

*Prior to conducting a Form 2 interview, run and review the "Inter-Form Values by Subject ID" report to avoid accruing new inter-form inconsistencies.*

**KEYS**

**Subject ID** \_\_\_\_\_

**Staff initials** \_\_\_\_\_

**Follow-up period** \_\_\_\_\_

**GUID\_consent** \_\_\_\_\_

1 - Consented; 2 - Deceased Prior; 3 - Did Not Consent; 77 - Refused

**GUID\_real:** \_\_\_\_\_

**Sex:** \_\_\_\_\_

1 - Female; 2 - Male; 99 - Unknown

**Status**

**Interview status** \_\_\_\_\_

1 - Followed; 2 - Lost; 3 - Refused; 4 - Incarcerated; 5 - Withdrew; 6 - Expired

**If lost, why?** \_\_\_\_\_

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; 81 - Not Applicable; 82 - Not Applicable, Expired; 88 - Not Applicable (Data Was Provided); 99 - Unknown

**Follow-up evaluation date** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

04/04/4444 - Expired; 05/05/5555 - Withdrew authorization; 07/07/7777 - Not Applicable: Includes refused, incarcerated and lost; 08/08/8888 - Not Applicable: Other; 09/09/9999 - Unknown [Collected via secondary source]

*If patient is expired, code Causes of Death as "44444 - Expired: Cause Unknown". ICD 10 codes to be assigned by NDSC staff only.*

**Date of death** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

04/04/4444 - Expired: Date unknown; 08/08/8888 - Not Applicable: Person Alive; 09/09/9999 - Unknown

**Cause of death ICD diagnosis code: primary** \_\_\_\_\_

44444 - Expired: Cause unknown; 88888 - Not Applicable: Person alive or death not due to external causes; 99999 - Unknown

**Cause of death ICD diagnosis code: secondary** \_\_\_\_\_

44444 - Expired: Cause unknown; 88888 - Not Applicable: Person alive or death not due to external causes; 99999 - Unknown

**External cause of death ICD code** \_\_\_\_\_

44444 - Expired: Cause unknown; 88888 - Not Applicable: Person alive or death not due to external causes; 99999 - Unknown

**Demographics**

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...

**Where do you live now?** \_\_\_\_\_

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

**Authorization received for collection of street address** \_\_\_\_\_

0 - No; 1 - Yes

**What is the address where you live? *If given a PO Box, request street address***

Street address 1 \_\_\_\_\_

Street address 2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

888 - Not Applicable: Authorization not given; 999 - Unknown

**Zip code:** *Collect zip code even if authorization for street address not given* \_\_\_\_\_

88888 - Not Applicable [Person lives outside of the US]; 99999 - Unknown

**Who are you currently living with?** \_\_\_\_\_

1 - Alone; 2 - Spouse or significant other; 3 - Other family; 4 - Someone else; 99 - Unknown

**What is your current 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

**Do you live with your spouse or significant other?** *Frame question based on answer to Marital Status question* \_\_\_\_\_

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

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

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

*If the following ethnicity and race data is blank, please ask the following questions. You do not need to ask these questions if they have been answered on a previous interview.*

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

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

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

**White** \_\_\_\_\_

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

**Black, African American** \_\_\_\_\_

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

**Asian** \_\_\_\_\_

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

**American Indian or Alaskan Native** \_\_\_\_\_

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

**Native Hawaiian or other Pacific Islander** \_\_\_\_\_

0 - No; 1 - Yes; 77 - Refused; 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 the 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 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

*Do not ask the question below. If this is the first time asking the Cultural questions, please fill in the follow-up period that the question was asked. (Code '0' means this was collected at Form 1.)*

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

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

**Employment**

**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; 21 - Other; 999 - Unknown

**Did you earn a GED? *Ask only if completed less than 12 years of school*** \_\_\_\_\_

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

**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?** \_\_\_\_\_

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

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*If the Military Service History data below is blank or "66 - Variable Did Not Exist", please ask the following questions. These questions do not need to be asked if they have been answered on a previous interview.*

**Have you ever served in the military?** \_\_\_\_\_

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

**How many years of active duty did you serve?** \_\_\_\_\_

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

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

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

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**This next 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.**

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

1 - Never; 2 - Some Of The Time; 3 - Most Of The Time; 4 - Always; 99 - Unknown

**8.2 Can you understand, remember, and follow directions?** \_\_\_\_\_

1 - Never; 2 - Some Of The Time; 3 - Most Of The Time; 4 - Always; 99 - Unknown

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

1 - Never; 2 - Some Of The Time; 3 - Most Of The Time; 4 - Always; 99 - Unknown

**8.4 How certain are you that you can 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 [Go to 8.5.]; 2 - Uncertain [Go to 8.5.]; 3 - Certain Or Very Certain I Can - END; 99 - Unknown

**8.5 How certain are you that you can 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 [Go to 8.6.]; 2 - Uncertain [Go to 8.6.]; 3 - Certain Or Very Certain I Can - END; 88 - Not Applicable; 99 - Unknown

**8.6 How certain are you that you can 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 [Go to 8.7.]; 2 - Uncertain [Go to 8.7.]; 3 - Certain Or Very Certain I Can - END; 88 - Not Applicable; 99 - Unknown

**8.7 How certain are you that you can 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 - END; 2 - Uncertain - END; 3 - Certain Or Very Certain I Can - END; 88 - Not Applicable - END; 99 - Unknown

**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 a therapist)?**

*If NO, code the following question as NA.*

**When did you start working in a regular job following your injury?** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**07/07/7777** - Refused; **08/08/8888** - Not Applicable: No post-injury competitive employment; **08/08/8899** - Not Applicable: Competitive employment reported at prior evaluation; **09/09/9999** - Unknown

*Determine employment 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.*

**What is your current 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 due 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 last 4 weeks]; **11** - Volunteer Work; **12** - Retired: Disability; **13** - Unemployed: Not Looking [Not looking for work in last 4 weeks for any reason]; **14** - Hospitalized Without Pay [Not looking for work in the last 4 weeks]; **15** - Retired: Other; **16** - On Leave from Work: Not receiving pay [Not receiving pay]; **17** - Medical leave with pay or Workers Comp [Due to initial index injury]; **55** - Other; **777** - Refused; **999** - Unknown

**In a typical week, how many hours do 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

*Only ask if competitively employed, or special employed*

**What kind of work do you currently do?**

**1** - Executive, Administrative, and Managerial; **2** - Professional Specialty; **3** - Technicians and Related Support; **4** - Sales; **5** - Administrative Support [Includes 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

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

**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 [Not currently competitively employed]; **999** - Unknown

**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.**

**1** - Less than \$25,000; **2** - \$25,000 - \$49,999; **3** - \$50,000 - \$99,999; **4** - \$100,000 - \$149,999; **5** - \$150,000 - \$199,999; **6** - \$200,000 or More; **77** - Refused; **99** - Unknown

*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."*

**PART**

**Next are some questions about your typical activities. So first...**

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

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

**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.** \_\_\_\_\_

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

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

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

**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?** \_\_\_\_\_

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

**In a typical week, how many times do you use the Internet for communication with others? For example, text, email, virtual meetings, social media.** \_\_\_\_\_

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

**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 - 2 Days; 2 - 3 - 4 Days; 3 - 5 - 6 Days; 4 - 7 Days; 77 - Refused; 99 - Unknown

**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; 81 - Not Applicable: Variable not due this year; 82 - Not Applicable: No motorized transportation; 99 - Unknown

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

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

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

**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.** \_\_\_\_\_

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

**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 - 4 Times; 2 - 5 - 9 Times; 3 - 10 - 19 Times; 4 - 20 - 34 Times; 5 - 35 or More Times; 77 - Refused; 99 - Unknown

**<<< IF YOU ARE INCORPORATING THE BTACT YOU SHOULD START IT NOW >>>**

**NOTE - TIME SPAN FOR DELAYED WORD RECALL SHOULD BE APPROXIMATELY 13-20 MINUTES**

**I have some more questions on how often you do various things in a typical month...**

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

**SWLS**

**Next, is a list of four 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... *Skip these questions if not being completed by person with TBI***

*Response categories may be read as: "Do you agree, disagree or neither agree or disagree?" Follow up with "Would you say you strongly (agree/disagree), agree/disagree, slightly (agree/disagree)?"*

**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** \_\_\_\_\_

**1 - Strongly Disagree; 2 - Disagree; 3 - Slightly Disagree; 4 - Neither Agree nor Disagree; 5 - Slightly Agree; 6 - Agree; 7 - Strongly Agree; 81 - Not Applicable: Variable not due this year; 82 - Not Applicable: No data from person with TBI; 99 - Unknown**

**<<< IF YOU ARE INCORPORATING THE BTACT, ASK THE DELAYED WORD RECALL NOW >>>**

**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 *(anytime)* or *(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.

**(In your lifetime)... or (Since we last spoke with you on last successful follow-up date)...**

- 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)... 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)?**

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**

**(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 had a psychiatric disorder? If YES, please provide reasons for hospitalization(s) below**

**Rehospitalization 1:** \_\_\_\_\_

**Rehospitalization 2:** \_\_\_\_\_

**Rehospitalization 3:** \_\_\_\_\_

**Rehospitalization 4:** \_\_\_\_\_

**Rehospitalization 5:** \_\_\_\_\_

**888.00** - N/A; **991.00** - Participant Hospitalized, Reason Unknown; **992.00** - Unknown whether participant was hospitalized

**How many seizures have you had in the past year (since your discharge)?** \_\_\_\_\_

**1** - up to three seizures; **2** - 4-12 seizures; **3** - at least one seizure monthly; **4** - at least one seizure weekly; **5** - at least one seizure daily; **88** - Not applicable: No seizures; **99** - Unknown

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

*If a condition was positively endorsed at a previous data collection time-point, do not ask that item again.*

**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

**How tall are you without shoes (in Inches)?** \_\_\_\_\_

888 - Not Applicable (Any Arm or Leg Amputation); 999 - Unknown

**How much do you weigh without shoes (in Pounds)?** \_\_\_\_\_

8888 - Not Applicable (Any Arm or Leg Amputation); 9999 - Unknown

*GENERAL HEALTH QUESTION TO BE COLLECTED FROM PERSON WITH TBI ONLY*

**In general, would you say your health is...** \_\_\_\_\_

1 - Excellent; 2 - Very Good; 3 - Good; 4 - Fair; 5 - Poor; 82 - Not Applicable - No data From Person With TBI; 99 - Unknown

**Substance Use**

**Moving on to some different questions now...**

**Do you currently 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 last 12 months did you use any illicit or non-prescription drugs?** \_\_\_\_\_

0 - No; 1 - Yes; 7 - 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?** \_\_\_\_\_

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

**Was marijuana prescribed to you?** \_\_\_\_\_

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

**During the past month have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?** \_\_\_\_\_

0 - No; 1 - Yes; 77 - Refused; 81 - Not Applicable; 99 - Unknown

**During the past month, how many days per week did you drink any alcoholic beverages on the average?** \_\_\_\_\_

77 - Refused; 81 - 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 average?** \_\_\_\_\_

777 - Refused; 881 - Not Applicable; 999 - Unknown

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

777 - Refused; 881 - Not Applicable; 999 - Unknown

**FEMALES ONLY: Considering all types of alcoholic beverages, how many times during the past month did you have four or more drinks on an occasion?** \_\_\_\_\_

777 - Refused; 881 - Not Applicable; 999 - Unknown

**PHQ/GAD**

**Over the last two weeks, how often have you been bothered by any of the following problems?**

*TO BE COLLECTED FROM PERSON WITH TBI ONLY*

- a. Little interest or pleasure in doing things** \_\_\_\_\_
  
- b. Feeling down, depressed, or hopeless** \_\_\_\_\_
  
- Skip to GAD if both a. and b. are "0-Not At All", and code remaining PHQ items as "81-Not Applicable"*
- c. Trouble falling or staying asleep, or sleeping too much** \_\_\_\_\_
  
- d. Feeling tired or having little energy** \_\_\_\_\_
  
- e. Poor appetite or overeating** \_\_\_\_\_
  
- f. Feeling bad about yourself or that you are a failure or have let yourself or your family down** \_\_\_\_\_
  
- g. Trouble concentrating on things, such as reading the newspaper or watching television** \_\_\_\_\_
  
- 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** \_\_\_\_\_
  
- i. Thoughts that you would be better off dead or hurting yourself in some way** \_\_\_\_\_

**0** - Not at All; **1** - Several Days; **2** - More Than Half of the Days; **3** - Nearly Every Day; **81** - Not Applicable; **82** - Not Applicable: No data from person with TBI; **99** - Unknown

*Skip "j" and code as "81 - Not Applicable: No Problems" if PHQ a. through i. are all coded as "0-Not at All".*

**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?** \_\_\_\_\_

**0** - Not Difficult at All; **1** - Somewhat Difficult; **2** - Very Difficult; **3** - Extremely Difficult; **81** - Not Applicable: No problems; **82** - Not Applicable: No data from person with TBI; **99** - Unknown

**This next set asks questions that sound similar to some asked earlier, but they are different.  
Over the last two weeks, how often have you been bothered by any of the following problems?**

*TO BE COLLECTED FROM PERSON WITH TBI ONLY*

- a. Feeling nervous, anxious or on edge** \_\_\_\_\_
  
- b. Not being able to stop or control worrying** \_\_\_\_\_
  
- Skip to FIM if both a. and b. are “0-Not At All”, and code remaining GAD items as “81-Not Applicable”
  
- c. Worrying too much about different things** \_\_\_\_\_
  
- d. Trouble relaxing** \_\_\_\_\_
  
- e. Being so restless that it is hard to sit still** \_\_\_\_\_
  
- f. Becoming easily annoyed or irritable** \_\_\_\_\_
  
- g. Feeling afraid as if something awful might happen** \_\_\_\_\_

0 - Not at All; 1 - Several Days; 2 - More Than Half of the Days; 3 - Nearly Every Day; 81 - Not Applicable; 82 - Not Applicable: No data from person with TBI; 99 - Unknown

Skip “h” and code as “81-Not Applicable: No Problems” if GAD a. through g. are all coded as “0-Not at All”.

**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?** \_\_\_\_\_

0 - Not Difficult at All; 1 - Somewhat Difficult; 2 - Very Difficult; 3 - Extremely Difficult; 81 - Not Applicable: No problems; 82 - Not Applicable: No data from person with TBI; 99 - Unknown

---

**In the past year, have you attempted suicide?** \_\_\_\_\_

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

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**FIM**

Now I have a series of questions about everyday activities...

**MOTOR**

**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 (w; c; 99)**

**Walking/Wheelchair**

**Stairs**

**COGNITIVE**

**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]; 99 - Unknown

**Used to calculate Bowel/Bladder Management score**

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; 99 – Unknown

**DRS**

**I have a series of questions that range from simple to more complex functioning 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.*

**2.1 Is [name] able to communicate with you in a way that you and others clearly understand?** \_\_\_\_\_

1 - No - Skip to 2.4; 2 - Inconsistently [Go to 2.2]; 3 - Consistently [Go to 2.2]; 99 - Unknown

**2.2 How do they communicate primarily?** \_\_\_\_\_

1 - Speech; 2 - Writing Or Spelling Device; 3 - Gestures Or Signals; 88 - Not Applicable [Go to 2.2]; 99 - Unknown

*“Day” can be day of week or date of month.*

*Time of day can be actual time or can be ability to differentiate morning/afternoon/evening.*

**2.3 Are you [they] able to give your [their] correct name, location, year, month, day, and time of day promptly when asked?** \_\_\_\_\_

1 - No - Skip to 3.0; 2 - Sometimes - Skip to 3.0; 3 - Yes But Takes More Than A Few Seconds - Skip to 3.0; 4 - Yes - Skip to 4.0; 88 - Not Applicable [Go to 2.2]; 99 - Unknown

**2.4 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?** \_\_\_\_\_

1 - No [Go to 2.5]; 2 - Yes - Skip to 4.0; 88 - Not Applicable; 99 - Unknown

**2.5 Does [name] only moan, groan or make other sounds that are not understandable?** \_\_\_\_\_

1 - No - Skip to 4.0; 2 - Yes - Skip to 4.0; 88 - Not Applicable; 99 - Unknown

---

*If speaking with a participant, code 3.1 as “yes” and continue to 4.0 If speaking with SO, and 2.1 = “consistently” code 3.1 as “yes” and continue to 4.0*

**3.1 Are you [they] able to obey commands? For example, move finger, look up, close eyes, stick out tongue.** \_\_\_\_\_

1 - No; 2 - Inconsistently; 3 - Yes; 99 - Unknown

*For question 3.2 below, ask response items 1-5 below to determine the level that best characterizes the person with TBI’s response.*

1. Does [name] try to block the pinch in a way that shows that [s/he] knows where the pain is? (Localization)
2. Does [name] move the part of the body that’s receiving the pain away from the pain? (Withdrawal)
3. Does [name] bend both arms inward and the shoulders inward regardless of where the pinch is applied? (Flexion)
4. Does [name] stretch both arms and legs outward regardless of where the pinch is applied? (Extension)
5. Does [name] not respond at all? (No Response)

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

1 - Localization; 2 - Withdrawal; 3 - Flexion; 4 - Extension; 5 - No Response; 88 - Not Applicable; 99 - 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.

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

1 - No [Go to 4.2]; 2 - Yes - Mark 4 = Always in 4.2. and 4.3., then skip to 5.0.; 99 - Unknown

The next set of questions focuses on understanding and remembering aspects of eating and not on physical limitations. If [name] does not require physical assistance, please consider how well [name] knows how and when to eat. If [name] does require physical assistance, consider how well [name] knows and can explain to someone else how and when to eat. A good indication of [his/her] understanding is how well [name] can direct or communicate to someone else about [his/her] feeding routine.

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

1 - Never; 2 - Some Of The Time; 3 - Most Of The Time; 4 - Always; 99 - Unknown

**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; 99 - Unknown

---

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

1 - No [Go to 5.2]; 2 - Yes - Mark 4 = Always in 5.2. and 5.3., then skip to 6.0; 99 - Unknown

The next set of questions focuses on understanding and remembering aspects of toileting and not on physical limitations. If [name] does not require physical assistance, please consider how well [name] knows how and when to use the toilet or conduct [his/her] bowel and bladder routine. If [name] does require physical assistance, consider how well [he/she] knows and can explain to someone else how and when [s/he] uses the toilet or conduct their bowel and bladder routine. A good indication of their understanding is how well [name] can direct or tell someone else about [his/her] 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?**

1 - Never; 2 - Some Of The Time; 3 - Most Of The Time; 4 - Always; 99 - Unknown

**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; 99 - Unknown

---

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

1 - No [Go to 6.2]; 2 - Yes - Mark 4 = Always in 6.2. and 6.3., then skip to 7.0; 99 - Unknown

The next set of questions focuses on understanding and remembering aspects of dressing and grooming and not on physical limitations. If [name] does not require physical assistance, please consider how well [name] knows how and when to dress and groom. If [name] does require physical assistance consider how well [he/she] knows and can explain to someone else how and when to dress and groom. A good indication of [his/her] understanding is how well [he/she] can direct or tell someone else about [his/her] dressing and grooming routines.

**6.2 Do you know how to bathe and wash?** \_\_\_\_\_

1 - Never; 2 - Some Of The Time; 3 - Most Of The Time; 4 - Always; 99 - Unknown

**6.3 Do you understand how to get dressed?** \_\_\_\_\_

1 - Never; 2 - Some Of The Time; 3 - Most Of The Time; 4 - Always; 99 - Unknown

**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; 99 - Unknown

I am now going to ask you several sets of questions regarding the level of assistance you require during daily functioning. You should consider physical limitations, as well as cognitive, emotional, and behavioral limitations, when answering these questions.

*These questions evaluate if the person with TBI is able to live as [he/she] wishes and what kind of assistance [he/she] needs from others. Physical difficulties are considered in the scoring.*

**7.1 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?** \_\_\_\_\_

1 - No; 2 - Yes; 99 - Unknown

**7.2 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; 99 - Unknown

**7.3 Do you require PHYSICAL assistance from another person to meet daily needs?** \_\_\_\_\_

1 - Never; 2 - Some Of The Time; 3 - Most Of The Time; 4 - Always; 99 - Unknown

If clarification is needed for 7.4... "Thinking abilities include things such as concentrating, understanding, and remembering."

**7.4 Do you require assistance from another person in tasks that require THINKING ABILITIES?** \_\_\_\_\_

1 - Never; 2 - Some Of The Time; 3 - Most Of The Time; 4 - Always; 99 - Unknown

**7.5 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; 99 - Unknown

**7.6a Do you take care of some of your needs but also need a helper who is always close by?** \_\_\_\_\_

1 - No; 2 - Yes; 99 - Unknown

**7.6b Do you need help with all major activities and the assistance of another person all the time?** \_\_\_\_\_

1 - No; 2 - Yes; 99 - Unknown

**7.6c Do you need 24-hour care and are not able to help with your own care at all?** \_\_\_\_\_

1 - No; 2 - Yes; 99 - Unknown

**GOS-E**

Continue asking the following 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.

**Next I'm going to ask you just a few more questions about how you complete everyday activities...**

*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. Ask only if answer is unclear from previous questions.*

**1. Is the participant able to obey simple commands or say any words?** \_\_\_\_\_

0 - No (Stop! VS); 1 - Yes (2a); 99 - Unknown

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

0 - No (3a); 1 - Yes; 88 - Not Applicable; 99 - Unknown

*For a 'No' answer for 2a, 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?** \_\_\_\_\_

0 - No (USD); 1 - Yes (LSD); 88 - NA; 99 - Unknown

*For a 'No' answer for 2b, 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?** \_\_\_\_\_

0 - No (Stop!); 1 - Yes (3a) [Go to item 3a]; 88 - NA; 99 - Unknown

**3a. Are you able to shop without assistance?** \_\_\_\_\_

0 - No (USD); 1 - Yes (4a); 88 - NA; 99 - 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?** \_\_\_\_\_

0 - No (4a); 1 - Yes (Stop!); 88 - NA; 99 - Unknown

**4a. Are you able to travel locally without assistance?** \_\_\_\_\_

0 - No (USD); 1 - Yes (5a); 88 - NA; 99 - 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?** \_\_\_\_\_

0 - No (5a); 1 - Yes (Stop!); 88 - NA; 99 - Unknown

**5a. Are you currently able to work to your previous capacity?** \_\_\_\_\_

0 - No; 1 - Yes (6a); 88 - NA; 99 - 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 or Non-Competitive Job or Currently Unable to Work (LMD); 88 - Not Applicable; 99 - Unknown

**5c. Were you either working or seeking employment before the injury?** \_\_\_\_\_

0 - No (6a); 1 - Yes (Stop!); 88 - NA; 99 - Unknown

**6a. Are you able to resume regular social and leisure activities outside home?** \_\_\_\_\_

0 - No; 1 - Yes (7a); 88 - NA; 99 - 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 - Participate a Bit Less [At least half as often as before injury (LGR)] ; 2 - Participate Much Less [Less than half as often (UMD)] ; 3 - Unable to Participate [Rarely, if ever, take part (LMD)] ; 88 - Not Applicable; 99 - Unknown

**6c. Did you engage in regular social and leisure activities outside the home before the injury?** \_\_\_\_\_

0 - No (7a); 1 - Yes (Stop!); 88 - NA; 99 - Unknown

---

**7a. Have there been psychological problems which have resulted in ongoing family disruption or disruption to friendships?** \_\_\_\_\_

0 - No (8a); 1 - Yes; 88 - NA; 99 - 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 per week or more but tolerable (UMD) [UMD] ; 3 - Constant: Daily and intolerable [LMD] ; 88 - Not Applicable; 99 - Unknown

**7c. Were there problems with family or friends before the injury?** \_\_\_\_\_

0 - No (Stop!); 1 - Yes (8a); 88 - NA; 99 - Unknown

*If there were some problems before injury, but these have become markedly worse since injury then answer 'No' to 7c.*

---

**8a. Are there any other current problems relating to the injury which affect daily life?** \_\_\_\_\_

0 - No (Stop! UGR); 1 - Yes (8b); 88 - NA; 99 - 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?** \_\_\_\_\_

0 - No (Stop! LGR); 1 - Yes (Stop! UGR); 88 - NA; 99 - Unknown;

*If there were some problems before injury, but these have become markedly worse since injury then answer 'No' to 8b.*

---

**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); 99 - Unknown

*If Question 9 is coded as "8-Upper Good Recovery (UGR)", skip question 10 and code as "88-Not Applicable".*

**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; 88 - Not Applicable; 99 - Unknown

**Collection Method**

**Primary method of data collection** \_\_\_\_\_

1 - In Person Interview; 2 - Telephone Interview; 3 - Questionnaire Mailing; 4 - Data Obtained from Second Source; 82 - Not Applicable; 99 - Unknown

**Primary source of data collection** \_\_\_\_\_

0 - Participant; 1 - Spouse; 2 - Parent(s); 3 - Sibling; 4 - Adult Child; 5 - Boyfriend, girlfriend, fiancé; 7 - Other relative; 8 - Friend; 9 - Professional Caregiver; 10 - Other; 888 - NA; 999 - Unknown

**Secondary method of data collection** \_\_\_\_\_

1 - In Person Interview; 2 - Telephone Interview; 3 - Questionnaire Mailing; 4 - Data Obtained from Second Source;; 82 - NA: No Secondary Method of Data Collection; 99 - Unknown

**Secondary source of data collection** \_\_\_\_\_

0 - Participant; 1 - Spouse; 2 - Parent(s); 3 - Sibling; 4 - Adult Child; 5 - Boyfriend, girlfriend, fiancé; 7 - Other relative; 8 - Friend; 9 - Professional Caregiver; 10 - Other; 888 - NA: No Secondary Data Source; 999 - 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; 9 - Expired; 82 - Not Applicable (Data Was Provided); 99 - Unknown

**How long did this interview take?** \_\_\_\_\_

8881 - NA- Data Collected Online; 8882 - NA- Data Collected by Mail-Out; 9999 - 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** \_\_\_\_\_

0 - No; 1 - Yes; 88 - NA - Interview conducted in English