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

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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)?
V004_SPORTS
EVER INJURED FROM SPORTS PLAYGRND
(In your lifetime,) have you ever injured your head or neck playing sports or on a playground?

1. Yes
5. No
8. DK
9. 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?

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

V006_SHOT
EVER INJURED FROM BEING SHOT
In your lifetime, have you ever been shot in the head?

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

1. Yes
5. No
8. DK
9. 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?
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) \( \rightarrow \) GO TO VO11

98. DK \( \rightarrow \) GO TO VO11
99. RF \( \rightarrow \) 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?

1. Yes
5. No
8. DK
9. 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?

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

------------------------------------------------------  END OF LOOP  ------------------------------------------------------
V014_DRUGOD
EVER UNCONSCIOUS FROM DRUGS
Have you ever lost consciousness from a drug overdose?

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

V015_CHOKED
EVER UNCONSCIOUS FROM BEING CHOKED
Have you ever lost consciousness from being choked?

1. Yes
5. No
8. DK
9. 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?

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

V017_HEALTHPROB
IF CURRENT HLTH PROBS FROM HEAD INJURY
Do you have any current health or mental problems because of (any of) your head or neck injuries?

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

--------------------------------------------- END OF MODULE ---------------------------------------------