

Arkansas TBI Needs Assessment
Individuals with TBI and Support

You have been asked to complete this survey either because you are an individual with traumatic brain injury (TBI) or provide some type support for an individual with TBI. The information you provide will be used to assess strengths and weaknesses in the state's responses to individuals with TBI and to guide the planning for better coordination of services. The deadline for returning the survey is July 31, 2005.

The survey is anonymous – no identifying information will be associated with any response.

Please feel free to write notes at any place on the survey to better explain your experiences in obtaining services for individuals with TBI.

Demographic Information

- Q1. Who are you?
- Individual with traumatic brain injury
 - Family member of individual with traumatic brain injury
Please identify your relationship_____
 - Non-family member
Please identify your relationship_____

If you checked family member or non-family member in Q1, please complete the following questions on the individual you know with a traumatic brain injury.

- Q2. Sex:
- Male
 - Female
- Q3. What is your age? _____ years
- Q4. Race
- African American
 - Caucasian
 - Hispanic
 - Asian
 - Other
Please identify_____
- Q5. What is your highest level of education?
- Non-high school graduate
 - High school graduate
 - Some college or vocational education
 - Completed undergraduate or vocational education
 - Post graduate education
- Q6. Are you currently employed?
- Yes
 - No
- Q7. What is your living situation?
- Live independently
 - Live with family member or friend
 - Live in supported setting with other individuals with TBI.
- Q8. In what county of Arkansas do you live?_____

Injury Background

- Q9. How did your injury occur?
- Motor vehicle
 - Recreation
Please specify activity _____
 - Work
Please specify activity _____
 - Fall
 - Firearm
 - Other
Please specify _____
- Q10. In what year did the injury occur? _____
- Q11. What was your age at the time of the injury? _____
- Q12. Were Intensive Care Unit (ICU) services received?
- Yes for _____ (length of time)
 - No
- Q13. Were Acute Care services received?
- Yes for _____ (length of time)
 - No
- Q14. Were inpatient rehabilitation services received at a hospital or a specialty center?
- Yes for _____ (length of time)
 - No
- Q15. Were outpatient rehabilitation services received from a hospital or specialty center?
- Yes for _____ (length of time)
 - No
- Q16. Which of the following services were received by the person with TBI? Check all that apply.
- Supported housing
 - Employment
 - Personal care
 - Household care
 - Speech therapy
 - Occupational therapy
 - Physical therapy
 - Appropriate education
 - Nursing services
 - Recreational opportunities
 - Money management/financial counseling
 - Transportation
 - Mental health counseling
 - Substance abuse counseling
 - Family counseling
 - Respite care
 - Medical services
 - Access to information
 - Support groups
 - Service coordination
 - Other (please specify) _____

Q17. Which of the following services were needed by the person with TBI but were not obtained? Check all that apply.

- Supported housing
- Employment
- Personal care
- Household care
- Speech therapy
- Occupational therapy
- Physical therapy
- Appropriate education
- Nursing services
- Recreational opportunities
- Money management/financial counseling
- Transportation
- Mental health counseling
- Substance abuse counseling
- Family counseling
- Respite care
- Medical care
- Access to information
- Support groups
- Service coordination
- Other (please specify)_____

Q18. What barriers were experienced in receiving essential services? Check all that apply.

- Transportation
- Inability to pay
- Lack of insurance
- Services not located locally
- Difficulty understanding process or paperwork
- Difficulty with English language
- Lack of support/patient advocacy
- Unaware of services and resources
- Difficulty with enrollment/admissions
- Other
- Please specify_____

Injury Resources

Q19. What do you believe are the most important issues experienced by individuals after a brain injury? Please rate each issue from 1 (critically important) to 5 (not important at all).

Issue	Critically Important		Somewhat Important		Not Important at all
	1	2	3	4	5
Medical Issues/Medications	0	0	0	0	0
Personal Relationships	0	0	0	0	0
Fulfilling Vocation/Employment	0	0	0	0	0
Memory/Cognition	0	0	0	0	0
Attention/Focusing Skills	0	0	0	0	0
Anger Management	0	0	0	0	0
Recreation Options	0	0	0	0	0
Housing Issues	0	0	0	0	0
Transportation Issues	0	0	0	0	0
Feelings of Isolation	0	0	0	0	0
Financial Issues	0	0	0	0	0
Public Awareness of TBI	0	0	0	0	0
School/Educational Issues	0	0	0	0	0
Family stress/needs	0	0	0	0	0

Q20. What do you believe are the top priorities for funding/resources? Please rate each issue from 1 (highest priority) to 5 (lowest priority).

Activity	Highest Priority		Medium Priority		Lowest Priority
	1	2	3	4	5
Peer support for individuals with TBI	0	0	0	0	0
Peer support for family members	0	0	0	0	0
Medical care resources	0	0	0	0	0
Mental health resources for individuals with TBI	0	0	0	0	0
Mental health resources for family members of individuals with TBI	0	0	0	0	0
Community education events	0	0	0	0	0
Community resource guides	0	0	0	0	0
Research into improving medical outcomes	0	0	0	0	0
Research into improving social outcomes	0	0	0	0	0
Research into improving vocational outcomes	0	0	0	0	0
Research into improving cognitive and/or educational outcomes	0	0	0	0	0
Developing resources in language other than English	0	0	0	0	0
Outpatient care	0	0	0	0	0
Education opportunities	0	0	0	0	0
Public Awareness of TBI	0	0	0	0	0
TBI education for health providers	0	0	0	0	0
TBI education for teachers/educational system	0	0	0	0	0

- Q21. What resources have you used from the Brain Injury Association of Arkansas? Check all that apply.
- Peer support
 - Website (www.brainassociation.org)
 - Newsletter
 - Brochures
 - Meetings
 - Conference
 - Referral information
 - None

- Q22. What resources have you used from the schools or other educational agencies? Check all that apply.
- Website (<http://arksped.k12.ar.us/>)
 - Brochures
 - Meeting with principals and/or teachers
 - Testing
 - Counseling
 - Referral information
 - None

- Q23. What resources have you used from the Disability Rights Center? Check all that apply.
- Website (www.arkdisabilityrights.org)
 - Brochures
 - Meeting with staff
 - Referral information
 - None

Q24. What has been the biggest obstacle(s) since the brain injury? _____

Q25. What has been the biggest help for you since the brain injury? _____

- Q26. Are you aware of successful programs elsewhere that might be helpful to replicate in Arkansas?
- Yes
Please specify _____
 - No

Q27. Please provide suggestions that will improve services for Individuals with TBI and/or their families?

Thank you for taking time to complete this survey. Your responses will be very helpful in planning for the needs for persons with TBI and their families in Arkansas.

**Please return the completed survey by email to millerbeverlyk@uams.edu or mail to:
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