

Operation Motorsport Beneficiary Initial Interview

This questionnaire is helpful to Operation Motorsport to gain an overview and provide us with an opportunity to gain more insight into your life through your own words. By describing what your likes and dislikes are allows us to maximize your experience in motorsports. All information that you provide to Operation Motorsport will be maintained confidential to leadership team.

Demographics

Name:

Age/DOB:

Rank:

Service:

Date of Retirement/Release:

Active Duty/ Retired:

MOS/Rate:

Unit:

Phone:

Email:

Mailing address:

NOK Info:

Learning Style: Written/ Verbal/ Demonstration/ Mixed

Barriers to Learning: Memory/ Attention/ Concentration/Pain

Current Therapies Attending: Occupational Therapy/ Physical Therapy/ Speech and Language

Behavioral Health:

Deployment/Injury History

Number of Deployments:

Location of Deployments:

How did the injury occur & what is the injury:

Severity of Brain Injury (mild/moderate/severe):

Pain

Please rate your daily pain on a scale of 1-10. 1 being no pain to 10 being most extreme pain:

Please describe your daily pain (throbbing/pulsing/vibrating):

What makes your pain worse: (example: prolonged walking or standing/stairs/ lifting items)

What makes your pain better: (example: rest/ taking breaks between sitting/standing/medications)

Do you have any medical issues that may impact your ability to perform tasks? If so, how can we accommodate this?

Sleep:

Estimated Hours per Night:

Difficulty Getting to Sleep: YES NO

Difficulty Staying Asleep: YES NO

Feel rested upon waking: YES NO

Dreams or Nightmares: YES NO

Medications:

Are you taking any medications? If so, please list below the name of medication, frequency and dosage

- 1.
- 2.
- 3.
- 4.
- 5.

Are you currently using marijuana for recreational or medical reasons?

Are you taking any substance that impedes your ability to perform in any activity?

Interests:

What are your interests in motorsports?

Have you ever been to a motorsports event of any kind, if so describe?

Do you have any specific area of interest to work? (ex: hospitality, photography, social media)

Please list in detail your mechanical skills so that we can put you in the right team. Also, if you have marketing, social media, photography, hospitality, CDL, or other skills that are transferable:

Do any of the following environmental, mechanical or physical factors cause you any abnormal discomforts or distress? (place an X in the appropriate box):

Y	N	
		Exposure to high outside temperatures
		Standing for more than 1 hour at a time
		Lifting more than 20 kg
		Constant loud noises
		Sudden extremely loud bursts of sound
		Claustrophobia, confined space environment
		Petroleum smells, e.g. fuel and oil
		Wearing of restrictive protection equipment, e.g. full face helmet, balaclava, body suit, gloves
		Media presence
		Fast-paced work environment

What three-character traits would your friends use to describe you?

- a.
- b.
- c.

Tell me something about yourself not listed above.

Is there any additional information that you would like to provide?

What are your expectations by joining Operation Motorsport?