Qualtrics Survey: “Concussion in the theater setting”

<<Editor: we will provide author and contact information following blind review>

Description of the study and informed consent.

- ○ I Agree: Begin Survey
- ○ I do not give my consent to begin this survey.

Skip To: End of Survey If = I do not give my consent to begin this survey.

Please indicate your sex.

- ○ Male
- ○ Female
- ○ Prefer not to answer

Please indicate your age

- ○ under 18
- ○ 18-22
- ○ 23-27
- ○ 28-32
- ○ 33-37
- ○ 38-42
- ○ 43-47
- ○ 48-52
- ○ over 52

Skip To: End of Survey If Please indicate your age = under 18

How many years have you been participating in theater?

- ○ Less than 2
- ○ 2-5
- ○ 6-10
- ○ 11-15
- ○ 16-20
- ○ more than 20

What is your position(s) in the theater?

- ○ Producer
- ○ Actor/Actress
- ○ Stage Manager
- ○ Choreographer
- ○ Technician
- ○ Designer
- ○ Stage Hand
- ○ Other- Not mentioned above _____

In which of the following settings do you participate in theater? (check all that apply)

- ☐ High School
- ☐ University
- ☐ Professional

Can you think of any instance in your life in which you have hit your head?

- ○ Yes
- ○ No

Skip To: End of Survey If Can you think of any instance in your life in which you have hit your head? = No

When you hit your head, were you participating in something related to theater?

- ○ Yes
- ○ No

Skip To: End of Survey If When you hit your head, were you participating in something related to theater? = No

How many times have you hit your head during a theater activity?

- ○ 1
- ○ 2
- ○ 3
- ○ 4
- ○ 5
- ○ More than 5

When you hit your head, which of the following were you participating in? (check all that apply, if you have hit your head more than once)

- ☐ Theater Class
- ☐ Rehearsal
- ☐ Performance
- ☐ Scene Construction
- ☐ Lighting/Sound Installation
- ☐ Other- Not mentioned above _____

How did you hit your head? (check all that apply)

- ☐ Participating in fight choreography
- ☐ Collision with a scenic element
- ☐ Collision with a technical element (e.g., a lighting fixture)
- ☐ Collision with another individual
- ☐ Participating in a movement piece
- ☐ Other- Not Mentioned Above

Have you ever hit your head, suffered any of the symptoms listed below, and continued participating in theater? If not, please indicate choice 1. If yes, please indicate all the symptoms you experienced.

- [ ] No
- [ ] Neck Pain
- [ ] Trouble Falling Asleep
- [ ] Nausea or Vomiting
- [ ] Dizziness
- [ ] Blurred Vision or Balance Problems
- [ ] Headache or "Pressure in Head"
- [ ] Sensitivity to Light or Noise
- [ ] Feeling Slowed Down or like you are "In a Fog"
- [ ] "Don't Feel Right"
- [ ] Difficulty Concentrating or Remembering
- [ ] Fatigue or Low Energy
- [ ] Confusion
- [ ] Drowsiness
- [ ] More Emotional
- [ ] Sadness and Irritability
- [ ] Nervousness and Anxiety

Skip To: End of Survey If Have you ever hit your head, suffered any of the symptoms listed below, and continued participati... = No

Did you report the instance of hitting your head to anyone or seek medical attention?

- ○ Yes
- ○ No

Skip To: End of Survey If Did you report the instance of hitting your head to anyone or seek medical attention? = No

To whom did you report the instance or seek help?

- ○ A healthcare professional
- ○ A teacher, friend, or parent

Skip To: End of Survey If To whom did you report the instance or seek help? = A teacher, friend, or parent

From which healthcare professional did you seek medical attention?

- [ ] Physician (general or family)
- [ ] Physician (Neurologist)
- [ ] Athletic Trainer
- [ ] Physical Therapist
- [ ] Nurse
- [ ] Emergency Medical Technician or Paramedic
- [ ] Other- Not Mentioned Above

_____

Did the healthcare professional diagnose you with a concussion?

- ○ Yes
- ○ No

Skip To: End of Survey If Did the healthcare professional diagnose you with a concussion? = No

What recommendations were you given by the healthcare professional regarding your concussion?

- ○ I was encouraged not to participate in my theater activities until I recovered
- ○ I was allowed to partially participate in my theater activities
- ○ I was given no restrictions or recommendations