Brain Injury Family Caregiver Questionnaire

The Behavioral Health Division of the ND Department of Human Services is gathering information on services and supports for ND citizens with brain injury. The ND Center for Persons with Disabilities (NDCPD) at Minot State University has been contracted to conduct the statewide needs assessment.

You have been selected to participate in the needs assessment because of your experiences and perspectives on brain injury. If you are not a caregiver of a family member with a brain injury, DO NOT complete this questionnaire.

This questionnaire is designed to gather information about brain injury (see definition below), along with resources, supports, services and needs in the state. All information will be kept confidential and no individual names will be used.

This questionnaire has been reviewed and approved by both the ND Department of Human Services Brain Injury Coalition and the Minot State University Institutional Review Board for the Protection of Human Subjects. The contact person for this study is Dr. Brent A. Askvig at Minot State University (701-858-3580). If you have questions for the Department of Human Services please contact Ms. Stacie Dailey at 701-328-8941. If you have questions about the human subjects research approval, please contact Dr. Jynette Larshus (701-858-4324).

This questionnaire will take between 15 and 30 minutes to complete. Please answer all questions if possible. The completed questionnaire should be mailed to:

ND Brain Injury Project
ND Center for Persons with Disabilities
Minot State University
500 University Avenue West
Minot, ND  58707

For the purposes of this needs assessment, a brain injury is:

as an injury to the brain which occurs after birth and which is acquired through traumatic or non-traumatic insults. For this needs assessment, non-traumatic aneurysm and stroke shall be included.

The definition does not include hereditary, congenital, non-traumatic encephalopathy, or degenerative brain disorders or injuries induced by birth trauma.
Brain Injury Family Caregiver Questionnaire

1. As a caregiver of a family member with a brain injury, I am a:
   - Spouse
   - Sibling
   - Parent
   - Child of person with brain injury
   - Significant other
   - Other (please describe) __________________________

2. I am paid to provide care to my family member:
   - Yes
   - No

3. I identify my race/ethnicity as:
   - White
   - American Indian or Alaska native
   - Black or African American
   - Asian
   - Hispanic or Latino
   - Native Hawaiian or other Pacific Islander
   - Two or more races

4. My age is _________________

5. My residence Zip Code is _______________________

6. I have received training/education in brain injury and caregiving by: (select all that apply)
   - College/University degree
   - Workshops
   - Conferences
   - Individualized Consultant training
   - Informal self-study
   - Formal training modules (face to face or online)
   - I have received no training
   - Other (please describe) __________________________
7. The individual with a brain injury is:

   Gender
   ☐ Female
   ☐ Male

   Age: ________

   Military Status
   ☐ Active duty military
   ☐ Retired military
   ☐ Did not serve in the military

8. The person for whom I provide care has a brain injury as a result of:

   ☐ Motor vehicle accident
   ☐ Bicycle crash
   ☐ Pedestrian accident
   ☐ Anoxia (lack of oxygen to the brain)
   ☐ Substance abuse
   ☐ Assault
   ☐ Fall
   ☐ Domestic violence
   ☐ Stroke
   ☐ Non-traumatic aneurysm
   ☐ Firearm (gunshot)
   ☐ Sports/recreation injury
   ☐ Blast/explosion
   ☐ Other (please describe) ________________________________
   ☐ Unknown

9. Where do you provide care for your family member with a brain injury? (select one)

   ☐ In my home/apartment
   ☐ In his/her own home/apartment
   ☐ In a medical facility
   ☐ In an assisted living facility/nursing home
   ☐ In a group home or residential facility
   ☐ In a correctional facility
   ☐ Other (please describe) ________________________________

10. How far do YOU travel to provide care to the person with a brain injury? (check one)

    ☐ I live with the person
    ☐ Less than 20 minutes away
    ☐ Between 20 minutes & one hour away
    ☐ Between one and two hours away
    ☐ More than two hours away
11. How long have YOU been providing care to the person with a brain injury? (check one)
- □ 0 – 6 months
- □ Between 6 months and 1 year
- □ Between 1 and 2 years
- □ Between 2 and 5 years
- □ More than 5 years

12. How many hours per week do YOU provide care to the person with brain injury?
- □ 1 – 5 hours per week
- □ 6 – 10 hours per week
- □ 11 – 15 hours per week
- □ 16 – 20 hours per week
- □ More than 20 hours per week

13. Sometimes there are problems in getting or using services or supports for a person with a brain injury. Which of the following are barriers for the person whom you provide care? (check all that apply)
- □ Inadequate support from family
- □ Inadequate peer support
- □ Inadequate community support
- □ Lack of acceptance of having a brain injury
- □ Lack of advocates for people with brain injury
- □ Lack of understanding of brain injury by providers
- □ Inadequate support for family caregivers
- □ Inadequate financial resources
- □ Long travel distance for services
- □ Lack of appropriate transportation
- □ Inadequate health resources
- □ Lack of individualized services
- □ No centralized source for information on brain injury

14. Do you belong to a caregiver support group?
- □ Yes
- □ No

If no, are you interested in participating in a support group?
- □ Yes
- □ No
15. What are the most important and immediate needs for the person with brain injury to whom you provide support?

16. How do you see that need being addressed?

17. Other comments:

For more information on services, supports and resources on brain injury, go to http://www.ndbin.org