**Supplemental Digital Content**

**Survey Questions, 2018 SpringStyles (N=6,427)**

**Survey questions to determine if respondents had a concussion in their lifetime (respondents were randomly assigned to receive one of three questions):**

1. *A concussion can happen anytime a blow to the head caused you to have one or more symptoms, whether just for a short time or lasting a while. Symptoms include: blurred or double vision, being bothered by light or noise, headaches, dizziness or balance problems, nausea, vomiting, trouble sleeping, feeling tired, being dazed or confused, trouble remembering, trouble concentrating, or being knocked out. In your lifetime, do you believe that you have had a concussion?*
	1. *Yes*
	2. *No*
2. *A concussion has occurred anytime a blow to the head caused you to have one or more symptoms, whether just for a short time or lasting a while. Symptoms include: being dazed or confused, trouble remembering, or being knocked out. In your lifetime, do you believe that you have had a concussion?*
	1. *Yes*
	2. *No*
3. *In your lifetime, do you believe that you have had a concussion?*
	1. *Yes*
	2. *No*

**Survey question to determine if a respondent sought medical treatment for their most recent concussion:**

1. *Did a doctor or nurse evaluate you for your most recent concussion?*
	1. *Yes*
	2. *No*

**Survey questions about respondents’ concussion history and details regarding their last concussion:**

1. *How many concussions have you had in your lifetime?*
	1. Number of concussions in lifetime: \_\_\_\_\_\_\_
2. *How long ago was your most recent concussion?*
	1. During the past year
	2. Between one and three years ago
	3. More than three years ago
3. *When you sustained your most recent concussion, were you…?*
	1. In a motor vehicle crash
	2. Riding a bicycle
	3. Experiencing a trip, slip, or fall
	4. In a blast or explosion
	5. Struck by or against something during a fight or an argument
	6. Struck by or against something by accident
	7. Doing something else
4. *When you had your most recent concussion, were you…?*
	1. Working for pay
	2. Engaging in a sport or recreational activity
	3. Engaging in regular activities around the home
	4. Doing something else
5. *Where did the doctor or nurse first evaluate your most recent concussion? (asked only to respondents who were evaluated by a doctor or nurse for their most recent concussion)*
	1. At your regular doctor’s office
	2. At a hospital or emergency department
	3. At an urgent care clinic
	4. At a sports medicine or concussion clinic
	5. Someplace else
6. *Sometimes it is very difficult for people to receive the health care that they need or want. Please select the primary reason you did not receive health care for your most recent concussion. (asked only to respondents who were not evaluated by a doctor or nurse for their most recent concussion)*
	1. I would have difficulty paying for it
	2. I did not have transportation
	3. I could not take time off work
	4. I did not think the injury was serious
	5. Some other reason