Module 1 Traumatic Brain Injury

Preload needed: None

Other section variables needed: None

Fills: New Fill {FL Injury} constructed as follows:

IF V002_VEHICLE = Yes THEN FL_INJURY = "your vehicle accident"

ELSE IF V003 FALL-HIT= Yes THEN FL INJURY = "being hit or falling"

ELSE IF V004_SPORTS= Yes THEN FL_INJURY = "sports or on a playground"

ELSE IF V005_FIGHT= Yes THEN FL_INJURY = "a fight or being shaken" ELSE IF V006 SHOT = Yes THEN FL INJURY = "being shot"

ELSE IF V007 EXPLOSION= Yes THEN FL INJURY = "an explosion or blast"

Fill used at V008 in loop: "About your injury from (FL_Injury), were you knocked out or did you lose consciousness")

Variables in this module: V001-V016

IF THIS IS A PROXY INTERVIEW (A009={2 or 3}), GO TO END OF MODULE 1

[SELF-INTERVIEWS ONLY]

V001 INTRO

M1-INTRODUCTION

I am going to ask you about injuries to your head or neck that you may have had any time in your life. Think about any childhood injuries you remember or were told about.

1. Continue

V002_VEHICLE

EVER INJURED FROM VEHICLE ACCIDENT

In your lifetime, 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?

- 1. Yes
- 5. No
- 8. DK
- 9. RF

V003 FALL-HIT

EVER INJURED FROM FALL OR BEING HIT

In your lifetime, 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, rollerblading, falling on ice, or being hit by a rock)?

5. No 8. DK 9. RF
V004_SPORTS EVER INJURED FROM SPORTS PLAYGRND (In your lifetime,) have you ever injured your head or neck playing sports or on a playground?
 Yes No DK RF
V005_FIGHT EVER INJURED FROM FIGHT SHAKEN (In your lifetime,) have you ever injured your head or neck in a fight, from being hit by someone, or from being shaken violently?
 Yes No DK RF
V006_SHOT EVER INJURED FROM BEING SHOT In your lifetime, have you ever been shot in the head?
 Yes No DK RF
V007_EXPLOSION EVER INJURED FROM EXPLOSION (In your lifetime,) 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.
 Yes No DK RF
V008 LOOP BRANCHPOINT: IF V002=NO AND V003=NO AND V004=NO AND V005=NO AND V006=NO AND V007=NO GO TO V014; ELSE FOR EACH YES IN V002 - V007, ASK V008 - V013
BEGINNING OF LOOP
V008_LOSECONSCIOUS IF LOST CONSCIOUSNESS About your injury from (FILL_Injury), were you knocked out or did you lose consciousness?

1. Yes

 8. DK → GO TO V011 9. RF → GO TO V011
V009_HOURSOUT HOW LONG UNCONSCIOUS - HOURS How long were you unconscious? (Enter hours or days)
Iwer: If R reports less than 1 hour, enter 1 hour.
Hours (Range 1 – 97) → GO TO VO11
98. DK → GO TO VO11 99. RF → GO TO VO11
V010_DAYSOUT HOW LONG UNCONSCIOUS - DAYS
Days (Range 1 – 97)
98. DK 99. RF
V011_MEMORYGAP IF MEMORY GAP FROM HEAD INJURY Were you dazed, or did you have a gap in your memory from this injury?
 Yes No DK RF
V012_AGEINJURED AGE OF R WHEN INJURED How old were you when this happened?
Years old (Range 1 – 97)
98. DK 99. RF
V013_INHOSP IF HOSPITALIZED FROM HEAD INJURY Were you hospitalized or treated in an emergency room for this injury to your head or neck?
 Yes No DK RF
END OF LOOP

1. Yes

5. No \rightarrow GO TO V011

V014_DRUGOD EVER UNCONSCIOUS FROM DRUGS Have you ever lost consciousness from a drug overdose?
 Yes No DK RF
V015_CHOKED EVER UNCONSCIOUS FROM BEING CHOKED Have you ever lost consciousness from being choked?
 Yes No DK RF
V016 BRANCHPOINT: IF ANY OF V002 – V007 =YES CONTINUE WITH V016; ELSE GO TO END OF MODULE
V016_SURGERY EVER HAD SURGERY DUE TO HEAD INJURY Did you ever have surgery because of (any of) your head or neck injuries?
 Yes No DK RF
V017_HEALTHPROB

Do you have any current health or mental problems because of (any of) your head or neck injuries?

IF CURRENT HLTH PROBS FROM HEAD INJURY

Yes
 No
 DK
 RF