Screening for Mild/Moderate TBI*

1. Have you ever been hospitalized or treated in an emergency room following an injury to your head or neck? Think about any childhood injuries you remember or were told about.
   - ❑ Yes
   - ❑ No

2. Have you ever injured your head or neck in a car accident or from some other moving vehicle accident?
   - ❑ Yes
   - ❑ No

3. Have you ever injured your head or neck in a fall or from being hit by something?
   - ❑ Yes
   - ❑ No

4. Have you ever injured your head or neck in a fight, from being hit by someone or being shaken violently?
   - ❑ Yes
   - ❑ No

5. Have you ever been nearby when an explosion or a blast occurred? If you served in the military, think about any combat-related incidents.
   - ❑ Yes
   - ❑ No

If all above are "no" then stop. If answered "yes" to *any* of the questions above, ask:

6. Were you knocked out or unconscious following any of the injuries you mentioned above? DO NOT INCLUDE LOSING CONSCIOUSNESS DUE TO DRUG OVERDOSE OR FROM BEING CHOKED (see #8, below).
   - ❑ Yes
   - ❑ No

If answer to #6 is "No", ask:

7A. Were you dazed or have a gap in your memory from the injury(ies) you mentioned above? [RULE OUT ALCOHOL BLACKOUTS]
   - ❑ Yes
   - ❑ No

If answer to #6 is "Yes", ask:

7B. How long were you knocked out? (If identified multiple injuries with loss of consciousness, ask for each. If not sure of the time frame, encourage them to make their best guess.)

1. _____ How old were you? _____
2. _____ How old were you? _____
3. _____ How old were you? _____
4. _____ How old were you? _____
5. _____ How old were you? _____

If more than 5, how many more? __ Longest knocked out?____ How many ≥ 30 mins.?___
Youngest age? _____ _____

8. Have you ever lost consciousness from a drug overdose or being choked?
   _____ Number of times from a drug overdose
   _____ Number of times from being choked

Extracted from: Ohio State University TBI Identification Method Short Form

* Adapted with permission from the Ohio State University TBI Identification Method (Corrigan, J.D., Bogner, J.A. (2007). Initial reliability and validity of the OSU TBI Identification Method. Journal of Head Trauma Rehabilitation, *in press*.)

Screening for TBI in Military Personnel

1. During this deployment, did you experience any of the following events?
   - ❑ Blast or explosion (IED, RPG, land mine, grenade, etc)
   - ❑ Vehicular accident/crash (including aircraft)
   - ❑ Fragment or bullet wound above your shoulders
   - ❑ Fall
   - ❑ Other event (f.i. sports injury to your head)

2. Did any of the following happen to you, or were you told happened to you, IMMEDIATELY after any of the events?
   - ❑ Lost consciousness or got 'knocked out'
   - ❑ Felt dazed, confused or 'saw stars'
   - ❑ Didn't remember the event
   - ❑ Had a concussion
   - ❑ Had a head injury

3. Did any of the following problems begin or get worse after the event(s)?
   - ❑ Memory problems or lapses
   - ❑ Balance problems or dizziness
   - ❑ Ringing in the ears
   - ❑ Sensitivity to bright light
   - ❑ Irritability
   - ❑ Headaches
   - ❑ Sleep problems

4. In the past week, have you had any of the symptoms you indicated?
   - ❑ Memory problems or lapses
   - ❑ Balance problems or dizziness
   - ❑ Ringing in the ears
   - ❑ Sensitivity to bright light
   - ❑ Irritability
   - ❑ Headaches
   - ❑ Sleep problems