Participant Questionnaire B

| Patient Identification Information | | |
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| Questionnaire assessment performed: Questionnaire mode | (Outcomes.PartQuestBPerformed) Not performed Performed/Completed (Outcomes.PartQuestBQuestionnaireMode) Telephone interview Postal questionnaire Web-based completion Personal interview | |
| The following questions relate to your medical history before head injury: | | |
| 13. Medical History before head injury | | |
| 13.1 Did you have mobility problems before the injury? | (Outcomes.PartQuestBBeforeInjMob) | |
| 13.2 Did you have any other physical limitations before injury? | Yes No (Outcomes.PartQuestBBeforeInjPhysLim) Yes No | |
| 13.3 Did you ever have a concussion or brain injury before this injury? | (Outcomes.PartQuestBBeforeInjPrevConcus) Yes No | |
| 13.4 Have you ever previously had a concussion or brain injury as a result of sports or recreational activities? | (Outcomes.PartQuestBBeforeInjPrevConcusSport) Yes No | |
| reduct of operior of reduced and additioned. | (Outcomes.PartQuestBBeforeInjPrevConcusSportFreq) If so, how often? | |
| | | |
| | (Outcomes.PartQuestBBeforeInjPrevConcusSportType) What type of sports/recreational activity? | |
| 13.5 Before the injury have you ever sought treatment for migraine? | (Outcomes.PartQuestBBeforeInjTreatMig) | |
| 13.6 Do your parents and/or any of your brothers/sisters suffer from migraine | Yes No (Outcomes.PartQuestBBeforeInjFamMigraine) Yes No | |
| 13.7 Have you ever had a brain or neurological illness before the injury (e.g. epilepsy, tumour, stroke)? | (Outcomes.PartQuestBBeforeInjNeuro) Yes No | |
| 13.8 Have you had any learning disabilities/ attended special classes? | (Outcomes.PartQuestBBeforeInjLearnDis) Yes No | |
| 13.9 Before the injury have you ever sought treatment for problems related to use of alcohol or drugs? | (Outcomes.PartQuestBBeforeInjSubTrt) Yes No | |
| 13.10 Before the injury, did you ever seek treatment for emotional disorders (e.g. depression or anxiety)? | (Outcomes.PartQuestBBeforeInjEmoDis) Yes No | |
| 13.11 Before the injury have you ever sought treatment for any other mental health problem? | | |
| 13.12 Before the injury have you been admitted to hospital for psychiatric reasons? | (Outcomes.PartQuestBBeforeInjAdmitHosPsy) Yes No | |
| The following question relates to your current use of alcohol: | | |
| 14. How often do you have a drink containing alcohol? | (Outcomes.PartQuestBAUDITCDrnkContainAlcFreqScore) Never | |
| 15. How many drinks containing alcohol do you have on a typical day when you are drinking? | Monthly or less2-4 times a month2-3 times a week4 or more times a week | |

| 16. How often do you have six or more drinks on one occasion? (Out | 7-9 10 or more ttcomes.PartQuestBAUDITCMoreThan6AlcDrnkFreqScore) Never Less than monthly Monthly Weekly Daily or almost daily |
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