

Attachment 1: Questions to be cognitively tested

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Form Approved OMB #0920-0222; Expiration Date: 07/31/2018

	Version 1 (Ask about injuries with no examples)
INJ1	The next set of questions asks about injuries. People can be injured accidentally, or on purpose. They may hurt themselves or others may cause them to be hurt.
INJ2	The first question is about repetitive strain injuries. By this, we mean injuries caused by repeating the same movement over an extended period. Examples include carpal tunnel syndrome, tennis elbow, or tendonitis. DURING THE PAST 3 MONTHS, did you have any injuries due to repetitive strain?
INJ3	If INJ2=no continue to INJ4 If INJ2=yes: <ul style="list-style-type: none"> • Were any repetitive strain injuries serious enough to limit your usual activities for at least 24 hours? • DURING THE PAST 3 MONTHS, did you miss any days of work or school because of repetitive strain injuries? • Did you talk to or see a doctor or other health professional about any repetitive strain injuries? • On a scale from 1 to 10 where 1 means no pain at all and 10 means the pain was as bad as it could be, what was the worst amount of pain that you had from your repetitive strain injuries? • On a scale from 1 to 10 where 1 means no pain at all and 10 means the pain was as bad as it could be, overall during the last 3 months how much pain did you have on average from your repetitive strain injuries?
INJ4	[Not including any of the repetitive strain injuries you just told me about,] DURING THE PAST 3 MONTHS, did you have an accident or an injury where any part of your body was hurt?
INJ5	If INJ4=yes go to INJ6 <i>If INJ4= no:</i> Some people may forget about common injuries. So, even though you just told me that you have not had any injuries, I would like to ask a few more questions just to be sure. <ul style="list-style-type: none"> • DURING THE PAST 3 MONTHS, did you have any injuries as a result of a fall or falling? • DURING THE PAST 3 MONTHS, did you have any injuries as a result of a collision involving a motor vehicle? • DURING THE PAST 3 MONTHS, did you have any injuries as a result of hitting or being hit by a person or object? • DURING THE PAST 3 MONTHS, did you have any injuries while you were playing sports or exercising, including walking, biking, or running for exercise? Please also include recreational sports such as skating, skiing, tennis, golf, bowling, or fishing. • DURING THE PAST 3 MONTHS, did you have any injuries while you were working at a job or business? • DURING THE PAST 3 MONTHS, did you have any injuries while you were at home? • DURING THE PAST 3 MONTHS did you have any injuries while you were in a public place such as a park or school? <i>(If all no, end interview. If any yes, go to “yes” follow-up questions.)</i>
INJ6	<i>If yes:</i> <ul style="list-style-type: none"> • Were any of these injuries serious enough to limit your usual activities for at least 24 hours after the injury occurred? ▪ Were any of these injuries serious enough that you missed at least one day of work or school? ▪ Did you see or talk to a doctor or other health professional about any of these injuries? • On a scale from 1 to 10 where 1 means no pain at all and 10 means the pain was as bad as it could be, what was the worst amount of pain that you had from your injuries? • On a scale from 1 to 10 where 1 means no pain at all and 10 means the pain was as bad as it could be, overall during the last 3 months how much pain did you have on average from your injuries?

	Version 2 (Use examples of injuries)
INJ1A	The next set of questions asks about injuries. People can be injured accidentally, or on purpose. They may hurt themselves or others may cause them to be hurt.
INJ2A	The first question is about repetitive strain injuries caused by repeating the same movement over an extended period. DURING THE PAST 3 MONTHS, did you have any injuries due to repetitive strain such as carpal tunnel syndrome, tennis elbow, or tendonitis?
INJ3A	<p><i>If yes:</i></p> <ul style="list-style-type: none"> • Were any repetitive strain injuries serious enough to limit your usual activities for at least 24 hours? • DURING THE PAST 3 MONTHS, did you miss any days of work or school because of repetitive strain injuries? • Did you talk to or see a doctor or other health professional about any repetitive strain injuries? • On a scale from 1 to 10 where 1 means no pain at all and 10 means the pain was as bad as it could be, what was the worst amount of pain that you had from your repetitive strain injuries? • On a scale from 1 to 10 where 1 means no pain at all and 10 means the pain was as bad as it could be, overall during the last 3 months how much pain did you have on average from your repetitive strain injuries?
INJ4A	[Not including any of the repetitive strain injuries you just told me about,] DURING THE PAST 3 MONTHS, did you have a broken bone, sprain, burn, wound, cut, bruise, concussion, animal bite, or any other type of injury?
INJ5A	<p><i>If no:</i> Some people may forget about common injuries. So, even though you just told me that you have not had any injuries, I would like to ask a few more questions just to be sure.</p> <ul style="list-style-type: none"> • DURING THE PAST 3 MONTHS, did you have any injuries as a result of a fall or falling? • DURING THE PAST 3 MONTHS, did you have any injuries as a result of a collision involving a motor vehicle? • DURING THE PAST 3 MONTHS, did you have any injuries as a result of hitting or being hit by a person or object? • DURING THE PAST 3 MONTHS, did you have any injuries while you were playing sports or exercising, including walking, biking, or running for exercise? Please also include recreational sports such as skating, skiing, tennis, golf, bowling, or fishing. • DURING THE PAST 3 MONTHS, did you have any injuries while you were working at a job or business? • DURING THE PAST 3 MONTHS, did you have any injuries while you were at home? • DURING THE PAST 3 MONTHS did you have any injuries while you were in a public place such as a park or school? <p><i>(If all no, end interview. If any yes, go to “yes” follow-up questions.)</i></p>
INJ6A	<p><i>If yes:</i></p> <ul style="list-style-type: none"> • Were any of these injuries serious enough to limit your usual activities for at least 24 hours after the injury occurred? ▪ Were any of these injuries serious enough that you missed at least one day of work or school? ▪ Did you see or talk to a doctor or other health professional about any of these injuries? • On a scale from 1 to 10 where 1 means no pain at all and 10 means the pain was as bad as it could be, what was the worst amount of pain that you had from your injuries? • On a scale from 1 to 10 where 1 means no pain at all and 10 means the pain was as bad as it could be, overall during the last 3 months how much pain did you have on average from your injuries?