**INSTRUCTIONS:** This electronic form has numerous fields that are pre-populated and auto-calculated to generate sums and percentages. This will save grantees time, and reduces the chance of arithmetical errors. Grantees will enter relevant information for the first reporting period of the grant; in subsequent reporting periods, grantees will only have to enter necessary edits rather than enter data from previous reporting periods. The data from past reporting periods will be saved and displayed for each grant year. This electronic form will be submitted with grantees’ semi-annual project narratives and financial reports.

1. Does your project use any research-based practices? YES \_\_\_ NO \_\_\_

 If YES, please enter the name(s) of the research-based or evidence-based practices used under the most appropriate program activity. Add additional practices as needed:

1. Outreach
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Awareness
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Screening
6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Assessment
10. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
12. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Services and Supports
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Training
6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Other
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. For each category of your program's activities, please provide:

a. Dollars, rounded to closest $100, spent this reporting period per category.

1. Outreach $\_\_\_\_\_\_ \_\_\_\_% \*
2. Awareness $\_\_\_\_\_\_ \_\_\_\_% \*
3. Screening $\_\_\_\_\_\_ \_\_\_\_% \*
4. Assessment $\_\_\_\_\_\_ \_\_\_\_% \*
5. Training $\_\_\_\_\_\_ \_\_\_\_% \*
6. Services and Supports $\_\_\_\_\_\_ \_\_\_\_% \*
7. Other (describe) $\_\_\_\_\_\_ \_\_\_\_% \*
8. Total project spending: $\_\_\_\_\_\_ \*\*

\* [% is auto calculated based on category total divided by sum of categories] \*\* [auto calculated by summing categories above]

 b. Total dollars spent this reporting period divided by total number of people served.

1. Total spent: $\_\_\_\_\_\_\_\_\_ [Auto populated from 2a]
2. Number served: #\_\_\_\_\_\_\_\_\_
3. Spending per person: $\_\_\_\_\_\_\_\_\_ [Auto calculated based on 2bi/2bii]

 c. Total dollars spent this reporting period per category divided by the number of people served within each category. (Total Spent/Number Served = Spending per person by category)

1. Outreach $\_\_\_\_\_\_\* / #\_\_\_\_\_\_ = $\_\_\_\_\_\_\*\*
2. Awareness $\_\_\_\_\_\_\* / #\_\_\_\_\_\_ = $\_\_\_\_\_\_\*\*
3. Screening  $\_\_\_\_\_\_\* / #\_\_\_\_\_\_ = $\_\_\_\_\_\_\*\*
4. Assessment $\_\_\_\_\_\_\* / #\_\_\_\_\_\_ = $\_\_\_\_\_\_\*\*
5. Training $\_\_\_\_\_\_\* / #\_\_\_\_\_\_ = $\_\_\_\_\_\_\*\*
6. Services and Supports $\_\_\_\_\_\_\* / #\_\_\_\_\_\_ = $\_\_\_\_\_\_\*\*
7. Other (describe) $\_\_\_\_\_\_\* / #\_\_\_\_\_\_ = $\_\_\_\_\_\_\*\*

 \* [auto filled from 2a]

 \*\* [% is auto calculated based on category total divided by sum of categories]

3. Please provide ACL grant fund dollars spent this reporting period by category [ACL: Goal 5 Obj. 5.2].

1. Outreach $\_\_\_\_\_\_ \_\_\_\_% \*
2. Awareness $\_\_\_\_\_\_ \_\_\_\_% \*
3. Screening $\_\_\_\_\_\_ \_\_\_\_% \*
4. Assessment $\_\_\_\_\_\_ \_\_\_\_% \*
5. Training $\_\_\_\_\_\_ \_\_\_\_% \*
6. Services and Supports $\_\_\_\_\_\_ \_\_\_\_% \*
7. Other (describe) $\_\_\_\_\_\_ \_\_\_\_% \*
8. Total ACL funds spent: $\_\_\_\_\_\_ \*\*

\* [% is auto calculated based on category total divided by sum of categories] \*\* [auto calculated by summing categories above]

4. List the funding sources and their relative amounts of this reporting period’s project spending.

* + 1. Private Payers $\_\_\_\_\_\_ \_\_\_\_% \*
		2. Medicaid $\_\_\_\_\_\_ \_\_\_\_% \*
		3. Medicaidt fund are being soughts are consistent with ACL'es.tivities and impacts of ext group of granteess with similar prograedicare $\_\_\_\_\_\_ \_\_\_\_% \*
		4. SSI $\_\_\_\_\_\_ \_\_\_\_% \*
		5. SSDI $\_\_\_\_\_\_ \_\_\_\_% \*
		6. CMS grants $\_\_\_\_\_\_ \_\_\_\_% \*
		7. Matching funds $\_\_\_\_\_\_ \_\_\_\_% \*
		8. In-kind donations $\_\_\_\_\_\_ \_\_\_\_% \*
		9. ACL grant $\_\_\_\_\_\_ \*\* \_\_\_\_% \*
		10. Others $\_\_\_\_\_\_ \_\_\_\_% \*

\* [% is auto calculated based on category total divided by sum of categories]

\*\* [auto populated from 3h]

5. Please list the types of referral sources to your TBI system and numbers of referrals from each.

* + 1. Acute hospitals  # \_\_\_\_\_\_\_
		2. Acute hospitals rehabilitation units # \_\_\_\_\_\_\_
		3. Residential rehabilitation centers # \_\_\_\_\_\_\_
		4. Nursing homes # \_\_\_\_\_\_\_
		5. Outpatient treatment programs # \_\_\_\_\_\_\_
		6. Universities, colleges, or schools # \_\_\_\_\_\_\_
		7. Assisted-living settings # \_\_\_\_\_\_\_
		8. Homeless services organizations # \_\_\_\_\_\_\_
		9. Veterans & Military organizations # \_\_\_\_\_\_\_
		10. Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # \_\_\_\_\_\_\_

6. Please list the types and numbers of service and support providers participating in grant activities [ACL: Goal 4 Obj. 4.2].

1. Hospitals # \_\_\_\_\_\_\_
2. Residential rehabilitation centers # \_\_\_\_\_\_\_
3. Nursing homes # \_\_\_\_\_\_\_
4. Outpatient treatment programs # \_\_\_\_\_\_\_
5. Assisted-living settings # \_\_\_\_\_\_\_
6. TBI Model System Centers # \_\_\_\_\_\_\_
7. Brain injury support groups # \_\_\_\_\_\_\_
8. Protection and Advocacy System and Client Assistance Programs # \_\_\_\_\_\_\_
9. Vocational rehabilitation organizations # \_\_\_\_\_\_\_
10. Homeless services organizations # \_\_\_\_\_\_\_
11. Veterans & Military organizations # \_\_\_\_\_\_\_
12. Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # \_\_\_\_\_\_\_

7. Regarding your project’s screening and referral tools and procedures, please describe:

a. Screening methods/protocols used

1. Widely offering a brief TBI screen followed by a confirmatory evaluation if indicated

YES\_\_\_ NO\_\_\_

1. Self-report of injury and/or symptoms triggers a screening, followed by a confirmatory evaluation if indicated

YES\_\_\_ NO\_\_\_

1. Offering a screening to specific populations at higher risk of TBI (homeless, incarcerated, athletes, crime victims, etc.), followed by a confirmatory evaluation if indicated

YES\_\_\_ NO\_\_\_

1. Other methods: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YES\_\_\_ NO\_\_\_

b. Standardized instruments used for screening

1. The Ohio State University Traumatic Brain Injury Identification Method (OSU TBI-ID)

YES\_\_\_ NO\_\_\_

1. The Brain Injury Screening Questionnaire (BISQ) YES\_\_\_ NO\_\_\_
2. Defense and Veterans Brain Injury Center TBI Screening Tool (DVBIC TBI), also called The Brief Traumatic Brain Injury Screen (BTBIS)

YES\_\_\_ NO\_\_\_

1. The Traumatic Brain Injury Screening Instrument (TBISI)

 YES\_\_\_ NO\_\_\_

1. HELPS

YES\_\_\_ NO\_\_\_

1. Military Acute Concussion Evaluation (MACE)

YES\_\_\_ NO\_\_\_

1. Automated Neuropsychological Assessment Metrics (ANAM)

YES\_\_\_ NO\_\_\_

1. Others:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES\_\_\_ NO\_\_\_

c. Technological tools used for screening

1. Computed Tomography (CT) YES\_\_\_ NO\_\_\_
2. Magnetic Resonance Imaging (MRI) YES\_\_\_ NO\_\_\_
3. Diffuse Tensor Imaging (DTI) YES\_\_\_ NO\_\_\_
4. Fluid-Attenuated Inversion Recovery (FLAIR) YES\_\_\_ NO\_\_\_
5. Electroencephalogram (EEG) YES\_\_\_ NO\_\_\_
6. Magnetic Resonance Angiography (MRA) YES\_\_\_ NO\_\_\_
7. Positron Emission Tomography (Pet Scan) YES\_\_\_ NO\_\_\_
8. Magnetic Resonance Spectroscopy (MRS) YES\_\_\_ NO\_\_\_
9. Otic Resonance Spectroscopy (MRSs at higher risk of TBI (homeless people, thers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES\_\_\_ NO\_\_\_

d. Screening events this reporting period: #\_\_\_\_\_\_

e. People screened this reporting period: #\_\_\_\_\_\_

f. People whose screens this reporting period suggested a potential TBI: #\_\_\_\_\_\_

g. Types of referrals and numbers referred following positive screening results:

1. Hospital-based Neurologist #\_\_\_\_\_\_
2. Specialized Neurology clinic #\_\_\_\_\_\_
3. Veteran’s hospital or clinic #\_\_\_\_\_\_
4. Publicly-funded clinic #\_\_\_\_\_\_
5. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #\_\_\_\_\_\_

h. People with TBI receiving coordinated, long-term services: #\_\_\_\_\_\_

8. Please list the total number of individuals with TBI who are in the categories listed:

a. Need home and community-based services #\_\_\_\_\_\_

b. Have requested home and community-based services #\_\_\_\_\_\_ \_\_\_\_\_% \*

c. Receive home and community-based services #\_\_\_\_\_\_ \_\_\_\_\_% \*

d. Do you have a waitlist for services? YES\_\_\_ NO\_\_\_

e. If YES, how many people are on this waitlist? #\_\_\_\_\_\_ \_\_\_\_\_% \*

\* [% is auto calculated based on category total divided by sum of categories]

9. Please list the number of individuals receiving TBI-related home and community-based services this reporting period who are identified as needing but not yet receiving services and the number who are receiving these services:

1. Persons with disabilities #\_\_\_\_\_\_ \*
	1. Need home and community-based services #\_\_\_\_\_\_ \_\_\_\_\_% \*\*
	2. Receive home and community-based services #\_\_\_\_\_\_ \_\_\_\_\_% \*\*

1. Older adults (age 65 and above) #\_\_\_\_\_\_\*
2. Need home and community-based services #\_\_\_\_\_\_ \_\_\_\_\_% \*\*
3. Receive home and community-based services #\_\_\_\_\_\_ \_\_\_\_\_% \*\*

1. Live in underserved geographic areas (rural or urban) #\_\_\_\_\_\_ \*
2. Need home and community-based services #\_\_\_\_\_\_ \_\_\_\_\_% \*\*
3. Receive home and community-based services #\_\_\_\_\_\_ \_\_\_\_\_% \*\*

1. Racial and ethnic minority group #\_\_\_\_\_\_ \*
2. Need home and community-based services #\_\_\_\_\_\_ \_\_\_\_\_% \*\*
3. Receive home and community-based services #\_\_\_\_\_\_ \_\_\_\_\_% \*\*

1. Disadvantaged individuals #\_\_\_\_\_\_ \*
2. Need home and community-based services #\_\_\_\_\_\_ \_\_\_\_\_% \*\*
3. Receive home and community-based services #\_\_\_\_\_\_ \_\_\_\_\_% \*\*

1. Individuals with limited English proficiency #\_\_\_\_\_\_ \*
2. Need home and community-based services #\_\_\_\_\_\_ \_\_\_\_\_% \*\*
3. Receive home and community-based services #\_\_\_\_\_\_ \_\_\_\_\_% \*\*

1. Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #\_\_\_\_\_\_ \*
2. Need home and community-based services #\_\_\_\_\_\_ \_\_\_\_\_% \*\*
3. Receive home and community-based services #\_\_\_\_\_\_ \_\_\_\_\_% \*\*

 \* [# is auto calculated based on number needing plus number receiving services within that population]

\*\*[% is auto calculated based on number needing or number receiving divided by the population group’s total]

*Since people may be members of multiple populations, total number of people in unserved and underserved populations and percentages of that total would be inaccurate.*

10. Number and percent of family members/informal caregivers needing but not yet receiving and the number who are receiving supportive services this reporting period:

* 1. Need supportive services #\_\_\_\_\_\_
	2. Receive supportive services #\_\_\_\_\_\_ \_\_\_\_\_% \*

\* [% is auto calculated based on number receiving services divided by the two groups’ total number]

11. Percent of your state’s counties reached through your project’s activities:

1. Total number of counties #\_\_\_\_\_\_
2. Counties reached #\_\_\_\_\_\_ \_\_\_\_\_% \*

\* [% is auto calculated based on # of counties reached divided by total number of counties]

12. Please estimate the number of people with TBI in your state, and then provide the number of individuals currently being treated:

1. Estimated number with TBI #\_\_\_\_\_\_
2. Receive treatment #\_\_\_\_\_\_ \_\_\_\_\_% \*\*
3. Need treatment #\_\_\_\_\_\_ \* \_\_\_\_\_% \*\*

\* [# is auto calculated based on total number with TBI minus the number receiving services]

\*\* [% is auto calculated based on number needing or number receiving treatment divided by the two groups’ total number, 12a.]

13. What number and percent of the total of your state’s TBI staff and advisory board members are individuals living with TBI?

1. Total number of state TBI staff #\_\_\_\_\_\_
	1. Staff members living with TBI #\_\_\_\_\_\_ \_\_\_\_\_% \*

1. Total number of state advisory board members #\_\_\_\_\_\_
	1. Advisory board members living with TBI #\_\_\_\_\_\_ \_\_\_\_\_% \*

\* [% is auto calculated based on number living with TBI divided by the group’s total number]

14. Please list the number of project-sponsored trainings that occurred this reporting period, categorized by type/topic and number of attendees.

1. TBI Basics  #\_\_\_\_\_\_ # attended: \_\_\_\_\_
2. Diagnosing & Treating TBI #\_\_\_\_\_\_ # attended: \_\_\_\_\_
3. Concussions & Mild TBI #\_\_\_\_\_\_ # attended: \_\_\_\_\_
4. Caregiving #\_\_\_\_\_\_ # attended: \_\_\_\_\_
5. Prevention #\_\_\_\_\_\_ # attended: \_\_\_\_\_
6. Employment and Training #\_\_\_\_\_\_ # attended: \_\_\_\_\_
7. Assistive technology #\_\_\_\_\_\_ # attended: \_\_\_\_\_
8. Educational issues #\_\_\_\_\_\_ # attended: \_\_\_\_\_
9. Policy #\_\_\_\_\_\_ # attended: \_\_\_\_\_
10. Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ #\_\_\_\_\_\_ # attended: \_\_\_\_\_

15. Of the people with TBI receiving treatment during the past reporting period, how many moved from:

1. Institutions to community settings? #\_\_\_\_\_\_ \_\_\_\_\_% \*
2. Community settings to institutions? #\_\_\_\_\_\_ \_\_\_\_\_% \*

\* [% is auto calculated based on the item number divided by 12b]

16. Of the people with TBI who transitioned from an institutional setting to a community setting this reporting period, to what type of settings did they move, and percent of the total transitioning?

1. Previous home  #\_\_\_\_\_\_ \_\_\_\_\_% \*
2. Family member’s home #\_\_\_\_\_\_ \_\_\_\_\_% \*
3. Friend’s home #\_\_\_\_\_\_ \_\_\_\_\_% \*
4. Transitional living program #\_\_\_\_\_\_ \_\_\_\_\_% \*
5. Long-term care and supervised living programs #\_\_\_\_\_\_ \_\_\_\_\_% \*
6. Assisted-living settings #\_\_\_\_\_\_ \_\_\_\_\_% \*
7. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #\_\_\_\_\_\_ \_\_\_\_\_% \*
8. Total transitioning to all community settings # \_\_\_\_\_\_ \*\*

\* [% is auto calculated based on category total divided by sum of categories]

\*\* [Auto calculates sum – should match the 15a. There may be some difference due to incorrect or unavailable data.]

17. Of the people who are being treated for TBI and are living in community settings, what number and percent of the total are currently employed and/or in school?

1. Receive home and community-based services #\_\_\_\_\_\_ \* \_\_\_\_\_%
2. Employed #\_\_\_\_\_\_ \_\_\_\_\_% \*\*
3. In school or training #\_\_\_\_\_\_ \_\_\_\_\_% \*\*

\* [auto populated from 8c]

\*\* [% is auto calculated based on category total divided by sum of categories]