

Survey on Adjustment and Quality of Life



Great Lakes SCI Collaborative



DMC
Rehabilitation Institute
of Michigan
always there.



THIS STUDY IS APPROVED BY THE ANN ARBOR DEPARTMENT OF VETERANS
AFFAIRS HEALTHCARE SYSTEM

8. Do you currently have health insurance?

¹ Yes ² No

What kind of health insurance do you have? Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> ¹ Employer health plan | <input type="checkbox"/> ⁵ Veterans Administration |
| <input type="checkbox"/> ² Individual health insurance policy | <input type="checkbox"/> ⁶ Auto Insurance |
| <input type="checkbox"/> ³ Medicaid | <input type="checkbox"/> ⁷ Don't know / not sure |
| <input type="checkbox"/> ⁴ Medicare | <input type="checkbox"/> ⁸ Other: _____ |

9. In general, would you say that your health is:

¹ Poor ² Fair ³ Good ⁴ Very Good ⁵ Excellent

10. Has there been a time in the last 12 months when you needed medical care but were not able to get it?

¹ Yes ² No

What was the primary reason that you did not receive the medical care you needed?

Check one only:

- ¹ Transportation
- ² Unable to afford care
- ³ Unable to locate a health care provider
- ⁴ Unable to get an appointment in a timely fashion
- ⁵ Other: _____

11. Have you experienced any of the following problems within the past 12 months?

Check all that apply:

- ¹ Pressure sores / skin breakdown
- ² Bladder problems, including frequent urinary tract infections (UTIs) or urinary accidents
- ³ Bowel problems, including chronic constipation or frequent bowel accidents
- ⁴ Problems managing blood pressure, including high blood pressure, low blood pressure and / or autonomic dysreflexia
- ⁵ Persistent, chronic pain
- ⁶ Emotional issues, including feelings of depression or anxiety
- ⁷ Respiratory issues, including pneumonia
- ⁸ Sleep-related breathing problems
- ⁹ Other: _____

Section III: Quality of Life

12. Generally speaking, how would you describe yourself as being happy?

- ¹ All the time
 ² Most of the Time
 ³ Some of the time
⁴ Very Infrequently
 ⁵ Not at All

13. When you compare yourselves with other people you know, would you say you are:

- ¹ Better Off
 ² Worse Off
 ³ About the same

14. Below are 8 statements with which you may agree or disagree. Using the 1 to 7 scale below, indicate your agreement with each item by checking the response for each statement.

	Strongly disagree	Disagree	Slightly disagree	Neither agree nor disagree	Slightly agree	Agree	Strongly agree
I lead a purposeful and meaningful life.	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶	<input type="checkbox"/> ⁷
My social relationships are supportive and rewarding.	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶	<input type="checkbox"/> ⁷
I am engaged and interested in daily activities.	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶	<input type="checkbox"/> ⁷
I actively contribute to the happiness and well-being of others.	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶	<input type="checkbox"/> ⁷
I am competent and capable in the activities that are important to me.	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶	<input type="checkbox"/> ⁷
I am a good person and live a good life.	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶	<input type="checkbox"/> ⁷
I am optimistic about my future	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶	<input type="checkbox"/> ⁷
People respect me.	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶	<input type="checkbox"/> ⁷

15. Is there anything else you would like to tell us about your resilience or ability to “bounce back” when you face a challenge? _____

16. Below are five statements with which you may agree or disagree. Using the 1 to 7 scale below, indicate your agreement with each item by checking the box that corresponds to your level of agreement. Please be open and honest in your responding.

	Strongly disagree	disagree	Slightly disagree	Neither agree nor disagree	Slightly agree	Agree	Strongly agree
a. In most ways my life is close to my ideal.	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶	<input type="checkbox"/> ⁷
b. The conditions of my life are excellent.	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶	<input type="checkbox"/> ⁷
c. I am satisfied with my life.	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶	<input type="checkbox"/> ⁷
d. So far I have gotten the important things I want in life.	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶	<input type="checkbox"/> ⁷
e. If I could live my life over, I would change almost nothing	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶	<input type="checkbox"/> ⁷

Section IV: Demographic Information

17. Gender: ¹ Male ² Female
18. Marital Status: ¹ Single ² Married/Partnered ³ Separated
⁴ Divorced ⁵ Widowed
19. Have you ever served in the military?
¹ Yes ² No
- a. Did you participate in combat? ¹ Yes ² No
- b. Do you receive Veterans Benefits? ¹ Yes ² No
- c. Do you receive care at a Veterans Affairs Health Facility?
¹ Yes ² No
- d. Are you service-connected for your SCI? ¹ Yes ² No
20. How would you describe the area where you live? Check one only:
¹ Urban ² Suburban ³ Small Town / Rural
21. What is your highest level of education? Check one only:
¹ Less than high school ⁴ Some college / Associates degree
² Some high school ⁵ Bachelor's degree
³ High school / GED ⁶ Graduate study or degree
 Other: _____
22. What is your race / ethnicity? Check all that apply:
¹ White ⁵ Native Hawaiian / Other Pacific Islander
² Black / African-American ⁶ American Indian, Alaska Native
³ Asian ⁷ Hispanic / Latino
⁴ Middle-Eastern ⁸ Other: _____

If you checked more than one category, please indicate which group best represents your race: ^(write in race)

**UPON RETURN, THIS PAGE WILL BE SEPARATED
AND STORED APART FROM THE REST OF YOUR SURVEY RESPONSES**

23. If eligible, would you be willing to participate in an in-depth interview that will ask about you and the adjustment process that you went through after your SCI? This interview would last about 2 hours and take place at a location that would be convenient for you.

¹ Yes

² No

³ Maybe – tell me more

If you answered **yes** or **maybe**, please provide your name and a contact number or e-mail. This information will be recorded by researchers at the University of Michigan who may use it to contact you for the in-depth interview. Your contact information would only be used to contact you for this follow-up interview, which is identified as a separate study, and not used for any other purpose.

Name: _____

Phone number or e-mail: _____

**Thank you for completing this
survey**

**Please return it in the envelope
provided**