

If you are a caregiver, please fill this information out for the person with hydrocephalus. For each question, 'you/your' refers to the person with hydrocephalus.

1. What is your age? (in years, i.e. 24)

2. What is your gender?

☐ Male

☐ Female

3. How long ago was your first shunt implanted?

☐ 1-1 years

☐ 11-20 years

☐ 2-5 years

☐ Over 20 years

☐ 6-10 years

4. Have you ever had a revision surgery?

☐ Yes

☐ No

5. If yes to question 4, how many?

6. If yes to question 4, what were the reasons?

☐ Infection

☐ Scalp Pain/Discomfort

☐ Shunt Migration, Dislodging, or
Disconnecting

☐ Occlusion (clogging)

☐ Wound Breakdown or Extrusion (exposed through skin)

☐ Other

7. Have you ever experienced pain or discomfort caused by your shunt hardware (i.e. valve, tubing, catheter)

☐ Yes

☐ No

8. Where is your shunt placed?

☐ Enters through the top of the head

☐ Enters through the back of the head

☐ Both (i.e. multiple shunts with different entry points)

9. Do you avoid resting or sleeping on the side(s) of your head with the shunt?

☐ Yes

☐ No

10. Do you fear bumping or dislodging your shunt?

☐ Yes

☐ No

11. If yes to question 10, are there activities you do not partake in due to this fear? (e.g. playing sports, putting on helmets, etc.)