Concussion education survey

About this survey

You are invited to complete this survey as a student undertaking the 'Concussion Essentials' course.

You will also have the opportunity to compete a post-course survey, and your responses to both will be used to assess the impact of the course.

You are not required to complete this survey, but it will only take 5 minutes, and your participation will help to improve the course for future students.

Please click **Next** for more information and to get started.

Survey information

If you have read the information below and agree to participate, please click **Next** to get started.

Q: Do I have to take part? **A: No. Participation is voluntary.** If you decide to take part, you may withdraw at any point for any reason before submitting your answers by pressing the 'Exit' button / closing the browser. We have included a 'Prefer not to say' option wherever possible should you prefer not to answer a particular question. If you decide not to complete these questionnaires, there will be no academic penalty and you will continue with the Brain and Behaviour course as normal.
Q: How will my data be used? **A: Your responses will NOT be used to identify you.** The data we will collect that could potentially identify you will be age, gender, medical school course, and information about your participation in sport and exercise. Your IP address will not be stored. We will take all reasonable measures to ensure that data remain confidential. The responses you provide will be stored in a password-protected electronic file on University of Oxford secure servers and may be used in academic publications and conference presentations. Research data will be stored for 3 years after publication or public release of the work of the research.
Q: Who will have access to my data? **A: Only members of the research team will access the data provided.** The University of Oxford is the data controller with respect to your personal data and, as such, will determine how your personal data is used in the study. The University will process your personal data for the purpose of the research outlined above. Research is a task that we perform in the public interest. Further information about your rights with respect to your personal data is available here.
Q: Who do I contact if I have a concern? **A: Send us an email.** We will do our best to answer your query (jonathan.attwood@ndcn.ox.ac.uk, gabriele.deluca@ndcn.ox.ac.uk).
Q: Who has reviewed this study? **A: The University of Oxford Central University Research Ethics Committee** has reviewed and approved this study [R82977/RE002].

Your current level of confidence with concussion

1. Please rate the extent to which you agree with the following statements: *

I am able to recognise a suspected concussion.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly Disagree

I am able to recognise and act upon 'red flags' after a suspected concussion.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly Disagree

I am able to recognise persistent post-concussion symptoms.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly Disagree

Your current level of knowledge about concussion

Please do not look up any answers. If you are unsure, please select the answer(s) you think are most likely.

2. What proportion of concussions result in loss of consciousness? *

- ◯ <10%
- ◯ 25%
- ◯ 50%
- ◯ 75%
- ◯ 100%

3. Which of the following may be observable signs of concussion? (Select all that apply) *

- ☐ Hyperactivity
- ☐ Blank or vacant look
- ☐ Disorientation or confusion
- ☐ Lying motionless on the ground
- ☐ Impaired balance or co-ordination
- ☐ None of the above

4. Which of the following may be reported symptoms of concussion? (Select all that apply) *

- ☐ Vomiting
- ☐ Headache
- ☐ Light sensitivity
- ☐ Not feeling "right"
- ☐ Feeling more emotional
- ☐ None of the above

5. Which of the following represent 'red flags' after concussion, indicating the need for urgent medical assessment? (Select all that apply) *

- ☐ Seizure

- [ ] Double vision
- [ ] Facial abrasions
- [ ] Severe neck pain or tenderness
- [ ] Tingling or burning sensations in the arms or legs
- [ ] None of the above

6. What is the average duration of symptoms after a concussion, in adults? *

- ◯ <12 hours
- ◯ <48 hours
- ◯ 3-5 days
- ◯ 1-2 weeks
- ◯ 2-4 weeks

7. Which of the following are risk factors for prolonged recovery from concussion? (Select all that apply)
   *

- [ ] Female sex
- [ ] Adolescence
- [ ] Sports-related injury
- [ ] A history of depression or anxiety
- [ ] A history of previous concussions
- [ ] None of the above

Your current level of interest in careers aligned with this topic

8. Please rate the extent to which you agree with the following statements: *

I am currently interested in pursuing a career in Neurology.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly Disagree

I am currently interested in pursuing a career in Psychiatry.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly Disagree

I am currently interested in pursuing a career in Rehabilitation Medicine.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly Disagree

You and your relationship with sport and exercise

9. How often do you participate in sport or exercise? *

- ◯ Less than once a week
- ◯ 1-2 times a week
- ◯ 3-4 times a week
- ◯ 5-6 times a week
- ◯ Every day
- ◯ Prefer not to say

10. Which sport(s) have you participated in regularly during the last five years? (Select all that apply) *

- ☐ None
- ☐ American Football
- ☐ Archery
- ☐ Athletics
- ☐ Badminton
- ☐ Baseball
- ☐ Basketball
- ☐ Bowls
- ☐ Boxing
- ☐ Canoeing
- ☐ Cricket
- ☐ Curling
- ☐ Cycling
- ☐ Dance
- ☐ Darts
- ☐ Diving
- ☐ Equestrian
- ☐ Fencing
- ☐ Football
- ☐ Golf
- ☐ Gymnastics
- ☐ Handball

- [ ] Hockey
- [ ] Horse Racing
- [ ] Ice Hockey
- [ ] Ice Skating
- [ ] Judo
- [ ] Karate
- [ ] Mixed Martial Arts
- [ ] Modern Pentathlon
- [ ] Motorsport
- [ ] Netball
- [ ] Padel
- [ ] Pilates
- [ ] Rowing
- [ ] Rugby League
- [ ] Rugby Union
- [ ] Running
- [ ] Sailing
- [ ] Shooting
- [ ] Skateboarding
- [ ] Snooker
- [ ] Softball
- [ ] Sport Climbing
- [ ] Squash
- [ ] Surfing
- [ ] Swimming
- [ ] Table Tennis
- [ ] Taekwondo
- [ ] Tennis
- [ ] Touch rugby
- [ ] Triathlon
- [ ] Volleyball
- [ ] Water Polo
- [ ] Weightlifting
- [ ] Winter Sports

- [ ] Wrestling
- [ ] Yoga
- [ ] Other
- [ ] Prefer not to say

11. If you selected Other, please specify:

0/32,000 characters

12. At which level(s) have you participated in sport? (Select all that apply) *

- [ ] Social or recreational
- [ ] School, local club, or college
- [ ] Regional or university
- [ ] National or international
- [ ] Prefer not to say

13. How old are you, in years? *

- ◯ 20 or under
- ◯ 21
- ◯ 22
- ◯ 23
- ◯ 24
- ◯ 25
- ◯ 26
- ◯ 27
- ◯ 28
- ◯ 29
- ◯ 30
- ◯ 31
- ◯ 32

- ◯ 33
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- ◯ 40
- ◯ 41
- ◯ 42
- ◯ 43
- ◯ 44
- ◯ 45
- ◯ 46
- ◯ 47
- ◯ 48
- ◯ 49
- ◯ 50 or over
- ◯ Prefer not to say

14. What is your gender? *

- ◯ Woman
- ◯ Man
- ◯ Non-binary
- ◯ Prefer not to say

15. Are you an undergraduate or graduate-entry medical student? *

- ◯ Undergraduate
- ◯ Graduate-entry
- ◯ Prefer not to say