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**Online Neuropsychology Project: A Survey of General Head Injury and Prevention Knowledge Between Professionals and Non-Professionals.**

A survey questionnaire composed of 21 general statements about head injury and 11 statements about head injury safety and prevention was administered to 262 individuals via a World Wide Web survey form. Survey items were categorized into domains pertaining to the use of injury prevention measures, such as seatbelts and helmets; the nature of coma; the nature of amnesia; characteristics associated with brain injury; and recovery from brain injury. An additional 21 survey items inquired about the sources from which people obtained their knowledge and the extend of personal experience with brain injury. Demographic questions included gender, age, education, income, occupation, and geographical location.

Results indicate substantial levels of misconception about the nature of coma, amnesia, and some aspects of recovery from brain injury, but surprisingly few misconceptions about the effects of head injury and safety issues relating to head injury. Results point to several practical implications. First, there appears to be a need for better public education and information dissemination in the domains of understanding coma, amnesia, and in some aspects of recovery. A second finding is that misinformation and confusion about certain aspects of head injury span between both professionals and non-professionals, alike. This finding is particularly disconcerting given that social sources (e.g., talking with professionals) was one of the most frequently cited sources of information for non-professionals. Lastly, these findings demonstrate the utility of Internet sampling as a method of quick and efficient data collection, as well as highlighting a new population of interest.

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**Self-Perception in Mild Traumatic Brain Injury.**

This study constitutes the first phase of a larger endeavor to understand the nature of post-concussive syndrome (PCS) in mild traumatic brain injuries (TBI) over the first year of recovery. PCS is normally confined by patient report and is frequently reported in the literature. PCS symptoms include memory loss, headache, depression, irritability, dizziness, concentration difficulties, fatigue, anxiety, and visual problems. A better methodology of assessing PCS is needed in mild TBI rehabilitation.

This study used a PCS questionnaire (PCSQ) that included 30 items on a Likert-type scale that measured frequency of symptoms from 1, 'never', to 5, 'almost always.' The items consisted of cognitive, somatic, and affective symptoms.

Individuals who met the criteria for mild TBI established by the American College of Rehabilitation Medicine were selected to participate in this study. This criteria was verified from the medical records at the University of California, Davis, Medical Center. In addition, individuals without head injuries were recruited as controls. Mild TBI individuals were educated regarding the sequelae of mild TBI prior to their discharge from the hospital.

Controls were asked to complete one PCSQ on their current symptoms. Individuals in the mild TBI group completed PCSQs at 1 week and at 3 months from discharge. These individuals were asked to report symptomatology 'before' and 'after' their injury.

The results of this study indicated that the total score on the 'after' post-concussive symptom questionnaire was greater in the mild TBI group than in the non-head injured controls. However, in the 'before' condition the mild TBI group reported significantly fewer symptoms than the non-head injured controls. The mild TBI group may underestimate their affective, somatic, and cognitive symptoms before their injury. These premorbid symptom scores on the PCSQ revealed an unrealistic self-perception compared to the non-head injured group. This self-perception is associated with the persistence of PCS at three months from discharge.