Traumatic Brain Injury Needs Assessment Survey

The information gathered will be used to help develop a Missouri Plan to improve services and supports for people living with Traumatic Brain Injury (TBI) and their families.

A collaborative project of the Missouri Department of Health and Senior Services and the University of Missouri Kansas City-Institute for Human Development.
Missouri Traumatic Brain Injury Implementation Partnership Project  
Survivor & Family Needs Questionnaire

The information gathered will be used to help develop a Missouri Plan to improve services and supports for people living with Traumatic Brain Injury (TBI, all ranges of severity including concussion) and their families. Your opinions and responses are very important to this effort. After you complete the survey please return in the postage paid return envelope provided. You may also complete this survey online at: http://j.mp/2iapLL8. We anticipate it will take approximately 15 to 25 minutes to complete. Thank you for participating. We very much appreciate your time in completing this important survey.

The survey is anonymous, and you will not be individually identified. Participation in the survey is voluntary. You are not required to participate. You may also choose not to answer any specific questions. By completing the survey and returning it to the investigators, you are volunteering to participate in this research.

If you have any questions about this needs assessment project you may contact Dr. George S. Gotto from the UMKC Institute for Human Development at (816) 235-5334 or gottog@umkc.edu. If you have any questions about your rights as a research participant, please contact the Office of UMKC’s Institutional Review Board at (816) 235-5927. Thank you for your support and cooperation.

<table>
<thead>
<tr>
<th>Demographics</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Which best describes you (person completing survey)?</td>
</tr>
<tr>
<td>[ ] I am a person with TBI (if under age 18 please complete with parent/guardian)</td>
</tr>
<tr>
<td>[ ] I am a family member of a person with TBI (responding on behalf of a survivor of TBI)</td>
</tr>
<tr>
<td>[ ] Other: Please Specify ____________________________</td>
</tr>
<tr>
<td>2. Which best describes you (survivor of TBI):</td>
</tr>
<tr>
<td>[ ] Child with TBI (0-14 years old) [ ] Adult with TBI (21-64 years old)</td>
</tr>
<tr>
<td>[ ] Youth with TBI (15-20 years old) [ ] Older Adult with TBI (65 years or older)</td>
</tr>
<tr>
<td>3. Are you (survivor of TBI) a military service member?</td>
</tr>
<tr>
<td>[ ] Current military service member</td>
</tr>
<tr>
<td>[ ] Former military service member</td>
</tr>
<tr>
<td>[ ] Never a military service member</td>
</tr>
<tr>
<td>4. Gender of person with TBI:</td>
</tr>
<tr>
<td>[ ] Male</td>
</tr>
<tr>
<td>[ ] Female</td>
</tr>
<tr>
<td>[ ] Other (e.g. transgender)</td>
</tr>
<tr>
<td>5. Race/ Ethnicity of person with TBI:</td>
</tr>
<tr>
<td>[ ] White Non-Hispanic [ ] Asian</td>
</tr>
<tr>
<td>[ ] Black Non-Hispanic [ ] Pacific Islander</td>
</tr>
<tr>
<td>[ ] Hispanic [ ] Native American</td>
</tr>
<tr>
<td>[ ] Other: ____________________________</td>
</tr>
<tr>
<td>6. The zip code in which the person with TBI currently lives:</td>
</tr>
<tr>
<td>Zip code: ____________________________</td>
</tr>
</tbody>
</table>
### TBI and Other Health Conditions

7. In what year did the injury occur? ____________________

8. Age at the time of injury? ____________________

9. How long after the injury were you (survivor of TBI) diagnosed with the TBI?

<table>
<thead>
<tr>
<th>Duration</th>
<th>Box</th>
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<tbody>
<tr>
<td>Same day</td>
<td>□</td>
</tr>
<tr>
<td>First week</td>
<td>□</td>
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<tr>
<td>Within 6 months</td>
<td>□</td>
</tr>
<tr>
<td>6 months to 1 year</td>
<td>□</td>
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<tr>
<td>1-5 years</td>
<td>□</td>
</tr>
<tr>
<td>Over 5 years</td>
<td>□</td>
</tr>
</tbody>
</table>

10. Please indicate any disabilities or significant health conditions that you (survivor of TBI) already had BEFORE the TBI (Mark all that apply):

- Behavior / personality change (e.g. acting out, aggression, social inappropriateness)
- Chronic pain (e.g. headaches)
- Cognitive (memory, processing, problem solving)
- Depression
- Diabetes
- Language (e.g. communication, expression, and understanding)
- Physical (balance, other mobility)
- Post Traumatic Stress Disorder (PTSD)
- Seizure disorder
- Sensory (vision, hearing, taste, smell)
- Sleep disorder
- Substance use disorder (alcohol)
- Substance use disorder (drugs)
- Other mental health conditions (e.g. anxiety)
- Other: ____________________________________

11. Please indicate any disabilities or significant health conditions that you (survivor of TBI) developed AFTER the TBI (Mark all that apply):

- Behavior / personality change (e.g. acting out, aggression, social inappropriateness)
- Chronic pain (e.g. headaches)
- Cognitive (memory, processing, problem solving)
- Depression
- Diabetes
- Language (e.g. communication, expression, and understanding)
- Physical (balance, other mobility)
- Post Traumatic Stress Disorder (PTSD)
- Seizure disorder
- Sensory (vision, hearing, taste, smell)
- Sleep disorder
- Substance use disorder (alcohol)
- Substance use disorder (drugs)
- Other mental health conditions (e.g. anxiety)
- Other: ____________________________________

*Other: ____________________________________
### Impact of TBI on You (Person Completing Survey)

12. Has the injury affected any of the following areas of YOUR (person completing survey) life? *(Mark all that apply)*

- **Marriage / romantic relationship**
  - No change
  - Is better
  - Is worse

- **Interpersonal / social**
  - No change
  - Is better
  - Is worse

- **Education**
  - No change
  - Is better
  - Is worse

- **Employment**
  - No change
  - Is better
  - Is worse

- **Income**
  - No change
  - Is better
  - Is worse

- **Living situation**
  - No change
  - Is better
  - Is worse

- **General health**
  - No change
  - Is better
  - Is worse

- **Parenting**
  - No change
  - Is better
  - Is worse

- **Psychological status**
  - No change
  - Is better
  - Is worse

### Living Situation

13. Where do you (survivor of TBI) *currently* live?

- Assisted living facility
- Group home (residential care facility)
- Independently with no assistance
- Other: ________________________________________________________________________
- Nursing facility
- Own apartment / home with outside assistance
- With family member

14. Where do you (survivor of TBI) *want to* live?

- Assisted living facility
- Group home (residential care facility)
- Independently with no assistance
- Other: ________________________________________________________________________
- Nursing facility
- Own apartment / home with outside assistance
- With family member

15. If you (survivor of TBI) are not living where you want to live, why not? *(Mark all that apply)*

- Not applicable
- Can’t get the in-home services I need (e.g. personal care, homemaking services)
- Can’t get the medical care I need
- Can’t get the rehabilitation therapy I need (e.g. physical, speech, occupational)
- Don’t have access to transportation
- Insufficient financial resources
- Lack of access to accessible and affordable housing
- Lack of employment
- Need help coordinating and planning for services
- Need specialized training and services (e.g. cognitive training, behavioral supports, community living skills training)
- Other: ________________________________________________________________________
→ If you (survivor of TBI) are currently living in a nursing facility, please answer Questions 16-19.
→ If not living in a nursing facility, please skip to Question 20.

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
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</thead>
<tbody>
<tr>
<td>16. How long have you (survivor of TBI) lived in a nursing facility?</td>
<td>□ Less than 3 months □ 6 months to 1 year □ 3 to 5 years □ 3 to 6 months □ 1 year to 3 years □ 5 years or more</td>
</tr>
<tr>
<td>17. You (survivor of TBI) moved to a nursing facility from:</td>
<td>□ Acute rehabilitation program □ Hospital □ Group home □ Your home □ Other: ____________________</td>
</tr>
<tr>
<td>18. Reason for admission to the nursing facility (Mark all that apply):</td>
<td>□ Couldn’t get the in-home services I need (e.g. personal care, homemaking services) □ Couldn’t get the medical care I need □ Couldn’t get the rehabilitation therapy I need (e.g. physical, speech, occupational) □ Insufficient financial resources □ Lack of access to accessible and affordable housing □ Lack of access to transportation □ Lack of employment □ Lack of help coordinating and planning for services □ Lack of needed specialized training and services (e.g. cognitive training, behavioral supports, community living skills training) □ Other: __________________________________________________________</td>
</tr>
<tr>
<td>19. Do you (survivor of TBI) wish to return to the community from the Nursing Facility?</td>
<td>□ Yes (answer question 19a) □ No (answer question 19b)</td>
</tr>
<tr>
<td>a. If yes, what is preventing you (survivor of TBI) from moving (Mark all that apply)?</td>
<td>□ Couldn’t get the in-home services I need (e.g. personal care, homemaking services) □ Couldn’t get the medical care I need □ Couldn’t get the rehabilitation therapy I need (e.g. physical, speech, occupational) □ Insufficient financial resources □ Lack of access to accessible and affordable housing □ Lack of access to transportation □ Lack of employment □ Lack of help coordinating and planning for services □ Lack of needed specialized training and services (e.g. cognitive training, behavioral supports, community living skills training) □ Other: __________________________________________________________</td>
</tr>
<tr>
<td>b. If no, why not?</td>
<td>________________________________________________________________________</td>
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</tbody>
</table>
## Services and Supports

20. Following your injury, did anyone provide you (survivor of TBI) with information or advise you about services available for people with traumatic brain injury?

- [ ] Yes  
- [ ] No (go on to question 21)

a. Was this information provided before you left the hospital or doctor’s office?

- [ ] Yes  
- [ ] No

b. Who provided you with information or advised you? *(Mark all that apply):*

- [ ] Attorney
- [ ] Brain Injury Association (BIA)
- [ ] Family / friends
- [ ] Medical professional (doctor, PA, nurse)
- [ ] Rehabilitation staff / vocational rehabilitation
- [ ] Social worker / service coordinator / counselor
- [ ] Other: __________________________

## Medical and Hospital Services

For questions 21-24, please tell us where you (survivor of TBI) received care *at the time of injury*. For each service received, please also rate your satisfaction with the service.

### 21. Received emergency room care at time of injury:

- [ ] Yes  
- [ ] No (go on to question 22)

a. Please rate your level of satisfaction with the emergency room care:

<table>
<thead>
<tr>
<th>Very Dissatisfied</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>Very Satisfied</th>
<th>4</th>
</tr>
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</table>

### 22. Received urgent care or walk-in clinic services at time of injury:

- [ ] Yes  
- [ ] No (go on to question 23)

a. Please rate your level of satisfaction with the urgent care or walk-in clinic services:

<table>
<thead>
<tr>
<th>Very Dissatisfied</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>Very Satisfied</th>
<th>4</th>
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</tbody>
</table>

### 23. Received doctor’s office services at time of injury:

- [ ] Yes  
- [ ] No (go on to question 24)

a. Please rate your level of satisfaction with the doctor’s office services:

<table>
<thead>
<tr>
<th>Very Dissatisfied</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>Very Satisfied</th>
<th>4</th>
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</table>
24. Admitted to a hospital at the time of injury:
   □ Yes  □ No (go on to question 25)
   a. Please rate your level of satisfaction with the hospital services:
      | Very Dissatisfied | Very Satisfied |
      |                  |               |
      | □ 1                | □ 4              |
      | □ 2                | □ 3              |
   b. Did you receive discharge planning services before you left? (someone giving you information about the care you would need at home and helping to arrange services)
      □ Yes  □ No (go on to question 25)
   c. What kind of discharge plans were provided to you by the hospital?
      □ Discharge to home with home-based rehabilitation services
      □ Discharge to home with travel outpatient therapy and services
      □ Discharge to nursing home or facility
      □ Discharge to residential brain injury rehabilitation program
   d. Please rate your level of satisfaction with the discharge planning services:
      | Very Dissatisfied | Very Satisfied |
      |                  |               |
      | □ 1                | □ 4              |
      | □ 2                | □ 3              |

**Acute Rehabilitation Services**

Please tell us about any acute rehabilitation services related to brain injury that you (survivor of TBI) are currently receiving or have received in the past. Acute rehabilitation offers therapy for speech, physical movement, thinking problems (e.g. memory, problem solving), emotional issues, sensory issues, occupational therapy, and taking care of yourself.

25. Inpatient Rehabilitation
   □ Currently receiving services  □ Needed services but did not receive (go on to question 26)
   □ Received services in the past  □ Did not need (go on to question 26)
   a. Level of satisfaction with inpatient rehab services:
      | Very Dissatisfied | Very Satisfied |
      |                  |               |
      | □ 1                | □ 4              |
      | □ 2                | □ 3              |

26. Home Health (nursing or therapies)
   □ Currently receiving services  □ Needed services but did not receive (go on to question 27)
   □ Received services in the past  □ Did not need (go on to question 27)
   a. Level of satisfaction with home health services:
<pre><code>  | Very Dissatisfied | Very Satisfied |
  |                  |               |
  | □ 1                | □ 4              |
  | □ 2                | □ 3              |
</code></pre>
<table>
<thead>
<tr>
<th>Question</th>
<th>Service Option</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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</thead>
<tbody>
<tr>
<td>27. Outpatient Rehabilitation</td>
<td>Currently receiving services</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td></td>
<td>Received services in the past</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td></td>
<td>Needed services but did not receive</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td></td>
<td>Did not need</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>a. Level of satisfaction with outpatient rehabilitation services</td>
<td>Very Dissatisfied</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td></td>
<td>Very Satisfied</td>
<td>☐</td>
<td>☐</td>
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</tbody>
</table>

**Community Services and Supports**

Please describe the services you (survivor of TBI) received in the past or are currently receiving. Please also rate your level of satisfaction with these services.

<table>
<thead>
<tr>
<th>Question</th>
<th>Service Option</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>28. Employment Services</td>
<td>Currently receiving services</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>Received services in the past</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>Needed services but did not receive</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>Did not need</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>a. Level of satisfaction with employment services</td>
<td>Very Dissatisfied</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td></td>
<td>Very Satisfied</td>
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</table>

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<thead>
<tr>
<th>Question</th>
<th>Service Option</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>29. In-Home Services (e.g. attendant care, homemaker services)</td>
<td>Currently receiving services</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td></td>
<td>Received services in the past</td>
<td>☐</td>
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<tr>
<td></td>
<td>Needed services but did not receive</td>
<td>☐</td>
<td>☐</td>
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<td></td>
<td>Did not need</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>a. Level of satisfaction with in-home services</td>
<td>Very Dissatisfied</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td></td>
<td>Very Satisfied</td>
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<tr>
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<th>Service Option</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>30. Transportation Services</td>
<td>Currently receiving services</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>Received services in the past</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td></td>
<td>Needed services but did not receive</td>
<td>☐</td>
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<td></td>
<td>Did not need</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>a. Level of satisfaction with outpatient transportation services</td>
<td>Very Dissatisfied</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td></td>
<td>Very Satisfied</td>
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<tr>
<th>Question</th>
<th>Service Option</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>31. Service Coordination or Case Management Services</td>
<td>Currently receiving services</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>Received services in the past</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td></td>
<td>Needed services but did not receive</td>
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<td></td>
<td>Did not need</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>a. Level of satisfaction with service coordination or case management services</td>
<td>Very Dissatisfied</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td></td>
<td>Very Satisfied</td>
<td>☐</td>
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</table>
32. Treatment for Substance Use Disorder
- **Level of satisfaction with substance use services:**
  - Very Dissatisfied
  - Very Satisfied
    
    | 1 | 2 | 3 | 4 |
    |---|---|---|---|
    | ☐ | ☐ | ☐ | ☐ |

33. Mental Health Counseling
- **Level of satisfaction with mental health counseling services:**
  - Very Dissatisfied
  - Very Satisfied
    
    | 1 | 2 | 3 | 4 |
    |---|---|---|---|
    | ☐ | ☐ | ☐ | ☐ |

34. Use of Assistive Technologies (such as a communication board or wheelchair)
- **Level of satisfaction with assistive technologies:**
  - Very Dissatisfied
  - Very Satisfied
    
    | 1 | 2 | 3 | 4 |
    |---|---|---|---|
    | ☐ | ☐ | ☐ | ☐ |

35. Respite Care
- **Level of satisfaction with respite care services:**
  - Very Dissatisfied
  - Very Satisfied
    
    | 1 | 2 | 3 | 4 |
    |---|---|---|---|
    | ☐ | ☐ | ☐ | ☐ |

36. TBI Support Groups
- **Level of satisfaction with TBI support groups:**
  - Very Dissatisfied
  - Very Satisfied
    
    | 1 | 2 | 3 | 4 |
    |---|---|---|---|
    | ☐ | ☐ | ☐ | ☐ |
37. Assistance with Financial Management
- Currently receiving services
- Needed services but did not receive (go on to question 38)
- Received services in the past
- Did not need (go on to question 38)

a. Level of satisfaction with financial management assistance services:

<table>
<thead>
<tr>
<th>Very Dissatisfied</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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38. Recreation Services
- Currently receiving services
- Needed services but did not receive (go on to question 39)
- Received services in the past
- Did not need (go on to question 39)

a. Level of satisfaction with recreation services:

<table>
<thead>
<tr>
<th>Very Dissatisfied</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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39. Legal Services
- Currently receiving services
- Needed services but did not receive (go on to question 40)
- Received services in the past
- Did not need (go on to question 40)

a. Level of satisfaction with legal services:

<table>
<thead>
<tr>
<th>Very Dissatisfied</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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</tbody>
</table>

40. Section 8 or Other Housing Assistance
- Currently receiving services
- Needed services but did not receive (go on to question 41)
- Received services in the past
- Did not need (go on to question 41)

a. Level of satisfaction with housing assistance services:

<table>
<thead>
<tr>
<th>Very Dissatisfied</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

41. Assistance Applying for Social Security Disability Benefits
- Currently receiving services
- Needed services but did not receive (go on to question 42)
- Received services in the past
- Did not need (go on to question 42)

a. Level of satisfaction with assistance:

<table>
<thead>
<tr>
<th>Very Dissatisfied</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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</table>
42. Continuing Education Related to TBI (seminars, workshops, conferences, classes, or newsletters)
   - Currently receiving services
   - Received services in the past
   - Needed services but did not receive
   - Did not need

   a. Level of satisfaction with continuing education related to TBI:
      - Very Dissatisfied: 1
      - 2
      - 3
      - Very Satisfied: 4

43. Community Living Skills Training (such as cooking or money management)
   - Currently receiving services
   - Received services in the past
   - Needed services but did not receive
   - Did not need

   a. Level of satisfaction with community living skills training:
      - Very Dissatisfied: 1
      - 2
      - 3
      - Very Satisfied: 4

44. Information and Referral Services (information about how to find the services you need)
   - Currently receiving services
   - Received services in the past
   - Needed services but did not receive
   - Did not need

   a. Level of satisfaction with information and referral services:
      - Very Dissatisfied: 1
      - 2
      - 3
      - Very Satisfied: 4

Additional Needs

45. Do you have any other comments about services that you need or that you have had trouble getting?

46. What problems do you (survivor of TBI) have in getting the services you need related to TBI? (Mark all that apply):
   - Difficulty understanding process or paperwork
   - Difficulty with English language
   - Difficulty with enrollment/admissions
   - Do not have insurance
   - Do not have support to get a job
   - Do not have support to live where I want to live
   - Inability to pay for needed services
   - Insurance does not cover needed services
   - Lack of support/patient advocacy
   - Lack of transportation
   - Need help with financial management
   - Services and resources not located locally
   - Unaware of services and resources
   - Other: _____________________________

47. What services and supports do YOU think work well for people with TBI and their families in MO?
48. Have you met professionals who need to learn more about TBI?
☐ Yes  ☐ No (go on to question 49)

a. If yes, who are these professionals? *(Mark all that apply)*

**Medical/Hospital Personnel**
- □ Discharge planner
- □ Emergency room medical provider
- □ Family medical provider
- □ Nurse
- □ Psychologists / neuropsychologists
- □ Other: _____________________________

**Educator/School Personnel**
- □ Coach
- □ Principal
- □ School nurse
- □ Teacher
- □ Other: _____________________________

**Community Service Providers & Professionals**
- □ Adult brain injury program provider
- □ Attorney
- □ First responders
- □ In home care provider
- □ Law enforcement personnel
- □ Mental health professional
- □ Social worker
- □ Vocational rehabilitation personnel
- □ Other: _____________________________

**Rehabilitation Personnel**
- □ Administrator
- □ Occupational therapist
- □ Physical therapist
- □ Speech therapist
- □ Other: _____________________________

**Military Service Personnel**
- □ Available services and supports for individuals with TBI and their families
- □ Employment
- □ General knowledge about TBI (e.g. causes, types)
- □ Housing
- □ Interpersonal
- □ Promoting skills for independence
- □ Specific knowledge about the needs of people with TBI
- □ Understanding and managing communication and cognitive changes
- □ Understanding and managing emotional and behavioral changes
- □ Understanding and managing medical and physical changes
- □ Other ______________________________________________________________________

b. What additional training or information do these professionals need to improve their capacity to serve people with TBI and their families? *(Mark all that apply):*

- □ Available services and supports for individuals with TBI and their families
- □ Employment
- □ General knowledge about TBI (e.g. causes, types)
- □ Housing
- □ Interpersonal
- □ Promoting skills for independence
- □ Specific knowledge about the needs of people with TBI
- □ Understanding and managing communication and cognitive changes
- □ Understanding and managing emotional and behavioral changes
- □ Understanding and managing medical and physical changes
- □ Other ______________________________________________________________________

49. What do YOU feel needs to be done to improve statewide services and supports for people with TBI and their families?

Please enter your responses online at [http://j.mp/2iapLL8](http://j.mp/2iapLL8), scan and email your completed survey to gottog@umkc.edu, or print and mail to:
George S. Gotto
UMKC Institute for Human Development
215 West Pershing Rd., Floor 5
Kansas City MO, 64108

Thank you for taking the time to complete this survey. If you would like more information about services and supports for TBI in Missouri, please visit the Department of Health and Senior Services website:
[http://health.mo.gov/living/families/shcn/](http://health.mo.gov/living/families/shcn/)