

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?

- | | |
|---|---|
| <input type="checkbox"/> Private Residence | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Nursing Home/Subacute Care | <input type="checkbox"/> Hospital: Acute care |
| <input type="checkbox"/> Adult Home | <input type="checkbox"/> Hospital: Rehabilitation |
| <input type="checkbox"/> Correctional Institution | <input type="checkbox"/> Hospital: Other |
| <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> 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).

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> 1 Year or Less | <input type="checkbox"/> 7 Years | <input type="checkbox"/> HS Diploma | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> 2 Years | <input type="checkbox"/> 8 Years | <input type="checkbox"/> Work Toward Associate's | <input type="checkbox"/> Work Toward Doctoral Level |
| <input type="checkbox"/> 3 Years | <input type="checkbox"/> 9 Years | <input type="checkbox"/> Associate's Degree | <input type="checkbox"/> Doctoral Level Degree |
| <input type="checkbox"/> 4 Years | <input type="checkbox"/> 10 Years | <input type="checkbox"/> Work Toward Bachelor's | <input type="checkbox"/> Other |
| <input type="checkbox"/> 5 Years | <input type="checkbox"/> 11 or 12 years: No diploma | <input type="checkbox"/> Bachelor's Degree | |
| <input type="checkbox"/> 6 Years | | <input type="checkbox"/> Work Toward Master's | |

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?

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

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.

- | | | |
|--|--|--|
| <input type="checkbox"/> \$9,999 or Less | <input type="checkbox"/> \$40,000 - \$49,999 | <input type="checkbox"/> \$80,000 - \$89,999 |
| <input type="checkbox"/> \$10,000 - \$19,999 | <input type="checkbox"/> \$50,000 - \$59,999 | <input type="checkbox"/> \$90,000 - \$99,999 |
| <input type="checkbox"/> \$20,000 - \$29,999 | <input type="checkbox"/> \$60,000 - \$69,999 | <input type="checkbox"/> \$100,000 or More |
| <input type="checkbox"/> \$30,000 - \$39,999 | <input type="checkbox"/> \$70,000 - \$79,999 | |

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

- | | | |
|--|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> 1 - 4 Hours | <input type="checkbox"/> 5 - 9 Hours |
| <input type="checkbox"/> 10 - 19 Hours | <input type="checkbox"/> 20 - 34 Hours | <input type="checkbox"/> 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?

- | | | |
|--|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> 1 - 4 Hours | <input type="checkbox"/> 5 - 9 Hours |
| <input type="checkbox"/> 10 - 19 Hours | <input type="checkbox"/> 20 - 34 Hours | <input type="checkbox"/> 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?

- | | | |
|--|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> 1 - 4 Hours | <input type="checkbox"/> 5 - 9 Hours |
| <input type="checkbox"/> 10 - 19 Hours | <input type="checkbox"/> 20 - 34 Hours | <input type="checkbox"/> 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

Has a doctor or other health professional ever told you that you had... (please circle response below)

1. Hypertension or high blood pressure?	No	Yes	
<i>If yes, was that before, after, or about same time as your TBI?</i>	<i>Before</i>	<i>Same time</i>	<i>After</i>
2. Congestive heart failure?	No	Yes	
<i>If yes, was that before, after, or about same time as your TBI?</i>	<i>Before</i>	<i>Same time</i>	<i>After</i>
3. Myocardial infarction or heart attack?	No	Yes	
<i>If yes, was that before, after, or about same time as your TBI?</i>	<i>Before</i>	<i>Same time</i>	<i>After</i>
4. Stroke?	No	Yes	
<i>If yes, was that before, after, or about same time as your TBI?</i>	<i>Before</i>	<i>Same time</i>	<i>After</i>
5. High Blood Cholesterol?	No	Yes	
<i>If yes, was that before, after, or about same time as your TBI?</i>	<i>Before</i>	<i>Same time</i>	<i>After</i>
6. Diabetes, high blood sugar, or sugar in the urine?	No	Yes	
<i>If yes, was that before, after, or about same time as your TBI?</i>	<i>Before</i>	<i>Same time</i>	<i>After</i>
7. Liver disease (such as hepatitis)?	No	Yes	
<i>If yes, was that before, after, or about same time as your TBI?</i>	<i>Before</i>	<i>Same time</i>	<i>After</i>
8. Rheumatoid arthritis?	No	Yes	
<i>If yes, was that before, after, or about same time as your TBI?</i>	<i>Before</i>	<i>Same time</i>	<i>After</i>
9. Osteoarthritis?	No	Yes	
<i>If yes, was that before, after, or about same time as your TBI?</i>	<i>Before</i>	<i>Same time</i>	<i>After</i>
10. Dementia of some kind, like Alzheimer's?	No	Yes	
<i>If yes, was that before, after, or about same time as your TBI?</i>	<i>Before</i>	<i>Same time</i>	<i>After</i>
11. Parkinson's disease?	No	Yes	
<i>If yes, was that before, after, or about same time as your TBI?</i>	<i>Before</i>	<i>Same time</i>	<i>After</i>
12. Panic attacks?	No	Yes	
<i>If yes, was that before, after, or about same time as your TBI?</i>	<i>Before</i>	<i>Same time</i>	<i>After</i>
13. PTSD (Post-traumatic stress disorder)?	No	Yes	
<i>If yes, was that before, after, or about same time as your TBI?</i>	<i>Before</i>	<i>Same time</i>	<i>After</i>

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?

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> Participant | <input type="checkbox"/> Sibling | <input type="checkbox"/> Other relative |
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Adult Child | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Parent(s) | <input type="checkbox"/> Boyfriend, girlfriend, fiancé | <input type="checkbox"/> Professional Caregiver |