

LANDING PAGE



Welcome to the nationwide study about head injuries in children and adults, conducted on behalf of the Centers for Disease Control and Prevention.

You may have heard about head injuries, especially those experienced by children who play sports.

Even if you haven't had an injury in the past 12 months, you can still participate in this important study. We have asked your parents to give their permission for you to participate; they have said "yes". However, even though your parents said "yes", you can still say "no" and not participate. And you can skip any question or stop the survey at any time. The majority of respondents will complete the survey in less than 7 minutes.

There are minimal risks, and no known direct benefits to being in this voluntary study. CDC will keep the information that you provide private and secure to the extent permitted by the law. Your name will never be connected to your answers. We will not share your answers with your parents.

If you have questions or concerns about participating in the study, you may contact ICF, the independent health research company hired to conduct this survey. They can be reached toll-free at 1-844-604-4399. If you have any questions about your rights as a research participant, please contact Sophia Zanakos at 301-572-0239.

Please enter your password here and then click "Next" to start the survey.

[Haga clic aquí para Español](#)

[Privacy Statement](#)

LANG



Please select a language/ Por favor seleccione un idioma.

- English / Inglés
- Spanish / Español

Questions? Please [click here](#) for help.

Page seen upon clicking "STOP" button



Your responses have been saved. When you are ready to continue the survey, please use the link in the email or text that was provided to you. You will then be taken to the point where you left off.

Questions? Please [click here](#) for help.

RECALL



We are interested in learning about times, in the last year, when you experienced a head injury. This might have been from a bump, blow or jolt to your head.

Previous

Next

Stop

Questions? Please [click here](#) for help.

INJ



In the last year, that is since 7/25/2017, were you examined in a doctor's office, clinic, hospital or elsewhere because of a head injury?

- Yes
- No

Previous

Next

Stop

Questions? Please [click here](#) for help.

INJ soft validation if no answer



This question is very important for our research. Please provide an answer to the question.

In the last year, that is since 7/25/2017, were you examined in a doctor's office, clinic, hospital or elsewhere because of a head injury?

- Yes
- No
- Don't know


Previous

Next

Stop

Questions? Please [click here](#) for help.

INJN




Since 7/25/2017, how many head injuries did you have that caused you to go to a doctor's office, clinic, or hospital or to be examined elsewhere?

ENTER COUNT:

[Previous](#) [Next](#) [Stop](#)

Questions? Please [click here](#) for help.

INJN soft validation if no answer



This question is very important for our research. Please provide an answer to the question.

Since 7/25/2017, how many head injuries did you have that caused you to go to a doctor's office, clinic, or hospital or to be examined elsewhere?


ENTER COUNT:

Don't know

[Previous](#) [Next](#) [Stop](#)

Questions? Please [click here](#) for help.

PREJOG (No injuries examined)



While you answer the next few questions please think about times in the last year when you may have experienced an injury to the head. Please report a head injury even if you did not go to see a doctor for care. This might have happened while playing a sport for fun or competition, or while you were doing something physically active like bicycling. It might have happened as a result of a car accident or because someone hurt you. Or, it could have happened because you tripped, slipped, or fell down.

[Previous](#) [Next](#) [Stop](#)

Questions? Please [click here](#) for help.

PREJOG (At least one injury examined)



While you answer the next few questions please think about other times in the last year when you may have experienced an injury to the head. Please report a head injury even if you did not go to see a doctor for care. This might have happened while playing a sport for fun or competition, or while you were doing something physically active like bicycling. It might have happened as a result of a car accident or because someone hurt you. Or, it could have happened because you tripped, slipped, or fell down.

[Previous](#) [Next](#) [Stop](#)

Questions? Please [click here](#) for help.

INJ2



In the last year, that is since 7/25/2017, did you experience any other injuries to your head that you did not see a doctor about?

- Yes
- No

[Previous](#) [Next](#) [Stop](#)

Questions? Please [click here](#) for help.

INJ2 soft validation if no answer



This question is very important for our research. Please provide an answer to the question.

In the last year, that is since 7/25/2017, did you experience any other injuries to your head that you did not see a doctor about?

- Yes
- No
- Don't know

[Previous](#) [Next](#) [Stop](#)

Questions? Please [click here](#) for help.

INJN2



Since 7/25/2017, how many head injuries did you experience that you did not see a doctor about?

ENTER COUNT:

[Previous](#) [Next](#) [Stop](#)

Questions? Please [click here](#) for help.

INJN2 soft validation if no answer



This question is very important for our research. Please provide an answer to the question.

Since 7/25/2017, how many head injuries did you experience that you did not see a doctor about?

ENTER COUNT:

Don't know

[Previous](#) [Next](#) [Stop](#)

Questions? Please [click here](#) for help.

INJNTOT (Single injury)



So to confirm, you have had 1 head injury in the past 12 months?

Yes
 No

[Next](#) [Stop](#)

Questions? Please [click here](#) for help.

INJNTOT (Multiple injuries)



So to confirm, you have had 2 separate head injuries in the past 12 months?

- Yes
- No

Next

Stop

Questions? Please [click here](#) for help.

PREINTX (Single injury)



The next few questions ask about your head injury.

Previous

Next

Stop

Questions? Please [click here](#) for help.

PREINTX (Multiple injuries)



The next few questions ask about your head injuries. We will begin with your most recent head injury.

Previous

Next

Stop

Questions? Please [click here](#) for help.

PREINTX2



The next few questions ask about your second most recent head injury.

Previous

Next

Stop

Questions? Please [click here](#) for help.

PREINTX3



The next few questions ask about your third most recent head injury.

Previous

Next

Stop

Questions? Please [click here](#) for help.

INJOPNB



In the space below, please provide a *very brief* two or three word description of your most recent head injury? For example, "car accident" or "soccer injury". You will be asked about your other head injuries next.

Previous

Next

Stop

Questions? Please [click here](#) for help.

INJOPNB2

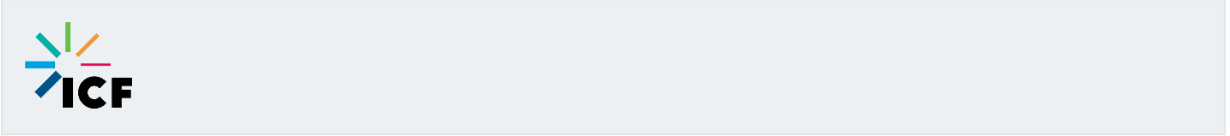


In the space below, please provide a *very brief* two or three word description of your second most recent head injury? For example, "car accident" or "soccer injury". You will be asked about your other head injuries next.

[Previous](#) [Next](#) [Stop](#)

Questions? Please [click here](#) for help.

INJOPNB3

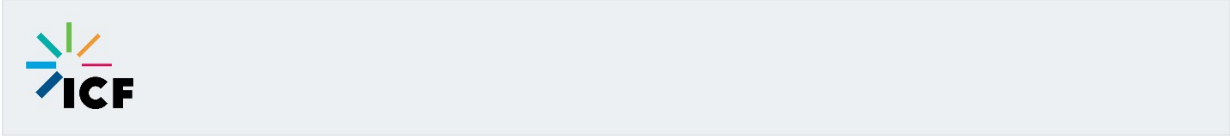


In the space below, please provide a *very brief* two or three word description of your third most recent head injury? For example, "car accident" or "soccer injury". You will be asked about your other head injuries next.

[Previous](#) [Next](#) [Stop](#)

Questions? Please [click here](#) for help.

YEAR



In what year did the head injury occur?

[Previous](#) [Next](#) [Stop](#)

Questions? Please [click here](#) for help.

YEAR soft validation if not 2016-2017.



2015 is outside the range of years we are asking about. We are interested in head injuries that occurred since 7/25/2017.

In what year did the head injury occur?

[Previous](#) [Next](#) [Stop](#)

Questions? Please [click here](#) for help.

M

ONTH



In what month did the head injury occur?

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

[Previous](#) [Next](#) [Stop](#)

Questions? Please [click here](#) for help.

MONTH soft validation if future date is entered based on month and year.



Please do not enter a date in the future.

In what month did the head injury occur?

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

Previous

Next

Stop

Questions? Please [click here](#) for help.

MONTHA/SIXMO



Did the head injury occur before or after 1/26/2018?

- Before
- After

Previous

Next

Stop

Questions? Please [click here](#) for help.

MONTHB/ONEYR



Did the head injury occur before or after 7/25/2017?

- Before
- After

Previous

Next

Stop

Questions? Please [click here](#) for help.

PRESYMMU (Entered "Injury A" as description of most recent injury, dated April 2018)



This part of the survey is about the injuries you reported earlier. Please think about the injury you described as the Injury A that occurred in April.

Previous

Next

Stop

Questions? Please [click here](#) for help.

PRESYMMU (Entered "Injury B" as description of 2nd most recent injury, without specifying date)



This part of the survey is about the injuries you reported earlier. Please think about the injury you described as the Injury B.

Previous

Next

Stop

Questions? Please [click here](#) for help.

Alternative: PRESYMMU (Entered "Injury B" as description of 2nd most recent injury, dated March 2017)



This part of the survey is about the injuries you reported earlier. Please think about the injury you described as the Injury B that occurred in March.

Previous

Next

Stop

Questions? Please [click here](#) for help.

PRESYMMU (Did not enter an injury description or month for 3rd most recent injury)



This part of the survey is about the injuries you reported earlier. Please think about your third most recent injury you reported.

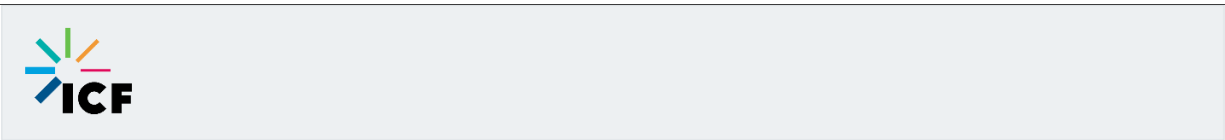
Previous

Next

Stop

Questions? Please [click here](#) for help.

PRESYM

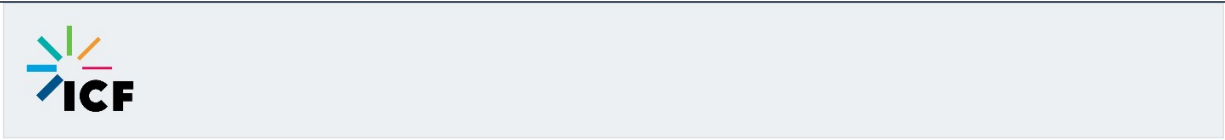


The next set of questions ask what happened to you in the minutes after this head injury. For each of the following, please indicate if it happened to you or not. We only want to know about things caused by the head injury or made worse by the head injury.

[Previous](#) [Next](#) [Stop](#)

Questions? Please [click here](#) for help.

SYM1 (Single injury)



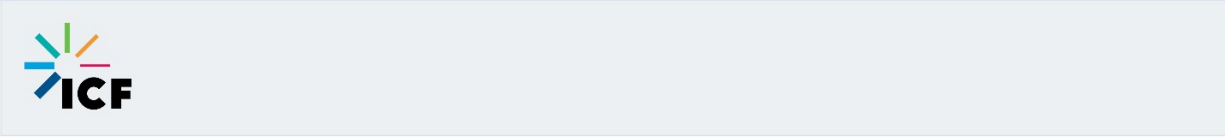
Did you have trouble thinking straight or feel out of it?

- Yes
- No

[Previous](#) [Next](#) [Stop](#)

Questions? Please [click here](#) for help.

SYM1 (Multiple injuries)



Did you have trouble thinking straight or feel out of it?
We are referring to the head injury that you described as Injury A.

- Yes
- No

[Previous](#) [Next](#) [Stop](#)

Questions? Please [click here](#) for help.

SYM1-SYM12 soft validation when no answer.



This question is very important for our research. Please provide an answer to the question.

Did you have trouble thinking straight or feel out of it?

- Yes
- No
- Don't know

Previous

Next

Stop

Questions? Please [click here](#) for help.

SYM2



Did you have difficulty remembering what happened just before or after the head injury?

- Yes
- No

Previous

Next

Stop

Questions? Please [click here](#) for help.

SYM3



Were you knocked out or did you lose consciousness, even briefly?

- Yes
- No

Previous

Next

Stop

Questions? Please [click here](#) for help.

SYM3A



For how long did you lose consciousness?

- A few seconds
- More than a few seconds, up to 5 minutes
- 6 to 30 minutes
- 31 minutes to 24 hours, or
- More than 24 hours

Previous

Next

Stop

Questions? Please [click here](#) for help.

SYM3A soft validation when no answer



This question is very important for our research. Please provide an answer to the question.

For how long did you lose consciousness?

- A few seconds
- More than a few seconds, up to 5 minutes
- 6 to 30 minutes
- 31 minutes to 24 hours, or
- More than 24 hours
- Don't know

Previous

Next

Stop

Questions? Please [click here](#) for help.

PRESYM4



The next questions ask you about things that happen to some people after a head injury. Some of these develop immediately or minutes after a head injury and some do not happen until later. Please answer only about things caused by the head injury or made worse by the head injury.


Previous

Next

Stop

Questions? Please [click here](#) for help.

SYM4



Did you feel sick to your stomach or did you vomit?


Yes

No

[Previous](#) [Next](#) [Stop](#)

Questions? Please [click here](#) for help.

SYM4A



Did this start...


Immediately or minutes after, or

Later on

[Previous](#) [Next](#) [Stop](#)

Questions? Please [click here](#) for help.

SYM4A-SYM8A soft validation when no answer.



This question is very important for our research. Please provide an answer to the question.

Did this start...

Immediately or minutes after, or

Later on

Don't know

[Previous](#) [Next](#) [Stop](#)

Questions? Please [click here](#) for help.

SYM5



Did you have a headache?

- Yes
- No

Previous

Next

Stop

Questions? Please [click here](#) for help.

SYM5A



Did this start...

- Immediately or minutes after, or
- Later on

Previous

Next

Stop

Questions? Please [click here](#) for help.

SYM6



Was there ever a time when you were dizzy, clumsy or had balance problems?

- Yes
- No

Previous

Next

Stop

Questions? Please [click here](#) for help.

SYM6A



Did this start...

- Immediately or minutes after, or
- Later on

Previous

Next

Stop

Questions? Please [click here](#) for help.

SYM7



Did you have blurred or double vision, or other changes in your vision?

- Yes
- No

Previous

Next

Stop

Questions? Please [click here](#) for help.

SYM7A



Did this start...

- Immediately or minutes after, or
- Later on


Previous

Next

Stop

Questions? Please [click here](#) for help.

SYM8



Did you have trouble concentrating?


Yes

No

[Previous](#) [Next](#) [Stop](#)

Questions? Please [click here](#) for help.

SYM8A



Did this start...


Immediately or minutes after, or

Later on

[Previous](#) [Next](#) [Stop](#)

Questions? Please [click here](#) for help.

PRESYM9

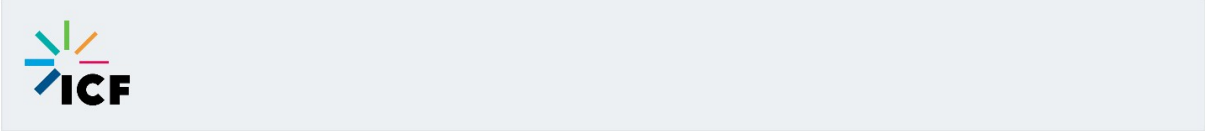


The next questions are about things that might happen to people sometime after a head injury. Please answer only about things caused by the head injury, or made worse by the head injury.

[Previous](#) [Next](#) [Stop](#)

Questions? Please [click here](#) for help.

SYM9



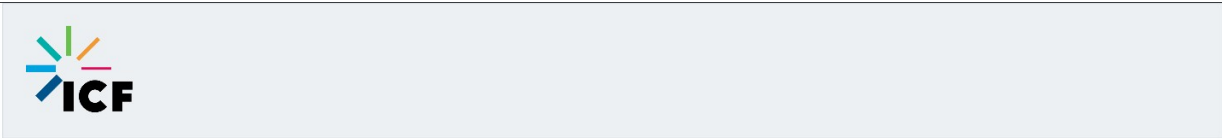
Did you become confused with directions or tasks, or answer questions more slowly than usual?

- Yes
- No

[Previous](#) [Next](#) [Stop](#)

Questions? Please [click here](#) for help.

SYM10



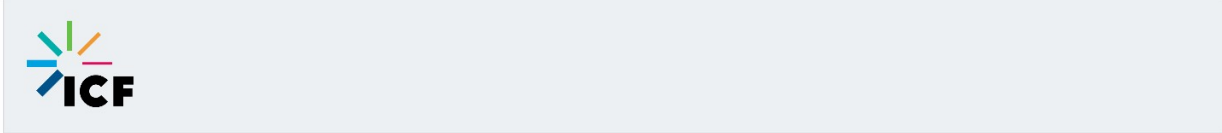
Were you more sensitive than usual to either light or noise?

- Yes
- No

[Previous](#) [Next](#) [Stop](#)

Questions? Please [click here](#) for help.

SYM11



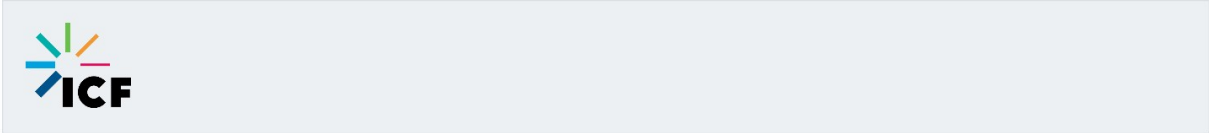
Did you experience a change in mood or temperament such as irritability, or feel more emotional than usual?

- Yes
- No

[Previous](#) [Next](#) [Stop](#)

Questions? Please [click here](#) for help.

SYM12



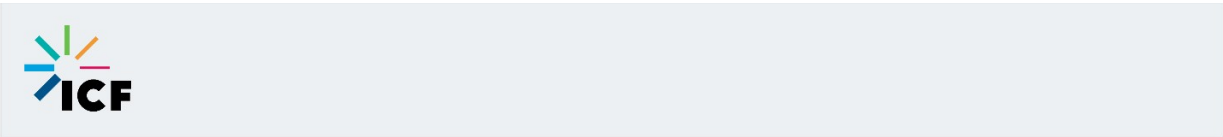
Did you have trouble sleeping or were you more tired than usual?

- Yes
- No

[Previous](#) [Next](#) [Stop](#)

Questions? Please [click here](#) for help.

SRRX



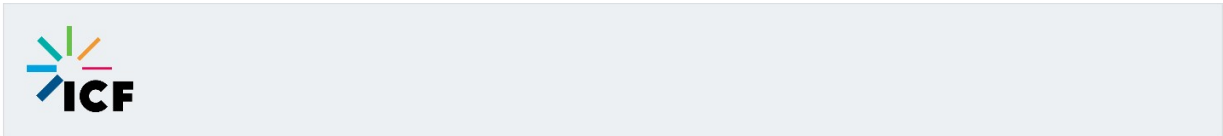
Did you experience this head injury while playing a sport, or while engaged in physical fitness or a recreational activity for fun or competition?

- Yes
- No

[Previous](#) [Next](#) [Stop](#)

Questions? Please [click here](#) for help.

ACTSELX



Which activity were you doing at the time of the head injury?

[Previous](#) [Next](#) [Stop](#)

Questions? Please [click here](#) for help.

INTENTX (Single injury)



We have additional questions about your injury. Which of the following best describes how the head injury happened? Would you say that...

- Someone else was trying to injure you on purpose
- You tried to injure yourself on purpose
- It was an accident—no one intended to injure you, or
- Something else happened?

Previous

Next

Stop

Questions? Please [click here](#) for help.

INTENTX (Multiple injuries, w/INJOPNB entered)



We have additional questions about your most recent injury, which you described as the Injury A. Which of the following best describes how the head injury happened? Would you say that...

- Someone else was trying to injure you on purpose
- You tried to injure yourself on purpose
- It was an accident—no one intended to injure you, or
- Something else happened?

Previous

Next

Stop

Questions? Please [click here](#) for help.

INTENTX (Multiple injuries w/o INJOPNB entered)



We have additional questions about your most recent injury. Which of the following best describes how the head injury happened? Would you say that...

- Someone else was trying to injure you on purpose
- You tried to injure yourself on purpose
- It was an accident—no one intended to injure you, or
- Something else happened?

Previous

Next

Stop

Questions? Please [click here](#) for help.

TXMOST (Entered "Injury A" as description of most recent injury)



This part of the survey is about your most recent injury, which you described as the Injury A.

Previous

Next

Stop

Questions? Please [click here](#) for help.

BI

KEX



Did you experience this head injury while on a bicycle?

- Yes
- No

Previous

Next

Stop

Questions? Please [click here](#) for help.

BIKE1X



How did the head injury happen? Was it initially due to a...

- Collision with a moving motor vehicle
- Collision with another bicycle
- Collision with a person
- Collision with a stationary object
- Fall from a bicycle to a surface like the road, or
- Something else?

Previous

Next

Stop

Questions? Please [click here](#) for help.

BIKE4X



What was the PRIMARY reason you were bicycling at the time of the head injury? Were you...

- Riding primarily as a means of transportation—for example to get to work or school
- Riding primarily for recreation, physical fitness, or competition
- Both

Previous

Next

Stop

Questions? Please [click here](#) for help.

MVX



Did you experience this head injury while on or in a motorized vehicle, such as a car, bus, truck, motorcycle, dune buggy, or all-terrain vehicle (ATV)?

- Yes
- No

Previous

Next

Stop

Questions? Please [click here](#) for help.

MV7X



Why were you riding or driving at the time of the head injury? Were you...

- Riding or driving as a means of transportation-- for example to get to work or school
- Riding or driving for fun, for pleasure, or for competition

Previous

Next

Stop

Questions? Please [click here](#) for help.

CAUSEX



Would you say that the head injury occurred because ...

- You were hit by an object or person, or were pushed against something
- You fell without being struck or pushed, or
- Something else happened

Previous

Next

Stop

Questions? Please [click here](#) for help.

HELMETX



Were you wearing a helmet at the time of the head injury?

- Yes
- No

Previous

Next

Stop

Questions? Please [click here](#) for help.

HELMET1X



Were you wearing a helmet or headgear at the time of the head injury?

- Yes
- No

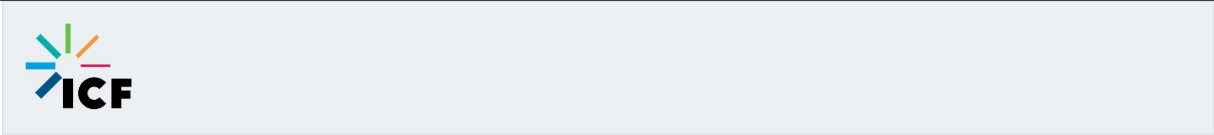
Previous

Next

Stop

Questions? Please [click here](#) for help.

SYMSTILL



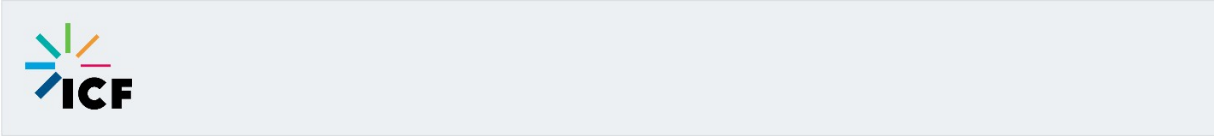
Are you still experiencing any of the head injury-related symptoms you reported earlier?

- Yes
- No

[Previous](#) [Next](#) [Stop](#)

Questions? Please [click here](#) for help.

SYMRECA



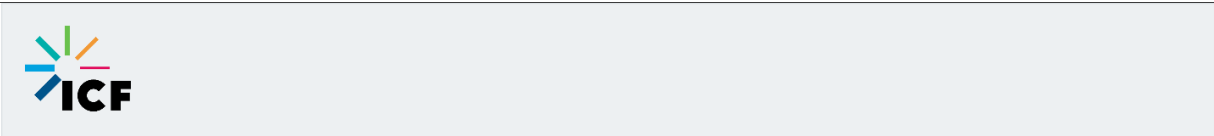
How long did it take for all of your head injury-related symptoms to go away? You can report either the number of days, weeks, or months.

Number of days
Number of weeks
Number of months

[Previous](#) [Next](#) [Stop](#)

Questions? Please [click here](#) for help.

SYMRECA soft validation for out of range days based on injury month and year.



Earlier you reported your head injury occurred in April of 2017. The time it took for your symptoms to go away should be no more than 123 days, the time between your injury and now.


How long did it take for all of your head injury-related symptoms to go away? You can report either the number of days, weeks, or months.

Number of days
Number of weeks
Number of months

[Previous](#) [Next](#) [Stop](#)

Questions? Please [click here](#) for help.

SYMRECA soft validation for out of range weeks based on injury month and year.



Earlier you reported your head injury occurred in April of 2017. The time it took for your symptoms to go away should be no more than 17 weeks, the time between your injury and now.

How long did it take for all of your head injury-related symptoms to go away? You can report either the number of days, weeks, or months.

Number of days


Number of weeks

Number of months

[Previous](#) [Next](#) [Stop](#)

Questions? Please [click here](#) for help.

SYMRECA soft validation for out of range months based on injury month and year.



Earlier you reported your head injury occurred in April of 2017. The time it took for your symptoms to go away should be no more than 4 months, (the time between your injury and now).

How long did it take for all of your head injury-related symptoms to go away? You can report either the number of days, weeks, or months.

Number of days

Number of weeks


Number of months

[Previous](#) [Next](#) [Stop](#)

Questions? Please [click here](#) for help.

DA

SSESSED



Did anyone check you out to see if you were injured?

Yes

No

[Previous](#) [Next](#) [Stop](#)

Questions? Please [click here](#) for help.

DBYWHOA



Who were you first assessed by?

- A school nurse
- Your regular doctor or pediatrician
- An EMT or paramedic
- An athletic trainer
- A coach
- A parent
- A specialist such as a sports medicine doctor or neurologist
- Another medical professional, or
- Someone else
- Don't Know/Not sure

Previous

Next

Stop

Questions? Please [click here](#) for help.

DBYWHOB (Selected "A coach" in DBYWHOA)



After you were checked out by a coach, were you checked out by any of the following people?
Please select all that apply

- Your regular doctor or pediatrician
- A specialist such as a sports medicine doctor or neurologist
- Another medical professional, or
- Someone else
- Don't know/Not sure

Previous

Next

Stop

Questions? Please [click here](#) for help.

PRETELL



Although you were not checked out for your head injury, did you tell anyone?

- Yes
- No

Previous

Next

Stop

Questions? Please [click here](#) for help.

NOTEELLWHY



Why did you choose not to tell anyone? Was it because you...

(select all that apply)

- Did not realize you were injured
- Did not think the head injury was serious
- Did not want to be removed from your sport
- Some other reason

Previous

Next

Stop

Questions? Please [click here](#) for help.

FUNCS



To what extent did the head injury interfere with your normal social activities with family, friends, neighbors or groups?

- Not at all
- Slightly
- Moderately
- Quite a bit
- Extremely

Previous

Next

Stop

Questions? Please [click here](#) for help.

FUNCSA



To what extent did the head injury interfere with your normal school activities (including extracurricular activities such as sports, band or clubs)?

- Not at all
- Slightly
- Moderately
- Quite a bit
- Extremely

Previous

Next

Stop

Questions? Please [click here](#) for help.

END



Please click Submit button to complete the survey.

Previous

Submit

Questions? Please [click here](#) for help.

CLOSE

Thank you for completing this survey.