



## ACQUIRED BRAIN INJURY NETWORK OF PENNSYLVANIA, INC.

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*FINAL REPORT – 02.18.2011*

### **2010 Brain Injury Needs Assessment Survey Data & Summary**

#### **Background:**

The Acquired Brain Injury Network of Pennsylvania, Inc. decided to use a web survey to assess the needs of the brain injury community following board training through funding from the Inglis Foundation under a 2009 Inglis Award for Continuing Excellence. The 2010 Brain Injury Needs Assessment Survey (ABIN-PA BINA Survey) was located on the homepage of ABIN-PA's website at [www.abin-pa.org](http://www.abin-pa.org) during October, November, and December of 2010. The Survey was publicized periodically through two e-lists and the monthly newsletter. We thank the volunteers who brought this survey to life and the 93 Respondents for sharing their opinions. We hope this effort brings greater awareness and attention to the needs of those with brain injury and their families.

#### **Respondents:**

Since ABIN-PA was formed to address the needs of brain injury Survivors living in Pennsylvania and their Family Members, the first question excluded 10 potential Respondents (9.71 % of 103) who were unqualified to participate because the Survivor did not live in Pennsylvania. Since the survey was intended to separately capture the views of Survivors and Family Members, the second question determined this status and diverted the two groups into separate sets of questions. Out of 93 qualified Respondents (Survivor living in Pennsylvania), 34 or 36.56% were Survivors and 57 or 61.29% were Family Members (within or outside of Pennsylvania). No attempt was made to determine possible family relationships between qualified Respondents.

#### **Response Percent:**

This survey design did not require Respondents to answer every question and not everyone did. To calculate the Response Percent for each question, SurveyMonkey divided the number of Respondents choosing a particular answer by the number of Respondents answering that question, and then multiplied by 100.

## **2010 ABIN-PA Brain Injury Needs Assessment Summary:**

Here is chart of the responses by Survivors and by Family Members participating on behalf of a Survivor. Lists are in descending order of importance to the Respondent with the most important choice at the top.

<b>QUESTION</b>	<b>SURVIVOR RESPONSES</b>	<b>FAMILY MEMBER RESPONSES</b>
Respondents	34	57
Counties	11	22
Year of birth	1930-1989	1930-2009
Current age	0-20 = 0 21-59 = 25 60 plus = 7	0-20 = 6 21-59 = 43 60 plus = 3
Year of injury	1950-2009	1970-2010
Top injury years	1990-2009	1990-2009
Top cause	Motor vehicle accident	Motor vehicle accident
Top 5 cognitive difficulties	Memory Concentration Distraction Remembering words Slow thinking	Decision-making Judgment Memory Slow thinking Organization
Top 5 physical difficulties	Fatigue Balance Gait/ mobility Need for more sleep Blindness & visual problems	Fatigue Gait/ mobility Balance Need for more sleep Fine motor control
Top 5 behavioral / emotional Difficulties	Depression Difficulty starting an activity Irritability Loss of sense of identity Organization	Easy agitation/lack of self-control Irritability Mood swings Depression Self-control
Help needed	Staying organized Rehabilitation Un-cluttering Help getting a job Paying bills	Staying organized Rehabilitation Help daily living Help getting a job Transportation
No services	17	15
Did not apply	7	10

<u>QUESTION</u>	<u>SURVIVOR RESPONSES</u>	<u>FAMILY MEMBER RESPONSES</u>
Residence	Family By myself With significant other	Family By him or herself Group home
Helpful ABIN-PA Services	Newsletter Website Peer to Peer Advocacy Leadership training	Website Advocacy Newsletter Peer to Peer InfoLine
ABIN-PA services needed	Drop-in Centers In-home visitors Peer Mentoring (by Survivors and Family Members) [3 of equal high rank]	Support groups Drop-in Centers In-home visits Peer Mentoring (by Survivors and Family Members)

### **Conclusion:**

This Final Report condenses the straightforward data from ABIN-PA's three month website survey of brain injury survivors and the family members of brain injury survivors plus the comments to each question which were omitted from the Interim Report.

There is remarkable agreement between Survivors and Family Members about the difficulties being faced, and a clear sense of what services are needed.

ABIN-PA has begun reaching out to those who requested contact and will shortly begin incorporating the survey results into our advocacy and long range planning.

## **Survivor Needs Assessment Survey Responses:**

### Survivor Needs Assessment Question 3. In which County do you live?

<u>County of Residence</u>	<u>Response #</u>	<u>Response %</u>
Montgomery	13	40.6
Chester	4	12.5
Allegheny	3	9.4
Delaware	3	9.4
Lehigh	2	6.3
Monroe	2	6.3
Berks	1	3.1
Bucks	1	3.1
Butler	1	3.1
Philadelphia	1	3.1
Westmoreland	1	3.1
<b>TOTAL</b>	<b>32</b>	<b>100.0%</b>

### Survivor Needs Assessment Question 4. In which year were you born?

<u>Year of Birth</u>	<u>Response #</u>	<u>Response %</u>
1910-1919	0	0
1920-1929	0	0
1930-1939	2	6.3
1940-1949	4	12.5
1950-1959	9	28.1
1960-1969	10	31.3
1970-1979	5	15.6
1980-1989	2	6.3
1990-1999	0	0
2000-2009	0	0
2010	0	0
<b>TOTAL</b>	<b>32</b>	<b>100.0%</b>

Age ranges as of 2010:

00-20 = 00 or 00.0%      21-59 = 25 or 78.1%      60 &+ = 07 or 21.9%

### Survivor Needs Assessment Question 5. In which year was the brain injury, or the most important injury?

<u>Year of Brain Injury</u>	<u>Response #</u>	<u>Response %</u>
1910-1919	0	0
1920-1929	0	0
1930-1939	0	0
1940-1949	0	0
1950-1959	1	3.1

1960-1969	0	0
1970-1979	1	3.1
1980-1989	3	9.4
1990-1999	7	21.9
2000-2009	20	62.5
2010	0	0
<b>TOTAL</b>	<b>32</b>	<b>100.0%</b>

Survivor Needs Assessment Question 6. *What was the cause or were the causes of the brain injury?* [Note: Respondents could give more than one answer.]

<u>Cause(s) of Brain Injury</u>	<u>Response #</u>	<u>Response %</u>
Accident (Motor Vehicle)	17	54.8
Brain Tumor	1	3.2
Carbon Monoxide	1	3.2
Epileptic Seizure	1	3.2
Operation	1	3.2
Sports Injury	1	3.2
Stroke	1	3.2
Other (Please enter text explaining cause.)	13	41.9
<b>TOTAL</b>	<b>36</b>	<b>31 Responders</b>

*Other Causes:*

S-001 – “FALL”

S-005 – “TB hitting my head into the car windshield, hypothermia for 6 hours 20 degrees Celsius, ½ hour cardiac arrest & anoxia”

S-006 – “fall”

S-008 – “falls, jars from sitting in moving vehicles on bumpy roads”

S-021 – “Accident (bicycle)”

S-034 – “Cyanosis”

S-036 – “working i was hit by a car”

S-045 – “Aneurysm”

S-051 – “Motorboating accident”

S-068 – “TIA in stall shower”

S-069 – “jump”

S-078 – “car accident”

S-089 – “WENT TO DENTIST WITHOUT KNOWING I HAD SOME PLAQUE ON MY HEART VALVE”

Survivor Needs Assessment Question 7. *What Cognitive difficulties are you experiencing?* [Note: Respondents could give more than one answer.]

<u>Cognitive Difficulty</u>	<u>Response #</u>	<u>Response %</u>
Memory	23	79.3
Concentration	19	65.5
Distraction	18	62.1

Remembering words (aphasia)	16	55.2
Slow thinking	15	51.7
Attention	14	48.3
Decision-making	14	48.3
Organization	13	44.8
One-tasking	10	34.5
Unable to process what is heard	9	31.0
Slow reactions	9	31.0
Background/foreground confusion	7	24.1
Unable to plan	7	24.1
Judgment	6	20.7
Inability to learn new things	5	17.2
Self-centered perspective	4	13.8
Understanding cause and effect	4	13.8
Unable to participate	2	6.9
Unable to process what is seen	2	6.9
Unable to perceive risk	1	3.4
Other (please specify)	4	13.8
TOTAL	202	29 Responders

*Other cognitive difficulties:*

S-008 – “can’t get jokes, need to have meanings explained to me”

S-036 – “understanding why my parents dont still want to believe that i have one they do a lot but never really want to be my friend (THAT’S REALLY WHAT I WANT)”

S-053 – “impaired speech, handicapped walk”

Survivor Needs Assessment Question 8. What Physical difficulties are you experiencing? [Note: Respondents could give more than one answer.]

Physical Difficulty	Response #	Response %
Fatigue	17	63.0
Balance	15	55.6
Gait/mobility	12	44.4
Need for more sleep	12	44.4
Blindness and Visual Problems	9	33.3
Slow reactions	9	33.3
Fine motor control	8	29.6
Weakness	6	22.2
Swallowing	4	14.8
Taste	4	14.8
On-side neglect	3	11.1
Smell	2	7.4
Deafness	1	3.7
Spasticity	1	3.7
Other (please specify)	5	18.5
TOTAL	108	27 Responders

*Other physical difficulties:*

S-005 – “The fine motor control problems are on my affected side”

S-007 – “headaches”

S-008 – “numbness in certain areas”

S-067 – “trigeminal neuroalgia”

S-092 – “Light sensitivity”

Survivor Needs Assessment Question 9. What Behavioral and Emotional difficulties are you experiencing? [Note: Respondents could give more than one answer.]

<u>Behavioral/Emotional Difficulty</u>	<u>Response #</u>	<u>Response %</u>
Depression	16	57.1
Difficulty starting an activity	17	60.7
Irritability	12	42.9
Loss of a sense of identity	12	42.9
Organization	12	42.9
Mood swings	9	32.1
Planning	9	32.1
Easy Agitation +/- or lack of self-control	8	28.6
Apathy	7	25.0
Restlessness	7	25.0
Difficulty stopping an activity	5	17.9
Unusual sensations	4	14.3
Risk-taking	3	10.7
Self-control	2	7.1
Suicide	2	7.1
Unaware of behaviors	2	7.1
Unable to reflect	1	3.6
Other (please specify)	3	10.7
<b>TOTAL</b>	<b>131</b>	<b>28 Responders</b>

*Other behavioral/emotional difficulties:*

008 – “suicidal thoughts/mood swings have been cleared with the proper meds”

014 – “Anxiety”

067 – Anxiety.

Survivor Needs Assessment Question 10. What help do you need?

[Note: Respondents could give more than one answer.]

<u>Help Needed</u>	<u>Response #</u>	<u>Response %</u>
Staying organized	14	53.8
Rehabilitation	12	46.2
Un-cluttering	12	46.2
Help getting a job	8	30.8
Paying bills	5	19.2
Transportation	5	19.2
Finding a place to live	3	11.5

Help daily living	2	7.7
Personal hygiene	1	3.8
Other (please specify)	5	19.2
<b>TOTAL</b>	<b>67</b>	<b>26 Responders</b>
<i>Other help needed:</i>		
014 – “what services would I qualify for”		
020 – “accepting to have to retire”		
021 – “Visual therapy”		
029 – “physical therapy”		
095 – “medical care”		

Survivor Needs Assessment Question 11. What services are you receiving?

[Note: Respondents could give more than one answer.]

Services Being Received	Response #	Response %
None	17	60.7
OVR	5	17.9
Transportation Services	3	10.7
Independence Waiver	2	7.1
CommCare Waiver	2	7.1
DPW – Mental Health	1	3.6
Other (please specify)	7	25.0
<b>TOTAL</b>	<b>37</b>	<b>28 Responders</b>
<i>Other services being received:</i>		
008 – “did have OVR in the past”		
020 – “Brain Rehab & Psychiatrist”		
034 – “brain rehab”		
036 – “none two counclers work the gym and church with any aa I can get too.”		
051 – OVR. None.		
053 – “Currently enrolled at WCU”		

Survivor Needs Assessment Question 12. You answered “None” when asked what services you were receiving. Please choose a reason below.

[Note: Respondents gave more than one answer.]

Reason for No Services	Response #	Response %
Did not apply	7	41.2
Did not qualify – non financial	2	11.8
Did not qualify – financial	3	17.6
Other (please specify)	6	35.3
<b>TOTAL</b>	<b>18</b>	<b>17 Responders</b>
<i>Other reasons for not receiving services:</i>		
009 – “I moved into my daughter’s home and, at this point, she is able to provide what help I need.”		
014 – “Did not know they were available to me”		
021 – “Health Care professionals don’t direct TBI users what is next”		

- 029 – “do not qualify any longer”
- 065 – “no commcare waiver allowed”
- 094 – “I I know how to apply for stuff or what to apply for or even if I would qualify. Mostly never applied because it seems confusin and overwhelmin”

Survivor Needs Assessment Question 13. Where are you living.

[Note: Respondents gave more than one answer.]

Location of Residence	Response #	Response %
With family	11	40.7
By myself	9	33.3
With significant other	7	25.9
Other (please specify)	4	23.5
TOTAL	31	17 Responders
<i>Other residences:</i>		
005 – “In Subsidized Housing”		
053 – “WCU campus”		

Survivor Needs Assessment Question 14. How is ABIN-PA helpful?

[Note: Respondents could give more than one answer.]

Helpful ABIN-PA Services	Response #	Response %
Newsletter	11	39.3
Website	10	35.7
Peer to Peer manual	5	17.9
Advocacy	4	14.3
Leadership training	4	14.3
Info line	3	10.7
Not helpful or other comment	13	46.4
TOTAL	50	28 Responders
<i>Not helpful or other comments:</i>		
002 – “Volunteer opportunities.”		
001 – “WEBMASTER”		
020 – “Did not know about this site untell recently”		
021 – “I found out about ABIN-PA over a year after injury. It was too late for my benefit.”		
030 – “I know Barb and have written for the newsletter”		
034 – “Really do not now that much about the group”		
036 – “bill is the man great friend and helper in all ways”		
045 – “My OVR worker recommended”		
051 – “Not sure”		
054 – “haven’t known about it”		
068 – “Looking for help in Phila. PA”		
089 – “First tine here???”		
094 – “I don’t know yet. just started lookin into it cuz I know I need help”		

Survivor Needs Assessment Question 15. How could ABIN be more helpful to you?

[Note: Respondents could give more than one answer.]

ABIN-PA Services Needed	Response #	Response %
Drop-in Centers	7	43.8
In-home visits	7	43.8
Peer Mentoring (Mentors are survivors)	7	43.8
Support group	3	18.8
Other (please specify)	5	31.3
TOTAL	29	16 Responders

*Other ways ABIN-PA could be more helpful to you:*

008 – “A PLACE JUST TO BE WITH OTHERS THAT UNDERSTAND”

021 – “Nothing now”

034 – “Nothing I can think of yet”

051 – “Don’t know”

092 – “help me develop a blueprint for intentionally educating others about Tbi”

**Non Pennsylvania Resident Needs Assessment Survey Responses:**

Non Pennsylvania Resident Question 16. This survey is designed for Pennsylvania residents. We have provided the text box below for any comments you may have.

One comment received:

**Family Needs Assessment Survey Responses:**

Family Needs Assessment Question 17. In which County does the Survivor live?

County of Residence	Response #	Response %
Bucks	13	25.0
Montgomery	8	15.4
Allegheny	3	5.8
Northampton	3	5.8
Butler	2	3.8
Chester	2	3.8
Cumberland	2	3.8
Delaware	2	3.8
Lackawanna	2	3.8
Philadelphia	2	3.8
Schuylkill	2	3.8
Berks	1	1.9
Blair	1	1.9
Bradford	1	1.9
Clinton	1	1.9
Erie	1	1.9
Fayette	1	1.9
Mercer	1	1.9
Monroe	1	1.9

Pike	1	1.9
Warren	1	1.9
York	1	1.9
<hr/> TOTAL	52	100.0%

Family Needs Assessment Question 18. In which year was the Survivor born?

<u>Year of Birth</u>	<u>Response #</u>	<u>Response %</u>
1910-1919	0	0
1920-1929	0	0
1930-1939	1	1.9
1940-1949	2	3.8
1950-1959	6	11.5
1960-1969	12	23.1
1970-1979	10	19.2
1980-1989	15	28.8
1990-1999	4	7.7
2000-2009	2	3.8
2010	0	0
<hr/> TOTAL	52	100.0%

Age ranges as of 2010:

00-20 = 06 or 11.5%      21-59 = 43 or 82.7%      60 &+ = 03 or 5.8 %

Family Needs Assessment Question 19. In which year was the Survivor's brain injury, or the most important injury?

<u>Year of Brain Injury</u>	<u>Response #</u>	<u>Response %</u>
1910-1919	0	0
1920-1929	0	0
1930-1939	0	0
1940-1949	0	0
1950-1959	0	0
1960-1969	0	0
1970-1979	1	1.9
1980-1989	5	9.6
1990-1999	10	19.2
2000-2009	27	51.9
2010	9	17.3
<hr/> TOTAL	52	100.0%

Family Needs Assessment Question 20. What was the cause, or were the causes of the brain injury? [Note: Respondents could give more than one answer.]

<u>Cause(s) of Brain Injury</u>	<u>Response #</u>	<u>Response %</u>
Accident (Motor Vehicle)	31	62.0
At birth	1	2.0
Brain Tumor	1	2.0

Epileptic Seizure	2	4.0
Near-drowning	1	2.0
Sports Injury	1	3.2
Stroke	3	6.0
Other (please specify)	15	30.0
<b>TOTAL</b>	<b>55</b>	<b>50 Responders</b>
<i>Other Causes:</i>		
F-010 – “virus in eutero”		
F-011 – “anerysum”		
F-012 – “fall out of second story window”		
F-016 – “Fall”		
F-018 – “fell down a flight of stairs”		
F-040 – “Accident (fell getting off of a train)”		
F-042 – “Boating Accident”		
F-048 – “Assault”		
F-058 – “Cardiac arrest”		
F-062 – “fall”		
F-066 – “passed out face first on ceramic tile”		
F-072 – “Suicide attempy- Hanging”		
F-077 – “left frontal parenchymal hemorrhage with extensions”		
F-080 – “head trauma”		
F-091 – “Prenatal strokes”		

Family Needs Assessment Question 21. What Cognitive difficulties is the Survivor experiencing? [Note: Respondents could give more than one answer.]

<u>Cognitive Difficulties</u>	<u>Response #</u>	<u>Response %</u>
Decision-making	30	71.4
Judgment	27	64.3
Memory	27	64.3
Slow thinking	26	61.9
Organization	25	59.5
Attention	24	57.1
Concentration	24	57.1
Unable to plan	24	57.1
Distraction	22	52.4
Slow reactions	21	50.00
Self-centered perspective	19	45.2
Remembering words (aphasia)	16	38.1
Understanding cause and effect	16	38.1
Unable to perceive risk	15	35.7
Unable to process what is heard	12	28.6
One-tasking	9	21.4
Unable to process what is seen	9	21.4
Unable to participate	6	14.3
Inability to learn new things	5	11.9

Background/foreground confusion	5	11.9
Anosognosia	3	7.1
Other (please specify)	8	19.0
<b>TOTAL</b>	<b>373</b>	<b>42 Responders</b>
<i>Other Cognitive difficulties:</i>		
F-018 – “self protection”		
F-019 – “Reading difficulty (dyslexia)”		
F-057 – “mental health”		
F-060 – “cannot talk”		
F-062 – “all of the above”		
F-103 – “Just started rehab”		

Family Needs Assessment Question 22. What Physical difficulties is the Survivor experiencing? [Note: Respondents could give more than one answer.]

<u>Physical Difficulties</u>	<u>Response #</u>	<u>Response %</u>
Fatigue	25	61.0
Gait/ mobility	21	51.2
Balance	18	43.9
Need for more sleep	18	43.9
Fine motor control	14	34.1
Slow reactions	13	31.7
Blindness and visual problems	11	26.8
Weakness	10	24.4
One-side neglect	10	24.4
Smell	9	4.8
Taste	9	4.8
Spasticity	6	14.6
Swallowing	3	7.3
Deafness	2	4.9
Paralysis	1	2.4
Other (please specify)	7	17.1
<b>TOTAL</b>	<b>373</b>	<b>41 Responders</b>
<i>Other physical difficulties:</i>		
F-017 – “can not cry”		
F-018 – “hemiplegic migraines”		
F-023 – “head and neck pain, tremors”		
F-052 – “not able to do what is needed to lose weight, exercise, diet”		
F-060 – “no self help skills, incontinent,can’t eat”		
F-062 – “too early to know”		
F-076 – “seziures”		

Family Needs Assessment Question 23. What Behavioral and Emotional difficulties is the Survivor experiencing? [Note: Respondents could give more than one answer.]

<u>Behavioral and Emotional Difficulties</u>	<u>Response #</u>	<u>Response %</u>
Easy agitation/lack of self-control	24	55.8
Irritability	24	55.8
Mood swings	22	51.2
Depression	20	46.5
Self-control	20	46.5
Difficulty starting an activity	19	44.2
Planning	18	41.9
Unaware of behaviors	17	39.5
Organization	16	37.2
Loss of a sense of identity	14	32.6
Restlessness	14	32.6
Difficulty stopping an activity	13	30.2
Risk taking	12	27.9
Recklessness	11	25.6
Apathy	9	20.9
Unable to reflect	8	18.6
Violence	8	18.6
Unusual sensations	5	11.6
Suicide	4	9.3
Other (please specify)	7	17.1
<b>TOTAL</b>	<b>285</b>	<b>43 Responders</b>
<i>Other behavioral and emotional difficulties:</i>		
F-022 – “takes more time to complete tasks”		
F-038 – “you forgot Rage.....”		
F-052 – “is unable to react properly”		
F-060 – “requires 24hr care, no communication”		
F-061 – “Personality Change”		
F-062 – “too early to know”		
F-080 – “personality changes”		

Family Needs Assessment Question 24. What help does the Survivor need?  
[Note: Respondents could give more than one answer.]

<u>Physical Difficulties</u>	<u>Response #</u>	<u>Response %</u>
Staying organized	21	52.5
Rehabilitation	19	47.5
Help daily living	15	37.5
Help getting a job	15	37.5
Transportation	14	35.0
Finding a place to live	11	27.5
Paying bills	11	27.5
Un-cluttering	10	25.0

Personal hygiene	8	20.0
Other (please specify)	8	20.0
<b>TOTAL</b>	<b>132</b>	<b>40 Responders</b>

*Other help the Survivor needs:*

F-023 – “completing education”

F-038 – “these supports are all in place via consolidated waiver”

F-042 – “Help keeping job”

F-052 – “he is not ready for a job, yet, but that would be a good goal.”

F-060 – “lives at home”

F-080 – “school support”

F-081 – “protection from abusive neighbor”

Family Needs Assessment Question 25. What services is the Survivor receiving?

[Note: Respondents could give more than one answer.]

<u>Services Being Received</u>	<u>Response #</u>	<u>Response %</u>
None	15	37.5
CommCare Waiver	9	22.5
DPW – Mental Health	7	17.5
Transportation Services	5	12.5
OVR	3	7.5
Attendant Care Waiver	2	5.0
DPW – Mental Retardation	2	5.0
Independence Waiver	1	2.5
Act 150 Attendant Care (Sliding Scale Payment)	1	2.5
Other (please specify)	8	20.0
<b>TOTAL</b>	<b>53</b>	<b>40 Responders</b>

*Other services being received:*

F-003 – “MA”

F-012 – “ST,PT,behavioral,OT currently being received in Florida pending relocation to PA”

F-024 – “OBRA Waiver”

F-046 – “He got job through Mainline Rehab (OVR)”

F-062 – “inpatient at rehab”

F-066 – “volunteer for food every 2 weeks & uses paratransit”

F-077 – “UPMC Brain Trauma Unit at Mercy Hospital”

F-100 – “Penn Foundation”

Family Needs Assessment Question 26. You answered “None” when asked what services your Survivor was receiving. Please choose a reason below.

[Note: Respondents could give more than one answer.]

<u>Reasons for No Services</u>	<u>Response #</u>	<u>Response %</u>
Did not apply	10	66.7
Did not qualify – non-financial	1	6.7
Did not qualify – financial	5	33.3
Other (please specify)	7	46.7

TOTAL

15 Responders

*Other reasons for no services:*

Family Needs Assessment Question 27. Where is the Survivor living?

[Note: Respondents gave more than one answer.]

<u>Place of Residence</u>	<u>Response #</u>	<u>Response %</u>
With family	23	53.5
By him or herself	7	16.3
Group home	4	9.3
Nursing home	1	2.3
With significant other	1	2.3
Other (please specify)	9	20.9
TOTAL	45	43 Responders

*Other places of residence:*

F-038 – “in His own home (rental property) with neuro-typical roommates via Shared Supports”

F-044 – “mental facility (inappropriate placement – emergency)”

F-049 – “Brain Injury Rehabilitation”

F-068 – “Homeless”

F-077 – “WAS living with girlfriend, still in hospital”

F-091 – “with Father”

F-101 – “temporarily with family after latest surgery”

F-103 – “In house rehab then home with significant other”

Family Needs Assessment Question 28. How is ABIN-PA helpful?

[Note: Respondents gave more than one answer.]

<u>Helpful ABIN-PA Services</u>	<u>Response #</u>	<u>Response %</u>
Website	20	57.1
Advocacy	16	45.7
Newsletter	14	40.0
Peer to Peer Manual	8	22.9
Info line	6	17.1
Leadership training	3	8.6
Not helpful or other comments	9	20.9
TOTAL	45	43 Responders

*Not helpful or other comments:*

F-010 – “Don’t know yet...just got on”

F-041 – “would like leadership training”

F-044 – “have not used them”

F-085 – “I just started this process”

F-091 – “Hoping that ABINPA can help me”

F-103 – “not sure at this time”

Family Needs Assessment Question 29. How could ABIN-PA be more helpful to your Survivor and yourself? [Note: Respondents gave more than one answer.]

<u>ABIN-PA Services Needed</u>	<u>Response #</u>	<u>Response %</u>
Support group	17	48.6
Drop-in Centers	16	45.7
In-home visits	14	40.0
Peer Mentoring (Mentors are Survivors Or Family Members)	14	40.0
Hospital visits (i.e. Hospital visitors)	5	14.3
Other (please specify)	11	31.4
<b>TOTAL</b>	<b>77</b>	<b>35 Responders</b>
<i>Other ABIN-PA services needed:</i>		
F-022 – “will attend meeting”		
F-024 – “unsure at this time”		
F-038 – “it changes from day to day, but technically we’re doing fine!”		
F-044 – “assis with setting up and locating tx services”		
F-046 – “The survivor will not accept help.”		
F-060 – “More classes or day group training scattered across Pa. I really enjoyed and learned from the last Brain injury conference. Networking is important. Knowing your not alone keeps us going”		
F-070 – “Assist Veterans who do not qualify for VA services”		
F-091 – “With obtaining appropriate care”		

FINAL Question 30. THANK YOU! *If you, the person who completed this questionnaire (or the person for whom you completed this questionnaire) want to be contacted, please leave your name, email address and/or phone number.*

<u>Information Provided by Respondents</u>	<u>Response #</u>	<u>Response %</u>
Name	36	94.7
Address (1)	32	84.2
Address (2)	9	32.7
City/Town	34	89.5
State	35	92.1
Zip	35	92.1
Email address	36	94.7
Phone number	32	84.2
<b>TOTAL</b>		<b>38 Responders</b>