

# Indiana Traumatic Brain Injury Needs Assessment Survey for People with TBI

---

The State of Indiana is reviewing the care provided to people who have experienced a brain injury (BI). As part of this review, they are sending out a survey to gather feedback from individuals who have a BI.

This review is being done by researchers from the Indiana Department of Health, Indiana University School of Medicine, and the Bowen Center for Health Workforce Research and Policy.

Taking the survey is optional. You can skip questions or decide not to take it at all. Not taking the survey will not affect the services you receive for your BI. The survey should take about 10 minutes to complete. If you need to, please use any assistive technology you have to complete the survey.

The researchers of this review will only use this information to help create reports and improve state programs. Your personal details will not be included in any reports.

If you have questions about the survey, you can reach out to the Bowen Center by email at [bowenctr@iu.edu](mailto:bowenctr@iu.edu) or by phone at 317.278.9284. If you understand the purpose of this statewide review and you are ready to take the survey, click "next" at the bottom of the page.

Thank you for your time!

Development of this survey tool was informed by the following:

Silva MA, Finn JA, Dillahunt-Aspillaga C, Cotner BA, Stevens LF, Nakase-Richardson R. Development of the Traumatic Brain Injury Rehabilitation Needs Survey: A Veterans Affairs TBI Model Systems Study. *Disabil Rehabil.* 2022;44(16):4474-4484. doi: 10.1080/09638288.2021.1900930

---

**Please tell us about yourself!**

**(If you are completing this survey on behalf of a loved one, please answer based on their information.)**

Please think about the injuries you have had during your lifetime, especially those to your head or neck. It might help to remember a time you went to the hospital or emergency room. These injuries may have happened during a motorcycle accident, during a bicycle crash, being hit by something, falling down, playing sports, or during military service.

---

1. Thinking about the injuries you have had in your lifetime, were you ever knocked out or did you lose consciousness?

Yes

No

---

*If Yes:*

What was the longest time you were knocked out or unconscious? (Please select only one; if you are unsure, make your best guess.)

Less than 30 minutes

Between 30 minutes and 24 hours

24 hours or longer

How old were you the first time you were knocked out or lost consciousness?

Less than 11 years old

11 - 19 years old

20 - 35 years old

36 - 50 years old

51 - 65 years old

Older than 65

---

2. Have you ever lost consciousness from a drug overdose or being strangled or choked?

Yes

No

---

3. Please select below the condition(s) a doctor or professional told that you had.

Epilepsy or seizure

Stroke or a transient ischemic attack

Cerebral palsy

Brain cancer

Brain infectious, like meningitis or encephalitis

Toxic exposure, like lead or pesticides

Dementia, like Alzheimer's Disease

Progressive disease, like ADIS, multiple sclerosis, Parkinson's Disease or Huntington's Disease

---

*If a condition is selected:*

You indicated that you have a progressive disease, could you tell us which one?

---

---

---

---

---

If {Yes to Question 1 OR Yes to 2 OR Condition selected in Question 3} then Continue

4. What sex were you born as?

- Male
  - Female
  - Prefer not to say
- 

5. Please select your race and ethnicity.  
(Select all that apply)

- White/Caucasian
  - Black or African American
  - Asian
  - Hispanic/Latino/Spanish Origin
  - American Indian or Alaska Native
  - Native Hawaiian/Pacific Islander
  - Some Other Race
  - Prefer not to say
-

6. What is your age?

18 - 34

35 - 44

45 - 54

55 - 64

65 or Older

7. What type of insurance do you have.

Private Insurance

Medicare

Medicaid

Tricare/VA

No Insurance

8. Are you employed?

Yes, part-time

Yes, full-time

No, looking for employment

No, disabled

Prefer not to say

**The following questions will ask you about the health care services you receive. Please answer to the best of your ability.**

9. Do you have a doctor who provides specialty care for your brain injury?

- Yes
- No

---

*If Yes:*

If yes, how long has it been since you visited your brain injury doctor?

- Within the past year (less than 12 months ago)
- Between 1 and 2 years ago
- Between 2 and 5 years ago
- 5 or more years ago

---

*If No:*

If no, why don't you have a brain injury doctor?

- My primary care doctor takes care of all my medical problems
- I have problems paying for my medical care
- I have problems finding transportation to appointments
- I can't find a brain injury doctor
- I can't find a brain injury doctor who takes my insurance
- Other reasons

*If Other reasons:*

Please tell us more

---

---

---

---

---

---

10. Please tell us how much you agree with the following statements.

I know what services are available for people with TBI.

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

It is easy to find information about brain injury services.

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

Healthcare providers have clearly explained my options.

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

I feel comfortable seeking services for my brain injury.

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

The services available to me are important for my recovery.

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

It is easy for me to get to the places where services are offered.

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

Transportation to care is a barrier for me.

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

I can use telehealth or virtual services if needed.

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

I can afford the services I need for my brain injury.

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

Transportation costs make it hard to get care.

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

I have the financial support or insurance I need for my care.

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

The care I receive is relevant to my needs.

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

Healthcare providers listen to and understand my concerns.

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

I feel involved in decisions about my treatment or care.

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

**The following will ask you about common rehabilitation needs after a brain injury**

11. Please check from the list below the areas you have received help with. (Select all that apply).

- Improving memory
- Solving problems
- Managing daily stress
- Managing emotions and/or controlling temper
- Controlling substance use (such as drugs, alcohol, marijuana)
- Controlling or minimizing the impact of physical symptoms (such as headaches, insomnia, fatigue, etc.)
- Managing money and/or paying bills
- Increasing independence in housekeeping, cooking, and/or shopping
- Improving job skills and/or finding employment
- Being successful in school (assignments, exams, using disability/student support services, etc.)
- Getting around the community
- Coordinating or accessing psychological services/support
- Coordinating or accessing medical services
- Coordinating or accessing rehabilitation services
- Engaging in recreational/leisure activities
- Finding opportunities to socialize with other
- Maintaining and/or improving relationship
- Improving overall health

- Performing activities of daily living (such as toileting, feeling, dressing, etc.)
- Getting informational support (such as advice, advocacy, etc.)
- Registering to vote or participating in elections (understanding voting options, getting to polling places, etc.)
- Improving nutrition
- Improving sleep
- Engaging in regular exercise

What makes it easy for you to get help in these areas?

---

---

---

---

---

What makes it hard for you to get help in these areas?

---

---

---

---

---



12. Please select from the list below the areas you need more help with. (Select all that apply).

- Improving memory
- Solving problems
- Managing daily stress
- Managing emotions and/or controlling temper
- Controlling substance use (such as drugs, alcohol, marijuana)
- Controlling or minimizing the impact of physical symptoms (such as headaches, insomnia, fatigue, etc.)
- Managing money and/or paying bills
- Increasing independence in housekeeping, cooking, and/or shopping
- Improving job skills and/or finding employment
- Being successful in school (assignments, exams, using disability/student support services, etc.)
- Getting around the community
- Coordinating or accessing psychological services/support
- Coordinating or accessing medical services
- Coordinating or accessing rehabilitation services
- Engaging in recreational/leisure activities
- Finding opportunities to socialize with other
- Maintaining and/or improving relationship
- Improving overall health
- Performing activities of daily living (such as toileting, feeling, dressing, etc.)

- Getting informational support (such as advice, advocacy, etc.)
- Registering to vote or participating in elections (understanding voting options, getting to polling places, etc.)
- Improving nutrition
- Improving sleep
- Engaging in regular exercise

What makes it hard for you to get help in these areas?

---

---

---

---

---

---

What would make it easier for you to get help in these areas?

---

---

---

---

---

13. Later this fall, we will be offering focus groups where individuals such as yourself can provide additional insight into your experience in receiving care for your brain injury. Would you be interested in being part of a focus group?

Yes

No

---

*If Yes:*

We are so glad that you are interested in being a part of this focus group! Please provide your email below and we will be in touch soon with more details.

---

End of Block: Default Question Block

---