Survey – Concussion History

Dear Potential Survey Participant -

Please consider taking part in a research study to help us understand experiences the campers and seasonal staff at Philmont Scout Ranch have had with concussions. The campers and staff have a wide range of background and life experiences, and come from many different geographic regions. We believe the information you provide this summer will be important for addressing this health concern more effectively. This short 2-page survey will take less than 5 minutes to complete. There are no right or wrong answers – this isn't a test! Please just answer honestly and to the best of your ability. You don't need to identify yourself to take the survey, you don't have to participate in this survey, you can quit at any time, and you don't need to answer any questions you do not want to answer.

If you receive medical services at the Health Lodge while at Philmont, you also may be asked to complete a separate, 11-question survey about recognizing symptoms of concussion.

*By completing each survey you are agreeing to take part in this research. A decision to take part or not to take part will not change your medical treatment or other activities at the Philmont Scout Ranch. **If you are younger than 18 years old**, please have your parent(s) or guardian review the information about this research. A signature in the box* will indicate they agree that you may take part in these surveys.*

Our research team will be happy to answer any questions you have. You may contact Dr. Radel or Dr. Filardi if you have study related questions or problems. You have our thanks for helping us understand more about improving recovery from concussions!

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** Parent consent: I consent to have my child take part in this research study.*

Signature ____________________

Printed name ____________________

Date ____________________

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1) How old are you? ☐ 12-15 years ☐ 16-18 years ☐ 19-29 years ☐ 30-49 years ☐ 50-69 years ☐ 70 years & older

2) What is your sex? ☐ M ☐ F

3) Where do you normally live? City: ____________ State/Province: ____________

4) Do you play organized sports? ☐ No ☐ Yes

5) If yes, what type? ☐ school-sponsored ☐ city/recreational ☐ adult league

6) A concussion *always* involves: *(check all that apply)*

- ☐ A traumatic brain injury altering brain functions
- ☐ An unrelenting headache lasting several days
- ☐ A loss of memory
- ☐ A blow to the head playing contact sports
- ☐ Blurred vision
- ☐ Temporary unconsciousness
- ☐ Seeing stars
- ☐ Balance problems

7) Do you think you have had a concussion? If so, how many?

- ☐ Yes, I've had ______ concussions
- ☐ Only one
- ☐ I have not had a concussion

8) Has a healthcare provider told you you've had a concussion? If so, when was your most recent concussion?

- ☐ Yes, on this date : __ __ / __ __ __ __ (mm/yyyy)
- ☐ No
- ☐ Not sure

9) If you have had a concussion, when did you return to activities like school, work, driving?

☐ within 1 week ☐ within 1 month ☐ eventually (> 1 month) ☐ Not applicable

10) If you have had a concussion, what were your symptoms? *(check all that apply)*

☐ Headache
☐ "Didn't feel right"
☐ Drowsiness
☐ Difficulty concentrating
☐ Neck pain
☐ Difficulty remembering
☐ Nausea or vomiting
☐ Fatigue or low energy
☐ Dizziness
☐ Confusion
☐ Blurred vision
☐ "Pressure in head"
☐ Balance problems
☐ Trouble with sleeping
☐ Sensitivity to light
☐ More emotional
☐ Sensitivity to noise
☐ Irritable
☐ Feeling slowed down
☐ Sadness
☐ Feeling "like in a fog"
☐ Nervous or Anxious

11) If you have had a concussion, long did your concussion symptoms last?

☐ Less than 24 hours
☐ 1 to 3 days
☐ 3 to 7 days
☐ 1 week to 3 months
☐ 3 months or more

12) Do these same symptoms occasionally return now?

☐ No
☐ Yes, when I do this: ____________________

13) If you have had a concussion, what treatment(s) did you have? *(check all that apply)*

☐ acetaminophen (Tylenol, others)
☐ aspirin
☐ ibuprofen (Advil, Motrin, others)
☐ anti-nausea medicine
☐ brain rest (no television screens, computers, phones, texting, *etc.*)
☐ shortened or modified school day or work day
☐ followed a "Return to Play" or a "Return to Learn" program
☐ avoiding physical exertion
☐ avoided alcohol
☐ concussion or other rehabilitation therapy
☐ other(s): ____________________

15) Have you taken part in an education program about concussions? ☐ Yes ☐ No

16) Have you taken part in advanced first aid or other medical training? ☐ Yes ☐ No

17) Have you ever had a baseline concussion test? ☐ Yes ☐ No

18) Have you previously experienced problems adjusting to higher altitudes? ☐ Yes ☐ No

Thank you for taking this survey! Have a great summer at Philmont . . .