 8 - Not Applicable; 9 - Unknown |

That's all the questions we have. Thank you very much for taking the time to talk with me. Your answers will be very helpful. I will be calling you in ________ year(s) to follow-up with you again. Verify address and phone #’s for future contact if you haven’t done so already.
**Primary Method of Data Collection:**

1 - In Person Interview; 2 - Telephone Interview; 3 - Questionnaire Mailing; 4 - Data Obtained From Secondary Source; 8 - Not Applicable

**Source:**
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 - Not Applicable

**Secondary Method of Data Collection:**

1 - In Person Interview; 2 - Telephone Interview; 3 - Questionnaire Mailing; 4 - Data Obtained From Secondary Source; 8 - Not Applicable: No Secondary Method of Data Collection; 9 – Unknown

**Source:**
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 - NA: No Secondary Data Source; 99 – Unknown

**Reason Person with TBI Not Providing Data:**

3 - Physically Or Cognitively Unable; 4 - Not Available; 5 - Stated Refusal; 6 - No Response To Contact; 8 - Language Barrier; 88 - Not Applicable (Data Was Provided); 99 - Unknown

**How long did this take? (in minutes)**

777 - Not Applicable – Data Collected Online; 888 - Not Applicable (Data Collected by Mail-Out); 999 - Unknown

**Format Used for Data Collection:**

1 – Online Interview; 2 – Paper Interview

**Language Interview Was Conducted In:**

1 - English; 2 - Spanish; 3 - Other

**If Spanish or other language, was a translation service used?**

1 - No; 2 - Yes; 8: NA – Interview Conducted In English