Summer 2019

Survey – Concussion History

Dear Potential Survey Participant -

Please consider taking part in a research study to help us understand past experiences campers and seasonal staff at Philmont Scout Ranch may have had with concussions. The campers and staff have a wide range of backgrounds 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 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 the surveys you agree 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 a parent(s) or guardian also review the information about this research. A parent/guardian signature* will indicate that person agrees 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. Thank you for helping us understand more about 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 _____

Please print your name here so we can refer to this information if you later complete the Health Lodge survey. *Your name will not be included* when we record your answers to these questions.

Printed name _____

1) How old are you now? ☐ 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 now? ☐ No ☐ Yes

5) If yes, what type? *(check all that apply)*

☐ school-sponsored ☐ city/recreational ☐ adult league

6) In your opinion, 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
☐ None of the above

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

8) Have you taken part in Basic or Wilderness first aid, or other medical training? ☐ Yes ☐ No

9) Have you ever had a baseline concussion test, before you were injured? ☐ Yes ☐ No

10) Have you previously experienced problems adjusting to higher altitudes?
(For example, headaches, sick to your stomach, being tired, a bloody nose…) ☐ Yes ☐ No

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

☐ Yes, I've had _____ concussions
☐ I have not had a concussion

12) Has a healthcare provider told you you've had a concussion? If so, what is your best estimate of when you had your most recent concussion?

☐ Yes, on this date : __ __ / __ __ __ __ (mm/yyyy)
☐ No

13) 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)

14) 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

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

☐ Less than 24 hours
☐ 1 to 3 days
☐ 4 to 6 days
☐ 1 week to 3 months
☐ more than 3 months

16) Do these same symptoms occasionally return now?

☐ No
☐ Yes, when I do this: _____

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

☐ acetaminophen (Tylenol)
☐ 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): _____

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