TBI Model Systems
Mail-Out Questionnaire

SubjectID: _____

Please answer the following questions as thoroughly and accurately as possible. For each question, circle the most appropriate choice, or write your answer in the box provided. If selecting "other" as a choice, please provide a description in the box provided. All information will be kept confidential, and will help us to better understand the course of recovery and outcomes after traumatic brain injury.

If possible, this questionnaire should be completed by the study participant. If that is not possible, someone who knows the participant well may answer most of the questions on their behalf.

Date ___/___/_____

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

- □ 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

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?

□ None □ 1 - 4 Hours □ 5 - 9 Hours

□ 10 - 19 Hours □ 20 - 34 Hours □ 35 or More Hours

Have you ever served in the military?

□ No □ Yes

How many years of active duty did you serve?

_____

Were you ever deployed in a combat zone?

□ No □ Yes

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 yes, when did you start working in a regular job following your injury? ___/___/_____

What is your current 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 [Looking for work in the last 4 weeks]
- □ Volunteer Work
- □ Retired: Disability
- □ Unemployed: Not looking [Not looking for work in last 4 weeks for any reason]
- □ Hospitalized Without Pay [During last 4 weeks]
- □ Retired: Other;
- □ On Leave From Work: Not receiving pay
- □ Hospitalized With Pay
- □ Other

In a typical week, how many hours do 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

What kind of work do you currently do? (*describe job below)*

_____

What is your total annual salary, based on your current job(s) (or based on your military classification if not working)?

□ $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

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.

□ Less than $25,000
□ $25,000 - $49,999
□ $50,000 - $99,999
□ $100,000 - $149,999
□ $150,000 - $199,999
□ $200,000 or More

In a typical week, how many hours do 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

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

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

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.

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

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

□ No □ Yes

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?

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

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

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

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".

□ None □ 1 – 2 Days □ 3-4 Days
□ 5-6 Days □ 7 Days

What is your primary method of motorized transportation?

- □ Drives Vehicle
- □ Rides with Someone Else
- □ Public Transport
- □ Special Bus or Van Service

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

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

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.

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

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.

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

In a typical month, how many times do you do volunteer work?

- □ None
- □ One Time
- □ 2 Times
- □ 3 Times
- □ 4 Times
- □ 5 or More Times

In a typical month, how many times do you go to the movies?

- □ None
- □ One Time
- □ 2 Times
- □ 3 Times
- □ 4 Times
- □ 5 or More Times

In a typical month, how many times do you attend sports events in person, as a spectator?

- □ None
- □ One Time
- □ 2 Times
- □ 3 Times
- □ 4 Times
- □ 5 or More Times

In a typical month, how many times do you attend religious or spiritual services? Include places like churches, temples and mosques.

- □ None
- □ One Time
- □ 2 Times
- □ 3 Times
- □ 4 Times
- □ 5 or More Times

This set of 4 questions are to be completed by study participant only.

PATIENT UNABLE TO COMPLETE _____

Please check the response to indicate how much you agree or disagree with the following statements.	Strongly Disagree	Disagree	Slightly Disagree	Neither Agree Nor Disagree	Slightly Agree	Agree	Strongly Agree
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							

(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, what was the reason for your admission(s)?

Rehospitalization 1: _____

Rehospitalization 2: _____

Rehospitalization 3: _____

Rehospitalization 4: _____

Rehospitalization 5: _____

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

□ None □ Up to three seizures □ 4-12 seizures □ At least one seizure monthly □ At least one seizure weekly □ At least one seizure daily

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

How tall are you without shoes (in Inches)?

_____

How much do you weigh without shoes (in Pounds)? _____

This question to be completed by study participant only.

In general, would you say your health is…

□ Excellent □ Very Good □ Good

□ Fair □ Poor

Moving on to some different questions now…

Do you currently smoke cigarettes every day, some days, or not at all?

□ Not at All □ Some Days □ Everyday

During the last 12 months 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 past month have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?

□ No □ Yes

During the past month, 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 average?

_____

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

_____

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? _____

The following set of questions are to be completed by study participant only.

PATIENT UNABLE TO COMPLETE _____

***Over the last two weeks*, how often have you been bothered by any of the following problems?**	**Not at All**	**Several Days**	**More Than Half of the Days**	**Nearly Every Day**
a. Little Interest or pleasure in doing things				
b. Feeling down, depressed, or hopeless				
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				

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?

□ Not difficult at all □ Somewhat Difficult □ Very Difficult □ Extremely Difficult

The following set of questions are to be completed by study participant only.

PATIENT UNABLE TO COMPLETE _____

This next section 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?**	**Not at All**	**Several Days**	**More Than Half of the Days**	**Nearly Every Day**
a. Feeling nervous, anxious or on edge				
b. Not being able to stop or control worrying				
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				

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?

□ Not difficult at all □ Somewhat Difficult □ Very Difficult □ Extremely Difficult

In the past year, have you attempted suicide?

□ No □ Yes

Where do you live now?

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

What is the zip code where you are living:

_____

Who are you currently living with?

- □ Alone
- □ With spouse or significant other
- □ Other family
- □ Someone else

What is your current marital status?

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

Do you live with your spouse or significant other?

□ No □ Yes

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

□ No □ Yes

Are you of Hispanic, Latino, or Spanish origin?

□ No □ Yes

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

White

□ No □ Yes

Black or African American

□ No □ Yes

Asian

□ No □ Yes

American Indian or Alaskan Native

□ No □ Yes

Native Hawaiian or other Pacific Islander

□ No □ Yes

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?

□ United States □ Other than the United States

Country of birth (if not born in the US):

_____

How many years have you been in the United States? _____

Name: _____

Who answered these questions?

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

That's all the questions we have. Thank you very much for taking the time to complete this questionnaire. Your answers will be very helpful. We hope to contact you again in _____ year(s) to follow-up with you again.

Please provide the following information so we can keep in contact with you:

Address: _____ **Home Phone #:** (____) _____

City: _____ **Cell Phone #:** (____) _____

State: _____ **Other Phone #:** (____) _____

Zip Code: _____ **Email Address:** _____

Who is the best person to contact if we cannot reach you?

Name: _____ **Home Phone #:** (____) _____

Address: _____ **Cell Phone #:** (____) _____

City: _____ **Other Phone #:** (____) _____

State: _____ **Email Address:** _____

Zip Code: _____

This person is my:

- □ Mother / Father
- □ Son/Daughter
- □ Spouse/Significant Other
- □ Roommate/Friend
- □ Brother/Sister
- □ Other: _____