| 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?**ContextTypeSelect 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?**DataSourceSelect 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?** GenderTypSelect 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?**HandPrefTypSelect one. * Both
* Left
* Right
* Unknown
 |
| **\*** **What is the subject's race (as defined by OMB)?**RaceUSACatFor 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)?**RaceCatSelect 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?** EthnUSACatSelect 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)?**BirthCntryISOCodeFor 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)?**CntryResdnceISOCodeFor 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)?** LangPrimryTxtFor the full list of ISO 639 codes, refer to the following link - http://www.iso.org/iso/home/standards/language\_codes.htmSelect 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.LangSpokeFluentISOCodeFor 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.LandWrtnFlntlyISOCodeFor 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?** MartlPartnerStatusSelect 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?** SesPrimAdultSelect 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?** SesPrimChildSelect 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?** LivingSituationPreInjTypSelect 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?** ResidenceAreaTypSelect 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?** ResdncTypSelect 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?** FmlyIncRangeSelect 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?** FamilyIncmeValWrite in response.  |
| **What is the number of people supported by the above income?** FamilyIncmeSupprtPersCtWrite in response. |
| **How many wage earners live in the subject’s household?** HshldWgeEarnNumWrite in response. |
| **Does the subject’s income meet the subject’s household's basic needs?** IncomeBasicNeedsStatusSelect 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?** EduLvlUSATypSelect 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?** EduTypSelect 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?** HighestLvlEduPreInjSelect 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?** EduSchoolParticipStatusSelect 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?** SchoolPlacementTypSelect 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?** OccupationPrimaryStatusSelect 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?** EmplmtExpndStatusSelect 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?** JobClassPreInjSelect 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?** JobClassNowSelect 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?** CaregvPrimryExtendTypeSelect 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?** ParentAliveStatusSelect all that apply. * Father alive
* Father deceased
* Father unknown
* Mother alive
* Mother deceased
* Mother unknown
 |
| **\*What is the parent, guardian, or caregiver’s gender?** GenderTypSelect 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))?** RaceUSACatSelect 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?** RaceCatSelect 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?** EthnUSACatSelect 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 responseBirthCntryName |
| **What is the parent, guardian, or caregiver’s marital status?** MartlPartnerStatusSelect 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 responseDpndntChildLvngHshldNum |
| **What is the total number of dependent children the parent, guardian, or caregiver’s has?** Write in responseDependentChildNum |
| **How would you describe the parent, guardian, or caregiver’s current location of residence?** ResidenceAreaTypSelect 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?** ResdncTypSelect 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?** FmlyIncRangeSelect 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 responseFamilyIncmeVal |
| **What is the number of people supported by the above income?** Write in responseFamilyIncmeSupprtPersCt |
| **What is the parent, guardian, or caregiver’s highest grade or level of school completed?** EduLvlPrimCaregiverUSATypSelect 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 responseEduPrimCaregiverYrCt |
| **What is the parent, guardian, or caregiver’s current primary occupational status?** OccupationPrimaryStatusSelect 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?** EmplmtExpndStatusSelect 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?** JobclassCatSelect 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 responseUnemplymntRsn |
| Subject’s military information If the subject was not in the military, please disregard this section. |
| **Is the subject active military?** MilActiveIndSelect one. * Yes
* No
* Unknown
 |
| **What is the military occupational status of the subject?** MilMOSSelect 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?** MilUSAServBrnchTypSelect 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?** MilRnkCatSelect 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?** MilDeploySelect one. If “Other, specify” is selected, please write in response. * Afghanistan
* Africa
* Germany
* Iraq
* None
* Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MilDeployOTH |
| Information about subject’s participation in sportsIf 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?** TBISportIndSelect one. * Yes
* No
* Unknown
 |
| Answer the following questions if the subject attended elementary school:  |
| **Did the subject participate in sports in elementary school?** ElementarySchoolSprtIndSelect one. * Yes
* No
 |
| **What was the primary sport the subject played in elementary school?** Write in responseElementarySchoolPrimaryPlayed |
| **How many years did the subject play the primary sport in elementary school?** ElementarPrimarySprtYrsNumSelect one. * 1
* 2
* 3
* 4
 |
| **Which other sports did the subject play in elementary school?** Write in responseElementarySchoolSportOthrPlayd |
| **What are the total combined years the subject played the other sports in elementary school?** Write in responseElementarySchoolSportOtherYrs |
| Answer the following questions if the subject attended junior high school: |
| **Did the subject participate in sports in junior high school?** JuniorHighSchoolSportIndSelect one. * Yes
* No
 |
| **What was the primary sport the subject played in junior high school?** Write in responseJuniorHighPrimarySportPlayed |
| **How many years did the subject play the primary sport in junior high school?** JuniorHighPrimarySprtYrsNumSelect one. * 1
* 2
* 3
* 4
 |
| **Which other sports did the subject play in junior high school?** Write in responseJuniorHighSportOtherplayed |
| **How many total combined years did the subject play other sports in junior high school?** Write in responseJuniorHighSportOtherYrs |
| Answer the following questions if the subject attended high school:  |
| **Did the subject participate in sports in high school?** HighSchoolSportIndSelect one. * Yes
* No
 |
| **What was the primary sport the subject played in high school?** Write in responseHighSchoolSportPrimaryplayed |
| **How many years did the subject play the primary sport in high school?** HighSchoolPrimarySportYearsSelect one. * 1
* 2
* 3
* 4
 |
| **Which other sports did the subject play in high school?** Write in responseHighSchoolSportOtherplayed |
| **How many total combined years did the subject play other sports in high school?** Write in responseHighSchoolSportOtherYears |
| Answer the following questions if the subject attended college:  |
| **Did the subject participate in sports in college?** CollegeSportIndSelect one. * Yes
* No
 |
| **What was the primary sport the subject played in college?** CollegeSportPrimaryPlayedSelect 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 responseCollegeSportPrimaryYears |
| **Which other sports did the subject play in college?** Write in responseCollegeSportOtherPlayed |
| **How many total combined years did the subject play other sports in college?** Write in response CollegeSportOtherYears |
| **Did the subject participate in recreational sports?** RecreationallSportIndSelect one. * Yes
* No
 |
| **What is the primary recreational sport played by the subject?** Write in responseRecreationaSportPrimaryPlayed |
| **How many years did the subject play the primary recreational sport?** Write in responseRecreationaSportPrimaryYears |
| **Which other recreational sports did the subject play?** Write in responseRecreationaSportOtherPlayed |
| **How many total combined years did the subject play other recreational sports?**Write in responseRecreationaSportOtherYears |
| **Did the subject participate in professional sports?** ProfessionalSportIndSelect one. * Yes
* No
 |
| **What was the primary professional sport the subject played?** ProfessionalSportPrimaryPlayedSelect 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 responseProfessionalSportPrimaryYears |
| **Which other professional sports did the subject play?** Write in responseProfessionalSportOtherPlayed |
| **What is the total number of years the subject played other professional sports?** Write in responseProfessionalSportOtherYears |

|  |
| --- |
| AppendixCORE TBI Data ElementsTBI 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 |