

# Lena NURA - Spring '24

---

Start of Block: Sub\_ID

JS

SubID

**LENA - NURA 2024**

**Researcher Use Only**

SubID:

---

JS

Q467

Press the Up Arrow Key to Continue

End of Block: Sub\_ID

---

Start of Block: Demographics

\*

Age What is your age in years?

---

X→

Gender What is your gender?

☐ Female (1)

☐ Male (2)

☐ Other (3) \_\_\_\_\_



DoB What is your date of birth (mm/dd/yyyy)?

---



Ethnicity What is your ethnicity?

---



Hand Which is your dominant hand (left or right)?

---



Education What is the highest level of education you have completed (in years - High school = 12 years, Bachelor's = 16)?

---

---

Hearing Do you have hearing loss or a hearing aid?

☐ Yes (1)

☐ No (2)

Vision Do you have visual problems that cannot be corrected with corrective lenses?

☐ Yes (1)

☐ No (2)

---

NDisease Do you have any of the following: neurological history (e.g. no history of coma, stroke, autism, etc.)?

☐ Yes (1)

☐ No (2)

---

JS

Q399

Press the Up Arrow Key to Continue

End of Block: Demographics

---

Start of Block: BIS-Brief

BIS\_Instructions

**People differ in the ways they act and think in different situations. This is a test to measure some of the ways in which you act and think. Read each statement and indicate the appropriate answer. Do not spend too much time on any statement. Answer quickly and honestly.**

---

X→

BIS1 I plan tasks carefully.

- ☐ Never/Rarely (1)
  - ☐ Occasionally (2)
  - ☐ Often (3)
  - ☐ Almost Always/Always (4)
- 



BIS2 I do things without thinking.

- ☐ Never/Rarely (1)
  - ☐ Occasionally (2)
  - ☐ Often (3)
  - ☐ Almost Always/Always (4)
- 



BIS3 I don't "pay attention."

- ☐ Never/Rarely (1)
  - ☐ Occasionally (2)
  - ☐ Often (3)
  - ☐ Almost Always/Always (4)
- 



BIS4 I am self-controlled.

- ☐ Never/Rarely (1)
  - ☐ Occasionally (2)
  - ☐ Often (3)
  - ☐ Almost Always/Always (4)
- 



BIS5 I concentrate easily.

- ☐ Never/Rarely (1)
  - ☐ Occasionally (2)
  - ☐ Often (3)
  - ☐ Almost Always/Always (4)
- 



BIS6 I am a careful thinker.

- ☐ Never/Rarely (1)
  - ☐ Occasionally (2)
  - ☐ Often (3)
  - ☐ Almost Always/Always (4)
- 



BIS7 I say things without thinking.

- ☐ Never/Rarely (1)
  - ☐ Occasionally (2)
  - ☐ Often (3)
  - ☐ Almost Always/Always (4)
- 



BIS8 I act on the spur of the moment.

- ☐ Never/Rarely (1)
  - ☐ Occasionally (2)
  - ☐ Often (3)
  - ☐ Almost Always/Always (4)
- 



Q431

Press the Up Arrow Key to Continue

End of Block: BIS-Brief

---

Start of Block: TBI\_Cont

SeriousInjury Have you had a serious head injury, including severe concussion (involving going to the hospital), or surgery?

- ☐ Yes (1)
  - ☐ No (2)
-

PreviousTBI Have you had any previous concussions/head injuries?

☐ Yes (1)

☐ No (2)

JS

Q400

Press the Up Arrow Key to Continue

End of Block: TBI\_Cont

Start of Block: # of previous mTBI

Display This Question:

If Have you had any previous concussions/head injuries? = Yes

\*

NumTBI How many previous concussions/head injuries have you experienced?

\_\_\_\_\_

RecentTBI When was your most recent head/neck injury (mm/yyyy)?

\_\_\_\_\_

TBIDescription Please describe what happened (e.g., where, how, etc.).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LoC Did you experience a loss of consciousness?

☐ Yes (1)

☐ No (2)

---

JS

Q401

Press the Up Arrow Key to Continue

End of Block: # of previous mTBI

---

Start of Block: Time Length of LOC

*Display This Question:*

*If Did you experience a loss of consciousness? = Yes*

\*

LoCTime If so, how long (min)?

---

---

JS

Q403

Press the Up Arrow Key to Continue

End of Block: Time Length of LOC

---

Start of Block: Medically Diagnosed

Diagnosed Was your concussion medically diagnosed?

☐ Yes (1)

☐ No (2)

---



Treatment Did you receive treatment for your most recent concussion?

☐ Yes (1)

☐ No (2)

---

JS

Q404

Press the Up Arrow Key to Continue

End of Block: Medically Diagnosed

---

Start of Block: What Treatment

*Display This Question:*

*If Did you receive treatment for your most recent concussion? = Yes*

TreatmentDescription If so, what treatment?

---

---

---

---

---

---

*Display This Question:*

*If Did you receive treatment for your most recent concussion? = Yes*

JS

Q406

Press the Up Arrow Key to Continue

End of Block: What Treatment

---

Start of Block: Symptom Injury

*Display This Question:*

*If Have you had any previous concussions/head injuries? = Yes*

Symptoms Please answer the following questions about symptoms regarding your most recent concussion.

	Symptoms At Time of Injury						If present, was it:	
	0 (Not Present) (1)	1 (2)	2 (3)	3 (4)	4 (5)	5 (Severe) (6)	Continuous (1)	Intermittent (2)

Headache (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"Pressure in head" (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neck Pain (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nausea (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vomiting (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Balance Problems (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dizziness (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fatigue (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low Energy (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble falling asleep (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confusion (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleeping more than usual (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleeping less than usual (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drowsiness (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sensitivity to light (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irritability (16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sadness (17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nervousness (18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxious (19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling more emotional (20)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Numbness or Tingling (21)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling Slowed Down (22)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling Mentally Foggy (23)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"Don't feel right" (24)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty Concentrating (25)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty Remembering (26)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visual Problems (27)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blurred vision (28)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:

If Have you had any previous concussions/head injuries? = Yes

JS

Q407

Press the Up Arrow Key to Continue

End of Block: Symptom Injury

Start of Block: Symptom Now

*Display This Question:*

*If Have you had any previous concussions/head injuries? = Yes*

CurrentSymptoms Please answer the following questions about symptoms you are experiencing currently.

	Symptoms Now						If present, was it:	
	0 (Not Present) (1)	1 (2)	2 (3)	3 (4)	4 (5)	5 (Severe) (6)	Continuous (1)	Intermittent (2)

Headache (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"Pressure in head" (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neck Pain (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nausea (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vomiting (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Balance Problems (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dizziness (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fatigue (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low Energy (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble falling asleep (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confusion (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleeping more than usual (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleeping less than usual (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drowsiness (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sensitivity to light (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irritability (16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sadness (17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nervousness (18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxious (19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling more emotional (20)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Numbness or Tingling (21)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling Slowed Down (22)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling Mentally Foggy (23)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"Don't feel right" (24)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty Concentrating (25)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty Remembering (26)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visual Problems (27)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blurred vision (28)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:

If Have you had any previous concussions/head injuries? = Yes

JS

Q408

Press the Up Arrow Key to Continue

End of Block: Symptom Now

---