

Appendix A

Questionnaire Section one: MTBI knowledge

1. Please list as many symptoms of mild Traumatic Brain Injury (mTBI) that you can think of. Please note that mTBI is also known as concussion, brain injury or head injury.

2. Where did you gain information about mTBI? Select all that apply.

- Internet sites
- Social Media
- Friends/family
- Medical Professional
- Personal experience
- Media
- Educational institution (e.g. school, university, TAFE etc).
- Other (please specify)

Questionnaire section two: Intention to seek medical attention

Note: For Question 3, participants view the following six scenarios in a random order.

Question 3.

A 5 year old child falls off a swing and knocks their head. Following the injury they appear dazed/confused, vomit several times, and report dizziness. They lose consciousness for less than 5 minutes.

Would you take this child to hospital/to a General Practitioner (GP)?

- Yes
- No

Please comment on why you would/would not take this child to hospital/a GP.

A 15 year old child falls off their bike and knocks their head. Following the injury they appear dazed/confused, vomit several times, and report dizziness. They lose consciousness for less than 5 minutes.

Would you take this child to hospital/to a General Practitioner (GP)?

- Yes
- No

Please comment on why you would/would not take this child to hospital/a GP.

A 5 year old child falls off a swing and knocks their head. Following the injury they appear dazed/confused, vomit several times, and report dizziness. They do not lose consciousness.

Would you take this child to hospital/ to a General Practitioner (GP)?

- Yes
- No

Please comment on why you would/would not take this child to hospital/ a GP.

A 15 year old child falls off their bike and knocks their head. Following the injury they appear dazed/confused, vomit several times, and report dizziness. They do not lose consciousness

Would you take this child to hospital/ to a General Practitioner (GP)?

- Yes
- No

Please comment on why you would/would not take this child to hospital/a GP.

A 5 year old child falls off a swing and knocks their head. Following the injury, they rub their head and cry for a few minutes. They do not lose consciousness.

Would you take this child to hospital/ to a General Practitioner (GP)?

- Yes
- No

Please comment on why you would/would not take this child to hospital/a GP.

A 15 year old child falls off their bike and knocks their head. Following the injury, they rub their head and are visibly upset for a few minutes. They do not lose consciousness.

Would you take this child to hospital/ to a General Practitioner (GP)?

- Yes
- No

Please comment on why you would/would not take this child to hospital/a GP.

Questionnaire section three: Demographic and background questions

4. What country do you currently live in?

5. What is your age (in years)?

6. What is your sex?

- Female
- Male
-

7. Have you had an mTBI (also known as a concussion, head injury or brain injury)?

- Yes
- No

Note: If yes is selected, questionnaire directed to Question 8.

If no is selected, questionnaire directed to Question 9.

8. Please list your age at the time of the event, the seriousness of the mTBI, and the medical attention given to you at the time of the event (e.g. whether you attended an emergency department, saw a GP, etc.).

9. Do you currently have any children?

- Yes
- No

Note: If yes is selected, questionnaire is directed to Question 10.

If no is selected, questionnaire is directed to Question 13.

10. Please list the ages of your children, separated by a comma (e.g. 5, 8, 10).

11. Have any of your children had a mTBI (also known as a concussion, head injury or brain injury)?

- Yes
- No

*Note: If yes is selected, questionnaire is directed to Question 12.
If no is selected, questionnaire is directed to Question 13.*

12. Please comment on your child/children's mTBI/s- please list their age, the seriousness of the mTBI, and the medical attention given to the child at the time of the event (e.g. whether they attended an emergency department, saw a GP, etc.).

13. Excluding your own children (if applicable), have any family or close friends had an mTBI that you are aware of?

- Yes
- No

*Note: If yes is selected, questionnaire directed to Question 14.
If no is selected, the respondent is directed to the debriefing statement screen.*

14. Please state your relation to the person/people whom you have to known to have had an mTBI (e.g. parent, cousin, friend).