

Data collection method

1 - Interview; 2 - Questionnaire; 3 - Spanish Questionnaire; 4 - Professional Translator: Spanish; 5 - Professional Translator: Other language; 6 - Other translator: Spanish; 7 - Other translator: Other language; 10 - Other; 888 - NA; 999 - Unknown

What is your date of birth?

09/09/9999 - Unknown

Are you of Hispanic, Latino, or Spanish origin?

0 - No; 1 - Yes

What racial group or groups do you most identify as? (Ask all and select all that apply)

White

Black, African American

Asian

American Indian or Alaskan Native

Native Hawaiian or other Pacific Islander

0 - No; 1 - Yes

If you selected more than one race or ethnicity, with which do you identify most strongly?

1 - White; 2 - Black; 3 - Asian/Pacific Islander; 4 - Native American; 5 - Hispanic Origin; 6 - Biracial or Multiracial; 7 - Other; 88 - Not Applicable; 99 - Unknown

What is the primary language spoken in your home?

1 - English; 2 - Spanish; 3 - Other Language; 77 - Refused; 99 - Unknown

Language spoken (if not English or Spanish) _____

What is your country of birth?

1 - United States; 2 - Other Than United States; 77 - Refused; 99 - 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)?

777 - Refused; 888 - Not Applicable: Born in US; 999 - Unknown

Code "Follow-up period when years spend in US asked" as "0" if asked at Form 1.

Follow-up period when years spent in the US was asked

888 - Not Applicable: Born in US; 999 - Unknown

What is your marital status? _____

1 - Single (Never Married) [A person who has never married]; **2** - Married [A person who is married, whether legally or by common law]; **3** - Divorced [A person who is legally divorced]; **4** - Separated [Includes both legal separation and living apart from a married partner]; **5** - Widowed; **7** - Other; **99** - Unknown

Before the injury, who was the primary person living with you? _____

1 - Alone; **2** - Spouse or Significant Other; **3** - Other Family; **4** - Someone Else; **99** - Unknown

Before the injury, where were you living? _____

1 - Private Residence [Includes house, apartment, mobile home, foster home, condominium, dormitory (school, church, college), military barracks, boarding school, boarding home, rooming house, bunk-house, boys ranch, fraternity/sorority house, commune, migrant farmworkers camp]; **2** - Nursing Home/Subacute Care [Includes medi-center, residential, institutions licensed as hospitals but providing essentially long-term, custodial, chronic disease care, etc.]; **3** - Adult Home [Includes adult foster care, independent. living center, transitional living facility, assisted living, supported living, group home]; **4** - Correctional Institution [Includes prison, jail, penitentiary, correctional center, labor camp, halfway house, etc.]; **5** - Hotel/Motel [Includes YWCA, YMCA, guest ranch, inn]; **6** - Homeless [Includes a shelter for the homeless]; **7** - Hospital: Acute care; **8** - Hospital: Rehabilitation; **9** - Hospital: Other [Includes mental hospital, inpatient drug treatment]; **10** - Other; **999** - Unknown

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

88888 - Not Applicable [Expired in Rehab; Outside US; **99999** - Unknown

Pre-Injury 1

How many years of education have you completed? If you have not graduated from high school, choose 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). _____

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; **21** - Other; **999** - Unknown

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

0 - No; **1** - Yes; **88** - Not Applicable: HS diploma or attended college; **99** - Unknown

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.

At the time of the injury, what was your primary employment status? _____

2 - Full Time Student [Regular class]; **3** - Part Time Student [Regular class]; **4** - Special Education / Other Non-Regular Education; **5** - Competitively Employed [Minimum wage or greater, legal or illegal employment, *includes on leave with pay - not related to index injury]; **7** - Taking Care of House or Family; **8** - Special Employed [Sheltered workshop, supportive employment, has job coach]; **9** - Retired: Age-related; **10** - Unemployed: Looking [Looking for work in the 4 weeks prior to injury]; **11** - Volunteer Work; **12** - Retired: Disability; **13** - Unemployed: Not looking [Not looking for work in 4 weeks prior to injury for any reason]; **14** - Hospitalized Without Pay During Most of 4 Weeks Prior to Injury [During Most of 4 Weeks Prior to Injury]; **15** - Retired: Other; **16** - On Leave From Work: Not receiving pay; **55** - Other; **777** - Refused; **888** - Not Applicable; **999** - Unknown

If you were employed in the year before the injury, what type of job (not the name of the company) were you working at? _____

1 - Executive, Administrative, and Managerial; **2** - Professional Specialty; **3** - Technicians and Related Support; **4** - Sales; **5** - Administrative Support Including Clerical; **6** - Private Household; **7** - Protective Service; **8** - Service, Except Protective and Household; **9** - Farming, Forestry, and Fishing; **10** - Precision Production, Craft, and Repair; **11** - Machine Operators, Assemblers, and Inspectors; **12** - Transportation and Material Moving; **13** - Handlers, Equipment Cleaners, Helpers, and Laborers ; **14** - Military Occupations; **777** - Refused; **888** - Not Applicable; **999** - Unknown

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.

If you were employed in the year before the injury, what were your annual earnings (total salary) for the year before injury? Include only earnings from work - do not include income from investments, lawsuits, lottery, etc. _____

1 - \$9,999 or less; 2 - \$10,000 - \$19,999; 3 - \$20,000 - \$29,999; 4 - \$30,000 - \$39,999; 5 - \$40,000 - \$49,999; 6 - \$50,000 - \$59,999; 7 - \$60,000 - \$69,999; 8 - \$70,000 - \$79,999; 9 - \$80,000 - \$89,999; 10 - \$90,000 - \$99,999; 11 - \$100,000 or More; 777 - Refused; 888 - Not Applicable [No competitive employment in the last year]; 999 - Unknown

Next are some questions about your typical activities. So first, prior to your injury...

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

0 - None; 1 - 1 - 4 Hours; 2 - 5 - 9 Hours; 3 - 10 - 19 Hours; 4 - 20 - 34 Hours; 5 - 35 or More Hours; 77 - Refused; 99 - Unknown

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

0 - None; 1 - 1 - 4 Hours; 2 - 5 - 9 Hours; 3 - 10 - 19 Hours; 4 - 20 - 34 Hours; 5 - 35 or More Hours; 77 - Refused; 99 - Unknown

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

0 - None; 1 - 1 - 4 Hours; 2 - 5 - 9 Hours; 3 - 10 - 19 Hours; 4 - 20 - 34 Hours; 5 - 35 or More Hours; 77 - Refused; 99 - Unknown

in a typical month, how many times did you do volunteer work? _____

0 - None; 1 - One Time; 2 - Two Times; 3 - Three Times; 4 - Four Times; 5 - Five or More Times; 77 - Refused; 99 - Unknown

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

Blindness or a severe vision impairment _____

Deafness or a severe hearing impairment _____

A condition that substantially limited one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying _____

0 - No; 1 - Yes; 99 - Unknown

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

0 - No; 1 - Yes; 77 - Refused; 99 - Unknown

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, choose 'Yes')

Learning, remembering, or concentrating _____

Dressing, bathing, or getting around inside the home _____

Going outside the home alone to shop or visit a doctor's office _____

Working at a job or business _____

0 - No; 1 - Yes; 99 - Unknown

TBI

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 *in your lifetime, 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.

In your lifetime...

- 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.**

Is there any head or neck injury reported?

0 - No; 1 - Yes; 77 - Refused; 99 - 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; 77 - Refused; 99 - Unknown

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

0 - No; 1 - Yes; 77 - Refused; 88 - Not Applicable (Positive LOC); 99 - Unknown

How old were you?

999 - Unknown

Step 1:

Step 2:

Cause: (Continue on back if more than 4 causes)

LOC/Knocked Out:

Dazed/Mem. Gap:

Age:

Step 3

Interviewer instruction: Ask the following questions to help identify a history that may include repeated head impacts and complete the chart below.

In your lifetime, 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)? _____
0 - No; 1 - Yes; 77 - Refused; 99 - Unknown

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; 77 - Refused; 99 - 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; 77 - Refused; 99 - Unknown

How old were you when these repeated injuries began?

How old were you when these repeated injuries ended?

999 - Unknown

Step 3:

Cause Of Repeated Injury:	Typical:	Most Severe:	Began:	Ended:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Step 2 Cause Categories

1 - Motor Vehicle; 2 - Motorcycle; 3 - Bicycle; 4 - All-Terrain Vehicle (ATV) and All-Terrain Cycle (ATC); 5 - Other Vehicular: Unclassified; 10 - Gunshot Wound; 11 - Assaults With Blunt Instrument; 12 - Other Violence; 13 - Water Sports; 14 - Field/Track Sports; 15 - Gymnastic Activities; 16 - Winter Sports; 17 - Air Sports; 18 - Other Sports; 19 - Fall; 20 - Hit By Falling/Flying Object; 21 - Pedestrian; 22 - Other Unclassified; 999 - Unknown

Step 3 Cause Categories/Subcategories

Sports 1.1 - Sport-related falls; 1.2 - Collision with other athletes during activity; 1.3 - Sport-related vehicular; 1.4 - Struck by sporting equipment; 1.5 - Sport-related violence; 1.6 - Sports (Other)

Military 2.1 - Blast Exposure; 2.2 - Weapons Operations; 2.3 - Maritime Operations; 2.4 - Airborne Operations; 2.5 - Combatives; 2.6 - Military Vehicle Transport; 2.7 - Other Military

Repetitive Violence/Assault 3.1 - Intimate Partner Violence; 3.2 - Childhood Abuse; 3.3 - Elder Abuse; 3.4 - Non-Domestic Violence; 3.5 - Self-Inflicted Violence; 3.6 - Other Repetitive Violence (not otherwise specified)

Falls 4.1 - Falls due to seizures; 4.2 - Falls due to physical disability or medical reason (except seizure); 4.3 - Falls (Other)

Vehicular 5.1 - Motor Vehicle Accidents; 5.2 - Motorcycle/All-Terrain Vehicle (ATV); 5.3 - Other vehicle

Other 6.1 - Seizures (without mention of falls); 6.2 - Bumping/Hitting Head; 6.3 - Blasts/Explosions (not otherwise specified); 6.4 - Occupational Exposures (not otherwise specified); 6.5 - Nonspecific

Health

Has a doctor or other health professional ever told you that you had...

1. Hypertension or high blood pressure?

0 - No; 1 - Yes; 88 - N/A; 99 - Unknown

1a. If yes, was that before, after or about the same time as your TBI?

1 - Before TBI; 2 - Same Time As TBI; 3 - After TBI; 88 - N/A; 99 - Unknown

2. Congestive heart failure?

0 - No; 1 - Yes; 88 - N/A; 99 - Unknown

2a. If yes, was that before, after or about the same time as your TBI?

1 - Before TBI; 2 - Same Time As TBI; 3 - After TBI; 88 - N/A; 99 - Unknown

3. A myocardial infarction or heart attack?

0 - No; 1 - Yes; 88 - N/A; 99 - Unknown

3a. If yes, was that before, after or about the same time as your TBI?

1 - Before TBI; 2 - Same Time As TBI; 3 - After TBI; 88 - N/A; 99 - Unknown

4. A stroke?

0 - No; 1 - Yes; 88 - N/A; 99 - Unknown

4a. If yes, was that before, after or about the same time as your TBI?

1 - Before TBI; 2 - Same Time As TBI; 3 - After TBI; 88 - N/A; 99 - Unknown

5. High blood cholesterol?

0 - No; 1 - Yes; 88 - N/A; 99 - Unknown

5a. If yes, was that before, after or about the same time as your TBI?

1 - Before TBI; 2 - Same Time As TBI; 3 - After TBI; 88 - N/A; 99 - Unknown

6. Diabetes, high blood sugar, or sugar in the urine?

0 - No; 1 - Yes; 88 - N/A; 99 - Unknown

6a. If yes, was that before, after or about the same time as your TBI?

1 - Before TBI; 2 - Same Time As TBI; 3 - After TBI; 88 - N/A; 99 - Unknown

7. Liver disease (such as hepatitis)?

0 - No; 1 - Yes; 88 - N/A; 99 - Unknown

7a. If yes, was that before, after or about the same time as your TBI?

1 - Before TBI; 2 - Same Time As TBI; 3 - After TBI; 88 - N/A; 99 - Unknown

8. Rheumatoid arthritis?

0 - No; 1 - Yes; 88 - N/A; 99 - Unknown

8a. If yes, was that before, after or about the same time as your TBI?

1 - Before TBI; 2 - Same Time As TBI; 3 - After TBI; 88 - N/A; 99 - Unknown

9. Osteoarthritis?

0 - No; 1 - Yes; 88 - N/A; 99 - Unknown

9a. If yes, was that before, after or about the same time as your TBI?

1 - Before TBI; 2 - Same Time As TBI; 3 - After TBI; 88 - N/A; 99 - Unknown

10. Dementia of some kind, like Alzheimer's?

0 - No; 1 - Yes; 88 - N/A; 99 - Unknown

10a. If yes, was that before, after or about the same time as your TBI?

1 - Before TBI; 2 - Same Time As TBI; 3 - After TBI; 88 - N/A; 99 - Unknown

11. Parkinson's disease?

0 - No; 1 - Yes; 88 - N/A; 99 - Unknown

11a. If yes, was that before, after or about the same time as your TBI?

1 - Before TBI; 2 - Same Time As TBI; 3 - After TBI; 88 - N/A; 99 - Unknown

12. Panic attacks?

0 - No; 1 - Yes; 88 - N/A; 99 - Unknown

12a. If yes, was that before, after or about the same time as your TBI?

1 - Before TBI; 2 - Same Time As TBI; 3 - After TBI; 88 - N/A; 99 - Unknown

13. PTSD (Post-traumatic stress disorder)?

0 - No; 1 - Yes; 88 - N/A; 99 - Unknown

13a. If yes, was that before, after or about the same time as your TBI?

1 - Before TBI; 2 - Same Time As TBI; 3 - After TBI; 88 - N/A; 99 - Unknown

Pre-Injury 2

At the time of your injury, or just prior to your injury, did you smoke cigarettes every day, some days, or not at all?

1 - Not At All; 2 - Some Days; 3 - Everyday; 77 - Refused; 99 - Unknown

During the year before the injury, did you use any illicit or non-prescription drugs?

If 'Yes', skip marijuana questions and code both as '88-NA'.

0 - No; 1 - Yes; 77 - Refused; 88 - Not Applicable; 99 - Unknown

If clarification is needed... We are wanting to know about drugs like marijuana, crack or heroin; or about prescription drugs like pain killers 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.

Did you use marijuana?

Was marijuana prescribed to you?

0 - No; 1 - Yes; 77 - Refused; 88 - Not Applicable; 99 - Unknown

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? _____

0 - No; 1 - Yes; 77 - Refused; 99 - Unknown

During the month before the injury, how many days per week did you drink any alcoholic beverages on the average? _____

77 - Refused; 88 - Not Applicable; 99 - Unknown

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? _____

777 - Refused; 888 - Not Applicable; 999 - Unknown

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? _____

777 - Refused; 888 - Not Applicable; 999 - Unknown

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? _____

777 - Refused; 888 - Not Applicable; 999 - Unknown

Have you ever been hospitalized for a psychiatric problem? _____

If yes, were you hospitalized for a psychiatric problem in the year before the injury? _____

0 - No; 1 - Yes; 77 - Refused; 88 - Not Applicable; 99 - Unknown

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

If yes, did you receive treatment for any mental health problems in the year before injury? _____

0 - No; 1 - Yes; 77 - Refused; 88 - Not Applicable; 99 - Unknown

Have you ever attempted suicide? _____

If yes, did you attempt suicide in the year before the injury? _____

0 - No; 1 - Yes; 77 - Refused; 88 - Not Applicable; 99 - Unknown

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

0 - No; 1 - Yes; 77 - Refused; 99 - Unknown

Have you ever served in the military? _____

0 - No; 1 - Yes; 77 - Refused; 99 - Unknown

How many years of active duty have you served in the military? _____

777.0 - Refused; 888.0 - Not Applicable: Never served in military; 999.0 - Unknown

Were you ever deployed in a combat zone? _____

0 - No; 1 - Yes; 77 - Refused; 88 - Not Applicable: Never served in military; 99 - Unknown

Who answered these questions? _____

0 - Participant; 1 - Spouse; 2 - Parent(s); 3 - Sibling; 4 - Adult Child; 5 - Boyfriend, girlfriend, fiancé; 7 - Other relative; 8 - Friend; 9 - Professional Caregiver; 88 - NA; 99 - Unknown