TBI Model Systems
Pre-Injury Questionnaire

SubjectID: _____

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: _____.

What is your date of birth? ____/____/_____

Are you of Hispanic, Latino, or Spanish origin?

□ No □ Yes

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

White:

□ No □ Yes

Black, African American:

□ No □ Yes

Asian:

□ No □ Yes

American Indian or Alaskan Native:

□ No □ Yes

Native Hawaiian or other Pacific Islander:

□ No □ Yes

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

□ White
□ Black
□ Asian/Pacific Islander
□ Native American
□ Hispanic Origin
□ Biracial or Multiracial
□ Other

What is the primary language spoken in your home?

□ English
□ Spanish
□ Other Language

Language spoken (if not English or Spanish) _____

What is your country of birth? _____

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

What is your marital status?

- □ Single (Never Married)
- □ Married
- □ Divorced
- □ Separated
- □ Widowed
- □ Other

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

- □ Alone
- □ Spouse or significant other
- □ Other family
- □ Someone else

Before the injury, where were you living?

- □ Private Residence
- □ Nursing Home/Subacute Care
- □ Adult Home
- □ Correctional Institution
- □ Hotel/Motel
- □ Homeless
- □ Hospital: Acute care
- □ Hospital: Rehabilitation
- □ Hospital: Other
- □ Other

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

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 Year or Less
- □ 2 Years
- □ 3 Years
- □ 4 Years
- □ 5 Years
- □ 6 Years
- □ 7 Years
- □ 8 Years
- □ 9 Years
- □ 10 Years
- □ 11 or 12 years: No diploma
- □ HS 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 Level
- □ Doctoral Level Degree
- □ Other

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

□ No □ Yes

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

- □ Full Time Student [Regular class]
- □ Part Time Student [Regular class]
- □ Special Education / Other Non-Regular Education
- □ Competitively Employed [Minimum wage or greater, legal or illegal employment, *includes on leave with pay]
- □ Taking Care of House or Family
- □ Special Employed [Sheltered workshop, supportive employment, has job coach]
- □ Retired: Age-related
- □ Unemployed: Looking for work in the last 4 weeks
- □ Volunteer Work
- □ Retired: Disability
- □ Unemployed: Not looking for work in last 4 weeks for any reason
- □ Hospitalized Without Pay [During last 4 weeks]
- □ Retired: Other; 16 - On Leave From Work: Not receiving pay
- □ Hospitalized With Pay
- □ Other

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

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.

- □ $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

Before your injury, in a typical week, how many hours did 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

Before your injury, 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?

□ None □ 1 - 4 Hours □ 5 - 9 Hours
□ 10 - 19 Hours □ 20 - 34 Hours □ 35 or More Hours

Before your injury, in a typical week, how many hours did 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

Before your injury, in a typical month, how many times did you do volunteer work?

□ None □ 1 Time □ 2 Times
□ 3 Times □ 4 Times □ 5 or More Times

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

Blindness or a severe vision impairment

□ No □ Yes

Deafness or a severe hearing impairment

□ No □ Yes

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

□ No □ Yes

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

□ No □ 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, choose 'Yes')

Learning, remembering, or concentrating:

□ No □ Yes

Dressing, bathing, or getting around inside the home:

□ No □ Yes

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

□ No □ Yes

Working at a job or business:

□ No □ Yes

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

□ Not At All □ Some Days □ Every Day

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

□ No □ Yes

Did you use marijuana?

□ No □ Yes

Was marijuana prescribed to you?

□ No □ Yes

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?

□ No □ Yes

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

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?

_____

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? _____

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? _____

Have you ever been hospitalized for a psychiatric problem?

□ No □ Yes

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

□ No □ Yes

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

□ No □ Yes

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

□ No □ Yes

Have you ever attempted suicide?

□ No □ Yes

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

□ No □ Yes

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

□ No □ Yes

Have you ever served in the military?

□ No □ Yes

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

Were you ever deployed in a combat zone?

□ No □ Yes

Who answered these questions?

□ Participant
□ Spouse
□ Parent(s)
□ Sibling
□ Adult Child
□ Boyfriend, girlfriend, fiancé
□ Other relative
□ Friend
□ Professional Caregiver