AO CMF

Eye Questions

Please answer the following questions about how you felt in the past 7 days related to your face or head injury.

		Yes	No	
1 OCUL00	Did your face or head injury affect your eye or eyes?	☐ 1	☐ 0	
		Yes→ Go to question OCUL01. No→ Skip to #9 on Page 2.		

	In the past 7 days…	**Not at all**	**A little bit**	**Somewhat**	**Quite a bit**	**Very much**
2 OCUL01	I had problems with my vision …….	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
3 OCUL05	I had double vision……	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
4 OCUL13	My eyelashes irritated my eye(s)……...	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
5 OCUL25	I had problems opening or closing my eye(s)……	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
6 OCUL27	My eye was itchy……..	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
7 OCUL30	My eyes were sensitive to light…….	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
8 OCUL32	My eyes produced tears normally……..	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1

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Mouth and Jaw Questions

Please answer the following questions about how you felt in the past 7 days related to your face or head injury.

		Yes	No	
9 ORAL00	Did your face or head injury affect your mouth or jaw?	☐ 1	☐ 0	
		Yes→ Go to question ORAL01. No→ Skip to #18 on Page 3.		

In the past 7 days…

		Not at all	A little bit	Somewhat	Quite a bit	Very much
10 ORAL01	I drooled when awake……	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
11 ORAL09	I had a problem with my sense of taste…….	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
12 ORAL12	I had problems with my jaw……..	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
13 ORAL18	I had problems with a tooth……...	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
14 ORAL23	I had trouble swallowing……...	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
15 ORAL27	I had problems with my lips……..	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
16 ORAL30	I had problems with my tongue…….	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
17 ORAL03	My jaw aligns correctly when I bite……..	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1

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Nose Questions

Please answer the following questions about how you felt in the past 7 days related to your face or head injury.

		Yes	No	
18 NASAL00	Did your face or head injury affect your nose or sinuses?	☐ 1	☐ 0	
		Yes→ Go to question NASAL01. No→ Skip to #22 on Page 4.		

In the past 7 days…

		Not at all	A little bit	Somewhat	Quite a bit	Very much
19 NASAL01	I had difficulty breathing through my nose…….. .	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
20 NASAL03	I had sinus problems……	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
21 NASAL05	I had problems with my sense of smell……	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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Ear Questions

Please answer the following questions about how you felt in the past 7 days related to your face or head injury.

		Yes	No	
22 EAR00	Did your face or head injury affect your ear?	☐ 1	☐ 0	
		Yes→ Go to question EAR01. No→ Skip to #25 on Page 4.		

In the past 7 days…

		Not at all	A little bit	Somewhat	Quite a bit	Very much
23 EAR01	I had trouble hearing……	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
24 EAR03	I heard unusual noises (e.g., ringing, clicking)…….. .	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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Pain and Sensation Questions

Please answer the following questions about how you felt in the past 7 days related to your face or head injury.

In the past 7 days…

		Not at all	A little bit	Somewhat	Quite a bit	Very much
25 PAINS01	I had pain in my face or head……	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
26 PAINS05	I had tenderness in my face or scalp……..	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
27 PAINS18	I had numbness in my face or scalp……...	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
		Never	**Rarely**	**Sometimes**	**Often**	**Always**
28 PAINS14	I had headaches……..	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
29 PAINS15	I had migraines……..	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
30 PAINS23	I felt dizzy……..	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
31 PAINS17	I had unusual sensations in my face or scalp…….. .	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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Cognitive Questions

Please answer the following questions about how you felt in the past 7 days related to your face or head injury.

	In the past 7 days…	Never	Rarely (once)	Sometimes (two or three times)	Often (about once a day)	Very often (several times a day)
32 PC2rCMF	My thinking has been slow……	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
33 PC35rCMF	It has seemed like my brain was not working as well as usual……	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
34 PC36rCMF	I have had to work harder than usual to keep track of what I was doing……..	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
35 PC42rCMF	I have had trouble shifting back and forth between different activities that require thinking……..	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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Appearance Questions

Please answer the following questions about how you felt in the past 7 days related to your face or head injury.

	In the past 7 days…	**Not at all**	**A little bit**	**Somewhat**	**Quite a bit**	**Very much**
36 COS04	I had trouble moving parts of my face…….	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
37 COS08	My face looked different because of my injury……	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
38 COS09	I had a scar on my face or scalp……..	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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Psychosocial Questions

Please answer the following questions about how you felt in the past 7 days related to your face or head injury.

	In the past 7 days…	**Not at all**	**A little bit**	**Somewhat**	**Quite a bit**	**Very much**
39 PSY01	I felt self-conscious about my appearance…… ….	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
40 PSY13	I was bothered by changes in my appearance because of my injury……..	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
41 PSY06	I was concerned about the long-term consequences of my injury……	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
42 PSY23	I had trouble managing my pain medication…… ….	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
43 PSY10	My relationships have been strained due to my injury……...	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
44 PSY11	I felt like a burden to others due to my injury…… .	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
45 PSY18	I had trouble coping with the consequences of my injury……...	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
46 PSY20	I felt guilty about my injury……..	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
		Never	**Rarely**	**Sometimes**	**Often**	**Always**
47 EDDEP29	I felt depressed……	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
48 EDANX05	I felt anxious…….	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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49 PSY08	I paid very close attention to my surroundings…… …..	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

	In the past 7 days…	**Not at all**	**A little bit**	**Somewhat**	**Quite a bit**	**Very much**
50 SRPSAT10r1r	I am satisfied with my current level of social activity……	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1

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Injury Impact

Please answer the following questions about how you felt in the past 7 days related to your face or head injury.

		Never	Rarely	Sometimes	Often	Always
51 SRPPPER31_CaPSr	I have trouble taking care of my regular personal responsibilities……	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
		Not at all	**A little bit**	**Somewhat**	**Quite a bit**	**Very much**
52 SRPSAT23r1r	I am satisfied with my ability to do leisure activities…….. .	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
	In the past 7 days…	**Not at all**	**A little bit**	**Somewhat**	**Quite a bit**	**Very much**
53 IMP02	I am able to eat normally…….	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
54 IMP03	I can take care of myself (e.g., bathing, dressing)……..	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
55 HN10r	I was able to communicate with others…….. ..	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
		Never	**Rarely**	**Sometimes**	**Often**	**Always**
56 NQPRF34cmf	I can keep up with my work responsibilities (including work at home)…...	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
		Not at all	**A little bit**	**Somewhat**	**Quite a bit**	**Very much**
57 SLEEP20	I had a problem with my sleep…….	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
58 HI7r	I felt fatigued……	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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