

Brief TBI Screening

Name _____

Date _____

Date of Birth: _____

Sex: M F

Interviewer's Name _____

For the Interviewer

You are trying to determine if a trauma or injury to the brain has possibly occurred. A positive response would be identified by a blow to the head, a fall, etc., which resulted in loss of consciousness. Be sure to ask about visible scars or marks. Greater than momentary loss of consciousness is felt to be a significant injury, although multiple mild injuries such as those incurred in assaults or from abuse can also have additive effects over time without significant loss of consciousness. To get an indication of any history of a traumatic brain injury ask the following questions:

1. Have you ever been injured following a blow to your head?

- Yes
 No

If yes, when was this? _____

2. Have you ever been hospitalized or treated in an emergency room following an injury?

- Yes
 No

If yes, when were you hospitalized or treated? _____

3. Have you ever been unconscious following an accident or injury?

- Yes
 No

If yes, for how long? _____

4. Have you ever been injured in a fight?

- Yes
 No

5. Have you ever been injured by a spouse or a family member?

- Yes
 No

6. Have you ever had any Major surgeries?

- Yes
 No

If yes, list them _____

Illnesses?

- Yes
- No

If yes, list them _____

Strokes?

- Yes
- No

Heart Attack?

- Yes
- No

Additional comments and observations of the interviewer

For the Interviewer:

If you suspect a brain injury is impacting on the individual's functioning at home, work or in the community, please refer them to your local Brain Injury Association state affiliate. Contact the Brain Injury Association of America at 1-800-444-6443, www.biausa.org to obtain the contact information for your state affiliate.

*Adapted from the TBI Screening by John Corrigan Ph.D and his colleagues at the Ohio Valley Center for Brain Injury Prevention and Rehabilitation www.ohiovalley.org

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