Recommended time for assessment:			
	Basic	Intermediate	Advanced
Admission to study hospital		X	X + PCL-C

Neurological assessment: symptoms and signs in mild TBI

ACE

Physical:		Cognitive:	
Headache	◯ No ◯ Yes	Feeling mentally foggy	◯ No ◯ Yes
Nausea	◯ No ◯ Yes	Feeling slowed down	◯ No ◯ Yes
Vomiting	◯ No ◯ Yes	Difficulty concentrating	◯ No ◯ Yes
Balance problems	◯ No ◯ Yes	Difficulty remembering	◯ No ◯ Yes
Dizziness	◯ No ◯ Yes	**Emotional:**	
Visual problems	◯ No ◯ Yes	Irritability	◯ No ◯ Yes
Fatigue	◯ No ◯ Yes	Sadness	◯ No ◯ Yes
Sensivity to light	◯ No ◯ Yes	More emotional	◯ No ◯ Yes
Sensivity to noise	◯ No ◯ Yes	Nervousness	◯ No ◯ Yes
Numbness/tingling	◯ No ◯ Yes		
Sleep:		**Do these symptoms worsen with:**	
Drowsiness	◯ No ◯ Yes	Physical activity:	◯ No ◯ Yes
Sleeping less than usual	◯ No ◯ Yes	Cognitive activity:	◯ No ◯ Yes
Sleeping more than usual	◯ No ◯ Yes		
Trouble falling asleep	◯ No ◯ Yes		

Overall rating: how different is the person acting compared to his/her usual self?

Normal ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ 6 Very different

Advanced

Neurological assessment: symptoms and signs in mild TBI

Physical:		Cognitive:	
Headache	◯ No ◯ Yes	Feeling mentally foggy	◯ No ◯ Yes
Nausea	◯ No ◯ Yes	Feeling slowed down	◯ No ◯ Yes
Vomiting	◯ No ◯ Yes	Difficulty concentrating	◯ No ◯ Yes
Balance problems	◯ No ◯ Yes	Difficulty remembering	◯ No ◯ Yes
Dizziness	◯ No ◯ Yes		
Visual problems	◯ No ◯ Yes	**Emotional:**	
Fatigue	◯ No ◯ Yes	Irritability	◯ No ◯ Yes
Sensivity to light	◯ No ◯ Yes	Sadness	◯ No ◯ Yes
Sensivity to noise	◯ No ◯ Yes	More emotional	◯ No ◯ Yes
Numbness/tingling	◯ No ◯ Yes	Nervousness	◯ No ◯ Yes
Sleep:		**Do these symptoms worsen with:**	
Drowsiness	◯ No ◯ Yes	Physical activity:	◯ No ◯ Yes
Sleeping less than usual	◯ No ◯ Yes	Cognitive activity:	◯ No ◯ Yes
Sleeping more than usual	◯ No ◯ Yes	**Overall rating:** how different is the person acting compared to his/her usual self?	
Trouble falling asleep	◯ No ◯ Yes	Normal ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ 6 Very different	

PTS CHECKLIST: Post Traumatic Stress Disorder Checklist – Civilian Version (PCL-C):	
Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please indicate how much you have been bothered by the following IN THE PAST MONTH. *(ONLY TO BE COMPLETED BY PERSON WITH TBI)*	At Admission to PRC
1. Repeated, disturbing memories, thoughts or images of a stressful experience from the past	
2. Repeated, disturbing dreams of a stressful experience from the past	
3. Suddenly acting or feeling as if a stressful experience from the past were happening again (as if you were reliving it)	
4. Feeling very upset when something reminded you of a stressful experience from the past	
5. Having physical reactions (i.e. heart pounding, trouble breathing, sweating) when something reminded you of a stressful experience from the past	
6. Avoiding thinking about or talking about a stressful experience from the past or avoiding having feeling related to it	
7. Avoiding activities or situations because they reminded you of a stressful experience from the past	
8. Trouble remembering important parts of a stressful experience from the past	
9. Loss of interest in activities that you used to enjoy	
10. Feeling distant or cut off from other people	
11. Feeling emotionally numb or being unable to have loving feelings to those close to you	
12. Feeling as if your future will somehow be cut short	
13. Trouble falling or staying asleep	
14. Feeling irritable or having angry outbursts	
15. Having difficulty concentrating	
16. Being super alert or watchful or on guard	
17. Feeling jumpy or easily startled	
1 = not at all 2 = a little bit 3 = moderately 4 = quite a bit 5 = extremely 9 = unknown/not sure	