

## Traumatic Brain Injury Exercise Habits Survey

Thank you for participating in this survey. The purpose of the survey is to identify potential barriers to physical activity individuals with traumatic brain injury (TBI) experience. Physical activity is essential to overall health and can be helpful in controlling weight, reducing risk of heart disease and some cancers, strengthening bones and muscles, and improving mental health. We would like to determine what prevents individuals with TBI from being physically active and thus unable to benefit from this involvement. Thank you for answering the following questions.

By completing this survey, you are giving consent for us to use this data. All data is confidential. No identifying data, such as name, date of birth, or address, are collected for this study.

Yes, consent is given

1. Who is completing this survey?  Individual with TBI  Caregiver of person with TBI\*

\* If you are completing the survey as the caregiver, please answer the questions as they refer to the **individual with TBI**.

2. When did your TBI occur?

less than 1 year ago  2-3 years ago  4-5 years ago  
 1-2 years ago  3-4 years ago  more than 5 years ago

3. What was the specific cause of your TBI (example: fall, car accident, struck by a vehicle)?

---

---

---

4. What State and County do you live in?  NC  SC

County \_\_\_\_\_

5. What is your age?

18 – 24 years  36 – 45 years  56 – 65 years  75 years or older  
 25 – 35 years  46 – 55 years  66 – 75 years

6. What is your gender?  Female  Male

7. What is the closest estimate for your annual household income?

- less than \$20,000       \$50,000 - \$99,999       \$150,000 - \$199,999  
 \$20,000 - \$49,999       \$100,000 - \$149,999       \$200,000 or more

8. What level of education did you complete?

- less than high school diploma       college degree  
 high school diploma       graduate degree

9. What assistive devices do you use to help you move around? (Check all that apply)

- None       Walker       Wheelchair  
 Cane       Leg or ankle brace       Other \_\_\_\_\_

10. Where would you prefer to exercise?

- at home       at a rehabilitation center       does not matter  
 at a fitness center       in my neighborhood

11. Please check the answer that best describes your work situation.

- I work full time       I am a volunteer       I am a student  
 I work part time       I am not working at this time

12. Do you feel irritable or frustrated since your injury?

- No       Yes

**Directions:** An exercise program is participation in some type of structured activity that is done on a regular basis such as walking, lifting weights, doing aerobics or riding a stationary bike. In the following section we would like you to reflect on exercise that you have done since your traumatic brain injury. **Physical Therapy is not considered exercise for this survey.**

13. Do you like to exercise?

- No       Yes       Don't know

14. What type of exercise would you prefer to do?

- Water exercise       Walking  
 Exercise to strengthen muscles       Tai Chi  
 Exercise to improve balance       Team sports  
 Meditation; yoga       Aerobic exercise, i.e. dancing, running, biking

15. Would you like to begin an exercise program?  No  Yes  Don't know

16. Have you ever exercised?  No  Yes  Don't know

17. Have you exercised since your traumatic brain injury?  No  Yes  
 Don't know

18. Do you feel like an exercise program could help you?  No  Yes  Don't

19. Do you feel that an exercise instructor in a fitness center would know how to set up an exercise program to meet your needs?  No  Yes  Don't know

20. Do you know of a fitness center that you could get to?  No  Yes  Don't

21. Would you have any concerns about exercising in a facility like a YMCA?

No  Yes  Don't know

22. Do you have any exercise equipment at home that you use?  No  Yes  Don't

23. Are you ever afraid to leave your home?  No  Yes  Don't know

24. Has your doctor ever told you to exercise?  No  Yes  Don't know

25. If yes, did your doctor ever tell you to do anything specific?  No  Yes  Don't know

26. Did you exercise more or less after your traumatic brain injury?  More  Less

27. On a scale of 1 to 3 with 1 being important and 3 being unimportant, how important is exercise to you?  1 (important)  2 (neither important nor unimportant)  
 3 (unimportant)

28. The cost of an exercise program prevents me from exercising.  True  
 False

29. Lack of energy prevents me from exercising.  True  False

30. Lack of transportation keeps me from exercising.  True  False

31. I know where to exercise.  True  False

32. Lack of motivation prevents me from exercising.  True  False

33. Health concerns prevent me from exercising.  True  False

34. I know how to exercise.  True  False

35. Exercising is too difficult.  True  False

36. I am too lazy to exercise.  True  False

37. Lack of interest prevents me from exercising.  True  False

38. Exercise is boring or monotonous.  True  False

39. Lack of time prevents me from exercising.  True  False

40. I believe exercise will make my condition worse.  True  False

Thank you for completing the survey. We value your participation!

Please return the survey to the following address in the self addressed and self stamped envelope enclosed.