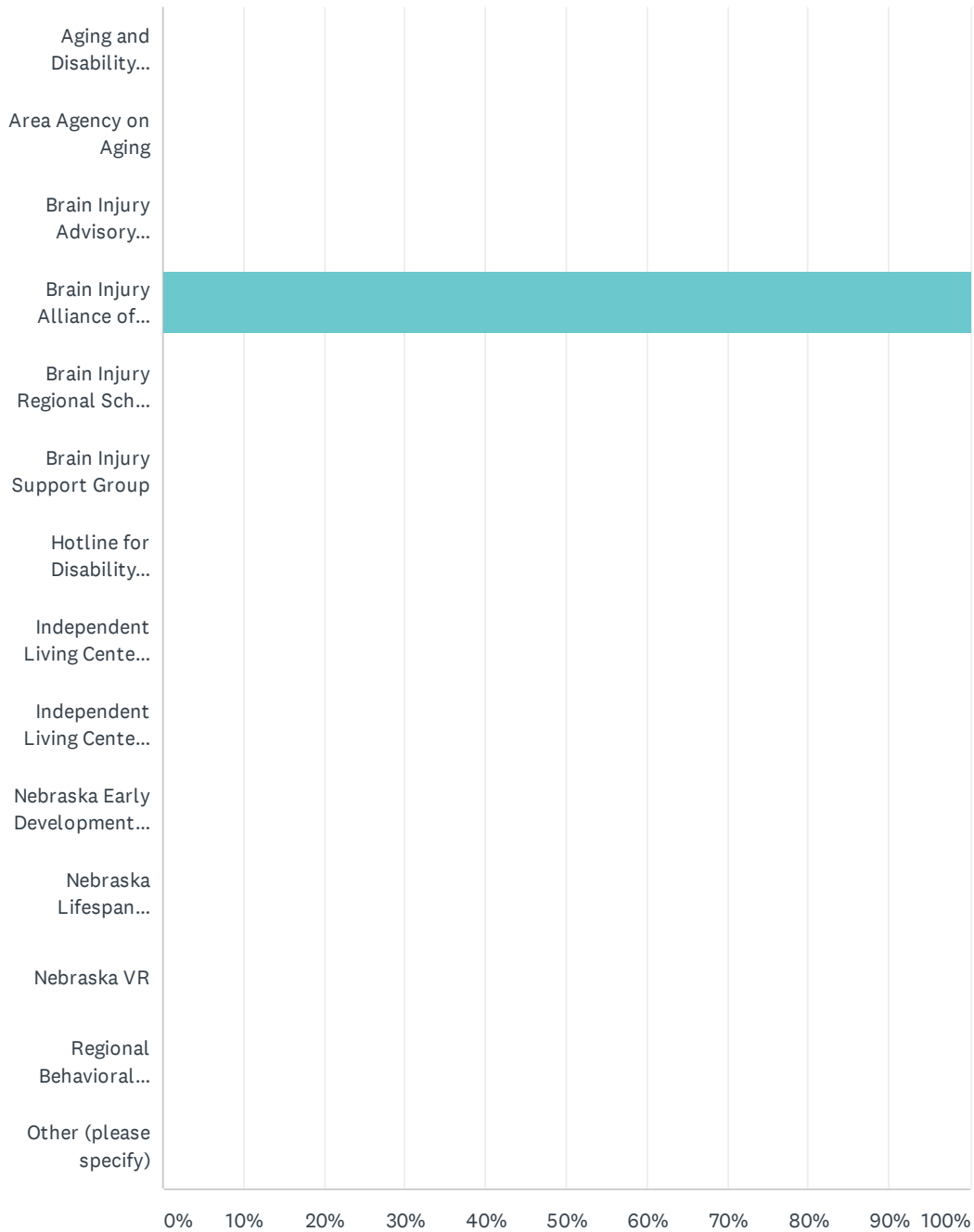


Q1 Your organization (required):

Answered: 12 Skipped: 0



Brain Injury Registry Callers

ANSWER CHOICES	RESPONSES	
Aging and Disability Resource Center	0.00%	0
Area Agency on Aging	0.00%	0
Brain Injury Advisory Council	0.00%	0
Brain Injury Alliance of Nebraska	100.00%	12
Brain Injury Regional School Support Team	0.00%	0
Brain Injury Support Group	0.00%	0
Hotline for Disability Services	0.00%	0
Independent Living Center - Independence Rising	0.00%	0
Independent Living Center - League of Human Dignity	0.00%	0
Nebraska Early Development Network / Nebraska Childfind	0.00%	0
Nebraska Lifespan Respite Network	0.00%	0
Nebraska VR	0.00%	0
Regional Behavioral Health Services	0.00%	0
Other (please specify)	0.00%	0
TOTAL		12

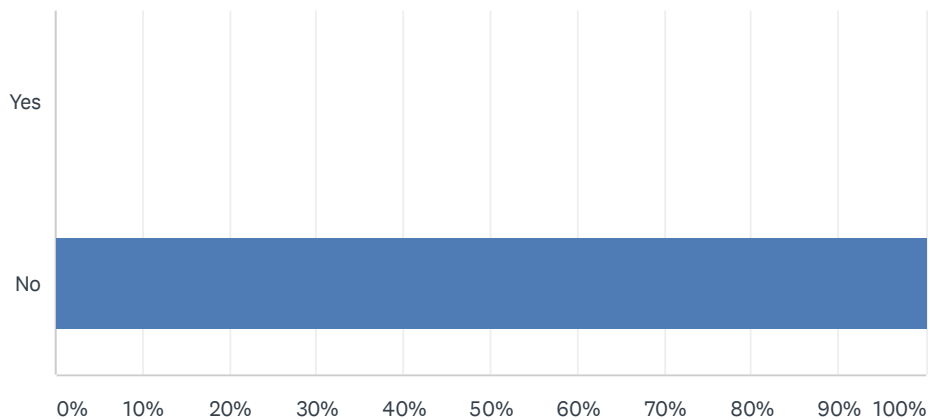
Q2 Date of call:

Answered: 12 Skipped: 0

ANSWER CHOICES	RESPONSES
Date:	100.00% 12

Q3 Did the caller indicate that they received the brain injury registry letter in error?

Answered: 12 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	0.00%	0
No	100.00%	12
TOTAL		12

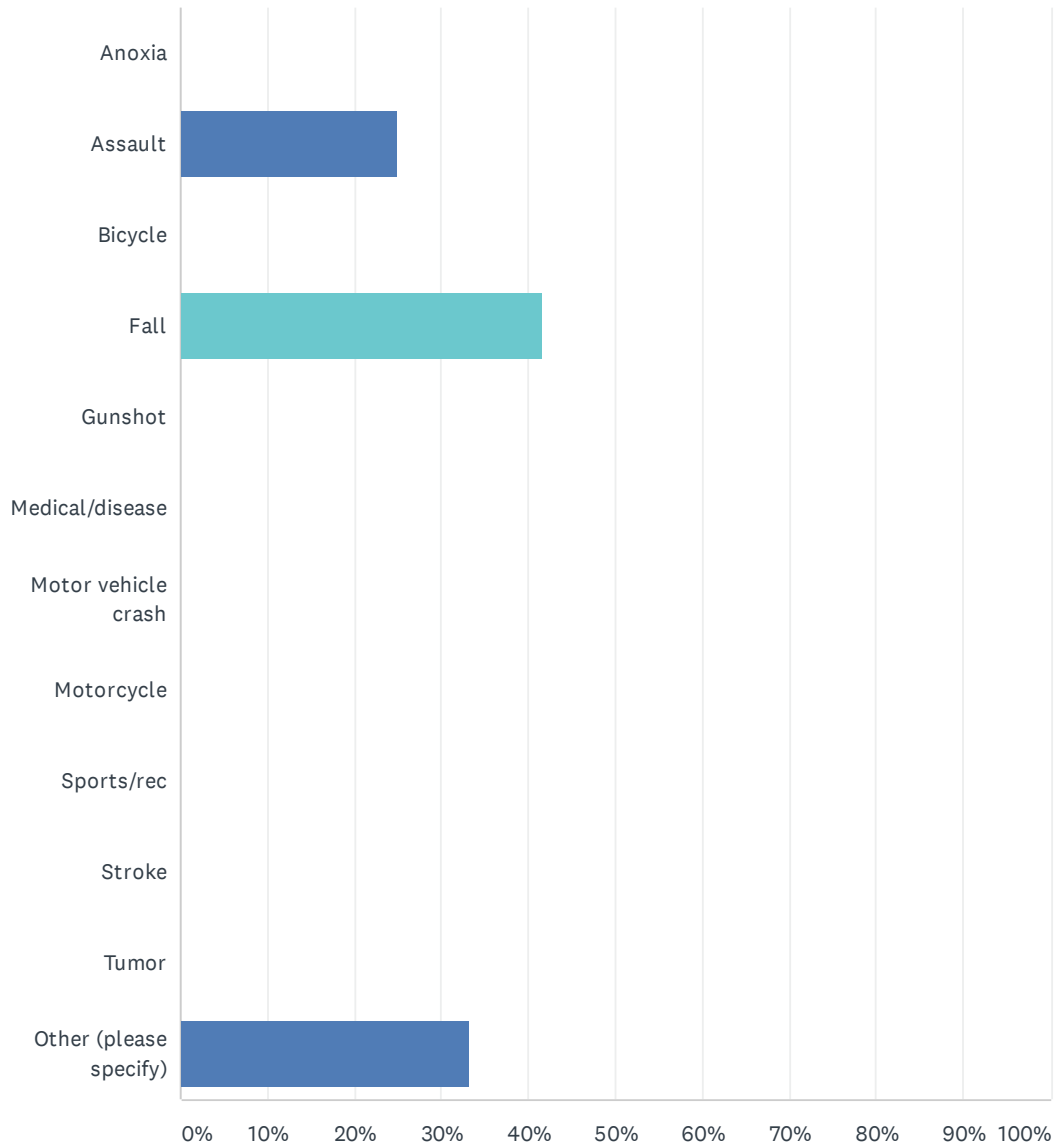
Q4 Basic information

Answered: 12 Skipped: 0

ANSWER CHOICES	RESPONSES	
Age of caller:	100.00%	12
County of residence:	100.00%	12

Q5 Cause of caller's injury:

Answered: 12 Skipped: 0

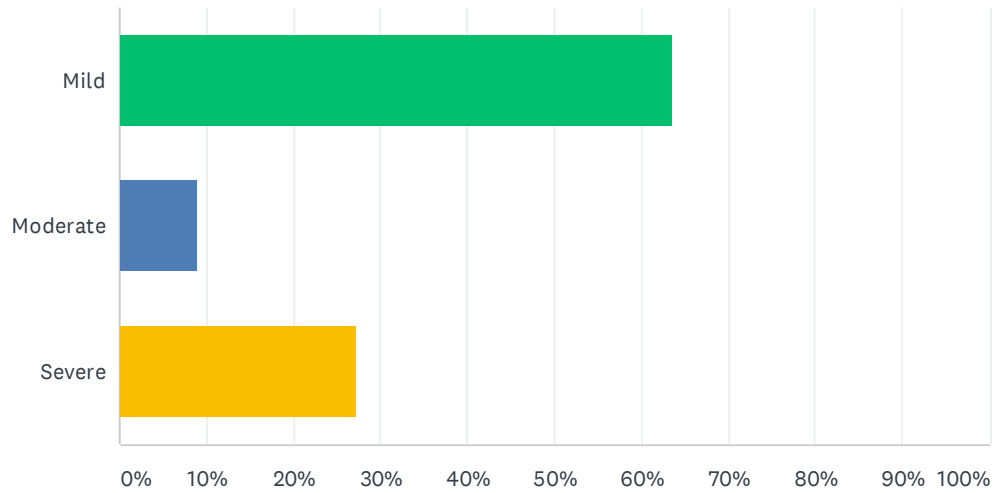


Brain Injury Registry Callers

ANSWER CHOICES	RESPONSES	
Anoxia	0.00%	0
Assault	25.00%	3
Bicycle	0.00%	0
Fall	41.67%	5
Gunshot	0.00%	0
Medical/disease	0.00%	0
Motor vehicle crash	0.00%	0
Motorcycle	0.00%	0
Sports/rec	0.00%	0
Stroke	0.00%	0
Tumor	0.00%	0
Other (please specify)	33.33%	4
TOTAL		12

Q6 Severity of injury (as described by caller):

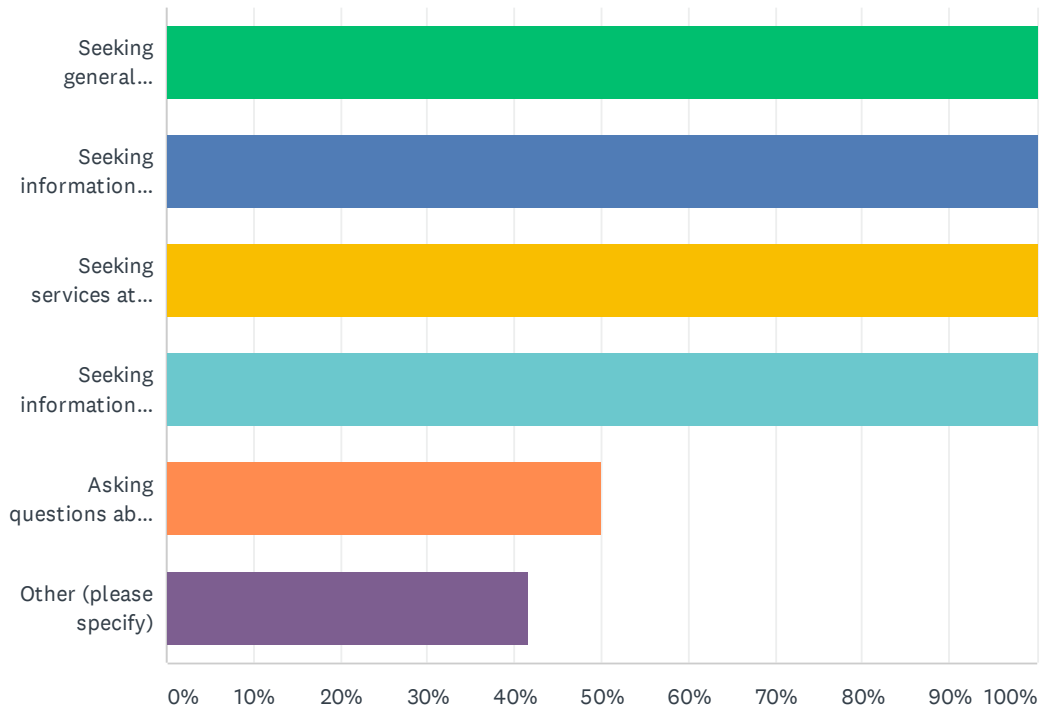
Answered: 11 Skipped: 1



ANSWER CHOICES	RESPONSES	
Mild	63.64%	7
Moderate	9.09%	1
Severe	27.27%	3
TOTAL		11

Q7 Purpose of the call (select all that apply):

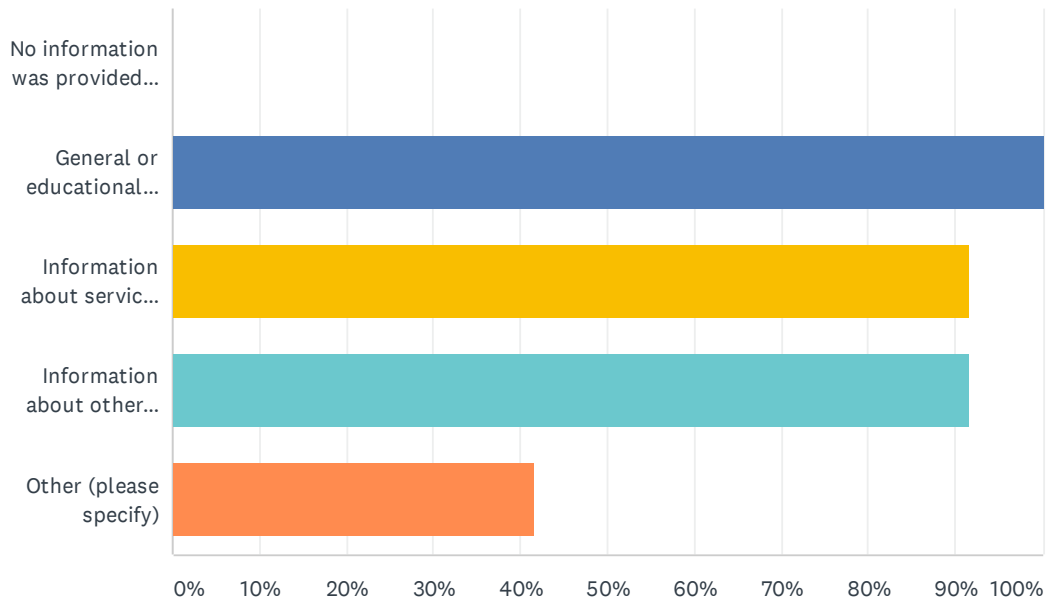
Answered: 12 Skipped: 0



ANSWER CHOICES	RESPONSES	
Seeking general information about brain injury	100.00%	12
Seeking information about services at your organization	100.00%	12
Seeking services at your organization	100.00%	12
Seeking information and/or referral for other services in their area	100.00%	12
Asking questions about the Brain Injury Registry Letter they received	50.00%	6
Other (please specify)	41.67%	5
Total Respondents: 12		

Q8 What general type of information (if any) did you provide to the caller? (select all that apply)

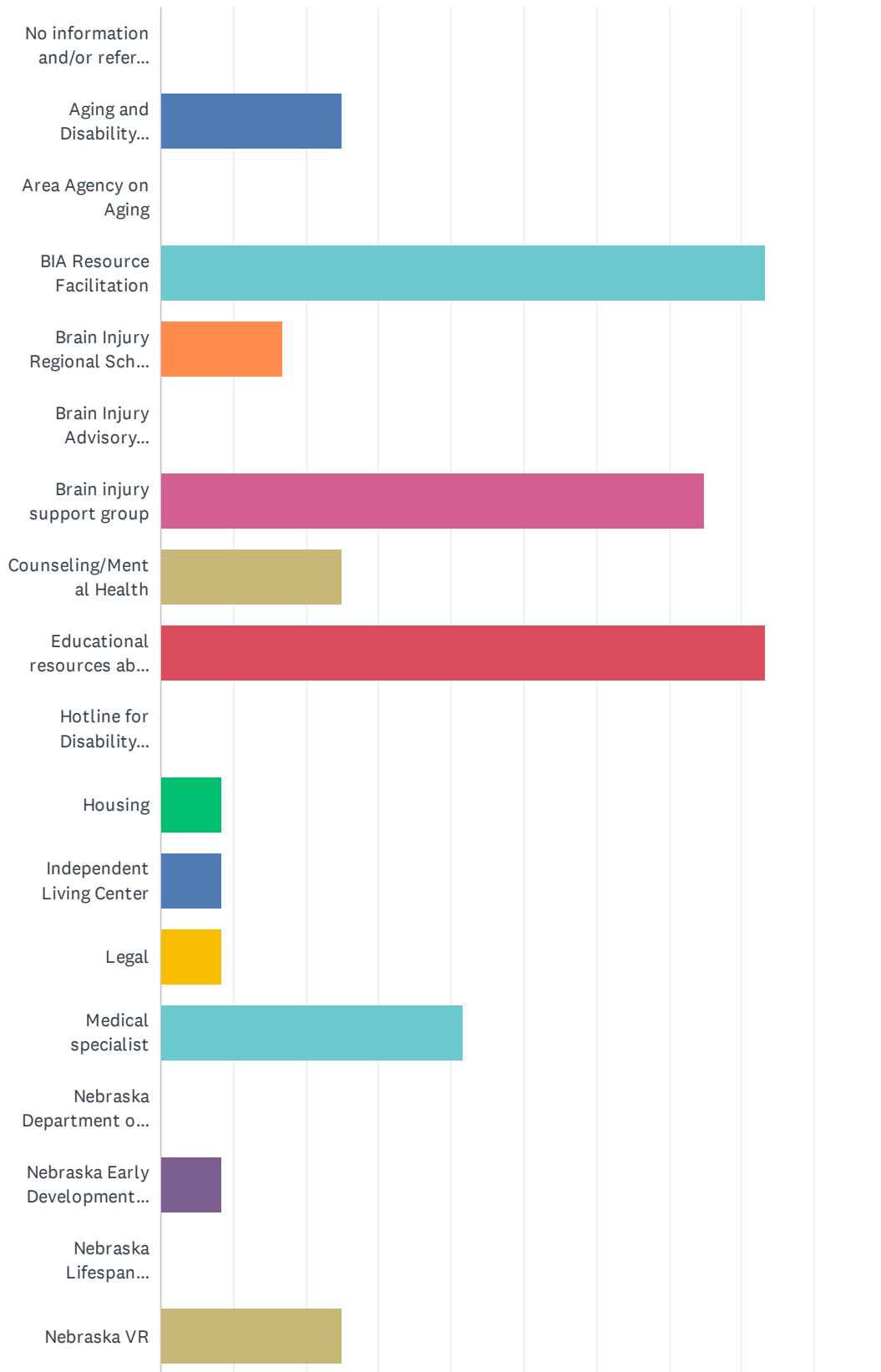
Answered: 12 Skipped: 0



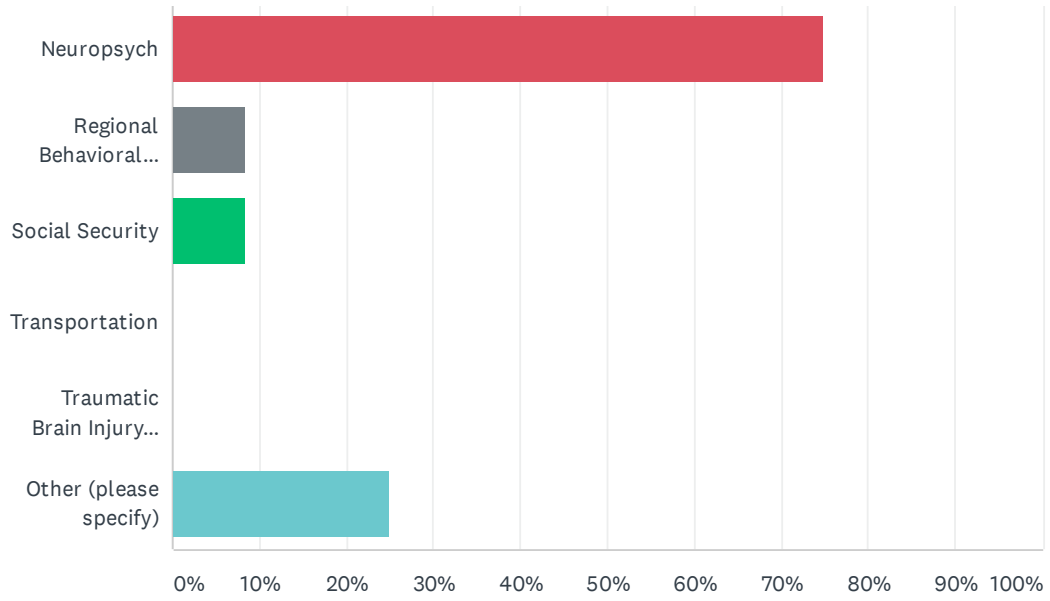
ANSWER CHOICES	RESPONSES	
No information was provided on this call	0.00%	0
General or educational information about brain injury	100.00%	12
Information about services at your organization	91.67%	11
Information about other services in the area of the caller	91.67%	11
Other (please specify)	41.67%	5
Total Respondents: 12		

Q9 What specific type of information and/or referral (if any) did you provide to the caller? (select all that apply)

Answered: 12 Skipped: 0



Brain Injury Registry Callers



Brain Injury Registry Callers

ANSWER CHOICES	RESPONSES	
No information and/or referral was provided on this call	0.00%	0
Aging and Disability Resource Center	25.00%	3
Area Agency on Aging	0.00%	0
BIA Resource Facilitation	83.33%	10
Brain Injury Regional School Support Team	16.67%	2
Brain Injury Advisory Council	0.00%	0
Brain injury support group	75.00%	9
Counseling/Mental Health	25.00%	3
Educational resources about brain injury	83.33%	10
Hotline for Disability Services	0.00%	0
Housing	8.33%	1
Independent Living Center	8.33%	1
Legal	8.33%	1
Medical specialist	41.67%	5
Nebraska Department of Health and Human Services	0.00%	0
Nebraska Early Development Network / Nebraska Childfind	8.33%	1
Nebraska Lifespan Respite Netowrk	0.00%	0
Nebraska VR	25.00%	3
Neuropsych	75.00%	9
Regional Behavioral Health Services	8.33%	1
Social Security	8.33%	1
Transportation	0.00%	0
Traumatic Brain Injury Waiver	0.00%	0
Other (please specify)	25.00%	3
Total Respondents: 12		

Q10 Does the caller have any comments or feedback about the brain injury registry letter and/or brochure they received?

Answered: 9 Skipped: 3