

Environmental Exposure Questionnaire: Head Injury or Concussion

Start of Block: Have you ever had a concussion?

Q5 HEAD INJURY OR CONCUSSION

Q6 *The following questions ask about any head injuries you may have had during your lifetime. Please answer these questions to the best of your ability.*

Q7 These questions were primarily completed by:

- Study Participant (1)
 - Study Participant's Spouse (2)
 - Other relative (3) _____
 - Someone else (4) _____
-

Q8

Have you ever had a head injury or concussion? These may have occurred during sporting activities, from falls, violence, car accidents, or other accidents. Include injuries from both childhood and adulthood.

- Yes (1)
- Possibly (2)
- No (3)
- Don't Know (4)
- Prefer Not to Answer (5)

Skip To: End of Survey If Q8 = 3

Skip To: End of Survey If Q8 = 4

Skip To: End of Survey If Q8 = 5

End of Block: Have you ever had a concussion?

Start of Block: How many concussions? and FIRST concussion

Q9 In your lifetime, how many have you had? Give your best estimate.

- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- more than 4 (5)

Q10 SECTION A: Please answer the following questions about your FIRST head injury.



Q11 At what age (or in what year) did the head injury occur?

- Age (1) _____
 - Year (2) _____
 - Don't Know (3)
 - Prefer Not to Answer (4)
-

Q12 Did you lose consciousness from this injury?

- Yes (1)
 - No (2)
 - Don't Know (3)
 - Prefer Not to Answer (4)
-

Display This Question:

If Q12 = 1

Q13 How long were you unconscious?

- less than 5 minutes (1)
 - 5-59 minutes (2)
 - 1-24 hours (3)
 - longer than 1 day (4)
 - Don't Know (5)
 - Prefer Not to Answer (6)
-

Q14 Did you have a skull fracture from this injury?

- Yes (1)
 - No (2)
 - Don't Know (3)
 - Prefer Not to Answer (4)
-

Q15 Did you have a seizure from this injury?

- Yes (1)
 - No (2)
 - Don't Know (3)
 - Prefer Not to Answer (4)
-

Q16 Did you have memory loss, amnesia, or trouble thinking from this injury?

- Yes (1)
 - No (2)
 - Don't Know (3)
 - Prefer Not to Answer (4)
-

Q17 Were you hospitalized for this injury?

- Yes (1)
- No (2)
- Don't Know (3)
- Prefer Not to Answer (4)

End of Block: How many concussions? and FIRST concussion

Start of Block: 2nd Concussion

Q18 **SECTION B: Please answer the following questions about your NEXT head injury.**



Q19 At what age (or in what year) did the head injury occur?

- Age (1) _____
- Year (2) _____
- Don't Know (3)
- Prefer Not to Answer (4)

Q20 Did you lose consciousness from this injury?

- Yes (1)
 - No (2)
 - Don't Know (3)
 - Prefer Not to Answer (4)
-

Display This Question:

If Q20 = 1

Q21 **How long were you unconscious?**

- less than 5 minutes (1)
 - 5-59 minutes (2)
 - 1-24 hours (3)
 - longer than 1 day (4)
 - Don't Know (5)
 - Prefer Not to Answer (6)
-

Q22 **Did you have a skull fracture from this injury?**

- Yes (1)
 - No (2)
 - Don't Know (3)
 - Prefer Not to Answer (4)
-

Q23 **Did you have a seizure from this injury?**

- Yes (1)
 - No (2)
 - Don't Know (3)
 - Prefer Not to Answer (4)
-

Q24 Did you have memory loss, amnesia, or trouble thinking from this injury?

- Yes (1)
 - No (2)
 - Don't Know (3)
 - Prefer Not to Answer (4)
-

Q25 Were you hospitalized for this injury?

- Yes (1)
- No (2)
- Don't Know (3)
- Prefer Not to Answer (4)

End of Block: 2nd Concussion

Start of Block: Comments

Q36 Comments:

End of Block: Comments

Start of Block: 3rd Concussion

Q26 **SECTION C: If you had more than 2 head injuries, briefly describe the others below:**

Q27 Injury # 3



Q28 At what age (or in what year) did the head injury occur?

- Age (1) _____
 - Year (2) _____
 - Don't Know (3)
 - Prefer Not to Answer (4)
-

Q29 Did you lose consciousness?

- Yes (1)
- No (2)
- Don't Know (3)
- Prefer Not to Answer (4)

End of Block: 3rd Concussion

Start of Block: 4th Concussion

Q33 Injury #4



Q34 At what age (or in what year) did the head injury occur?

- Age (1) _____
 - Year (2) _____
 - Don't Know (3)
 - Prefer Not to Answer (4)
-

Q35 Did you lose consciousness?

- Yes (1)
- No (2)
- Don't Know (3)
- Prefer Not to Answer (4)

End of Block: 4th Concussion

Start of Block: 5th Concussion

Q30 Injury #5



Q31 At what age (or in what year) did the head injury occur?

- Age (1) _____
 - Year (2) _____
 - Don't Know (3)
 - Prefer Not to Answer (4)
-

Q32 Did you lose consciousness?

- Yes (1)
- No (2)
- Don't Know (3)
- Prefer Not to Answer (4)

End of Block: 5th Concussion
