

Survey for Individuals Living with a Brain Injury

This document is provided to help you complete the online questionnaire. Please do not distribute this survey.

1. How old are you?

- 18-20
- 21-30
- 31-40
- 41-50
- 51-60
- 61-70
- 71-80
- Over 80

2. Do you live in Virginia?

- Yes
- No
- Other: (Please share your state) _____

3. What is the name of the city or county in Virginia where you live? (Please choose one option from the drop-down menu)

4. Have you had more than one brain injury?

- Yes
- No
- I don't know

5. What caused your most recent brain injury? (Select all that apply)

- I fell by accident
- I had a viral or bacterial illness
- I was injured accidentally by another person
- I was abused by another person
- I came into contact with a poisonous substance
- I was injured from military service
- I had a stroke
- I was in a car, motorcycle, or other transportation accident
- I hurt myself on purpose
- I was injured playing a sport (like football, soccer, cheerleading)
- I was hit by a car when walking, running, or bicycling
- I was shot by a gun
- Other (Please write it here) _____

6. How long ago did your most recent brain injury occur?

- Less than a year ago
- 1 year ago
- 2 years ago
- 3-5 years ago
- 6-10 years ago
- More than 10 years ago
- I don't remember

7. Which of the following are you currently facing because of your brain injury? (Select all that apply.)

Things I have trouble doing

- Not applicable (I am not having any trouble)
- Trouble controlling emotions
- Trouble speaking
- Trouble being understood by other people
- Trouble walking
- Trouble with every day tasks (like bathing, dressing and eating)
- Trouble remembering things
- Trouble focusing
- Trouble solving problems
- Trouble with sexual function
- Trouble sleeping

Other Symptoms

- Trouble socializing
- Not applicable (I have no symptoms)
- Sensitivity to light
- Sensitivity to noise
- Mental health (like depression or anxiety)
- Discomfort in public places or crowds
- Feeling mentally tired or overwhelmed
- Hearing loss
- Headaches
- Feeling physically tired
- Having seizures
- Trouble balancing or feeling dizzy
- Changes in eyesight
- Other (Please write it here) _____

8. How satisfied are you with your **current** quality of life?

- Very satisfied
- Somewhat satisfied
- Not sure how I feel
- Somewhat dissatisfied
- Very dissatisfied

9. How satisfied were you with your quality of life **before** your brain injury?

- Very satisfied
- Somewhat satisfied
- Not sure how I feel
- Somewhat dissatisfied
- Very dissatisfied

10. Who do you live with right now?

- I live alone
- I live only with my spouse/partner
- I live with my family member(s)
- I live with individual(s) outside of my family
- Other (Please write it here) _____

11. Do you have a caregiver who helps you?

- Yes
- No

12. What is your relationship with your caregiver? (Select all that apply.)

- Not applicable (I do not have a caregiver)
- My spouse/partner
- My parent
- My child
- Other family members
- My friend
- A professional caregiver
- Other (Please write it here) _____

13. What option best describes where you currently live?

- Apartment or house
- Military housing
- Government-assisted housing (like Section 8)
- Independent living facility
- Assisted living facility
- Nursing home facility

- Group home
- No permanent residence
- Other (Please write it here) _____

14. If you had a choice, where would you want to live?

- I am living where I want to live
- Apartment or house
- Military housing
- Government-assisted housing (like Section 8)
- Independent living facility
- Assisted living facility
- Nursing home facility
- Group home
- No permanent residence
- Other (Please write it here) _____

15. If you are not living where you want to live, why not? (Check all that apply)

- Not applicable (I am living where I want to live)
- I can't get the in-home services I need (like personal care or cleaning services)
- I can't get the care I need from a doctor
- I can't get the therapies I need (like physical, speech, occupational, cognitive)
- I don't have transportation

- I don't have enough money
- I can't find accessible housing
- I can't find affordable housing
- I can't find a job
- I need help coordinating and planning my services
- I need special services (like memory helpers, community living assistance)
- Other: (Please write it here) _____

16. What insurance or coverage do you have to help pay for your health services?(check all that apply)

- I don't know
- Private Insurance
- Medicare
- Medicaid
- TriCare
- Government sponsored insurance (through the Affordable Care Act, Healthcare.gov marketplace)
- Worker's compensation
- No insurance
- Other (Please write it here) _____

17. My brain injury affects my ability to (select all that apply):

- Go to community events/services/activities
- Complete activities of daily living (like bathing, dressing, and eating)
- Enjoy a social life
- Make and keep personal relationships
- Get and keep a job
- Get to health care appointments
- Understand how to manage my health care (like taking medications)
- Ability to live where I want
- Do well in school
- Complete instrumental activities (like doing laundry, paying bills, and shopping)
- Other (Please write it here) _____

18. How important is mental health care **at this time** for your recovery (like seeing a psychiatrist, counselor, clinical psychologist)?

- Very important
- Slightly important
- Neither important nor unimportant
- Somewhat unimportant
- Not important

19. How important is participating in a support group **at this time** to your recovery?

- Very important
- Slightly important
- Neither important nor unimportant
- Somewhat unimportant
- Not important

20. What services in your community are you currently using? (Check all that apply)

- Adult day programs (like clubhouses)
- Medical treatment and services
- Assistive technologies (like talking devices or screen reading software)
- Educational opportunities
- Career development or job opportunities
- Financial support
- Food assistance
- Community activities (like events, social gatherings, or church services)
- Brain injury professionals (like therapists or doctors)
- Transportation
- Housing assistance
- Legal help
- Counseling

- Help with substance use
- Medication management
- Help with making and keeping relationships
- Support groups for brain injury
- In-home care services
- Case management (someone to help me learn and get services I might need)
- Other (Please write it here) _____

21. What other services are you not currently using, but need access to? (Check all that apply)

- Adult day programs (like clubhouses)
- Medical treatment and services
- Assistive technologies (like talking devices or screen reading devices)
- Educational opportunities
- Career development or job opportunities
- Financial support
- Food assistance
- Community activities (like events, social gatherings, or church services)
- Brain injury professionals (like therapists or doctors)
- Transportation
- Housing assistance
- Legal help

- Counseling
- Help with substance use
- Medication management
- Help with making and keeping relationships
- Support groups for brain injury
- In-home care services
- Case management (someone to help me learn and get services I might need)
- Other (Please write it here) _____

22. What problems do you have in getting the brain injury services you need? (Check all that apply)

- There are no services in my area
- I am on waiting list(s)
- I do not understand the paperwork or processes
- My insurance does not cover the services
- I do not have health insurance
- I cannot pay for the services
- I have trouble with the English language
- I do not have support or anyone to help me
- I have problems with enrollment or admissions
- I do not have reliable transportation
- Other (Please write it here) _____

23. Have you used any of the following supports available in Virginia (Select all that apply)

- Virginia No Wrong Door (NWD)
- Brain Injury Association of Virginia (BIAV)
- Department of Aging and Rehabilitative Services (like vocational rehabilitation, job coaching)
- Disability Law Center of Virginia (DLCV)
- Regional case managers
- Clubhouses
- Community Services Boards (CSB)
- Independent organizations (like the Virginia Concussion Initiative)
- Corrections transition support (for ex-offenders)
- Other (please write it here) _____

24. What is the most important change Virginia could make to brain injury services to support you?
(Please write here)

25. Consider all of the services and supports you have accessed in your community. How satisfied are you with the help you received overall?

- Very satisfied
- Somewhat satisfied
- Not sure how I feel
- Somewhat dissatisfied
- Very dissatisfied

26. What is your current job?

- I am still working in the same job I had before my injury
- I am now working in a new job
- I want to work, but I can't because of my brain injury
- I am looking for a job
- I am retired
- Other (Please write it here) _____

27. What is your work status?

- I am working full time
- I am working part-time
- I volunteer
- I am not working
- Other (Please specify) _____

28. Which of the following best describes you? (Select all that apply)

- African American or Black
- Asian or Asian American
- Latinx/Hispanic
- Middle Eastern or North African
- Native American/Alaskan Native
- Pacific Islander/Native Hawaiian
- White
- Not listed here or I prefer to self-describe as _____
- Prefer not to identify my race/ethnicity

29. What is your gender? (Please write it here) _____

30. What is your highest level of education?

- Less than a high school diploma
- High school diploma or equivalent
- Trade/technical/vocational training
- Some college, no degree
- Associate's degree
- Bachelor's degree
- Graduate or professional degree
- Other (Please write it here) _____

Note: The Virginia survey team is grateful to the states whose own needs and resources assessments inspired the development of this one, including Florida, Nebraska, New Jersey, and South Carolina.

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