

BMS Adult Interview Form I: Research Staff Instructions

Instructions: This form is designed to aid in the interview process. If you are handing the form to the participant for them to fill out, use the mail version of this form instead. Instructions to the interviewer appear throughout the survey in italics, and scripts to read aloud to the participants appear using quotation marks. The scripts to read aloud are also boxed and shaded in light gray. Use these scripts as suggestions for how to move through the survey while establishing rapport with the participant.

Missing codes appear throughout this interview in small boxes. If a participant doesn't want to answer any item or doesn't know the answer, circle "88" (Declined to Answer/Refused) or "99" (Unknown) in that item's corresponding missing code box. Some items have missing codes built into their response options and therefore don't have those code boxes.

Form I Administration:		
What is the method of administration of this form? <input type="checkbox"/> 1. In person interview <input type="checkbox"/> 3. Telephone interview <input type="checkbox"/> 5. Medical Record Review	What is the language of administration of this form? <input type="checkbox"/> 1. English <input type="checkbox"/> 2. Spanish	Checklist of forms: Mark when each is complete <input type="checkbox"/> 1. Patient Status Form <input type="checkbox"/> 2. Medical Record Abstraction Form <input type="checkbox"/> 3. Form I

Introduction script (Replace this script with your personalized center introduction script if applicable or modify as needed to facilitate the flow and rapport of the interview):

"Thank you for agreeing to participate in this study. The aim of the study is to learn about how people do after a burn injury. Your answers will help us understand the experiences of all people with burn injury and I appreciate your willingness to share those experiences. I'll be asking questions about your burn injury, your health, and other questions about you and people around you. Some questions ask about what things were like before your burn injury, other questions are about your health now. I will guide you as we go along. You may notice that some questions are similar and feel repetitive. This is not a mistake and is part of the research process. All information will be kept confidential.

If you are unsure how to answer a question, please give the answer that fits you best. You can choose to skip any questions you don't want to answer or feel uncomfortable answering. Just tell me, "skip." Please let me know at any time if you have any questions."

Burn Model System Hospital Discharge Survey

Today's Date: ____ / ____ / ____

“We’re going to go ahead and get started.”

Section I				
“Please answer each question as it relates to your <u>current</u> health Do you currently have:”				
1. Hearing loss?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused
2. Change in voice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused
3. Vision problems not corrected by glasses or contact lenses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused
4. Eyelid problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused
5. Excessive tearing of the eyes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused
6. Difficulty with memory?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused
7. Difficulty with thought processing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused
8. Numbness, pins and needles or burning sensations in your burn scar?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused
9. Numbness, pins and needles or burning sensations in your hands?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused
10. Numbness, pins and needles or burning sensations in your feet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused
11. Trouble with your balance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused
12. Varicose veins?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused
13. Swollen feet or legs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused
14. Swollen hands or arms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused
15. Skin cancer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused
16. Joint pain?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused
17. Have you ever been pregnant or fathered a child?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused
18. Blood clots in legs or lungs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused
19. Cold intolerance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused
20. Excessive sweating?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused
21. Difficulty in hot environments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused

Pre-Injury History Section

“The next section of questions is about your life and your situation before the injury. Your answers will help us understand problems related to the injury. You’ll also be asked similar questions about after your burn injury later in the interview.”

Section 2

“Here are 4 statements with which you may agree or disagree. Using a scale where 1 represents you strongly disagree and 7 represents that you strongly agree, indicate your agreement with each item by the appropriate choice as it was 4 weeks prior to your burn. Please be open and honest in your response.”

	Strongly disagree =1	Disagree =2	Slightly disagree =3	Neither agree nor disagree =4	Slightly agree =5	Agree =6	Strongly agree =7	
1. In the 4 weeks before my burn, in most ways my life was close to ideal:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	88/Refused 99/Unknown
2. In the 4 weeks before my burn, the conditions of my life were excellent:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	88/Refused 99/Unknown
3. In the 4 weeks before my burn, I was satisfied with my life:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	88/Refused 99/Unknown
4. In the 4 weeks before my burn, I had gotten the important things I wanted in life:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	88/Refused 99/Unknown

Section 3

During the 4 weeks before your burn:

1. Who usually looked after your personal finances, such as banking and paying bills?

- ☐ 1. Yourself alone
☐ 2. Yourself and someone else
☐ 3. Someone else

88/Refused
99/Unknown

Approximately how many times during the 4 weeks before the burn did you participate in the following activities outside of your home?	
2. Shopping <input type="checkbox"/> 1. Never <input type="checkbox"/> 2. 1-4 times <input type="checkbox"/> 3. 5 or more times	<div>88/Refused</div> <div>99/Unknown</div>
3. Leisure activities such as movies, sports, and restaurants. <input type="checkbox"/> 1. Never <input type="checkbox"/> 2. 1-4 times <input type="checkbox"/> 3. 5 or more times	<div>88/Refused</div> <div>99/Unknown</div>
4. Visiting friends or relatives <input type="checkbox"/> 1. Never <input type="checkbox"/> 2. 1-4 times <input type="checkbox"/> 3. 5 or more times	<div>88/Refused</div> <div>99/Unknown</div>
During the 4 weeks before your burn:	
5. When you participated in leisure activities did you usually do this alone or with others? <input type="checkbox"/> 1. Mostly alone <input type="checkbox"/> 3. Mostly with family members <input type="checkbox"/> 4. Mostly with friends <input type="checkbox"/> 5. With a combination of family and friends <input type="checkbox"/> 77. Not applicable (no leisure activities)	<div>88/Refused</div> <div>99/Unknown</div>
6. Did you have a best friend with whom you confided? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<div>88/Refused</div> <div>99/Unknown</div>

Interviewer instructions: Write in 88 for refused or 99 for unknown on this page.

Section 4											
Please respond to each question or statement by marking one box per row											
	Excellent	Very good	Good	Fair	Poor						
In general, would you say your health before your burn was...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
In general, would you say your quality of life before your burn was...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
In general, how would you rate your physical health before your burn?...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
In general, how would you rate your mental health, including your mood and your ability to think, before your burn?...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
In general, how would you rate your satisfaction with your social activities and relationships before your burn?...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
In general, please rate how well you carried out your usual social activities and roles before your burn. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	Completely	Mostly	Moderately	A little	Not at all						
To what extent were you able to carry out your everyday physical activities before your burn, such as walking, climbing stairs, carrying groceries, or moving a chair?...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
In the 4 weeks before your burn...	Never	Rarely	Sometimes	Often	Always						
How often were you bothered by emotional problems such as feeling anxious, depressed or irritable?...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
In the 4 weeks before your burn...	None	Mild	Moderate	Severe	Very Severe						
How would you rate your fatigue on average?...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
How would you rate your pain on average?...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0	1	2	3	4	5	6	7	8	9	10
	No pain										Worst pain imaginable

Section 5

1. In the month before your burn injury did you take prescription medication for pain on a regular basis?

88/Refused

- ☐ 1. Yes
☐ 2. No
☐ 99. I don't know

In the past 12 months...

2. In the past 12 months, did you take medication for being worried, tense, or anxious?

88/Refused

- ☐ 1. Yes
☐ 2. No
☐ 99. I don't know

3. In the past 12 months, did you take medication for being sad, empty, or depressed?

88/Refused

- ☐ 1. Yes
☐ 2. No
☐ 99. I don't know

4. Did you receive psychological therapy or counseling in the last 12 months?

88/Refused

- ☐ 1. Yes
☐ 2. No
☐ 99. I don't know

Section 6

1. Before your burn injury, where were you living? (Choose only one)

88/Refused

- ☐ 1. Private residence
☐ 2. Nursing home
☐ 3. Adult home
☐ 4. Correctional institution
☐ 5. Hotel/motel
☐ 6. Homeless
☐ 7. Hospital

99/Unknown

2. What was your zip code at the time of your burn injury? _ _ _ _ _

- ☐ Not applicable (not living in U.S.) ☐ Not applicable (homeless)
 (code 99999 for unknown)

3. Who were you living with before your burn injury? (Choose all that apply)

88/Refused

- ☐ 1. Alone
☐ 2. Spouse/partner/significant other
☐ 3. Friend
☐ 4. Parent or step-parent
☐ 5. Other relative (siblings, grandparents)
☐ 6. Others, not part of family
☐ 7. Guardian
☐ 8. Young children
☐ 9. Adult children
☐ 99. I don't know

<p>4. What was your marital status at the time of your burn injury? (Choose only one)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <input type="checkbox"/> 1. Married; living common-law or with a partner <input type="checkbox"/> 2. Separated <input type="checkbox"/> 3. Divorced <input type="checkbox"/> 4. Widowed <input type="checkbox"/> 5. Single (not married) </div> <div style="width: 15%; text-align: center;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">88/Refused</div> <div style="border: 1px solid black; padding: 2px;">99/Unknown</div> </div> </div>	
<p><i>If clarification about this item is needed, say, "We appreciate this information because income is often related to health. For instance, we'd like to know if families with lower reported income have more trouble accessing health care, such as dental care or physical therapy. Having this information helps us advocate for better programs that serve people with burn injuries."</i></p>	
<p>5. Approximately what was your family's total income in the last full year before your burn injury (total income of all family members living with you in your household)? (in U.S. dollars)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <input type="checkbox"/> 1. Less than \$25,000 <input type="checkbox"/> 2. \$25,000-\$49,999 <input type="checkbox"/> 3. \$50,000-\$99,999 <input type="checkbox"/> 4. \$100,000-\$149,999 <input type="checkbox"/> 5. \$150,000-\$199,999 <input type="checkbox"/> 6. \$200,000 or more <input type="checkbox"/> 7. Living outside the United States <input type="checkbox"/> 77. Not applicable (e.g., living in an institution) <input type="checkbox"/> 88. Prefer not to answer </div> <div style="width: 15%; text-align: center;"> <div style="border: 1px solid black; padding: 2px;">99/Unknown</div> </div> </div>	
<p>6. How many people are in your household? _____</p> <div style="display: flex; justify-content: flex-end; width: 15%; text-align: center;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">88/Refused</div> <div style="border: 1px solid black; padding: 2px;">99/Unknown</div> </div>	
<p>7. In the year prior to your burn injury, how many months did you work for pay? _____</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <input type="checkbox"/> 99. I don't know <input type="checkbox"/> 0. Less than 1 month <input type="checkbox"/> 77. Not applicable (did not work in the past year) </div> <div style="width: 15%; text-align: center;"> <div style="border: 1px solid black; padding: 2px;">88/Refused</div> </div> </div> <p style="text-align: right; margin-right: 20px;"><i>(fill in # of months)</i></p>	
<p>8. Before your burn (or the last time you worked, if the answer to the above was less than 1 month), what was your primary occupation?</p> <p style="margin-top: 10px;"><u>Occupation:</u> _____ <i>(not name of company)</i></p> <div style="display: flex; justify-content: flex-end; width: 15%; text-align: center;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">88/Refused</div> <div style="border: 1px solid black; padding: 2px;">99/Unknown</div> </div>	
<p><u>Occupation Categories [for staff use only]</u></p> <p>1 - Executive, Administrative, And Managerial, 2 - Professional Specialty, 3 - Technicians And Related Support , 4 – Sales, 5 - Administrative Support Including Clerical, 6 - Private Household, 7 - Protective Service, 8 - Service, Except Protective And Household, 9 - Farming, Forestry, And Fishing, 10 - Precision Production, Craft, And Repair, 11 - Machine Operators, Assemblers, And Inspectors, 12 - Transportation And Material Moving, 13 - Handlers, Equipment Cleaners, Helpers, And Laborers, 14 - Military Occupations</p>	

<p>9. What was your employment status at the time of your burn? (Choose only one)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <input type="checkbox"/> 1. Working →</div> <div style="width: 15%; text-align: center;"> <div style="border: 1px solid black; padding: 2px;">88/Refused</div> <div style="border: 1px solid black; padding: 2px;">99/Unknown</div> </div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> 2. Not working (looking for work) <input type="checkbox"/> 3. Not working (<u>not</u> looking for work) <input type="checkbox"/> 4. Homemaker/caregiver <input type="checkbox"/> 5. Volunteer <input type="checkbox"/> 6. Retired </div> <div style="display: flex; justify-content: flex-end; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">88/Refused</div> <div style="border: 1px solid black; padding: 2px;">99/Unknown</div> </div>	<div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <p>(If you were working) Before your burn, about how many <u>hours a week</u> did you work for pay?</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(fill in # of hours)</p> </div>
<p><i>Interviewer Instructions: Skip #10 and move on to #11 if the participant declined to answer the household income question or if the participant is a one-person household (fill in income from household question if the participant is a one-person household).</i></p> <p>10. Approximately what was your individual income in the last full year before your burn injury? (in U.S. dollars)</p> <div style="display: flex; justify-content: flex-end; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">99/Unknown</div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> 1. Less than \$25,000 <input type="checkbox"/> 2. \$25,000-\$40,999 <input type="checkbox"/> 3. \$41,000-\$55,999 <input type="checkbox"/> 4. \$56,000-\$70,999 <input type="checkbox"/> 5. \$71,000-\$85,999 <input type="checkbox"/> 6. \$86,000-\$100,000 <input type="checkbox"/> 7. Greater than \$100,000 <input type="checkbox"/> 8. Living outside the United States <input type="checkbox"/> 77. Not applicable (no individual income) <input type="checkbox"/> 88. Prefer not to answer </div>	
<p>11. Were you going to school at the time of your burn injury?</p> <div style="margin-top: 5px;"> <input type="checkbox"/> 1. In school <input type="checkbox"/> 2. Not in school → </div> <div style="display: flex; justify-content: flex-end; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">88/Refused</div> <div style="border: 1px solid black; padding: 2px;">99/Unknown</div> </div>	<div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <p><i>If you were not working or going to school at the time of your burn injury, why not?</i></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <input type="checkbox"/> Not applicable (working or going to school) <input type="checkbox"/> Medical problems <input type="checkbox"/> Problems with employer <input type="checkbox"/> Emotional/social reasons <input type="checkbox"/> Legal reasons/jail <input type="checkbox"/> Substance abuse <input type="checkbox"/> Personal choice <input type="checkbox"/> Other <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker/caregiver <input type="checkbox"/> Unemployed but actively seeking employment <input type="checkbox"/> I don't know </div> <div style="width: 15%; text-align: center;"> <div style="border: 1px solid black; padding: 2px;">88/Refused</div> </div> </div> </div>
<p>12. Before your burn injury, did you have any physical problems, such as a mobility impairment (difficulty moving your arms, legs or body)?</p> <div style="margin-top: 5px;"> <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 99. I don't know </div> <div style="display: flex; justify-content: flex-end; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">88/Refused</div> </div>	

13. Before your burn injury, were you ever told by a doctor that you had any of the following psychological issues (choose all that apply)?

88/Refused

- ☐ 0. None/no psychological issues
☐ 1. Depression
☐ 2. Bipolar disorder
☐ 3. Anxiety
☐ 4. Post-Traumatic Stress Disorder (PTSD)
☐ 5. Schizophrenia/psychotic disorder
☐ 6. Other, please explain: _____
☐ 99. I don't know

Section 7

Interviewer instructions: This section asks about alcohol use in the past year.

If the participant did not drink alcohol in the past year, **mark this box** ☐ and then skip to Section 8 below.

"In the past year..."

1. Have you felt you needed to cut down on your drinking?	<input type="checkbox"/> Yes <input type="checkbox"/> No	88/Refused 99/Unknown
2. Have people annoyed you by criticizing your drinking?	<input type="checkbox"/> Yes <input type="checkbox"/> No	88/Refused 99/Unknown
3. Have you ever felt guilty about drinking?	<input type="checkbox"/> Yes <input type="checkbox"/> No	88/Refused 99/Unknown
4. Have you ever felt you needed a drink first thing in the morning (eye-opener) to steady your nerves or to get rid of a hangover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	88/Refused 99/Unknown

Section 8

Interviewer instructions: This section asks about drug use in the past year.

If the participant did not use drugs in the past year, **mark this box** ☐ and then skip to Section 9 on the next page.

"The questions in this section are asking about use of drugs like crack or heroin; or about prescription drugs like pain killers or stimulants that were not prescribed to you; or chemicals you might have inhaled or 'huffed'. We also want to know if sometimes you took more than you should have of any drugs that have been prescribed to you."

In the past year...

1. Have you felt you needed to cut down on your drug use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	88/Refused 99/Unknown
2. Have people annoyed you by criticizing your drug use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	88/Refused 99/Unknown
3. Have you ever felt guilty about your drug use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	88/Refused 99/Unknown
4. Have you ever felt you needed to use drugs first thing in the morning (eye-opener) to steady your nerves or to get rid of a hangover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	88/Refused 99/Unknown

Post-Injury History Section

“All the questions you just answered were about the time before your burn injury. Now I’ll ask some similar questions, but they are about the time since your burn injury. As a reminder, some of these questions can feel repetitive but it’s part of the research process. Thank you for your patience.”

Section 9

In the past 7 days, or since your burn if you were injured less than 7 days ago...

How would you rate your pain on average?...

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10	
No pain									Worst pain imaginable		

88/Refused

99/Unknown

Interviewer instructions: Write in 88 for refused or 99 for unknown for this section.

Section 10

Please respond to each question or statement by marking one box per row

In the past 7 days, or since your burn if you were injured less than 7 days ago...	Not at all	A little bit	Somewhat	Quite a bit	Very much
How difficult was it for you to take in new information because of pain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much did pain interfere with your enjoyment of life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much did pain make it difficult to fall asleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Never	Rarely	Sometimes	Often	Always
How often was pain distressing to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often was your pain so severe you could think of nothing else?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often did pain make you feel anxious?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


Interviewer instructions: Write in 88 for refused or 99 for unknown for this section.

Section 11

Please respond to each question or statement by marking one box per row

In the past 7 days, or since your burn if you were burned less than 7 days ago...

How intense was your itch in general?.....

- ☐ 0=0 No itch 
- ☐ 1=1
- ☐ 2=2
- ☐ 3=3
- ☐ 4=4
- ☐ 5=5
- ☐ 6=6
- ☐ 7=7
- ☐ 8=8
- ☐ 9=9
- ☐ 10=10 Worst imaginable itch

88/Refused
99/Unknown

If no itch in the past 7 days, or since the burn if they were burned less than 7 days ago, skip to Section 12 on page 12.

If the participant did have itch in the past 7 days, or since the burn if they were burned less than 7 days ago, continue on with the rest of Section 11, below.

Please respond to each question or statement by marking one box per row

In the past 7 days, or since your burn if you were burned less than 7 days ago ...	Never	Rarely	Sometimes	Often	Almost Always
because of itch, it was hard to work.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
because of itch, it was hard to do even simple tasks.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
because of itch, I made more mistakes than normal.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
because of itch, it was hard to watch television.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Please respond to each question or statement by marking one box per row

In the past 7 days, or since your burn if you were burned less than 7 days ago ...	Never	Rarely	Sometimes	Often	Almost Always
because of itch, I felt miserable.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
because of itch, I felt sad.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
because of itch, I was restless.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
because of itch, I had difficulty falling asleep....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Section 12

1. Are you of Hispanic, Latino, or Spanish Origin?

- ☐ 1. Yes, Hispanic, Latino, or Spanish origin
- ☐ 2. No, not of Hispanic, Latino, or Spanish origin
- ☐ 88. Prefer not to answer

99/Unknown

2. What is your race?

- ☐ 1. African-American or Black
- ☐ 2. Asian
- ☐ 3. White
- ☐ 4. American Indian/Alaskan Native
- ☐ 5. Native Hawaiian or Other Pacific Islander
- ☐ 6. More than one race (please specify): _____
- ☐ 7. Some other race (please specify): _____
- ☐ 88. Prefer not to answer

99/Unknown

Section 13

This is the last section of the survey

1. After your hospital discharge, where are/will you be living? (Choose only one)

- ☐ 1. Private residence
- ☐ 2. Nursing home
- ☐ 3. Adult home
- ☐ 4. Correctional institution
- ☐ 5. Hotel/motel
- ☐ 6. Homeless
- ☐ 7. Hospital
- ☐ 99. I don't know

88/Refused

2. Who will you be living with after hospital discharge? (Choose all that apply)

- ☐ 1. Alone
- ☐ 2. Spouse/partner/significant other
- ☐ 3. Friend
- ☐ 4. Parent or step-parent
- ☐ 5. Other relative (siblings, grandparents)
- ☐ 6. Others, not part of family
- ☐ 7. Guardian
- ☐ 8. Young children
- ☐ 9. Adult children
- ☐ 99. I don't know

88/Refused

3. How many years of education have you completed?

(If you have not graduated from high school, please indicate the number of years spent in school. If you have at least a high school diploma, please indicate the highest degree earned or worked toward post-high school. In other words, what is the highest level of education you have completed?)

- ☐ 1. 1 year or less
- ☐ 2. 2 years
- ☐ 3. 3 years
- ☐ 4. 4 years
- ☐ 5. 5 years
- ☐ 6. 6 years
- ☐ 7. 7 years
- ☐ 8. 8 years
- ☐ 9. 9 years
- ☐ 10. 10 years
- ☐ 11. 11 or 12 years; no diploma
- ☐ 12. High school diploma or equivalent (ie, GED)
- ☐ 13. Work towards Associate's degree, vocational degree, or trade school diploma/cert.
- ☐ 14. Associate's degree, vocational degree, or trade school diploma/certificate
- ☐ 15. Work towards Bachelor's degree
- ☐ 16. Bachelor's degree
- ☐ 17. Work towards Master's degree
- ☐ 18. Master's degree
- ☐ 19. Work towards doctorate level degree
- ☐ 20. Doctoral level degree
- ☐ 66. Other

88/Refused

99/Unknown

4. Are you currently receiving disability income such as Social Security Disability or Private Long Term Insurance disability? (Choose all that apply)

- ☐ 1. I am not receiving disability income
- ☐ 2. Social Security Disability
- ☐ 3. Private long term insurance disability income
- ☐ 4. Supplemental security income (SSI)
- ☐ 5. Worker's compensation
- ☐ 6. Other (please specify) _____
- ☐ 99. I don't know

88/Refused

5. Have you ever served in the military?

- ☐ 1. No
- ☐ 2. Yes

88/Refused

99/Unknown

Length of interview: _____

"Is there anything else you would like to tell us? _____

"We'll be contacting you in about 6 months to see how you are doing. Thank you very much for sharing your experiences with us!"