

COMMUNITY INTEGRATION QUESTIONNAIRE

Subject: _____

Date: _____

1. Who usually does the shopping for groceries or other necessities in your household?	<input type="radio"/> Yourself alone <input type="radio"/> Yourself and someone else <input type="radio"/> Someone else
2. Who usually prepares meals in your household?	<input type="radio"/> Yourself alone <input type="radio"/> Yourself and someone else <input type="radio"/> Someone else
3. In your home who usually does the everyday housework?	<input type="radio"/> Yourself alone <input type="radio"/> Yourself and someone else <input type="radio"/> Someone else
4. Who usually cares for the children in your home?	<input type="radio"/> Yourself alone <input type="radio"/> Yourself and someone else <input type="radio"/> Someone else <input type="radio"/> Not applicable, No children under 17 in the home
5. Who usually plans social arrangements such as get-togethers with family and friends?	<input type="radio"/> Yourself alone <input type="radio"/> Yourself and someone else <input type="radio"/> Someone else
6. Who usually looks after your personal finances, such as banking or paying bills?	<input type="radio"/> Yourself alone <input type="radio"/> Yourself and someone else <input type="radio"/> Someone else
7. Approximately how many times a month do you usually participate in shopping <i>outside</i> your home?	<input type="radio"/> Never <input type="radio"/> 1 - 4 times <input type="radio"/> 5 or more
8. Approximately how many times a month do you usually participate in leisure activities such as movies, sports, restaurants, etc.	<input type="radio"/> Never <input type="radio"/> 1 - 4 times <input type="radio"/> 5 or more
9. Approximately how many times a month do you usually visit your friends or relatives?	<input type="radio"/> Never <input type="radio"/> 1 - 4 times <input type="radio"/> 5 or more
10. When you participate in leisure activities do you usually do this alone or with others?	<input type="radio"/> Mostly alone <input type="radio"/> Mostly with friends who have head injuries <input type="radio"/> Mostly with family members <input type="radio"/> Mostly with friends who do not have head injuries <input type="radio"/> With a combination of family and friends

Please complete page two

<p>11. Do you have a best friend with whom you confide?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>12. How often do you travel outside the home?</p>	<p><input type="radio"/> Almost every day <input type="radio"/> Almost every week <input type="radio"/> Seldom/never (less than once per week)</p>
<p>13. Please choose the answer that best corresponds to your current (during the past month) work situation:</p>	<p><input type="radio"/> Full-time (more than 20 hours/week) <input type="radio"/> Part-time (less than or equal to 20 hrs/week) <input type="radio"/> Not working, but actively looking for work <input type="radio"/> Not working, not looking for work <input type="radio"/> Not applicable, retired due to age</p>
<p>14. Please choose the answer that best corresponds to your current (during the past month) school or training program situation:</p>	<p><input type="radio"/> Full-time <input type="radio"/> Part-time <input type="radio"/> Not attending school, or training program <input type="radio"/> Not applicable, retired due to age</p>
<p>15. In the past month, how often did you engage in volunteer activities?</p>	<p><input type="radio"/> Never <input type="radio"/> 1 - 4 times <input type="radio"/> 5 or more</p>

Comments: