

Governor's Task Force on Traumatic Brain Injury



INFORMATION SURVEY Survivor and Family Member Questionnaire (Service Provider Questionnaire)

Governor John A. Kitzhaber, M.D., formed The Governor's Task Force on Traumatic Brain Injury with Executive Order NO. 01-02. One of the charges to the Task Force is to "... make recommendations regarding a coordinated state agency response to brain injury which focuses on the needs of persons with brain injury..." In carrying out this task, the Task Force is seeking your assistance and input so that our report reflects the perspective of persons with brain injury, their families and that of service providers. The following survey is targeted to persons with brain injury, their families and friends.

We request that you take the time to complete the following questionnaire. The form allows you to comment in narrative form so that you are not limited to the choices offered. All of your responses will be confidential. You may fill in your name if you wish, but it is not necessary.

You can also help by helping us reach others who may be interested in commenting. To request that we mail or email a questionnaire to someone else, please provide us with their address or email address in the space provided. Thank you for your involvement.

1. Are you a:

- Person with Brain Injury
- Family member or Friend
- Advocate
- Other _____

2. If you are a person with a disability, please check ALL that best describes your disability:

- Traumatic Brain Injury
- Other Brain Injury: _____
- Spinal Cord Injury

3. I consider the major issues associated with my injury to be (check all that apply):

- Physical Cognitive Behavioral

4. Do you have additional comments about your condition that you would like to share with us:

5. Age at which brain injury occurred: _____

6. At this point in time, how satisfied are you with your life? Circle the number below that best describes your current feelings of life satisfaction. 1 means: "I am very dissatisfied with my life." 5 means: "I am very satisfied with my life."

1 2 3 4 5

6a. Do you have additional comments about your life or condition relating to your life satisfaction that you would like to share with us:

If you don't mind, please tell us about yourself:

7. Age

- Under 18
- 18-25
- 26-44
- 45-64
- 65 and over
- Don't wish to answer

8. Race: (Check all that apply.)

- American Indian or Alaska Native
- Asian
- Black
- Pacific Islander
- Hispanic or Latino
- White non Hispanic
- Don't wish to answer

9. Type of area you live in:

- Urban (city)
- Rural (country)
- Suburban (small community near a city)

10. Zipcode you live in: _____

11. What is the highest level of education you have completed?

- Some high school
- High school graduate/GED
- Technical or vocational school graduate
- Some college
- Undergraduate degree
- Graduate or professional degree
- Don't wish to answer

12. Below are some questions that will let us know what you consider your most important issues/needs. Please rate each of these by their degree of importance:

Issues/Needs	Degree of importance				
	Most	←	Neutral	→	Least
Medical Issues/Medications					
Memory/Cognitive issues					
Attention/Focusing Skills					
Anger Management Issues					
Isolation					
Financial Issues					
Housing Issues					
Transportation Issues					
Public Awareness of TBI					

13. Please feel free to make additional comments on other issues/needs not listed above.

14. Below are some questions that will let us know what you consider the most significant obstacles/barriers to receiving services. Please rate each of these by their level of significance for you:

Obstacles/Barriers	Level of Significance				
	Very	←	Neutral	→	Not
Living in rural area					
Insurance doesn't pay for needed services					
Insurance coverage stops too soon					
Poor communication with service providers					
Not meeting eligibility requirements					
Services not designed to meet individual needs					
Hard to find helpful information about services					
Hard to know where to start to get services					
System is confusing					

15. Please feel free to make any comments on any other significant obstacles or barriers that you have or are encountering.

16. Types of assistance you are receiving: (Check all that apply.)

- SSI - Social Security Insurance
- SSDI - Social Security Disability Insurance
- Medicare
- Medicaid
- OHP - Oregon Health Plan
- Food stamps
- Vocational Rehabilitation
- Transportation Assistance
- Family Respite Services
- Housing Assistance
- Supportive services
- In-home Care
- No Assistance

17. What assistance or services are you receiving that have not been listed, or additional comments on items listed above.

18. Overall, how satisfied would you say you are with Oregon’s response, programs, and policies for persons with brain injury?

- Very satisfied
- Satisfied
- Somewhat Satisfied
- Not Satisfied
- Not at all satisfied
- Don’t know

19. If you (or your loved one) are currently receiving services, how are they working? Select the number below that best describes your opinion. 1 means: “services are terrible.” 5 means: “services are great.”

- 1 2 3 4 5

20. In your opinion, what change or changes in services would have the most positive impact on you or your family member?

21. Please use this space to add any additional comments, recommendations or to ask any questions that you have.

22. If you would like to be put on our email mailing list, please fill in your email address below.

23. If you know of others who would like to receive this survey, please fill in their names and addresses, or email addresses, and send or fax to addresses below.

Please mail or fax completed Survey to:

**GTFTBI Survey
Sherry Stock, Coordinator
1026 SE 209th Ave.
Gresham OR 97030**

**Fax to: (503) 373-7823
Attn: GTFTBI c/o JE Weidanz**