



Needs Assessment Survey

Welcome to the BIC Needs Assessment Survey!

The **purpose of this study** is to assess the needs of people living with a brain injury.

This **study will provide** information about the needs of the brain injury community, and will help determine how the BIC may best be used to help those whose lives have been affected by brain injury.

Results will be available to those who provide programs, services, or products to the brain injury community, and will encourage those providers to spread the word and help them address the needs of this community. Results will be updated regularly on the BIC website.

This survey typically **takes between 20-30 minutes to complete**. (Please be sure you are well-rested and use any accommodations necessary.)

When you've completed the survey, please mail it to **Brain Injury Connection**, Attention: Survey Committee, PO Box 2452, Alameda, CA 94501.

The only **anticipated risk** from participation is distress over recollection of brain injury.

Participation is voluntary, and participants may withdraw from the survey at any time. Participants must be at least 18 years of age, or have someone over the age of 18 complete the survey for them. Participants must have sustained a brain injury, or be answering for someone who has, in order to participate.

Informed Consent*

I agree to participate in the BIC Needs Assessment Survey. I have read the description above and understand that I may withdraw from the survey at any time. I have not taken this survey before and I am at least 18 years of age or I have my parent/legal guardian's consent to participate.

I agree

Needs Assessment Survey

Demographics

Please answer the following questions:

What is your gender?

- Male
- Female
- Other: _____

What is your age? _____

What is your current marital status?

- Single, Never Married
- Married
- Divorced
- Widowed
- Separated
- Other:

Has your marital status changed since acquiring your brain injury?

- No
- Yes (Explain): _____

How many children do you have? _____

What is your race/ethnicity?

- African-American
- Caucasian
- Hispanic or Latino
- Asian-American
- Native American
- Pacific Islander
- Other: _____

What is your highest level of education completed?

- Did not complete high school
- High school graduate
- Some college or vocational school
- Bachelor's (4 year) college degree
- Some post-graduate college or degree (i.e. master's or doctorate)

What country do you live in?

- United States of America
- Other (please write in): _____

In which state/province do you live? _____

Other (explain): _____

In which town/city do you live? _____

Who do you live with currently? (Check all that apply)

- Alone
- Spouse/partner
- Parent(s)
- Other relatives
- Children
- Friends/roommates/housemates
- Personal care attendant or aide
- Other: _____

What is your date of birth? _____

Please answer the following questions about your brain injury:

Is it possible you sustained more than one brain-injury? (If yes, respond to the following questions with respect to the event after which you noticed the largest change in your functioning)

- No
- Yes (If yes, how many?): _____

Have you ever been diagnosed with a brain injury by a medical professional?

- No
- Yes
- I don't know

What was your age at the time of your brain injury? _____

Have you ever served in the armed forces?

- No
- Yes (If yes, did you sustain your brain injury while on active duty in the military? Yes or No)

Please answer the following questions about your brain injury (con't):

On what date did you acquire your brain injury? (Estimate if uncertain)

What type of brain injury did you sustain?

- Traumatic brain injury
- Cerebrovascular accident (aka stroke)
- Anoxia
- Other (Explain): _____

What was the primary cause of your injury?

- Motor vehicle accident
- Fall
- Other accident
- Cerebrovascular accident/stroke
- Aneurysm
- Brain tumor
- Assault
- Other (Explain): _____

Are there any other pertinent details about the CAUSE of your injury that you would like to share? _____

Were you diagnosed with a traumatic brain injury, anoxic event, or other brain condition such as stroke during your initial hospital visit?

- Yes
- I don't know
- N/A - I did not visit a hospital or I never received a diagnosis
- No (If no, how much time elapsed between your injury and diagnosis?):

If you were hospitalized, how long were you hospitalized for your brain injury?

Please answer the following questions about your brain injury (con't):

Did you receive INPATIENT rehabilitation services (e.g. physical therapy, occupational therapy, etc.) after sustaining your brain injury?

- No
 - Yes (If yes, which services and for how long?): _____
-

Did you receive OUTPATIENT rehabilitation services (e.g. physical therapy, occupational therapy, etc.) following your brain injury?

- No
 - Yes (If yes, which services and for how long?): _____
-

Did you lose consciousness after your brain injury?

- I don't know
- No
- Yes (If yes, for how long?): _____

Did you enter a coma when you sustained your brain injury?

- I don't know
- No
- Yes (If yes, for how long?): _____

Did you have a period of time after your injury where you can't remember anything (amnesia)?

- I don't know
- No
- Yes (If yes, for how long?): _____

Please answer the following questions about your quality of life:

Below are five statements that you may agree or disagree with. Using the scale indicate your agreement by checking the appropriate bubble next to each item. Please be open and honest in your responding.

	Strongly Disagree	Disagree	Slightly Disagree	Neither Agree Nor Disagree	Slightly Agree	Agree	Strongly Agree
In most ways my life is close to ideal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The conditions of my life are excellent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
So far I have gotten the important things I want in life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I could live my life over I would change almost nothing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please answer the following questions about your quality of life (con't):

Would you say that in general your health is:

- Excellent
- Very Good
- Good
- Fair
- Poor

Regarding your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

Regarding your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? _____

During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? _____

Please answer the following questions about the effects of your brain injury:

Do you have any physical impairments NOT related to your brain injury?

- No
- Yes (If yes, explain): _____

How much does your brain injury limit your:

	Not at all/ I can do this without help		Somewhat limited/ I need some help		Very limited/ I need much help or cannot do this
	1	2	3	4	5
Ability to do vigorous physical activities (e.g. running, sports, lifting heavy objects)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to do moderate physical activities (e.g. walking up stairs, carrying groceries)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to get / maintain employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to reason / solve problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to live independently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to maintain attention/ concentration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Memory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much does your brain injury limit your:

	Not at all/ I can do this without help		Somewhat limited/ I need some help		Very limited/ I need much help or cannot do this
	1	2	3	4	5
Ability to maintain relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical mobility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anger management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to find affordable housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impulse control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to pay for your expenses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to manage medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to manage money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to eat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to dress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much does your brain injury limit your:

	Not at all/ I can do this without help		Somewhat limited/ I need some help		Very limited/ I need much help or cannot do this
	1	2	3	4	5
Ability to groom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to communicate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate all of the services you have received after your brain injury which you DID NOT REQUIRE before the injury:

	Have received Yes or No	If yes, how long after your injury did you first receive the service?
Neuropsychological testing	_____	_____
Affordable housing accommodations	_____	_____
Personal care	_____	_____
Household care	_____	_____
Speech therapy	_____	_____
Occupational therapy	_____	_____

Please indicate all of the services you have received after your brain injury which you DID NOT REQUIRE before the injury (con't):

	Have received Yes or No	If yes, how long after your injury did you first receive the service?
Physical therapy	_____	_____
Nursing	_____	_____
Financial counseling	_____	_____
Transportation assistance	_____	_____
Mental health / counseling	_____	_____
Substance abuse treatment	_____	_____
Case management	_____	_____
Legal assistance	_____	_____
Recreational activities	_____	_____
Cognitive training	_____	_____
Vocational assistance	_____	_____
Family counseling	_____	_____

Please indicate all of the services you have received after your brain injury which you DID NOT REQUIRE before the injury (con't):

	Have received Yes or No	If yes, how long after your injury did you first receive the service?
Assistive technology (e.g. communication, organization, etc.)	_____	_____
Information about support groups	_____	_____
Information about local brain injury resources	_____	_____
Information about national/ state/regional brain injury organizations	_____	_____

Are you currently seeing a therapist/counselor for mental health treatment?

- No
- Yes (If yes, explain what type of professional you are seeing and for what purpose?):

What type of medical coverage do you have?

- No insurance coverage
- Veterans Benefits
- Medicare
- Medicaid / Medi-Cal
- Private insurance HMO
- Private insurance other
- Other (Explain): _____

What is your approximate annual personal and household income?

- \$_____ Personal income (per year)
- \$_____ Household income (per year)

Please answer the following questions about the services/resources you currently have/receive:

Do you receive any of the following types of financial assistance (check all that apply)?

- Long-term disability income (can be state, federal, veterans, etc.)
- SSI
- Social Security
- Worker's Compensation
- Unemployment benefits
- Food stamps (EBT)
- Settlement money
- Family monetary support
- Other monetary support (explain): _____

How much do you feel you are receiving support (assistance, help, services, etc.) from the following?

	1 - None	2	3 - Some	4	5 - A lot	N/A
Parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spouse / partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other relatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Therapist / psychologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other health care workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case Manager	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you answered to "other" above, please explain: _____

Were you employed before your brain injury? Yes or No

Have you been employed for any length of time after your brain injury?

- No
- Yes (If yes, for how long?): _____

Are you currently employed?

- No
- Yes

If you received medical care during the time of your brain injury, were you or your family given counseling or information about brain injury?

- No
- Yes

Please rate the following services regarding the level of unmet need (how much you would benefit from them) in your life:

	My needs are met 1	2	I need more help 3	4	I need much more help 5
Neuropsychological testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordable housing assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Household care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please rate the following services regarding the level of unmet need (how much you would benefit from them) in your life (con't):

	My needs are met		I need more help		I need much more help
	1	2	3	4	5
Speech therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Occupational therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health / counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance abuse treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreational activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cognitive training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vocational assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please rate the following services regarding the level of unmet need (how much you would benefit from them) in your life:

	My needs are met		I need more help		I need much more help
	1	2	3	4	5
Family counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assistive technology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information about support groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information about local brain injury resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information about national/state/regional brain injury organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Monetary support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank you for your participation in this study! You can follow the results of the survey on the BIC website.

If you are a caregiver who filled out the survey for someone living with a brain injury, please sign up for the GET CONNECTED BIC Newsletter as we are in the process of creating a needs assessment survey for caregivers!

If you have more information that you would like to share with others, please join us in the BIC Forum!

Thanks again!