

## BMS Pediatric Self Report Interview 14-17 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.

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

**Instructions: Please answer each question with a "yes" or "no".**

**If you answer "yes", then please indicate to what extent this problem affects your daily activities using these responses:**

	1 <i>Not at all</i>	2 <i>To a very small extent</i>	3 <i>To a small extent</i>	4 <i>To a moderate extent</i>	5 <i>To a fairly great extent</i>	6 <i>To a great extent</i>	7 <i>To a very great extent</i>
Do you have problems...							
1. Seeing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Hearing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Learning and understanding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Speaking or communicating in other ways (eg, signs, gestures, picture cards, or sounds that are not words)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Controlling emotions or behavior?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. with Seizures or epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. involving the Mouth (eg, chewing, swallowing, and drooling)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. with Teeth and gums?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. with Digestion (eg reflux, vomiting, or constipation)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. with Type 1 or Type 2 diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. with Growth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Sleeping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. with Repeated infections?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. with Breathing (eg asthma)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. with Chronic open skin areas (eg chronic open wounds)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. with other Skin problems (eg eczema)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. with the Heart (such as a birth defect)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. with Pain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you have any other health problems?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, specify problem:				
	<input type="checkbox"/>	<input type="checkbox"/>					

## 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

Indicate how much you agree or disagree:

In the four weeks before my burn...	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	
1. My life was going well.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	88/Refused 99/Unknown
2. My life was just right.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	88/Refused 99/Unknown
3. I had a good life.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	88/Refused 99/Unknown
4. I had what I wanted in life.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	88/Refused 99/Unknown

### Section 3

**During the 4 weeks before your burn:**

1. Did you take responsibility for personal grooming when asked?	88/Refused 99/Unknown
<input type="checkbox"/> 1. Often <input type="checkbox"/> 2. Sometimes <input type="checkbox"/> 3. Never	

**Approximately how many times during the 4 weeks before the burn did you participate in the following activities outside of your home?**

2. Shopping	88/Refused 99/Unknown
<input type="checkbox"/> 1. Never <input type="checkbox"/> 2. 1-4 times <input type="checkbox"/> 3. 5 or more times	
3. Leisure activities such as movies, sports, and restaurants.	88/Refused 99/Unknown
<input type="checkbox"/> 1. Never <input type="checkbox"/> 2. 1-4 times <input type="checkbox"/> 3. 5 or more times	
4. Visiting friends or relatives	88/Refused 99/Unknown
<input type="checkbox"/> 1. Never <input type="checkbox"/> 2. 1-4 times <input type="checkbox"/> 3. 5 or more times	

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>

Section 4	
1. In the month before your burn injury did you take <u>prescription</u> medication for pain on a regular basis? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 99. I don't know	<div>88/Refused</div>
In the past 12 months...	
2. In the past 12 months, did you take medication for being worried, tense, or anxious? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 99. I don't know	<div>88/Refused</div>
3. In the past 12 months, did you take medication for being sad, empty, or depressed? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 99. I don't know	<div>88/Refused</div>
4. Did you receive psychological therapy or counseling in the last 12 months? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 99. I don't know	<div>88/Refused</div>

Section 5	
1. Before your burn injury, where were you living? (Choose only one) <input type="checkbox"/> 1. Private residence <input type="checkbox"/> 2. Nursing home <input type="checkbox"/> 3. Adult home <input type="checkbox"/> 4. Correctional institution <input type="checkbox"/> 5. Hotel/motel <input type="checkbox"/> 6. Homeless <input type="checkbox"/> 7. Hospital	<div>88/Refused</div> <div>99/Unknown</div>

2. What was your zip code at the time of your burn injury? ____ _ ____ _ <input type="checkbox"/> Not applicable (not living in U.S.) <input type="checkbox"/> Not applicable (homeless) (code 99999 for unknown)	
3. Who were you living with before your burn injury? (Choose all that apply) <div style="float: right; border: 1px solid black; padding: 2px; font-size: 0.8em;">           88/Refused 99/Unknown         </div> <div style="clear: both;"></div> <input type="checkbox"/> 4. Parent or step-parent <input type="checkbox"/> 5. Other relative (siblings, grandparents) <input type="checkbox"/> 6. Others, not part of family <input type="checkbox"/> 7. Guardian	
4. Were you enrolled in school at the time of your burn injury?  <div style="display: flex; align-items: center;"> <div style="font-size: 4em; margin-right: 10px;"> </div> <div> <input type="checkbox"/> 1. Yes, in school  <input type="checkbox"/> 2. No, not in school           </div> </div> <div style="text-align: center; margin-top: 10px;"> </div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em; margin-top: 10px; width: fit-content; margin-left: auto;">           88/Refused 99/Unknown         </div>	If you were not enrolled in school at the time of your burn injury, why not? <div style="float: right; border: 1px solid black; padding: 2px; font-size: 0.8em;">           88/Refused         </div> <div style="clear: both;"></div> <input type="checkbox"/> Medical problems <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"/> Not applicable (going to school) <input type="checkbox"/> I don't know
5. Are you ahead, at the same level, or behind the grade you should be in for your age group? <input type="checkbox"/> 1. Above the grade level I should be in for my age <input type="checkbox"/> 2. At the grade level I should be in for my age <input type="checkbox"/> 3. Lower than the grade level I should be in for my age <input type="checkbox"/> 77. Not applicable <input type="checkbox"/> 99. I don't know <div style="float: right; border: 1px solid black; padding: 2px; font-size: 0.8em;">           88/Refused         </div> <div style="clear: both;"></div>	
6. In school, have you ever been classified as a special education student? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 77. Not applicable <input type="checkbox"/> 99. I don't know <div style="float: right; border: 1px solid black; padding: 2px; font-size: 0.8em;">           88/Refused         </div> <div style="clear: both;"></div>	
7. Before your burn injury, did you have any physical problems, such as a mobility impairment (difficulty moving your arms, legs or body)? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 99. I don't know <div style="float: right; border: 1px solid black; padding: 2px; font-size: 0.8em;">           88/Refused         </div> <div style="clear: both;"></div>	
8. Before your burn injury, were you ever told by a doctor that you had any of the following psychological issues (choose all that apply)? <input type="checkbox"/> 0. None/no psychological issues <input type="checkbox"/> 1. Depression <input type="checkbox"/> 2. Bipolar disorder <input type="checkbox"/> 3. Anxiety <input type="checkbox"/> 4. Post-Traumatic Stress Disorder (PTSD) <input type="checkbox"/> 5. Schizophrenia/psychotic disorder <input type="checkbox"/> 6. Other, please explain: _____ <input type="checkbox"/> 99. I don't know <div style="float: right; border: 1px solid black; padding: 2px; font-size: 0.8em;">           88/Refused         </div> <div style="clear: both;"></div>	

## Post-Injury History Section

“All the questions you just answered were about you and the time before your burn injury. Next are some questions about you and 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 6

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?...

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

88/Refused

0

1

2

3

4

5

6

7

8

9

10

**No  
pain**

**Worst pain  
imaginable**

99/Unknown

### Section 7

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

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

### Section 8

“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  
☐ 4. Correctional institution  
☐ 5. Hotel/motel  
☐ 6. Homeless  
☐ 7. Hospital  
☐ 99. I don't know

88/Refused

<p>2. Who will you be living with after hospital discharge? (Choose all that apply)</p> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> 4. Parent or step-parent</div> <div><input type="checkbox"/> 5. Other relative (siblings, grandparents)</div> <div><input type="checkbox"/> 6. Others, not part of family</div> <div><input type="checkbox"/> 7. Guardian</div> <div><input type="checkbox"/> 99. I don't know</div> </div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">88/Refused</div>	
<p>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?)</p> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> 1. 1 year or less</div> <div><input type="checkbox"/> 2. 2 years</div> <div><input type="checkbox"/> 3. 3 years</div> <div><input type="checkbox"/> 4. 4 years</div> <div><input type="checkbox"/> 5. 5 years</div> <div><input type="checkbox"/> 6. 6 years</div> <div><input type="checkbox"/> 7. 7 years</div> <div><input type="checkbox"/> 8. 8 years</div> <div><input type="checkbox"/> 9. 9 years</div> <div><input type="checkbox"/> 10. 10 years</div> <div><input type="checkbox"/> 11. 11 or 12 years; no diploma</div> <div><input type="checkbox"/> 12. High school diploma or equivalent (ie, GED)</div> <div><input type="checkbox"/> 66. Other</div> </div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">88/Refused</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">99/Unknown</div>
<p>4. Are you currently receiving <u>disability</u> income such as Social Security Disability or Private Long Term Insurance disability? (Choose all that apply)</p> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> 1. I am not receiving disability income</div> <div><input type="checkbox"/> 2. Social Security Disability</div> <div><input type="checkbox"/> 3. Private long term insurance disability income</div> <div><input type="checkbox"/> 4. Supplemental security income (SSI)</div> <div><input type="checkbox"/> 5. Worker's compensation</div> <div><input type="checkbox"/> 6. Other (please specify) _____</div> <div><input type="checkbox"/> 99. I don't know</div> </div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">88/Refused</div>	

Length of interview: \_\_\_\_\_

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

Thank you very much for sharing your experiences with us."