

**1. In what country do you live?**

A. United States

B. Other

**2. What is your medical specialty?**

*Please mark all that apply.*

A. Sports medicine

B. Family practice

C. Internal medicine

D. Pediatrics

E. Orthopedic surgery

F. Emergency Medicine

G. Neurology

H. Neurosurgery

I. Physical Medicine and Rehabilitation

J. Other

**3. How many years have you been practicing medicine (excluding residency and fellowship training)?**

A. Less than 5 years

B. Between 5 and 10 years

C. Between 10 and 20 years

D. More than 20 years

E. I am a resident

F. I am a fellow

G. I do not practice medicine

**4. How would you describe your medical practice?**

*Please mark all that apply.*

- A. Solo practice, private
- B. Group practice, private
- C. Hospital-based practice
- D. Government sponsored, non-military
- E. Government sponsored, military
- F. Academic, clinical (with or without dedicated research time)
- G. Academic, research only
- H. Other
- I. I do not have a medical practice

**5. In the past year, please estimate the percentage of patients you have managed clinically that had concussion or symptoms attributed to concussion as their primary complaint?**

- A. 90% or higher
- B. 70%-89%
- C. 50%-69%
- D. 30%-49%
- E. 10%-29%
- F. <10%
- G. I do not manage concussion patients clinically

**6. What percentage of your concussion patients are under 18 years of age?**

- A. 90% or higher
- B. 75%-89%
- C. 50%-74%
- D. 25%-49%

E. 10%-24%

F.<10%

G. I do not manage concussion patients under 18 years of age

**7. In the patient with postconcussion symptoms, do you typically recommend physical rest and cognitive rest (also referred to as 'brain rest') within the first week following injury?**

A. Yes, I typically recommend both.

B. No, I rarely recommend either.

C. I typically recommend physical rest but rarely recommend cognitive rest.

D. I typically recommend cognitive rest but rarely recommend physical rest.

E. I do not typically see patients within one week of injury

F. I do not provide these sorts of treatment recommendations

**8. Two weeks following injury, what are the health risks associated with the gradual advancement of physical and cognitive activities in the patient who continues to experience postconcussion symptoms?**

*Please mark all that apply.*

A. Lowered threshold for repeat concussion

B. Worsening of current symptoms

C. Delayed recovery from current concussion

D. Second Impact Syndrome

E. I do not know of potential health risks related to activity and concussion

F. There are no potential health risks related to activity and postconcussion symptoms two weeks after injury

G. Other

**9. Three months following injury, what are the health risks associated with the gradual advancement of physical and cognitive activities in the patient who continues to experience postconcussion symptoms?**

*Please mark all that apply.*

- A. Lowered threshold for repeat concussion
- B. Worsening of current symptoms
- C. Delayed recovery from current concussion
- D. Second Impact Syndrome
- E. I do not know of potential health risks related to activity and concussion
- F. There are no potential health risks related to activity and postconcussion symptoms two weeks after injury
- G. Other

**10. In the adolescent patient who continues to experience postconcussion symptoms, what is the earliest time period following injury where Second Impact Syndrome is no longer a risk?**

*Please choose the single answer that best matches your opinions and practices related to Second Impact Syndrome.*

- A. Within 48 hours
- B. >48 hours to 1 week
- C. >1 week to 2 weeks
- D. >2 weeks to 1 month
- E. >1 month to 3 months
- F. >3 months to 6 months
- G. After 6 months
- H. The risk of Second Impact Syndrome remains until all concussion symptoms resolve.

I. I do not believe that Second Impact Syndrome is a risk, regardless of the time frame following concussion.

J. I am not familiar with the term Second Impact Syndrome

K. I do not have an opinion.

**11. Is the persistence of postconcussion symptoms beyond one month an indication for brain scan (CT or MRI)?**

A. Yes

B. No

C. I do not know

D. I do not have an opinion.

**12. When you refer patients with complex or persistent postconcussion symptoms to other medical specialists, to which medical specialist(s) do you refer?**

*Please mark all that apply.*

A. Headache specialist

B. Multi-disciplinary concussion clinic

C. Neurology

D. Neuropsychology

E. Neurosurgery

F. Psychiatry

G. Psychology

H. Sports Medicine

I. Vestibular Rehabilitation

J. Other

K. I do not refer concussion patients to other medical specialists.

**13. Do you have a multi-disciplinary concussion clinic within 60 miles of your medical practice?**

A. Yes

B. No

C. I do not know.

D. I do not have a medical practice