| FITBIR  Demographics Form  You are allowed to remove any questions that are non-core questions with associated permissible values. You are NOT allowed to insert/delete permissible values of existing questions. The variable name in FITBIR is underlined. The core questions are indicated by a red asterisk. | | | | |
| --- | --- | --- | --- | --- |
| Main group | | | | |
| Study Name: | | | | |
| GUID:\*  GUID | | | | |
| Subject ID number:  SubjectIDNum | | | | Age in Years:  AgeYrs |
| Visit Date:  VisitDate | | Site Name:  SiteName | | |
| Days since Baseline:  DaysSinceBaseline | | | | |
| Case Control Indicator:  CaseContrlInd   * Case * Control * Unknown | | | | |
| Form administration | | | | |
| **What time frame do the questions in this form refer to?**  ContextType  Select one. If “Other, specify” is selected, please write in response.   * After injury * At time of assessment * Before injury * Last 2 weeks * Last 6 months * Last 24 hours * Last month * Last week * Last year * Prior to death * Since last interview * Time of injury * Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   ContextTypeOTH | | | | |
| **Who filled out this form?**  DataSource  Select one. If “Other, specify” is selected, please write in response.   * Brother * Chart/Medical Record * Daughter * Father * Friend * Mother * Participant/Subject * Physician * Sister * Son * Spouse * Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   DataSourceOTH | | | | |
| Subject demographics questions | | | | |
| **\*What is the subject’s date of birth?**  BirthDate  YYYY-MM-DD | **What is the subject’s gender?**  GenderTyp  Select one.   * Female * Male * Not reported * Unknown * Unspecified | | **\*What is the subject’s sex or genotype?**  SexSubjectGenotypTyp  Select one. If “Other, specify” is selected, please write in response.   * XX * XY * XXX * XXY * XYY * Unknown * Unspecified * **\***Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   SexSubjectGenotypOTH | |
| **What is the subject’s handedness preference, or dominant hand?**  HandPrefTyp  Select one.   * Both * Left * Right * Unknown | | | | |
| **\*** **What is the subject's race (as defined by OMB)?**  RaceUSACat  For the full list of standards for the classification of federal data on race and ethnicity, refer to the following link  https://www.whitehouse.gov/omb/fedreg\_race-ethnicity/  Select all that apply.   * American Indian or Alaska Native * Asian * Black or African-American * Native Hawaiian or Other Pacific Islander * White * Not Reported * Unknown | | | | |
| **What is the subject's race (expanded categories)?**  RaceCat  Select all that apply.   * Alaskan Native * Black African * Black African American * Black Afro Caribbean * Far Eastern Asian * Hawaiian * Inuit * North American Indian * Pacific Islander * South/Central American Indian * South Asian * Western Asian * White African * White Australian * White European * White Middle Eastern * White North American * White South American * Other * Not Reported | | | | |
| **What is the subject’s ethnic background?**  EthnUSACat  Select one. If “Other, specify” is selected, please write in response.   * Hispanic or Latino * Not Hispanic or Latino * Not reported * Unknown * Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   EthnCatTxt | | | | |
| **What is the subject birth country (use ISO alpha-2 code)?**  BirthCntryISOCode  For the full list of ISO alpha-2 codes, refer to the following link - https://www.iso.org/obp/ui/#search  Select one. If “Other, specify” is selected, please write in response.   * Australia (AU) * Canada (CA) * Mexico (MX) * United Kingdom (GB) * USA (US) * Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **What is the subject’s birth country name?** Write in response.  BirthCntryName | | | | |
| **What is the subject current country of residence (use ISO alpha-2 code)?**  CntryResdnceISOCode  For the full list of ISO alpha-2 codes, refer to the following link - <https://www.iso.org/obp/ui/#search>.  Select one. If “Other, specify” is selected, please write in response.   * Australia (AU) * Canada (CA) * Mexico (MX) * United Kingdom (GB) * USA (US) * Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **What is the subject’s current country of residence name?** Write in response.  CntryResdnceName | | | | |
| **What is the subject’s primary language (use the ISO 639 code)?**  LangPrimryTxt  For the full list of ISO 639 codes, refer to the following link - http://www.iso.org/iso/home/standards/language\_codes.htm  Select one. If “Other, specify” is selected, please write in response:   * eng (English) * spa (Spanish) * sgn (Sign Language) * chi (Chinese) * fre (French) * ger (German) * Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   LangPrimryOTH | | | | |
| **What are the ISO 639 codes for each language the subject can speak fluently?** Write in response.  LangSpokeFluentISOCode  For the full list of ISO 639 codes, refer to the following link - http://www.iso.org/iso/home/standards/language\_codes.htm | | | | |
| **Please list each language the subject can speak fluently:** Write in response.  LangSpokeFluentTxt | | | | |
| **What are the ISO 639 codes for each language the subject can write fluently?**  Write in response.  LandWrtnFlntlyISOCode  For the full list of ISO 639 codes, refer to the following link - http://www.iso.org/iso/home/standards/language\_codes.htm | | | | |
| **Please list each language the subject can write fluently:** Write in response.  LangWrtnFlntlyTxt | | | | |
| **What is the subject’s marital status?**  MartlPartnerStatus  Select one. If “Other, specify” is selected, please write in response.   * Divorced * Domestic partnership * Married * Never married * Separated * Widowed * Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   MartlPartnerStatusOTH | | | | |
| If an adult (18 years old or older): | | | | |
| **Who is the primary person living with the subject?**  SesPrimAdult  Select one. If “Other, specify” is selected, please write in response.   * Alone * Child/children * Group living situation, boarding house * Homeless * Military barracks * Other (including correctional facility inmates) * Other patients (in hospital/nursing home) * Other residents * Parents * Personal care attendant * Roommates/friends * Siblings * Significant other partner * Spouse (including common law partner) * Unable to obtain information * Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   SesPrimAdultOther | | | | |
| If a juvenile (17 years old or younger): | | | | |
| **What is the subject’s living situation?**  SesPrimChild  Select one. If “Other, specify” is selected, please write in response.   * Adoptive parents * Foster care * Other * Other family members * Parents * Unable to obtain information * Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   SesPrimChildOTH | | | | |
| **What was the subject’s living situation before injury?**  LivingSituationPreInjTyp  Select one. If “Other, specify” is selected, please write in response.   * Homeless/Lives in shelter * Lives alone * Lives in group home/assisted living * Lives with friend(s) or roommate(s) or cohabiting * Lives with spouse and/or other family member(s) * Data Missing/Refused/Unknown/Refused * Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   LivingSituationPreInjTypOTH | | | | |
| **What is the count of other people with whom the subject currently lives, cohabits, or stays?** Write in response.  SubjectCohabitCt | | | | |
| **What is the number of dependent children living in the subject’s household**? Write in response.  DpndntChildLvngHshldNum | | | | |
| **How many dependent children do you have? Include both living in the household and living elsewhere.** Write in response.  DependentChildNum | | | | |
| **How would you describe the subject’s current location of residence?**  ResidenceAreaTyp  Select one.   * A big city (population greater than or equal to 250,000 including suburbs/outskirts) * A small town/small city (population 500 – 250,000) * Rural area (population less than 500) * Unknown | | | | |
| **What type of residence does the subject currently live in?**  ResdncTyp  Select one. If “Other, specify” is selected, please write in response.   * Home * Hospital * Nursing home * Rehabilitation center * Unknown * N/A * Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   ResdncOTH | | | | |
| Please select one of the questions regarding income, you do not need to use both. | | | | |
| **What is the range, in U.S. dollars, of annual pre-tax, pre-deduction total income, of the subject household?**  FmlyIncRange  Select one.   * $100,000 and over * $75,000 - $99,999 * $50,000 - $74,999 * $35,000 - $49,999 * $25,000 - $34,999 * $15,000 - $24,999 * Under $15,000 * Unknown * Refused   **What is the value, in U.S. dollars, of annual pre-tax, pre-deduction total income, of the subject’s household?**  FamilyIncmeVal  Write in response. | | | | |
| **What is the number of people supported by the above income?**  FamilyIncmeSupprtPersCt  Write in response. | | | | |
| **How many wage earners live in the subject’s household?**  HshldWgeEarnNum  Write in response. | | | | |
| **Does the subject’s income meet the subject’s household's basic needs?**  IncomeBasicNeedsStatus  Select one.   * Adequately (neither well nor poorly) * Rather well * Very well * Rather poorly * Very poorly * Unknown * Refused to answer | | | | |
| **What is the subject's highest grade or level of school completed?**  EduLvlUSATyp  Select one.   * Never attended/Kindergarten only * 1st Grade * 2nd Grade * 3rd Grade * 4th Grade * 5th Grade * 6th Grade * 7th Grade * 8th Grade * 9th Grade * 10th Grade * 11th Grade * 12th Grade, no diploma * GED or equivalent * High school graduate * Some college, no degree * Associates degree * Bachelor's degree * Professional school degree * Master's degree * Doctoral degree * Unknown | | | | |
| **What type of education did the subject receive?**  EduTyp  Select one. If “Other, specify” is selected, please write in response.   * Home school * Private * Public * Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   EduLvlUSATypOTH | | | | |
| **\*How many years of education does the subject have?** Write in response.  EduYrCt | | | | |
| **What is the highest level of education the subject received pre-injury?**  HighestLvlEduPreInj  Select one.   * None/basic primary = 0 - 4 years * Primary/Intermediate Primary = 5 - 8 years * Secondary = 12 years * Tertiary = 13 - 15 years (e.g., Teachers, Technicians) * University = 16 - 17 years * Post Graduate = 18 - 19 years (e.g., Masters, Doctoral) * Unknown | | | | |
| **What is the subject’s current attendance in school?**  EduSchoolParticipStatus  Select one.   * Going to school * On vacation from school (between grades) * Neither * Unknown | | | | |
| **What is the type of education the subject receives with details of being with or without assistance?**  SchoolPlacementTyp  Select one. If “Other, specify” is selected, please write in response.   * Full-time regular education without aide * Full-time regular education with one to one aide * Full-time regular education with no inclusion * Home-schooled * Not in school * Regular education with pull-out for certain areas * Special education w/minimal inclusion (e.g., lunch) * Special (MR/DD) school * Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   SchoolPlacementOTH | | | | |
| **What is the subject’s current primary occupational status?**  OccupationPrimaryStatus  Select one. If “Other, specify” is selected, please write in response.   * Homemaker * Paid work * Retired * Student * Unemployed * Unpaid work * Unknown * Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   OccupationPrimaryStatusOTH | | | | |
| **\*What is the status of the subject’s current employment?**  EmplmtExpndStatus  Select one. If “Other, specify” is selected, please write in response.   * Not in paid workforce * Sick leave or maternity leave * Special employment * Temporary/odd jobs/less than minimum wage jobs * Working full time * Working 20-34 hours/week, at least minimum wage * Working less than 20 hours/week, at least minimum wage * Unemployed * Unknown * **\***Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   EmplmtExpndOTH | | | | |
| **What was the subject’s pre-injury job classification?**  JobClassPreInj  Select one. If “Other, specify” is selected, please write in response.   * Agricultural or fishery worker * Armed forces * Clerk * Craft of trades worker * Elementary worker * Legislator, or senior official, or manager * Plant/machine operator or assembler * Professional * Service or sales worker * Technician or Associate * Not applicable * Unknown * Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   JobClassPreInjOTH | | | | |
| **What is the subject’s current job classification?**  JobClassNow  Select one. If “Other, specify” is selected, please write in response.   * Agricultural or fishery worker * Armed forces * Clerk * Craft or trades worker * Elementary worker * Legislator, or senior official, or manager * Plant/machine operator or assembler * Professional * Service or sales worker * Technician or Associate * Not applicable * Unknown * Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   JobClassNowOTH | | | | |
| **What is the subject’s reason for being unemployed?** Write in response.  UnemplymntRsn | | | | |
| Parent, guardian, or caregiver information | | | | |
| **What is the relationship between the person who acts as the primary caregiver for the subject and the subject?**  CaregvPrimryExtendType  Select one. If “Other, specify” is selected, please write in response.   * Adoptive father * Adoptive mother * Adoptive parents * Biological father * Biological father - not a primary caregiver * Biological mother * Biological mother - not a primary caregiver * Biological parents * Child * Grandfather * Grandmother * Home aide * Legal guardian * Long-term care staff * Parent * Relative * Self * Sibling * Spouse or partner * Stepfather * Stepmother * Stepparent * Unknown * Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   CaregvPrimryExtendOTH | | | | |
| **What are the living statuses of the subject's parents?**  ParentAliveStatus  Select all that apply.   * Father alive * Father deceased * Father unknown * Mother alive * Mother deceased * Mother unknown | | | | |
| **\*What is the parent, guardian, or caregiver’s gender?**  GenderTyp  Select one.   * Female * Male * Not reported * Unknown * Unspecified | | | | |
| **What is the parent, guardian, or caregiver’s race, (as defined by the US Office of Management and Budget (OMB))?**  RaceUSACat  Select all that apply.   * American Indian or Alaska Native * Asian * Black or African-American * Native Hawaiian or Other Pacific Islander * White * Not Reported * Unknown | | | | |
| **What is the parent, guardian, or caregiver’s race, using expanded race categories?**  RaceCat  Select all that apply.   * Alaskan Native * Black African * Black African American * Black Afro Caribbean * Far Eastern Asian * Hawaiian * Inuit * North American Indian * Pacific Islander * South/Central American Indian * South Asian * Western Asian * White African * White Australian * White European * White Middle Eastern * White North American * White South American * Other * Not Reported | | | | |
| **\*What is the parent, guardian, or caregiver’s ethnicity?**  EthnUSACat  Select one. If other is selected, please write in response:   * Hispanic or Latino * Not Hispanic or Latino * Not reported * Unknown * Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   EthnCatTxt | | | | |
| **What is the parent, guardian, or caregiver’s subject’s birth country ISO alpha-2 code?**  BirthCntryISOCode  For the full list of ISO alpha-2 codes, refer to the following link - https://www.iso.org/obp/ui/#search  Select one. If “Other, specify” is selected, please write in response.   * Australia (AU) * Canada (CA) * Mexico (MX) * United Kingdom (GB) * USA (US) * Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **What is the parent, guardian, or caregiver’s birth country name?** Write in response  BirthCntryName | | | | |
| **What is the parent, guardian, or caregiver’s marital status?**  MartlPartnerStatus  Select one. If “Other, specify” is selected, please write in response.   * Divorced * Domestic partnership * Married * Never married * Separated * Widowed * Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **What is the number of dependent children living in the parent, guardian, or caregiver’s household?** Write in response  DpndntChildLvngHshldNum | | | | |
| **What is the total number of dependent children the parent, guardian, or caregiver’s has?** Write in response  DependentChildNum | | | | |
| **How would you describe the parent, guardian, or caregiver’s current location of residence?**  ResidenceAreaTyp  Select one.   * A big city (population greater than or equal to 250,000 including suburbs/outskirts) * A small town/small city (population 500 - 10,000) * Rural area (population less than 500) * Unknown | | | | |
| **What type of residence does the parent, guardian, or caregiver’s currently live?**  ResdncTyp  Select one. If “Other, specify” is selected, please write in response.   * Home * Hospital * Nursing home * Rehabilitation center * Unknown * N/A * Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   ResdncOTH | | | | |
| Free-form version of the following questions: Researchers’ please select one to answer. | | | | |
| **What is the range, in U.S. dollars, of annual pre-tax, pre-deduction total income, of the subject household?**  FmlyIncRange  Select one.   * $100,000 and over * $75,000 - $99,999 * $50,000 - $74,999 * $35,000 - $49,999 * $25,000 - $34,999 * $15,000 - $24,999 * Under $15,000 * Refused * Unknown   **What is the value, in U.S. dollars, of annual pre-tax, pre-deduction total income, of the subject’s household?** Write in response  FamilyIncmeVal | | | | |
| **What is the number of people supported by the above income?** Write in response  FamilyIncmeSupprtPersCt | | | | |
| **What is the parent, guardian, or caregiver’s highest grade or level of school completed?**  EduLvlPrimCaregiverUSATyp  Select one   * Never attended/Kindergarten only * 1st Grade * 2nd Grade * 3rd Grade * 4th Grade * 5th Grade * 6th Grade * 7th Grade * 8th Grade * 9th Grade * 10th Grade * 11th Grade * 12th Grade, no diploma * GED or equivalent * High school graduate * Some college, no degree * Associates degree * Bachelor's degree * Professional school degree * Master's degree * Doctoral degree * Unknown | | | | |
| **How many years of education does the parent, guardian, or caregiver have?** Write in response  EduPrimCaregiverYrCt | | | | |
| **What is the parent, guardian, or caregiver’s current primary occupational status?**  OccupationPrimaryStatus  Select one. If “Other, specify” is selected, please write in response.   * Homemaker * Paid work * Retired * Student * Unemployed * Unknown * Unpaid work * Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   OccupationPrimaryStatusOTH | | | | |
| **\*What is the status of the parent, guardian, or caregiver’s current employment?**  EmplmtExpndStatus  Select one. If “Other, specify” is selected, please write in response.   * Not in paid workforce * Sick leave or maternity leave * Special employment * Temporary/odd jobs/less than minimum wage jobs * Working full time * Working 20-34 hours/week, at least minimum wage * Working less than 20 hours/week, at least minimum wage * Unemployed * Unknown * **\***Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   EmplmtExpndOTH | | | | |
| **What is the parent, guardian, or caregiver’s job classification?**  JobclassCat  Select one.   * Administration * Craft worker * Laborer/Helper * Official/Manager * Operative * Professional * Sales Worker * Service Worker * Social Worker * Technician * Unknown * None | | | | |
| **What is the parent, guardian, or caregiver’s reason for being unemployed?** Write in response  UnemplymntRsn | | | | |
| Subject’s military information If the subject was not in the military, please disregard this section. | | | | |
| **Is the subject active military?**  MilActiveInd  Select one.   * Yes * No * Unknown | | | | |
| **What is the military occupational status of the subject?**  MilMOS  Select one. If “Other, specify” is selected, please write in response.   * Combat * Non-Combat * Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   MilMOSOTH | | | | |
| **Which branch of service in the U.S. Military is the subject involved?**  MilUSAServBrnchTyp  Select one. If “Other, specify” is selected, please write in response.   * Air Force * Air Force Reserve * Air National Guard * Army * Army National Guard * Army Reserve * Coast Guard * Coast Guard Reserves * Marine Corps * Marine Corps Reserves * Navy * Navy Reserves * Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   MilUSAServBrnchOTH | | | | |
| **What is the subject's military rank?**  MilRnkCat  Select one. If “Other, specify” is selected, please write in response.   * Company grade officer * Enlisted * Field grade officer or above * Non-commissioned officer * Warrant officer * Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   MilRnkCatOTH | | | | |
| **Where was the subject deployed?**  MilDeploy  Select one. If “Other, specify” is selected, please write in response.   * Afghanistan * Africa * Germany * Iraq * None * Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   MilDeployOTH | | | | |
| Information about subject’s participation in sports If the subject did not participate in any sports in his or her lifetime, please disregard this section. | | | | |
| **Was the subject's traumatic brain injury sports related?**  TBISportInd  Select one.   * Yes * No * Unknown | | | | |
| Answer the following questions if the subject attended elementary school: | | | | |
| **Did the subject participate in sports in elementary school?**  ElementarySchoolSprtInd  Select one.   * Yes * No | | | | |
| **What was the primary sport the subject played in elementary school?** Write in response  ElementarySchoolPrimaryPlayed | | | | |
| **How many years did the subject play the primary sport in elementary school?**  ElementarPrimarySprtYrsNum  Select one.   * 1 * 2 * 3 * 4 | | | | |
| **Which other sports did the subject play in elementary school?** Write in response  ElementarySchoolSportOthrPlayd | | | | |
| **What are the total combined years the subject played the other sports in elementary school?** Write in response  ElementarySchoolSportOtherYrs | | | | |
| Answer the following questions if the subject attended junior high school: | | | | |
| **Did the subject participate in sports in junior high school?**  JuniorHighSchoolSportInd  Select one.   * Yes * No | | | | |
| **What was the primary sport the subject played in junior high school?** Write in response  JuniorHighPrimarySportPlayed | | | | |
| **How many years did the subject play the primary sport in junior high school?**  JuniorHighPrimarySprtYrsNum  Select one.   * 1 * 2 * 3 * 4 | | | | |
| **Which other sports did the subject play in junior high school?** Write in response  JuniorHighSportOtherplayed | | | | |
| **How many total combined years did the subject play other sports in junior high school?** Write in response  JuniorHighSportOtherYrs | | | | |
| Answer the following questions if the subject attended high school: | | | | |
| **Did the subject participate in sports in high school?**  HighSchoolSportInd  Select one.   * Yes * No | | | | |
| **What was the primary sport the subject played in high school?** Write in response  HighSchoolSportPrimaryplayed | | | | |
| **How many years did the subject play the primary sport in high school?**  HighSchoolPrimarySportYears  Select one.   * 1 * 2 * 3 * 4 | | | | |
| **Which other sports did the subject play in high school?** Write in response  HighSchoolSportOtherplayed | | | | |
| **How many total combined years did the subject play other sports in high school?** Write in response  HighSchoolSportOtherYears | | | | |
| Answer the following questions if the subject attended college: | | | | |
| **Did the subject participate in sports in college?**  CollegeSportInd  Select one.   * Yes * No | | | | |
| **What was the primary sport the subject played in college?**  CollegeSportPrimaryPlayed  Select one. If “Other, specify” is selected, please write in response.   * Baseball * Basketball * Bowling * Boxing * Cross Country/Track * Diving * Equestrian * Fencing * Field Event * Field Hockey * Figure Skating * Football * Golf * Gymnastics * Ice Hockey * Ice Skating * Lacrosse * Rifle * Rowing * Skiing * Soccer * Softball * Swimming * Tennis * Volleyball * Water Polo * Wrestling * Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CollegeSportPlayedOTH | | | | |
| **How many years did the subject play the primary sport in college?** Write in response  CollegeSportPrimaryYears | | | | |
| **Which other sports did the subject play in college?** Write in response  CollegeSportOtherPlayed | | | | |
| **How many total combined years did the subject play other sports in college?** Write in response  CollegeSportOtherYears | | | | |
| **Did the subject participate in recreational sports?**  RecreationallSportInd  Select one.   * Yes * No | | | | |
| **What is the primary recreational sport played by the subject?** Write in response  RecreationaSportPrimaryPlayed | | | | |
| **How many years did the subject play the primary recreational sport?** Write in response  RecreationaSportPrimaryYears | | | | |
| **Which other recreational sports did the subject play?** Write in response  RecreationaSportOtherPlayed | | | | |
| **How many total combined years did the subject play other recreational sports?**  Write in response  RecreationaSportOtherYears | | | | |
| **Did the subject participate in professional sports?**  ProfessionalSportInd  Select one.   * Yes * No | | | | |
| **What was the primary professional sport the subject played?**  ProfessionalSportPrimaryPlayed  Select one. If “Other, specify” is selected, please write in response.   * Baseball * Basketball * Bowling * Boxing * Cross Country/Track * Diving * Equestrian * Fencing * Field Event * Field Hockey * Figure Skating * Football * Golf * Gymnastics * Ice Hockey * Ice Skating * Lacrosse * Rifle * Rowing * Skiing * Soccer * Softball * Swimming * Tennis * Volleyball * Water Polo * Wrestling * Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ProfessionalSportPlayedOTH | | | | |
| **What is the total number of years the subject played the primary professional sports?** Write in response  ProfessionalSportPrimaryYears | | | | |
| **Which other professional sports did the subject play?** Write in response  ProfessionalSportOtherPlayed | | | | |
| **What is the total number of years the subject played other professional sports?** Write in response  ProfessionalSportOtherYears | | | | |

|  |  |
| --- | --- |
| Appendix CORE TBI Data Elements TBI core CDEs are highlighted in yellow on CRF with asterisk. | |
| Variable Name | **Page number** |
| BirthDate | 2 |
| EduYrCt | 14 |
| EmplmtExpndStatus | 17, 30 |
| EmplmtExpndOTH | 17, 30 |
| EthnUSACat | 4,24 |
| GenderTyp | 2, 21 |
| GUID | 1 |
| RaceUSACat | 3, 22 |
| SexSubjectGenotypTyp | 2 |
| SexSubjectGenotypOTH | 2 |